

Tips for Completing a Section 82 Report

The NSW Children's Court (the Court) can order written reports under [section 82](#) (s82) of the *Children and Young Persons (Care and Protection) Act 1998* (the Care Act) about a child in care. These reports help the Court understand the progress in implementing a child's care plan. Permanency Support Program (PSP) Service Providers are asked to prepare s82 reports for a child or young person (child) when they hold primary case management for the child. Section 82 reports need to be accurate and meet the standards expected by the Court. This fact sheet will help you with some tips, examples and the templates for writing s82 reports.

There are two different templates for s82 reports:

- The first is for a general update, when no specific issues have been listed in the s82 order.
- The second is for when the court order lists specific issues to be addressed in the s82 report.

Refer to the end of this document to access both templates. For further information on s82 reports, see the factsheet [Section 82 and Section 76 Reports](#).

Remember, you know the individual child, you know how their home and carer are meeting their needs, and you know whether there are any issues. You just need to explain this to the Court in a short report.

Considerations When Writing a Section 82 Report

Regardless of which template is used, consider the following:

- **Replace the DCJ logo** at the top of the template with your agency's logo.
- Use **name and date** conventions **consistently**.
- Write in the third person, not the first person because you are preparing a report and not an affidavit.

- The **executive summary** is a **snapshot** of how the **child is doing** and whether the **objectives in the Care Plan** have been **met**, with reference to any s82 issues listed in the order. This should be only 2-3 paragraphs in length.
- The report will vary in length but is **generally two to four pages long**, unless there are especially complex issues to address.
- Provide enough information so the **Court understands how the placement is going** and how it is **meeting the needs of the child**.
- Write **specifically for that child and their needs**. Generic information that could apply to any child of their age is not useful.
- Include details of any risk of significant harm (**ROSH**) **reports** or **reportable conduct matters** since Final Orders (or the last s82 report) and what you are doing to address them.
- Provide a **summary of each issue** that is to be addressed. It should not detail all your casework.
- Ensure each report **addresses the specific issues identified by the Court in the s82 order**. If no issues were identified, address the **general suitability of the placement and progress towards permanency, the child's health, education, culture and family time**.
- Be **succinct**. Summarise the key issues set out in the final care order and care plan.
- Focus on **key issues** and **relevant information**.
- **Comply with the s149b-k assessment** for disclosure of information. If a party to proceedings cannot have access to particular information, it must be redacted from their copy or omit it from the report. Speak with your local CSC or CFDU if you are unsure.
- **Do not to identify third parties** in the report **unless you have their consent** or they are known to the parties e.g. do not use a carer's surname or the full name of a carer's child without consent.
- **Annexures are not required for s82 reports** unless specifically requested in the order.
- If a previous s82 report has been filed, provide an update since the last s82 report was filed. **You do not need to repeat information included in previous s82 reports.**

Bear in mind that you are preparing the report on behalf of the Secretary (DCJ) on the basis of the case management that you are exercising for the child or young person. It is still DCJ that has been ordered to file the report and DCJ must consider and endorse the report before filing. Use an editable Word document rather than a PDF to facilitate this process.

Examples of Some Issues to Cover in Section 82 Reports

Example 1: Culture

Chantelle meets with her maternal grandmother, Mrs. Iris Davies (Mrs. Davies) every month. Mrs. Davies shares with Chantelle stories about her family and history. She talks with her about all the different members of her family, the role they might play in her life and how they are connected to her. Mrs. Davies helps Chantelle meet with, and get to know, her aunts, uncles, cousins and other important family and kin. She is also helping Chantelle to know her Country, sharing with her the Creation stories of the Gweagal clan, to which Chantelle belongs. Mrs. Davies takes her on outings to some of their culturally important places and shares with her the stories about those places.

Chantelle's carers, although they are not Aboriginal, are supporting her to understand her culture and grow up strong and proud. They speak with Chantelle's grandmother regularly who helps them with songs they can sing with Chantelle which they do on an almost daily basis. In the last six months, Chantelle's carers have been taking her to an Aboriginal play group in the Botany Bay area/Dharawal Country. The playgroup includes art and craft activities, songs, dances and language that foster and celebrate Dharawal culture. Chantelle's carers have taken the activities that she is learning at play group and continuing them at home.

**Chantelle, child subject of the report*

Example 2 & 3: Health

Dimi

Dimi has been referred to the OOHC Health Pathway and attended several health assessments. He now has a Health Management Plan developed by the local OOHC Health Coordinator which summarises the outcomes of these assessments and the services that he needs to meet his health needs.

