

CHCCSM015

Undertake case
management in
a child protection
framework

Learner Guide



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Undertake case management in a child protection framework

Release 1

Learner Guide

Aspire Version 1.1

CHCCSM015 Undertake case management in a child protection framework, Release 1

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Before you begin

This Learner Guide is based on the unit of competency *CHCCSM015 Undertake case management in a child protection framework*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature	
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.	
Examples	These highlight learning points and provide realistic examples of workplace situations.	
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	<ul style="list-style-type: none"> Understanding how documents are presented and being able to navigate through documents Understanding industry- and job-specific terminology Interpreting key information in relevant documents Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> Planning, drafting and writing reports and documents Communicating through written letters, email and online Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> Clarifying instructions Providing information Supporting others through encouragement, negotiation and conflict resolution Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> Calculating costs, weights, measurements of height and distance Interpreting measurements
Learning	<ul style="list-style-type: none"> Understanding your job role, organisational procedures and legal responsibilities Managing your work and seeing how well you are going Making goals for yourself at work Seeking professional development opportunities for continuous improvement
Problem-solving	<ul style="list-style-type: none"> Identifying problems Working out how to fix a problem using problem-solving processes Reviewing the outcome
Initiative and enterprise	<ul style="list-style-type: none"> Recognising opportunities to develop and apply new ideas Generating ideas by thinking of new ways to do something Making suggestions to improve work
Teamwork	<ul style="list-style-type: none"> Working well with other people by cooperating, collaborating, encouraging and building rapport



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> • Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	<ul style="list-style-type: none"> • Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	<ul style="list-style-type: none"> • Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

Note: Not every unit of competency will contain all foundation skills.

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1 Establish child or young person's need and level of risk	1A Work with the child or young person to identify needs and risks	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Work according to legislative and organisational policies and procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Develop written case management plan to reflect the child or young person's needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Work with the child or young person using a person-centred, strengths-based approach	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 2 Develop a case management plan	2A Identify and support harm minimisation strategies to increase the safety of children and young people	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Use a strengths-based approach to negotiate goals, actions and consider culture and timelines	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Define roles, responsibilities and accountabilities for child or young person, stakeholders, workers and service providers	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Establish and document contingency plans, communication, review and evaluation systems	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Implement case management plan	3A Implement a practical framework using strengths-based practices and make referrals if required	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Develop case management plans with external service providers and record agreed time and resource constraints	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Establish review and evaluation systems	4A Work with the child, service providers and others on agreed evaluation of the case plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Complete reporting procedures and consult with supervisor	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 5 Work with agencies to meet the child or young person's needs	5A Identify service providers and integrate into case plan with agreement from the child or young person	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Discuss with the child information you will be sharing to service providers on their behalf	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 6 Undertake case closure	6A Review achievements of case plan goals and engaging the child or young person in reflection on the outcomes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	6B Identify reasons for case closures and arrange case closure with all parties according to organisational policies and procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Establish child or young person's need and level of risk

- 1A Work with the child or young person to identify needs and risks
- 1B Work according to legislative and organisational policies and procedures
- 1C Develop written case management plan to reflect the child or young person's needs
- 1D Work with the child or young person using a person-centred, strengths-based approach



1A

Work with the child or young person to identify needs and risks

Statutory
Decided or
controlled
by law.

In Australia, state and territory governments are responsible for statutory child protection.

Note: Reference to 'child' or children' also refers to 'young person' or 'young people' up to the age of 18 years, unless otherwise noted.

Each responsible department assists vulnerable children who have been, or are at risk of being, abused, neglected, or otherwise harmed, or whose parents are unable to provide adequate care or protection.

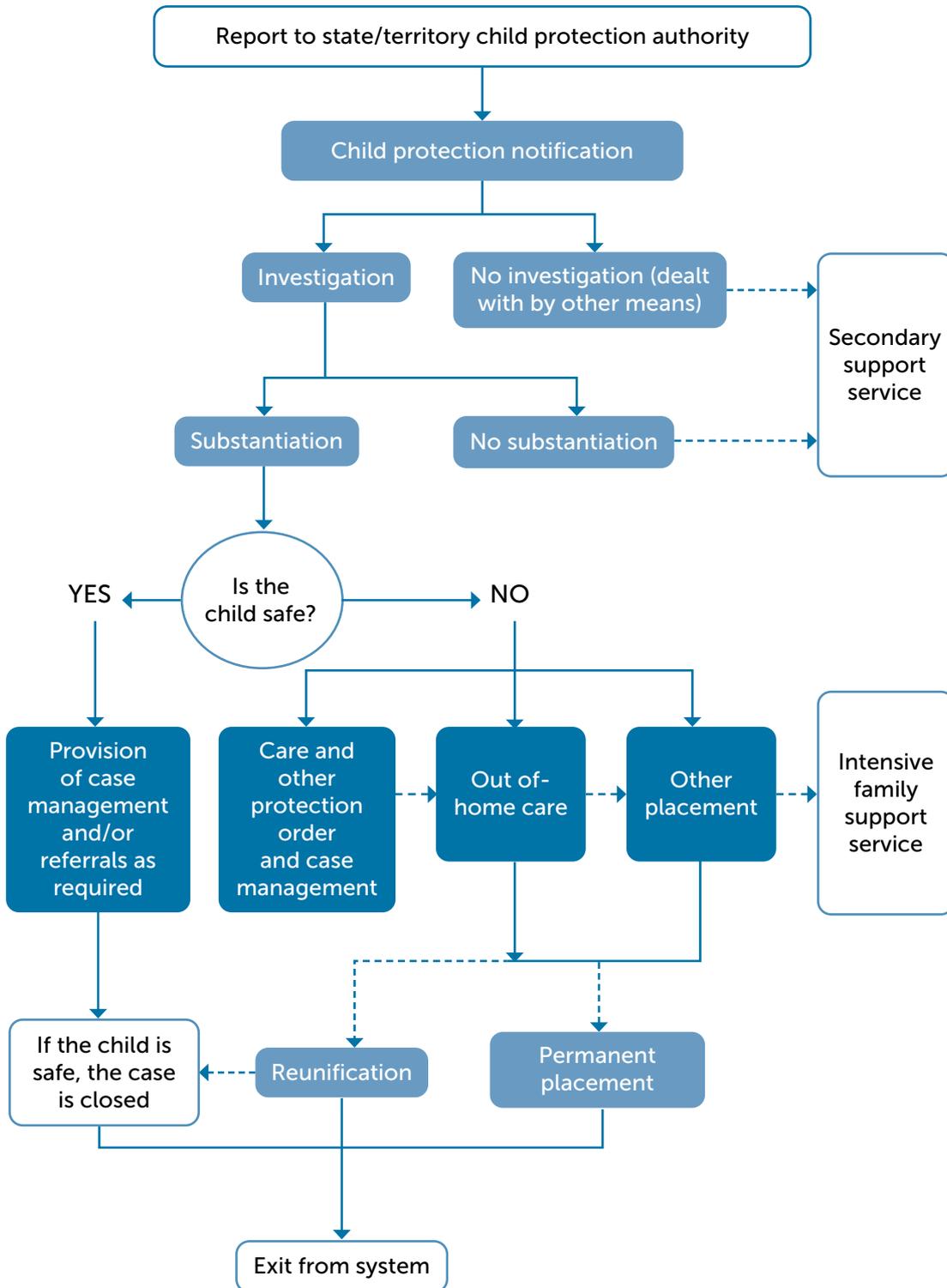
The system follows three phases:

1. Notification.
2. Investigation.
3. Substantiation.

Children and young people enter the child protection system when state or territory child protection departments receive notification of alleged child maltreatment. They then begin a process to determine if the notification reaches the threshold to be investigated. If it does, the department will determine whether the notification is substantiated or not.



This process may lead to legal intervention directed by the court to remove a child or referral to a variety of support services.



Note: Dashed lines indicate that people may or may not receive these services.



Case management framework

Case management framework

A model used by case management staff to ensure delivery is best practice care that use principles of case management and appropriate tools to provide safe support and protection for children.

A **case management framework** is used to deliver safe outcomes for both children and their families.

Case management framework models can vary from state and territories across Australia; however, they generally follow a similar flow:

<p>1. Intake</p>	<p>Initial information has been gathered, a risk assessment has been completed (or it may be done at the assessment) and a decision has been made to forward the case to the assessment team.</p>
<p>2. Assessment</p>	<p>Further information is gathered, risk assessments are completed and court decisions are included or may be filed, depending on whether emergency court documents were filed. A case team and/or case manager are often allocated after assessment.</p>
<p>3. Planning</p>	<p>A case manager is assigned and begins working with the child/family on establishing safety and wellbeing goals. If there are court-ordered goals, these will be included here. The case manager will also liaise with other members of the case team, such as intensive support workers, housing workers, family violence workers, drug and alcohol counsellors, and school wellbeing support.</p>
<p>4. Implementation</p>	<p>Goals are starting to be worked on, and it is the case managers role to assist the child/family to work towards these. They regularly meet with the child/family and decide together on review dates for goals.</p>
<p>5. Monitoring, Review and Transition</p>	<p>Goals and orders for the child/family are monitored. If the family is moving towards reunification, or the child is moving towards the age of transition from care, new goals around transition and new case team members will be introduced.</p>
<p>6. Closure</p>	<p>This occurs when risk assessments deem there is no longer a risk to the child’s safety, the protection order has expired and reunification is possible, the child is moving interstate or the child is leaving care. There are other times that a child may have a case closure, but these are at the discretion of the responsible case team. As part of the case closure, the case manager will call a final case meeting and all key stakeholders will be informed of the case closure.</p>



Use the following links to read about case management frameworks and practice standards across states and territories.

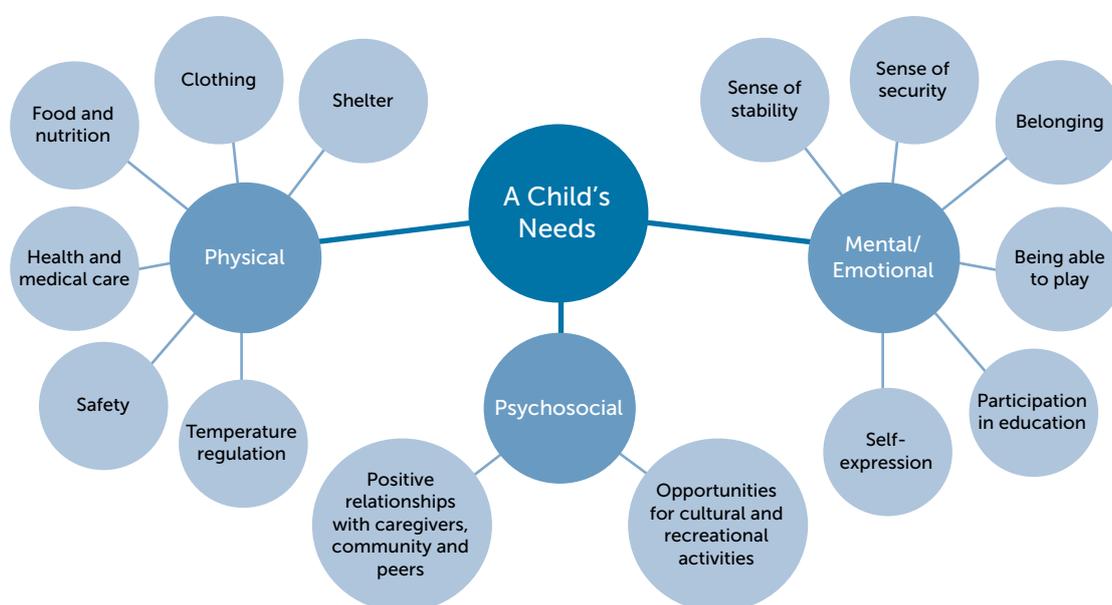
ACT	https://aspirelr.link/act-case-management-framework
Vic.	https://aspirelr.link/vic-advice-protocols
SA	https://aspirelr.link/sa-case-management-framework
WA	https://aspirelr.link/wa-casework-practice-manual
NT	https://aspirelr.link/nt-practice-framework https://aspirelr.link/nt-child-protection-policies
NSW	https://aspirelr.link/nsw-practice-framework
Qld.	https://aspirelr.link/qld-framework-practice

Identify the child's needs

The function of child protection is to protect the fundamental rights of children, which include safety, freedom from violence and a stable family environment.

When children cannot live safely at home, child protection systems prioritise children's needs to keep them safe and ensure their wellbeing. The identification of the child's needs occurs during the intake and initial assessment to decrease risk and increase safety; it also continues to occur throughout the process of working with the child and their family. This process also involves considering the family's assessment of the child's needs. You will be continuously assessing the child's needs to ensure they are current, relevant and being met.

A child's needs can be broken down into the following categories:





Safety and risk assessments

The identification of needs will occur during safety and risk assessment processes.

An initial safety assessment occurs as soon as possible at the start of an investigation and assessment, during the first face-to-face contact with a child and family. You may be required to assess the level of risk for the child and family, or it may be conducted by the assessment or investigation team.

A safety assessment is used to determine the child’s present danger, immediate safety needs and the interventions needed to protect them. These assessments guide decisions about whether the child can safely remain in the home, with or without a safety plan in place. If you identify danger and no parental protective abilities can be determined, the child will be considered ‘unsafe’ in the home and alternative care arrangements must be made.

The domains of safety and wellbeing are the key areas assessed. The domains are:

Child’s needs	This considers the physical, emotional, social, educational and cultural needs of the child, and whether they are being met by the parents or caregivers.
Parenting capacity	This evaluates the ability and willingness of the parents or caregivers to provide adequate care and protection for the child, and to address any issues that may affect their parenting.
Family and environmental factors	This examines the impact of the family’s circumstances and the broader social context on the child’s safety and wellbeing, such as poverty, domestic violence, substance abuse, mental health, social isolation or community violence.
Strengths and protective factors	This identifies the positive aspects of the child, the family and the environment that may reduce the risk of harm and enhance the child’s resilience and wellbeing.

In NSW, there are three stages to the safety assessment. The initial assessment is done to gather and analyse information about the case. The case manager then undertakes a comprehensive risk and safety assessment, which has an in-depth look at all domains of safety and wellbeing. Lastly, they work with the child and family to create goals to establish ongoing safety and wellbeing.

They also use a triaging process to ensure that children at the highest risk are given priority.

The NSW Communities and Justice Department states that when making a recommendation, the **triage** caseworker will consider the reported concerns, the supports already in place with the family and any other information known about the family. They may seek further information from other agencies or individuals to inform their recommendation. Within 28 days of the report being received, they must decide to allocate, transfer, refer or close the report.

Triage

A preliminary assessment to determine the urgency of need.



Read more information about the NSW Department's safety and risk assessment here: aspirelr.link/nsw-assessment-safety-risk

A risk assessment also occurs throughout the child's involvement with child protection services, such as when there is a new report or allegation, new evidence or new information needs to be considered or there is a change in the child's case plan. The steps taken during a risk assessment process will be discussed in more detail in Section 1C.

Legal definitions of abuse

Abuse, neglect and maltreatment describe situations where a child or young person may need protection.

The World Health Organization defines child maltreatment (**child abuse** and neglect) as 'abuse and **neglect** that occurs to children and young people under 18 years of age'.

Child abuse and neglect include all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation that results in actual or potential **harm** to their health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Relationship between abuse and harm

The Queensland Government, in their *Child Safety Practice Manual*, illustrates the relationship between abuse (action or behaviour) and harm (the impact experienced by the child).

	Types of abuse	Resulting harm
Physical	<ul style="list-style-type: none"> • Hitting • Punching • Scalding • Domestic and family violence 	<ul style="list-style-type: none"> • Bruising • Fractures • Internal injuries • Burns
Emotional	<ul style="list-style-type: none"> • Scapegoating • Rejection • Persistent hostility • Domestic and family violence 	<ul style="list-style-type: none"> • Depression • Hypervigilance • Poor self-esteem • Self-harm
Sexual	<ul style="list-style-type: none"> • Penetration • Sexual exploitation • Exposure to pornography 	

Child abuse
Any physical, emotional, sexual abuse or neglect of a child under the age of 18.

Neglect
Failing to properly care for a person.

Harm
Mental or physical state of discomfort that may result from a one-off incident or develop over time.



	Types of abuse	Resulting harm
Neglect	<ul style="list-style-type: none"> • Failure to attend to medical needs • Poor hygiene/nutrition • Inadequate supervision 	
Psychological		<ul style="list-style-type: none"> • Learning and developmental delays • Disorganised attachment • Impaired self-image

You can view the manual here: aspirelr.link/qld-csp-manual

Types and indicators of harm

Harm can be caused by:

- a single act, omission or circumstance
- a series or combination of acts, omissions or circumstances.

It can occur through:

- physical, psychological or emotional abuse or neglect
- sexual abuse or exploitation.

There are five main categories of types of harm. Each are outlined here with examples of their impact on the child.

Physical abuse	
	<p>This may occur when a child or young person has been:</p> <ul style="list-style-type: none"> • pushed or thrown • slapped, hit or punched • burned; for example, with a cigarette • kicked • bitten • choked • tied down • assaulted with a weapon • shaken violently • not provided with medical treatment following an injury.
<p>Physical harm has occurred when an action results in injury. The physical injury may be the consequence of a physical punishment or physically aggressive treatment. Physical abuse may also occur as a result of neglect.</p>	<p>Physical abuse includes any non-accidental physical act inflicted upon a child or young person that causes harm.</p>

Physical abuse
The physical assault of a person.



Physical harm may be seen as:

- injuries that don't match the story of how they occurred
- unexplained bruises, welts, bites, broken bones or burns
- injuries in the shape of an object; for example, a belt buckle or cord
- faded bruises or other noticeable marks
- the child shrinks at the approach of adults
- reports of an incident
- a child has not received medical help for an injury needing care
- a child demonstrates extremes in behaviour; for example, being highly aggressive or completely withdrawn
- a child is afraid or overly upset about being with a parent or other carer
- a child is fearful of a particular person
- a child demonstrates unusual or extreme dramatic play
- a child is described in a negative way by their parent or guardian
- a child seems to be subjected to harsh discipline.

Sexual harm



Sexual harm refers to a situation in which a person involves a child in a sexual activity. Physical force is sometimes also used.

Sexual abuse includes any act that exposes the child to, or involves them in, sexual processes beyond their understanding, or contrary to accepted community standards.

This involves a wide range of sexual activity, including:

- fondling a child's genitals
- masturbation in front of the child
- oral sex
- vaginal or anal penetration
- exposing the child to pornography
- taking explicit photographs or videos of children.

Sexual abuse

Unwanted or uninvited sexual contact, language or exploitative behaviour by another person.



Sexual harm may be indicated if a child or young person:

- has difficulty walking or sitting
- urinates frequently
- refuses to change in front of others
- refuses to participate in normal physical activities
- demonstrates bizarre, sophisticated, or unusual sexual knowledge or behaviour for their age
- contracts a sexually transmitted infection (STI)
- reports sexual abuse
- has pain, swelling or itching in the genital area
- has stained or bloody underwear
- displays regressive or childlike behaviour
- reports being shown pornography
- demonstrates that they don't like being hugged, kissed or touched by an adult
- receives sexual attention or is approached using sexual mannerisms by their parent or guardian.

Neglect



Neglect occurs when a child cannot access adequate:

- food
- clothing
- shelter
- medical attention
- supervision.

Neglect refers to a situation where the carer of a child fails to provide the basic necessities to ensure they are not harmed.

It includes any serious act or omission that, within the bounds of cultural tradition, constitutes a failure to provide conditions that are essential for the healthy physical and emotional development of a child.



Indicators of neglect can be when a child or young person:

- is frequently absent
- does not receive adequate medical or dental care
- is consistently dirty or has severe body odour
- lacks appropriate clothing; for example, doesn't have a coat in winter
- discusses the use of drugs or alcohol
- is left alone at home for long periods (relevant to age and maturity)
- shows a failure to thrive or signs of malnutrition
- exhibits constant hunger or begs for, steals or hides food
- is extremely willing to please
- is ignored by their parent or guardian
- is cared for by a parent or guardian who appears not to care or is depressed
- has a parent or guardian who is irrational or demonstrates strange behaviour
- has a parent or guardian who regularly seems to be affected by alcohol or drugs.

Emotional harm



Emotional harm may include:

- name calling
- put downs
- continual isolation or lack of warmth from a carer.

Emotional harm refers to a situation in which a child is repeatedly rejected or threatened. Emotional harm may affect a child's development. There are similarities between emotional harm and neglect.

Emotional abuse includes any act that causes the child to suffer significant emotional deprivation or trauma, including suffering that is caused by exposure to family violence.

It's also important to note that family violence also involves the use of abuse towards a parent or guardian that, in turn, affects the child.

Emotional harm may be seen in a child or young person if they:

- show extremes in behaviour; for example, is overly compliant or demanding, extremely passive or aggressive
- act inappropriately above or below their age or developmental stage
- are delayed in physical or emotional development
- exhibit signs of depression, or talks about or attempts suicide
- display severe anxiety
- show signs of a very low self-esteem
- find it very difficult to learn
- are constantly blamed, belittled or berated by their parent or guardian
- have a parent or guardian who is unconcerned about the child and refuses to consider offers of help for any problem
- are rejected by the parent or guardian.

Trauma



Trauma can refer to a distressing or disturbing experience, or the emotional shock and ongoing psychological effects following any experience.

Trauma can be caused by an event or experience in a child's life such as:

- war
- poverty
- religious persecution
- kidnapping
- natural disasters, such as an earthquake, cyclone, bushfire, flood or tsunami
- accidents, such as a car accident or fall from a height
- abuse
- witnessing a death or severe injury, seeing a dead body or observing a severe emotional reaction from another person
- being held in detention or other prison-like conditions
- being separated from parents with no other guardian

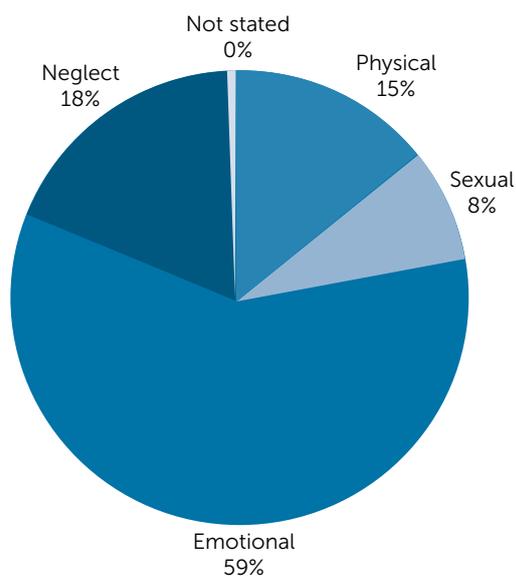


Common actions that children or young people use to show they have experienced trauma include:

- general irritability and crying
- demand for constant physical comfort
- difficulty sleeping or disrupted sleep patterns
- loss of appetite or refusal to eat
- regression in development
- failure to reach developmental milestones
- exaggerated startled responses
- anxious responses to separations or unfamiliar events, situations or people
- social withdrawal or restricted play
- re-enacting a traumatic event in play, sometimes repeatedly
- bed wetting
- thumb sucking
- night terrors and nightmares
- aggressive behaviour towards others
- fantasising about an event
- inappropriately expressing intense emotions
- flashbacks
- hyper-arousal in which a child is continually alert and looking for danger or threats.

Most common reported types of abuse

The following is a pie graph that shows the most commonly reported primary abuse type. The data is based on children aged 0–12 who were the subjects of substantiated abuse across states and territories (excluding NSW and Tasmania) in 2017–18.



Source: AIHW Child Protection National Minimum Data Set



Example

Risk of harm

Estie and Dianne are both teachers at a primary school. They discuss a situation they observed when a child’s mother arrived to pick her up from school. They have made the following notes:

- Indicators of abuse: bruises in a 2cm line across the legs of the child.
- Risk factors: the mother is known to have alcohol addiction issues.
- Dynamics of abuse: the child hid when her mother arrived to pick her up and would not come out of her hiding place.

Based on these observations, Estie and Dianne agree that the risk of harm to this child is high. They discuss their observations of the child with the child’s mother. She dismisses their concerns and says it is her right to punish her child for disobedience. Estie and Dianne follow their school’s policies and procedures for reporting suspected child abuse.

Risk and protective factors

Protective factors

Attributes or conditions that can serve as safeguards to help parents find resources or supports and encourage coping strategies that allow them to parent effectively even under difficult circumstances.

There are both risk factors and protective factors that make a child more vulnerable to abuse and risks of harm.

Remember that if a child is in a situation that makes them vulnerable to abuse, this doesn’t mean they are being abused. There are many healthy, happy and well-cared-for children who live in families faced with challenges. There are also many children at risk of harm in families that are healthy, happy and well-adjusted.

These tables list risk and **protective factors** that increase or decrease a child’s vulnerability to abuse. If the **risk factors** are combined with limited protective factors, the risk increases for the child experiencing abuse and neglect.

Risk factors

Measurable circumstances, conditions or events that increase the probability that a family will have poor outcomes in the future.

Risk factors	Examples
Community and societal factors	Living in areas where there is: <ul style="list-style-type: none"> • a high crime rate • poor access to social services • a high poverty rate • a high unemployment rate.



Risk factors	Examples
Parental factors	Being the child of parents or guardians who: <ul style="list-style-type: none"> • have a history of abuse as a child • are teen parents • are single parents • are emotionally immature • have poor coping skills • have low self-esteem • have a history of substance abuse • have a known history of abusing children • lack support, particularly from extended family • experience domestic violence • lack parenting skills • lack preparation for the stress of a new baby • experience depression or another mental illness.
Child factors	Being a child who: <ul style="list-style-type: none"> • was born premature • had a low birth weight • has a disability (mental or physical).

Protective factors	Examples
Social or environmental factors	<ul style="list-style-type: none"> • Positive social connection and support • Employment • Neighbourhood social capital • Adequate housing • Socio-economically advantaged neighbourhood • Access to health and social services
Family or parental factors	<ul style="list-style-type: none"> • Strong parent/child relationship • Parental self-esteem • Family cohesion • Two-parent household • High level of parental education • Self-efficacy • Family functioning • Knowledge of parenting and child development • Parental resilience • Concrete support for parents
Individual or child factors	<ul style="list-style-type: none"> • Social and emotional competence • Attachment to parent/s



Further information on risk and protective factors can be accessed here:

- aspirelr.link/qld-cspm-practice-guide
- aspirelr.link/qld-cspm-practice-guide (page 27)
- aspirelr.link/children-young-people-rights

Generally, the greater the degree of abuse and the longer it lasts, the more serious the outcome. Recurrent incidents over long periods of time can have a profound effect on a child. This requires a referral to specialist care, such as a mental health specialist who will provide trauma-informed care. Your supervisor or manager will have information on specialists available for children who have experienced trauma and what you can do to assist them.

To find out more information about trauma-informed care, go to the KidsMatter website, which supports the mental health and wellbeing of Australian children:
aspirelr.link/kids-matter

Dynamics and cycle of abuse

An abuser may be any person in the community. Abusers do not look a particular way or have certain characteristics. Abuse is not related to age, gender, disability, culture or sexuality. It does not occur in any specific place, nor is it committed by a specific type of person.

Abusers tend to use the same strategies to keep the cycle of abuse going. This knowledge can assist you in understanding the situation and supporting those involved.

Examples are shown in the following table.

Intimidation	Using actions to make the child fearful of telling anyone.
Use of adult privilege	Being in a position of power or dominance.
Use of institutions	Threatening that the child will be punished by jail, juvenile institutions, religious organisations or relatives.
Isolation	Preventing the abused child from seeing family, having friends or socialising outside the home.
Threats	Threatening suicide, further punishment, abandonment or harm to loved ones.
Economic abuse	Withholding money or essential needs.
Emotional abuse	Destroying the child's self-esteem and making them feel ashamed.



Example

Tia's experiences with abuse

Tia is 10 years old and lives with her mother, Suallee. Tia has never met her father because he left her mother when she was pregnant with her.

