



Northern
Territory
Government

DEPARTMENT OF CHILDREN AND FAMILIES

Standards of Professional Practice

Practice with Purpose

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The Department of Children and Families' *Standards of Professional Practice 2014* was created in January 2014 as a joint effort between the Policy and Research Division and the Professional Practice Division.

The Standards articulate values and principles in DCF's Practice Framework and have been based and sourced from the:

- *Care and Protection of Children Act*
- Care and Protection of Children (Placement Arrangement) Regulations
- DCF Strategic Plan 2014-16/7
- Care and Protection Policy and Procedures Manual
- Out of Home Care Standards for Children and Young People in Care in the Northern Territory
- National Out of Home Care Standards
- Charter of Rights for Children and Young People in Care in the Northern Territory
- United Nations Convention on the Rights of the Child
- National Framework for Protecting Australia's Children 2009–2020
- *Information Act*
- NTPS Code of Conduct; and
- Information Sharing Guidelines.

This document is owned by the Quality Analysis and Practice Integrity Unit within the Professional Practice Division. The Unit can be contacted at PracticeIntegrity.DCF@nt.gov.au in relation to any questions, suggested additions or amendments.

The Department of Children and Families' Standards of Professional Practice

- Standard 1:** DCF practice meets the best interests of the child, engages the child and their family and is culturally responsive.
- Standard 2:** DCF practice demonstrates accountability and enables continuous improvement.
- Standard 3:** All concerns about children are identified, accurately assessed and prioritised for response.
- Standard 4:** Every child at risk of harm receives an appropriate response to keep them safe.
- Standard 5:** Children who are in the care of the CEO receive high quality case management to meet their individual needs.
- Standard 6:** Children in care are placed in safe, nurturing environments and are cared for by individuals who are able to meet their needs and improve their life outcomes.

Standard 1:

DCF practice meets the best interests of the child, engages the child and their family and is culturally responsive.

- 1.1 A child's safety and wellbeing is the paramount consideration and staff take all reasonable care to avoid causing further harm to children.¹
- 1.2 All decisions are child focused and in the best interests of the child through actively engaging a child to seek their views and wishes and giving them due weight in accordance with a child's age and maturity, while also being responsive to disability, ethnicity, culture, faith or belief, gender, gender identity, language, race and sexual orientation.²
- 1.3 Children are engaged and communication is equal to a child's level of ability to facilitate understanding about why DCF is involved in their life and in a way which allows DCF's practice to be informed by feedback from children.³
- 1.4 Children have access to information and experiences which assist them to develop a positive sense of identity and are supported to care for themselves at a level appropriate to their age and ability.⁴
- 1.5 Each child's right to privacy, dignity and confidentiality is recognised and respected.⁵
- 1.6 All life changes for children in care, including placement movements, changes in schools, social networks or case managers are conducted in a planned manner.
- 1.7 A child's mother, father and other individuals who are significant in the child's life are given adequate information to understand and participate in decisions about the child.⁶
- 1.8 Outcomes for children are maximised by effective engagement and collaboration across professional areas and the sharing/exchange of information.
- 1.9 Children, young people and their families are engaged in a manner that is respectful and treats them with tolerance, dignity and a positive sense of self-worth.⁷
- 1.10 Cultural expertise and advice is sought to assist staff deliver culturally appropriate services to clients and families and forms part of case decision making and review.
- 1.11 All care plans identify how a child's cultural needs will be met.⁸
- 1.12 Aboriginal children are placed in accordance with the Aboriginal Child Placement Principle.⁹

Standard 2:

DCF practice demonstrates accountability and enables continuous improvement.

