

Case Planning in Out-of-Home Care

Case planning is the process used in the Permanency Support Program (PSP) to give children and young people (child) safety, stability, permanency, connection and wellbeing. A case plan guides how case workers and other people support children and their families. It is a living document which is reviewed and updated to reflect the changing needs of the child and their family. Under the PSP there are different types of case plans depending on the child's permanency goal.

Case planning is a cornerstone of keeping kids safe.

Before starting the case planning process, you need to be clear about the child's permanency goal.

Permanent placement principles

The *Children and Young Person's (Care and Protection) Act 1998* (the Care Act) clearly defines that there are preferred options for where a child lives (placement), if they have to come into care.

Restoration is the preferred permanency option for a child entering care.

The preferred order for the permanent placement of a child in OOHC is:

1. restoration
2. guardianship
3. open adoption (for a child that is not Aboriginal or Torres Strait Islander)
4. parental responsibility to the Minister (long term care)
5. open adoption (for a child that is Aboriginal or Torres Strait Islander).

Permanency Hierarchy
for Aboriginal and Torres Strait Islander children



Permanency Hierarchy
for non-Aboriginal and Torres Strait Islander children



A child can only have one permanency goal at a time. The permanency goal directs the work done with the child and family and informs the case plan/s. The case plan that you develop will depend on the child's permanency goal.



Care Plan

- One-off plan
- Developed by DCJ
- Collaboration from PSP service provider
- Approved by the Court
- Details the Permanency goal for a child and how this will meet their long term needs



OOHC Case Plan

- Live document, reviewed annually
- Developed by PSP service provider
- Collaboration from DCJ
- Approved internally by PSP service providers and uploaded to ChildStory
- Sets goals to enact the Permanency goal and the holistic wellbeing of child

This document provides an overview of case planning in out-of-home care (OOHC). It is the first of two documents for OOHC case planning. An accompanying document, ***Case Planning in Out-Of-Home Care - Practice Tips***, provides casework staff with practical tips. Please see [*Foundations of Case Planning in PSP*](#) for an overview of case planning, and [*Case Planning in Preservation and Restoration*](#) for information about working with families to keep their children safely at home.

Case planning is the process we use to make sure children and young people in OOHC receive the care and support they need to experience safety, stability, permanency, connection and wellbeing. A child is in OOHC if they have been removed from their family by the Department of Communities and Justice (DCJ) and are placed under the parental responsibility of the minister by the Children's Court.

An OOHC case plan is a living document which is reviewed and updated to reflect the changing needs of a child over time. An OOHC case plan must be developed within 30 days of a child entering OOHC (that is, after they are removed from their family), even if they are on interim orders from the Children's Court.

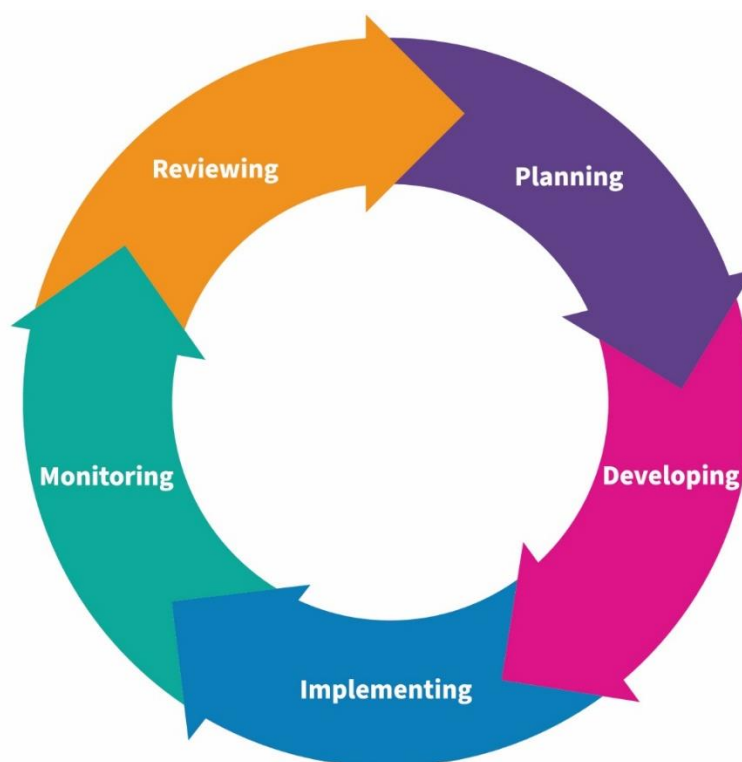
A case plan must be developed collaboratively with the child and the people who are important in their life, including parents, carers, kin, teachers, health practitioners and cultural or religious connections. This collaboration is not limited to participating in a case plan meeting. Collaboration should be part of your everyday casework. Casework staff are encouraged to be creative and empathetic in finding authentic ways to connect with the child's network, to support the child's lifelong connections.