Three years ago, Suallee met Hussain, and they began a relationship together. Since Hussain moved into the home, Suallee no longer has access to any money. Hussain says this is because 'she is not good with budgeting' and only gives Suallee a limited amount of money to go shopping each Saturday, which is often not enough. If Suallee asks Hussain for extra money, she is subjected to a significant violent outburst. During these outbursts, Tia is locked in a wardrobe in her bedroom, sometimes for up to six hours.

While Hussain has never physically harmed Tia, he constantly reminds her that she is 'dumb like her mother' and that she will never achieve anything in life. He does not allow Tia to attend any school excursions, camps or external activities that cost money. She is not allowed to go to friends' houses or have them come to her home.

One time, Tia threatened to tell her teacher what Hussain did to her mother. He drove her to a police station and told her that he would take her inside and let them know what a bad girl she is and that the police would 'for sure take you to jail, where all the other bad girls go'.

Recently, Tia's teacher made a report to child protection after they noticed that Suallee often arrives with bruises, and Tia went pale and wet herself when she was asked to collect something from the classroom's storeroom.



Practice Task 1

Question 1

A case management framework is used in child protection across Australian states and territories.

Number each stage of the process from 1 to 6 in the order used by case workers and case managers during the case management process.

	The case manager assist the child and family to work towards their goals. Meetings occur regularly and dates for goals are reviewed.
	Information is gathered, a safety assessment completed and a decision is made by the assessment team.
	The case manager begins working with the child and family to establish safety and wellbeing goals. Case managers liaise with other members of the case team.
	Further information is gathered, risk assessments completed and court decisions included or filed. A case team and/or case manager is allocated assessment.
	Goals and court orders are monitored as the family moves towards reunification or transition from care. New goals will be reviewed and introduced.

Question 2

Explain why it is important to follow policies and procedures to establish the needs of a child or young person and at what stages this occurs.



Question 3

Briefly outline the importance of identification of risks and when risk assessment happens.

Question 4

Explain each of the following terms and provide an example with your response:

- child abuse
- neglect
- harm.



Question 5

Complete the table below with examples on the following:

- types of harm
- impacts of harm
- indicators that harm has occurred.

Types of harm	Impacts of harm	Indicators of harm



Types of harm	Impacts of harm	Indicators of harm



Question 6

Briefly describe the risk and protective factors for abuse and neglect. Then provide at least three examples of each of the following:

- risks that make some children more vulnerable to abuse and neglect
- protective factors that make them more resilient to abuse and neglect.

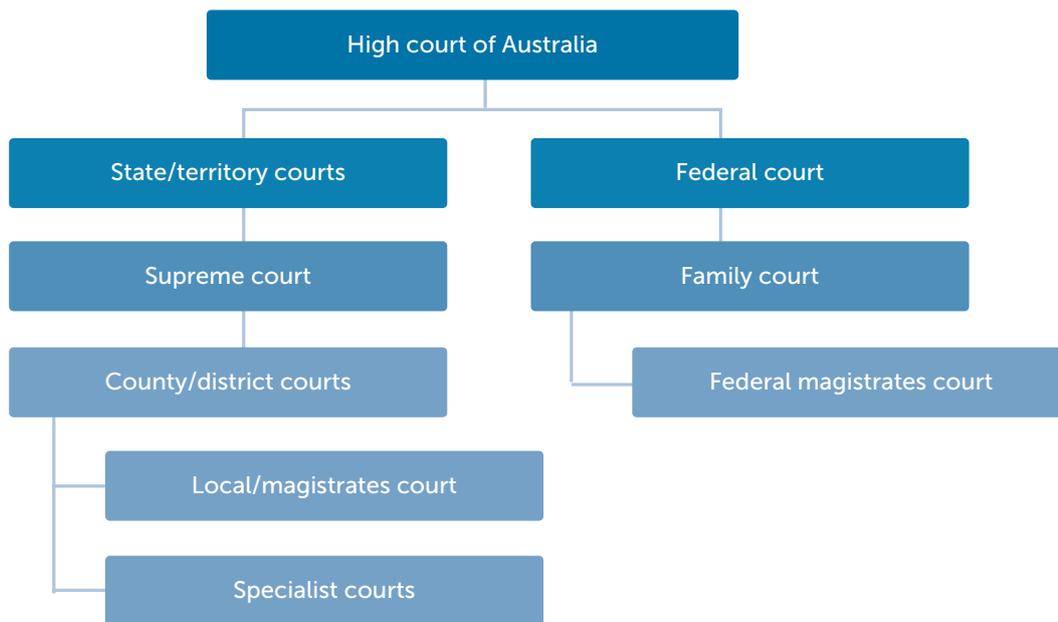
1B

Work according to legislative and organisational policies and procedures

Australian laws underpin your actions and role as a case manager within a child protection framework.

Australia's court structure

Australia's court system is made up of a hierarchy of federal courts, state and territory courts and tribunals. Each have different characteristics and different jurisdictional limits, powers and costs.



Video: Australian legal system

Watch this video on the Australian legal system: aspirelr.link/yt-how-laws-are-made



Within the state and federal court systems there are a number of different courts. Each court has a particular jurisdiction. Jurisdiction is the scope of a court's authority to decide matters, and may be limited by geographical area, type of parties who appear, what kind of remedy can be given and the point to be decided. A court's jurisdiction can come from a number of sources, such as the Constitution, statute and common law.



There are two basic types of jurisdictions:

- original jurisdiction – a court where the proceedings in that matter are first brought
- appellate jurisdiction – the court that hears the appeal against the decision of the court that had original jurisdiction for that matter.

Video: Separate jurisdictions

This video discusses the separation between federal, state and local jurisdiction: aspirelr.link/yt-separate-jurisdictions



Consider these questions when you are watching:

- What is the difference between Commonwealth and state/territory law?
- What is common law – can you give an example?
- Is child protection legislation part of Commonwealth or state/territory law?

Court systems and legislation

All workers in the community services sector must operate in compliance with the relevant governing **legislation** for child protection.

The following table provides examples of legal and court systems and some legal terms used in the working of courts.

Legislation

The written law produced by the government.

Federal statutes	Federal Acts of Parliament are laws enacted by the federal parliament. They apply to all states in Australia. If there is a conflict between a federal law and a state law, the federal law overrides the state law. There are federal laws that apply in the areas of human rights and the family, such as the <i>Family Law Act 1975</i> (Cth).
Acts of Parliament	State Acts of Parliament are laws enacted by state parliaments. They only apply to the state in which they are passed. Therefore, these laws may vary between states and territories. There are state laws regarding the provision of services in areas such as child protection, domestic violence, and physical and mental health.
Regulations	Each Act of Parliament (state and federal) includes a series of regulations that interpret and give more specific directions about how that law is to be applied.



<p>Criminal law</p>	<p>This area of law deals with community behaviour and safety. In Australia:</p> <ul style="list-style-type: none"> • a person accused of criminal behaviour has the right to representation • criminal laws are enforceable by the police • a person charged with a criminal offence is presumed innocent until proved guilty. <p>For example, a person can be convicted if they fail to report known child sexual offences and if parents fail to protect a child from harm.</p>
<p>Civil law</p>	<p>This deals with the rights and duties of people in regard to personal, work or property matters. In the area of civil law:</p> <ul style="list-style-type: none"> • one person may take legal action against another (to sue) for compensation • matters may be resolved in out-of-court settlements. <p>Victims of abuse can bring about a civil child sexual abuse claim and sue for damages when they have an allegation of child sexual abuse in connection with state institutions, such as while they were in state care.</p>
<p>Common law principles</p>	<p>Common law is based on the notion of 'precedent', which means decisions that have been made by courts in the past. There are several common law principles that directly affect your role as a case manager, especially in the areas of duty of care, negligence and informed consent. A common law claim may be made against the perpetrator or relevant institution due to negligence by survivors of child abuse.</p>
<p>Principles/ Standards</p>	<p>In 2017, the Royal Commission into Institutional Responses to Child Sexual Abuse made recommendations about:</p> <ul style="list-style-type: none"> • what makes institutions safe for children • improving child-safe approaches. <p>The National Principles for Child Safe Organisations are standards recommended by the Royal Commission.</p> <p>View the principles and related resources: aspirelr.link/child-safety-principles</p>

Informed consent
 A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

Video: Legislation
 If you want to understand more about how legislation is made in Australia, watch the following video from the Parliamentary Education Office: aspirelr.link/yt-legislation



Family Court and Family Law

Family law is under the jurisdiction of the Commonwealth (Family court or Federal Circuit Court of Australia) and operates on the fundamental principle that the child's best interests are paramount.

The Commonwealth legislation that provides guidance on child protection is the Family Law Act. This Act focuses on the rights of children and the responsibilities that each parent has towards their children, rather than on parental rights. It sets out how child protection concerns raised in federal family law proceedings should be managed, including reporting obligations for family law court staff and mechanisms for courts to obtain information from child protection agencies.

For matters where both the Commonwealth and state jurisdictions have concurrent power (such as child welfare), the Commonwealth jurisdiction usually takes priority.

However, if proceedings are underway in both child protection and family law jurisdictions, the Family Court and Federal Circuit Court of Australia will usually adjourn (stop) their proceedings, pending a final decision being made in the Children's Court, so they can obtain a more complete picture of the families' situation and circumstances.

The Family Court or Federal Circuit Court of Australia can only make an order for a child under care in specific circumstances, such as:

- the order will only come into effect when the child ceases to be under that care
- the order is made in family law proceedings instituted or continued with the written consent of a child welfare officer.

Once a determination is made in the Children's Court as to the child's welfare, the family law proceedings can resume.

The Magellan List

The Magellan List is a case management model involving allegations of serious (and current) physical and sexual abuse. It was established in the Family Court of Australia and focuses on the gathering of evidence and resolution of matters through strict timelines. Independent children's lawyers are appointed to these to make sure the best interests of the child are represented. The aim is to provide the court with as much information as possible so that an evidence-based decision can be made in the best interests of the children.

A 'Magellan Report' outlines the action taken to investigate the allegations of abuse and the outcome.



Child protection legislation

As a case manager, you are not expected to know every detail of legislation, but you need to be aware of your state or territory's child protection legislation.

Australia is a signatory to the United Nations Convention on the Rights of the Child (1989), and, as a result, many of the principles in the convention are also found in Australia's child protection legislation.

Legislation in each state and territory determines the way child protection services are provided and what the responsibilities are for the administration and operation of child protection services.

Information that you need to know from the legislation includes:

- the responsibilities and powers of various services, people and roles
- how decisions are made
- how child protection services should be supported
- how to monitor and review expectations
- privacy
- protection orders, permanent care orders and criminal offences
- offences, sentencing and appeals.

The following table sets out the child protection legislation that applies in each state or territory.

ACT	<i>Children and Young People Act 2008</i>
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i>
NT	<i>Care and Protection of Children Act 2007</i>
Qld.	<i>Child Protection Act 1999</i>
SA	<i>Children and Young People (Safety) Act 2017</i>
Tas.	<i>Children, Young Persons and Their Families Act 1997</i>
Vic.	<i>Children, Youth and Families Act 2005</i>
WA	<i>Children and Community Services Act 2004</i>



Child protection legislation across the Commonwealth, states and territories has similar guiding principles. These principles include:

- best interest of the child
- early intervention and support for families
- culturally appropriate care and Aboriginal and Torres Strait Islander Child Placement Principles
- participation of children and young people in decision-making processes.

You can find more details on this information at the Australian Institute of Family Studies (AIFS) website at: aspirelr.link/child-protection

Mandatory reporting

Mandatory reporting is a statutory reporting requirement that certain professionals must legally report situations where children may be at risk of harm.

In the legal context, ‘mandatory’ means something that is required and enforced by legislation. **Mandatory reporting** means that people in some occupations are required by law to report child abuse and neglect to government authorities. When reports are made to police, child protection services become involved and investigate reports.

Not all states have legislation covering mandatory reporting, and not all occupations are covered by mandatory reporting laws.

Commonwealth and jurisdiction-specific legislation governs the reporting of suspected child abuse and neglect. Most states and territories (ACT, NSW, Qld, Tas, Vic) have criminal laws that require adults to report known child sexual offences. Criminal laws have a slightly different scope and details across jurisdictions, but all require reports to be made to the police. However, there is variation across different states and territories regarding who is legally obliged to report it to the appropriate authority. You will need to be aware of the legislation and reporting requirements in the state or territory where you work.

The following table provides links to mandatory reporting requirements for each state and territory in Australia.

ACT	aspirelr.link/aifs-mandatory-reporting-act
NSW	aspirelr.link/aifs-mandatory-reporting-nsw
NT	aspirelr.link/aifs-mandatory-reporting-nt
QLD	aspirelr.link/aifs-mandatory-reporting-qld

Mandatory reporting
The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.



SA	aspirelr.link/aifs-mandatory-reporting-sa
Tas.	aspirelr.link/aifs-mandatory-reporting-tas
Vic.	aspirelr.link/aifs-mandatory-reporting-vic
WA	aspirelr.link/aifs-mandatory-reporting-wa

- You can find more information about who are mandatory reporters in each state and territory at: aspirelr.link/mandatory-reporting-child-abuse-and-neglect
- You can look at the mandatory reporting requirements in each Commonwealth or state jurisdiction at: aspirelr.link/cp-by-jurisdiction
- You can find a list of reporting authorities in each state and territory across Australia. aspirelr.link/reporting-child-abuse

Example

Mandatory reporting

Muhammed is a social worker who works at a drop-in centre for young people. Recently, he has noticed the signs and symptoms that indicate a young person he works with may be at risk of sexual abuse. He has observed that the young person:

- has difficulty sitting
- urinates frequently
- refuses to change in front of others when they go on excursions to the beach or swimming centres
- refuses to participate in physical activities.

Muhammed reads the centre's child protection policy. The policy tells him to:

- report any sign of abuse within 24 hours of noticing it
- write down what he has noticed
- keep any information in a confidential place
- speak with his manager and explain what has happened.



Children's court

Each state and territory has a Children's Court for cases involving children and young people under 18 years old.

When a state or territory's child protection department has concerns over the care and safety of children, they must start a case at the Children's Court and ask the court to make a protection order.

Child protection proceedings in the Children's Court have less formality and legal technicalities. The magistrate listens to each person involved in the case and then makes a decision about whether there should be a protection order. These are called 'care and protection proceedings'.

Here is a summary outlining the child protection proceedings process from the Children's Court of Western Australia.

The first steps

- The Department of Communities investigates a child's parents for many reasons, such as concerns about drug use, family violence and neglect. The department will try to work with the family by providing them with support and helping them with their concerns.
- Sometimes the department may decide to remove a child from their home. They take the child into provisional protection and care. When the child is removed, the department becomes their temporary legal guardian. This means they can make decisions about who the child lives with and spends time with.
- Removing a child from their parents is a last resort and is only done if the department thinks the situation is too unsafe for a child to stay with their parents.
- There are two ways a child can be taken into provisional protection and care:
 - The department can apply to the Children's Court for a warrant. The application for a warrant takes place without the parents being present.
 - If it is urgent, the department or a police officer can remove the child without a warrant. They can do so if a child is at immediate and major risk.

Child placement:

- The department will try to find a suitable family member who can look after the child until it is safe for them to return home.
- Once the child is in provisional protection and care, the department has two options:
 - they make plans for the child to return to a safe situation at home within two days
 - the department has to apply to the Children's Court for a protection order, which means the child will not return home.



<p>Interim orders</p>	<ul style="list-style-type: none"> • Interim orders are temporary: some cases take up to one year to finish. • The types of issues the court may make interim orders about include: <ul style="list-style-type: none"> - contact and time spent with others, including how much contact there should be, where contact should occur and if contact needs supervision and who should supervise - placement of a child with a parent or relative; this is who the child should live with. - adding others as a 'party' to the case. - appointing a Court Expert - appointing a Child Representative. • Once the court has the application and affidavit, the documents need to be served. That means a copy needs to be given to everyone else involved in the case. They then have a chance to reply.
<p>Protection and Care Applications</p>	<ul style="list-style-type: none"> • The child protection department submits a report to the court that sets out all the concerns they have for the child's safety and wellbeing. The people or 'parties' involved usually include the department's case worker and team leader, as well as their lawyer, the parents of the child and the child or their representative.
<p>Stages of the case</p>	<p>Early stages</p> <ul style="list-style-type: none"> • There is an initial hearing date where the court checks in. This involves making sure everyone knows who is involved and everyone has legal advice. <p>Middle stages</p> <ul style="list-style-type: none"> • There are more court hearings where the court checks on the progress between the parties, agrees on plans for the child and sees if there are any ways to help everyone work together. <p>Final stage</p> <ul style="list-style-type: none"> • If there is no agreement about whether a protection order should be made, the case will go to trial. • The first step to a trial is to hold a Trial Allocation Hearing to look at whether the case is ready to be given trial dates. The court will also give directions about when important paperwork for the trial must be filed at the court. • The trial can sometimes take several days. • At the trial, the court will hear evidence from the department. They explain why there should be a protection order. The other parties, including the parents, will also have the chance to give evidence. They can tell the court what they think should happen.

Affidavit
 A written statement prepared by a witness that can be used as evidence in a court.



Care and protection orders
Legal orders or arrangements made by a magistrate in the Children’s Court that give child protection departments partial or full responsibility for a child’s welfare.

<p>Protection orders</p>	<ul style="list-style-type: none"> • A protection order can be made if the court finds that the child needs protection. This has a particular meaning under the <i>Children and Community Services Act 2004</i>. • This act says that a child needs protection if: <ul style="list-style-type: none"> - they do not have a parent or another suitable family member to care for them - they have suffered or are likely to suffer physical abuse or neglect - they have experienced either sexual abuse or emotional abuse, which includes being exposed to family violence - their parents have not protected, or are unlikely or unable to protect, the child from harm or further harm of that kind - they have suffered or are likely to suffer harm as a result of the parents being unable or unwilling to arrange for adequate care or effective medical, therapeutic or other remedial treatment for the child. • Care and protection orders are legal orders or arrangements that give child protection departments some responsibility for a child’s welfare. • The court must also find that making a protection order is better for the child than making no order at all.
<p>Other orders</p>	<p>Long term orders</p> <ul style="list-style-type: none"> • A long-term childcare agreement is not a legal order. A long-term childcare agreement can provide a stable placement option for children who do not return to their parents after years of out-of-home care placement, where a statutory placement is not required and not in the best interests of the child. • It is a formal agreement that gives responsibility for the daily care and control of the child to the caregivers, with the consent of the parents. • Guardianship and the rights to custody remain with the parents. <p>Permanent care orders</p> <ul style="list-style-type: none"> • These orders are granted by a judge in the Family Court of Australia or by a Federal Magistrate in the Federal Magistrates Court. • A permanent care order grants custody and guardianship rights and responsibilities to the permanent caregivers. This means that they have all the rights and responsibilities of a parent in relation to the child, which excludes these rights and responsibilities from all other persons. • You can find more information on Victoria’s permanent care orders at: aspirelr.link/vic-permanent-care-orders

You can read further details on the Western Australia protection and care proceedings at: aspirelr.link/wa-protection-care



Types of protection orders

These are examples of various types of protection orders used in Western Australia:

Supervision order	<ul style="list-style-type: none"> • Under this type of order, the child stays with their parent/s. The Department of Communities supervises or keeps an eye on the situation to make sure the child is safe and cared for. • The parent/s usually have to follow conditions, such as being drug tested often or not allowing certain people in the house. • This type of protection order can last for up to two years.
Time-limited order	<ul style="list-style-type: none"> • The department is responsible for the care of the child while this order is in place. This can take up to two years. • The department must prepare a care plan as soon as possible. • The department will make all the decisions for the care of the child instead of the parents. This includes who they live with, who they see, and when and where they go to school. They are also responsible for the child's health needs. • Usually, the department will work with the parent/s, so the child can go back to live with them when the order ends.
Under 18 order	<ul style="list-style-type: none"> • Until the child turns 18 years old, the department will make all the decisions instead of the parent/s. Long-term arrangements will then be put in place. • The department must prepare a care plan as soon as possible.
Special guardianship order	<ul style="list-style-type: none"> • Another person is given parental responsibility for the child instead of the parent/s or the department. They make all the decisions for the child until they turn 18 years old. • This type of order usually appoints a family member or someone else who has been looking after the child as the child's special guardian until they are 18 years old. • This order is used if the court decides that long-term arrangements for the care of the child are needed.

Sometimes cases come back to court because the situation has changed and a change in the orders is needed. For example, a supervision order or time-limited order is about to end or the parents have revoked the protection order.

You can find more examples of care and protection orders in the child protection system across Australia in Table 1.3 at: aspirelr.link/child-protection-aus

Example

A protection order

Jaiden is a 9-year-old boy from Western Australia. He was living alone with his single father after the death of his mother two years ago. Jaiden's father has suffered significant grief since the loss of his wife and has been using substances to cope.

Recently, their next-door neighbour noticed that they had not seen Jaiden's father at home for many weeks and that Jaiden was starting to look very tired and withdrawn. When the neighbour asked Jaiden if they could chat with his father, Jaiden admitted that he doesn't know where he is and that he has not returned home for about three weeks.

The neighbour calls the police, and child protection workers file for a special guardianship order so that Jaiden can live with his maternal grandmother. Jaiden and his grandmother have had regular contact, and she has previously raised concerns about his care.

Policy

A course of action proposed by an organisation as a basis for making decisions.

Procedure

An established or official way of doing something.

Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Policy guidelines relevant to legislation

Child protection staff rely on policies and procedures that are based on laws.

Organisational documents, such as **policy** and **procedure** documents, provide a statement of purpose and one or more broad guidelines on how it is to be achieved. They underpin the actions of what you do as a case manager.

Privacy policies and procedures for confidentially

Most organisations base their **privacy** and **confidentiality** policies and procedures on the Australian Privacy Principles (APPs). There are 13 national privacy principles that apply to the collection, use, storage and disposal of people's information.

Detailed information about the APPs can be found at: aspirelr.link/oaic-privacy-principles

Everyone receiving or delivering government support services has a right to expect that their personal and health information will remain private and secure. For example, in Victoria, there are other laws in addition to the *Privacy Act 1988* (Cth) that protect the personal information provided to child protection. This includes:

- *The Children, Youth and Families Act 2005*
- *Child Wellbeing and Safety Act 2005*



- *Family Violence Protection Act 2008*
- *Privacy and Data Protection Act 2014*
- *Health Records Act 2001.*

When information is provided to child protection during an investigation, it is given in confidence. A person's identity cannot be **disclosed** without their written consent or if the Children's Court orders it to be.

Disclosure
The act of sharing or releasing private or personal information.

You can read more about the Privacy Act at: aspirelr.link/oaic-privacy-act

A person's identity may be disclosed with their consent (in Victoria):

- if the Department of Health and Human Services believes, on reasonable grounds, that the disclosure is necessary to ensure the safety and wellbeing of the child
- if it is required by another protective intervener, such as the police
- if it is required by a person in connection with a court proceeding, including a proceeding in the Family Court of Australia.

This table provides examples of the types of personal information collected and shared with other organisations in Victoria.

Information comes from	Types of information collected	Relevant organisations/ professionals to whom information may be disclosed
Professionals	<ul style="list-style-type: none"> • Names, addresses, dates of birth and contact details • Family circumstances and relationship details • Academic, medical, psychological and psychiatric reports • Observations of interactions with peers, parents and others • Parental presentation – at school, childcare, medical appointments and so on 	<ul style="list-style-type: none"> • The Children's Court and parties privy to its proceedings, such as children, parents and other carers • The police during a joint investigation or if the child is a victim of a crime • Child and family services, such as The Orange Door • Schools, health services or medical specialists • The Aboriginal child specialist advice and support service, if the child is Aboriginal • Other people relevant to keeping the child safe and well looked after



Information comes from	Types of information collected	Relevant organisations/ professionals to whom information may be disclosed
Parents	<ul style="list-style-type: none">Names, addresses, dates of birth and contact detailsFamily circumstances and relationship detailsMedical, psychological and psychiatric reportsCriminal history	<ul style="list-style-type: none">Victoria Police, who have a role in protecting childrenCommunity service organisations, including The Orange DoorSchools, health services and doctorsSpecialist services, such as alcohol and drug servicesChild protection departments in Australian states and territories outside of Victoria, to enable them to undertake their own child protection activities
Young people*	<ul style="list-style-type: none">Names, addresses, dates of birthWho is in their familyThings that happen in their family details about their education and healthIf they or people in their family have been in trouble with the police	<ul style="list-style-type: none">Other people or organisations so they can decide if they are safe or how they could help the child or familySchool, doctor, or organisation that provides advice and support to children and families or provides out-of-home careThe police if there has been a crime committed against themChildren's Court if an order is required to keep the person safe in a report to the courtThe parents, and if there is someone else who is legally allowed to have information, so they can do a better job of helping with safety and wellbeingThe person's parents or carer outside of the state

***Note:** *The young person will be notified before personal information is shared with someone else, unless the law states that the information must be given.*

Confidentiality

Your work will involve working with sensitive information. The way you manage confidential information can have a significant impact on a child's rights, choices and wellbeing.

Confidentiality requirements restrict an individual or organisation from using, storing and disclosing information (written or verbal) about a person that is outside the scope the information was collected for. There must be a reasonable purpose for collecting, storing, accessing and distributing information about someone.

Personal information must be securely stored, and access must be limited to those working directly on the case, in accordance with organisational policies and procedures.

You can read South Australia's information sharing guidelines here: aspirelr.link/info-sharing-guidelines-sa

Example Confidentiality

A child protection case manager is working with a family in a small rural community. A worker from one of the local welfare organisations who provides regular food relief to people in need recognises the case manager in a local café. The worker tries to begin a conversation with the case manager about 'how tragic' the story of the family they are working with is and 'how good it is to see child protection take things so seriously'.

The child protection case manager is not sure how this worker has any knowledge of the family's involvement with child protection, but they are in clear breach of the Privacy Act. The case manager does not engage in the conversation, leaves the cafe and contacts their manager to report the incident immediately.



Organisational policies and procedures for working with children

The policies and procedures you will use in your role as case manager will vary according to the state and territory where you are employed.

Some examples relevant to case management in child protection include:

- Child in contact with sex offender
- Intake to manage permanent care order
- Investigation policy
- Conducting a risk assessment
- Case management
- Case planning policy
- Case planning procedures, such as:
 - Case planning advice
 - Case planning without a protection order

You can find more examples of policies and procedures from the Victoria State Government – Department Families, Fairness and Housing at: aspirelr.link/vic-policies-procedures

Practice Task 2

Question 1

Child protection services are controlled by law (statutory control).

Complete the following table with examples of legal responsibilities that case workers in child protection must adhere to.



Statutory requirement	Description	Example



Statutory requirement	Description	Example



Question 2

Outline how federal and state and territory jurisdictions relate to child protection services in Australia.

Question 3

Match each of the legal systems and jurisdictions of the courts and their legal processes to its description.

Criminal law	This is based on the notion of 'precedent', which means decisions that have been made by courts in the past. For example, a claim may be made against the perpetrator or relevant institution due to negligence by survivors of child abuse.
Civil law	Each state and territory has this court for cases involving children and young people under 18 years of age. When a state or territory child protection department has concerns over the care and safety of children or young people, they must start a case at this court and ask to make a protection order.
Common law	This is the jurisdiction of Commonwealth legislation on child protection. It focuses on the rights of children and the responsibilities that each parent has towards their children
Family Court	This deals with the rights and duties of people in regard to personal, work or property matters, such as one person taking legal action against another (to sue) for compensation. For example, when a victim of abuse brings about a child sexual abuse claim and sues for damages in connection with state institutions, such as while they were in state care.
Children's Court	This deals with community behaviour and safety, such as illegal behaviour enforceable by the police. If a person is charged with a criminal offence, they are presumed innocent until proved guilty. For example, a person can be convicted if case may be when a person fails to report known child sexual offences.



Question 4

Provide at least three examples of legislation relevant to child protection.

Question 5

Briefly outline two examples of protocols, practices and policy guidelines case managers need to be aware of in family court proceedings.

Question 6

Which of the following relate to case management organisational policies and procedures for privacy and confidentiality? Tick all that apply.

- There must be a reasonable purpose for collecting, storing, accessing and distributing information about a person, child or young person.
- Personal information must be securely stored, and access must be limited to those working directly on the case.
- If the child or young person's safety is at risk, then information is shared with all parties to ensure the child is protected and secure their safety.
- The identity of a person making a report to child protection can be disclosed to any person or authority who requests the information.
- Privacy laws apply to children and young people who are at risk, but not to their perpetrators.