- 2.1 Decision-making avoids unnecessary delay, is based on the level of risk of harm, and ensures that action is taken to meet the needs of children and families as early as possible.¹⁰
- 2.2 Decision-making is conducted by suitably qualified and experienced staff who are authorised to make decisions, and who apply legislation, policy, tools and professional judgment to reach a decision.
- 2.3 Client records are accurate, complete, legible, concise, permanent, up-to-date and contain the context and rationale for all key decisions and actions associated with these services.¹¹
- 2.4 Staff uphold and protect the confidentiality and privacy of the information DCF obtains.¹²
- 2.5 Staff discharge their individual and collective statutory roles and adhere to the requirements and processes contained in legislation, delegation instruments, and internal policies and procedures.
- 2.6 Staff manage the time and resources available to them in an efficient and professional manner to achieve equitable and effective outcomes for clients.
- 2.7 Managers assist staff to critically assess the quality of practice through supervision that includes the review of cases and case decisions.
- 2.8 Staff engage in regular review, evaluation and monitoring activities to identify aspects of practice that are working well or could be improved.
- 2.9 DCF responds professionally to adverse events to address the safety of clients, carers and workers as well as departmental risk.
- 2.10 DCF ensures that all clients, including children, understand their rights and are encouraged to raise concerns about the services they receive.¹³
- 2.11 DCF responds to client complaints in a timely and professional way that does not prejudice future or current services.

Standard 3:

All concerns about children are identified, accurately assessed and prioritised for response.

3. 1 DCF decisions are based on clear, effective, comprehensive and risk-based assessments involving effective information gathering which includes the identification of cumulative harm through the review of past and current DCF involvement.
3. 2 Staff apply approved tools and professional judgement to receive, assess and outcome all notifications in a timely, efficient and professional manner.
3. 3 All notifiers are advised that they may request feedback on the outcome of the notification and those who elect to receive feedback are provided with the information promptly.¹⁴
3. 4 Investigations are commenced, conducted and completed in a timely manner, proportionate to potential risk to the child, and in accordance with DCF Policy.
3. 5 Investigations comprehensively assess whether a child has been harmed and the likelihood of the child being harmed in the future based on the impact of past and current harm. This includes considering and assessing the child's developmental needs and the parents' or carers' capacity to respond to those needs.
3. 6 Where an investigation identifies harm or risk factors they are mitigated through planned intervention and actions.
3. 7 During a child protection investigation, information is gathered and recorded systematically from the child and their family, relevant professionals, community members and other key individuals.
3. 8 Investigations are conducted in a manner that minimises trauma for the child, while ensuring natural justice and due process for all individuals involved.

Standard 4:

Every child at risk of harm receives an appropriate response to keep them safe.

- 4.1. Where appropriate, families are referred to relevant services to receive ongoing assistance and/or specialised services.
- 4.2. There is a documented plan for all families receiving family or parenting support from DCF that sets out the work that will occur to help the family and the necessary changes to be achieved within appropriate timeframes.¹⁵
- 4.3. Wherever possible, and if it is safe to do so, the child, their parents and significant others are encouraged to participate in the process of assessing and providing for the safety and wellbeing of the child and DCF clearly communicates what actions each party needs to take.
- 4.4. Staff act decisively to protect children where existing interventions are insufficient and/or the risk to children intensifies or remains.
- 4.5. As soon as a child or young person is considered to be unsafe, steps are taken to address their immediate and future safety and the parents or carers are provided clear advice on their responsibilities.¹⁶
- 4.6. Children are taken into care as a last resort and only if there is no other reasonable way to safeguard the wellbeing of the child.¹⁷
- 4.7. When a child remains at home following an investigation, DCF undertakes appropriate planning to address any risks and ensure the child's safety
- 4.8. Clients assessed as no longer requiring or eligible to receive DCF services have their cases closed in a timely manner.
- 4.9. Applications for court orders are clear, accurate and contemporary, contain the wishes and feelings of children and their parents and seek to avoid unnecessary delay.

Standard 5:

Children who are in the care of the CEO receive high quality case management to meet their individual needs.

