Chapter 3: Endorsing and distributing the case plan

Recording additional information in ICMS

In addition to recording the case plan in ICMS, you will also need to document a record of the FGM in the case notes in ICMS. You will need to include:

- information about the FGM process (venue, special considerations)
- information about whether separate FGMS were held and the reasons for this
- any views and wishes expressed at the meeting by participants that are not able to be documented in the agreed case plan
- specific disagreements with elements of the case plan on the actual case plan form.

As with the case plan form, you must be concise in recording this information and be specific about what was discussed and who raised particular issues.

This information should be recorded by the person who convened the FGM (note: a senior practitioner, Senior Team Leader and Child Safety Officer can also facilitate a FGM in the absence of a FGM convenor and are all required to follow the same process).

Endorsing the case plan

Once you have recorded the case plan in ICMS, it must be sent to the Senior Team Leader for endorsement, within 10 working days of the FGM. You could also consider emailing the Senior Team Leader that you have sent the completed case plan for their endorsement.

The Senior Team Leader may ask for changes to be made to the document (grammatical and spelling errors, or suggest a more appropriate way to word a statement). However, they cannot request amendments to the overall goal, goal statements and actions unless the other parties (child, parents and others affected by the changes) have been notified of the proposed changes in writing, and these changes are practicable and in the child's best interests.

It is important that case plan documents are written using statements that are agreed by participants in the FGM meeting. This helps participants to 'own' the document and that it genuinely reflects what they agreed to.

The Senior Practitioner can also endorse a case plan. However, this should only be considered in exceptional circumstances, when the Senior Team Leader is not available within the necessary timeframes (that is, within 10 working days from the completion of the FGM) to endorse the case plan.
Distributing the case plan

In completing the FGM process, you must provide a copy of the case plan to the participants, once it has been endorsed by the Senior Team Leader. The following people must receive a copy of the endorsed case plan:

- the child (if appropriate for the child’s age and ability to understand)
- the child’s parents
- the child’s foster or kinship carer, or the licensed care service who will be involved in implementing the case plan for the child
- a suitable person granted with long-term guardianship of the child (where applicable)
- any legal representative of the child or parents
- the Recognised Entity, an elder or other respected person of the child’s community who will be involved in implementing the child’s case plan
- anyone else impacted by the plan, responsible for actions in the plan, or who the department considers should receive a copy (this can be decided in consultation with the Senior Team Leader and Child Safety Officer).

In most cases, everyone who attends the FGM should receive a copy of the case plan, except if an attendee will not be involved in implementing the case plan.

Where applicable, the case plan (or revised case plan) will also be filed, together with supporting material, with the Childrens Court.

You should inform the Child Safety Officer when the case plan has been completed and endorsed by the Senior Team Leader.

A template of the letter that can be used by FGM convenors to accompany the case plan when sending it to parents and any other relevant person can be found in the Child Safety Practice Manual (Chapter 4, Resources).

You may also consider recording the date of when the FGM process was completed, on a spreadsheet (or other appropriate recording document), including the date that the case plan was sent to the parents and any other person required. This document could include a date of review for the case plan. This information should also be recorded as a case note in ICMS.

Practice considerations

Providing case plan information to children
The department has a responsibility to explain appropriate information in the case plan to the child in a way that will help them to understand it. Providing case plan information to children is another way of including them in the decision making processes that affect their lives.
It is best practice for the Child Safety Officer to discuss case planning information with children face-to-face. The Child Safety Officer should ensure that the child has an understanding of the overall case plan goal, goal statements, and actions included in their case plan. Talking to the child in person may also encourage the child to ask questions about the case plan and clarify anything that they do not understand.

You are responsible for informing the Child Safety Officer when the case plan has been endorsed, and confirming that the Child Safety Officer will discuss it with the child.

**If a case plan needs to be amended**

If the Senior Team Leader determines that the case plan (or something contained within the case plan) developed at the FGM is not in the child’s best interests, or is impracticable, they cannot endorse it.

The Senior Team Leader should advise you that a case plan is not going to be endorsed as soon as possible following their decision. You could then be asked to undertake the following actions:

- Reconvene the FGM involving the same people from the initial meeting.
- Arrange for a new FGM to be convened with different participants from those involved in the initial meeting.
- Amend the original case plan in ICMS and submit it to the Senior Team Leader for endorsement.
- Arrange for a private convenor to facilitate a subsequent FGM (whether or not they convened the first).
- If it is agreed that a second FGM is required to develop a more appropriate case plan for the child, you should:
  - discuss with the Child Safety Officer or Senior Team Leader who they believe should be invited to attend any subsequent FGM (if applicable), and the reasons why the case plan is considered impracticable or not in the child’s best interests.
  - ensure that all participants are aware of why a subsequent FGM is being convened.
  - provide information to any new participants (who did not attend the first FGM).
  - provide any additional information to participants (such as new child protection concerns, information about the child’s care and protection needs) since the initial FGM (note: you will need to undertake all necessary preparation as outlined in Chapter 1 of this handbook, as required)
  - obtain information about any resources or assistance to support the implementation of the new case plan
  - consider the strategies used during the first FGM and consider whether different methods or strategies should be employed to assist participants to reach agreement.
Amending the case plan

The Child Protection Act 1999, Section 51R(2)(c) also allows the Chief Executive to amend the case plan. The Senior Team Leader can decide to seek the Chief Executive’s agreement to amend the case plan without a further FGM (or case planning meeting) taking place. However, this can only occur under certain conditions:

- Within seven working 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.
- Only after consultation with the convenor, if the FGM was convened by a private convenor.