1C

Develop written case management plan to reflect the child or young person's needs

Case management is liaising with other professionals and services to meet a child's needs and goals.

Once the initial intake and assessment have been completed, a case manager will be assigned to the child and will begin the process of formal **case management**.

Case management focuses on agreed-upon goals between the child and family. It helps measure, monitor and strengthen outcomes and assists them in progressing towards these goals over time.

Identify, assess and prioritise information for the case plan

A targeted case plan considers the individual child or young person's needs.

Case planning relies on a team approach to support children and their families. Decisions made in the context of case management should be discussed with involved services, relevant individuals (for example, advocates and support persons) and most importantly the child and family.

Information provided to the child will help ensure that the child's physical, mental and **psychosocial** needs are prioritised and that their safety and wellbeing are safeguarded.

Information for the case management plan can be sourced and collected from a range of sources, including the child, their family, and other professionals and service providers involved in their care. It is used to determine the level of risk to the child and their need for protection. It also helps the case manager address the child's most urgent needs first.

A case management plan or case plan must:

- focus on the needs of the child and promote their wellbeing
- be informed by relevant assessments
- be developed in partnership with the child, family, their carers and support services
- capture critical parts of the story and experiences of the children, their families and their carers

Case management
A person's needs are identified and addressed through a planned process of providing support and access to relevant resources.

Case planning
A cycle of assessment, planning, implementation and review to meet a child's safety, belonging and wellbeing needs.

Psychosocial
Relates to how a person thinks, behaves and socialises.

- reflect legal requirements, the type of order or conditions granted by the Children's Court
- ensure a timely action towards specific goals
- clarify the roles and responsibilities of all participants in addressing the child's needs.

Generally steps in the development of a case plan include:



Case Planning Policy in Victoria requires that a case plan be prepared within 21 days of substantiation when working with families by agreement. When there a child protection order is granted by the children's court, the case plan must be consistent with the type of order or conditions made by the court.

In Queensland, the Department of Child Safety, Seniors and Disability Services requires that the case plan must identify outcomes, key actions and monitor how the progress of the plan will be measured. The Children's Court cannot grant a final child protection order unless an appropriate case plan has been prepared for a child.

Document the case plan

Documentation occurs at all stages of the child protection process. You will need to find out about your organisational requirements for documentation, including procedures for recording interviews and case plans. Policies and procedures will align with privacy and confidential principles, such as who will be given access to case planning information and security logins.

Here are some examples of the types of documentation used in the case planning process:

- Care plans signed off by team members and the child
- Annual case plan reviews
- Case team meeting minutes
- Notes from case conferences, family group conferences and interviews
- Case management conferences
- Referral letters
- Documents recording key case management decisions
- Case closure reports



Child protection reports are used in court and, therefore, must be reliable and accurate. They can also provide other functions, such as:

- historical information that is used as part of a risk assessment
- the assessment and rationale behind case decisions
- a record of all contacts and events related to a client, case management and case planning processes
- an archival record of events in the life of a child that can be assessed by the child, family, new practitioners and others when needed
- identification of patterns in behaviour and previous service responses
- the success or failure of past interventions for future decision-making.

Ensuring the child's voice

Case plans use respectful language and must be suitable for use in court and for sharing with the family. They are always **child-centred** and use the child's 'voice'. To accurately reflect a child's voice, you must seek their views and involve them in the decision-making process, so you are representing their wants, opinions, feelings and needs throughout.

Here are some examples of questions you might ask a child to ensure their voice is being heard:

- How are you feeling about what is happening?
- What do you like doing in your free time?
- Is there anything you're worried about or need help with?
- Who do you feel safe talking to when you have a problem?
- Can you tell me about what you do in a day?
- What goals do you have for yourself? Or for a younger child: What would you like to do about (XYZ)?
 - Sometimes younger children need help defining goals. They may find it helpful if you let them know what you need them to tell you about. For example, what would you like to do about visiting mum? Or what would you like to do about going to school every day?
- Are there any decisions or plans that involve you that you would like to know more about?
- How do you prefer to talk to me or tell me about what is going on?
- Is there anything you'd like to change about what is happening in your life?
- What do you think you're good at?
- Do you have any questions for me?
- How would you like to be involved in decisions about your life?

Child-centred practice

Providing tailored support for each child or young person, and taking the time to learn about their individual preferences, needs and goals.



Professional documentation

Best Practice

Using the best skills and ideas available at the time to do a task.

The following five principles outline **best practice** for professional documentation.

Objective	<p>Important case management decisions are made at meetings with others to ensure transparency, collaboration and accountability in decision-making.</p> <p>Documentation must be:</p> <ul style="list-style-type: none">• free from the influence of personal feelings, interpretations or prejudice• factual and not containing speculation• free of judgement and bias• made with explicit reference to the child's best interests• written with input from the children to whom they apply.
Clear	<p>Documentation must be:</p> <ul style="list-style-type: none">• easy to understand• logical• legible• concise and relevant (avoid writing lengthy and story-like notes)• written using professional language• free from unauthorised abbreviations or jargon.
Timely	<p>Documentation must be up to date and completed:</p> <ul style="list-style-type: none">• according to organisational or legal time requirements (e.g. within 24 hours of an incident)• as soon after the events as possible, to ensure accurate recall.
Legally compliant	<p>Documentation must comply with:</p> <ul style="list-style-type: none">• child protection legislation• privacy legislation• human rights• any other relevant legal provisions, such as anti-discrimination or work health and safety legislation.
Compliant with organisational requirements	<p>Documentation must be:</p> <ul style="list-style-type: none">• in an approved format or template• signed off with your name, signature, designation, date and time.



Legal implications for interviews

Interviews often occur with another staff member present, so they can also be a note-taker. Interviews require accurate planning, observation and documentation of the content discussed. This includes identifying and assessing any safety concerns and supporting the child through the process.

Child protection staff can interview children without the parents' consent during an investigation of a protective intervention report. This can occur only in exceptional circumstances when it has been assessed that this is in the child's best interest. For example, if the child has a current physical injury or has made a sexual abuse disclosure and the role of the parents is unknown or the parents are unlikely to believe or protect the child, this may compromise the overall investigation.

Case workers must inform the child and their parents that this is going to occur and that the purpose of the interview is part of the investigation and information given in the interview will be used for the protection application.

In the best interests of the child, a non-offending parent will be advised of the interview, unless this would compromise the investigation of the report or the investigation by police of a possible offence.

Investigations, assessments or interviews require that you document notes and collect information that can form part of the case plan and can also be used as evidence for the child's case. Furthermore, in some states and territories, and depending on the nature of the interview, such as if the child has made a clear disclosure of a criminal nature, the evidence will need to be recorded carefully.





Case notes and case records provide the information related to and the rationale behind key decisions or changes to case plans. They can demonstrate the course and the outcomes of the work with the family.

Notes taken during an interview require the same professional standards for documentation. The notes taken down during an interview and any other evidence collected may be subpoenaed by the court as part of any pending or future hearings.

The *Freedom of Information Act 1982* also allows people to access case notes at any future time. The child or their family may want to read information written about them. You must ensure that all material collected through interviews upholds the Privacy Act, professional standards used by your organisation and other legal requirements.

Example Case Plan

Name of child:	Nevaeh Stephens
Date of birth:	02/06/2018
Current care arrangements:	In care of mother, Kathleen Stephens
Protection orders in place:	Supervision Order for Nevaeh Family Violence Restraining Order for Kathleen
Parents names (if not legal guardians):	Matt Smith
Contact with parents:	Supervised visits with father once weekly on Friday's at 4 PM at McDonalds East Perth.
Contact with siblings:	N/A
Contact with other family members:	Grandmother (paternal) able to visit the home without father present.
Cultural support:	Aboriginal (Noongar) – engaged with Yorgum
Childcare/Education/Employment details:	Highgate Primary School



<p>Healthcare needs:</p> <p>Decisions about healthcare to be made by:</p>	<p>Showing signs of trauma – engaged with Yorgum Healing service.</p> <p>No other health issues present currently.</p> <p>Mother - Kathleen</p>
<p>Developmental needs:</p>	<p>Attachment issues with mother – needs to be with mother at all times – is struggling with school attendance, will have school refusal because she is scared to leave mother.</p>
<p>Financial decisions to be approved by:</p>	<p>Kathleen – Mother</p>
<p>Other significant decisions to be approved by (including crisis management):</p>	<p>Kathleen – Mother</p>
<p>Future Care Objectives (Select the most appropriate and comment if required)</p>	
<p>Family preservation – ensuring that a child or young person who is in the care of a parent remains in their care.</p>	<p>Ensuring Kathleen is safe from Matt and that the restraining order remains in place, Nevaeh has supervised visits only. Aim is to keep Nevaeh safe at home with Kathleen. Matt is not to move back into the home, attend the home, school premises or any place Nevaeh or Kathleen will be alone.</p>
<p>Family reunification – ensuring that a child or young person who has been removed from the care of a parent is returned to their parent's care.</p>	
<p>Adoption – ensuring a child or young person's adoption falls under the <i>Adoption Act 1984</i> (there are very few adoptions in Victoria).</p>	
<p>Permanent care – arranging a permanent care placement of a child or young person with a permanent carer/s.</p>	



<p>Long-term out-of-home care – placing a child or young person in a stable long-term placement with a specified carer/s or another suitable long-term care arrangement, if this is not possible</p>			
<p>Wellbeing Objectives:</p>			
Domain	Strengths	Current Needs of Child	Objectives of Child/Family
Parenting skills and capacity	Kathleen loves Nevaeh and chose to take a family violence restraining order out on Matt to keep Nevaeh and her safe.	Nevaeh has a strong attachment to Kathleen and will, at times, not leave her side, refusing to attend school.	For Nevaeh to feel safe and to attend school more regularly. For Kathleen to have some strategies to work through when Nevaeh is refusing to attend school.
Living arrangements/ placement and stability	Kathleen loves Nevaeh and chose to take a family violence restraining order out on Matt to keep Nevaeh and her safe.	N/A	N/A
Education/ vocation	Nevaeh succeeds at school when she attends and is well liked by staff and students.	Nevaeh has strong attachment to Kathleen and will, at times, not leave her side, refusing to attend school.	For Nevaeh to feel safe and to attend school more regularly. For Kathleen to have some strategies to work through when Nevaeh is refusing to attend school.



Personal identity/culture	Nevaeh has a strong connection to her Noongar culture.	For Nevaeh's cultural healing/safety.	Nevaeh is attending the Yorgum Healing service to work through some of her trauma in a culturally appropriate way.
Significant relationships/contact	Good relationships with mother and grandparents on both sides.	Nevaeh wants to see more of Grandma (paternal).	Kathleen to arrange for her paternal grandmother to visit; it is too risky for them to visit her as Matt is often at her home.
Physical and mental health	Showing some signs of trauma from family violence/abuse, such as attachment issues with mother and refusal to attend school.	Counselling/Safety	Nevaeh is attending the Yorgum Healing service to work through some of her trauma in a culturally appropriate way.
Emotional and behavioural development	Showing some signs of trauma from the family violence/abuse, such as attachment issues with mother and refusal to attend school.	Counselling/Safety	Nevaeh is attending the Yorgum Healing service to work through some of her trauma in a culturally appropriate way.
Social/peer relationships	She makes friends easily and is well liked by peers at school.	Wants to make more Noongar friends.	Nevaeh is attending Yorgum Healing space and hopes to build new friendships here.



Living skills	N/A	N/A	N/A
Legal issues/ supervision	Visitation with father on Friday's are supervised by Child Protection Workers.	Does not want to attend but knows she has to; these visits scare and upset her.	Stability of worker taking her there; ensure debriefing happens; attend Yorgum on Saturdays.
Other agencies/workers involved in case team: Yorgum Aboriginal Healing Centre – 1800 469 371			
Case Manager Name: Sue Smith			
Review Date: 01/03/2024			

Develop and document a risk assessment

Assessments and decisions regarding risk must be recorded, including the information used to inform your assessment. Procedures for documentation ensure the risk assessment can be understood by others and it is clear how the assessment of harm or risk of harm was decided. Risk assessment documentation needs to show links between the information gathered, the analysis of that information (including the factors that were considered) and your professional judgement.

Generally, if a family is determined through a risk assessment to be low-to-moderate risk with no identified dangers, they will not require ongoing casework. Their cases may be closed and provided referrals to other services for support. Other families may require an intervention to reduce the level of risk or ongoing dangers to the child or younger person. If an immediate harm indicator has been identified and at least one child will stay in the home, a safety plan is often used, including a written agreement from the family, the child and the family's network.

You will need to gather information for the risk assessment from the children, parents, extended family members and other services and professionals involved with the family. A risk matrix is used to indicate an outcome of low, moderate, high or very high risk.

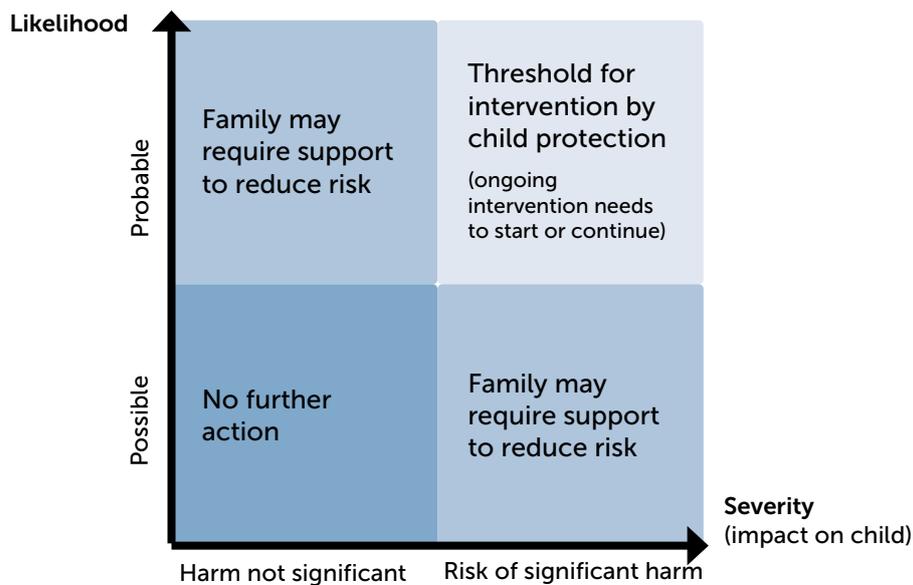


Determine level of risk

Risk assessment involves analysing information on the following:

Likelihood of harm	<ul style="list-style-type: none"> • Probable – it is more likely than not that the child will experience harm. • Possible – harm may occur, but it is not likely.
Severity (impact on the child)	<ul style="list-style-type: none"> • Not significant – the child wouldn't be impacted, or they would be impacted, but the impact would not have a detrimental effect of a significant nature. • Significant – the statutory threshold for harm would be reached.

Using the above, you can determine the relationship between the consequence and the probability of harm. If the consequence or impact is rated as either severe or significant and the probability is likely or very likely, the child or young person is considered in need of protection, and the case is substantiated.



Read examples from the Victoria's state governments about procedures for a risk assessment and determining the levels of risk:

- aspirelr.link/vic-cpmanual-risk-assessment
- aspirelr.link/vic-cpmanual-risk-assessment-advice

Assessment tools

You may be required to use assessment tools to assess risk, inform case planning and obtain information.

However, some assessment tools require specialised training or are used by specific health professionals. Check with your supervisor or team leader to ensure you have the training to use them.

MARAM assessment tool

In Victoria, the MARAM assessment tool is used as part of the overall risk assessment. It is a legislative requirement for it to be used for all family violence cases.

It stands for Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM). It assesses the level of risk of harm to the person experiencing family violence, including children and young people, and is used in safety plan documents.

Video: MARAM assessment tool

Watch this video to hear about Victoria's MARAM assessment tool and how it is used in child protection:

aspirelr.link/yt-maram-assessment-tool



Video: Signs of Safety

This UK video describes 'Signs of safety' for ways case managers can engage with families when implementing safety guidelines: aspirelr.link/yt-signs-of-safety



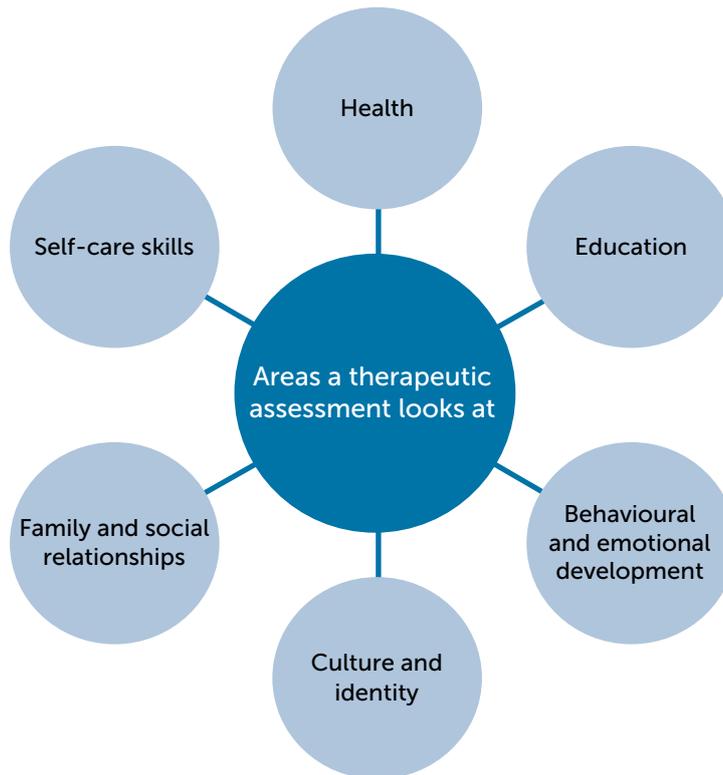
Other states and territories have their own guidelines on risk and safety assessments. Here are two examples:

- Queensland: aspirelr.link/cspm-safety-assessment
- New south Wales: aspirelr.link/family-connect-assessment-framework

Psychosocial assessment

A psychosocial assessment is an initial therapeutic assessment. You may be involved in this assessment for a child who enters care or is on short-term care orders.

A therapeutic assessment is a holistic look at the impact trauma has had on various aspects of a child's life to identify how those around the child can best support the child's needs. Assessors focus on gathering information about the child's history, exposure to trauma and development from others who know the child or have previously assessed them. Annual reviews of therapeutic assessments occur for all children on long-term orders.



It not only looks at the child but also at the impact the parent/s are having on the child. You may be required to work with your team and develop an understanding of areas of concern, such as the mental health or drug and alcohol issues of a family member and the impact this is having on their ability to function and parent and its possible impact on the child's development.

Read more here about mental health assessments in child protection: aspirelr.link/cpmanual-mental-health-assessment

Family assessment

A family assessment is undertaken when a more comprehensive understanding is needed of a child's safety and wellbeing within the context of their family, extended family and environment. It usually occurs after a decision to keep the child within the family with additional support of child protection. The aim of a family assessment is to provide an objective and professional opinion of the:

- needs of the child and family
- parenting ability and capacity of each parent
- ability of other supports to supplement parenting.



The outcome of the assessment is to make a decision about whether a child is, or continues to be, in need of care and protection. A family assessment may also be undertaken:

- when considering a change to a child’s legal status, including a change to parental responsibility to inform ongoing case management
- when a court orders an assessment order.

In some cases, private psychologists will be employed to provide an assessment to the court to determine the parents’ capacity to safely parent a child.

Example

Psychosocial Assessment

Samir is 15 years old and has been in and out of foster homes for the past six years since his mother died of a drug overdose. Samir is currently living in a residential care facility after his last foster home refused to have him return due to his violent outbursts. He is repeatedly suspended from school due to throwing chairs and smashing windows when he gets angry. He also self-medicates with marijuana; however, he has told his case manager that he used to take a friend’s ADHD medication, and that was the only thing that ever helped him feel calm. Samir is in his fourth high school and has been asked to repeat year 8. Samir has received minimal counselling for his grief and loss. His case manager has arranged a referral to one of the department’s psychologist for further assessment.



Practice Task 3

Question 1

List at least four things a case worker needs to know about the purpose of case management plans.

Question 2

Briefly outline the importance of identifying, assessing and prioritising information relevant to the child or young person's circumstances used in a case plan.



Question 3

List and describe five professional rules for documenting case plans and show how the needs of the child can be reflected in the documentation.



Question 4

Outline the legal implications of information collected in an interview with a child, young person or their family.

Question 5

Outline the purpose of a risk assessment and how it is used to determine level of risk.



Question 6

Identify and briefly outline other assessment tools used in case management, including a psychosocial assessment and family assessment.

1D

Work with the child or young person using a person-centred, strengths-based approach

Children who have experienced adversity can have unrecognised strengths and skills.

Your work in child protection will reflect the principles of case management, such as child-centred (person-centred) and strengths-based practice. These are pivotal to providing best-practice care and ensuring the safety and wellbeing of the child.

Child-centred approach to practice	<ul style="list-style-type: none">• Planning is tailored to the child and focuses on their unique strengths and needs.• As far as possible, the 'voice' of the child is heard and considered important to their wellbeing.• Communication is used to form positive relationships with the child. This will enable you to assess the child's best interests and be informed by their views and wishes.• In practice, this means:<ul style="list-style-type: none">- seeking the views and wishes of children when adults are making decisions that affect them- using developmentally appropriate strategies to engage children- making efforts to engage children and get to know their stories- assisting them to understand their rights- giving children your full attention by actively listening and responding.
Strengths-based approach to practice	<ul style="list-style-type: none">• A strengths-based approach aligns with a child-centred approach.• It considers the child's knowledge, values and skills, resources and supports, in addition to self-identified and presenting issues or needs.• The focus is on the child's existing strengths, rather than providing support that tries to 'fix' their weaknesses.• In practice, this means:<ul style="list-style-type: none">- assisting each child to recognise, develop and use their strengths to overcome barriers- support the child to create strategies to achieve their goals.

Active listening

Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.



Video: Child-centred approach

Watch this video that discusses how a child-centred approach can promote a child-friendly environment: aspirelr.link/yt-child-focused-practice



Principles used by case workers

The table below outlines some of the other principles applied by case workers during case management.

<p>Family-led</p>	<ul style="list-style-type: none"> • This principle means working with families to help them understand the complexity of issues they may face and collaborating with them to establish and achieve their goals. • The family may need appropriate information to set goals and make decisions regarding the safety and wellbeing of their child and family.
<p>Culturally responsive and competent</p>	<ul style="list-style-type: none"> • Most states and territories have specific frameworks for working with Aboriginal and Torres Strait Islander children and families, as well as with refugee or asylum seeker children and families. • Case managers must consider the cultural needs and requirements of the child and their family, seeking expert assistance from elders and community leaders where necessary.
<p>Team based and collaborative practice</p>	<ul style="list-style-type: none"> • While case managers are assigned a family or child, they still work in teams. They must collaborate with colleagues, other staff in their department and other experts and professionals. • Team members collaborate to ensure the safety and wellbeing of the child. • Communication between all members of the child and family’s case team is vital to effective collaboration.
<p>Inclusive and transparent</p>	<ul style="list-style-type: none"> • Case managers will have their work critiqued and must answer questions to ensure the best outcome for the child’s safety and wellbeing. This also ensures transparency. • Senior managers must be consulted about concerns that arise through risk assessments or at any stage throughout the case management process.

Video: Building relationships

Watch the following video of case workers employed by the Department of Communities and Justice describing their role in building relationships with children, young people and their families to bring about support, protection and safety in New South Wales: aspirelr.link/yt-building-relationships





Attachment theory

Attachment theory explains the emotional bonds and relationships between humans and the importance of the relationship between the child and their primary caregiver.

This is a psychological theory that was developed by John Bowlby and Mary Ainsworth. They argued that for normal social and emotional development, a child needed to have a healthy relationship with their primary caregiver.

The central theme of attachment theory is that primary caregivers who are available and responsive to an infant's needs allow the child to develop a sense of security. This enables the infant to learn that the caregiver is dependable and creates a secure base for the child to then explore the world.

As a case manager, attachment theory becomes important when assessing risk and protective factors. You will need to address issues identified from the parents' skills and capacity, and build goals and objectives that strengthen attachment with their child.

Bowlby and Ainsworth identified the following attachment characteristics in children.

<p>Secure attachment characteristics</p>	<ul style="list-style-type: none"> • Develops independence and autonomy • Able to separate from the attachment figure • Seeks comfort from the attachment figure if hurt or frightened • Demonstrates a positive response when the attachment figure returns • Prefers the attachment figure to a stranger • Has trusting, lasting relationships • Has a high self-esteem • Able to share feelings with others • Seeks social support
<p>Ambivalent attachment characteristics</p>	<ul style="list-style-type: none"> • Wary of strangers • Becomes greatly distressed when the attachment figure leaves • Does not appear to be comforted when the attachment figure returns • Struggles to develop independence and autonomy • Reluctant to develop close relationships • Becomes overly distressed when a relationship ends • Dependent on others to meet their emotional needs



Avoidant attachment characteristics	<ul style="list-style-type: none">• May avoid the person they are most attached to• Does not seek much comfort from the person they are most attached to• Shows little or no preference between the person they are most attached to and a stranger• Independence and autonomy are developed as a coping mechanism• May have intimacy problems• Does not share emotions in social relationships• Unable or unwilling to share feelings with others• Resistant rather than independent
Disorganised attachment characteristics	<ul style="list-style-type: none">• Shows a mixture of avoidant and resistant behaviours• May appear dazed, confused or apprehensive• Independence and autonomy difficult to develop• May take on a parenting role, such as the role of parent to their educator• Becomes dependent on others rather than independent

Stages of development in children

Recognising the stage of development of the child you are working with is important for determining intervention and case planning strategies. Sometimes it may not be possible or developmentally reasonable to request the child to provide an opinion or make a decision because it may be too confronting for them and, therefore, inappropriate.

Developmental progress in children occurs in a step-by-step pattern that advances from simple to complex. This represents the concept of physical, social and cognitive maturation; as the body and mind develop, so do skills and abilities.

The following are some examples of how skills develop in sequence:

- Children crawl before they can walk. They walk before they can run. They jump before they can hop.
- Children play individually prior to playing with others.
- Children pretend with lifelike items before using their imagination to use items in various ways.
- Children develop trust before they feel able to explore.
- Children need their basic needs met, such as having food, water and sleep, prior to feeling safe and secure.
- Children initially believe that when objects cannot be seen, they do not exist. Then they start to realise that things they cannot see continue to exist.
- Children learn to communicate consonants during babble and cooing, then to start to form words and sentences.



Children develop at different rates, depending on a range of factors. These are described as milestones of development or expectations for each age. When optimal opportunities exist, development will be close to expectations. When one or more of the opportunities are lacking, development may be delayed.

This table outlines examples of milestones of development experienced by children and young people.

