Chapter 4.  Case planning

Purpose

A case plan must be developed and regularly reviewed for each child in need of protection (Child Protection Act 1999, section 51A). Case planning is a participative process that involves a cycle of assessment, planning, implementation and review. Case plans provide the structure for ongoing intervention and guide what needs to occur to address the child’s protection and care needs. Case planning must also include provisions that address the child’s developmental needs and assist them to gain the skills and sense of well-being that will allow them to realise their potential and positively participate in the wider community.

The case plan is a written document which provides a clear statement about why the child is in need of protection, provides key information about the child and records the roles and responsibilities of all participants in addressing the child’s protection and care needs during ongoing intervention. The case plan identifies the overall goal for the child, the outcomes that need to be achieved to reach the goal and the actions to be undertaken, timeframes and the people or services responsible for undertaking them. All activities, discussions and contact with the child and family will be guided by the case plan while it is in effect.

Key steps

1. Assess and prepare to develop a case plan
2. Plan for a family group meeting
3. Develop the case plan
4. Implement the case plan
5. Review and revise the case plan

What ifs - responding to specific case planning matters

Standards

1. All children and families are treated professionally and with respect.
2. All children and families are given the opportunity to fully participate in decision-making.
3. The recognised entity is consulted when making decisions about Aboriginal and Torres Strait Islander children.
4. Relevant structured decision-making assessments are completed as part of the development and review of a case plan.
5. The family group meeting is held within 30 days of the decision that a child is in need of protection, or within the timeframe set by the Court on an adjournment.
6. The case plan provisions adequately meet the child’s protection and care needs and are specific, measurable, attainable, results-oriented, relevant and time-limited.
7. A cultural support plan is developed for all children from a culturally and linguistically diverse background.
8. Children and parents are visited in accordance with departmental contact requirements.
9. Case plans are reviewed at a minimum every six months.
10. Where a child has a long-term guardian, the child is contacted every twelve months to determine whether to review the case plan.
11. The support needs of a child subject to a long-term guardianship order to a suitable person, and their long-term guardian, are responded to in a timely manner.

Practice skills (Key areas for reflection)

- Did I engage well with the child and family?
- Did I enable the child to have a real opportunity to participate in the family group meeting and express their views?
- Did I engage the recognised entity for an Aboriginal or Torres Strait Islander child, and record their views as part of the case planning and review process?
- Have I ensured that the case plan is written in a way that can be understood by the child and family?
- Did I give the child and parents an opportunity to actively participate in decision-making?
- Have I engaged appropriate service providers to work with the family?
- Have I engaged in face-to-face contact with children and parents that is meaningful, purposeful and goal-directed?
- Have I actively engaged with the child, family and service providers to progress the case plan goal, outcomes and actions?

Authority

- Adoption Act 2009
- Policy No. 609: Aboriginal and Torres Strait Islander Child Placement Principle
- Policy No. 263: Case planning
- Policy No. 608: Child related costs - Long-term guardian support
- Procedure No. 608: Child related costs - Long-term guardian support
- Policy No. 296: High Support Needs Allowance
- Procedure No. 296: High Support Needs Allowance
- Policy No. 607: Supporting children in the care of long-term guardians
- Policy No. 610: Working with Aboriginal and Torres Strait Islander children, families and communities
Key steps - Case planning

1. Assess and prepare to develop a case plan
   1.1 Gather information about the child and family
   1.2 Assess the child's strengths and needs
   1.3 Assess the parental strengths and needs
   1.4 Determine the intervention required to keep the child safe
   1.5 Explore service options

2. Plan for a family group meeting
   2.1 Determine the requirement for a family group meeting
   2.2 Provide information to the convenor
   2.3 Prepare for a family group meeting

3. Develop the case plan
   3.1 Convene a family group meeting
   3.2 Develop key items in the case plan
   3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person
   3.4 Record, endorse and distribute the case plan

4. Implement the case plan
   4.1 Actively implement the case plan
   4.2 Implement departmental contact requirements
   4.3 Visit the child, parent and carer during ongoing intervention
   4.4 Regularly assess the progress of the case plan

5. Review and revise the case plan
   5.1 Complete the review and revision process
   5.2 Re-assess the level of family risk for ‘in home’ cases
   5.3 Assess whether reunification can occur
   5.4 Undertake permanency planning
   5.5 Refer the case to a practice panel
   5.6 Complete the review report
   5.7 Re-assess the child’s strengths and needs
   5.8 Re-assess the parental strengths and needs
   5.9 Develop and endorse the revised case plan
   5.10 Long-term guardianship to a suitable person - case plan review
What ifs - responding to specific case planning matters

1. What if an initial case plan is developed without a family group meeting?
2. What if parents are unwilling to engage in case planning?
3. What if people are excluded from attending and participating in a family group meeting?
4. What if the case plan cannot be endorsed?
5. What if an application for a child protection order is filed with the Childrens Court without a case plan?
6. What if a reunification assessment is required when parents live in another jurisdiction?
7. What if there is a change in the individuals residing in the family home?
8. What if there are criminal matters to consider during reunification?
1. Assess and prepare to develop a case plan

A case plan must be developed to address the protection and care needs of any child who has been assessed as being in need of protection. The case plan will provide a clear statement about why the child is in need of protection and the roles and responsibilities of all participants in addressing the child’s protection and care needs. The case plan provides the structure for the ongoing intervention that will occur with the child and their family.

The assessment stage of case planning allows the department to gather additional information to inform the case planning process (Child Protection Act 1999, section 51A-YB), assess the child and parental strengths and needs, ensure that the ongoing intervention that is occurring is appropriate to meet the child’s safety needs and prepare for the family group meeting, which is to be held within 30 days of the decision that a child is in need of protection, or within the timeframe set by the court on an adjournment.

In order to meet the required timeframe, as soon as a child is assessed as being in need of protection, make a referral to a family group meeting convenor using the FGM referral form and attach all relevant information, as outlined in 2.2 Provide information to the convenor.

The Child Protection Act 1999, section 51G(b), requires an inclusive process with the child and parent when planning and making decisions about the child’s well-being and protection. For further information refer to The case planning process and Critical steps in case planning and the practice resource Case planning - an overview. In circumstances where it is not possible for a parent to actively participate in decision-making, involve them to the greatest extent possible and ensure they are provided with relevant information.

For information in relation to the assessment of risk, refer to the Practice guide: The assessment of harm and risk of harm.

1.1 Gather information about the child and family

The quality of an initial case plan will depend on the level of engagement with the child and their family and the use of professional judgement to analyse the information gathered.

The assessment stage consists of gathering and assessing information about the family’s functioning to inform the development of the case plan and provide a clear focus for intervention by the department. It is a broader assessment than one based solely on risk to the child, and requires more in-depth knowledge of the family’s situation, strengths and needs. The process of gathering information will:

- provide an opportunity to build rapport with the child, family and all parties involved with the child and family and engage them in the case planning process
- strengthen an understanding of the child and family context
- identify the significant people and support networks for the child and family
- be participative and involve positive engagement with the child and family
- be child-focused, evidence-based and strengths-led
- be sensitive to the cultural context and issues for the child and family
• be comprehensive, holistic and include information from a wide range of sources
• be undertaken in a timely manner.

In addition to the information already known by the department about the child and family, gather further relevant information from:

• the child, where age and developmentally appropriate - refer to Listening, hearing and acting literature review for information about engaging and involving children and young people
• the parents
• extended family members, who may make a useful contribution to the case plan
• the carers
• the recognised entity for an Aboriginal or Torres Strait Islander child
• any other significant people, including current service providers and specialists, for example, medical practitioners, disability services, the QPS and Evolve staff
• relevant community and cultural members.

This information is used to:

• assess the child strengths and needs
• assess the parental strengths and needs
• inform the development of the case plan goal, outcomes and actions, in order to adequately meet the child’s protection and care needs.

A thorough assessment will result in enhanced opportunities for the child and their family to participate in the case planning process. For further information, refer to the Strengths and needs interviewing questions.

Where one or both parents have an intellectual disability, refer to the practice resource Supporting parents who have an intellectual disability.

For further information in relation to working with Aboriginal and Torres Strait Islander families, refer to the practice paper Working with Aboriginal and Torres Strait Islander people and the practice resources Working with the recognised entity and Developing a cultural support plan for an Aboriginal or Torres Strait Islander child.

When the child or family is from a culturally and linguistically diverse background or has a disability that would require an interpreter to facilitate communication, arrange for interpreter services to assist with interviews and communication with a child and family. If a family needs help communicating with the department, refer to Interpreter services.

Where substance misuse is an identified risk factor in the family and it is considered that substance testing of parents will be a necessary and important part of the case plan for the child, refer to Chapter 10.7 Undertake the substance testing of parents.

**Conduct criminal and domestic violence history checks on parents**

A request for a criminal and domestic violence history check on the child’s parents, including a parent’s partner, and other adult household members can be made (Child Protection Act 1999,
section 95(3)) and authorised by the CSSC manager or a team leader at any time a decision is being made about a child under the Child Protection Act 1999, for example, when assessing the child’s safety in the family home during contact, or when considering a child’s reunification with the family.

When a parent or adult household member’s criminal and domestic violence history is required:
- seek the CSSC manager or a team leader’s approval to request a history check to inform the case planning or review process
- complete the QPS - Non-urgent criminal and domestic violence history check request spreadsheet
- forward the spreadsheet via email to the CSU group email address - CSU.Section95@communities.qld.gov.au - the subject line in the email should include ‘Section 95 request for history’
- inform the child’s parents or the household member that the criminal history check is being conducted.

For further information on non-urgent requests refer to Chapter 2, 2.7 Gather information from other sources.

1.2 Assess the child’s strengths and needs

An assessment of the child’s strengths and needs will provide a snapshot of a child’s functioning at a specific point in time, and will assist in identifying those needs that must be addressed in order to improve the child’s emotional, physical and psychological well-being. The child’s identified strengths will be incorporated where appropriate, to assist in the process of developing the case plan.

An assessment of the child’s strengths and needs must be completed:
- following the decision that a child is in need of protection, and prior to the initial family group meeting to develop a case plan for the child
- to inform the revised case plan for a child, when ongoing intervention will continue.

The child strengths and needs assessment is designed to improve consistency by ensuring that the child’s functioning is considered within the same domains, using the same criteria.

The case planning process must also include provisions that address the child’s developmental needs and assist them to gain the skills and sense of well-being that will allow them to realise their potential and positively participate in the wider community.

For an Aboriginal or Torres Strait Islander child, ensure the recognised entity is consulted in the completion of the child strengths and needs assessment. Record the information provided and the views of the recognised entity in the ‘Recognised entity participation’ form in ICMS.

For additional assistance in determining the child’s strengths and needs, refer to Physical and Cognitive Developmental Milestones.
Complete the child strengths and needs assessment

To complete the child strengths and needs assessment:

- complete one child strengths and needs assessment for each child in need of protection
- complete the first nine domains for every child, and domains 10-12 as required
- engage an interpreter where the child experiences communication barriers
- meet with the child, if age and developmentally appropriate, and the parents to:
  - explain the purpose of the assessment in child friendly language and explore the areas of the child’s life with them, to assist in completing the assessment - the Child strength and needs notes form may assist in this process
  - respond to any questions or expressed concerns the child may have
- assess whether each domain is an area of strength or need for the child, using:
  - the information gathered from the range of sources outlined in 1.1 Gather information about the child and family, including any specialist assessments
  - any child protection history for the child, including the consideration of cumulative harm to the child
  - the SDM definitions - refer to SDM: Child strengths and needs assessment
  - professional judgement
  - determine whether further information is required to assess if a particular domain is a strength or need for a child - refer to Finalise the strengths and needs assessment where there is uncertainty in selecting the correct level
- record the child strengths and needs assessment in ICMS by selecting the level of strength or need within each domain that accurately reflects the information gathered and the definitions
- provide a rationale/evidence for selecting the strength or need
- submit the completed assessment to the team leader for approval in ICMS
- provide the approved assessment to the family group meeting convenor to inform the development of a case plan.

For further information refer to:

- the practice resource Structured decision making - an overview
- the Queensland Health, Child Safety Unit fact sheet 10.1 Attachment
- the Queensland Health, Child Safety Unit fact sheet 10.2 Infant and Toddler Mental Health Emotional Risk Indicators.

Long-term guardianship order to a suitable person

When a child is subject to a child protection order granting long-term guardianship to a suitable person (Child Protection Act 1999, section 61(f)(i) and 61(f)(ii)), the child strengths and needs assessment is not completed.

An exception is when a decision is made to vary the long-term guardianship order from a suitable person to the chief executive. In these circumstances undertake a case plan review as outlined in 5. Review and revise the case plan. Complete the child strengths and needs assessment.
assessment, as outlined in 5.7 Re-assess the child’s strengths and needs. The family reunification and parental strengths and needs assessment is not completed.

1.3 Asses the parental strengths and needs

An assessment of parental strengths and needs will provide a snapshot of parental functioning at a specific point in time, to assist the case planning process.

The completed parental strengths and needs assessment enables the parents and family group meeting participants, or relevant people, to develop strategies to address the needs of the parents, which may include building on the parents abilities and strengths as a resource, to meet the child’s protection and care needs. This includes prioritising the three key needs to be addressed in the case plan.

An assessment of the parental strengths and needs must be completed:

- following the decision that a child is in need of protection and prior to the initial family group meeting to develop a case plan for the child
- to inform the revised case plan for a child, when ongoing intervention will continue.

The parental strengths and needs assessment is not completed when the child is subject to a custody or guardianship order and the case plan goal is not reunification.