If a decision is made to amend the case plan, the department must provide each person who participated in the FGM with written notice of the amendment and the reasons for the amendment. It is a matter of negotiation between the Senior Team Leader, FGM convenor and Child Safety Officer as to who will undertake this task.

It is the department’s role 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 people who participated in the development or revision of the case plan agreed with the case plan (Child Protection Act 1999, section 59 (1)(b)(ii) and (3)).

The case plan cannot be amended once it has been endorsed. If there is a high level of disagreement regarding the content of the case plan that impacts on the implementation of the plan, the Senior Team Leader may decide to revise the case plan that may or may not involve another FGM. If the matter is before the Childrens Court, it is the Court’s responsibility to decide whether the case plan meets the child’s care and protection needs.

If the case plan is required for Childrens Court

The Childrens Court cannot grant a final child protection order unless it is satisfied that there is an endorsed case plan that meets the child’s assessed needs. Where possible, the FGM should be held before the department makes an application for a child protection order. However, this does not always occur, and an application for a child protection order may be made before the FGM can be convened.

When a FGM has not been held prior to the department making an application for a child protection order, the court can order that a FGM be convened to develop (or revise) the case plan, for the plan to be filed in the court (Child Protection Act 1999, section 68(1)(d)(ii)). The Child Safety Officer should also ensure that they have organised a referral for a FGM as soon as possible after making the application for the order. You can liaise with the court-coordinator regularly about upcoming matters before the court requiring a FGM to be convened. This will assist in the planning and prioritising of FGMs.

The case plan is a supporting document to the both the application and any subsequent affidavits filed by the department in the court. The case plan must meet all of the essential requirements for any child subject to ongoing intervention and should reflect the needs of the family. The case plan should give the child, their family and the court a clear understanding of
the child’s history, their current needs and what is going to happen over the next six months (as a minimum) to meet these needs.

You should ensure that the case plan is developed in a timely way to ensure that it can be endorsed by the Senior Team Leader within 10 working days and attached to the Child Safety Officer’s application or updated affidavit.

**If the parents are no longer together and there is sensitive information about a parent in the case plan that they will both receive**

It is best practice to have the goals and actions contained in a case plan. However, if there is specific information about a particular parent (that will be read by both parents) that may be detrimental to their safety, you should consider developing general actions. This should only occur on the condition that the Child Safety Officer will provide more specific information to the respective parents (for example, family contact information) immediately following the case planning process and during the implementation phase.

These actions should still meet the other S.A.F.E.T.Y. principles, but may be more general in context. For example, ‘the mother will have contact with her son once a week, supervised by the department at a location agreed by the mother’. The fact that more specific information will be provided to each parent by the Child Safety Officer, either in writing or in person, should be stated in the case plan. You could consider writing in the case plan that the actions have deliberately been recorded in a general manner due to safety reasons.

The Child Safety Officer or Senior Team Leader will have assessed whether a parent is at risk if information contained in a case plan is shared with the other parent. You should discuss safety issues with the Child Safety Officer and Senior Team Leader during the preparation stage. Developing a case plan in this format should only occur in exceptional circumstances where there is a significant risk to the parent or child.

**If the child is subject to a long-term guardianship order to a suitable person**

You may convene a FGM but you are not required to review and develop a revised case plan for a child who is subject to an order granting long-term guardianship to a suitable person.

**Checklist**

- Have you ensured that the child’s and parent’s strengths and needs have informed the goals and actions to be included in the case plan?

- Have you addressed all worry statements with a corresponding goal statement and associated action steps?

- Did you assist participants to identify goal statements for the case plan that met the S.A.F.E.T.Y principles? (Refer to Appendix 1).

- Have you recorded the case plan on the approved form in ICMS in a clear, concise way using language that is easily understood by the child and the family?

- If the family is Aboriginal, Torres Strait Islander or from a CALD background, did you use culturally respectful language to record the case plan?
• Does the case plan clearly explain why the department is involved, what needs to happen, and what everyone involved needs to do to meet the child’s safety, belonging and wellbeing needs?

• Did you follow the correct procedure if the case plan needed to be amended because it was not in the child’s best interests or not practicable?

• Have you completed the Record of Family Group Meeting form?

• Did you ensure that the Senior Team Leader or Senior Practitioner endorsed the case plan within 10 working days?

• Have you distributed the case plan to the appropriate people?

• Did you provide information about the case plan to people that was easy to understand?

**References and resources**

- *Child Protection Act 1999*, sections 51O, 51P, 51Q, 51R, 51T, 80 and 80A
- Child Safety Practice Manual:
  - Chapters 3 and 4
  - Practice resource, Case planning—an overview
  - Practice resource, Developing the goal, outcomes and actions
  - Practice resource, Developing a cultural support plan for an Aboriginal or Torres Strait Islander child

- Intranet — Collaborative Assessment and Planning Framework Tools (Tip Sheets):
  - Harm Statements
  - Worry Statements
  - Protection and Belonging/Strengths and Resources Statements
  - Goal Statements
  - Bottom Lines, ‘non-negotiables’ and Action Steps