An OOHC case plan is the roadmap we use to ensure a child's needs are being met, and they have the opportunity to realise their potential. It is also a requirement for accreditation and service providers contract with DCJ.

An OOHC case plan has five stage: planning, developing, implementation, monitoring and review:



However, because case plans are living documents, it is more helpful to think of the process as a continuous cycle:



1: Collaborative Case Planning

Case planning can take time. Before a case plan can be developed, the caseworker needs to have a comprehensive understanding of the child, their family, their carers, their wellbeing and their journey into care. The first phase of case planning is talking to the child.

For more information on including children in case planning see *Case planning in out-of-home care – Practice tips*

Case plan meeting

A case plan meeting helps to inform the development of the case plan or case review. A case plan meeting must occur before developing the case plan. You and your manager discussing and reviewing the case plan is not a case plan meeting.

The caseworker should arrange for people who are important to the child to participate in a case plan meeting. This might include:

- the child or young person, if it is age and developmentally appropriate
- their parents, significant others, including extended family and carers
- any support person nominated by the child, carer or parent
- Aboriginal and Torres Strait Islander caseworker or community member for an Aboriginal and Torres Strait Islander child
- community member for a child from a migrant or refugee background, after discussing this with the family and carers
- services working with the child, carer or parents
- anyone who may have responsibility for carrying out tasks in the case plan.

Before the meeting, ask and record the views of relevant people who are unable to attend. It might not be appropriate to have all the family attend the same meeting. Consider alternate ways to allow all the people who care about the child to have their views heard and recorded. Talk to the family about how they would like to participate.

There are 8 measures of wellbeing for a child in OOHC. These must be discussed at the case plan meeting. The 8 measures are:

- placement and permanency goal review
- personal identity and culture
- family/significant relationships/contact
- health and wellbeing
- education/vocation or training

- emotional and behavioural development
- social/living skills and peer relationships
- legal issues/care matters/victim compensation

2: Developing the OOHC Case Plan

Once a case plan meeting has been held, and the caseworker has compiled the views of all the people important to the child, they must write the case plan.

The case plan is the road map the child's care team will follow to support the child to live a happy, healthy and satisfying life.

The case plan sets goals and objectives against the 8 measures of wellbeing, including:

- strengths of the child, carer and family that support the child's wellbeing
- goals that are SMART (specific, measurable, achievable, realistic and time limited)
- what needs to be done, and who needs to do it
- when something needs to be done by
- whether the case plan is on track, and what has been done to resolve any issues.

A complete case plan must be reviewed with the child, parents and carers to ensure it reflects the discussion and is achievable. A manager of the service provider is responsible for approving the OOHC case plan. The approved case plan must be kept as part of the child's file, and shared with DCJ via the ChildStory Partner Portal or sent via email to the DCJ Child and Family District Unit (CFDU).

3: Implementing and Monitoring the OOHC Case Plan

The caseworker is responsible for completing objectives allocated to them or their agency. This is your day-to-day casework with a child.

An objective might be that the child has healthy teeth. A task required to meet that objective might include ensuring an annual dental check-up is complete, and any further dental recommendations are followed. In this instance it might be the caseworker's responsibility to organise the appointment, and ensure the child can attend. The outcome of the dental appointment would need to be recorded in the child's case plan.

4: Monitoring and Reviewing a Case Plan

As a caseworker, it is your responsibility to follow up:

- what progress has been made towards achieving the case plan objectives
- whether something needs to be done to make an objective happen on time

If there are struggles in achieving a task it is important to find out what these are. Talk to the person who is responsible and find out what support they need to achieve the task.

Talk to the people involved in the child's life as much as needed.

The case plan should include a record of whether:

- The tasks were completed. If they were not completed the reasons why not
- The tasks are meeting the needs of the child. If they are not the reasons why not. Planning for new tasks that will benefit the child should begin
- A task is completed and if it has made things better for the child. This will help inform future case planning by saying what worked, why it worked and how the child benefited from it.

An OOHC case plan must be formally reviewed at least every **12 months**.

It must also be reviewed:

- when a significant change occurs where the child is living or in the child's circumstances. An example of a significant change could include:
 - if the child's carer becomes sick and can no longer care for the child
- within two months after a final order is made for a child less than two years of age
- within four months after a final order is made for a child or young person over two years of age
- before a planned change of where the child lives
- within 21 days after an unplanned change of where the child lives
- within 21 days after the death of the authorised carer.

Children's Rights

The rights of the child must always be the primary focus of their care. The OOHC case plan must uphold the child's rights. For more information about the rights of children and your role in promoting these rights, please visit

<https://www.facs.nsw.gov.au/families/Protecting-kids/keeping-children-safe/childrens-rights>.