The parental strengths and needs assessment is designed to improve consistency in the assessment of strengths and needs, by ensuring that parental functioning is considered within the same domains, using the same criteria.

For an Aboriginal or Torres Strait Islander child, ensure the recognised entity is consulted in the completion of the parental strengths and needs assessment. Record the information provided and the views of the recognised entity in the 'Recognised entity participation' form in ICMS.

Choose a primary parent

The parental strengths and needs assessment allows for an assessment specific to each parent in the household. Prior to commencing the assessment, determine who the 'primary parent' is, by selecting the first of the following options that relates to the family situation:

- the parent living in the household where the allegations occurred, who assumes most of the child care responsibility
- the adult who is the legal guardian of the child, where child care responsibility is shared equally between two parents
- the person responsible or alleged to be responsible for the harm, when both parents are legal guardians
- the parent demonstrating the most severe behaviour, when both parents are alleged to be responsible for the harm.

Choose a secondary parent

Where applicable, the secondary parent is an adult living in the household who has routine responsibility for child care, but less responsibility than the primary parent. A partner may be a secondary parent even though they have minimal responsibility for care of the child.
Complete the parental strengths and needs assessment

To complete the parental strengths and needs assessment:

- complete one parental strengths and needs assessment only for the household - the same household for which the family risk assessment was completed
- meet with the parent to explain the purpose of the assessment, provide information about the domains and seek their perspective about each area - the Parental strength and needs notes form may assist in this process
- assess the parents functioning within each of the nine domains, and how it may positively or negatively impact on the risk to the child in the home using:
  - the information gathered from the range of sources outlined in 1.1 Gather information about the child and family
  - any child protection history for the child and family
  - the SDM definitions - refer to SDM: Parental strengths and needs assessment
  - professional judgement
- determine whether further information is required to assess if a particular domain is a strength or need for a parent
- in consultation with the family, identify three priority parental needs in total, between the two parents, that will be addressed in the case plan (see below)
- record the parental strengths and needs assessment in ICMS and:
  - select the level of strength or need within each domain for each parent, in section 1 - refer to Finalise the strengths and needs assessment where there is uncertainty in selecting the correct level
  - select the three agreed priority parental needs in section 2
  - provide a rationale/evidence for selecting the strength or need
  - submit the completed assessment to the team leader for approval in ICMS
  - provide the approved assessment to the family group meeting convenor to inform the development of a case plan.

Where the substance testing of parents is considered a necessary and important part of the case plan for the child, refer to Chapter 10.7 Undertake the substance testing of parents.

Select the three priority parental needs

Each case plan will focus on three priority parental needs only between the primary and secondary parent. These needs are to be prioritised in consultation with the family, and will be focussed on in the development of the case plan.

If more than three parental needs are identified between both parents or there are a number of needs with the same score, prioritise the needs by talking to the parents, using your professional judgement and considering:

- which needs score the highest
- which needs cause the most harm or risk to the child
- which needs are most likely to prevent reunification (where the child is placed in out-of-home care).
Sometimes a lower scoring need may be prioritised because the parents are highly motivated to address the issue, and it will have a positive impact for the child.

As part of completing the assessment:
- ensure the parents are aware of all of the needs identified and the rationale for the decision, particularly where the parent disagrees with the assessment by the department
- advise the parent that while up to three priority needs will be addressed in each case plan, their other identified needs may need to be addressed in subsequent case plans.

For further information refer to the practice resource **Structured decision making - an overview**.

### 1.4 Determine the intervention required to keep the child safe

Following the completion of the relevant case planning assessment activities, and prior to the development of the case plan:
- ensure that the ongoing intervention is appropriate for the child’s circumstances
- determine the non-negotiable provisions that must be included in the case plan to meet the child’s safety and protection and care needs
- meet with the family to ensure that they are aware of the department’s position and clearly understand the reasons for the decisions.

These decisions may be referred to as the ‘bottom line’ for case planning, and are to be made in consultation with the team leader, taking into consideration:
- the extent of the child’s protection and care needs
- the child’s strengths, needs, resources and abilities
- the parents strengths, needs and capacity to meet the child’s needs
- the views of the recognised entity, for an Aboriginal or Torres Strait Islander child.

Where non-negotiable provisions are required, for example, family contact can only occur if it is supervised, inform the family of the provisions and clearly explain the reasons for the decision.

For an Aboriginal or Torres Strait Islander child, ensure the recognised entity is given an opportunity to participate in the decision-making about the intervention being considered to ensure that the strategies are culturally appropriate. Record the views of the recognised entity in the ‘Recognised entity participation’ form in ICMS.

### 1.5 Explore service options

The provision of appropriate services to children and families by other government agencies or funded community sector services is often critical to achieving the case plan goal and outcomes. Prior to a family group meeting or case plan review, in consultation with the family, it is important to:
- consider what services the family identify that they may have worked with, or would be willing to work with
- identify possible service options and service providers who can provide services, support and assistance to meet the identified needs of the child and the parents
consult with the recognised entity for an Aboriginal or Torres Strait Islander child, including consideration of a referral to the Aboriginal or Torres Strait Islander Family Support Service, when the family meet the referral criteria, refer to Chapter 10.16 Referral to an Aboriginal and Torres Strait Islander family support service

consider a referral to a Therapeutic Residential Service, or to Evolve, refer to Chapter 5, 2.8 Refer the child to Evolve, if required

consider the continuation of existing service provision, where appropriate and agreed to by the child and family

consider Child Protection Income Management where financial mismanagement or neglect are presenting issues for a family (Rockhampton and Logan trial sites only) – refer to Child protection income management - Department of Communities Intranet.

When there are no services available to meet the identified needs of the child or parents within the case plan period, consult with the team leader to develop alternative options for addressing the identified needs.

**Liaising with service providers**

When an agency has been identified as a potential service provider:

- discuss the service option with the child and family and assess their willingness to work with the service
- contact the agency and:
  - ensure the service provided fits with the identified needs of the child or family
  - ensure the child or family are eligible for the service
  - determine the availability of the service to meet case plan requirements
  - determine the referral procedure for the agency
  - discuss the expectations for interaction, feedback and review of progress, by both the agency and the department
  - ascertain the cost of the service and any other resources that will be required to complete the work.

As part of this process, keep the child and family involved and informed about the service options. Decisions about suitable service options are to be made in consultation with the team leader and the information is to be provided to the convenor of the family group meeting in a timely manner. This process must not pre-empt the family decision-making process at the family group meeting.

Any service providers involved in preparations to develop the case plan, that might provide services to the child and family, should be given the opportunity to attend the family group meeting, where appropriate and where the family agrees to their involvement.

**Resource approval**

Seek approval from the financial delegate for any anticipated expenditure involved in the implementation of the case plan prior to the family group meeting.

**Negotiate an immediate referral to a service**
In situations where the child and family have agreed to a particular intervention, there are limited places at the agency and an immediate referral is required to secure the services for the child or family, consider obtaining approval for any financial resources required and making an immediate referral.

2. Plan for a family group meeting

2.1 Determine the requirement for a family group meeting

A family group meeting is to be an inclusive and participative process for the child, family, the department and service providers, to develop a case plan that is child-centred, family-focussed, strengths-based and based on shared responsibility. It brings together family, extended family, services and support people in a forum that allows families to participate in planning for the protection of their children.

Under the *Child Protection Act 1999*, section 51H, the department **must** convene a family group meeting, or have a private convenor convene a family group meeting, to develop the initial case plan for a child. This is to occur in an inclusive and participative process with the child, the child’s family and other significant people.

The *Child Protection Act 1999*, section 51S, also outlines the requirements for developing a case plan in circumstances where either:

- the case plan is not developed at the case planning meeting
- it has not been possible for the department to convene a family group meeting or have a private convenor convene a family group meeting - refer to 1. What if an initial case plan is developed without a family group meeting?

The purpose of a family group meeting (*Child Protection Act 1999*, section 51G) is to:

- provide family-focussed responses for a child’s protection and care needs
- ensure an inclusive process for planning and making decisions relating to a child’s well-being and protection and care needs.

A family group meeting may be initiated by the department (*Child Protection Act 1999*, section 51H(1)) or directed by the Childrens Court (*Child Protection Act 1999*, section 68(1)(d)(i)).

A family group meeting **may** also be convened, but **is not required**, to:

- review the existing case plan and prepare a revised case plan - refer to 5. Review and revise the case plan
- consider, make recommendations about, or deal with another matter relating to the child's well-being and protection and care needs.

The family group meeting is to be held **within 30 days** of the decision that a child is in need of protection, or within the timeframe set by the court on an adjournment.

For further information about family group meetings refer to the Family group meeting convenor handbook (FGM Handbook). The FGM handbook provides convenors with a practical guide to:

- the values and principles of the family group meeting model
• the procedures for preparing and facilitating a family group meeting
• the resources available to assist with the preparation and facilitation of a family group meeting
• culturally appropriate practice skills and considerations to enhance the engagement of families who are Aboriginal and Torres Strait Islander or from a culturally and linguistically diverse background in the family group meeting process.

2.2 Provide information to the convenor

Complete a referral form to a convenor for a family group meeting

Every family group meeting will be convened by a person specifically delegated for this task under the Statutory delegations. This person is referred to as a family group meeting convenor (convenor), and includes:
• a person appointed as the family group meeting convenor
• a CSO, team leader or senior practitioner with the delegation to convene a family group meeting
• an external person contracted by the department to convene the family group meeting.

The role of the convenor is to:
• prepare all relevant people to participate in the meeting
• facilitate the family group meeting
• ensure the case plan is recorded on the approved form
• distribute the endorsed case plan to the relevant people.

When the convenor is an external person, a departmental officer will record the case plan on the approved form.

To initiate a family group meeting, complete the FGM referral form and provide it to the convenor. The referral must include the following:
• the name of the person making the referral
• the child’s name, date of birth and address
• the child’s cultural identity, including whether the child is Aboriginal or Torres Strait Islander
• details of the child’s views and wishes regarding their care needs and the case plan being developed at the family group meeting (if they have been obtained)
• details of how the child is going to participate in the family group meeting
• the parents names and contact details
• the details of the person currently caring for the child
• information about the current situation, including:
  • a summary of the background, reasons for departmental involvement and the child’s protection and care needs
  • the ‘bottom line’ for case planning, refer to 1.4 Determine the intervention required to keep the child safe
• details of service providers currently working with the child or family
• details of the parent or child’s direct legal representative or child’s separate representative
• whether separate family group meetings are required
• details of any other significant family members or other persons.

Provide additional information to the convenor
As soon as possible following the completion of the referral, provide the convenor with copies of the following:
• all relevant information from the ‘approved’ investigation and assessment, including the safety assessment and family risk evaluation
• the child’s strengths and needs assessment
• the parental strengths and needs assessment (if the case plan goal is reunification, or if the child remains safely at home)
• any other relevant information that has become available since the referral, including details of any additional significant family members or other persons that have been identified.

Meet with the convenor prior to the family group meeting
In preparation for the family group meeting, the CSO will meet with the convenor to discuss in more detail:
• the reasons for departmental involvement, the ‘bottom line’ for case planning and the critical areas of need
• the view of the CSO and team leader in relation to the child and family strengths and how these may be incorporated in the case plan
• information about the child’s ability to participate in the family group meeting and any barriers to this participation that could be overcome
• the likely venue, duration and format of the meeting
• any significant issues that may impact on the family’s participation, for example, a history of violence, cultural or language issues or a disability
• the role of the recognised entity, if applicable
• what may be required to ensure a successful meeting for a child or family from a culturally or linguistically diverse background
• any people whose participation in the meeting would not be in a child’s best interests, or would be contrary to the purposes of the family group meeting
• if a young person is eligible for transition from care planning, details of the planning that has been commenced and the likely actions and outcomes that could be included in the young person’s case plan to meet their current and future needs.

2.3 Prepare for a family group meeting
Thorough preparation of those attending the family group meeting is essential to allow the participants to understand the concerns, the identified strengths and needs of the child and parents and participate to the greatest extent possible to achieve an agreed case plan at the
meeting. It allows participants time to discuss and consider options for planning, prior to the meeting.

**Decide who will attend a family group meeting**

It is the responsibility of the convenor to decide who will attend the family group meeting. In every case this determination is based on whether the participation or attendance of a person is in the child's best interests and whether the person is likely to make a useful contribution to the development of the case plan.

The child, where developmentally appropriate, and all people who are significant to the child must be given a reasonable opportunity to attend and participate in the family group meeting. The case plan should reflect and combine the knowledge, strengths, resources and supports of the child’s family and support network with the professional expertise and resources of departmental representatives and other service providers.

The following people must be given the opportunity to participate in the family group meeting:

- the child, where age and developmentally appropriate
- the child's parents
- extended family members, who are likely to make a useful contribution to the case plan *(Child Protection Act 1999, section 51L)*
- any legal representative for the child
- a member of the recognised entity for an Aboriginal or Torres Strait Islander child
- anyone else who the convenor considers likely to make a useful contribution to the development of the case plan at the meeting, for example a service provider
- any support person nominated by the child or parent
- a departmental representative if the convenor is a private convenor.

The convenor or nominated person will invite participants to the family group meeting, and may use the relevant FGM invitation letter (depending on whether the convenor or nominated person has been able to consult with the participant prior to sending the letter).