5. 1 Every child in care receives a care and protection service that is focussed, planned, purposeful and based on a continuous cycle of assessment, planning and review.¹⁸
5. 2 Staff plan and take appropriate action to meet the needs of a child in care across all life domains – specifically their health, education, emotional, behavioural development, family and social relationships, recreational and leisure activities, identity and culture and care arrangements.¹⁹
5. 3 Every child in care has an individual Care Plan which meets legislative requirements by documenting:
 - their holistic needs;
 - the planned, responsive measures to address those needs within defined timeframes; and
 - decisions about the daily care and control of the child including the placement arrangements and contact with family.²⁰
5. 4 Every child in care has an allocated case manager.
5. 5 Every child in care has effective behaviour support and management plans and staff address any risks associated with children offending, misusing drugs or alcohol, going missing or being sexually exploited.
5. 6 Staff promote continuity of care and minimise any unnecessary changes in respect of professional staff, carers, education, physical environment, significant relationships and recreational pursuits.²¹
5. 7 Every child in care is given every opportunity to maintain appropriate, positive relationships with significant people in their life (when those relationships do not compromise their safety).²²
5. 8 When a child enters care, prompt assessments are made to determine the appropriateness of reunification with their family, this assessment is reviewed regularly and reunification occurs expediently when it is safe to do so.²³
5. 9 DCF supports young people leaving care to make the on-going and successful transition into independence and adulthood.²⁴
5. 10 Every child in care has access to their own possessions and these personal belongings accompany the child whenever they transition placements and when they leave care.²⁵

Standard 6:

Children in care are placed in safe, nurturing environments and are cared for by individuals who are able to meet their needs and improve their life outcomes.²⁶

6. 1 DCF ensures that children are cared for by individuals who are able to provide safe, caring, and stable environments.²⁷
6. 2 DCF uses concurrent and parallel planning when making placement decisions, resulting in children being able to live within a stable placement that is able to meet their needs at the earliest opportunity.²⁸
6. 3 Placements within the child's immediate and extended family are the preferred placement option for all children²⁹ and where this is not possible the chosen placement is able to facilitate the child's connection with, and involvement of, their family, community and significant attachments.³⁰
6. 4 Individuals at each placement are provided with appropriate information about a child so they have optimum capacity to meet the child's specific needs and they receive ongoing placement support.³¹
6. 5 Siblings are placed together unless there are strong grounds for separation. If co-location is not possible, regular contact is maintained.³²
6. 6 Residential care is used to assess, stabilise and transition children with complex needs or behaviours into home based care and children are only placed into residential care facilities based on their needs.
6. 7 All placements are planned in their approach ensuring compatible, equal and positive relationships between children in placements, which includes assessment of new residents before placement, clear communication and ongoing monitoring.³³
6. 8 All placements are regularly monitored and decisions regarding placement changes are only made in the best interest of the child.
6. 9 Staff only exercise their ability to restrain and search children and seize property in accordance with the Act and when authorised to do so.³⁴
6. 10 Children and their carer's are aware of the procedures and responsibility to report critical incidents and standard of care concerns.
6. 11 DCF takes immediate action to resolve all issues, concerns and allegations in relation to the safety of any placement.

Demonstrating Professional Practice

The *DCF Standards of Professional Practice* establish what needs to be achieved to ensure the safety and wellbeing of children and young people. The degree to which the standards can be met in individual circumstances will depend on a range of factors and DCF might achieve and deliver on the Standards through a variety of different ways or mechanisms. Professional judgment, and awareness are therefore critical to an ongoing assessment of how current practice and systems are enabling DCF to meet the Standards in individual cases. Suggested examples of how a staff member might demonstrate that their work meets each required standard is show below.