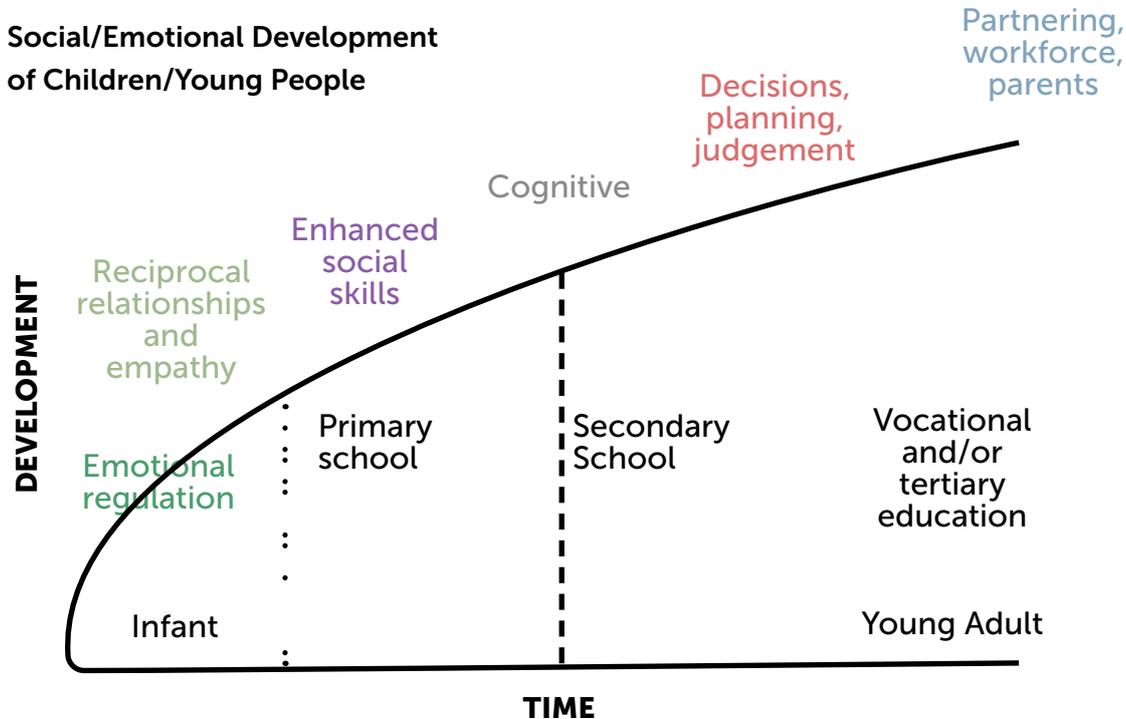
Type of development	Milestones for toddlers	Milestones for primary school-aged children	Milestones for high school-aged young people
Physical development	<ul style="list-style-type: none"> Starts to crawl Starts to stand Starts to walk Starts to run 	<ul style="list-style-type: none"> Able to run, jump, catch and throw a ball Able to participate in team sports Can be the beginnings of puberty 	<ul style="list-style-type: none"> Able to develop muscle strength and coordination Changes associated with puberty and growth spurt Can manage nutrition on own
Cognitive development	<ul style="list-style-type: none"> Knows what ordinary things are Can follow 1-2 step instructions Can sort colours and shapes Can scribble and draw Starts to understand time 	<ul style="list-style-type: none"> Can think logically about concrete events Grasps concrete analogies Able to engage in mathematical equations 	<ul style="list-style-type: none"> Can think in the abstract terms Able to perform moral reasoning
Social development	<ul style="list-style-type: none"> Smiles and laughs Plays along with other children Does not cooperate or share well Notices other's moods and feelings 	<ul style="list-style-type: none"> Enjoys games with rules Compares themselves with others Develops a sense of industry Significant relationship within school and neighbourhood 	<ul style="list-style-type: none"> Develops and identifies with own identity Peer group becomes increasingly important Questions and challenges rules and 'authority' Increase risk-taking behaviours Develops interest in sexual relationships but may not have the skills to deal with them



Type of development	Milestones for toddlers	Milestones for primary school-aged children	Milestones for high school-aged young people
Emotional development	<ul style="list-style-type: none"> Shows anxiety when separated from significant people May lose control when frustrated Seeks comfort when upset or afraid Offers comfort to others when upset (by patting or offering something) Begins to show feelings of guilt Unwilling to share toys or may become upset if not able to have something that they want 	<ul style="list-style-type: none"> Learns to share Gains better control of emotions but outbursts still occur Children take on more responsibility for their emotions Less reliance on parents and more on peers 	<ul style="list-style-type: none"> Forms social relationships Peer group becomes increasingly important
Communication development.	<ul style="list-style-type: none"> Cries Soothed by sound of voice Responds to name Babbles and repeats sounds Says some words and begins to put words together Says name As they begin to learn more words, asks a lot of questions Eventually learns to put simple sentences together 	<ul style="list-style-type: none"> Can take part in sophisticated sentences Can write in sentences Understands concept of spelling and grammar Is able to read 	<ul style="list-style-type: none"> Able to communicate via all manner of forms – written, verbal, non-verbal and technological Able to articulate feelings and emotions and hold conversations



The following diagram from the Queensland Government, Child safety Practice Manual, illustrates the social and emotional development of children and young people without trauma. When trauma has been experienced, this trajectory may slow down, hit roadblocks, regress or accelerate in some areas.



Source: Qld. Government, Department of Child Safety, Seniors and Disability Services (2015)

Example

Use of play to build rapport

Kaylen is a 6-year-old who has experienced abuse from her stepfather. Kaylen is wary of new people and does not speak in the first session with the case manager. In the second session, the case manager brings toys and activities to the session. He invites Kaylen to join him in playing at the kitchen table, and the case manager sits down and starts to colour in. Kaylen eventually joins the case manager and begins to play with playdough. She occasionally comments that the case manager is colouring the sky or the tree trunk the wrong colour. The case manager asks Kaylen to help him to colour better. This builds rapport, and the following week, Kaylen brought her own pencils to the table, ready to colour. As the weeks progress, trust is built, and Kaylen is able to share some of what she is experiencing (such as nightmares) and needs (such as having a light on when she sleeps) with the case manager through drawing pictures or other avenues, including playing with dolls or playdough.

Explain your role and purpose

Child-centred practice means providing the child with information about your role and purpose for the relationship. The way in which you do this will depend on the age and cognitive ability of the child.

This explanation might be structured in the following way:

- Begin by explaining that part of your role is protecting children.
- Inform the child that their goals are important and are a main part of what the two of you will be discussing.
- Explain safety.
- Explain that the child will be part of the decision-making process during the case management process.
- For children who can understand, you may explain that you might need to make decisions that they don't agree with, but that you will always involve them in these decisions, so they can understand them.

The role of families and communities

No single agency or individual can meet the unique and varied needs of children and their families.

You may be required to facilitate, monitor and review a child's family contact.

A child's ongoing relationship with their family, friends, other significant people and community can help them feel connected and supported in managing the difficulties of transitions. Family contact helps with:

- a child's sense of identity
- a child being reunified to the care of a parent
- a child's ongoing relationship with their family while they are in care or transitioning to adulthood.

Additionally, it may be appropriate for the child to remain connected to their community activities. This may include religious communities, sporting or performing arts communities, and cultural communities. You will be required to work closely with the school, other workers and agencies, as well as the family, to negotiate these with the child and include these in the child's care plan.

Provide case information to the child and family

Being open with information is important for developing trust and building a relationship with the child and their family. This includes providing information on the following.



Interventions

Interventions prevent situations from getting worse. They can occur from the moment the child has been referred to intake and assessment, and can involve prevention services:

- such as family support services
- financial or family counselling
- respite care
- various parenting and self-help groups.

Protection services are for children who may be at risk of harm. Intervention is needed for their ongoing safety, including interim, temporary or ongoing care services such as foster care.

Protective intervention is the period of intervention with a child and family following the substantiation of a report. It ends when a protection order is made or the case is closed without a protection order.

Additional interventions can happen during the case planning phase when:

- the child and family are working towards safety and wellbeing goals
- referrals are made to other services to further assist the child or family
- the case is at the closure stage where children and families are often referred to other services for ongoing care.

Rights of appeal

An appeal is a procedure that allows a person to challenge a decision made by a court.

In Australia, a child protection order can be appealed by a child, their parent or guardian or any other person who has been granted permission to appeal by the court, as long as the appeal is lodged within 28 days of the order being made.

The process for appeal varies depending on the jurisdiction and type of order being appealed. In general, appeals from care and protection orders are heard by a magistrate in a court of summary jurisdiction or in a children's court. Where there is no internal avenue, the appeal should be heard by a single judge of the Family court – or if you are in Western Australia or Northern Territory, by a single judge of the Family Court of Western Australia or Northern Territory Supreme Court. In some states, the district or Supreme Court will hear matters of appeal from a children's court magistrate.

You may need to direct the person to someone who can provide legal advice and explain the process in more detail.

Avenues for complaints

Everyone has the right to complain about services, even those received from a government department. When someone wants to make a complaint, you can provide them with information and ask them if they want help in making a formal complaint.

Each state and territory has its own complaints process, which may include an internal review or an external review by an ombudsman or other independent body. You may be able to direct the person or family to a staff member or manager directly, but it is up to the person or family member.

Many states and territories have an ombudsman such as the Victorian Ombudsman: aspirelr.link/vic-ombudsman

Here is an example of the Western Australian governments' rules for responses to complaints:

- Everyone has the right to make complaints and to have their complaints responded to fairly and in a timely manner, without fear of adverse consequences.
- The principles of procedural fairness apply when responding to complaints, providing opportunity for the views of all parties to be considered in determining the outcome.
- Everyone can make complaints themselves or with a support person or have an advocate make the complaint on their behalf.
- Information in relation to making complaints and the complaints process should be culturally aware and accessible.
- All staff should understand their role and responsibilities in responding to complaints and have access to information and training on the complaints process.

- Download the Complaint Handling Guide: Upholding the Rights of children and young people, available from Child Safety website: aspirelr.link/childsafecomplaint-handling-guide
- The NSW government provides a specific process when a parent or carer wants to disagree with a case plan decision: aspirelr.link/nsw-disagree-case-plan-decision



Complaints processes usually begin by accessing the complaint information from the following websites in each state and territory:

Victoria	aspirelr.link/dfh-making-complaint
New South Wales	aspirelr.link/nsw-dcj-complaint-handling
South Australia	aspirelr.link/sa-child-protection-complaint-making
Queensland	aspirelr.link/qld-dcssds-complaints
Tasmania	aspirelr.link/tas-decyp-safe-children-complaint
Western Australia	aspirelr.link/wa-doc-complaints-feedback
Northern Territory	aspirelr.link/nt-tfhc-make-complaint

Example Right to Complain

Tania is a single mother of two young children. Recently, Tania ended a family violence relationship. She has been couchsurfing among different friends' houses while she tried to keep her children safe and maintain her part-time job to save money for bond and the first month's rent so they could move into a new place.

Child protection had been contacted when she was still with her former partner and has remained involved while Tania worked to get her life back on track. Tania's case manager moved to a new organisation and Tania was provided with a new case manager.

During the first meeting with the new case manager, they repeatedly made comments about how the instability in Tania's life was a significant risk to the children. Tania explained the goals she had developed with the previous case manager. In response, the new case manager said, 'Maybe you should have thought about that before leaving your partner.' The comment made Tania feel unsafe and angry after this first meeting. So, she decided to make a formal complaint to the child protection department about her case manager not working in the best interests of her or her children.



Practice Task 4

Question 1

Briefly outline each of the following principles for working with children and provide examples with your response:

- strengths-based approach
- child-centred practice

Question 2

Provide two examples of how a case worker might explain their role and reason for their engagement with the child.



Question 3

Briefly discuss the relationship between using a child-focused practice and the role of the family and community in the lives of children.

Question 4

Briefly outline how the child's stage of development can inform intervention and planning in case management.



Question 5

Explain why attachment theory is important in delivering child-centred practice.

Question 6

Case workers may need to provide case information to the child or young person, their families, carers or others identified by the child. Briefly explain each of the following.

- Intervention process

-



- **Rights of appeal**

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- **Using avenues for complaints.**

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Summary

- Children enter the child protection system when a notification of alleged child maltreatment is received.
- The case management framework is a model used to deliver best practice care using principles and appropriate tools to provide safe support and protection for children.
- The identification of needs of the child helps to decrease risk and increase safety and occurs throughout the process of working with children and family.
- Assessment of risk occurs throughout the child's involvement with child protection services.
- Child abuse includes all types of abuse and neglect in the context of a relationship of responsibility, trust or power.
- If a child is in a situation that makes them vulnerable to abuse, this does not mean they are being abused.
- Australian laws underpin the actions and role of case managers within a child protection framework – this includes The Family Law Act.
- Child protection legislation in each state and territory determines the way child protection services are provided.
- When a state or territory child protection department has concerns over the care and safety of children, they must start a case at the Children's Court and ask the court to make a protection order.
- Case management measures, monitors and strengthens outcomes for children and families by focusing on their agreed goals and assisting them to progress towards them over time.
- A child's ongoing relationship with their family, friends, other significant people and community can help them to feel connected and supported in managing the difficulties of transitions.



Learning Checkpoint 1

Establish child or young person's need and level of risk

Part A

1. Which of the following statements are correct? Select yes or no for each one.

a. The Family Court has jurisdiction for Commonwealth legislation related to child protection, including the Family Law Act.	Yes / No
b. Child protection legislation applies in each state or territory and determines the way child protection services are administrated and operated.	Yes / No
c. Mandatory reporting is everyone's responsibility and is a legal requirement for people in some states and territories' legislation.	Yes / No
d. Care and protection orders give child protection departments responsibility for a child's welfare and are made by a magistrate in the Children's Court.	Yes / No
e. The identity of a person making a report to child protection can be disclosed without the person's written consent.	Yes / No
f. State Acts of Parliament have laws regarding the child protection services and only apply to the state in which they are passed.	Yes / No

2. Select two types of abuse or neglect and provide an example of the indicators of harm for your examples.



3. Match each of the terms to its description.

Rights of appeal mechanisms	Controlled by law.
Intervention process	A process which may include an internal or external review by an ombudsman or other independent body.
Avenues for complaint	Prevention or protection services needed for a child's ongoing safety.
Statutory obligations	A procedure that allows a person to challenge a decision made by a court.

4. Briefly outline the theory of vulnerability (risk factors) and resilience (protective factors) for children.

Part B

Read the case study and answer the questions that follow.

Case study

Evie is a 10-year-old Sudanese girl who has three younger sisters, Tali (8), Ayen (6) and Kazima (4). Evie loves to cook, play netball and engage in artistic activities, and she is very well liked at school. Up until a few weeks ago, their mother, Angelina, was in a family violence relationship with their father, Abdo. When Evie told her teacher that their dad hits their mum, child protection services became involved with the family.

The outcome of an initial risk assessment showed Angelina as a protective parent. Provided that Abdo did not live with them, the girls could remain in Angelina's care.



Evie is strong-willed and has begun to co-parent her siblings. Evie sometimes becomes distraught where she slams doors, shouts and cries for long periods of time in her room. Evie has told her mother that she feels guilty that her father no longer lives with them and considers it her fault. She keeps in frequent contact with her father by phone and text.

Sally is the family case worker. She has discussed with Angelina how to help Evie work through her emotions. Sally has drafted a case plan for Evie.

1. Why is it important that Sally speaks with Evie to discuss her needs and risks so they can be documented in her case plan?

2. Identify two of Evie's needs and two possible risks that will need to be noted in her case plan.



3. Briefly outline what Sally can say to Evie about her role and purpose as a case worker.

4. Provide four examples of information from the case study that will be used to develop Evie’s case plan.

5. Provide examples of ways Sally can demonstrate a person-centred/child-centred and strengths-based approach when working with Evie.



6. Under what conditions would Sally recommend that a psychosocial and family assessment be required?

7. Sally has been observing the relationship of Evie and her mother. Why is attachment with her parents important for Evie and her sibling's development?

8. Identify four things Sally must remember when documenting Evie's case plan.



Case study

Tim is 13 years old and loves to play football and cricket. He has many friends and has a good relationship with his cousins. Tim doesn't have any siblings, and his parents are separated and both use drugs. Tim's mother left him in the care of his father and moved interstate 12 months ago. Tim's father was living with him and his grandmother but often disappeared for weeks, leaving him alone with his grandmother. His father has a history of being violent.

Six months ago, Tim's grandmother contacted child protection services and sought to have a protection order put in place so that she could care for Tim. Since then, Tim has supervised visits with his father. The grandmother doesn't want anything to do with Tim's father, so when Tim's father visits, the child protection case manager, Matteo, oversees them.

More recently, Tim has been agitated after visits with his father. He acts out at home and school by running away or verbally abusing teachers and his grandmother. When challenged, Tim will retreat and not speak for hours, and it is evident he has been crying.

During a recent visit, Matteo overhears Tim's father discussing drugs with Tim. When Matteo asked Tim on the way home what the conversation was about, Tim would not disclose any information. Later that day, Tim texts Matteo, saying that he was scared because his father physically threatened him with violence if he didn't agree to get him money for drugs

9. Based on the information provided in the case study, how would you rate the risk to Tim from his father?



10. The role of families and communities is an important part of case management. Outline the role of family in Tim's circumstances and his need to continue with his community connections, such as school and community sports.

11. Provide two legal implications for Matteo to consider when interviewing Tim about the threats from his father.



12. Matteo is checking in with his team leader and they are discussing his organisation's privacy policy. Outline two privacy and confidentiality principles likely to be included in Matteo's workplaces' policy.

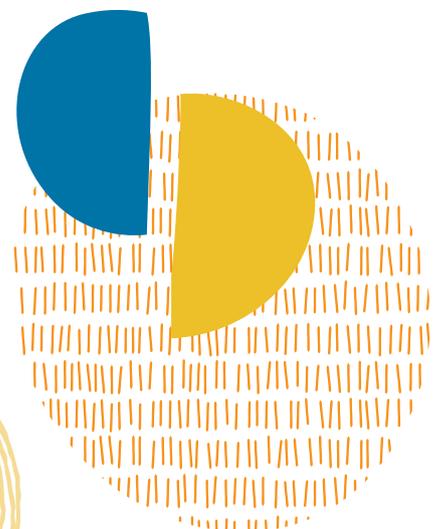
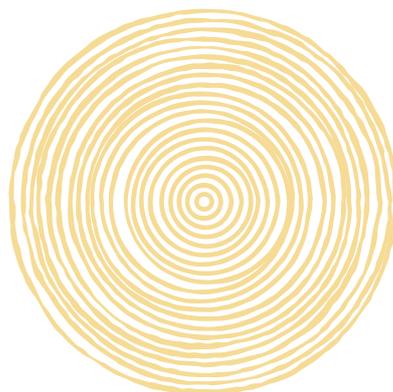
13. Provide one example of a milestone that Matteo might expect to observe about Tim for each of the following types of development:

- Physical
- Cognitive
- Social and emotional development
- Communication skills.



Topic 2: Develop a case management plan

- 2A Identify and support harm minimisation strategies to increase the safety of children and young people.
- 2B Use a strengths-based approach to negotiate goals, actions and consider culture and timelines.
- 2C Define roles, responsibilities and accountabilities for child or young person, stakeholders, workers and service providers.
- 2D Establish and document contingency plans, communication, review and evaluation systems



2A

Identify and support harm minimisation strategies to increase the safety of children and young people.

Minimising harm focuses on identifying potential risks and implementing proactive measures to mitigate and minimise harm.

Harm minimisation strategies

Tools and actions introduced to reduce or minimise the risk of harm and increase the safety of children and young people

Harm minimisation in child protection are used to analyse risks and put in strategies that minimise the risk of harm to vulnerable children or young people.

Harm minimisation strategies include:

- risk assessments
- promoting a culture of safety for children where they are free to disclose
- using a child-centred approach that makes them feel central to decision-making and supported
- ensuring all safeguarding measures for staff, volunteers and contractors are in place, including current Working with Children Checks and Police Checks.

Prevention and early intervention strategies

Strategies for harm minimisation include early intervention to recognise potential risks before they escalate.

The NSW government states that, ‘The abuse and neglect of children has far reaching consequences for society. Investing in prevention and early intervention is a well recognised evidence based approach that offers the best long term outcomes for children and families.’

Source: NSW Government, Communities and Justice.

Intervention is always individualised and targeted. They are based on information gathered in the screening and assessment processes.

Examples of targeted interventions may include:

- providing support services
- counselling
- parenting education programs
- other resources to address specific issues within families and promote a safe and nurturing environment for children.



Every family is unique and you must use your professional judgement to decide whether prevention or early intervention will best meet a family's needs. Collaboration with families is the best way to understand their circumstances and the goals they hope to achieve.

As trust and rapport develops with the family, they are more likely to share information about their story. Your involvement may need to increase or decrease as a result of that changing relationship. Circumstances change, and so too will the needs of the children and their families. This means you must be flexible and continuously 'check-in' and adapt your approach as things evolve. Continuous monitoring allows for adjustments to interventions, ensuring that they remain responsive to evolving challenges and are aligned with the best interests of the child.

Prevention strategies

Prevention includes programs and services that build protective factors, and prevent risk factors for child abuse and neglect from emerging in the first place.

For child abuse prevention to be successful in stopping abuse from happening, it requires a complex range of strategies and actions. This includes harm reduction interventions that reduce risks to the child's health and wellbeing.

Often, in the welfare and child protection sectors, the public health approach to prevention is used, where efforts are defined by the three categories of:

- Primary prevention – intervention occurs prior to the abuse.
- Secondary prevention – interventions are targeted towards 'at risk' groups.
- Tertiary prevention – interventions are provided to those who have experienced abuse or neglect to prevent further harm.

Research supports primary prevention as it produces positive outcomes for children.

Evidence from the Australian Institute of Family Studies indicates that promoting child safety and wellbeing by strengthening protective factors, such as parenting practices, family functioning and child developmental outcomes, is more effective than focusing solely on child safety.

Prevention strategies like primary prevention interventions include programs and services that help build protective factors and prevent risk factors for child abuse from occurring. These programs can be found in communities or community groups through education and awareness. For example, social wellbeing programs in schools, antenatal services for families or community awareness campaigns.

School-based prevention programs educate children about personal safety, healthy relationships, and how to recognise and respond to inappropriate situations. These programs empower children with the knowledge and skills to protect themselves.

Prevention
Prevention is an action, or a set of actions designed to stop something before it occurs.

Prevention Strategies
Tools and actions introduced to prevent risk and build protective factors.

Here is an example of a school-based program used in Australian schools: aspirelr.link/safe-four-kids-program



Another example is the National Child Protection Week. This program aims to raise awareness for the Australian public about the need for prevention and early intervention in child protection.

For more information on National Child Protection Week campaign visit: aspirelr.link/napcan-ncpw

Early implementation strategies

Early implementation strategies

Tools and actions introduced to support families showing signs of needing support or vulnerability that may escalate to child abuse or neglect.

Early implementation strategies are also known as early intervention strategies. The aim of these strategies is to provide families with skills, knowledge and resources designed to address emerging problems. They also aim to prevent problems from escalating while encouraging positive child development.



These strategies can develop skills in parenting techniques, child development and positive discipline methods. They often aim to enhance parenting skills and create a nurturing environment for children by focusing on protective factors and strengths the family already has and using those to help address the issues.



Example

Harm minimisation

Aliona works at a secure welfare centre run by a state government with vulnerable children and young people. As a team leader, she is responsible for ensuring that all safeguarding measures are in place.

Last night, at the centre, the hot water system stopped working and water was dripping into the hallway. One of the staff on duty, contacted a plumbing company to come and fix it.

When Aliona arrives at work, the plumber arrives at the same time. Aliona checks their details and credentials, and notices that one of the contractors on the list is new and has not yet received clearance with a police check. She contacts her manager and explains the situation. He confirms the new plumber is not allowed on site.

The plumber is annoyed because it means he has to do the job on his own while his colleague waits in the van.

Three days later, the manager contacts Aliona to tell her that the contractor did not pass their police check and cannot attend department-owned properties where children live or visit. Aliona feels satisfied that she followed procedures and the incident is used as a 'safety moment' reminder in the next staff meeting.

Practice Task 5

Question 1

Briefly explain the principle of harm minimisation.



Question 2

Provide two examples of prevention strategies that target the protection and support children and young people.

Question 3

How do school-based prevention programs reflect child-focused and strengths-based approach principles?

2B

Use a strengths-based approach to negotiate goals, actions and consider culture and timelines

A strengths-based approach recognises that children are the experts in their lives and provides support as opposed to trying to fix weaknesses.

As discussed previously, a person- or child-centred approach includes the child's views and goals in the development of a case plan. Part of the planning stage in a case management framework involves working with children, young people and their families to set safety and wellbeing goals. Some goals will be required according to a court order.

Collaboration with the child not only ensures that your practice includes the child's voice, but it also encourages the child to engage with the plan and work towards their goals.

Goals provide a vision for the child's future safety, belonging and wellbeing. They are the basis of case direction and provide a clear picture of what everyone is working to achieve. They can encourage family members and carers who are involved in the case plan to work alongside the plan if they are able to see the benefits of their place in achieving the set goals.

Integrate case management plan goals

A case plan records the child or young person's case management goals and objectives.

These are developed in relation to:

- their safety and wellbeing
- what tasks or actions will be taken
- who will be responsible for them
- the associated timeframes.

The case manager will also often be working with the family towards goals and objectives of reunification or permanence, and this will be recorded in the case plan as well. These goals are measured alongside the child's own wellbeing and safety goals.



Goal statements for parents must describe a vision in concrete terms. They identify the safe and protective behaviours of parents that will need to happen in the future for protection staff to be satisfied that the worries have been addressed and the child’s safety, belonging and wellbeing needs are met. Some goals are non-negotiables. There will be times when planning with families that you need to be very clear and direct about what must be included in the plan to achieve the goal. These are actions that case workers believe must be taken by the parents and/or the safety and support network to achieve the goals and to ensure that the child is being cared for properly and is safe.

Setting case plan goals

A case plan identifies ‘actions’ that will achieve an outcome. You need to ensure that the actions identified in the case plan, align with the case plan goals. Goals must be written in terms that can be understood, so they know what is expected of them.

The actions in a case plan must be SMART goals:

S	Specific – It is clear exactly what must be done.
M	Measurable – Everyone knows when they have to be achieved.
A	Achievable – Can be accomplished in a set time period using the available resources.
R	Realistic – Are they feasible in the current circumstances.
T	Time-bound – Are determined based on understanding the family’s risks, strengths, ability and motivation to change, and availability of resources.

Timeframes can include the names of the individuals responsible for completing identified actions. Actions can be broken into smaller, more specific tasks to make them more realistic and achievable.

Here are some examples of good SMART goals you might discuss and develop with a child. The table also includes examples of bad SMART goals.



Example of good SMART goals	Explanation
<p>I will attend school at least 3 days of every week for Term 1.</p>	<ul style="list-style-type: none"> • S: The goal is specific in targeting school attendance by specifying the number of days (at least 3) that the young person commits to attending school each week. • M: The goal is measurable as the attendance can be objectively tracked and quantified. It is clear whether the young person has met the goal by counting the number of days they've attended. • A: The goal is achievable as it sets a realistic target of attending school at least 3 days a week. This allows for flexibility while still encouraging consistent attendance. • R: The goal is relevant to the young person's overall well-being and academic success. Regular school attendance is crucial for learning, social interaction, and personal development. • T: The goal is time-bound by specifying the duration for which the young person intends to achieve it – Term 1. This creates a sense of urgency and a clear timeframe for evaluation.
<p>I will attend our weekly family visitation sessions for the next month.</p>	<ul style="list-style-type: none"> • S: The goal is specific as it targets attendance at weekly family visitation sessions. It provides clarity on the desired action – attending these specific sessions. • M: The goal is measurable as the child's attendance at each weekly family visitation session can easily be tracked and evaluated. It is clear whether the goal has been achieved or not. • A: The goal is achievable as it is reasonable for a child to attend weekly family visitation sessions. It does not set an unrealistic expectation, promoting a sense of attainability. • R: The goal is relevant to the child's wellbeing and family dynamics. Regular attendance at family visitation sessions is important for maintaining and strengthening family connections. • T: The goal is time-bound as it specifies the duration for which the child commits to attending all the family visitation sessions – the next month. This creates a sense of urgency and a clear timeframe for evaluation.



Example of bad SMART goals	Explanation
I will try to be better at school.	<ul style="list-style-type: none">• S: The goal is not specific as it does not define what 'better' means in terms of school performance. It doesn't provide clear and measurable criteria for success or improvement.• M: There are no concrete metrics to measure progress or success. Without specific benchmarks, it's challenging to determine if the goal has been achieved.• A: The goal is vague, making it difficult for the child to identify specific actions or steps to take. It lacks a clear plan for improvement.• R: While school improvement is a relevant area, the lack of clarity makes it unclear how this goal directly addresses the child's needs or challenges.• T: The goal lacks a timeframe, making it indefinite and providing no sense of urgency or deadline for improvement.
I will never get into trouble again.	<ul style="list-style-type: none">• S: The goal is overly broad and unrealistic. It does not define what constitutes 'trouble', making it unclear what behaviours need to be addressed.• M: The goal is not measurable since it lacks clear criteria for determining when the child has successfully avoided 'trouble' entirely.• A: This goal may be unrealistic and set the child up for failure. It doesn't acknowledge that everyone makes mistakes, and setting an unattainable standard can lead to frustration.• R: The goal is not directly tied to specific behaviours or challenges the child may be facing. It lacks a connection to the child's individual circumstances.• T: The goal lacks a realistic timeframe. Behavioural change is a gradual process, and setting an expectation of never getting into trouble again is not achievable within a specific timeframe.