**Prepare for the meeting**

To prepare for the family group meeting, the convenor will:

- arrange a venue, date and time for the meeting
- consider all relevant information obtained during the review of ICMS, other case material and the meeting with the CSO and team leader, including the identified ‘bottom line’ for the case plan
- consult with the recognised entity for an Aboriginal or Torres Strait Islander child, to obtain cultural advice about the most appropriate way to engage the child and family in the family group meeting, culturally appropriate services that may be able to meet the child’s care and protection needs and if required, information about safe, compatible placement options that comply with the child placement principle
- ensure that the child is consulted with about how they wish to participate in the family group meeting process, what issues, needs and goals they would like addressed at the
meeting and whether they would like a support person to attend the family group meeting (if relevant)

- consult with the child’s parents about the goals, outcomes and actions they wish to have included in the case plan and whether they would like a support person to attend the family group meeting
- consult with all the family group meeting participants to prepare them for the meeting, and provide them with essential information, for example:
  - the purpose, function, principles and process for a family group meeting and case planning
  - the child’s protection and care needs and the reason for departmental involvement
  - the meeting details
  - the ‘bottom line’ for case planning
  - their obligation to maintain confidentiality
  - information about complaint and review processes
- decide whether a person or persons are to be excluded from the meeting, if required
- obtain and record the views of any person, who is unable to attend or is excluded from attending the meeting.
- organise an interpreter if required

For further information about speaking with the child, refer to the Family group meeting convenor handbook, the practice resource Participation of children and young people in decision making and the Children and young people’s participation strategy.

Consult with a parent who is unwilling to participate in the meeting

If a parent is unwilling to meet with the convenor, or is unwilling to attend the family group meeting, the convenor must make a reasonable effort to engage the parent through other avenues, such as the parent’s legal representative, a service provider or another family member.

The convenor will attempt to ascertain why the parent is unwilling to participate in the family group meeting and identify any strategies that could be put in place to secure their participation. A parent’s decision not to participate in a family group meeting will not prevent the meeting from being held and the case plan being developed.

3. Develop the case plan

3.1 Convene a family group meeting

The format of the family group meeting will be based on the following considerations:

- the wishes and views of the child and family about how they would like the meeting to be conducted
- the need for the discussions and process to be inclusive and participatory
- cultural advice from the recognised entity or members of the community to whom the child belongs, for an Aboriginal or Torres Strait Islander child
cultural advice from a relevant agency or members of the community to whom the child belongs, for a child from a culturally or linguistically diverse background

- safety concerns for the participants
- whether separate meetings are required
- the likely complexity of the issues.

Where a family group meeting is to be held for an Aboriginal or Torres Strait Islander child and an Aboriginal or Torres Strait Islander convenor is not available, wherever possible and appropriate, assign an Aboriginal or Torres Strait Islander staff member to assist the convenor to prepare for, and facilitate, the family group meeting.

Where a family group meeting is to be held for an Aboriginal or Torres Strait Islander child, also ensure that there is an acknowledgement of the traditional land owners at the opening of the family group meeting. For information about welcome to country protocols, refer to the Family group meeting convenor handbook.

**Separate family group meetings**

Where there are issues of domestic and family violence, or there is significant conflict between the parents, consider holding separate family group meetings to develop the case plan. In these circumstances ensure that the information recorded in the case plan does not jeopardise the safety of a child, parent or participant.

**Key stages of the family group meeting**

A family group meeting will be structured around addressing the child’s protection and care needs, will be facilitated by the convenor and is made of five key stages.

1. Beginning the meeting - welcome and introduction
2. Providing information to the participants
3. Reaching agreement
4. Compiling and confirming the case plan
5. Ending the family group meeting.

For further information about convening the family group meeting, refer to the Family group meeting convenor handbook.

**Evidence from family group meetings and case plans in criminal proceedings**

As part of the introduction, the convenor will advise participants that anything said or done at the family group meeting is inadmissible in a criminal proceeding before court (Child Protection Act 1999, section 51YA) unless either:

- all persons participating in the family group meeting consent
- there is a criminal proceeding for an offence committed during the family group meeting.

The convenor will advise participants that anything recorded in a case plan is inadmissible in a criminal proceeding, unless all persons mentioned in the case plan consent (Child Protection Act 1999, section 51YB).
The convenor will also advise participants that, in accordance with the *Child Protection Act 1999*, section 14(2) and (3), information in relation to any incidents of harm discussed at the meeting which may have involved the commission of a criminal offence relating to a child, must be provided to the QPS, with or without the consent of the participants. This applies whether or not the department suspects the child is in need of protection (*Child Protection Act 1999*, section 14 (2) and (3)).

A disclaimer that can be read at the beginning of the family group meeting that outlines the department’s obligation in relation to providing information to the QPS is located in the *Family group meeting convenor handbook*.

### 3.2 Develop key items in the case plan

At the family group meeting the convener will guide the discussion with the participants to formulate an agreed case plan which is comprehensive and addresses the child’s protection and care needs. The case plan outcomes and actions need to be specific, measurable, attainable, results-oriented and time-limited. For further information refer to *Developing the goal, outcomes and actions*.

The preferred strategy to assist participants at the family group meeting to develop key items to be included in the case plan is the use of private family time, where the family come together in a private space to discuss and reach agreement about what they would like included in the case plan. For further information about the use of private family time or structured facilitation refer to the *Family group meeting convenor handbook*.

In completing the development of the case plan, the convenor may use the case plan format to guide the discussion at the family group meeting. Each item should be worded to reflect the intent of the meeting, and must be able to be understood by all participants at the meeting.

In developing the case plan for a child, where they have had a previous case plan, ensure that the provisions of the child's health passport, education support plan, cultural support plan, disability services integrated support plan and Evolve plan, where applicable, are considered as part of the development of the case plan.

The key items of the case plan that must be addressed are outlined below.

Note: When a decision is made to apply for a child protection order granting long-term guardianship to a suitable person, the revised case plan, submitted to the Childrens Court on the application for the order, must include key items specific to the proposed order. For further information, refer to 3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person.

1. **Type of ongoing intervention and summary of child protection concerns**

   Identify the type of ongoing intervention that is to occur, and write a concise summary of the current child protection concerns for the child, to be addressed by the case plan. Include in this summary, any parental needs identified that have not been included as part of the three priority needs for this case plan.
2. Case plan goal

Each case plan must have an identified case plan goal. It is crucial that the child, the department and child's family have a clear and shared understanding of the overall goal of the case plan. Choose the appropriate case plan goal from the list below:

- **Child to remain safely in the home**: the child’s protection needs can be met by the family with time-limited ongoing intervention from the department.

- **Reunification**: where a child has been removed from the care of a parent, the goal of the initial case plan must be to reunify the child with the parents on a long-term basis, unless it is not in the child’s best interests, not possible or not safe to do so. Reunification with the birth family is optimal for children if the birth family can provide, and sustain, safe and nurturing care for a child.

- **Long-term out-of-home care**: if reunification with a parent is not possible or not in a child’s best interests, an alternative long-term care arrangement is required. Children who are unable to return safely to their birth family, may be provided with a permanent placement through kinship care or long-term foster care. Placing a child with family members or significant people in their lives, for example, friends, is the preferred option for achieving a permanent placement for children who cannot safely live at home.

- **Young person lives independently**: if reunification with a parent is not possible, or in the child’s best interests, an older child may transition to independent living.

- **Other permanency option**: where a child’s protection and care needs are best met by a long-term guardianship order, an adoption order or a family court order. Children permanently residing with kin or in foster care can be provided with enhanced legal permanence by the use of guardianship orders. Children requiring a permanent out-of-home care placement may also be provided with legal permanence through adoption.

Complete the ‘rationale for the goal’ field, in a way that is particular to the child and family.

3. Outcomes and actions

Outcomes

Case planning must also include provisions that address the child’s developmental needs and assist them to gain the skills and sense of well-being that will allow them to realise their potential and positively participate in the wider community.

Ensure the case plan outcomes:

- address the key needs of the child and the three identified priority needs for the parents
- state the changes in conditions and behaviours that need to occur in order to achieve the case plan goal
- respond to the reasons for departmental involvement
- are forward looking, positive and behaviour-based
- are specific and results-oriented so that all participants are clear about what is expected
- clearly record what is to be achieved and how progress will be measured, in the ‘how will we know it is different?’ section of the case plan - this information will inform the review process.
**Actions**

The actions are the key activities required to achieve the changes in conditions or behaviour outlined in the case plan outcomes. When developing the case plan actions, consider the following guidelines:

- any person attending the family group meeting can be responsible for an action, including the parents, departmental staff, the child, the family as a whole or any other significant person
- do not give responsibility for key actions to a person who is not at the meeting, unless tentatively agreed to before the meeting
- if a person who is not at the meeting, is proposed to be responsible for an action that was not explored during the preparation for the meeting, the action will be recorded as a proposal only, that will be followed up by a particular date and subject to the agreement of the particular person
- actions must be flexible enough to accommodate changes in people’s circumstances and where necessary, include strategies to address any potential problems
- detailed family contact arrangements and schedules should be recorded in the ‘Family and Community’ section of the case plan, not in the actions section.

Where the substance testing of parents is considered a necessary and important part of the case plan for the child, based on the extent and nature of the parents substance misuse history and the level and nature of harm, or unacceptable risk, to the child, refer to Chapter 10.7 Undertake the substance testing of parents.

Record the case plan actions which have been agreed upon, in specific terms in relation to:

- what must be done
- who is responsible
- a timeframe for achievement.

**4. Child information**

Provide the following details of the placement and living arrangements for the child, unless it poses a safety risk to the child:

- where and with whom the child is living, provided disclosure is consistent with the *Child Protection Act 1999*, section 80, 80A and 86
- where the child will attend school and, where applicable, the arrangements to progress an education support plan for the child
- whether the child requires a child health passport, and how the child’s medical and therapeutic needs are to be met (when not included as actions in the above part of the plan)
- the plan for the child to participate in recreational, sporting and cultural events that meet their developmental needs.

There may be some overlap in this section with the information included in the placement agreement for a child in out-of-home care, however, the placement agreement will also deal with additional matters relevant to the specific placement - refer to Chapter 5, 1.9 Complete a placement agreement.
5. Family and community

Family contact arrangements must reflect the case plan goal, for example, where the goal is not reunification, the level of contact is often less than for cases where the goal is reunification. Arrangements must also be consistent with any order made by the Childrens Court under the Child Protection Act 1999, section 61(b), 67(1)(b) or 68(1)(c), limiting the child’s contact with the child’s family or directing how the contact should happen.

Use this section to:

- outline how the child will maintain his or her connections with parents, siblings, extended family and community members and people of cultural or ethnic significance
- record the agreed family contact schedule and all specific information about frequency, duration, where it will occur, who will attend and level of supervision in the ‘Family and Community’ section of the case plan - **do not document contact arrangements and schedules** in the case plan actions
- record directions made by the Childrens Court on granting an interim order about contact.

For further information about appropriate family contact arrangements, refer to Chapter 5, 2.5 Facilitate and monitor family contact.

6. Cultural support plan

The cultural support plan is a key part of the case planning process for every child from another culture, and in particular, for an Aboriginal or Torres Strait Islander child. The cultural support plan aims to keep children connected to their culture, families and communities regardless of their placement and:

- helps nurture and support the child while strengthening their cultural identity and connections
- assists with the child’s understanding of their community networks and cultural heritage
- helps increase the child’s knowledge and understanding of their place in their family, kinship and community structure
- helps ensure that important cultural and family information is maintained for any child who is too young to contribute to their own cultural support plan or for a child who does not want to identify with their community and culture.

The cultural support plan is created as part of the development of the initial case plan for a child at a family group meeting. The cultural support plan is an enduring document that will be added to as information becomes available and updated at every case plan review for the child.

When a child is not in an out-of-home care placement

When a child is subject to intervention with parental agreement or a protective or directive order, the team leader may decide that it is not necessary to complete a comprehensive cultural support plan for the child and that it is appropriate to only record minimal information in the cultural support plan, or to state that the family will continue to meet the cultural needs of the child. This may occur when:
• the family will generally be able to continue to meet the cultural needs of the child, as they did prior to departmental involvement

• the family find it intrusive for the department to complete a cultural support plan whilst the child is still in their care.

**When a child is subject to a child protection care agreement**

When a child is subject to a child protection care agreement, the team leader may decide that it is not necessary to complete a comprehensive cultural support plan for the child, after considering:

• the length of time the child will remain in care

• whether the child is placed with a kinship carer or culturally appropriate carer

• how much contact the child is having with extended family

• whether there is a specific identified cultural need.

If, in either of the two circumstances outlined above, the family request assistance with their cultural identity and connectedness, develop a comprehensive cultural support plan, as outlined below.

**Develop a cultural support plan**

To develop a cultural support plan, work in partnership with the child, (when age and developmentally appropriate), their family and other significant individuals and:

• gather information about the child and his or her family, relationships, culture and community

• discuss strategies for maintaining the child's cultural identity with the child, their family, significant members of the child’s community or relevant community agencies that have connections to the child

• determine arrangements for regular contact with at least one person who shares the child’s cultural background

• identify individuals responsible for actioning tasks or activities documented in the cultural support plan

• identify financial resources required to action tasks or activities documented in the cultural support plan

• determine what supports will be required by the child’s carer to implement activities or tasks in the cultural support plan

• agree on contact arrangements that will safely maintain the child's cultural identity and community connections.

The cultural support plan is recorded within the case plan document in ICMS and includes:

• relevant cultural information about the child, his or her family, community, language, clan, ethnic, island or cultural group and personal history

• activities that maintain and support the child’s cultural identity which are consistent with the statement of standards, charter of rights and principles of the *Child Protection Act 1999*
• supports required by the carer to ensure that the child maintains his or her connections and is able to participate in activities documented in the cultural support plan
• contact arrangements between the child and appropriate members of the child’s family and community, including arrangements for regular contact with at least one person who shares the child’s cultural background.