The carers are working to implement the recommendations in the Plan, which include the need to improve Dimi's oral health. He has been to the dentist on five occasions since coming into care (insert date of any appointments during the review period). He has had a number of fillings to address tooth decay. One of his molars, that was unable to be saved, has been removed. The carers have helped Dimi with teeth brushing which he now completes twice a day. They have been taking him to regular dental appointments and are ensuring that he eats healthy food.

**Dimi, child subject of the report; carers anonymous.*

Amira

Amira has been referred to the OOHHC Health Pathway and attended several assessments to determine her physical, emotional and mental health needs. She now has a Health Management Plan developed by the local OOHHC Health Coordinator. Mrs Baruud and Mrs Allen are working to implement the recommendations of the Plan.

Amira has been seeing a child and adolescent counsellor once a week at a specialist refugee mental health service for the past five months. Amira's counsellor has been using talking and neurofeedback therapies to help her process her traumatic experiences, learn new ways of expressing her fear and anger and improve her memory and concentration.

As part of this she has also joined a young Middle Eastern women's refugee group that helps her learn communication skills and about life in Australia. The group incorporates singing, dancing and craft activities. Amira has told Mrs Baruud and Mrs Allen how much she loves attending the group.

Since she has been attending the service Amira's nightmares have decreased and Mrs Baruud reports that she is mostly sleeping through the night. She has not had any violent outbursts at school for three months and her English as a Second Language teacher reports that her concentration has significantly improved and her reading level has gone from a 5 to 16 over six months.

**Amira, child subject of the report; Mrs Baruud, relative/kinship carer; Mrs Allen, caseworker.*

Example 4: Contact

James' Care Plan identifies that he should have contact with his parents every month. Over the last 12 months he has seen his parents five times. During visits, James has been eager to engage with his parents, showing them pictures that has drawn for them and asking them to play games with him throughout the visit.

On two occasions his parents did not show up and on three occasions they cancelled at the last minute. The carer reports that James is sad much of the time, especially before contact and after it is cancelled. The carer also reports that James becomes nervous and irritable before he is supposed to see his parents. When contact is cancelled or his parents don't show he becomes especially withdrawn and often will not talk for days. The carer is getting increasingly frustrated and had wanted the scheduled visits to stop because she believes it upsets James too much. This was causing issues with the way she is able to support James and his feelings and behaviours regarding contact.

Ms Choy met with Mr Lake and Ms Hastings on 2 October to identify practical and emotional issues that prevent them attending contact. This has included help with transport, ideas about what activities they can undertake with James at contact and supporting them emotionally beforehand, so they feel less stressed and less stigmatised during contact. Since implementing these approaches, the previous two contact visits have gone ahead.

Ms Choy has also met with the carer to help her with strategies to support James, especially with his behaviour before and after contact, including through drawings and paintings and how James can use these to explain feelings, thoughts and desires. Ms Choy is also working with the carer so she can have a greater understanding of the worries of Mr Lake and Ms Hastings. In the last month, the carer has made less negative statements about contact.

Ms Choy has also worked directly with James through drawings and paintings to help him express his emotions about his parents. Through this, James is communicating more about his feelings, hopes and fears for contact.

**James, child subject of the report; parents, Mr Lake and Ms Hastings; anonymous carer; caseworker, Ms Choy.*

Example 5: Education

A Personalised Learning and Support Planning (PLaSP) meeting was held when Henry started at his new school, involving Ms Lee, the Principal, Henry's new teacher and his carer Mary (pseudonym). Ms Lee shared information from Henry's previous school, that he had some anxiety and trouble sleeping that impacted on his attendance at his previous school. He had struggled to focus in class and make friends.

Through the PLaSP, it was agreed that Henry would start seeing the school counsellor to help him with his anxiety, in addition to the psychologist services he was accessing with his carer Mary. These strategies are helping Henry to manage his anxiety, and his sleep has improved. The school has arranged for him to receive additional assistance in the classroom through a teacher's aide. This has helped Henry to focus more in class and engage in learning.

Ms Lee organised for Mary to complete a course on how to better support Henry's behaviour and anxiety. They shared the key learnings with Henry's teacher, so that they can all be aware of what Henry's triggers are at school and what strategies help to calm him down and feel safe. Over time, the carer Mary and Henry's teacher have been able to implement more strategies to encourage positive behaviour.

Henry has made some friends and enjoys playing soccer at school.

**Henry, child subject of the report; carer anonymised as Mary; caseworker, Ms Lee.*