Decision making for Carers - Guideline

Guideline

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| **Document title** | Decision making for Carers - Guideline  | Version | 2.0 |
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| **Approved by** | Chief Executive Officer |
| **Date approved** | 11/09/2021 |
| **Document review** | 24 months from date of approval |
| **TRM number** | 61:F2020/6795 |

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| Version | Published | Author | Changes made |
| 1.0 | 3/12/2019 | Niki Patmios | Guidance for Carers regarding decisions they can make and decisions made by the Department. |
| 1.1 | 10/12/2020 | Niki Patmios | Updates to align consent and approval information with corresponding content in the current Corporate Services Handbook and Financial Delegations. |
| 2.0 | 15/09/2021 | Operational Policy | Carers can provide consent for immunisations and vaccinations. |

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| Acronyms | Full form |
| CEO | Chief Executive Officer of Territory Families Housing and Communities |
| Department | Department of Territory Families, Housing and Communities |
| Practitioner | Child Protection Practitioner or Case Manager |
| the Act | Care and Protection of Children Act 2007 |

# A guide to when you have the authority to make decisions

The Department partners with Carers to create stable, safe and secure environments that are supportive and enriching for all children in the care of the CEO. The children you are providing care for will be routinely participating in activities, interacting socially with other children and engaging with their family, community, culture and language. As the person providing day to day care for a child in the care of the CEO you are able to make decisions about the child’s participation in a range routine activities and services.

It is important that you are provided with a copy of the child’s My Care Plan so that you will have a clear understanding of the child’s regular activities, contact arrangements with family and friends, cultural needs and considerations, and medical and dental needs.

It is also important to refer to the checklist below and familiarise yourself with the responsibilities related to decisions that you can make, and the occasions when the decision must be made by the Department.

The Department makes the decision in circumstances that relate to high risk activities, family and cultural considerations or when there are potential long-term consequences of the decision.

## Decisions requiring financial approval

Please be aware that any activity or service requiring financial contribution from the Department should be discussed with the child’s Practitioner prior to the child participating. All financial contributions from the Department must be pre-approved by the Financial Delegate which may take some time depending on the circumstances.

## Urgent decisions

If a decision needs to be made by the Department, you should contact the Practitioner, or their Team Leader if the Practitioner is not available.

If you are unable to contact the Practitioner or their Team Leader, or if it is outside normal business hours (including holidays and weekends), you should contact the Central Intake Team on 1800 700 250.

## **Sharing information with the Department**

**In order to keep the child’s My Care Plan relevant and up to date, it is important that you keep the Practitioner informed about the activities and services in which the child is involved. You are also encouraged to keep your own records for future reference.**

# Decision making guide

The following table outlines the types of decisions that you can make, and the types of decisions that need to be made by the Practitioner.

**This list is not exhaustive**. **Do not hesitate to seek guidance from the child’s Practitioner if you are unsure about making a decision in any particular circumstance.**