The cultural support plan must be reviewed when the child’s case plan is reviewed. Any cultural information gathered between reviews should be recorded in a case note in ICMS and reflected in the child's cultural support plan during the next review.

For further information about the cultural support needs of a child from another cultural community, refer to the practice paper Working with people from culturally and linguistically diverse backgrounds.

Develop a cultural support plan for an Aboriginal or Torres Strait Islander child

While a cultural support plan is important for every Aboriginal or Torres Strait Islander child who is subject to ongoing intervention, the development and review of the cultural support plan is particularly important when an Aboriginal or Torres Strait Islander child is placed with a non-Aboriginal or Torres Strait Islander person or with another Aboriginal or Torres Strait Islander not from their clan/tribe or language group (Child Protection Act 1999, section 83).

When developing the cultural support plan for an Aboriginal or Torres Strait Islander child, in addition to the child, family and significant community members, the following individuals or agencies should also be given the opportunity to participate in the development of the plan:

• the recognised entity
• the identified Child Safety Support Officer
• the Aboriginal and Torres Strait Islander placement service, if relevant
• the Aboriginal and Torres Strait Islander Family Support Service, if relevant
• other relevant Aboriginal and Torres Strait Islander agencies that are delivering services to or are in contact with the child and family.

Record the information, advice and views provided by the recognised entity during the development and review of a cultural support plan for an Aboriginal or Torres Strait Islander child in the ‘Recognised entity participation’ form in ICMS.

For further information, refer to the practice resource Developing a cultural support plan for an Aboriginal or Torres Strait Islander child.

7. Plan for alternative long-term arrangements if reunification is not achieved

Planning for long-term care arrangements for a child commences when the first custody or short-term guardianship order is granted. This means that a goal of ‘reunification’ is pursued at the same time as a plan for a ‘long term out-of-home placement’ or ‘other permanency option’ is established. This allows for the possibility that reunification may not occur within a timeframe appropriate to the child’s age and circumstances, and that the child’s protection and care needs may not be able to be met by the parents. Include a plan to progress alternative long-term arrangements in the case plan following each review. This key item will not appear in a child’s
initial case plan, but is available in subsequent case plans where ‘reunification’ has been selected.

For further information, refer to 5.4 Undertake permanency planning.

8. Case plan review

As a minimum the case plan must be reviewed every six months, however, it may be appropriate to review the case more frequently, taking into account:

- the child’s age, circumstances and developmental needs
- any change that has a significant impact on the direction of the case plan, or where there are significant changes to the child’s needs or safety
- the nature of the specific provisions, outcomes and actions of the case plan
- any anticipated problems with the plan
- the duration of the order (so that the shorter the order, the more frequent the case plan review) if a child protection order is in place.

Establish and record the decision about the agreed review date.

Where a child has a long-term guardian, the case plan can be reviewed every 12 months. For further information refer to 5.10 Long-term guardianship to a suitable person - case plan review.

9. Resources required for plan

Record any decisions made that will require approval by the financial delegate, including specific details of the service to be provided and any anticipated costs. Where approval has not been sought prior to the family group meeting, advise the participants that CSSC manager approval is required following the family group meeting and prior to the case plan being endorsed.

For more information on developing the key items in the case plan, refer to the Family group meeting convenor handbook.

3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person

When a decision is made to apply for a child protection order granting long-term guardianship to a suitable person, the revised case plan submitted to the Childrens Court upon the application for the order must incorporate all matters as outlined in 3.2 Develop key items in the case plan, unless specified in the key items outlined below.

Outcomes and actions (key item 3)

The outcomes will only address the key needs of the child, and not any previously identified priority needs for the parents, as the decision has been made to seek a long-term guardianship order.

Record the following actions in the revised case plan:

- that the department will apply for a child protection order granting long-term guardianship to a suitable person
that the department will have contact with the child every 12 months (*Child Protection Act 1999*, section 51VA(2))
- that the proposed long-term guardian will allow this contact with the child to occur (*Child Protection Act 1999*, section 51VA(3))
- how the proposed long-term guardian will keep the child’s parents informed about where the child is living and give the child’s parents information about the child’s care (*Child Protection Act 1999*, section 80(1)(a) and (b)), unless an exception has been made by the Childrens Court
- that the child or the long-term guardian may contact the department at any time in the future, to request support - refer to Chapter 3, 1. What if a suitable person has long-term guardianship?
- that the proposed long-term guardian will notify the department in writing should the child leave their direct care at any time in the future, including details of the child’s current whereabouts if known (*Child Protection Act 1999*, section 80(A)(2)).

**Child information (key item 4)**

Record the following details of the placement and living arrangements for the child, including:
- where there is a significant risk to the safety of the child or anyone else with whom the child is living, the department will make a submission, as part of the application to the Childrens Court, about necessary modifications to the provision of information about where and with whom the child is living (*Child Protection Act 1999*, section 80(2))
- that the long-term guardian will assume full responsibility for meeting the child’s identified educational, medical and therapeutic needs, unless included as an action in the case plan, as the child is no longer eligible for an education support plan or a child health passport
- the ongoing support needs of the child and the proposed long-term guardian, and how these needs will continue to be met - refer to Chapter 3, 1. What if a suitable person has long-term guardianship?

**Family and community (key item 5)**

Family contact arrangements must be consistent with the *Child Protection Act 1999*, section 80(1), unless the Childrens Court, modifies the long-term guardians obligations in response to a submission by the department (*Child Protection Act 1999*, section 80(2)).

Outline the views of the child, the parents and the proposed long-term guardians regarding:
- the proposed contact arrangements
- any submissions to be made by the department to the Childrens Court regarding the proposed long-term guardians ongoing requirement to provide family contact, where there is a significant risk to the safety of the child or anyone else with whom the child is living.

**Cultural support plan (key item 6)**

Clearly detail how the proposed long-term guardian will continue to respond to, or facilitate a response to, the child’s ongoing cultural support needs.
Plan for alternative long-term arrangements if reunification is not achieved (key item 7)

Include the decision to apply for a child protection order granting long-term guardianship to a suitable person.

Resources required for plan (key item 9)

Document the approved financial supports, including specific details of the service to be provided and any anticipated costs, to be paid following the making of the long-term guardianship order to a suitable person, as recorded in the Assessment report - Long-term guardianship to a suitable person. For further information, refer to Chapter 3, 2.6 Apply for a long-term guardianship order.

3.4 Record, endorse and distribute the case plan

All case plans must be recorded in the approved form in ICMS. The person responsible for recording the case plan is:

- the convenor, or
- the CSO with case responsibility, if the convenor is a private convenor, or
- the CSO with case responsibility, if the case plan is developed without a family group meeting being held.

A case plan must be endorsed within 10 business days of the family group meeting being held (Child Protection Act 1999, section 51Q), by a team leader or senior practitioner. To endorse a case plan the team leader must be satisfied:

- that it is consistent with the child’s best interests and that it is practicable
- that it sufficiently provides for the child’s safety or for any directions or orders made by the Childrens Court
- that it addresses the critical areas of need
- that any significant resourcing impacts have been approved by the financial delegate
- that it incorporates key items specific to a decision to apply for a long-term guardianship order to a suitable person, if applicable - refer to 3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person.

In circumstances where a case plan has not been endorsed within the required 10 business days, for reasons other than because the case plan is not suitable, it is not necessary to reconvene a family group meeting when a short period of time only has elapsed. In this circumstance, the team leader is responsible for endorsing the existing case plan in ICMS as soon as possible and recording a rationale for the delay.

Distribute the case plan

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

- the child (where 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 or who the chief executive considers should receive a copy
• any legal representative for the child or for the child’s parents
• the child’s foster or kinship carer, or the licensed care service or long-term guardian who will be involved in implementing the case plan for the child
• the recognised entity, an elder and other respected person of the child’s community who will play a role in supporting the implementation of the plan.

In most cases, everyone who attends the family group meeting should be given a copy of the case plan, except if an attendee will not be involved in the implementation of the case plan.

**Provide a case plan to the Childrens Court**

The Childrens Court cannot grant a final child protection order unless it is satisfied that there is an endorsed case plan that responds to the child’s assessed needs. When deciding whether a case plan is appropriate, it is not relevant whether or not all the people who participated in the development of the case plan agree with the plan (*Child Protection Act 1999*, section 59). Once the case plan and supporting material have been filed in court, file any subsequent review reports and revised case plans with the court, until such time as the court makes a final determination about the application for an order (*Child Protection Act 1999*, section 51X). For more information refer to Section 5. What if an application for a child protection order is filed with the Childrens Court without a case plan?

When a decision is made to vary the long-term guardianship order from a suitable person to the chief executive, undertake a case plan review as outlined in 5. Review and revise the case plan. Submit the revised case plan to the Childrens Court with the application for a variation of the order. For further information, refer to Chapter 3, 1. What if a suitable person has long-term guardianship?

**4. Implement the case plan**

**4.1 Actively implement the case plan**

The key activity and focus during ongoing intervention, is to implement the case plan to achieve the case plan goal and outcomes.

During ongoing intervention, the allocated CSO is responsible for facilitating actions to implement the case plan and support and monitor progress toward the case plan goal and outcomes, with the support of the CSSO, team leader, other departmental staff and service providers. This requires the CSO to:

- build positive relationships and engage with children, families and service providers
- monitor whether the parents are undertaking their agreed responsibilities as recorded in the case plan, in order to meet the child’s needs
- undertake goal-directed visits with the child and parents in accordance with the minimum contact requirements - refer to 4.2 Implement contact requirements
- regularly visit the carer and support the placement, if relevant
• manage family contact for the child, including a clear plan for reviewing and increasing
  family contact over an appropriate timeframe, when the child is to be reunified with their
  family
• interact in a culturally appropriate way with Aboriginal and Torres Strait Islander
  children, families and communities and recognised entities, and ensure that:
  • the recognised entity is given an opportunity to participate in the decision-making
    process for all significant decisions, and consulted for all other decisions (Child
    Protection Act 1999, section 6) - refer to the practice resource Working with the
    recognised entity
  • Aboriginal or Torres Strait Islander children are placed in accordance with the child
    placement principle (Child Protection Act 1999, section 83) - refer to the practice
    resource The child placement principle
• interact in a culturally appropriate way with other cultural groups or communities
• facilitate and support the parent to progress the actions and outcomes assigned to
  them
• complete the actions assigned to the department in the case plan
• ensure the case plan actions are coordinated
• liaise with other service providers as required
• undertake court-related tasks, if required
• place the child in an out-of-home care placement, if required, and support the child and
  carer for the duration of the placement
• use professional judgement and all information gathered during implementation to
  regularly assess progress towards the case plan goal, and the appropriateness of the
  goal and outcomes
• record information about all activities with the child, family and carer in ICMS.

Engage a service provider
A key aspect of achieving the case plan goal and outcomes is the provision of appropriate
services to children and families, as outlined in the case plan. Ensure that where age and
developmentally appropriate, the child is kept informed of referrals involving them. Contact with
service providers will generally have occurred prior to the development of the case plan, in
accordance with 1.5 Explore service options.

To initiate the case plan actions and engage a service provider:
  • complete a referral to the agency and provide information to the child, parents and if
    relevant, the carer, about how and when to access the service
  • confirm the cost of the service and organise the method of payment following approval
    from the financial delegate (this will have been sought prior to the case planning meeting)
  • develop a communication plan between the service and the department.

Where the parents are self-referring, provide them with support to complete the referral process.
If a service nominated in the case plan is unable to accept a referral, record the information in a case note in ICMS, identify other possible services and discuss them with the child and the parent.

**Coordinate service providers**

When there are multiple services working with the child and parent, the CSO with case responsibility will:

- coordinate and maintain regular communication with all services
- ensure regular communication between the services and the family or carer and child, when age appropriate
- monitor the services provided to ensure that they target and meet the needs of the child, parents or carer, to progress the case plan
- include the staff of these services in the regular review of the case plan.

For further information, refer to Chapter 10.3 Information sharing.

**Monitor and record the progress of the case plan**

As part of implementing the case plan, the CSO with case responsibility is responsible for monitoring the progress of the case plan through regular contact with the child, the parents, extended family members and service providers.

During these contacts, either face-to-face or indirect:

- gather and assess information about the safety and well-being of the child, the completion of the case plan activities and the progress made towards the case plan goal by all parties
- record all relevant information in case notes in ICMS as soon as possible - this includes:
  - details of contact with a child, parent, family, carer, service provider or other significant persons
  - a summary of key events and significant events that occur in the life of a child or family
  - any risks to a child’s safety that are identified, and the strategies undertaken to ensure a child’s safety
  - case discussions and decisions made, including the rationale for these decisions.

Record the information, which will be used during the review process to assess progress towards the case plan goal and outcome, in a factual and objective manner, and distinguish facts from opinion, assumptions and personal views.

**Respond to harm or risk of harm**

When new child protection concerns are received for a child during ongoing intervention, take immediate action to ensure the safety and well-being of the child and follow the procedure as outlined in Chapter 3, 2. What if new child protections concerns are received? When the concerns relate to a child in out-of-home care, refer to Chapter 9. Standards of care.
When there are safety concerns relating to obvious or blatant breaches of pool fencing requirements see Chapter 3, 11 What if obvious or blatant breaches of pool fencing requirements are noticed?