Strategies describe how goals will be met, such as who is responsible for specific tasks, and timelines for completion are set out. There could be more than one strategy for each goal.

Tasks can be broken down into a series of steps required to achieve the goal. The family and their networks need to discuss their ability to meet these strategies and complete the tasks based on their resources.

Details about goals in a case plan should document:

- immediate, medium- and long-term goals
- the strategies used to achieve these goals
- timeframes for implementing strategies and achieving goals
- roles and responsibilities of the family, the practitioner, and formal and informal networks
- indicators of success and case closure.



Negotiate case management actions and timelines

During the case planning stage, children will be consulted about their goals and objectives.

Additionally, there will be goals and objectives around the family engagement with child protection that will be included in the case plan, such as reunification or permanence.

Once these goals and objectives have been decided on, it is up to you as the case manager to collaborate with the child and family to create actions towards meeting those goals. You are also responsible for setting timelines for when those actions and, ultimately, the goals and objectives will be met. This will often happen in a family meeting or in a case conference, but can also happen in one-on-one meetings.

When you need to negotiate actions and timelines with the child and family, try to use collaboration as this will help ensure their engagement and motivation with the process. When a person has ownership over their goals and the steps it will take to achieve them, they are more likely to achieve a positive outcome. This also demonstrates that the case manager is working from a person-centred approach, as the child and family members can have input into every step of the process.

Example

Negotiate SMART Goals

Eliza is working with Daniel who is a 15-year-old young person in out-of-home care. Daniel is frequently running away from school and his accommodation to go into the city where he skateboards with friends at one of the city's train stations. He is at risk of serious police involvement.

Eliza is working with him on creating a SMART goal to prevent this as part of his wellbeing case plan. Daniel agrees that he can cope with half a day at school but likes to sleep in. Eliza collaborates on a goal to attend school from lunch time to the end of the day at least three times per week for the remainder of the school term. They decide together that the reward for him attending school will be that he can skate with his friends on the weekends. Daniel agrees to this goal.



Cultural considerations in planning

Culture is very complicated: not only are there many different types of cultures, but each person has a different culture based on their background and life experiences.

Culture is about the values, beliefs, life experiences and family background that contribute to who we are. Each family has their own ideas about what is important to them. These differences occur since people have been raised by different parents, in different families and have different life experiences. People’s life experiences determine their family activities, and how their children should behave, be cared for and educated. These ideas form the basis of a diverse community.

When you are culturally sensitive, you accept and value each person’s diversity by:

- being aware of the expectations of various cultures
- accepting alternative ways of life
- being receptive to different needs and cultural values.

Written communication must be mindful of literacy and language barriers. This is integral, as people need to understand their rights, responsibilities and the case management process.

When working with children and families from diverse cultures, you need to consider how you engage with them and how you go about your case planning.

Cultural considerations	Explanation
Family dynamics in different cultures	<ul style="list-style-type: none"> • Families have their own individual ways of relating to each other – this is known as family dynamics. These dynamics are influenced by: <ul style="list-style-type: none"> - how many children and adults there are in a family and how they are related to each other - the personalities of each family member - their cultural background and the values they may have as a family as a result. • It is also important to consider the family experiences of that cultural background or those values. • Family dynamics influence the way people behave in the family.



Cultural considerations	Explanation
Family and community dynamics	<ul style="list-style-type: none"> • Culturally and linguistically diverse (CALD) families as well as Aboriginal and Torres Strait Islander families can sometimes be actively engaged in their cultural community. This can sometimes be central to family life. • Community can be part of the considerations for major family decisions and form the basis of their values and belief systems. • Active involvement in the community may be required for family members. • Case managers may be expected to allow community members or leaders to be part of any major decisions made.
Family of origin	<ul style="list-style-type: none"> • We learn how to behave and what to expect out of life and relationships through the families we grow up in. • These experiences influence the way we behave when we become parents, and we often repeat the patterns we learned from our own parents. • When your family is from a CALD background, this will often shape the way you view family life and the roles each parent and child plays.
Power relationship structures	<ul style="list-style-type: none"> • In many cultures, structures around power relationships differ from that of Anglo-Australian cultures. • These are often influenced by their culture, values, and beliefs. They can play a significant role in influencing the way a family operates. • An example of this could be that in some cultures, the male is the head of the household – if the father dies, the eldest son is expected to take this role, often even assuming power over his mother.
Rituals, beliefs, hierarchies and practices	<ul style="list-style-type: none"> • Each culture has their own rituals, beliefs, hierarchies and practices that influence family dynamics and can influence decisions made by parents. • These need to be respected and considered, even if they clash with Western cultural norms, as they are fundamental to the family's structure and beliefs.
Gender norms and roles	<ul style="list-style-type: none"> • In Western culture, gender norms and even gender as a concept itself are often questioned and this is acceptable. • In many cultures, there are clear roles for each gender to perform, and discussions of non-conforming genders (such as non-binary or transgender) are prohibited. • While being respectful of people's culture is at the core of being a best practice worker, where there is a child at risk due to the beliefs around gender, child protection may become involved. As a case manager, it is important to observe and continuously engage in risk assessments should gender issues be present, as gender inequity is one of the major drivers of family violence.

Culturally and linguistically diverse
The preferred term for describing different ethnic communities.

Family of origin
The significant caretakers and siblings that a person grows up with, or the first social group a person belongs to, which is often a person's biological family or adoptive family.



Cultural considerations	Explanation
Parenting practices	<ul style="list-style-type: none"> • Sometimes harm happens to a child due to a lack of parental understanding or due to the parent using cultural practices that cause harm. • In many of these situations, the harm occurs without the parent deliberately placing their child at risk. • Expectations of how children should be treated varies across cultures, religions and societies. For example, you may meet families who: <ul style="list-style-type: none"> - are not aware of the dangers within their home - are unaware of the need for young children to be supervised at all times - use medical practices that seem harmful to the child - are not clear about the difference between smacking a child and harming the child - expect unquestioned obedience from children - have no rules or guidelines in the home - expect children to make their own decisions regardless of their age.
Community protocols	<ul style="list-style-type: none"> • CALD families and Aboriginal and Torres Strait Islander families will often take part in community protocols. • An example of this is Sorry Business for the Aboriginal and Torres Strait Islander communities, where it is expected that community members take part in a period of grieving for somebody who has passed away. • Participation in these community protocols is expected, and case managers will need to work with the child and their family to ensure that they are able to attend.
Support and prevention strategies	<ul style="list-style-type: none"> • While ensuring the child is safe, the case worker will consult with the family and community leaders or Elders to create strategies and support systems. • These will focus on using their cultural community and connection as a protective factor can lead to positive outcomes for the child and their family.

The NSW government provides information on cultural planning when the care plan for children can be redesigned to consider cultural aspects of the child’s life.

You can read more here: aspirelr.link/nsw-cultural-planning

Video: Child protection and the law

Victorian Legal Aid has produced this photo-story that provides legal information about child protection and parenting. It uses simple English conversation and subtitles as it is aimed at people new to Australia: aspirelr.link/yt-vic-legal-aid-child-protection



Video: Family dynamics

Watch this American video on family dynamics. It describes different types of families and positive and negative or unhealthy family dynamics: aspirelr.link/yt-family-dynamics



Aboriginal and Torres Strait Islander children and families

Each state and territory will have its own protocols for working in a culturally appropriate way with Aboriginal and Torres Strait Islander children and families. These are developed in consultation with local Aboriginal and Torres Strait Islander Elders and community leaders. They aim to reduce the ongoing generational **trauma** caused by the removal of children from Aboriginal and Torres Strait Islander families since colonisation.

You are expected to use a culturally appropriate lens when assessing the strengths and needs of families. This includes addressing potential barriers to relationship building and engagement, and seeking the advice and assistance of people knowledgeable in the person's culture and language.

Aboriginal and Torres Strait Islander child protection focuses on culturally sensitive practice using a **kinship care model**. Training is provided to workers to ensure they engage in a respectful and trauma-informed manner. The focus is on **self-determination** and **empowerment**. A referral to appropriate Aboriginal and Torres Strait Islander partner organisations is best practice.

Find out about Aboriginal and Torres Strait Islander child protection policies from the Victoria government here: aspirelr.link/aboriginal-children-policy

Read data on Aboriginal and Torres Strait Islander child safety from the Australian Institute of Health and Welfare (AIHW) here: aspirelr.link/indigenous-child-safety

Research the work of the national peak body of an Aboriginal community-controlled organisation that works to improve outcomes and opportunities for Aboriginal and Torres Strait Islander children and strengthen the capacities of families across Australia: aspirelr.link/snaicc

Trauma

The response to a distressing event or experience that can affect a person's ability to cope and function.

Kinship care model

As a statutory arrangement, generally refers to children who cannot live with their parents and have been placed with relatives, friends or local community members by child protection agencies.

Self-determination

A person's right to have control over their own life and make independent choices about decisions that affect them.

Empowerment

The process of gaining strength and confidence to voice one's own opinion.



Example

Cultural Considerations

Kita is a 13-year-old Wiradjuri young person who is currently in kinship care with her aunt. Maree is her case worker and has arranged a case planning meeting for Friday with Kita's lawyer, school teacher, Maree's team leader and Kita, her mother and aunt. They will be talking about Kita's wellbeing goals and reunification objectives for Kita and her mother.

On Thursday afternoon, Maree received a phone call from Kita's aunt. She informed Maree that an Elder in their community had died and that they would be having Sorry Business this week, so they would need to reschedule the meeting for another week or two. Kita's lawyer is unimpressed with the rescheduling and doesn't believe that the meeting should be moved; however, Maree follows her cultural protocols and reschedules the meeting to be in 10 days' time to allow the family to grieve.



Practice Task 6

Question 1

Provide examples for each element of a SMART goal listed below that illustrate goals a young person may set with their case worker regarding reunification with their parent.

- S
- M
- A
- R
- T

Question 2

Briefly outline how a case worker should approach the negotiation of case plan goals, actions and timelines using a person-centred framework and strengths-based focus.



Question 3

Match each of the terms related to culture to its description.

Family dynamics in different cultures	There can be clear roles for each parent. An example of this is when the male is the head of the household and is consulted on all major family decisions.
Family and community dynamics	We learn how to behave and parent through the families we grow up in. We often repeat the patterns we learned from our own parents.
Family of origin	In many cultures, there are clear roles for males and females and discussion of non-conforming genders (such as non-binary or transgender) is prohibited.
Power relationship structures	Families can be actively engaged in their community and this can be central to family life. It may be cultural or other areas that form part of their family decisions and the basis of their values and belief systems.
Rituals, beliefs, hierarchies and practices	Expectations of how children should be treated varies across cultures, religions and societies.
Gender norms and roles	CALD families and Aboriginal and Torres Strait Islander families will often be expected to take part in a community or cultural activity.
Parenting practices	These are often fundamental to the family's structure and can influence decisions made by parents.
Community protocols	Strategies and support systems that focus on using their cultural community and connection as a protective factor can lead to positive outcomes for the child and their family.
Support and prevention strategies	Families have their own individual ways of relating to each and this influences the way people behave in the family.

2C

Define roles, responsibilities and accountabilities for child or young person, stakeholders, workers and service providers.

A case plan is used to documents the roles, responsibilities and accountabilities of all people involved.

Clarifying roles and responsibilities of each person involved in the case management process is important for:

- the child
- parents
- family members
- other carers
- the care team involved.

The clarification of the roles and responsibilities of people may change slightly at each phase of the case management process. Case conferences are used to define the roles and responsibilities of individuals and service providers, so there is clarity about who will oversee and coordinate case management and who will progress particular aspects of a plan.

This table provides some examples of the responsibilities of people who are involved in the case plan's development. The job titles and some responsibilities will vary across department in each state and territory of Australia.

Role titles	Responsibilities	Accountabilities
Case manager – Child Safety	<ul style="list-style-type: none">• Creates safety plan and case plan.• Works with the child and family to achieve safety and wellbeing goals.	<ul style="list-style-type: none">• Accountable to the team leader in their department.• Accountable to care for and protect the safety and wellbeing of the child.



Role titles	Responsibilities	Accountabilities
<p>Team leader (supervisors) – Child Safety</p> <p>Other titles include area manager or practice leader</p>	Oversees safety plans and case plans.	<ul style="list-style-type: none"> Accountable to their department and to the court. Accountable to care for and protect the safety and wellbeing of the child.
Parent/Caregiver	Collaborate on safety goals and any objectives around orders in place (such as permanency or reunification processes).	<ul style="list-style-type: none"> Accountable to any court orders in place. Accountable to child protection agreements. Accountable to goals and objectives set. Accountable for child’s safety if still in their care.
Intensive family support worker (external agency)	<ul style="list-style-type: none"> Assists parent in working towards safety goals and objectives around orders. Potentially work towards plans around parenting skills. 	<ul style="list-style-type: none"> Accountable to parent/caregiver. Sometimes accountable to court if parent is court ordered to attend service. Accountable to funding body.
School wellbeing worker	Works with child on wellbeing goals.	<ul style="list-style-type: none"> Accountable to the Education Department. Accountable to ensure the wellbeing of the child.
Psychologist	Works with child on psychosocial and therapeutic goals.	<ul style="list-style-type: none"> Accountable to the child. If court ordered or department ordered, they are accountable to the court or department. Accountable to care for and protect the wellbeing of the child.

Other people involved in supporting the family might include:

- housing workers
- family violence workers
- AOD counsellors
- school wellbeing support.



Planning requires that the child or young person is an active participant

A child-centred approach means children are active participants in each stage of the case management process.

The level of **child participation** will be determined by:

- age
- gender
- developmental progress and any disability affecting intellectual functioning or communication
- experiences of trauma
- emotional functioning
- culture and background
- identity and sense of belonging to family, community, Country and culture
- language (and if needed, the use of a translator or interpreter)
- religion
- interests and strengths.

Children require support to participate. According to Emerging Minds (the National Workforce Centre for Child Mental Health), ‘When children are successfully engaged in decision-making processes, they can experience the following benefits:

- Increased empowerment and belief in their own agency.
- Increased self-esteem and confidence.
- Increased social skills.
- Increased awareness of their rights and positive life options.’

Source: Emerging Minds, 2020

Belief in one’s own agency means that an individual has the confidence, sense of empowerment, and conviction to influence or control their actions, decisions and the outcomes of their life. It refers to one’s capacity to act independently, make choices and take initiative.

Participation can also help children and young people develop a sense of self-advocacy, as well as a sense of **advocacy** for their peers. This is particularly valuable for vulnerable children, as it promotes resilience in those with experiences of adversity.

Child participation
The meaningful (i.e. active, safe and informed) involvement of children in decisions that affect their lives in the context of case planning and decisions about their own care.

Advocate
An individual who speaks up for a person to defend their rights.

Some children may decline to be involved in case planning meetings even after they have been explained their purpose. However, if a child is of an appropriate age and able to understand, they should be encouraged to participate. You can assist them in their decision by explaining the importance of their role in the process and that it is important that their 'voice' is heard.

Here are some ideas for ways to support a child participate if they do not want to attend meetings:

- Make a recording of the child to be played at the meeting.
- For younger children, they could draw a self-portrait to put on the wall during the meeting.
- Organise for a teleconference so the child can listen to the meeting from a distant location and say something if they want to.
- Read something that the child has written (it might be creative writing or a statement of wishes).

You can read more about children's participation in decision-making processes in the child protection system in an article by Emerging Minds: aspirelr.link/child-participation-decision-making

Example

Communication with the Child

Nelson is 9 years old and lives with his parents. His parents are working alongside child protection and an intensive family support case worker to develop their parenting skills so Nelson can continue to live at home. There is a family meeting scheduled for the following week to discuss Nelson's case plan. Their case worker, Anton, needs to tell Nelson who is going to be present at the meeting and why.

Anton takes Nelson for a milkshake and explains to Nelson that they will all be having a chat on Monday about the goals that they've been talking about. Anton explains that even though it's called a family meeting and his mum and dad will be there, so too will a psychologist, his school chaplain, Rhys, and another case worker. Nelson says he doesn't want to come if everyone is going to be there because it's going to be boring. Anton suggests that Nelson brings his Nintendo Switch so that he can play during the boring bits. He explains that Nelson will need to pay attention during the important bits. He tells him this is because 'it's really important that you have your say too, so if they say something wrong, you can speak up and either tell them or tell me so that we get it right, okay?' Nelson knows this will give him extra screen time on Monday, so he agrees to come to the meeting.



Practice Task 7

Question 1

Suggest why case workers clarify everyone's roles, responsibilities and accountabilities during the case management process and where these should be recorded.

Question 2

Provide examples of four factors that may influence the participation and level of involvement of a child in the case management process.

2D

Establish and document contingency plans, communication, review and evaluation systems

Contingency plans are developed closely to align with the risk assessment process.

While you develop plans that assess current risks and ensure that goals, objectives and strategies are being addressed, contingency plans are designed to ensure that there are strategies and tools put in place to manage any potential increased risks or a crisis. These plans allow case workers to respond effectively to unforeseen circumstances, thereby promoting the safety and wellbeing of the child and family involved.

Ideally, there will be no need to use these contingency plans, but having them prepared and ready ensures that the safety of the child has been considered in all potential scenarios. An example of a contingency plan would be if there was family violence present but the father is currently not involved in the child's life. A plan would need to be developed for the scenario of the father engaging in family violence again or the mother reunifying with the father.

Contingency plans need to be kept up to date to reflect changing needs and circumstances during intervention.

Here is a list of examples of contingency plans for different situations:

Limitations of resources	The plan will need to address the potential shortages in resources necessary for the child's wellbeing, such as housing, food, schoolbooks and sporting equipment.
Changes in parent behaviour of availability	A plan may be needed that identifies backup caregivers to ensure the continuity of care for the child or plans for potential challenges during the reunification process.
Crisis intervention	A plan is in place to address immediate crises affecting the child or family. This means developing a plan for emergency removal or placement if a child is in immediate danger. This may include finding alternative safe placements, coordinating with emergency foster care and ensuring all legal requirements are met.
Family resistance or non-compliance	This can mean workers need to address situations where families resist or do not comply with case plans and identify alternative approaches to ensure the child's safety and wellbeing.
Court decisions	There may be changes to legal orders based on challenges or unexpected court decisions. The case worker will need to work closely with legal professionals, document all case activities thoroughly and be prepared to adapt plans based on court outcomes.



Example

Contingency Planning

Zac is 14 years old and lives with his father, Jim. Child protection became involved with the family when the court ordered Jim to attend drug and alcohol rehabilitation due to his chronic ice addiction. While he was in rehabilitation, Zac went to live with his grandfather for 12 months.

Since completing his course, Jim has been able to care for Zac. Zac and Jim are happy to be together again and are working closely with their case manager, Chelsea, and with Jim's drug counsellor to ensure Zac's safety.

Chelsea has been impressed with the way Jim has been working towards his goals and with the way they worked towards reunification. The risk assessment indicates low risk. Despite this, Chelsea has just completed and filed a contingency plan for Zac around Jim's drug use and what would happen if Jim were to start using ice again. The plan involves returning Zac to the care of his grandfather while his father re-enters rehabilitation. Chelsea hopes this plan will never be enacted.

Identify communication, review and evaluation systems

Communication with children and their families must be clear and concise so they understand their rights and responsibilities in the child protection process.

Children and families need to be given information about the processes taking place and the supports being offered. Open communication with families develops trust, which is more likely to lead to cooperation and coordination.

Protocols should be in place that provide you with guidance on written communication to families and in documentation young people will need access to. This includes letters and emails where the use of jargon and literacy or language barriers need to be considered. Language used in communication must be strengths-based and culturally sensitive. A clear, written record of discussions and decisions allows children and families to understand what they are reading and to correct any errors or misconceptions. Case workers need to use language without **jargon** or abbreviations and be mindful of the audience and their communication preferences, such as access to email or mail.

Jargon

Certain words or expressions used exclusively by a profession or group that are typically difficult for others to understand.



Communication between the case management team ensures that information regarding the child’s situation, assessments and proposed interventions is shared accurately and in a timely manner among the team. This is usually done by accessing a secure database where case notes and documents are uploaded into the system for the child or family. Sharing information with people outside of the organisation needs to adhere to privacy policies.

Here are some examples of communication strategies for sharing information:

Strategy	How to implement
Meetings	<ul style="list-style-type: none">• Schedule a series of regular meetings to provide feedback about progress.• Schedule meetings with other services or professionals to discuss the person’s progress and adjustments that need to be made to the plan.
Phone calls	<ul style="list-style-type: none">• The case manager can make regular check-in phone calls to the person at agreed intervals.• The person can contact the case manager at agreed points, such as when a milestone has been reached or when there is a problem or setback.
Reports	<ul style="list-style-type: none">• The case manager may receive reports from other services and officials. Depending on the services being used, this could include reports from child protection officers, police officers, aged care assessors or allied health professionals.• The person’s consent must be obtained before information is shared with other services.
Written feedback	<ul style="list-style-type: none">• Case managers can ask the person about their level of satisfaction with your service and the support they are receiving.

Reviews

Reviews occur throughout the child’s contact with child protection. There include:

- care team review meetings
- annual reviews
- reviews for applications for court orders
- constant review of risk assessments to assess the child’s safety.

A schedule of reviews can be determined and added to the case plan so they occur at regular intervals or when required. They need to consider ways to ensure the active participation of the child, parents, carers, service providers and professionals who will be part of the development and implementation of the case plan.



Many departments will review reports on the circumstances and arrangements set in place for a child (often over the last 12 months). Review reports are a strengths-based summary of events, achievements and challenges and a review to consider if the existing situation is in the child's best interests. They reference the child's care plan and can be requested by the children's court or requested as part of a review of a protection order issued by the court.

The ACT government requires an annual review to assess a child's circumstances and living arrangements. A key focus is to determine if reunification is possible or if longer-term, permanent care arrangements are necessary. This review must be conducted every 12 months for a child, subject to a reviewable care and protection order.

Evaluations

Usually, evaluations occur during case closure for continuous improvement; however, you don't have to wait until a formal evaluation occurs when the case is closed. They can also happen at key times throughout the case planning process to ensure best practice case management is being used.

You should be continuously reflecting on your individual practice and ensuring that the child's best interests are central to decision-making. Self-reflection questions evaluate the effectiveness of the case plan to meet the child's safety and wellbeing needs and goals. These questions mean asking yourself: What worked well? How can I improve?

Working with people from non-English speaking backgrounds

The South Australian Government suggests the following when working with people from non-English speaking backgrounds.

Start by considering any potential barriers to engagement when working with culturally diverse families, refugees and new arrivals to Australia. Maintain an awareness of power imbalances in relation to your role.

Consider the family's:

- traditions and practices around child rearing
- understanding of respectful engagement (including gender-appropriate discussions and who can participate in these)
- fear of jeopardising residence in Australia
- previous experience of culturally insensitive interactions with professionals.



If available, cultural liaisons or advocates who are fluent in both the family’s language and their cultural nuances can be used. They can also offer training to staff or assist the family or children to bridge communication gaps and offer cultural insights.

You will find more information on case planning for CALD children on page 26 of this document from the Government of South Australia: aspirelr.link/pdf-mop-case-plan-review

Access interpreters and provide services for hearing or speech impaired families

Using an interpreter or translator enables a person to communicate in a language they understand well and ensures they have access to and can provide accurate information.

Government departments provide lists of approved translators and interpreters who can be booked to attend meetings. These departments have cleared these translators and interpreters to work with sensitive cases and vulnerable people.

Translators and interpreters serve slightly different functions when addressing communication needs.

Translators	<ul style="list-style-type: none">• Translators convert the written word from one language to another.• Use a translator to provide information to someone who cannot read English.
Interpreters	<ul style="list-style-type: none">• Interpreters convert what someone says into another language.• Use an interpreter to converse with someone who does not speak English.

Interpreters can also assist in writing case plans and information about services in the family’s preferred language.

When choosing an interpreter or translator, consider the following:

- An interpreter or translator from the same culture can make a person feel comfortable.
- Ensure they speak the same language and dialect as the person.
- Try to use an interpreter or translator of the same gender as the person.
- Check that the interpreter or translator you engage is fully accredited and, if possible, has experience with child protection or working with children and young people.
- Do not use family members due to confidential and privacy reasons; you also cannot be sure that information is being communicated accurately and without bias.



Some guidelines for working with an interpreter include:

- briefing the interpreter beforehand, wherever possible, by explaining the purpose of the interview or meeting
- allowing for the extra time that is likely to be needed
- introducing yourself and the interpreter to the person and clearly explaining their role
- speaking directly to the person rather than addressing them through the interpreter, and looking at them when speaking and listening to them
- pausing often to allow the interpreter to speak
- speaking clearly and somewhat more slowly but not loudly
- avoiding using slang or technical jargon
- periodically checking on the person's understanding of what has been said by asking them, through the interpreter, to repeat in their own words what has been communicated
- summarising what has been agreed to during the meeting.

The Western Australian Government provides the following advice for staff when booking an interpreter.

Prior to booking an interpreter, you should confirm the following information:

- the client's country of origin and spoken language; where possible, this should include the relevant dialect
- the most appropriate type of interpreting service required, such as onsite or telephone interpreting
- the setting or environment where the interpreting will take place (whether it's an office meeting, interview or home visit)
- the context and complexity of the assignment, such as where the court or statutory action is required; you should make this requirement known when booking the interpreting service.

Source: WA Government, Department of Communities, 2023

People who are hearing impaired may use an interpreter to help them communicate with others. Auslan is the official language of the deaf community in Australia. It is signed communication using hand gestures. Some people may use signed English as an alternative to Auslan or may have learned another signing method.

Visual aids, written communication and technology (such as video conferencing with subtitles) can be used for individuals with hearing or speech impairments. This can include providing visual schedules, charts and diagrams.

There are also many types of assistive technologies available, such as text messaging, email or video conferencing tools equipped with translation services, to facilitate communication between case workers and families.

The National Relay Service's (NRS) Speak and Listen service is available to help callers with hearing or speech impairments. It provides options for people who have trouble being understood over the phone or making phone calls and assists them to speak on the phone.

- For video demonstrations of important words, Auslan provides an online video dictionary at: aspirelr.link/auslan-dictionary
- You can read about other services beyond the National Relay Services for people who are deaf, hard of hearing or who have a speech communication difficulty: aspirelr.link/accesshub

Document and distribute the case management plan

As discussed in Topic 1C, case plans must be written and documented appropriately, since they may be read by the family and child and may also be provided to the court.

Once a case plan has been developed, a PDF copy is given to the child, their parents and any other relevant party (for example, the family's intensive family support worker). Distribution needs to ensure all relevant parties receive a copy and that it is sent using a secure email or sharing application. In most cases, everyone who attends the case planning meeting where the plan was developed will be given a copy of the case plan, except if an attendee will not be involved in the implementation of the case plan. This could be an independent person or a support person.

The time required to provide documentation to the child and parents will vary according to state or territory laws. For example, in Victoria, a case plan occurs within 21 days following the substantiation of child protection concerns or six weeks after the making of a protection order, when there are significant changes to the child's circumstances.

In contrast, in South Australia, the case plan must be completed within five days of moving into the protective intervention phase or the child or young person entering care.



Practice Task 8

Question 1

How does contingency planning contribute to ensuring the safety of the child? In your response, refer to a situation involving potential reunification with a previously abusive parent.

Question 2

Briefly outline how a communication system can assist case planning.



Question 3

Briefly outline how review and evaluation systems can assist case planning.

