Case Planning

When a decision has been made that there will be ongoing intervention with a child in need of protection, a case plan will be developed to address the child’s protection and care needs \cite{Child Protection Act 1999, section 51A-Y}. As the flowchart shows, the case plan will be developed in an inclusive and participative process with the child, the child’s family and other significant people. 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 initial case plan for a child will be developed at a family group meeting.

The key steps for case planning are outlined in the ‘Initial case planning flowchart’ on page 4 of this resource.

There are four stages in the ongoing intervention with a child and family:

- assessment
- planning
- implementation
- review.

A parent for the purpose of case planning refers to ‘the child’s mother, father or someone else’ (other than the chief executive) having or exercising parental responsibility for the child. For Aboriginal or Torres Strait Islanders the definition would include family members who may have been given cultural responsibility to care for the child. This definition also includes long-term guardians \cite{Child Protection Act 1999, section 51F}.

A recognised entity must be given the opportunity to participate in the decision-making process for an Aboriginal or Torres Strait Islander child.

Assessment

Prior to developing a case plan, a further assessment of the child, the child's family and the family environment will be undertaken to inform and prepare for a family group meeting. The assessment will involve:

- engaging with relevant people to gather information
- complete the child and parental strengths and needs assessments
- identify the child’s protection and care needs and explore service options to address the identified needs.

This is an opportunity to build rapport, gain an understanding of the child and family context, identify the significant people and support networks for the family and consider all relevant information prior to the case planning process.

Case supervision with the team leader during the assessment stage will assist with the process of determining the Child Safety Services position with regard to case planning. A family group meeting referral and other relevant information must be provided to the convenor of the family group meeting in a timely manner. The key information gathered and recorded is:

- the ‘approved’ investigation and assessment
- the completed child and parental strengths and needs assessments
• Child Safety Services ‘bottom line’ (or minimum requirement for what is needed to meet the child’s protection and care needs)
• information about service providers that may meet the child and parental needs.

The convenor may request additional information during the assessment and planning stages to ensure that the participants at the family group meeting are well prepared and able to consider all relevant information.

Planning

Child Safety Services will develop a case plan for any child assessed to be in need of protection and must convene a family group meeting to develop the plan (Child Protection Act 1999, section 51A-T). The case plan is a written document that identifies the goal of the ongoing intervention and the outcomes and actions required to achieve the goal. Case planning is a process of planning strategies to address a child’s protection and care needs and promote a child’s well-being. It is a cyclical and participative process. Every effort will be made to convene the family group meeting to develop the case plan within 30 days of the decision being made that a child is in need of protection.

The family group meeting brings together those who know the child and family best, and other relevant persons and agencies, such as a recognised entity for an Aboriginal or Torres Strait Islander child. It provides an opportunity to develop the case plan for a child that is needs-based and holistic, and builds on the strengths and resources within the child’s family group, cultural community and wider community. Case planning is about mapping a way forward for a child. Case plans must be goal directed and clearly identify matters, such as outcomes, key actions and how the progress of the plan will be measured. The Childrens Court cannot grant a final child protection order unless an appropriate case plan has been prepared for a child.

Implementation

Implementation includes all of the activities undertaken on a day-to-day basis, to achieve the goal and outcomes of the case plan and manage the department’s intervention with the child and their family. Where Child Safety Services is responsible for implementing the case plan, the key activities include referrals to, and liaison with, service providers, organising and assessing family contact, direct case work with the child and the parent/s, undertaking the practical tasks associated with the case plan and facilitating change through relationships with all parties. Where a child is in the custody or guardianship of the chief executive, the allocated officer will be responsible for a range of activities consistent with the custody or guardianship role, including working with carers and maintaining the child’s cultural links.