When criminal court information about a child subject to ongoing intervention is received via an Integrated Justice Information Strategy (IJIS) notification (Criminal court matter alert) or about a criminal or civil court matter via an IJIS Electronic transfer of court result (ETCR) alert email, take the following actions, as appropriate:

- view the information contained in the automated email or the ETCR report in ICMS
- assess the information and record the appropriate response in ICMS
- record any further action taken, where relevant
- complete a new safety assessment
- consider the need to review the current case plan, including the type of ongoing intervention required to keep the child safe
- review the appropriateness of the child’s out-of-home-care placement.


Alerts

When information gathered during the implementation of the case plan indicates the need to record an alert in ICMS for a child or family member, refer to Chapter 1, 9. What if an alert needs to be recorded in ICMS?

4.2 Implement contact requirements

Maintaining contact with children and parents is a key activity for the department during the implementation stage. Departmental contact requirements outlined below apply to all children subject to:

- intervention with parental agreement
- intervention with:
  - a directive or supervision order
  - a short-term custody or guardianship order.

Departmental contact requirements

The minimum number of contacts to be had each month with the child, their parents, by the CSO or other people who can contribute to case work with a child and family, is outlined below.

The minimum number of contacts required per month is initially determined by the outcome (risk level) identified in the family risk evaluation, completed as part of an investigation and assessment. It is subsequently determined by the outcome of either the family risk re-evaluation or the family reunification assessment.
Table 1 outlines the minimum contact requirements that apply to children living in their home and subject to either:

- intervention with parental agreement
- a child protection care agreement
- a directive or supervision order.

<table>
<thead>
<tr>
<th>Risk level</th>
<th>Parent and child contacts</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>One face-to-face per month with parent and child</td>
<td>Must be in parent’s residence</td>
</tr>
<tr>
<td></td>
<td>One support contact</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>Two face-to-face per month with parent and child</td>
<td>One must be in parent’s residence</td>
</tr>
<tr>
<td></td>
<td>Two support contacts</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Four face-to-face per month with parent and child</td>
<td>Two must be in parent’s residence</td>
</tr>
<tr>
<td></td>
<td>Four support contacts</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 outlines the minimum contact requirements by the department that apply to any family subject to ongoing intervention, where at least one child is in an out-of-home care placement, with the goal of reunification.

<table>
<thead>
<tr>
<th>Risk level</th>
<th>Parent and child contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>one face-to-face per month with the parent</td>
</tr>
<tr>
<td></td>
<td>at least one face-to-face per month with each child</td>
</tr>
<tr>
<td></td>
<td>one support contact.</td>
</tr>
<tr>
<td>Moderate</td>
<td>two face-to-face per month with the parent</td>
</tr>
<tr>
<td></td>
<td>at least one face-to-face per month with each child</td>
</tr>
<tr>
<td></td>
<td>two support contacts.</td>
</tr>
<tr>
<td>High</td>
<td>three face-to-face per month with the parent</td>
</tr>
<tr>
<td></td>
<td>at least one face-to-face per month with each child</td>
</tr>
<tr>
<td></td>
<td>four support contacts.</td>
</tr>
</tbody>
</table>
Table 3 provides information and considerations to inform the department's contact requirements.

**Table 3: Additional Considerations**

| CSO Contacts | For in-home cases: For low and moderate risk cases, the CSO must make at least one of the required face-to-face contacts with each child and parent during the month. For high risk cases, the CSO must make at least two of the four face-to-face contacts during the course of a month with each child and parent.  
For reunification cases: During the course of a month, the CSO must have face-to-face contact at least once with each child in the child’s current living environment, and at least once with each parent in the parent's current living environment. |
| CSSO Contacts | Contacts by CSSOs may supplement the required contacts, provided that the nature of the contact meets the definition for face-to-face contact. |
| Service Provider Contacts | The CSO must always maintain at least one face-to-face contact per month with the parent(s). Contacts by a service provider may supplement the required contacts, in circumstances where that service provider is involved in the implementation of the case plan. Examples may include, but are not limited to, recognised entities and counselling services. |
| Face-to-face Contact | Face-to-face contacts are intended to be meaningful, purposeful, and goal directed. Contacts with parents should focus on assessment of strengths, needs, and case plan progress. Contacts with children should be child focused, assessing each child’s strengths and needs, views, and wellbeing. Always consider changes in family circumstances that may impact upon the child’s safety. During face-to-face contact with a child, it is recommended that the CSO speak with the child alone, to provide them with an opportunity to express any concerns. |
| Support Contact | Personal or telephone contact with a person who has information about the child and/or the parents in circumstances where that person has a relevant contribution to the case plan. Examples may include, but are not limited to, educational personnel, health services counselling services, CPIU and Youth Justice Services. |
| Overrides | A discretionary override to these face-to-face and collateral contact guidelines is permitted based on unique case circumstances that are documented by the CSO and approved by the team leader. |

**Contact requirements following the review of a case plan**

Where the family risk re-evaluation completed as part of the review of a case plan identifies a higher or lower risk level, the required level of contact will change accordingly.
If a child is reunified following the review of a case plan, the contact requirements for in home cases will apply, based on the most recent risk level in the family reunification assessment tool.

**Determine whether to increase contact by the department**

Where relevant, use professional judgement to determine if more contact with a child and family is necessary. Following approval by a team leader, increase the level of contact, and record the decision and rationale in a case note in ICMS.

**Other contact requirements**

The contact requirement for children in an out-of-home care placement, where the case plan goal is not reunification, is for contact with the child by the department, once a month.

For a child subject to a long term guardianship order to a suitable person, contact with the child and long-term guardian is required every 12 months. For further information, refer to Chapter 3, 1. What if a suitable person has long-term guardianship?

### 4.3 Visit the child, parent and carer during ongoing intervention

Face-to-face contact is the key to building positive relationships with a child, their family and carer. It is important to plan and conduct contact visits with a clear purpose and an understanding of the planned outcome of each visit.

Face-to-face contact must:
- be meaningful, purposeful and goal-directed
- be child-focused and take into account the child’s needs, views, well-being and safety
- inform the assessment of the child and parents strengths and needs and progress toward the case plan goal and outcomes
- ensure compliance with the statement of standards for children in out-of-home care.

For additional guidance, refer to the practice paper *Family contact for children and young people in out-of-home care.*

**Arrange the contact**

When arranging contact with the child, parent or carer:
- negotiate an appropriate time and place for the visit
- assess any personal safety issues and take necessary action to ensure safety for all participants
- engage an interpreter where the child or parent experiences communication barriers.

For further information about contact with the child and parents, refer to 4.2 Implement contact requirements.

**Face-to-face contact with a child**

Face-to-face contact is to occur with all children irrespective of their age, to regularly assess their general development and well-being. When age and developmentally appropriate:
- talk with the child alone as part of the contact - this will allow you to:
• actively listen to them and provide them with support
• build trust and understanding in the relationship
• seek their views and wishes about matters affecting them
• discuss any personal issues or concerns the child may raise
• discuss any risks to the child’s safety
• ensure they are receiving a level of care consistent with the statement of standards
• seek their feedback on family contact with the parents, if applicable
• discuss the progress of activities that are occurring as part of the case plan, including the cultural support plan, where relevant
• keep them informed about significant events such as court proceedings or changes to family contact.

For additional information about engaging with children, refer to the practice resource Participation of children and young people in decision-making and the Children and young people’s participation strategy.

**Face-to-face contact with a parent**

When meeting with a parent:

• determine whether the child’s protection and care needs are being met by the parents, if the child is living at home
• discuss the parent’s achievements toward meeting the case plan goal and outcomes
• obtain feedback about the parents involvement with service providers and whether it is addressing the identified parental needs
• discuss any significant changes that have occurred in the parent’s circumstances, that may impact on the child and the case plan goal, and options that could be undertaken to respond to the changes
• discuss the progress of the family contact arrangements between the parents (and other significant people) and the child, to assess whether the arrangements are still appropriate and meeting the child’s needs
• inform the parents about significant events such as court proceedings or changes to family contact.

**Contact with a carer**

When meeting with the carer of a child in an out-of-home care placement:

• provide support to the carer
• monitor the activities detailed in the placement agreement - refer Chapter 5, 1.9 Complete a placement agreement
• identify any issues in the care environment that may impact on the safety and well-being of the child
• monitor the carer’s responsibility as outlined in the case plan, and in the cultural support plan where relevant
• identify issues that may impact on the progress of the case plan, for example, conflict with the child’s parents, transport arrangements or finance.
At the end of each visit:

- organise the next visit prior to leaving the contact
- record relevant information in a case note in ICMS as soon as possible
- take actions to address any issues identified, particularly with regard to the child’s safety.

4.4 Regularly assess the progress of the case plan

Assessing the progress of the case plan will occur throughout the implementation stage. This occurs by analysing the information gathered through all aspects of case work with the child, family and carer, including:

- all contact with the child, parents and carer
- contact with, and feedback from, service providers
- contact with family members and other significant people
- observations of family interactions.

The process of regularly analysing the information, in consultation with the team leader, will assist the CSO with case responsibility to have an accurate awareness of the current situation for the child and family at the time of the case plan review.

For information about key questions to inform the assessment process, refer to the practice resource Assessing the progress of the case plan.

5. Review and revise the case plan

5.1 Complete the review and revision process

Every case plan developed for a child under the Child Protection Act 1999, part 3A, must be regularly reviewed. The purpose of the case plan review is to assess progress towards achieving the case plan goal and outcomes and inform the development of a new case plan where the decision has been made to continue ongoing intervention.

Frequency of reviews

A case plan must be reviewed regularly, taking into consideration the following factors:

- the child’s age and developmental needs
- the provisions of the case plan
- any change that has a significant impact on the direction of the case plan.

As a minimum, the case plan must be reviewed every six months, except where a child has a long-term guardian - refer to 5.10 Long-term guardianship to suitable person - case plan review.

Casework audit tool

When the case plan review is for an Aboriginal or Torres Strait Islander child who is subject to a child protection order, consider completing the Casework audit tool as part of a case plan review. As a priority, the casework audit tool is to be applied to cases where the child is placed with a
carer who is not a kinship carer as specified in the child placement principle, *Child Protection Act 1999*, section 83(4)(a).

In circumstances where the tool is completed, review the current case related information recorded in the child’s electronic and hard copy files and involve the recognised entity where possible. Where the recognised entity is not available, contact them to discuss the outcome of the audit, and request additional information in relation to identified gaps, if required.

Once, the casework audit tool is completed:

- discuss the results with the team leader
- determine the strategies or actions to address the identified gaps and a timeframe for their completion
- place a copy on the child’s departmental file
- attach a copy to ICMS.

Completion of this tool enables the overall review of the casework for an Aboriginal or Torres Strait Islander child, with the focus on meeting the cultural needs of the child through the child placement principle and the development of the cultural support plan.

**Long-term guardianship to a suitable person**

Where a child is subject to a child protection order granting long-term guardianship to a suitable person, contact the child and the long-term guardian at least every 12 months to give the child an opportunity to comment on or ask questions about the case plan, or ask for it to be reviewed. At any time, the child or the long-term guardian may ask for the case plan to be reviewed (*Child Protection Act 1999*, section 51VA). In addition, the department may consider it necessary to review the case plan, without it being requested.

For further information refer to 5.10 Long-term guardianship to a suitable person - case plan review and Chapter 3, 1. What if a suitable person has long-term guardianship?, Supporting children in the care of long-term guardians and Child related costs - Long-term guardian support policies.

**Review participants**

The following people must be given an opportunity to participate in the review of a case plan (*Child Protection Act 1999*, section 51W):

- the child, if age and developmentally appropriate
- the child's parents
- other members of the child's family group who are considered likely to make a significant contribution to the case plan
- other people with whom the child has a significant relationship, for example, the child's approved carer or guardian
- any legal representative for the child
- a member of the recognised entity, when the child is an Aboriginal or Torres Strait Islander child
- relevant service providers.
Decide the process for a case plan review

When reviewing a case plan, the use of a family group meeting is not required, but may be an appropriate way of engaging people, particularly when:

- there is disagreement between family members and the department about the case plan
- previous actions have not been completed
- changes to the case plan are being proposed which would significantly change the goal or outcomes.

When a family group meeting is held to review a case plan and develop a revised case plan, provide the convenor with copies of the following information:

- all relevant information, including a copy of the draft review report, family reunification assessment (if child in out-of-home care) or family risk re-evaluation assessment (for a child subject to in-home intervention)
- the child’s strengths and needs assessment
- parental strengths and needs assessment (if the case plan goal is reunification or if the child remains safely at home)
- any other relevant information that has become available since the referral, including details of any additional significant family members or other persons that have been identified.

When a family group meeting is not to be used for the case plan review, consider a combination of strategies to conduct the review to ensure it occurs in an inclusive and participative way, for example, meetings with the family, meetings with individuals or groups of individuals or, where necessary, telephone interviews.

Refer to section 2.3 Prepare for a family group meeting for more information on the Family Group Meeting (FGM) process, where an FGM is convened to review the child’s case plan.

Review of the case plan

As part of the review of a case plan, the department must undertake the following activities:

- decide how the review process will occur and arrange meetings and venues, as required
- have contact with the participants to gather relevant information to inform the review
- consider and assess all of the up-to-date information about the case
- complete either:
  - the family risk re-evaluation, when the child is living at home - refer to 5.2 Re-assess the level of family risk for ‘in home’ cases
  - the family reunification assessment, when the child is living out-of-home and the case plan goal is reunification - refer to 5.3 Assess whether reunification can occur
- assess the progress towards the case plan goal
- complete a safety assessment where case closure is being considered
- meet with the relevant people to:
- share relevant information and the outcome of assessments by the department
- explore with the family any barriers if certain actions have not been undertaken, and other options that may be utilised
- discuss other services options if the needs of the child or family have changed
- evaluate the progress of the case plan against the case plan outcomes, and identify whether key actions have been completed or other key actions are required
- review the progress of the child health passport, where the child is subject to a child protection order granting custody or guardianship to the chief executive
- review the implementation of the child’s cultural support plan, where relevant
- discuss the matters outlined in the *Child Protection Act 1999*, section 51X, which must be included in the review report
- decide whether ongoing intervention will occur or whether to close the case - refer to Chapter 3, 4. Close an ongoing intervention case
- complete the review report in ICMS - refer to 5.6 Complete the review report.