Standard 1:

- All key documents, such as care plans and investigation reports, have been explained and provided to the child where appropriate and in a way that the child can understand.
- Children in care have their needs regularly monitored through meaningful contact with their case manager who assesses the child's wellbeing, actively seek their views and records their wishes and feelings.
- Decisions regarding children are regularly reviewed to take into account changing circumstances in the child's and family's lives.
- When a child enters care they receive age appropriate information about their rights.
- Children, benefit from stable and regular contact with their case manager and when a case manager changes, an effective process is used to transfer the case and knowledge of the case to the incoming case manager.
- Children understand their circumstance, history and identity through their life story book (which includes photos, certificates, mementos, and recalling and retelling shared experiences).
- Individuals are provided with information and assistance to enable them to participate in decision making that impacts them - at an age, cultural and developmentally appropriate level.
- Staff allocated a case are familiar with the client, their family, carers and significant others.
- Continued attempts are made to encourage participation in key discussions when individuals are reluctant or refuse to engage.
- Information-sharing between agencies and professionals is timely, specific, effective and in accordance with the requirements set out in legislation and other guidance.
- Residential care staff seek and are kept informed of all relevant information and decisions about a child or young person before and throughout a placement, and are involved in the formulation of care plan content during reviews.
- Where a child is required, or wishes, to attend court, the child is assisted to attend and to understand the consequence and reasons for the orders being sought by DCF.
- Case workers assist the child's legal representative by providing necessary information and assisting with arrangement of meetings with the child.
- Aboriginal Community Workers are actively engaged in the child protection investigation planning and care planning for Aboriginal children.
- The ability of a child and their family to speak and understand English is assessed and any communication needs are recorded.
- Interpreters are used, when appropriate, to engage and build relationships, to obtain informed consent, and at all key decision making points.
- Nominated members of a kinship group, an Aboriginal organisation or community of Aboriginal people are able to participate in decision making for an Aboriginal child if they have been selected to do so by the child's family.

Standard 2:

- Decisions and actions are made in accordance with the timeframes and processes outlined in legislation, policy and delegation instruments.
- Relevant staff are issued and carry a Departmental Identity Card, and have authorisation and delegation under the Care and Protection of Children Act.
- Staff create appropriate records on all key events, incidents, decisions and actions as soon as possible.
- The details and rationale for all decisions that relate to clients are recorded in CCIS as the primary record source.

- Staff complete all required forms and tools related to the type of service being provided.
- Client information is only accessed and used for work purposes and by individuals who are authorised to access it.
- All staff complete required working with children screening process including criminal history checks.
- There are records of regular staff participation in a process of supervision that has reviewed decision making in relation to children, aided professional development and ensured case requirements have been met.
- Staff have current work partnership plans that support the delivery of high quality practice and managers regularly provide feedback that enables staff to reflect on their performance with a client centred, quality improvement focus.
- Staff provide accurate reports on their activities and participate in case/service reviews, research, and evaluation activities.
- All reportable incidents are documented and raised to the attention of an appropriate manager within the Agency.
- The Children's Commissioner is informed of all substantiated abuse in care cases.
- Children are given information about DCF and our decisions, and children in care are given information about the Charter of Rights, the Children's Commissioner and other people and organisations that can assist them if they disagree with a DCF decision.
- Information about how to make a complaint is provided to the child, parent, carer and other significant clients other, and is publicised.
- Action is taken to resolve complaints and disputes as soon as possible to ensure that they do not escalate. Complainants are contacted within 48 hours of making a complaint, and receive the outcomes, or details of the process to reach an outcome, within 21 days.
- Assessments include the impact of any previous services and analyse what further action might be needed to ensure the children are safe.
- All intake assessments are completed and allocated within 24 hours.
- Investigations cases are allocated and commence within their designated priority response time.
- A Child Protection Investigation Plan is completed and approved prior to commencing the investigation.
- Child protection investigations include:
 - face-to-face contact with the child who is the subject of the report;
 - interviewing the person believed responsible, the child's siblings and any other carers;
 - observing the child's environment and family interactions;
 - interviewing any individuals who may have witnessed the alleged abuse;
 - obtaining medical, health, developmental and/or psychological assessments and reports that may be relevant; and
 - consultation with relevant specialist staff.
- A safety assessment is made in every investigation during the initial interviews with the child and parents.
- A Family Risk Assessment is completed for each child protection investigation.
- All individuals involved in a child protection investigation (including the child) are provided with clear advice about the process, their rights and the decisions that have been made.
- An investigation outcome is recorded on CCIS within 28 days after the commencement of the investigation.
- Protective Assessments will be commenced within two days and completed within 10 days of the acceptance of a referral.
- Court orders for section 51 Youth Justice Act reports that are received as a protective assessment are referred to the appropriate office within 24 hours and the report prepared within the time line set by the court, unless the court has been advised this is not possible.