Question 4

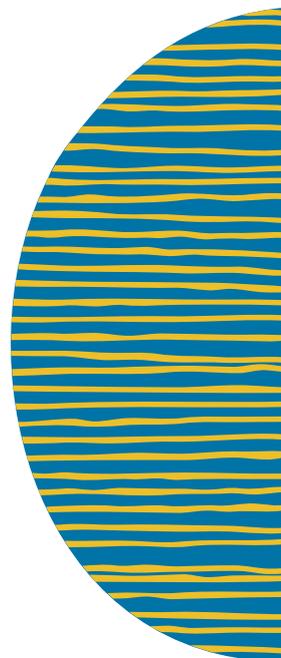
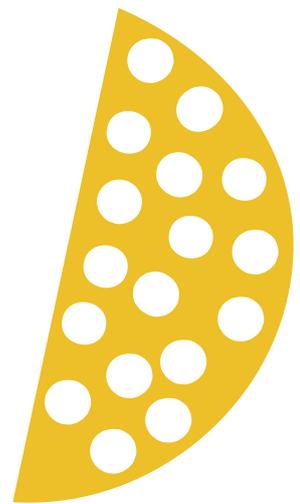
Which of the following are things to consider when assisting families or children who need assistance with communication? Tick all that apply.

- The language used in case plans must be appropriate for senior managers and the court.
- Translators and interpreters used by government departments have been cleared to work with vulnerable people, including children and young people.
- Family members make great interpreters because you can be sure they have the best interests of the child in mind and are without bias.
- Services are available for people with hearing difficulties who need assistance being understood over the phone or need help making a phone call.
- When English is not a person's first language, it is good practice to ask them to summarise what has been agreed upon during a meeting.



Summary

- Harm minimisation focuses on identifying potential risks and implementing proactive measures to mitigate and minimise harm.
- Prevention strategies include programs and services that help build protective factors and prevent risk factors for child abuse from occurring.
- The actions in a case plan must be SMART goals and written in terms that can be understood, so people know what is expected of them.
- Once goals and objectives have been decided upon, it is up to the case manager to collaborate and negotiate with the child and family to create actions towards meeting those goals and timelines.
- Culture is about the values, beliefs, life experiences and family background that contribute to who we are.
- When you are culturally sensitive, you accept and value each person's diversity.
- The clarification of the roles and responsibilities of the people involved in the case planning process will ensure effective support and case management.
- Children require support to actively participate in each stage of the case management process.
- Contingency plans are designed to ensure that there are strategies and tools put in place to manage any potential increased risk or crisis.
- When communicating with people, case workers need to be mindful of the audience and their communication preferences and use language without jargon or abbreviations.
- Review reports are a strengths-based summary of events that examine the circumstances and the arrangements set in place for a child.
- You should continuously reflect on your individual practice to ensure that the child's best interests are central to decision-making.





Learning Checkpoint 2

Develop a case management plan

Part A

1. Explain what needs to be included when establishing a system for each of the following as part of a case plan development:

- Communication systems

- Review systems



- Evaluation systems.

2. Match each of the acronyms for SMART goals to the anger management goals set by Mariah who is 14 years old.

S – Specific	I will run for at least 30 minutes, three times a week.
M – Measurable	I will engage in activities that help me get my anger out in healthy ways, such as playing soccer in my school team.
A – Achievable	I will show more control over my emotions (anger) during interactions with my family within the next six weeks.
R – Realistic	I will establish a regular exercise routine by going for a run in the morning
T – Timely	I will work with my case worker to develop communication skills to express my needs and concerns without getting angry.

3. Which of the following are ways to negotiate and integrate case management plan goals, actions and timelines? Tick all that apply.

- The negotiation of goals is more likely to result in engagement from the child or their family.
- Collaboration involves working together to set achievable goals that are meaningful to the person.
- Case managers are accountable to their bosses when goals are not met.
- Timelines for the achievement of goals must be non-negotiable.
- Actions can be broken into smaller, more specific tasks to make them more realistic and achievable.



4. There are many people that are part of the case management team, including the children and their families. Provide at least three examples of ways to show respect for the culture of people other than those you work with.

5. Suggest at least three ways case workers can support families and children who are from a non-English speaking background or who are hearing or speech impaired.



Part B

Read the case study and answer the questions that follow.

Case study

Callie is a 16-year-old Wadawurrung woman who has strong cultural connections to land in Geelong, Victoria. Her mother died when she was young and her father is a white man who has physically abused her. Recently, Callie left home and started couchsurfing among school friends. However, one night she had nowhere to go and was found by the police. She reacted with a trauma response when they physically approached her, causing her to punch one of the police officers. Callie was placed on a 48-hour compulsory treatment order at the psychiatric unit at the hospital, and child protection was contacted to discuss her aftercare.

There were no crisis beds available in Geelong for Aboriginal young people, but there was a bed available in Melbourne. The idea of leaving Country for Callie gave her panic attacks, and she required medical intervention. Kinship care was an option; however, it was taking some time to find an appropriate Wadawurrung community member who was able to house her for even a temporary amount of time. There was a family that Callie knew well from her school that was happy to have her stay with them until the kinship order was approved. They are not Aboriginal, but child protection has approved them to take children.

1. Identify two harm minimisation strategies that were implemented from the case study that increased Callie's safety.



2. Identify the role of prevention strategies in protecting and supporting Callie.

3. For each of the cultural considerations listed in the table, briefly explain how each needs to be considered when engaging with Callie during the case planning process.

Family dynamics in different cultures	Aboriginal and Torres Strait Islander families will often take part in community protocols such as Sorry Business. Participation in these community protocols is expected, and Callie’s case managers will need to work with her to identify community protocols she wants to follow.
Family and community dynamics	Callie has learned how to behave and what to expect out of life and her relationships through her family.
Family of origin	Callie has experienced harm from her father. Her father may have lacked parenting skills as a single parent.
Power relationship structures	Callie is safe now, but her case worker needs to support her to create support systems that focus on her cultural community and connection, such as following up on a kinship model of care for Callie.
Rituals, beliefs, hierarchies and practices	Aboriginal and Torres Strait Islander families can sometimes be actively engaged in their cultural community and this can sometimes be central to family life. Callie’s case worker needs to allow community members or leaders to be part of any major decisions made.
Gender norms and roles	Family dynamics influence the way Callie behaves in her family and how she relates to them.
Parenting practices	Callie has had negative experiences with power relationships in her father. This has played a significant role in influencing the way she reacts to people in positions of power.
Community protocols	Callie’s Aboriginal culture has its own rituals, beliefs, hierarchies and practices that influence family dynamics and can influence her decisions.
Support and prevention strategies	In Callie’s culture, there may be clear roles for each gender to perform. Callie’s case manager needs to be aware of any gender issues.



4. Briefly outline how a contingency plan might be used in a case study like Callie's.

Case study

Tyler is a 13-year-old who is in the reunification process with his mother who has spent the past two years in prison. Jen is his case manager. When she meets with him, she documents his wellbeing goals as:

- Health – Not becoming addicted to drugs like his mum.
- Education – To finish this year at school, so he doesn't go to jail like his mum.
- Psychosocial – To stop hating his mum.

Jen has spent the past two sessions with Tyler discussing his goals and making suggestions so that his goals are achievable and focus on his needs. However, Tyler doesn't want to change his goals. He insists that the reason his mother went to jail was because she didn't finish school and was a 'druggo'. Tyler's psychologist believes his intense feelings of mistrust and dislike towards his mother means that reunification may be some time away.

Jen is updating Tyler's case plan, knowing that his mother and the court will read Tyler's goals in relation to his wellbeing and are aware of the impact these will have.



5. Rewrite Tylers 'education' goals so they reflect the SMART goals criteria.

S – Specific	
M – Measurable	
A – Achievable	
R – Realistic	
T – Timely	

6. Suggest three strategies you could use as Tyler’s case manager that will encourage Tyler to be actively involved in the case management process.



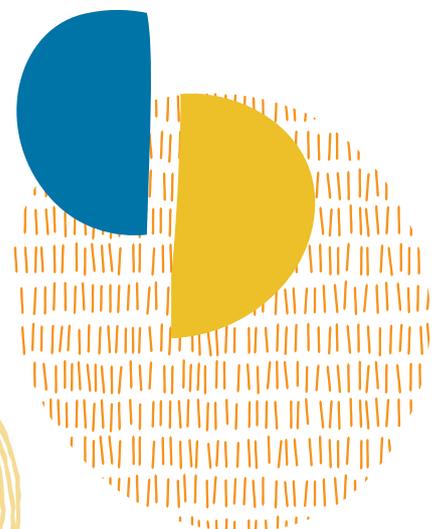
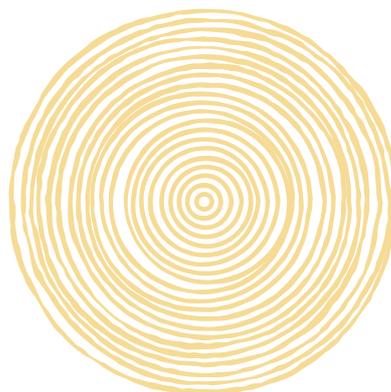
7. Outline the role, responsibility and accountability of a case worker and one other person from the Tyler's case management team.

8. Identify two things that need to be considered when providing Tyler a copy of his case plan.



Topic 3: Implement case management plan

- 3A Implement a practical framework using strengths-based practices and make referrals if required
- 3B Develop case management plans with external service providers and record agreed time and resource constraints



3A Implement a practical framework using strengths-based practices and make referrals if required

A strengths-based approach is about ‘how’ case managers work with children and families and not ‘what’ work they do.

A strengths-based approach focuses on abilities, knowledge and capacities. When strengths are supported, children can feel hopeful and become motivated to change.

This approach:

- facilitates change but doesn't aim to 'fix' or 'solve' problems
- recognises that children and families are resilient and capable of growth, learning and change
- empowers children to see that they can control their actions, decisions and the outcomes of their life
- aims for sustainable change: change that will result in children becoming more resourceful to meet any future changes when they occur.

Follow a practical framework

Implementation involves carrying out the goals in the case plan and arranging for services.

Practical case management provides a framework for working with children, families and with other service providers external to the department. Every child protection organisation across Australia has their own framework with principles to follow so best practice care is provided to children.

Here is a summary of the types of activities that occur during the implementation phase of case management:

- The case plan is put into 'action'. Case managers assist the child and family to work towards their identified goals.
- Case managers monitor the delivery or arrange for the services needed to support goals.
- Regular meetings occur to review goals and discuss and negotiate the timing and suitability of goals. These are reviewed based on resources and services available and if there are any changes in the child's/family's circumstances.
- Information is shared so case managers can monitor if services are being delivered, goals are being met and adjustments have been accounted for.
- Timeframes for the achievement of goals are set and adjusted as required and the outcomes of goals are reviewed.



The timeframes set for goals in the case plan need to be both proactive and flexible. They ensure that when an activity isn't working, they collaborate with the child using a strengths-based approach to establish possible changes or solutions to assist in achieving the goal.

Follow protocols to make referrals

Referrals require case workers to use their knowledge of the service system to ensure a successful connection to services.

Connecting children and families to supports is an effective way to address their needs and risks. It can:

- offer additional supports
- create connections to community and hobbies
- improve the skills of children.

They can take place at any point in the case management process, such as part of a wellbeing report, after an assessment or as a result of a psychiatric or psychological assessment.

The complexity of a case plan sometimes means that a case worker needs to find resources to support the young person's goals or to meet their needs. A child protection service may have staff who can deliver services or may need to refer a child or family to another health or community service. **Referrals** to external agencies are often used for **multidisciplinary teams** or for professional services.

The request for a referral may come from the child, or the case manager may suggest a referral to a particular service provider or professional service. Referrals are always made in consultation with the child and with their informed consent. In many cases, the legal guardian of the child (parent or carer) will also have to provide consent prior to actioning a referral.

You may need to provide the following information to the person about their referral:

- the choices of services and supports available
- what information will be shared and how it will be used
- that they have time for them to read materials and make a decision
- that their information will be shared with other service providers or referral agencies.

A referral process is more than just providing a name and contact details. The case worker needs to ensure that families and children are connected to the service and that they need to follow up and confirm the quality of services being provided. A follow-up involves communicating and advocating for the person to ensure that the referral is accepted and the details and arrangements are communicated.

Referral

Communication from one professional to another to recommend that a person receive a particular service.

Multidisciplinary team

A team of professionals from different disciplines, such as health and allied professionals, including a case manager, who work together on a person's case.



Choosing the most suitable provider or professional service to meet the needs of the child will often require permission from a team leader or senior manager. There will be organisational procedures to follow for referrals.

If the case worker needs to do some research on a new provider, they need to find out what the service offers, what the requirements of the service are and any other important information. They then need to provide this information to their manager and the family or child. This information will also be provided to a senior manager, as the service provider will be required to complete documentation to become a service provider for child protection.

Once the person gives consent, there is an agreement for a referral. This is usually written in a template document used by the workplace. Sometimes verbal consent is okay, as long as it is written in the case notes. Referral records need to be kept in the child's file, including their consent.

Some examples of referrals services and professional services are:

- Medical and health services, such as specialist and allied health such as Occupational Therapist
- Alcohol and other drugs
- Homelessness services
- Counselling and mental health services
- Paediatrician for development issues
- Psychologist
- Psychiatrist
- Social worker
- Trauma-informed care
- Community based support programs, such as after-school care and youth clubs
- Educational support such as tutoring



Example

Sample referral form

Client information
Client personal information
Date of birth: Language and cultural needs: Ethnicity: Interpreter or translator needed: Preferred way of contact:
Reason for referral
Other services and supports provided

Example

Making a referral

James works for child protection and has been allocated a family that has a history of substance abuse and mental health issues. A thorough assessment of the family's strengths and needs was completed and, recently, James has developed a case plan for Krishna, the family's 12-year-old son.

The case plan included goals such as providing Krishna's family with access to mental health services, substance abuse treatment and parenting support. James worked collaboratively with Krishna's parents and other stakeholders to implement the case plan and monitor progress.



During the implementation of the case plan, James identified that Krishna was showing signs of withdrawal and anger outbursts and may require additional support. James felt that a referral to a paediatrician for assessment may be appropriate. James had a conversation with Krishna about how he was feeling, what a paediatrician does and how they may be able to help. Krishna agreed that it would be good to talk to someone and see if they could help him manage his emotions and frustrations better. James spoke with Krishna's parents, who agreed to the referral. Throughout the process and prior to making the referral to the paediatrician used by the department, James ensured that the child's views, choices and right to self-determination were respected at all times.

Practice Task 9

Question 1

Provide examples of the tasks a case manager carries out to support children during the implementation phase of case management.



Question 2

List four organisational protocols that need to be followed before referring a person to a service.

A large, empty rounded rectangular box with a thin black border, intended for the student to write their answer to the question.

3 B

Develop case management plans with external service providers and record agreed time and resource constraints

Case management involves a network of services to protect the safety and wellbeing of children and young people.

In some circumstances, multiple services may be working with the child or their family to meet the needs outlined in the case plan. The case plan will specify the length of time needed to engage with the service provider and is further determined by the needs of the child.

Relationship-based practice

Establishing respectful, collaborative and trusting relationships with the child and family, as well as with services and professionals, to build a sustainable network of relationships around the child.

The principle of **relationship-based practice** refers to collaborative relationships between services and professionals.

The services and professionals that a case workers may work in close collaboration with include other government departments and non-government service providers such as:

- child and family centres
- schools
- police
- family violence services
- healthcare providers
- drug and alcohol services.

A case plan may identify organisations (such as agencies and services) and individuals (such as practitioners and professionals) and community resources (such as social groups) that may be accessed for support and to meet the child's wellbeing goals.

This requires a coordinated approach. Children and families can need help in navigating supports from other agencies and understanding their roles and responsibilities. With a range of people and service providers involved, a child can feel overwhelmed by the choices and decisions they are required to make, and the range of different people they need to communicate with. Case managers need to regulate the coordination of communications by becoming the central contact person.



Identify and record time and resource constraints

Sometimes there can be conflicting priorities or issues with different external service providers, leading to delays in the delivery of services. This may be due to:

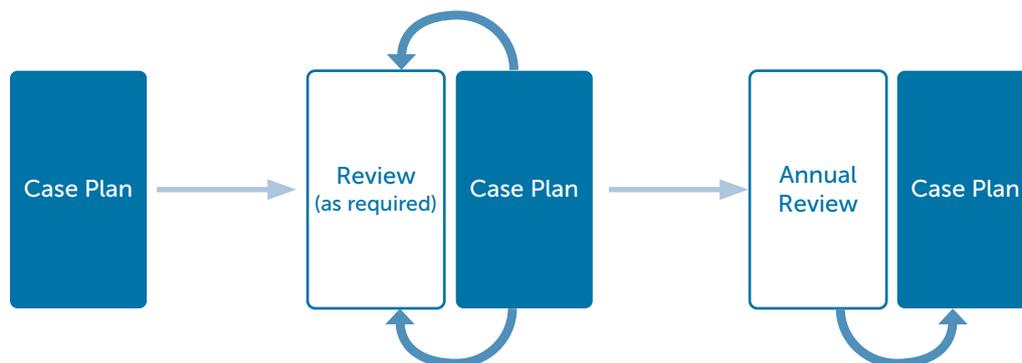
- funding complexities
- waiting times for services
- meeting service eligibility requirements
- referral procedures
- staff changes and turnover.

In these situations, goals and priorities may need to be discussed and negotiated according to the availability of resources. The case worker may need to advocate for the needs of the child and family in order to ensure goals are met.

For example, if a child requires access to mental health services, the case worker may need to work with the external provider to ensure that the services are available within a reasonable timeframe without long waiting lists. Similarly, if a child requires access to a particular service or program, the case worker may need to work with the external provider to ensure that the funds are available and accessible to the child.

Work within agreed timeframes with all parties to review the case management plan

The purpose of a review during the implementation of the case plan will be to consider the child's safety and if any circumstances have changed. It examines achievements and challenges and discusses needs and whether the goals set are still relevant and in the child's best interests.



Source: Government of SA, Department of Child Protection, Manual of Practice, 2023



Typically, a case meeting will be scheduled and will include:

- the child (if they're old enough and wish to attend)
- the carer
- parents or other significant people in the child's life
- the caseworker and sometimes their supervisor
- relevant representatives from service providers and/or professionals, such as the child's counsellor or health worker, if appropriate.

It is important that all parties or stakeholders are working to the timelines agreed to in the planning process (see Topic 2D). For example, the Queensland Government require a case plan 'mapping' that clearly identifies the outcomes, key actions and how the progress of the plan will be measured.

The purpose of the case plan review is to inform the contents of the next case plan. Once the case plan review has been undertaken, a new case plan must be created and implemented.

The case plan review may or may not result in a change to goals, outcomes and actions for the next case plan period. Changes may include:

- identification of new safety or risk factors or escalation of known safety issues or risk factors
- a change or continuation of the case plan goal, including the decision to:
 - continue working towards reunification
 - work towards transition from care when a young person turns 15 years of age
- any outcomes or actions not yet been achieved
- any new outcomes and actions identified
- any change in case direction
- changes in placement or education program
- any change in contact arrangements
- emergence or escalation (or de-escalation) of complex behaviours or needs
- any actions to maintain and support the child's culture and identity.

Here are some examples of a child's **life domains** that may be reviewed as part of the case plan development and review process.

Life domains

Aspects of life and experiences that we have as we age and grow that are important to a good quality of life.



Life domains	Explanation	Examples
Identity and culture	<p>Children need to identify:</p> <ul style="list-style-type: none"> • who they are • where they come from • what makes them unique • their connections to other people in their life • their sense of belonging. <p>Their sense of identity and connection to others can be related to a range of environments and experiences including:</p> <ul style="list-style-type: none"> • their placement • contact arrangements • school • community or recreational activities • their religious community, where relevant. 	<p>For example, a child's Aboriginal status, including Nation and Language group, and children who identify as having a CALD background are identified and considered in all interactions in the case plan.</p> <p>For children who do not identify as either Aboriginal or from a CALD background, the aim of the case plan is to support the child to develop an understanding of their identity.</p>
Contact arrangements	<p>Children and young people must be supported to maintain and build connections with important people in their life such as their:</p> <ul style="list-style-type: none"> • parents • kin • siblings • extended family members • friends • previous carers and other people who are significant to them. <p>Contact can occur face to face or via video or phone calls. Face-to-face or other types of contact may not be appropriate or in the child's best interests.</p>	<p>A determination of contact sets out arrangements and forms part of the case plan. A case worker may observe interactions during current arrangements and when developing actions for future contacts. They may consider:</p> <ul style="list-style-type: none"> • the views of the child's family and carers about contact • the quality of previous contact • family and other individuals' commitment to and participation in contact.
Physical health	<p>Children may have had a health check or case workers may access a recent health check. This can include all aspects of physical health including immunisations and dental care. There may be a health plan in place.</p>	<p>A case worker may need to plan for ongoing medical needs or assessment or treatment.</p>



Life domains	Explanation	Examples
<p>Developmental progress (including emotional and behavioural development)</p>	<p>Assessment may have been conducted on physical, intellectual, speech and social development, and selfcare skills to assess if they are developmentally appropriate or delayed.</p>	<p>A diagnosis of developmental delays or disabilities will be recorded in relevant professional assessments and reports. The case worker needs to understand the child’s developmental progress or disability and their ability to meet their associated needs. This might involve development with the National Disability Insurance Scheme (NDIS).</p>
<p>Education and/or employment</p>	<p>The child may be engaged in:</p> <ul style="list-style-type: none"> • childcare • kindergarten • school • training • employment. 	<p>The case worker needs to understand the child’s achievements, short- and long-term aspirations and goals. They may have challenges or barriers they are experiencing. There also may be existing supports in place if they have a developmental delay or disability.</p>
<p>Recreation and social skills</p>	<p>These might be resources they are currently involved in or ones the child or young person has expressed an interest.</p>	<p>The case worker needs to consider if there are barriers for their participation, such as equipment and uniform requirements, transport and funding.</p>
<p>Life/self-care skills (under 15 years) Independent skills (15-17 years)</p>	<p>For under 15 years, this includes the child’s ability to demonstrate:</p> <ul style="list-style-type: none"> • practical skills, such as personal hygiene or following schedules • social skills • conceptual skills. <p>For 15-17 years, this includes the child’s ability to demonstrate:</p> <ul style="list-style-type: none"> • an ability to tend to their physical and mental health needs • skills around life, such as managing finances, cooking or cleaning. 	<p>The case worker needs to consider additional learning opportunities or referral for professional supports and if funding is available.</p>

Source: Government of SA, Department of Child Protection, Manual of Practice, 2023



Record information that is factual and detailed pertaining to the developed case management plan

Case plans need to be child-centred using the child's 'voice' and written respectfully.

Topic 1C discussed that documentation occurs at all stages of the child protection process and that each organisation will have its own policies, procedures and requirements for documentation. These policies and procedures will align with legal and organisational requirements, such as privacy and confidentiality principles.

Factual details mean information is accurate, complete and up to date. Remember the difference between **objective** and **subjective** information.

Video: Objective vs. subjective information

Watch this video developed by Portland State University Library. It provides examples of both subjective and objective information. While it refers to academic research, it is useful to understand the CRAP test as a way to evaluate information (Currency, Reliability, Authority, Purpose). aspirelr.link/yt-obj-sub-info



Objective

Non-opinionated, non-emotional and non-judgemental presentation of facts.

Subjective

Based on feelings, emotions or opinions.

The Child Safety Practice Manual in Queensland outlines the importance of recording information that is factual, detailed and relevant to the case plan. Information must be written in clear, simple English, using succinct language that ensures others can understand what has been written and act upon it if necessary. For example, if the worker is absent and another worker is required to attend a case plan meeting in their place.

Example

Correct documentation

Suyi is working with 15-year-old Michael, who has just been diagnosed with ADHD. Suyi has called a case plan meeting with Michael, his foster family, school wellbeing worker, psychologist and mother, as well as Suyi's team leader, to discuss Michael's new case management goals.

Unfortunately, Michael's school wellbeing worker is not able to attend the meeting and misses the discussion on one of the important goals around school attendance. Suyi leaves the case plan meeting and records the minutes of the meeting immediately, paying careful attention to the goals and timeframes agreed upon by everyone in the meeting, especially Michael.

The following day, Suyi finds out that her mother is unwell, and she has to fly back to China for a month to care for her. Suyi's team leader needs to allocate Michael's case to another worker and ensure that the school wellbeing worker is alerted to the goals and timeframes of the case plan. Because Suyi had followed the correct policies and procedures, the new worker was able to read the plan and understand what needed to be done, including contacting the school and guaranteeing continuity of care for Michael.

Practice Task 10

Question 1

Which of the following statements apply to the development of case plans with external service providers and consider possible time and resource constraints? Tick all that apply.

- Relationship-based practice relies on collaboration with other staff and external services and professionals.
- External service providers are used for complex case management cases.
- Children require support navigating the supports provided by external agencies and professionals.
- Delays can occur with connecting children to service providers due to funding or waiting periods.
- Case plan reviews monitor the needs and goals that result from changes in the child's circumstances.

Question 2

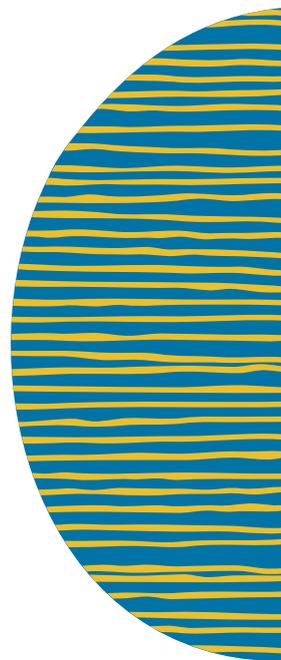
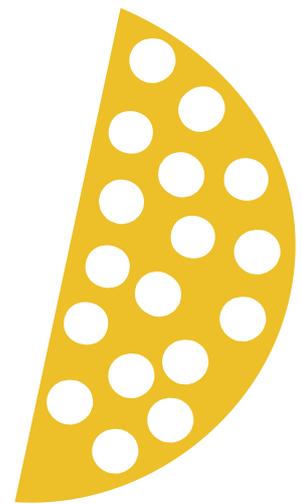
Which of the following applies to factual and detailed case management plans? Tick all that apply.

- Case plans include speculations about a person's goals or needs.
- Case workers must ensure they don't include their personal bias into their reports.
- Case plans should include detailed, lengthy and story-like notes.
- Case plans must be completed as soon after the events as possible.
- Case workers should consult with lawyers before completing a case plan.



Summary

- Case managers often work with other service providers that are external to their department.
- Every child protection organisation across Australia has their own case management framework.
- Referrals require case workers to use their knowledge of the service system and actions to ensure a successful connection to services.
- Connecting children and families to supports is an effective way to address their needs and risks.
- Referrals are always made in consultation with the child, with their informed consent.
- The case worker needs to ensure that families and children are connected to the service, and they need to follow up and confirm the service is being provided.
- There is an agreement template used for referrals provided by the workplace, and these are kept in the child's file and include their consent.
- A coordinated approach is required so children and families can navigate supports from other agencies and understand their roles and responsibilities.
- Sometimes there can be conflicting priorities or issues with different external service providers, leading to delays in the delivery of services.
- The purpose of a review during the implementation of the case plan is to consider the child's safety and if any circumstances have changed.
- Factual details mean information is accurate, complete and up to date.





Learning Checkpoint 3

Implement case management plan

Part A

1. Provide two reasons why strengths-based practices underpin case management work.

2. Identify at least three actions that take place in the implementation of the case plan.



3. List at least four things about referrals for a child.

Part B

Read the case study and answer the questions that follow.

Case study

Alex is 8 years old and has been in the child protection system her entire life. Alex has experienced significant trauma and is struggling with her mental health. Kate, a child protection worker, was assigned to Alex's case. During a review of Alex's case plan, Kate recognised that Alex needed additional support and referred her to a child psychologist.

The psychologist worked collaboratively with Alex and Kate to develop a plan that was tailored to Alex's specific needs. The plan they developed involved goals that included attending counselling that would help Alex develop coping strategies and helping her build a support network. They identified that her support network already included her school teacher and foster carer, and that there were opportunities for Alex to connect with children her own age through her personal interests, such as football and cooking.

Over time, Alex began to make progress and was developing new skills to manage her mental health. Kate continued to work with Alex and others in her support team to monitor her progress and adjust the plan as needed in order for Alex to make new friends and be part of her local community.



1. Why did Alex’s case worker, Kate, conduct a review of her case plan at this time?

2. Identify examples of possible resource constraints Kate may have faced when making additional support arrangements for Alex.