As part of the case planning and review process, ensure that any information received via an Integrated Justice Information Strategy (IJIS) notification (Criminal court matter alert) email, or an IJIS Electronic transfer of court result email, is considered. For further information, refer to Chapter 2, 19. What if information is received via an Integrated Justice Information Strategy automated email alert? and the practice resource Receiving Integrated Justice Information Strategy email alert information.

**To complete the development of a revised case plan**

Once the decision is made that ongoing intervention will continue, the department must undertake the following activities to develop a new case plan:

- complete:
  - the child strengths and needs assessment - refer to 5.7 Re-assess the child’s strengths and needs
  - the parental strengths and needs assessment, if required - refer to 5.8 Re-assess the parental strengths and needs
  - meet with the child, family and other significant people, including the recognised entity for an Aboriginal or Torres Strait Islander child, to develop a revised case plan, in accordance with 5.9 Develop and endorse the revised case plan.

Where relevant, refer to the Practice guide: *The assessment of harm and risk of harm*.

**Other**

Where relevant following the review and revision of a case plan:

- refer a child to a practice panel, where reunification is being considered - refer to 5.5 Refer the case to a practice panel
- apply for a new type of order, if required - refer to Chapter 3, 2. Decide the type of child protection order, if required.
5.2 Re-assess the level of family risk for ‘in home’ cases

When to complete a family risk re-evaluation

The family risk re-evaluation is to be completed as part of the review of a case plan for a child, where there are children living at home and subject to:

- a support service case
- intervention with parental agreement
- directive or supervision orders
- custody or guardianship orders, where the child is living at home, as part of the reunification process.

Do not complete the family risk re-evaluation where one or more of the children are living in out-of-home care and other household children are living at home, but subject to intervention with parental agreement. In these circumstances, complete the family reunification assessment for all the children in the household - refer to 5.3 Assess whether reunification can occur.

As part of the review process, it is necessary to assess the ongoing risk to the child, which includes the completion of the family risk re-evaluation. The purpose of the family risk re-evaluation is to guide the decision about:

- whether to continue ongoing intervention or close the case for a child who remains in the home
- the current level of risk
- the new level of contact required with the child and family.

The family risk re-evaluation re-assesses the risk level in a household by considering the progress of the case plan and any changes in the family’s environment and behaviour during its implementation.

When the child is Aboriginal or Torres Strait Islander, ensure the recognised entity is consulted in the completion of the family risk re-evaluation.

Complete the family risk re-evaluation

To complete the family risk re-evaluation:

- complete one family risk re-evaluation for the relevant family or household
- choose the ‘primary parent’, in accordance with 1.3 Assess the parental strengths and needs
- using all known information, the SDM definitions and your professional judgement, select the correct answer for each of the nine items
- determine whether a policy or discretionary override is required, as outlined below
- record the family risk re-evaluation in ICMS and submit it to the team leader for approval
- compare the current risk level with the outcome of the preceding family risk evaluation or family risk re-evaluation and where the risk level has increased, review the appropriateness of the current intervention and consider the following:
• whether a safety assessment is required
• what factors are preventing the effective implementation of the case plan
• whether the current type of ongoing intervention is still the most appropriate type of intervention
• whether additional services are required to support the family
• whether the current service provider is culturally appropriate
• whether the family is committed to implementing the case plan.

For further information and definitions, refer to SDM: Family risk re-evaluation.

**Policy and discretionary overrides**

A policy or discretionary override will either increase or decrease the risk level scored in the family risk re-evaluation.

Select a policy override, which changes the risk level to ‘high’, regardless of the score, in any of the following situations:

- sexual abuse is substantiated and the person responsible for this abuse is likely to have access to the child
- there is a non-accidental injury to a child under age three years
- a parent has caused severe non-accidental injury to a child
- a parent has caused the death of a child due to abuse or neglect.

A policy override is only used if one of the above situations has occurred since the initial family risk evaluation or the previous family risk re-evaluation. If the event has occurred at anytime prior to that, do not use a policy override, consider a discretionary override if required.

Consider whether a discretionary override is applicable, to increase or decrease the risk level by one level, and:

- seek team leader approval for use of the discretionary override
- record the rationale for use of the discretionary override in ICMS
- record the ‘final risk level’
- record the ‘ongoing intervention decision’, either ‘case remains open’ or ‘case closed’
- submit the completed family risk re-evaluation to the team leader for approval.

5.3 **Assess whether reunification can occur**

**When to complete the family reunification assessment**

The family reunification assessment is completed:

- as part of every case plan review, when the case plan goal is reunification, and at least one child in a family is in an out-of-home care placement and subject to a child protection order or interim order
- for all the children in the household, when a child in out-of-home care has siblings at home who are subject to intervention with parental agreement
- prior to any decision to reunify a child with their family.
The family reunification assessment is not used for children:
- on long-term child protection orders when a decision has been made for them to remain in a long-term stable out-of-home care placement
- on assessment orders and placed in an out-of-home care placement
- on a TCO and placed in an out-of-home care placement
- who are placed in out-of-home care under a child protection care agreement.

A family reunification assessment is necessary to determine whether ongoing case planning will focus on:
- returning the child home
- continuing to work towards reunification
- pursuing long-term alternative stable living arrangement or a permanent placement in out-of-home care.

The family reunification assessment assists in assessing the key areas for deciding reunification, which include assessing the family’s progress with the case plan, evaluating risk in the reunification household and assessing safety. The decision to return a child home must be based upon the sufficient achievement of case plan goal and outcomes.

When the child is Aboriginal or Torres Strait Islander, ensure the recognised entity is consulted in the completion of the family reunification assessment.

The purpose of the family reunification assessment is to:
- re-assess family risk, including an assessment of the case plan progress
- evaluate parent-child contact
- assess the safety of the child, **only where** the family risk is ‘low’ or ‘moderate’ and the parent/child contact is ‘good’ or ‘excellent’
- guide case planning to one of three permanency plan recommendations.

Prior to the decision to reunify a child with their parents, determine whether a parent, their partner or an adult member in the reunification household has a conviction for a serious criminal offence against a child – refer to 8. What if there are criminal matters to consider during reunification?

**Complete the family reunification assessment**

To complete the family reunification assessment:
- assess only one household per family reunification assessment, however, in circumstances where two families may be working towards the child living in their care, complete two separate family reunification assessments
- ensure all relevant information from a range of internal and external sources is available to inform the assessment
- meet and engage with the family and child, where age and developmentally appropriate, to inform the completion of the family reunification assessment
• explain the re-assessment process to the family to ensure that they understand what is required to achieve reunification and the expectations for parent-child contact, including the quantity, type and quality of the contact
• use information gathered in the current implementation period and refer to the definitions, to complete the required sections (outlined below) - not all sections are required for each assessment
• record the family reunification assessment in ICMS and submit it to the team leader for approval.

The family reunification assessment sections
A brief overview of each section is outlined below.

Section A: family reunification re-evaluation
Complete this section for every child. It scores and re-assesses the probability of future abuse and neglect incidents, based on the information gathered since the last review of the case plan. A reduced level of risk will be achieved when the family has made significant progress under the case plan. In this section, always use the risk level from the initial family risk evaluation that was completed during the investigation and assessment, or, if a subsequent investigation and assessment has been completed since the child entered care, use that risk level from that family risk evaluation.

Section B: parent-child contact visit plan evaluation
Complete this section for every child with whom reunification is intended. It evaluates contact between the child and the parent, but not contact with other family members, and considers:
• the quality of the parent-child interaction
• the supervision status and location of the contact
• the type of contact
• the parents’ compliance with contact arrangements.

Section C: reunification safety assessment
Complete this section if reunification is considered possible, that is:
• the ‘family reunification risk re-evaluation’ is low or moderate
• the parent-child contact has been evaluated as ‘good’ or ‘excellent’.

Section D: permanency plan recommendation guidelines
Complete this section for every child, using the section that corresponds to the child’s age, either under three years, or three years and over. It is based on the outcomes of the risk, contact and safety assessments in sections A-C and will recommend reunification when:
• risk has been reduced to an acceptable level
• the parents have complied with the arrangements for contact as outlined in the case plan, and the quality of the parent and child interaction has been positive
• the child is determined to be ‘safe’ or ‘conditionally safe’ in the home.

Alternatively, the family reunification assessment will not recommend reunification when either:
• the risk in the family remains high
the parents have not complied with the arrangements for contact as outlined in the case plan
the home is assessed as ‘unsafe’.

Following completion of this section, one of three recommendations will be generated:

- reunification: is recommended, based on risk reduction, favourable progress with parent-child contact arrangements and a safe or conditionally safe home environment
- continue reunification services: maintain the out-of-home care placement and continue reunification efforts with the assessed household
- stop working toward reunification - pursue alternative long-term stable living arrangements: this does not mean that the child will cease contact with their family, but prompts a change to the case plan goal.

When reunification is the recommendation, consider what type of intervention will best support the family and the reunification process.

Section E: permanency plan recommendation summary

This section records the permanency plan recommendation from section D. To complete section E:

- complete this section for the oldest assessed child
- complete additional summaries for each child if there are two or more children with different permanency plan recommendations in section D
- consider whether a discretionary override is required to change the final permanency plan recommendation for the child - if required, record the rationale for the decision and seek team leader approval
- record the final permanency plan recommendation
- where an override recommends reunification, complete a safety assessment, and where required, a safety plan prior to returning the child home - refer to 5.1 Complete the review and revision process
- if the permanency decision is to stop reunification services and pursue alternative long-term stable living arrangements, select one of the following:
  - long-term guardianship to a relative
  - long-term guardianship to a suitable person
  - long-term guardianship to the chief executive
  - parenting order about with whom the child should live, through the Family Court of Australia
  - adoption (Adoption Act 2009)
  - other.

Once a decision is made to pursue an alternative long-term placement for a child, it is not appropriate for a child to remain on a short-term custody or guardianship order. When it is determined that a child protection order is the most appropriate option, apply to the Childrens Court for a child protection order granting long-term guardianship. Where the child is Aboriginal or Torres Strait Islander, further consultation with a recognised entity will also be required.
Where the child is currently placed with a kinship carer, consult with the senior practitioner, team leader and court co-ordinator to determine whether an application to the Family Court of Australia (by the kinship carer) may be appropriate. The court co-ordinator will consult with Court Services Unit in relation to this matter.

Section F: current case status
Complete this section for every child. It records one of the following decisions about ongoing intervention:

- case remains open with at least one child in an out-of-home care placement
- all children reunified and case remains open for ongoing intervention
- permanency plan achieved and case closed
- other - specify, for example, seeking an order from the Family Court of Australia.

For further information and reunification guidelines refer to SDM: Family reunification assessment.

Apply for an order granting long-term guardianship
When the family reunification assessment recommends that the department stop reunification services and pursue alternative long-term stable living arrangements and a long-term guardianship order to a family member, other suitable person or the chief executive is to be pursued, ensure that:

- efforts have been made to locate both parents
- intervention has occurred to assist the family towards resuming the care of the child in a timely way - an exception to this is where there is no parent available or the parent demonstrates an inability to meet the child's protection and care needs, for example, due to a significant intellectual disability
- the child's need for emotional security and stability will be best met in the long-term by the order
- the revised case plan, submitted to the Childrens Court upon the application for an order granting long-term guardianship to a suitable person, incorporates key items specific to the proposed order - refer to 3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person
- the ongoing support needs of the child and the proposed long-term guardian are assessed and documented in the revised case plan to be submitted to the Childrens Court, upon making an application for the order
- a practice panel has endorsed the decision to cease reunification and seek a long-term placement, or where consensus is not reached by panel members, the CSSC manager has made this decision - refer to 5.5 Refer the case to a practice panel.

For further information refer to Chapter 3, 2.6 Apply for a long-term guardianship order.

5.4 Undertake permanency planning
Permanency planning begins when a child is removed from their family under a child protection order. Even if the goal of the intervention is reunification, planning needs to occur in the case
that reunification can not occur in a timely and appropriate manner and alternative options must be pursued.

The family reunification assessment specifies timeframes within which reunification must occur, before a long term stable out-of-home care placement is pursued. When a child is aged under three years, a long-term out-of-home care placement will be pursued when:

- the risk level has remained 'high' for 12 consecutive months, or the child has been in an out-of-home care placement for 18 of the past 24 months
- the contact has been rated as ‘fair’, ‘poor’ or ‘none’ for 12 consecutive months, or the child has been in an out-of-home care placement for 18 of the past 24 months
- the household has been deemed ‘unsafe’ for 12 consecutive months or the child has been in an out-of-home care placement for 18 of the past 24 months.

For children aged three years and over a long-term out-of-home care placement will be pursued when:

- the risk level has remained ‘high’ for 18 consecutive months, or the child has been in an out-of-home care placement for 24 of the past 30 months
- the contact has been rated as ‘fair’, ‘poor’ or ‘none’ for 18 consecutive months, or the child has been in an out-of-home care placement for 24 of the past 30 months
- the household has been deemed ‘unsafe’ for 18 consecutive months or the child has been in an out-of-home care placement for 24 of the past 30 months.