| **Decision Making*When you make a decision, you must inform the Practitioner by email or phone about the activity or service as soon as possible so that it can be included in the child’s file.***  | **You** | **Practitioner** |
| --- | --- | --- |
| **Dental Care** |  |  |
| Routine dental check-ups  | **Checkmark** |  |
| Routine dental treatment which may include local anaesthetic (e.g. fillings)  | **Checkmark** |  |
| Tooth extraction, caps and crowns |  | **Checkmark** |
| Diagnostic procedures required for orthodontic assessment  | **Checkmark** |  |
| Orthodontic treatment (e.g. braces) |  | **Checkmark** |
| Dental treatment when a general anaesthetic is required |  | **Checkmark** |
| **Medical Care** |  |  |
| Administration of routine over the counter medicines following the dosage directions (e.g. cough syrup, paracetamol) | **Checkmark** |  |
| Administration of routine prescribed medications as directed by the medical practitioner (e.g. antibiotics) | **Checkmark** |  |
| Hearing and eye tests | **Checkmark** |  |
| Medical treatment for a common illness (e.g. cold, diarrhoea, vomiting, stomach ache) | **Checkmark** |  |
| Medical treatment for minor injuries when a general anaesthetic is not required (e.g. a sprain or a cut requiring stitches)  | **Checkmark** |  |
| Regular medical check-ups or treatment for established medical conditions (e.g. asthma, diabetes, heart condition)  | **Checkmark** |  |
| Sexual health education | **Checkmark** |  |
| Standard childhood immunisations and vaccinations against infectious diseases including COVID-19 | **Checkmark** |  |
| Permission for carer to administer prescription medications that have serious side effects (e.g. psychotropic medication – stimulants such as Ritalin for ADHD, or any form of antidepressant)  |  | **Checkmark** |
| Contraception prescriptions or prophylactics |  | **Checkmark** |
| Surgical procedures that require general anaesthesia (given the possible risk of side effects and complications of general anaesthesia, decision is made by the Practitioner) |  | **Checkmark** |
| **Decision Making*When you make a decision, you must inform the Practitioner by email or phone about the activity or service as soon as possible so that it can be included in the child’s file.*** | **You** | **Practitioner** |
| **Personal appearance** |  |  |
| Haircuts as detailed in the child’s My Care Plan (cultural practices must be recognised) | **Checkmark** |  |
| Piercing ears and other piercing (e.g. lip, nose, tongue, belly button) |  | **Checkmark** |
| **Tattooing – not permitted**Health guidelines advise that a person under 18 should not be tattooed | **X** | **X** |
| **Family Contact** |  |  |
| Family contact as per child’s My Care Plan (e.g. contact with parents, siblings, extended family or significant others) | **Checkmark** |  |
| **Child Care and Schooling** |  |  |
| Child Care provided by a Registered Child Care provider (The Department will assist you to apply for the Child Care Subsidy and Additional Child Care Subsidy. Application to receive the Commonwealth subsidies. Application for the subsidies is required before regular child care will be approved.)  |  | **Checkmark** |
| Day excursions and activities that are low risk (e.g. visiting a museum or wildlife park, bowling, school swim events, participating in science shows, indoor rock climbing) | **Checkmark** |  |
| Participation in curriculum related activities (e.g. drama, after school sports, music, choir) | **Checkmark** |  |
| Participation in school awards and ceremonies (advise the school that the child must not be identified as being in care) | **Checkmark** |  |
| School photos or newsletters (advise the school that the child must not be identified as being in care) | **Checkmark** |  |
| Participating in school camps or excursions within the Northern Territory – day trips or involving up to 4 nights away(unless a financial contribution from the Department is required) | **Checkmark** |  |
| School camps or excursions within the Northern Territory involving more than 4 nights away |  | **Checkmark** |
| School camps or trips that involve interstate or overseas travel or where a financial contribution from the Department is requested |  | **Checkmark** |

| **Decision Making*When you make a decision, you must inform the Practitioner by email or phone about the activity or service as soon as possible so that it can be included in the child’s file.***  | **You** | **Practitioner** |
| --- | --- | --- |
| School enrolment — including selecting the school, type of school, or approving a change of school |  | **Checkmark** |
| Attend a private school |  | **Checkmark** |
| Leave school |  | **Checkmark** |
| Vocational Education and Training as detailed in the child’s *My Care Plan* | **Checkmark** |  |
| **Employment** |  |  |
| Part-time employment (child must be an appropriate age for the work concerned and it must not interfere with schooling) | **Checkmark** |  |
| **Recreation** |  |  |
| Low Risk Social activities (e.g. attend a party at a friend’s house if there is appropriate adult supervision, or join a social club) | **Checkmark** |  |
| Allowing the child to go on an outing with a friend and their family | **Checkmark** |  |
| Cultural activities as detailed in the child’s My Care Plan  | **Checkmark** |  |
| Visiting friends after school or on the weekend | **Checkmark** |  |
| Outings and travel within the Northern Territory, with you and your family, for up to four nights(e.g. camping)Inform the Practitioner of your plans before you travel by phone or email if it includes an overnight stay of any length | **Checkmark** |  |
| Outings and travel within the Northern Territory, with you and your family, for more than four nights |  | **Checkmark** |
| Overnight stay at a friend’s house (up to two nights in a row) | **Checkmark** |  |
| Overnight stay at a friend’s house (more than two nights in a row or on a regular basis) |  | **Checkmark** |
| Child participating in high risk activities (e.g. sky diving, quad bike or motor bike riding, paragliding, rock climbing) |  | **Checkmark** |
| **Sport** |  |  |
| After school sports (e.g. football, basketball, soccer, swimming) | **Checkmark** |  |
| Registering the child with a sports club, participation in team sports  | **Checkmark** |  |
| **Decision Making*When you make a decision, you must inform the Practitioner by email or phone about the activity or service as soon as possible so that it can be included in the child’s file..***  | **You** | **Practitioner** |
| **Legal**  |  |  |
| Passport application |  | **Checkmark** |
| Learners permit / Driver Licence | **Checkmark** |  |
| **Travel** |  |  |
| Trips with the Carer by car anywhere within the Northern Territory (up to four nights) Provide travel details to the Practitioner before the travel commences EXCLUDES AIR TRAVEL | **Checkmark** |  |
| Trips with the Carer by car anywhere within the Northern Territory of more than four nights |  | **Checkmark** |
| Air travel of any kind |  | **Checkmark** |
| Interstate trips |  | **Checkmark** |
| Overseas trips |  | **Checkmark** |