Standard 3

- All calls to Central Intake are answered and receive a professional and prompt response and are recorded on CCIS.
- All intakes correctly use the endorsed SDM screening and assessment tools to aid professional judgment and are approved by a team leader.
- All notifications are appropriately documented to record a history of concerns, rationale for decision, and the provision of feedback to a notifier.

Standard 4:

- Where families are referred for services, the referral, intended outcome and review is recorded on the case file.
- All family support cases have a completed Family Strengths and Needs Assessment and a current case plan.
- The case plan for family support cases is completed within 28 days of the case creation date, and is reviewed every three months.
- Temporary Placement Arrangements are used in accordance with the policy manual: are signed by at least one parent and attempts made for both parents to sign are recorded, are for less than two months in duration, and do not involve an extension beyond six months.
- Safety Assessments articulate the actions that will be taken to reduce or mitigate the presenting danger to a child.
- A new Safety Assessment is conducted when the child's circumstances change.
- All child protection cases where the risk assessments outcome is either high or very high have an In Home Case Plan developed within 28 days.
- An In Home Case Plan contains information on the child's holistic needs and the planned, responsive measures to address those needs within defined timeframes, including clear information on what the family is required to achieve for DCF to close the case.
- The risk level, Family Strengths and Needs Assessments and the In-home Case Plans are reviewed every three months.
- A case closure form is completed and case outcome recorded on CCIS when a case is closed.

Standard 5:

- Children in care have meaningful face to face contact with their allocated case manager (or in exceptional circumstances an appropriate third party) at least once every four weeks, and are aware of other means to contact DCF when required.
- Every child entering care will have a Complexity Assessment undertaken to identify the child's individual needs and issues that may impact on the child's placement.
- Care Plans are reviewed two months after a child enters care, and at least six monthly following that, or when any significant change or event occurs that impacts the child.

- Care Plans are reviewed immediately after the death of a parent or carer; change in placement arrangement or extension; or variation of a court order.
- Children in care are encouraged to develop positive attachments and nurturing relationships with individuals in their life and assisted to build healthy emotional and behavioural responses.
- All children in care have current orders and preparatory planning is conducted to review and renew court orders before their expiry.
- A baseline assessment is undertaken when a child enters care and services, further support or assessments are arranged as required in response to the assessment.
- Regular health services are provided to ensure a child's health is monitored and where health or dental treatment is required it is arranged and obtained in an expedient manner.
- Children and young people have opportunities and are supported to reach their educational potential, their education needs are regularly reviewed and additional or alternative educational services are arranged when required.
- Urgent action is taken and strategies are put in place when children are missing from school or their attendance or performance noticeably reduces.
- Each child's Care Plan details how appropriate, carefully assessed, and supported contact with family and friends will occur. Where family contact is not in the child's best interests, there is documentation on the child's file containing the reasons and the actions being taken to re-establish contact, and the timeframe for when this decision will be re-assessed.
- A child's family receives appropriate support programs and services as soon as possible once an assessment is made that reunification should occur.
- Strategies to assist the young person to acquire the skills and resources to safely and successfully transition from the CEO's care are documented in the child's care plan if they are aged 15 years or older.
- Where a child in care is expected to require the services of an adult guardian, applications are lodged 12 months prior to the young person turning 18 years of age.