The timeframes outlined above do not prevent a decision being made to pursue an alternative long-term stable living arrangement for the child at an earlier point of intervention by the department. This decision will still be subject to ongoing case planning, implementation and review processes, in order to provide adequate evidence to the Childrens Court, in support of an application for a long-term child protection order.

When it appears that the goal of reunification will not be possible, discuss this with the parents as early as possible and start to identify and establish suitable and permanent placements for the child within their extended family.

It may be beneficial to refer a child to a practice panel in circumstances where a decision is being made to either reunify the child with their parents within the next six months or to cease reunification and pursue an alternative long-term placement option.

The child must be referred to a practice panel, in accordance with 5.5 Refer the case to a practice panel, in relation to a permanency decision, where consideration is being given to making an application to the Childrens Court for a child protection order.

For further information about permanency planning, refer to the practice paper Permanency planning.

5.5 Refer the case to a practice panel

The role of a practice panel, in relation to permanency decision-making, is to review, and where possible, reach agreement about endorsing the decision to reunify a child with their parents, or to pursue an alternative long-term placement option. Practice panels occur as part of the case
plan review process and provide rigour and objectivity to the decision-making process around permanency decisions.

In circumstances where a child protection order is being considered as part of a permanency decision, such a decision must be made by a practice panel.

All children subject to child protection orders granting custody or guardianship to the chief executive can be referred to a practice panel process. In making a decision relating to a permanency options for a child in out-of-home care, the CSSC manager will review and determine what is in the child’s best interests. In reaching such a decision, consideration may be given by the CSSC manager, to convening a practice panel to help guide decision-making and provide recommendations in relation to permanency options.

**Practice panel composition**

A practice panel must comprise of a senior practitioner, the child’s team leader, the CSO and a critical friend. Another team leader may also participate in circumstances, where:

- a case is to transfer to another team after an application is made for a child protection order, or
- siblings are managed by different teams.

A recognised entity staff member will also be invited to participate in the panel process for an Aboriginal or Torres Strait Islander child, in accordance with the legislative requirements for ensuring recognised entity participation in significant decisions (*Child Protection Act 1999*, section 6).

A critical friend is an independent third party who has the required qualifications, skills and knowledge to contribute in a meaningful way to the review of the decision-making process, and who has had no previous involvement with the child, the child's family or been a party to any decision-making for the child. A critical friend may be a departmental officer, a member of another government service or a member of the community sector.

Where a child protection order is being considered, a court coordinator will also be invited to participate.

**Decide whether to refer to a practice panel**

It may be beneficial to make a referral to a practice panel to discuss critical decision-making about permanency options at the following key trigger points:

- where reunification is planned to occur within the next six months
- where a long-term placement or arrangement is being sought through an adoption order or a Family Court order.

A referral to a practice panel **must** be made where consideration is being given to making an application to the Childrens Court for a child protection order. This includes circumstances where:

- a decision is made to cease reunification efforts and to seek a long-term guardianship order
• an application will be made for a revocation, variation or extension of a child protection order, including a variation of a long-term guardianship order.

**Prepare documentation to inform practice panel discussions**

In all cases eligible for referral to a practice panel:

- complete the *Practice panel referral form*
- obtain the team leader’s endorsement of the form
- unless already finalised, complete an assessment of the child's strengths and needs and if applicable, complete the parental strengths and needs assessment
- complete the family reunification tool, where applicable.

**Arrange for the panel to convene**

The CSSC manager is responsible for determining the membership of the practice panel. When the panel membership is decided:

- schedule the practice panel meeting
- invite all relevant participants
- provide the following documentation to panel members, prior to the panel convening either:
  - the completed *Practice panel referral form*
  - the relevant SDM tools including, the child strengths and needs assessment, the parental strengths and needs assessment, if applicable and the family reunification assessment, if applicable.

**Note:** Allow adequate time for panel members to consider all referral information, prior to the panel convening.

**Conduct the practice panel**

Panel members will consider the information outlined in the ‘Practice panel: referral’ form, any relevant review or recommendation reports, along with the family reunification assessment, the child strengths and needs assessment and the parental strengths and needs assessment, where applicable.

In addition, for an Aboriginal or Torres Strait Islander child, the decision to reunify the child or to pursue an alternative long-term placement option is a 'significant decision', and the recognised entity must be provided with an opportunity to participate in the decision-making process.

Based on the information considered and discussed during the panel meeting, panel members will, where agreement is reached, endorse the decision to either reunify the child, or pursue a permanent out-of-home care placement.

A departmental officer must record the details of the panel's discussion, including the panel's decision to endorse or not endorse the permanency decision on the ‘Practice panel: referral form’.
Where a panel cannot reach a decision due to a need for further information, it may be decided to reconvene the panel at a later time, to enable further case work or information gathering to occur.

**Refer to the CSSC manager where consensus cannot be reached**
If consensus cannot be reached by panel members, the matter will be referred to the CSSC manager, who will consider the information discussed during the meeting, the views of panel members as noted in the minutes and make a final decision.

**Complete a case plan review and revise the case plan**
Following the practice panel meeting, complete a review of the child’s case plan, which will include:

- holding discussions with the child, parents, carers and other parties involved in the review, about the decisions of the panel (or the CSSC manager)
- finalising the review report and the revised case plan.

For further information, refer to 5. Review and revise the case plan.

**Record keeping**
All documentation associated with the practice panel referral, discussions and outcome, will be attached to the relevant event in ICMS.

**Provide advice of reviewable decisions**
As soon as practicable after making a decision which constitutes a ‘reviewable decision’ (*Child Protection Act 1999*, schedule 2), provide all ‘aggrieved persons’, as listed in the *Child Protection Act 1999*, schedule 2, with written notice of the decision, the reasons for the decision and how to apply to have the decision reviewed by QCAT.

### 5.6 Complete the review report

The review report documents the formal review of a case plan and provides evidence that the review of the case plan has occurred through a participative process.

**Record a review report**
To complete the review report, consider the key areas of assessment, including the progress of the case plan and other matters that must be addressed in the revised case plan such as:

- the case plan goal and outcomes from the previous case plan that have been achieved or are yet to be achieved
- any changes to the goals or outcomes in the revised case plan
- any services provided to the child under the previous case plan or the revised case plan
- the extent to which the care and contact arrangements under the previous case plan have met the child’s needs
- the extent to which arrangements for maintaining and supporting the child’s cultural identity have been met
• who participated in the review, how they participated and whether a family group meeting was held and who attended.

Record in the review report how the child’s need for long-term stable care will be met in the revised case plan. When the child is placed in out-of-home care under a child protection order granting custody or short-term guardianship, the report must state:
• the risks and benefits of returning the child to the care of parents
• whether there is a risk that the child will not return to live with the parents within a stated timeframe (appropriate to the child’s age)
• the plans that have been made for long-term out-of-home care for the child.

The plan for long-term out-of-home care may involve:
• arranging for the child to live with a member of the child’s family, or another suitable person, under a child protection order granting long-term guardianship of the child
• arrangements for the child’s adoption under the Adoption Act 2009
• for a child fifteen years and over, arrangements for the child’s transition to independent living.

Record the review report in ICMS and submit it to the team leader for approval.

When a child is subject to a long-term guardianship order to a suitable person, there is a different review report - ‘Long-term guardianship to a suitable person - Contact and review report’. For further information refer to 5.10 Long-term guardianship to a suitable person - case plan review.

5.7 Re-assess the child’s strengths and needs

Prior to revising the case plan for a child, when the case will remain open for ongoing intervention, re-assess the child’s strength and needs. The child strengths and needs assessment will assist in identifying the child’s strengths and the needs that must be addressed in the case plan to ensure their safety and well-being. The purpose of this assessment is to:
• provide current information about the child’s strengths and needs and identify changes in the child’s functioning
• evaluate the effectiveness of the intervention and services provided to the child by the department
• identify whether there are specific areas of departmental intervention that need to be amended, or require further attention, in order to meet the child’s protection and care needs.

For further information about completing a child’s strengths and needs assessment refer to 1.2 Assess the child’s strengths and needs.

When a child is subject to a long-term guardianship order to a suitable person, there is no requirement to complete the CSNA as part of the case plan review process.
5.8 Re-assess the parental strengths and needs

Prior to revising the case plan for a child, when the case will remain open for ongoing intervention, re-assess the parental strength and needs, unless the child is subject to a custody or guardianship order and the case plan goal is not reunification. Re-assessing the parental strength and needs:

- provides current information about the parental strengths and needs
- evaluates the effectiveness of the departmental intervention to date
- identifies the three priority parental needs to be addressed in order to meet the child’s protection and care needs.

For further information about completing a parental strength and needs assessment refer to 1.3 Assess the parental strengths and needs.

5.9 Develop and endorse the revised case plan

A revised case plan is completed following:

- the completion of the case plan review
- the decision to continue ongoing intervention with the child and family
- completion of the child and parental strength and needs assessments.

Develop a revised case plan

The revised case plan will record the goal, outcomes and actions to ensure a child’s protection and care needs and will be informed by current assessments including:

- the family risk re-evaluation or a family reunification assessment
- child and parental strength and needs assessments
- the review report
- the case plan goal for the next implementation period - this may be the same goal or a revised goal
- outcomes and actions for the next implementation period including:
  - outcomes that are still relevant but have not yet been achieved
  - new or additional outcomes and actions identified in the review of the existing case plan
  - new outcomes and actions identified as a result of decisions about the case plan direction, for example, the decision to apply for a new child protection order or to extend an existing order
  - actions to plan for long-term out-of-home care for the child when reunification is unlikely - depending on the age of the child, options may include the child’s adoption under the Adoption Act 2009 or the child’s transition to independent living
  - ongoing supports to be provided to the child and their long-term guardian, where applicable - refer to Chapter 3, 1. What if a suitable person has long-term guardianship?
  - any revised care and contact arrangements including compliance with the child placement principle
• arrangements for maintaining and supporting the child’s cultural identity as outlined in the cultural support plan
• services to be provided to the child and family
• participants in the case plan review, how they participated and whether a family group meeting was held.

Endorse the case plan

Record the new case plan for a child on the approved case plan form in ICMS and submit it to the team leader or senior practitioner for endorsement within 10 business days unless the plan is clearly impracticable or is not in the child’s best interests.

When the plan is not endorsed, the plan is amended to the extent necessary to ensure that it is workable and consistent with a child’s best interests.

Distribute the revised case plan to:
• the child, when age appropriate
• the child’s parents
• a suitable person granted the long-term guardianship of the child, where applicable
• other participants in the review of the case plan, such as, the child’s carer, licensed care service or the recognised entity.

For further information refer to 3.4 Record, endorse and distribute the case plan.

When the case is to be closed

When the decision is made to close a case following the review process, refer to Chapter 3, Ongoing intervention.

5.10 Long-term guardianship to a suitable person - case plan review

When a child has a long-term guardian, the department must contact the child and long-term guardian every 12 months to decide whether to review the case plan. For further information about the contact requirements refer to Chapter 3, 1. What if a suitable person has long-term guardianship?

Decide whether to review the case plan

A review of the case plan is required:
• when requested by the child or the long-term guardian at the 12 monthly contact, where the department agrees to the review
• at any other time when requested by the child or the long-term guardian, where the department agrees to the review
• when the department considers it necessary to review the case plan, without it being requested.
The child’s case plan will be reviewed regardless of whether it has been requested by the long-term guardian or child, in any of the following circumstances:

- the long-term guardian is not fulfilling their obligations to tell the child’s parents where the child is living, give the parents information about the child’s care and is not providing opportunity for contact between the child, parents, family members and other significant people (Child Protection Act 1999, section 80)
- a review is required to assess the current care arrangement and appropriateness of the order to ensure it is meeting the child’s care and protection needs
- an investigation and assessment regarding the long-term guardian’s care of the child has been finalised and the outcome is ‘substantiated - ongoing intervention continues’ and the child is at an unacceptable risk of harm
- the department is notified that the child is no longer residing in the direct care of the long-term guardian
- the long-term guardian or the child requires time-limited, intensive case work from the department. For further information, refer to the practice resource Program of supports - long-term guardians
- the long-term guardian makes a request for the high supports needs allowance or the high supports needs allowance has continued beyond 12 months. For further information, refer to the practice resource Program of supports - long-term guardians
- the long-term guardian or child is in receipt of child related costs payments that have been ongoing for more than 12 months. For further information, refer to the practice resource Program of supports - long-term guardians.

A case plan review may also be considered when an investigation and assessment regarding the long-term guardians care of the child has an outcome of ‘substantiated - ongoing intervention continues’ and it has been assessed that the child is not at unacceptable risk of harm.

When a child is subject to a long-term guardianship order to a suitable person, the child strengths and needs and parental strengths and needs assessment are not completed.

Exceptions

A formal review of the case plan may not be required when the child or long-term guardian request additional support and this can be managed via case work. These circumstances include, but are not limited to requests for:

- one-off requests for child related costs
- referrals to other government and non-government agencies.

In these circumstances, financial and practical support can be assessed and approved by the department without a formal case plan review. For further information, refer to the practice resource Program of supports - long-term guardians.

Decision by the department not to review the case plan

In exceptional circumstances, the department may decide not to review the case plan when it has been requested by a child or long-term guardian. For example, a case plan review may not
be considered necessary when a review has recently been conducted and the child’s circumstances have not significantly changed since the revised case plan was finalised.