Review

Review is a process of reviewing the existing case plan, and developing a new case plan, based on an up-to-date assessment of the progress made toward the case plan goal and a reassessment of risk, safety, strengths and needs. The review process will include the completion of the relevant structured decision making tools that guide the assessment and decision-making about ongoing intervention with the child and family. The review process is a participative one that must involve the child, the child’s family and other significant or relevant persons and service providers, including a recognised entity. A family group meeting may be held in some circumstances, but is not required for the case plan review. The review of a case plan must occur at least once every six months (Child Protection Act 1999, section 51V(3). The outcome of a case plan review process is a completed review report and a new case plan.
Case plans are to be regularly reviewed. When deciding when, or how often to review the case plan, the following factors are to be taken into account:

- 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**.

For a child subject to a long-term guardianship order to a suitable person, there are different case plan review requirements. There will be a reduced level of contact by Child Safety Services with the child and long-term guardian and the obligation to review the case plan will be met, in most circumstances, by twelve-monthly contact with the child. The *Child Protection Act 1999*, section 51VA, outlines these case planning review and contact requirements for a child who has a long-term guardian. The obligations are:

- for Child Safety Services to contact the child at least once every twelve months and give the child an opportunity to make comments or queries about the case plan, or ask for it to be reviewed
- for the long-term guardian to allow Child Safety Services to have contact with the child at least once every twelve months.

At any time, the child or the long-term guardian may ask for the case plan to be reviewed. In addition, Child Safety Services may consider it necessary to review the case plan, without it being requested.

**The involvement of parents and children in decision-making**

When making decisions about ongoing intervention, Child Safety Services will uphold the rights of parents to be involved in every stage of decision-making concerning their child (*Child Protection Act 1999*, section 5(2)(d)(iii) and 51G(b)). The only circumstances where it may not be possible for parents to actively participate in decision-making, include:

- when the parents involvement in decision-making poses a risk to the child’s emotional or physical safety
- when the parents may be unable to contribute to the decision-making process for the child, for example, due to intoxication or psychiatric illness.

In these situations, parents are entitled to full information and as much involvement as is appropriate in other decisions about their child.

Child Safety Services will also ensure that the child has the opportunity to participate in decisions relating to their own protection (*Child Protection Act 1999*, section 5(2)(d)(iii), 51G(ii) and 51ZB).

Consideration will be given to the ability of the child to understand and their capacity to participate in such decisions.

**Case planning timeframes**

Following the decision that a child is in ‘need of protection’ and ongoing intervention is required, the following timeframes apply:

- the matter will be referred to a family group meeting convenor immediately
- a family group meeting to develop a case plan will be held within 30 days of the decision that a child is in need of protection
the completed case plan for a child will be endorsed by a team leader within 10 business days.

Once a matter is referred to a convenor the investigation and assessment is to be completed, approved in ICMS and provided to the family group meeting convenor as soon as possible.

A child’s needs for permanency, stability and continuity of relationships must be prioritised throughout the cycle of assessment, planning, implementation and review. Where the case plan goal is reunification, the planning and review process must assess any risks that the child will not be able to return to the care of a parent in a timely way. They must also include strategies to address these risks and progress planning for long-term out-of-home care arrangements for the child which can and will apply if the child cannot be safely reunified with the parent. Decisions about reunification and permanency will be guided by the family reunification assessment tool.
Initial case planning flowchart

Child assessed as being in need of protection
NB: an FGM must be held for an initial case plan

Initial case planning process

Prepare referral to FGM convenor

Gather further information about the child and family

Gather any other relevant information:
- professional reports
- arrange interpreter
- extended family

Complete CSNA
Assess child’s strengths and needs

Assess parent’s strengths and needs
Complete PSNA

Undertake as required:
- criminal and/or DV checks
- substance misuse tests
- consult with RE

Determine ‘bottom line’ for case planning

Identify and consult with Service Providers

Provide written documents to Convenor:
- approved I&A
- CSNA
- PSNA
- other relevant material
- SA & FRE

Determine ongoing intervention case type

Explore service options

Meet with family to discuss

Seek approval for expenditure prior to FGM

Provide information to FGM convenor

CSO and FGM Convenor prepare for FGM

Convene the FGM and develop the case plan, including the goal and outcomes

Record and send to the team leader for endorsement

Distribute the case plan to relevant participants (including the child, where relevant)