Standard 6:

- Effective planning for new placements and placement changes is demonstrated and considers the needs of and risks to all proposed members of the household.
- Children are only placed in residential care settings in accordance with the needs identified in their Care Plan, for defined periods of time and have alternate placement options re-assessed on a regular basis.
- Fee for service placements are only used when an authorised delegate has approved both the placement and the financial cost of the placement.
- Staff provide an environment and safe systems of work that minimise workplace health and safety, security and emergency risks and there are strategies to minimise and address conflicts, and aggressive and abusive behaviour.
- People who express an interest in becoming a carer receive a response within 48 hours and carer assessments are completed within four months from the commencement of the assessment process.
- Individuals receive interim approval as carers for a maximum of 12 weeks, and only where there are no concerns about the safety of the child and a full assessment of the applicant's suitability is ongoing.
- Carers are registered prior to the commencement of caring for children and their registration is reviewed within the first 12 months and every two years after that.
- All mature persons within a carer household are assessed against the carer competencies; hold a current Ochre Card and a completed criminal history check.
- A physical home environment check is completed for each carer assessment and all placement locations/carers are regularly monitored and support is provided to ensure that they are suitable and that the standard of care required is being met.
- Successful carer applicants are provided with a written agreement stating the conditions of approval, the process and timeframe for review, key contact details and a copy of the Foster Care Handbook.
- Carers receive training to ensure they are aware of, and able to fulfil, their responsibilities and obligations.
- The Essential Information Record is provided to the carer at commencement of the placement or for emergency placements within three days.
- Carers sign a Placement Agreement upon the entry of every child in their care, receive information in relation to the child's care needs, and are visited within one week of a new placement.
- Carers are contacted at least once per month whilst children are in their care to assess and monitor their support needs and more frequent contact occurs when more intensive support requirements exist.
- A child protection report is made and a child protection investigation conducted for all alleged incidents of abuse in care.
- Carers are involved in developing and reviewing Care Plans for children in their care and will be given a copy of the completed care plan.