The decision not to review the child’s case plan constitutes a ‘reviewable decision’ (Child Protection Act 1999, schedule 2). When the decision is made not to review the child’s case plan:

- inform the child and long-term guardian of the reason for the decision and how to have the decision reviewed
- ensure the child’s understanding of the review process
- provide written notice of the decision, as soon as practicable after the decision is made by completing the Letter re: Decision not to review the case plan for the long-term guardian, and writing a letter specifically for the child, based on their age and ability to understand. Attach a copy of each written notice to the relevant event in ICMS.

The team leader or CSSC manager is responsible for ensuring compliance with the legislative requirement to provide written notice of the decision to not review the child’s case plan.

**Decide the process and complete the case plan review**

Determine the process for the case plan review on a case-by-case basis and in the best interests of the child. Undertake the review process as outlined in 5. Review and revise the case plan.

Ensure the child and the long-term guardian are provided with an opportunity to participate in a case plan review. However, it is not a requirement that the child and the long-term guardian participate in the review. Where considered appropriate to the circumstances, convene a family group meeting to review the case plan or to develop a new one.

**Complete the contact and review report**

Where a case plan review occurs as part of the contact with the child and long-term guardian, complete the relevant sections of the ‘Long-term guardianship to a suitable person - Contact and review report’ in ICMS and:

- complete the ‘Contact with child’ section
- indicate that the review has been requested and approved by the department - this will automatically generate the review report within the form
- complete the report and submit it to the team leader for approval.

If there is no request to review the child’s case plan or the department does not agree to a review, in the ‘Contact and review report’ in ICMS:

- complete the ‘Contact with child’ section
- indicate that a review was not requested or approved by the department - the review report will not be generated
- submit the report to the team leader for approval.

When the child’s case plan is not reviewed every 12 months, the existing ongoing intervention event in ICMS will remain open.
Develop the revised case plan

Where a decision is made to revise the case plan, meet with the relevant people and complete the ‘Long-term guardianship to a suitable person - Case plan’. This includes:

- the case plan goal - this may be the same goal or a revised goal, for example, it may change from ‘long-term out-of-home care’ to ‘young person lives independently’
- the support needs and actions required to ensure the child’s protection and care needs including:
  - the outstanding support needs and actions that are still relevant and have not yet been achieved
  - new support needs and actions identified in the review of the existing case plan or as a result of decisions about the case plan direction
  - ongoing supports to be provided to the child and their long-term guardian
  - services to be provided to the child and the long-term guardian
  - any revised care and contact arrangements
  - arrangements for maintaining and supporting the child’s cultural identity as outlined in the cultural support plan
  - the participants in the case plan review, how they participated and whether a family group meeting was held.

For a child subject to a long-term guardianship order to a suitable person, an education support plan or a child health passport is not required.

What ifs - responding to specific case planning

1. What if an initial case plan is developed without a family group meeting?

If it was not possible to convene a family group meeting or if participants were unable to reach agreement, a case plan can be developed by the department, in accordance with the Child Protection Act 1999, section 51(S). In these circumstances, obtain the views of the following people:

- the child, unless it would be inappropriate because of their age or ability to understand
- the child’s parents
- other members of the child’s family group who are considered likely to make a useful contribution
- other significant people for the child for example, a foster carer
- any legal representative for the child
- a recognised entity for an Aboriginal or Torres Strait Islander child
- a relevant service provider
- anyone else considered likely to make a useful contribution to the plan.
Prepare a case plan that best meets the child’s protection and care needs taking into consideration:

- the participants’ views
- information obtained through the assessment process about risks to the child
- information provided by the recognised entity for an Aboriginal or Torres Strait Islander child
- the child and parental strength and needs assessments.

Record the case plan, including the cultural support plan where relevant, in ICMS and submit it to the team leader for endorsement within 10 business days of completion.

**Record why a family group meeting was not held**

Where the case plan has been developed without a family group meeting and an application for a child protection order is made, the court must be provided with evidence in affidavit material about why the case plan was developed in this way. The court must be satisfied that it was not possible to convene a meeting within the terms of the *Child Protection Act 1999*, section 51S(2) and that all steps were taken by the department to convene a meeting in compliance with the *Child Protection Act 1999*, chapter 2, part 3A. A lack of time and resources will not be sufficient criteria to meet this threshold.

**2. What if parents are unwilling to engage in case planning?**

In circumstances where parents resist involvement or try to interfere with case planning and review processes, every attempt should be made to encourage their involvement. To help engage the parent:

- communicate openly and clearly in a respectful, empathic and genuine manner
- communicate a commitment to achieving a positive outcome for the child and the parent
- acknowledge the involuntary nature of the department’s involvement, where appropriate
- explain the purpose of the case plan and emphasise the importance of the parents’ involvement
- identify and address any fears the parents may have.

Where this is not successful, consider engaging the parent through:

- a support person, who will assist the parents in the process
- the assistance of the recognised entity for an Aboriginal or Torres Strait Islander child
- a community agency worker, who may be able to assist the department by gathering information to inform the case planning or review process.

When parents refuse to be involved in the process, the parental strengths and needs assessment will still be completed by gathering information from the following sources:

- other people who know the parents
- the recognised entity, where relevant
• departmental records about any previous contact with the parents.

Do not preclude a parent from the case planning process because they refuse to engage in the assessment of their strengths and needs.

3. **What if people are excluded from attending and participating in a family group meeting?**

Under the *Child Protection Act 1999*, section 51L(4) and 51W, a person who should be given the opportunity to attend the family group meeting, may be excluded by the convenor, when the person’s participation and attendance:

- would not be in a child’s best interests
- would be contrary to the purposes of the meeting.

**Reasons to exclude a person may include:**

- a risk of harm to the child or another person attending the family group meeting
- a history of domestic violence where a participant may be too intimidated to express their views if the perpetrator is present
- a participant has a mental illness or substance misuse issues, that will disrupt the family group meeting so that it will be unable to function
- the presence of a participant is likely to pose a psychological and emotional risk to the child’s well-being and ability to participate in the meeting.

The decision to exclude should be **exercised rarely**, and only after strategies to avoid excluding have been considered in consultation with the team leader and the CSO with case responsibility. The convenor **cannot exclude** the child, a CSO, a recognised entity representative or a child’s legal representative.

4. **What if the case plan cannot be endorsed?**

If the case plan developed is considered impractical or not in the child’s best interests (*Child Protection Act 1999*, section 51R) the case plan will not be endorsed. In this circumstance, either:

- reconvene the family group meeting and involve people from the previous meeting
- hold another family group meeting, involving a different mix of people from those involved in the meeting that developed the original plan
- amend the original case plan in ICMS and submit it to the team leader for endorsement.

**Amend the case plan**

If a case plan cannot be endorsed, it can be amended under the following conditions:

- **within 10 business days** after the case planning meeting at which the original plan was developed
- only to the extent necessary to ensure the case plan is practicable and in the child’s best interests
after consultation with the convenor if the family group meeting was convened by a private convenor.

If the decision is made to amend the case plan, provide each person who was at the family group meeting at which the original plan was developed, written notice of the amendment and the reasons for the amendment.

It is the role of the department to make decisions about amendments to a case plan. When case plans are submitted to the Childrens Court, it is the role of the court to ensure the case plan is appropriate for meeting the child’s protection and care needs. When making this decision, it is not relevant whether all persons who participated in the development or revision of the case plan have agreed with the case plan (Child Protection Act 1999, section 59 (1)(b)(ii) and (3)).

5. What if an application for a child protection order is filed with the Childrens Court without a case plan?

If an application for a child protection order must be made before a family group meeting has been held, file the application with the affidavit and other supporting evidence addressing the following:

- the attempts that have been made to develop or review the case plan
- the child’s assessed protection and care needs.

The court may then adjourn proceedings under the Child Protection Act 1999, section 67, and either:

- make an interim order granting temporary custody of the child to the chief executive or a suitable person who is a member of the child’s family
- make directions about a parents contact with the child
- order that a family group meeting be convened to develop the case plan and that the plan be filed in court (Child Protection Act 1999, section 68(1)(d)(i)).

Note: the court cannot make an interim order for a supervision order.

**Long-term guardianship to a suitable person**

When a decision is made to apply for a child protection order granting long-term guardianship to a suitable person, the revised case plan must be submitted to the Childrens Court upon the application for the order, and must incorporate key items specific to the proposed order. For further information, refer to 3.3 Develop key items in the case plan - application for long-term guardianship to a suitable person.

6. What if a reunification assessment is required when parents live in another jurisdiction?

When requesting an assessment for the purpose of reunifying a child subject to a Queensland child protection order, with a parent who resides in another jurisdiction:

- ensure that the parent is aware of the intended assessment and is willing to participate in the assessment process
• undertake a non-urgent criminal and domestic violence history check of the parent and any other adult household member, if required - refer to Chapter 2, 2.7 Gather information from other sources
• undertake interstate child protection checks of the parent and any other adult household member, if required, in accordance with usual arrangements with Data Management Services
• contact the Interstate Liaison Officer (ILO) at Court Services and request a 'Reunification Assessment Request' template
• complete the 'Reunification Assessment Request' and provide appropriate supporting documentation, for example, medical and psychologist reports on the child and parent
• have the request signed by the CSO with case responsibility and the team leader
• fax or post all relevant documentation to the ILO at Court Services.

7. What if there is a change in the individuals residing in the family home?

When a child is deemed to be in need of protection and is the subject of ongoing intervention, the parents must be informed of requirements to notify the department of any change in the adults or children who will be residing in the family home - refer to Chapter 3, 10. What if there is a change in the individuals residing in the family home?

8. What if there are criminal matters to consider during reunification?

Criminal matters and reunification

When a decision is made to consider the reunification of a child, the criminal history of the parent or parents must be considered. A thorough assessment should occur when reunifying a child to a household where a parent, their partner or an adult member in the reunification household has a conviction for a serious criminal offence against a child. This must occur prior to completing the initial family reunification assessment.

To undertake the criminal history check, refer to 1.1 Gather information about the child and family.

When the department obtains information that any adult in the household has an alleged offence, charge or conviction, and one, or both, parents has no knowledge of the information, the Child Protection (Offender Reporting) Act 2004 prohibits an authorised officer from telling the parent the exact details of the alleged offence, charge or the conviction. An authorised officer, however, has a duty (Child Protection Act 1999, section 4 and 5) to inform the relevant parent or parents that the department has concerns about the adult member of the household, but privacy legislation prevents the exact details of the concerns being disclosed.

In this circumstance, advise the parent that it is their responsibility to seek information from the person about their history that would be of concern to the department. Once the parent is made aware of this information, the department can then work with them to ensure appropriate action is taken to protect the child as part of the reunification process. Where the person does not
inform the parent of the specific concerns, the department will still assess the parent’s ability and willingness to protect the child, as outlined below.

The assessment should be conducted in consultation with the senior practitioner and team leader and should cover the following areas to determine that reunification to the household will not pose a risk to the safety and well-being of the child:

- what knowledge, if any, the primary parent without a criminal history has of the other adult's conviction and their attitude to the concerns and that person having contact with the child
- the willingness, if any, of the adult with the criminal history to engage in an assessment process and disclose details of their conviction to the parent or parents
- the nature and circumstances of the offence, when it occurred, and any treatment or programs that the offender has undertaken and the success of such intervention
- what safety plan, if any, could ensure the ongoing safety of the child should reunification to this household occur.

Following the assessment, the family reunification assessment should be completed and the information included in the case plan for the child.

If use of a discretionary override is warranted to change the permanency plan recommendation for the child from reunification to alternative long term stable living arrangement, a team leader or senior practitioner needs to endorse the use of the override.

The CSSC manager must approve the decision to either:

- work towards reunification following the assessment
- reunify a child to a household where a parent, their partner or an adult household member has been convicted of any of the offences, as outlined in the Serious criminal offences resource.

Record the CSSC manager’s approval in a case note titled ‘Case discussion: reunification decision’.
Resources

Forms and templates

- Assessment report - Long-term guardianship to a suitable person
- Casework audit tool
- Child strength and needs notes
- FGM invitation letter
- FGM referral
- Letter re: Decision not to review the case plan
- Parental strength and needs notes
- Practice panel referral form
- QPS - Non-urgent criminal and domestic violence history check request spreadsheet

Departmental resources

- Children and young people’s participation strategy
- Critical steps in case planning
- Developing the goal, outcomes and actions
- Family group meeting convenor handbook
- Finalise the strengths and needs assessment
- Listening, hearing and acting
- Physical and Cognitive Developmental Milestones
- Practice guide: The assessment of harm and risk of harm
- Practice paper: Family contact for children and young people in out-of-home care
- Practice paper: Permanency planning
- Practice paper: Working with Aboriginal and Torres Strait Islander people
- Practice paper: Working with people form culturally and linguistically diverse backgrounds
- Practice resource: Assessing the progress of the case plan
- Practice resource: Case planning - an overview
- Practice resource: Developing a cultural support plan for an Aboriginal or Torres Strait Islander child
- Practice resource: Participation of children and young people in decision-making
- Practice resource: Program of supports – long-term guardians
- Practice resource: Receiving Integrated Justice Information Strategy email alert information
- Practice resource: Structured decision making - an overview
- Practice resource: Supporting parents who have an intellectual disability
- Practice resource: The child placement principle
- Practice resource: Working with the recognised entity
- SDM: Child strengths and needs assessment
- SDM: Family reunification assessment
- SDM: Family risk re-evaluation
- SDM: Parental strengths and needs assessment
- Serious criminal offences
- Statutory delegations
- Strengths and needs interviewing questions
- The case planning process

External resources
- Fact sheet: 10.1 Attachment
- Fact sheet: 10.2 Infant and Toddler Mental Health Emotional Risk Indicators
- Interpreter services