Case study

Emma is an experienced child protection worker who has recently begun working with Ahmed and his family. Ahmed’s case is complex, as he is 13 years old and has been involved with the police after violent outbursts at school. He has a charge of assault and battery pending. Ahmed is currently staying in a secure welfare facility as his parents are unable to support him through his anger outbursts, and he has frequently run away from refuges and foster care placements.

Emma understands the need for collaboration with various agencies to meet Ahmed’s needs. Emma asked for permission from Ahmed and his parents to share information from his case plan with other service providers. Based on Ahmed’s current situation, she sent referrals to her organisation’s multidisciplinary team, the school wellbeing coordinator, a psychologist, a youth justice worker and a youth worker from a local youth agency.



Emma's first task was to establish effective communication among the various agencies. She scheduled regular meetings and made sure Ahmed was able to attend. She encouraged him to contribute to the discussion and made him feel central to the decision-making process.

Emma worked hard to break down bureaucratic barriers that hindered the swift implementation of the case management plan. She advocated with her area manager for the necessary financial resources to support Ahmed's needs. She secured funding for counselling services, educational support and extracurricular activities to enrich Ahmed's life.

Case planning meetings with Ahmed's parents involved family counselling sessions, parenting workshops and support groups. The aim was the goal of reunification: to empower and help them create a more stable and nurturing home environment for Ahmed.

Despite the obstacles, Ahmed has begun showing signs of improvement: his school attendance has improved, he is more engaged in community activities and he has established some friendships at the sporting club.

3. Briefly outline the protocols Emma followed when working with other agencies to meet Ahmed's needs.



Upon reviewing Ahmed’s case plan, Emma recognises that he needs additional support and wants to refer him to a counsellor. She asks Ahmed what he thinks of this. He agrees that he would like to speak with a counsellor.

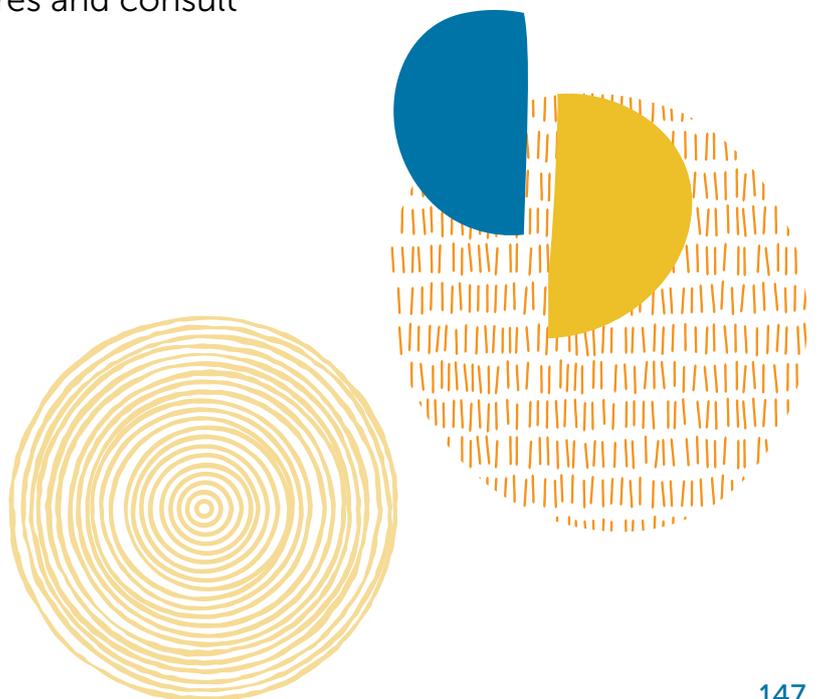
4. List at least four pieces of information that Emma needs to share in Ahmed’s referral to the counsellor.

5. Provide two examples of good practice that Emma followed when recording information in Ahmed’s case plan and case conference notes.



Topic 4: Establish review and evaluation systems

- 4A Work with the child, service providers and others on agreed evaluation of the case plan
- 4B Complete reporting procedures and consult with supervisor



4A

Work with the child, service providers and others on agreed evaluation of the case plan

A case plan can be viewed as a window into the life of the child, providing a meaningful plan for their future.

Evaluation

A systematic process where you assess what you do and how you do it to arrive at a judgement about the worth, merit or value of something.

Evaluation is an important part of the monitoring and reviewing part of the case management framework. It involves a methodical approach to understanding how a service or program is working. In child protection work, this means how well the case plan is meeting the needs and goals of the child and the continuous assessment of risk and safety. It examines the implementation of a case plan to determine how well it is working. An evaluation will rely on **evidence-informed practice** to make recommendations for additional or different ongoing support and intervention, if required.

Evidence-informed practice

Making use of real, current and validated research, data and information collected about the person and the industry to inform your work.

An evaluation may examine one or more of the following factors to 'measure' the effectiveness of the plan in keeping children safe and supporting them to reach their goals:

- measure achievements against the goals in the plan
- examine the child's engagement with services and other agencies
- review service demands, recognising service gaps, strengths and opportunities from the child, family and agency's perspective.

The whole case team will be involved in discussing the evaluation and what will be reviewed and why. They may also decide on a schedule for when a review should take place, such as before or after a change or the implementation of a new goal.

Collaboration that establishes the evaluation criteria or benchmarks has several benefits, including:

- addressing the child's immediate safety concerns and any underlying issues that are contributing to risk or harm
- bringing diverse perspectives and skills to the table
- pooling knowledge and insights, meaning that the team are more likely to make well-rounded decisions that prioritise the child's best interests and safety
- ensuring compliance with relevant laws and regulations and awareness of legal procedures, documentation requirements, and the required ethical standards.

It is less common for the child to be involved in the evaluation process. However, their involvement has some benefits because it identifies their achievements and milestones and can provide opportunities to review the support strategies in place and suggest alternate or new services and supports.



In 2023, the Australian Institute of Family Studies produced a practice guide with the following information about “Involving children in evaluation.” Here is a summary of their findings.

Reasons for involving children include:

- children have the right to participate
- hearing directly from children provides valuable insights and perspectives
- costs, skills and time constraints often mean data is collected from adults
- evaluations can also help children develop new skills and build their confidence and agency.

Involving children in evaluation is more than just collecting data from them about their experiences or views of programs and services. Other ways children can be included are by having them involved in:

- co-designing or testing consent protocols
- testing survey instruments
- interpreting data
- collaborating on research reports
- sharing in the key evaluation results.

The practice guide also offers key considerations for involving children in an evaluation.

Child’s age and level of development	The child’s capabilities will determine the types of evaluation questions written and the methods used. Therefore, determining how the data can be used.
Additional support needs	Some children experience more challenges or barriers to participation, including CALD, Aboriginal children and those who have experienced family and domestic violence.
Ethical concerns and being respectful of their participation	Children cannot be harmed through their participation; they must give consent and have their confidentiality respected.
Language-use	Ensure language used for collection of information is plain, simple and can be understood. It must be appropriate for the child’s level of development.
The environment	Consider the environment where the data is collected. For example, at an informal location, such as at home, school or in playgrounds, or somewhere more formal or clinical, such as a formal interview room.
External influences	Some school-aged children may think there are right and wrong answers to questions and provide answers based on what they think they should say instead of what they genuinely think.



You can read more from the Australian Institute of Family Studies practice guide here: aspirelr.link/involving-children-evaluation

Using data in an evaluation of the case plan

Evaluations use data to make conclusions. Here are different methods you can use to collect:

Surveys	The use of a set of predetermined questions to obtain information. Questions can be open-ended and require a longer response or close-ended, which require a Yes/No or True/False response.
Questionnaire	A type of survey that uses a set of predetermined close-ended questions, such as a checklist or Yes/No or True/False response.
Diaries	A long-form response, such as asking a child to record their experience with child protection over time.
Interviews	A face-to-face meeting to obtain their opinion, such as a case meeting with notes being recorded.
Focus groups	A technique used to collect information from a group interaction with selected people, such as a several families.

Identify if needs require ongoing support and possible intervention

A case plan is a living document that is reviewed and updated regularly.

Topic 1 covered ‘needs’ and that, over time, these needs can change, leading to a review of the case plan. Here is a summary of some reasons a child’s needs may change:

- to meet additional safety needs or risk factors
- changing circumstances in their living or care arrangements
- goals have been achieved and needs have been satisfied
- an escalation, reduction or emergence of complex behaviours or needs
- other agencies needs or requirements may change, leading to the child requiring additional support from a new agency or worker
- preparation for reunification with parents or carers.

Sometimes needs change due to barriers that can affect the outcomes of goals. This may require a review of the interventions in place. Some examples of barriers or issues affecting the family include:



- alcohol and other drug abuse, homelessness or unemployment
- distrust of authority or fear of not being believed
- communication barriers due to English being a second language or a hearing impairment
- parental barriers that affect the children, such as poverty, single parenthood, being Indigenous, low educational attainment, living with a disability or mental illness, or being newly arrived in Australia.

Document the goals agreed to in the case management plan with all parties involved

Topic 2B covered content on setting goals with the child for the case plan. In an evaluation, case managers are responsible for looking at the documented goals and reviewing their currency (relevance).

Evaluation of goals occurs in case planning meetings to examine the extent to which they are realistic and have been achieved and if timelines are suitable. Everyone in the case team can have some input, including the child.

The case meeting can follow a number of steps. This is one example:

1. Restate the goals	Identify and list the goals that were set for the child in the case plan.
2. Identify the strategies	Identify and list the strategies that were put in place to achieve the goals.
3. Collect data	The case worker should have previously collected data to determine if the goals were achieved and if the strategies were successful, and this will be discussed. If this has not occurred, then a conversation will take place with the child and their case team about the progression of each goal.
4. Analyse the data	The child and their case team, led by the case manager, will analyse the data to determine if the goals were achieved and if the strategies were successful, and, if they weren't successful, why this was the case.
5. Revise the case plan	Based on the analysis of the data, those present should revise the case plan as needed to ensure that the goals are achievable and the strategies are effective. The child is involved in the discussions around any revisions to the case plan, and the case manager signs off on all changes. The changes and a revised plan are documented, signed by all parties and if necessary, the court is informed of any changes to the case plan.

Source: Australian Institute of Family Studies, 2016

Example

Evaluating case plan

Liam's case plan was written with input from various stakeholders, including his child protection worker, foster carers, psychologist and his biological parents. His main goal was to return to his biological family while ensuring his safety and wellbeing.

His care plan goals were as follows:

1. Parents attend parenting classes and counselling sessions.
2. Implement measures to address family violence concerns.
3. Provide counselling for Liam to address trauma and emotional distress.
4. Foster carers provide a stable and nurturing environment.
5. Liam consistently attends and progresses in school.

Collect data

To determine if these goals were successful, the case worker collects the following data:

1. Both parents successfully completed the parenting classes and are attending counselling regularly, showing their commitment to improving their parenting and having Liam return to their care.
2. Liam's father successfully completed a men's behaviour change program, demonstrating a significant reduction in his aggressive behaviours. A safety plan has been established to mitigate potential risks to Liam and his mother during family reunification.
3. Liam has attended counselling regularly and has shown improvements in his emotional regulation and communication. The psychologist reports increased resilience and self-esteem.
4. Foster carers have consistently supported Liam's emotional and educational needs. Regular check-ins and training sessions have been attended, which have facilitated a positive and stable environment for Liam.
5. Liam's school attendance has improved, and he has made some progress academically. The school's wellbeing officer has been engaged to continue to monitor and address any challenges.

**Analysis:**

Based on the achieved goals, a positive assessment for family reunification was recommended.

Continued monitoring and support services were advised to ensure the continued wellbeing of Liam and his family post-reunification.

Recommendations for continued counselling for Liam and his parents, periodic check-ins with the family, and access to community support services to provide long-term support and stability.

Revision of the case plan:

Liam and his family have the new goal of reunification, with clear steps and strategies moving towards it.

The safety plan was revised based on the progress made, emphasising the importance of open communication between the family and child protection and addressing potential stressors.

A goal to engage additional community support was created.

Practice Task 11

Question 1

Which of the following relate to evaluations of a case plan? Tick all that apply.

- When additional safety needs or risks are identified, the case plan will need to be rewritten.
- Recommendations as a result of an evaluation can lead to ongoing support and intervention.
- Evaluations measure achievements against the goals in the case plan.
- The team make recommendations for improvements on behalf of the child.
- Hearing from children in an evaluation provides valuable insights and perspectives.
- Interviews used to collect information need to be conducted in a formal setting.



Question 2

Provide two examples of why collaboration is important during an evaluation.

4B

Complete reporting procedures and consult with supervisor

Having a case plan reviewed by a senior member of the team can add another layer of checks and balances to prioritise child safety.

Team leaders have the responsibility of overseeing case plans, especially if there are complex or sensitive decisions needed to be made. They are accountable to the courts and for the care and protection of children. A senior case manager ensures decision-making is thorough and objective according to the organisation's policy and procedures and can make recommendations for proposed changes to the case plan. For example, making a final decision on the most appropriate placement for a child, such as the child returning to their family, placing them with relatives or friends, or placing them in out-of-home care.

Here are some situations or decisions where a senior manager may be consulted:

Assessing the child's safety	Determining whether the child is at risk of harm and what actions need to be taken to ensure their safety
Assessing the child's needs	Identifying the child's needs and determining what services or support they require
Assessing the family's capacity to change	Assessing the family's ability to make changes to address the issues that led to the intervention

In some organisations, case plans must be endorsed by a senior team leader. Policies and procedures for each state or territory indicate some of the different requirements between agencies for consultation and endorsement.

In Queensland, the following procedure is required for the endorsement and distribution of a case plan.

To endorse a case plan, the senior team leader must be satisfied that it:

- is consistent with the child's best interests throughout childhood and the rest of the child's life
- is practicable
- sufficiently provides for the child's safety, or for any directions or orders made by the Children's Court
- addresses the critical areas of need
- takes into account the long-term effect of decisions about an Aboriginal or Torres Strait Islander child's identity and connection with family and community
- includes approval for any significant resourcing impacts by the financial delegate.

Complete all relevant reporting procedures

The reporting procedures for case management varies depending on the jurisdiction.

For instance, in Victoria, case plans are prepared and reviewed following a protection order being made. The case plan should be endorsed by the child protection practitioner and the team manager. In New South Wales, the Children's Court may make a range of orders to ensure the safety, welfare and wellbeing of a child. The assessment and the proposed arrangements will be set out in a care plan.

The processes, policies and procedures are different in relation to the creation and reporting requirements for case plans. Case workers need to know about the specific policies and procedures of their organisation for reporting of case plans, changes made to them and endorsement.

As with all documentation, privacy and confidentiality policies and procedures require informed consent and that the child's case plan is only viewed by those directly involved in the case.

In Queensland, the procedure for distributing the case plan involves the following.

Once the case plan is endorsed, provide a copy of it to:

- the child (if age and developmentally appropriate), or explain the case plan to the child in a way that is appropriate to the child's age and ability to understand
- the child's parents
- anyone else:
 - affected by the plan
 - responsible for action in the plan
 - who Child Safety considers should receive a copy; for example, the Public Guardian
- any legal representative for the child or the child's parents
- the child's foster or kinship carer, licensed care service, or long-term guardian who will be involved in implementing the case plan for the child
- an Elder or other respected person of the child's community who will play a role in supporting the implementation of the plan.

Read more about the Queensland Government department's requirements for endorsement and distribution of case plans: aspirelr.link/qld-endorse-case-plan



Example

Consult with a supervisor

Liam, a 9-year-old boy, was removed from his parents' care due to concerns of neglect and exposure to domestic violence. Jane is a child protection case worker and has been allocated Liam's case. Following the case plan meeting, Jane was required to report her findings to her Team Leader Sadie.

	Decision	Reporting
Key decision-making points	Collaborative development of a comprehensive case plan involving various stakeholders	Jane regularly updated Sarah on the progress of case planning meetings, including the input from the parents, foster carers, psychologist and educators.
Parental engagement	Parents to attend parenting classes and counselling sessions	Jane provided updates on the parents' engagement and progress in mandated programs, highlighting any challenges or positive developments.
Domestic violence intervention	Father to undergo a domestic violence intervention program	Jane reported the father's participation and completion of the program, along with ongoing assessments of risk and safety measures in the family home.
Child's emotional wellbeing	Liam to attend regular counselling sessions	Updates on Liam's emotional progress, feedback from the therapist and any observed behavioural changes were communicated to Sadie to inform decision-making regarding reunification.
Foster carer support	Regular support and training for foster carers	Jane updated Sadie on the foster carers' support system, highlighting any concerns or successes in maintaining a stable environment for Liam.
Educational stability	Ensure Liam's consistent attendance and academic progress	Academic reports, attendance records and teacher feedback were regularly shared with Sadie, allowing for an assessment of Liam's educational stability.
Plan adjustments	Periodic review and adjustment of the safety plan	Any modifications to the safety plan were discussed with Sadie, emphasising the need for flexibility and responsiveness to changing circumstances.



Throughout Liam’s case, effective communication between Jane and her team leader, Sadie, played a crucial role in ensuring that key decision-making points were thoroughly reported. This transparency and collaboration allowed for informed decisions to be made, fostering the best possible outcome for Liam’s wellbeing. The case study highlights the importance of regular updates and reports in maintaining a responsive and client-focused child protection system.

Practice Task 12

Question 1

Provide at least three examples of when a supervisor is used during key decision-making points.

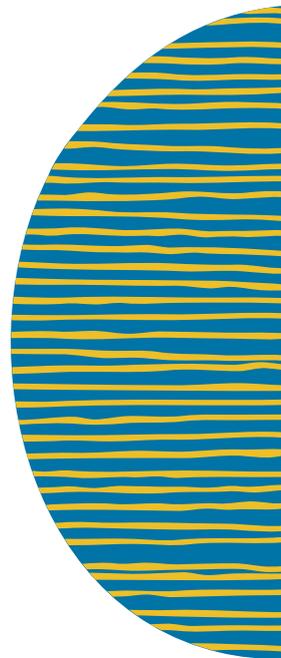
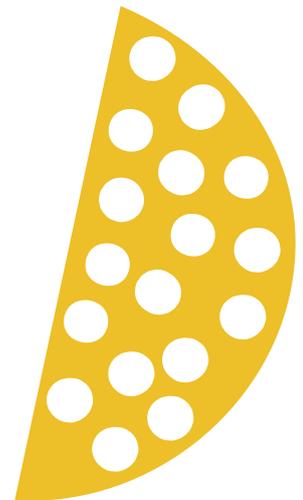
Question 2

Provide two examples of reporting procedures that must be followed during the evaluation and review process.



Summary

- In child protection work, evaluation means how well the case plan is meeting the needs and goals of the child and the continuous assessment of risk and safety.
- An evaluation may identify that additional or different ongoing support and intervention are required.
- All the case team members will be involved in evaluations; it is less common for the child to be involved in the evaluation process.
- Evaluations can involve different methods for collecting data, such as surveys, diaries, interviews or focus groups.
- A case plan is a living document that is reviewed and updated regularly and is a window into the life of the child.
- Sometimes needs change due to barriers arising that affect the outcomes or goals, such as communication barriers.
- Team leaders have the responsibility of overseeing case plans and are accountable to the courts and for the care and protection of children.
- Often a team leader will attend meetings to review the case plan, but if they or a representative are not present, it can be reviewed at a later time and endorsed.
- Case workers must understand the specific policies and procedures of their organisation in relation to the reporting of case plans and any changes made to them.





Learning Checkpoint 4

Establish review and evaluation systems

Part A

1. Provide two examples of key decision-making points in the review process where a senior manager needs to be involved.

2. Which of the following relate to reporting procedures during the review and evaluation of case plans? Tick all that apply.
 - Reporting procedures depend on the jurisdiction of the state or territory courts.
 - Some courts require all assessment and proposed arrangements be set out in a care plan.
 - Some courts need to be informed of any change to a case plan.
 - Evaluations are legally required to be completed every three months.
 - If achievements against the goals in the plan are not met, then the court needs to be informed.



Part B

Read the case study and answer the questions that follow.

Case study

The Smith family lives in Western Sydney. They have a history of domestic violence, substance abuse and inconsistent school attendance. Recently, the family's three children, Nevaeh (9), Jax (7) and Eli (5), have been placed in the care of protection services.

The case manager assigned to the family has been working with them and several agencies and external professionals for continuous risk assessment and case planning. Several of these stakeholders have suggested a review of interventions based on the family's poor attendance.

Prior to the most recent case plan meeting, the case manager reviewed the level of risk to the children. Based on the assessment, the case manager collaborated with the family to address goals for reunification with their children that had been previously set and updated the case plan. The children and the case team were invited to the meeting: the parent, the parent's counsellors, the drug and alcohol worker, the family violence practitioner, the children's psychologists, school wellbeing coordinator and the school principal.

The meeting agenda involved discussions on the progress of goals, assessment of ongoing risks and current intervention strategies.

The case manager was able to track improvements in the family's situation. Goals were adjusted to include measurements for additional things the family wanted to achieve, including an increase in school attendance for the children and that the parent attended alcohol and drug meetings on a regular basis with their case worker. A date was made for a progress meeting.

1. Identify two reasons why the child protection department required the Smith family case plan be reviewed.



2. List the goals identified in the plan and how they changed as a result of the review.

Case study

In a remote Indigenous community in the Northern Territory, child protection services worked with an extended family to address concerns about the welfare of several children. The case manager employed the Family Led Decision-Making (FLDM) process, which is a culturally sensitive approach designed to involve the family and community in the decision-making process.

The case manager arranged a series of family meetings where extended family members, community Elders and relevant service providers came together to discuss the children's needs, safety concerns and potential solutions. The FLDM process encouraged open communication, collaboration and the inclusion of cultural perspectives in the decision-making.

As part of the meetings, the family identified key goals, such as strengthening cultural connections, improving housing conditions and enhancing parenting skills. The case manager, in collaboration with the family and community, developed an implementation plan that incorporated these goals. Regular reviews were conducted using the FLDM process, allowing for adjustments to the plan based on feedback from the family and community members.



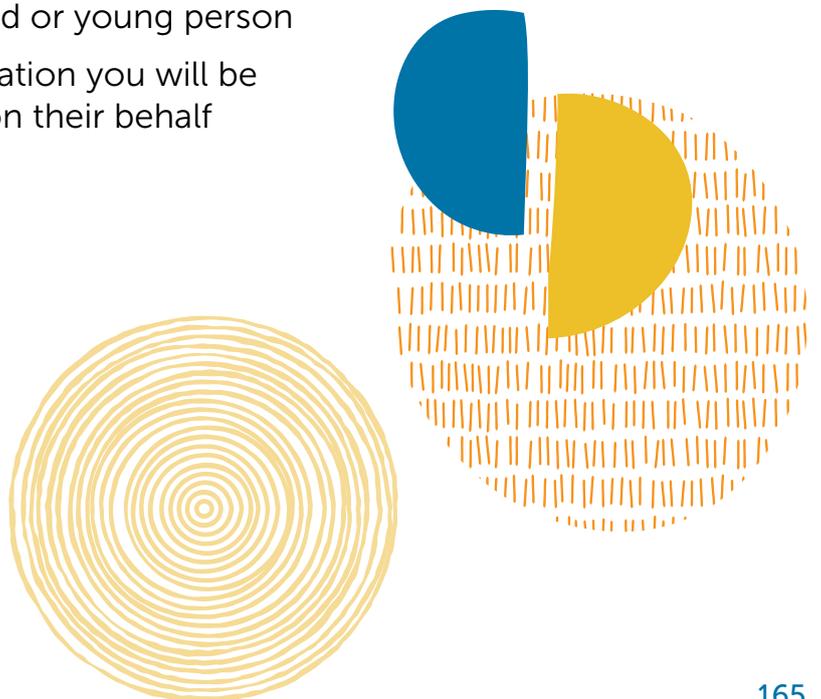
3. Provide at least two features of the FLDM model that encouraged collaboration on goals and implementation strategies.

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Topic 5: Work with agencies to meet the child or young person's needs

- 5A Identify service providers and integrate into case plan with agreement from the child or young person
- 5B Discuss with the child information you will be sharing to service providers on their behalf



5A

Identify service providers and integrate into case plan with agreement from the child or young person

In child protection, service providers play a crucial role within the case management framework.

Case management involves:



At each stage, different service providers may be involved depending on the specific needs of the child or family. For instance, therapists, educators or placement support workers may be part of a child's case team, along with family members, carers and their case worker.

They provide services to ensure the child's or family's goals are met. Categories of service providers include government and non-government entities, such as:

- child and family centres
- schools
- police
- family violence services
- medical and healthcare providers
- psychologists
- social workers
- legal services
- educational professionals
- foster care and adoption agencies
- youth homelessness services
- community-based support programs
- educational support, such as tutoring
- drug and alcohol services (substance abuse treatment programs).



In Topic 3, there is a list of referrals that provides examples of various services provided by agencies and professionals, both from government and private organisations, and the specific services that are used to support a child's case plan. Others not listed there include youth workers and legal or justice youth workers.

Before requesting a referral, the child must be provided with information about the proposed service providers. They need to give their informed consent for the sharing of information and for them to become a part of the team providing support. The child needs an explanation as to why the interactions or interventions are happening and some details on what that may 'look' like, such as where the interactions will take place (e.g. at school or after school), who will be present and how long each session will take.

Integrate protocols and guidelines for working with external agencies for the case management plan

Protocols and guidelines for working with external agencies are used especially when an agreement is made and needs to be placed in the case plan of a child or family.

Team leaders will be able to provide you with information or direct you to where you can access your department's guidelines and protocols.

Information sharing is needed so services can provide specific and targeted support and interventions to children. Organisations must be able to make informed decisions about how they can best meet a child or family's needs. Information sharing will only occur after the child or legal guardian has provided their consent, as discussed in Topic 1B.

Information can only be shared if it is relevant to the work that the case worker is doing with the child. Information may be shared in case plan meetings, but only in general, unspecific terms. For example, during a case plan meeting, the paediatrician may share that the child is progressing well in their health and that the new medications seem to be working well; the school wellbeing coordinator might report that the child's school attendance is more regular and that their academic performance is improving. In this example, neither of these professionals gave specific details about diagnoses, medications or grades. The only time these things are shared is if they are relevant to the workers present, because the safety and wellbeing of the child are dependent on the information being shared.



- The Western Australian government provides rules and guidelines for the sharing of information with external agencies: aspirelr.link/wa-external-agencies-guidelines
- Here are some guidelines from the NSW department about sharing information: aspirelr.link/nsw-information-sharing
- Access examples of policies related to child protection and specifically ‘Client Information Management Policy’ developed by the Northern Territory government here: aspirelr.link/nt-child-protection-policies

Memorandums of understandings are used between agencies and child protection departments to ensure the safety and wellbeing of children and to promote effective collaboration among all parties involved in child protection.

Here are some examples of principles applied when working with external agencies:

<p>Collaborative practice</p>	<ul style="list-style-type: none"> • This principle underpins case management. Team members need to communicate and collaborate across all government and non-government agency service providers to ensure the safety and wellbeing of the child. • It is a team approach where parties work collaboratively so goal information is shared and the demands on the child are kept simple.
<p>Understanding roles and responsibilities</p>	<ul style="list-style-type: none"> • Child wellbeing and safety is everyone’s responsibility. • All parties working with children to support their care plan need to understand their role and work within the scope of their practice and responsibilities. • These roles and responsibilities will be outlined in the case plan.
<p>Reporting and responding to child wellbeing and safety concerns</p>	<ul style="list-style-type: none"> • Communication is vital when it comes to wellbeing and safety concerns. • Reporting and responding to these concerns is an important part of collaborating on case plans between child protection and external agencies.

Clarify the nature of advocacy and support required by the child

Advocates help children and families participate in the decision-making process.

They can assist everyone in understanding and actively participating in the child protection process. As an advocate, case managers need to act in accordance with the child’s preferences and requests.