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2. UNC on the Rights of the Child Article 12; 14; CPC Act s9(2)(b); s11(b); Charter of rights for children and young people in care; OOHHC Standards for children and young people in care in the Northern Territory
3. CPC Act s11, s79; Charter of rights for children and young people in care
4. National Out of Home Care Standard 8 and 10; OOHHC Standards for children and young people in care in the Northern Territory; Charter of rights for children and young people in care
5. CPC Act s 301; Charter of rights for children and young people in care
6. CPC Act s9(2)(c), CPC Act s11(a)
7. CPC Act s9(1), Section 8.1 NTPS Code of Conduct
8. CPPPM, Chapter 16, pg 20.
9. CPC Act s12
10. CPC Act s9(2)(a) Section 21.3 NTPS Code of Conduct Employment Instruction 12.
11. CPPPM, Chapter 5, pgs 9-14
12. CPC Act 301 and 308; Information Act; Section 14.3 NTPS Code of Conduct
13. DCF Compliments Suggestions and Complaints Policy.
14. CPC Act s29(2);
15. CPPPM, Chapter 6, pg 8
16. CPC Act s51
17. CPC Act s8; CPPPM, Chapter 15, pg 5 – Principle 1.
18. CPPPM, Chapter 15, pg 5 – Principle 3.
19. National Out of Home Care Standard 5.
20. CPC Act s70, 71 and 74; National Out of Home Care Standard 4; CPPPM, Chapter 16, pg 13; OOHHC Standards for children and young people in care in the Northern Territory; Charter of rights for children and young people in care
21. CPPPM, Chapter 16, pg 53.
22. CPC Act s8(4)(a); s135(1)(b)
23. CPC Act s8(4)(b); CPPPM, Chapter 16, pg 41.
24. CPC Act s86;
25. CPC Act s86; CPC Act (Placement Arrangement) Regulations r17(2); CPPPM, Chapter 16, pg 53 and Chapter 18, pg 8.
26. United Nations Convention on the Rights of the Child Article 20; National Out of Home Care Standard 10; CPPPM, Chapter 16, pg 42; OOHHC Standards for children and young people in care in the NT
27. CPPPM, Chapter 18, pg 8; CPC (Placement Arrangement) regulations r13;
28. CPPPM, Chapter 15, pg 5 – Principle 4; OOHHC Standards for children and young people in care in the NT
29. CPPPM, Chapter 18, pg 13 and 35-36; and Chapter 19, pg 9.
30. OOHHC Standards for children and young people in care in the Northern Territory
31. CPC Act s80; OOHHC Standards for children and young people in care in the Northern Territory
32. CPC Act s8(4)(a); National Out of Home Care Standard 9; CPPPM, Chapter 16, pg 42.
33. CPPPM, Chapter 18, pg 8.
34. CPC Act s59, 60, 61, 62;
35. CPC Act s134
36. National Out of Home Care Standard 10
37. CPPPM, Chapter 18, pg 10.
38. CPC Act s 12(2); National Out of Home Care Standard 3
39. CPC Act s187.
40. CPPPM Chapter 4.9, pg 25.
41. CPC Act s29(1), CPPPM Chapter 7, pg 16.
42. CPC Act s29(1);
43. CPPPM, Chapter 7, page 32.
44. CPPPM, Chapter 11, pt1, pg 8,19,
45. CPPPM, Chapter 11, pt1, pg 17.
46. CPPPM, Chapter 11, pt1,pg 33.
47. CPPPM, Chapter 11, pt1, pg 33.
48. CPPPM, Chapter 11, pt1,pg 58.
49. CPPPM, Chapter 11, pt1,pg 65.
50. CPPPM, Chapter 11, pt1, pg 66.
51. CPPPM, Chapter 11, pt1, pg 63.
52. CPPPM, Chapter 10, pg 4.
53. CPPM, Chapter 9, pg 6.
54. CPPPM, Chapter 9, pg 8 and 9.
55. CPC Act s46;
56. CPPPM, Chapter 11, pt2, pg 12.
57. CPPPM, Chapter 11, pt2, pg 9.
58. CPPPM, Chapter 11, pt2, pg 14..
59. CPPPM, Chapter 16, pg 35.
60. CPPPM, Chapter 16, pg 12,
61. CPC Act s73;
62. CPC Act s74
63. Charter of rights for children and young people in care; CPPPM, Chapter 20, pg 2.
64. United Nations Convention on the Rights of the Child Article 28; National Out of Home Care Standard 7; OOHHC Standards for children and young people in care in the Northern Territory; Charter of rights for children and young people in care; CPPPM, Chapter 20, pg 16.
65. CPPPM, Chapter 16, pg 42.
66. CPPPM, Chapter 20, pg 20, 25.
67. National Standards for Out of Home Care Standard 13; CPPPM, Chapter 17, pg 8.
68. CPPPM, Chapter 16, pg 27.
69. CPPPM, Chapter 18, pg 8.
70. CPC (Placement Arrangement) Regulations r9; CPPPM, Chapter 18, pg 86 and 59.
71. CPC (Placement Arrangement) Regulations r6; CPPPM, Chapter 16, pg 26 and 83.
72. CPC Act s187(1); CPPPM, Chapter 19, pg 25. CPPPM, Chapter 18, pg 46, 51 and 53.
73. CPPPM, Chapter 18, pg 13 and Chapter 19, pg 22.
74. CPC (Placement Arrangement) regulations; National Standards for Out of Home Care Standard 12; CPPPM, Chapter 18, pg 65 and 68.
75. CPC Act s80.
76. CPPPM, Chapter 18, pg 81. Chapter 16, pg 41.
77. CPPPM, Chapter 20, pg 57.
78. CPC Act s73-74



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