Here are some different types of advocacies:

Self	<ul style="list-style-type: none"> • Self-advocacy is advocating for yourself. • A person who can advocate for themselves is able to effectively communicate and fight for and defend their interests, needs and rights.
Individual	<ul style="list-style-type: none"> • Individual advocacy is advocating for a single person. • It is either formal or informal. • When someone advocates for another person informally, there is no standard process or agreement; for example, a parent advocating for their child. • In contrast, formal representation involves a person who is employed by an organisation to provide representation services according to established and agreed processes.
Parent	<ul style="list-style-type: none"> • Parent advocacy involves supporting parents to deal with issues relating to their children; for example, issues involving their child's education.
Youth/Child	<ul style="list-style-type: none"> • Child or youth advocacy refers to the process of promoting and defending the rights, needs and interests of children and young people. • It involves understanding issues, thinking about children's needs and presenting solutions. • Child advocacy can be self-advocacy, where the young person speaks up for themselves, or it can involve another person, such as a parent, teacher, or professional advocate, speaking up on their behalf.
Systemic advocacy	<ul style="list-style-type: none"> • Systemic advocacy seeks to make changes that affect a whole group of people rather than one individual. • It involves working for long-term social change to make sure legislation, policies and practices with impaired decision-making ability. • This can include supporting the rights and interests of people by influencing: <ul style="list-style-type: none"> - the creation of new laws or changes to current laws - the priorities and plans of government and non-government agencies - the policies and procedures that relate to services or systems - the way in which government and non-government agencies provide services.

Source: West Virginia University, 2023, Disabilities Advocacy Network Australia, 2024, Parents Victoria, 2024, Public Advocate 2024.

The Youth Disability Advocacy Service provides links to places where young people with disability (and others) can get advocacy support: aspirelr.link/yacvic-what-is-advocacy

An example of when advocacy may be used is when a case manager puts forward a case to a manager for funding or additional supports to assist the child in achieving their goals.

An example of systemic advocacy is the age at which young individuals in out-of-home care and foster care can transition out of the system. In Australia, legal adulthood is attained at the age of 18, traditionally leading to the cessation of child protection oversight. Some advocates suggest the age limit should be extended to 21 years of age, to account for the potential challenges faced by young adults as they conclude their schooling and embark on the transition to the workforce or higher education.

The Home Stretch campaign is an example of successful advocacy. As of 2023, the campaign has effectively influenced policy changes across all states and territories in Australia, leading to the extension of care and support for young people in out-of-home care and foster care until the age of 21. This modification reflects a collective commitment to providing increased stability and assistance to young individuals.

For more information on this campaign and the advocacy it engages in, visit: aspirelr.link/home-stretch

Video: Advocacy for young people with disability

This video describes advocacy for young people with disability and why it may be needed. It speaks about children or young people and provides examples of an advocate's role in assisting people and their needs. aspirelr.link/yt-what-is-advocacy



Example

Individual advocacy

Jana is 14 years old and is in the care of child protection services due to parental substance abuse. She has been expressing a desire to participate in extracurricular activities, particularly joining a local soccer team.

Jana's child protection case worker, Ahmed, recognizes the importance of supporting Jana's interests and wellbeing. Ahmed learns about Jana's interest in soccer during one of their regular meetings and decides to advocate for her participation in the local soccer team.

Ahmed communicates Jana's desire to participate in soccer to key decision-makers within the case team. He highlights the potential positive impact on Jana's mental and physical health and social development.



Jana successfully joins the local soccer team, and her involvement contributes positively to her overall wellbeing. Ahmed's advocacy efforts not only support Jana's specific interest but also demonstrate a commitment to recognising and fulfilling her needs and aspirations.

Practice Task 13

Question 1

List at least three examples of service providers used to deliver services in case planning.

Question 2

Provide three examples of workplace protocols and/or guidelines used by case managers in their work with external agencies. Include privacy and confidentiality as one of your examples.



Question 3

Briefly outline what advocacy involves and provide an example of the support provided through advocacy.

5B

Discuss with the child information you will be sharing to service providers on their behalf

From time to time, you will need to make representations on behalf of the child.

This means you will be sharing information with other service providers, legal representation or the court. It is crucial to have open and transparent conversations with the child so they know what is being shared and can develop trust and feel safe.

As already discussed, the style of communication must be adapted according to the child's age, maturity and understanding. Check-in with the child to confirm their level of understanding, so they feel comfortable and understand the process. Do this by encouraging them to ask questions.

Here are some key points to consider when you are required to provide representations on behalf of a child and/or need to explain this to them:

Understand the importance of information being shared	<ul style="list-style-type: none">• Help the child understand that information sharing is necessary for people to provide a service that is in their best interests.• You can tell them it allows organisations to work together and make informed decisions, including how services can best meet their needs.
Obtain informed consent	<ul style="list-style-type: none">• Sharing personal information about children and their families must be lawful, which means either gaining consent or working within relevant legislation (see Topic 1).• Consent is not always required, such as when the safety of a child or any other person might be compromised. Even when this is the case, explaining why you are or have shared their personal information is important to ensuring the child feels safe with you.
Work within a legal framework	<ul style="list-style-type: none">• In all states and territories in Australia, you will be guided by legislation regarding information sharing.• For example, in New South Wales, Chapter 16A of the <i>Children and Young Persons (Care and Protection) Act 1998</i> facilitates the sharing of information relating to the safety, welfare or wellbeing of children. This law empowers agencies and practitioners to share information under certain conditions.



Provide reassurance	<ul style="list-style-type: none">• Children can be reassured that their information will be used to assess and manage risks, or to promote their wellbeing and safety.• Reassure them that you will not be sharing anything that is not relevant to that organisation or their ability to assist them.
Ensure there is understanding	<ul style="list-style-type: none">• Make sure children understand why their information is being shared, who it is being shared with and how it will be used.

The Victorian government provides some useful tips for a conversation with a child about information sharing: aspireit.link/vic-information-sharing

Example

Sharing information

Jana has been enjoying playing soccer with a local community team. Soccer has helped Jana focus better on school, make friends and build her confidence. In every case plan meeting, Jana enthusiastically describes the recent matches and how one day she hopes to play for Australia’s women’s soccer team, the Matildas.

Near the end of the season, Jana tells her case worker, Ahmed, that she has the opportunity to go to the State Soccer Championships, but that she knows that ‘kids like her’ never get these opportunities because it’s too hard to get all the permissions. Ahmed takes proactive steps to secure the necessary support and permissions. He asks Jana for her permission to speak to the soccer club on her behalf to get some information about the costs of travel, accommodation and equipment.

To secure the necessary funding, Ahmed works with the child protection system and explores potential avenues for financial support through the local Lions Club. He articulates the importance of providing Jana with opportunities and aligns the opportunity with her personal interests, acknowledging the role of extracurricular activities in holistic child development. He presents a compelling case for her educational and personal growth if she were to attend the championships. He also collaborates with authorities to address any concerns regarding her temporary absence and to allow Jana to travel outside her current jurisdiction (interstate).



Practice Task 14

Question 1

Identify two factors to consider when describing to children the representations made to external service providers.

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Summary

- Categories of service providers include government and non-government entities.
- At each stage of case management, different service providers may be involved depending on the specific needs of the child or family.
- Information sharing is needed so services can provide specific and targeted support and interventions to children.
- Information sharing will only occur after consent from the child and their legal guardian has been given.
- Information can only be shared if it is relevant to the work that the case worker is doing with the child.
- Memorandums of understandings are used between agencies and child protection departments to ensure the safety and wellbeing of children, and to promote effective collaboration among all parties involved in child protection.
- All parties working with children to support their care plan need to understand their role and work within the scope of their practice and responsibilities.
- Reporting and responding to concerns is an important part of collaborating on case plans between child protection and external agencies.
- As an advocate, case managers need to act in accordance with the child's preferences and requests.
- Open and transparent conversations with children are required so they know what is being shared and can develop trust and feel safe.



Learning Checkpoint 5

Work with agencies to meet the child or young person's needs

Part A

1. Match each type of advocacy with its example.

Individual	A young person contacts a potential employer to discuss their suitability for a role after not being considered as a suitable job applicant.
Parent	A parent speaks to the school principal on behalf of their child about their needs when they go on school camp.
Self/Youth	A case worker accompanies a parent when they discuss the learning needs of their child with the teacher.

2. Provide one example of the type of service offered by each of the following categories of service providers used to support a child's case plan:

- Schools
- Police
- Legal services
- Family violence services
- Healthcare providers



3. Briefly explain the difference between privacy, confidentiality and informed consent. Provide an example for each in your response.

Part B

Read the case study and answer the questions that follow.

Case study

Maya is in the care of child protection services due to family violence. Maya is 12 years old, loves school and has an impressive school report. During their regular meetings, her case worker, Sofia, learns about her desire to be part of an advanced STEM education program.

Sofia asks if Maya would like her to help support Maya's case to be part of the program. Maya says that she would. Together, they discuss how Sofia is going to represent her arguments to Maya's teacher and others to put Maya's name forward for the STEM program. Sofia checks that Maya understands what she is proposing and obtains her consent to share her story.

Sofia follows protocols for making contact and arranging meetings with the school authorities, and advocating with her team leader for additional funds to support her educational goals. She discusses Maya's academic aspirations, emphasising the positive impact engaging in the program would have on her wellbeing and future academic opportunities.



1. Outline two examples of protocols Sofia must follow when interacting and obtaining information from agencies outside of the child protection unit.

2. Outline what Sofia must consider when explaining how she will represent Maya's request to external providers.



3. List the external and internal service providers Maya will be contacting on behalf of Sofia.

Case study

Elena, a child protection case worker, is assigned to assist Malik, a 15-year-old boy from a refugee background who is in the care of child protection services due to displacement and trauma. Malik expresses a keen interest in traditional arts and cultural activities.

Malik needs support to connect with cultural support services, as his cultural identity is a significant part of his identity and, therefore, his wellbeing.

Elena discusses with him how she will represent him when speaking with other agencies involved in his case plan. She explains the need to share information about his cultural preferences in order to secure support services.

Elena ensures Malik is part of the decision-making process and that his cultural background is respected and celebrated. Malik tells Elena about some cultural workshops that are going to be provided by the refugee support organisation and how he would really like to attend with his friends. There is a cost involved, and he needs help with the fees because there aren't any clear cultural goals in his case plan.

She collaborates with the local community centre and refugee support organisation to ensure Malik has access to activities that align with his cultural background.



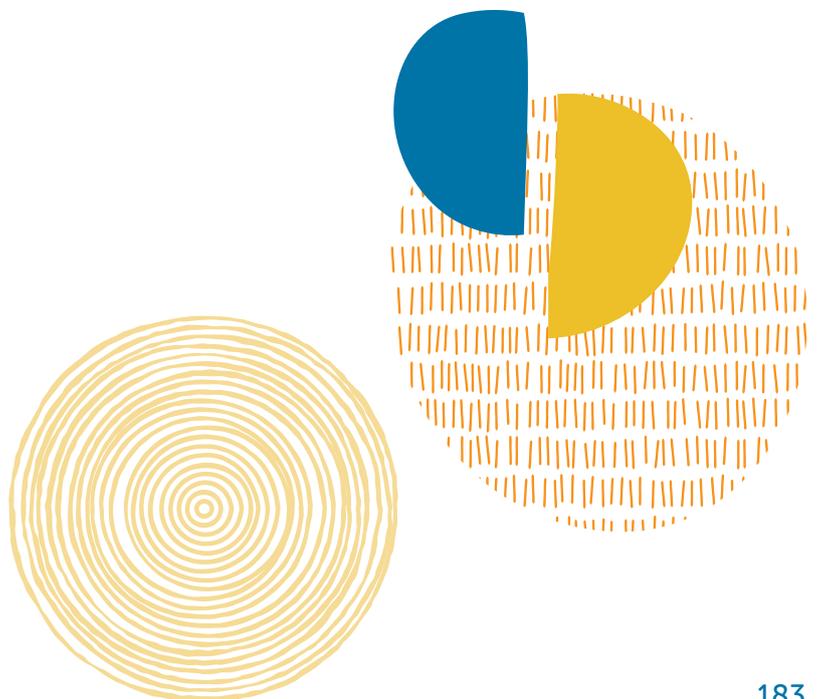
4. Provide two examples of Elena's role as an advocate for Malik.

5. Why should Elena discuss details of her representations on Malik's behalf with him?



Topic 6: Undertake case closure

- 6A Review achievements of case plan goals and engaging the child or young person in reflection on the outcomes
- 6B Identify reasons for case closures and arrange case closure with all parties according to organisational policies and procedures



6A

Review achievements of case plan goals and engaging the child or young person in reflection on the outcomes

A review of the case plan goals, any achievements and a reflection on what has been learned will help the child see new perspectives and identify strengths and weaknesses.

In Topic 4 the reasons why a review on the achievement of goals in case planning was provided. Here is a summary:

To promote safety and wellbeing	Case plan reviews ensure the continuous promotion of children's safety, welfare and wellbeing.
Reflecting on progress	Reviews provide an opportunity to reflect on how the plan is going and to celebrate the wins. The child gets positive feedback about their progress and builds their sense of self-worth.
Evaluating the relevance of goals	Reviews look at the goals and objectives to assess if they are still relevant and determine if they are being or have been achieved. The child can reassess their goals and the team can identify barriers that can be addressed with further supports or interventions.

Measurable outcomes

Evaluations to measure the achievements of goals will rely on evidence-informed practice.

Measurable outcomes should be specific, observable and quantifiable. This includes:

- specific outcomes, which provide clarity about what exactly needs to be achieved, leaving less room for interpretation
- observable outcomes, which are ones that can be witnessed and assessed directly; they often involve behaviours that can be seen or heard, making it easier to track progress
- quantifiable outcomes, which provide a clear numerical target, making it easier to measure progress and success.

They should be able to provide a clear indication of progress. Regular assessment and adjustment of goals and outcomes are important to ensure continued success in the child's case management plan.



The table below provides examples of goals and their measurable outcomes, as well as what the achievement of goals could look like.

Area	Goal	Measurable outcome	Achievement
Academic achievement	Improve reading skills by one grade level in six months	Increase standardised reading test scores by at least one grade level.	The child's reading assessments show a measurable improvement, and they have progressed to the targeted grade level.
Social skills	Increase positive peer interactions and friendships	Participate in group activities without conflicts and initiate and maintain at least two positive peer relationships.	The child has developed friendships with peers, participated in group activities, such as a team sport, and demonstrated improved communication and social skills.
Health and wellness	Improve physical fitness and engage in regular exercise	Achieve a specified level of physical fitness, such as completing a set number of minutes of moderately intense exercise per week.	The child has participated in organised sports or physical activities, showing increased endurance and strength, and a commitment to a healthier lifestyle.
Family and home environment	Enhance communication and cooperation within the family	Reduction in the number of family conflicts, as reported by family members, by at least 30%.	The family reports improved communication patterns, reduced conflicts and a more supportive home environment.
Independence and life skills	Increase independence in daily living activities	Achieve specific milestones in self-care tasks, such as dressing, grooming and meal preparation, as outlined in a checklist.	The child has achieved specific milestones in self-care tasks (e.g., dressing, grooming, meal preparation) and demonstrated a growing ability to handle age-appropriate responsibilities.

Encourage the child to reflect on the outcomes of their goals

Reflection

The process of thinking deeply about a particular subject, considering past experiences and learning from them.

Outcomes

Changes that occur due to an activity or program.

Case workers practice **reflection** to learn from their experiences, see new perspectives and identify their strengths, weaknesses and areas for training and development. Reflection provides a space to evaluate work and broaden practical knowledge to improve the **outcomes** for the children they work with.

Reflection means asking yourself 'What worked well?' and 'How can I improve?'

Reflection can be used to identify other aspects of the case management process, such as:

- the engagement of the case worker with the child, family and other agencies
- a review of the demands for services, leading to a recognition of gaps in service provision
- if the child's strengths and opportunities were supported.

Reflective practice with a child in child protection has the same purpose as it does for a case manager's professional practice. It can enable the child to recognise what they are doing well, either historically or currently, and their personal resources and networks.

Reflective practice with a child's needs requires the case worker to:

- ensure that a safe and supportive environment is provided, where they feel comfortable sharing their thoughts and feelings
- the child is heard and listened to when they describe their experiences and perspectives
- the child is encouraged to express their thoughts and feelings.

Video: Self-reflection

This video is aimed at young adults and explains self-reflection, the benefits of self-reflection, positive reflection and what happens when we reflect negatively: aspirelr.link/yt-why-you-should-self-reflect



Document outcomes

Once the review has taken place and the achievements and any changes to the plan have been discussed, these must be documented in the case plan. A record of reflections can be used to track progress and inform future actions, such as the evidence needed for case plan reviews.

A record can be shared when court reports are filed, so progress and goal achievements are documented in the case plan.



Practice Task 15

Question 1

Provide one example of a measurable outcome that demonstrates the following:

- Specific
- Observable
- Quantifiable

Question 2

Outline the aims of reflection and why the child should be involved.

6 B

Identify reasons for case closures and arrange case closure with all parties according to organisational policies and procedures

Case closure is the final part of child protection involvement.

The case management framework model describes case closure as happening when risk assessments show there is no longer a risk to a child's safety. An intake risk assessment, risk assessment or review risk assessment will be completed and endorsed to support the decision to close the case. Case closure also occurs when the child is moving interstate, leaving care or the protection order has expired and reunification is possible.

Other times that a child may have a case closed are at the discretion of the responsible case team. Cases can be moved to closure from intake, investigation, protective intervention or protective order phases.

Decisions to close cases in child protection involve careful planning and consideration. Rationale for closing the case must be clearly articulated, such as how protection and safety has increased and the consequence of harm have decreased.

The Victorian government provides a detailed list of situations that lead to case closure. This list includes when:

- a report has not been classified as a protective intervention report, and necessary actions during intake phase are complete
- despite taking all reasonable steps, it is not possible to complete an investigation
- following a risk assessment, a protective intervention report is not substantiated
- protective intervention by agreement is concluded with protective concerns being sufficiently addressed
- further protective intervention is not possible and follow-up is complete
- a protection application has been issued, but no protection order is made
- a Children's Court order ends and no further order is made
- the child has relocated interstate and the transfer of all legal responsibility tasks and functions has been finalised
- an undertaking or permanent care order has been made by the Children's Court
- an adoption order has been made by the County or Supreme Court
- the child attains 18 years, marries or dies.



Procedures for case closure and reporting

As part of case closure, the case manager will call a final case meeting and all key parties are informed of the case closure.

This decision must be communicated with the child and their family to ensure understanding and provide an opportunity for referrals to additional services and community support as required. Procedures need to be followed to ensure all parties have been contacted, including service providers external to the department.

The ACT government describes that when concerns or issues exist about an intention to close a child's case, a case closure meeting can be held to hear these concerns. They may be held by the child, family or any agencies working with them. Where they do not agree, a case closure meeting must be held to discuss the concerns and issues and the closure of the case should be delayed until all concerns and issues are addressed.

The procedure for case closure in child protection will be different according to the individual policies and procedures of the state and territory, but it generally involves these six steps:

Review and evaluation	The circumstances of the case and the work undertaken must be reviewed and evaluated before a case is closed as discussed in Topic 4 and 5.
Case closure meeting	A case closure meeting is arranged, especially when multiple services are involved.
Documentation	All safety plans, closure plans and other relevant documents are updated and stored correctly.
Case plan closure	Before closing the case plan, all open items must be closed, including activities, funding, and issues. Update the overall goals, decisions and actions before submitting for approval.
Case closure report	A case closure report should include information such as the social history, previous department involvement, the current reason for involvement, the actions taken and progress, the assessment and rationale for closing the case, and any outstanding matters and alerts.
File closure	After saving all case closure reports or documents in the relevant files (case files or Child History File), the files need to be closed.

These procedures ensure that all necessary steps have been taken and all relevant information has been documented before a case is closed.

Access examples of policies related to child protection and specifically 'Case closure policy' developed by the Northern Territory government here: aspirelr.link/nt-child-protection-policies



Example

Case closure

Maria, a 14-year-old Torres Strait Islander girl, entered the child protection system due to substance abuse issues within her family. The case management team worked closely with local Elders and kinship carers to create a comprehensive care plan that addressed Maria's emotional and educational needs. Regular reviews ensured progress, and interventions were adjusted as needed.

Over time, Maria's family engaged in support services, and she developed a strong connection with a mentor from her community. Through hard work and dedication, Maria's family achieved the set goals, providing a stable environment for her.

At her annual review meeting, the case team, all service providers, the kinship carers and Elders agreed that the reunification process was almost complete and case closure was necessary. The case manager worked closely to complete all the reports and paperwork. They celebrated the achieved goals with the family and with Maria, and applied to the court for case closure.

Practice Task 16

Question 1

Identify at least three reasons for case closure.



Question 2

Provide a list of examples of steps that need to be completed as part of the case closure process.



Summary

- Measurable outcomes of goals need to be specific, observable and quantifiable.
- Once the review has taken place, and the achievements and any changes to the plan have been discussed, all of these are documented in the case plan.
- Case closure also occurs when the child is moving interstate, leaving care or the protection order has expired and reunification is possible.
- Decisions to close cases in child protection involve careful planning and consideration.
- The decision to close a case must be communicated with the child and their family to ensure understanding and provide an opportunity for referrals to additional services and community support as required.
- Procedures need to be followed to ensure all parties have been contacted, including service providers external to the department.
- A case closure report should include information such as the social history, previous department involvement, the current reason for involvement, the actions taken and progress, the assessment and rationale for closing the case, and any outstanding matters and alerts.



Learning Checkpoint 6

Undertake case closure

Part A

1. Identify three examples of a procedure for closing a child protection case.

2. Prepare a list of people who would need to be informed that a case is being closed.



Part B

Read the case study and answer the questions that follow.

Case study

Amir, an 18-year-old refugee, has been on a challenging journey within the Australian child protection system after arriving alone in the country at age 16. His experience was marked by language barriers and the enduring impact of past trauma. Recognising the need for a tailored approach, the case manager collaborated with cultural interpreters from the Asylum Seeker Resource Centre to develop a comprehensive plan that addressed Amir's unique challenges.

Throughout Amir's case, reflective practice played a crucial role. The case management team regularly engaged in reflective discussions, taking time to pause, assess and adapt their strategies. Reflective sessions also involved Amir. These sessions facilitated a deeper understanding of Amir's experiences, allowing the team to make informed decisions and adjustments to his care plan. It also encouraged Amir to actively participate in shaping his journey towards living independently, which is his main focus and goal.

The final closure of Amir's case was marked with a reflection on his journey. The team, along with Amir, revisited the initial challenges, the progress made and the skills he had developed. Amir, now 18, has achieved his case plan goals and was ready to have his involvement with child protection ended. Organisational policies and procedures were followed, and the court was notified to approve the closure of the case.

1. Amir's case team encourage him to reflect on the outcomes of his goals. What are they wanting to achieve through the reflective process?



2. Clarify the reasons why Amir's case was closed.

Read the case study and answer the questions that follow.

Case study

Shareen, a 6-year-old girl, was placed in foster care due to concerns of family violence and substance abuse within her family. The case management team implemented an intensive and holistic approach to support Shareen and her parents.

The decision to close Shareen's case was due to the successful achievement of the primary goal – family reunification. Through collaborative efforts, the case management team witnessed significant positive changes within the family dynamics. Intensive support, parenting education and counselling proved effective as both parents actively engaged in addressing and overcoming their issues. The once unsafe environment was transformed into a secure and nurturing space for Shareen.

Closure was deemed appropriate as the initial concerns were effectively addressed, and the family demonstrated the ability to sustain these positive changes independently.

Reflective practice played a vital role in Shareen's case. This involved exploring Shareen's emotional wellbeing, her growing relationship with her parents and her adjustment to the changing family dynamics. The team ensured that Shareen felt heard and valued during these sessions.

Shareen's reflections were then incorporated into the case management process, influencing the ongoing interventions and adjustments to support her holistic development.



3. What were the benefits to Shareen of being part of the reflection process?

4. Clarify the main reason why Shareen's case was closed.



Glossary

Active listening

Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Advocate

An individual who speaks up for a person to defend their rights.

Affidavit

A written statement prepared by a witness that can be used as evidence in a court.

Best Practice

Using the best skills and ideas available at the time to do a task.

Care and protection orders

Legal orders or arrangements made by a magistrate in the Children's Court that give child protection departments partial or full responsibility for a child's welfare.

Case management

A person's needs are identified and addressed through a planned process of providing support and access to relevant resources.

Case Management Framework

A model used by case management staff to ensure delivery is best practice care that use principles of case management and appropriate tools to provide safe support and protection for children.

Case planning

A cycle of assessment, planning, implementation and review to meet a child's safety, belonging and wellbeing needs.

Child abuse

Any physical, emotional, sexual abuse or neglect of a child under the age of 18.

Child participation

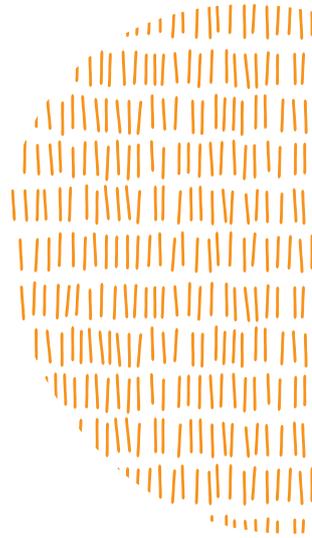
The meaningful (i.e. active, safe and informed) involvement of children in decisions that affect their lives in the context of case planning and decisions about their own care.

Child-centred practice

Providing tailored support for each child or young person, and taking the time to learn about their individual preferences, needs and goals.

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.



Culturally and linguistically diverse

The preferred term for describing different ethnic communities.

Disclosure

The act of sharing or releasing private or personal information.

Early implementation strategies

Tools and actions introduced to support families showing signs of needing support or vulnerability that may escalate to child abuse or neglect.

Empowerment

The process of gaining strength and confidence to voice one's own opinion.

Evaluation

A systematic process where you assess what you do and how you do it to arrive at a judgement about the worth, merit or value of something.

Evidence-informed practice

Making use of real, current and validated research, data and information collected about the person and the industry to inform your work.

Family of origin

The significant caretakers and siblings that a person grows up with, or the first social group a person belongs to, which is often a person's biological family or adoptive family.

Harm

Mental or physical state of discomfort that may result from a one-off incident or develop over time.

Harm minimisation strategies

Tools and actions introduced to reduce or minimise the risk of harm and increase the safety of children and young people

Informed consent

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

Jargon

Certain words or expressions used exclusively by a profession or group that are typically difficult for others to understand.

Kinship care model

As a statutory arrangement, generally refers to children who cannot live with their parents and have been placed with relatives, friends or local community members by child protection agencies.

Legislation

The written law produced by the government.

Life domains

Aspects of life and experiences that we have as we age and grow that are important to a good quality of life.

**Mandatory reporting**

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Multidisciplinary team

A team of professionals from different disciplines, such as health and allied professionals, including a case manager, who work together on a person's case.

Neglect

Failing to properly care for a person.

Objective

Non-opinionated, non-emotional and non-judgemental presentation of facts.

Outcomes

Changes that occur due to an activity or program.

Physical abuse

The physical assault of a person.

Policy

A course of action proposed by an organisation as a basis for making decisions.

Prevention

Prevention is an action, or a set of actions designed to stop something before it occurs.

Prevention Strategies

Tools and actions introduced to prevent risk and build protective factors.

Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Procedure

An established or official way of doing something.

Protective factors

Attributes or conditions that can serve as safeguards to help parents find resources or supports and encourage coping strategies that allow them to parent effectively even under difficult circumstances.

Psychosocial

Relates to how a person thinks, behaves and socialises.

Referral

Communication from one professional to another to recommend that a person receive a particular service.

Reflection

The process of thinking deeply about a particular subject, considering past experiences and learning from them.

Relationship-based practice

Establishing respectful, collaborative and trusting relationships with the child and family, as well as with services and professionals, to build a sustainable network of relationships around the child.

Risk factors

Measurable circumstances, conditions or events that increase the probability that a family will have poor outcomes in the future.

Self-determination

A person's right to have control over their own life and make independent choices about decisions that affect them.

Sexual abuse

Unwanted or uninvited sexual contact, language or exploitative behaviour by another person.

Statutory

Decided or controlled by law.

Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.

Subjective

Based on feelings, emotions or opinions.

Trauma

The response to a distressing event or experience that can affect a person's ability to cope and function.

Triage

A preliminary assessment to determine the urgency of need.