**IN THE CHILDREN’S COURT**

**OF NEW SOUTH WALES**

**AT SURRY HILLS**

**CASE NUMBER**

# Support Plan

Date of plan:

## Family Details

|  |  |  |
| --- | --- | --- |
| **CHILD**  **DOB** | **MOTHER**  **DOB** | **FATHER**  **DOB** |
|  |  |  |
|  |  |  |
|  |  |  |

The following people have been identified as part of the family’s kinship group:



## Current care arrangements

The child/ren or young person/s are living with the following person/people:



## Cultural planning

The following people could play a role in helping the child/ren know, understand and stay connected with their culture:

1.

## Agreed Support Plan

The issues that increase the risk of harm to the child/ren and the actions a parent must take to reduce the risk of harm to the child/ren if the parent spends time with them or lives with them.

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue**  **Eg. drug misuse, domestic violence** |  | | |
| **Risk**  **Why is this a problem for the child?** |  | | |
| **Action** | | **Agency/Person responsible[[1]](#footnote-1)** | **Timeframe** |
|  | |  |  |
| Agreement reached/ not reached (please circle) | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue** |  | | |
| **Risk** |  | | |
| **Action** | | **Agency/Person responsible** | **Timeframe** |
|  | |  |  |
| Agreement reached/ not reached | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue** |  | | |
| **Risk** |  | | |
| **Action** | | **Agency/Person responsible** | **Timeframe** |
|  | |  |  |
| Agreement reached/ not reached | | | |

The Department is assessing the following people to care for the child/ren:

1.       Relationship to child:

Is the assessment to care for the child/ren on an interim or long-term basis? (Please circle)

What actions are required to complete the assessment?



## Family Time

During the court proceedings the Department suggests that the child/ren see the following people as set out in the table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Who will the children spend time with** | **How often** | **For how long** | **Where** | **Will family time be supervised** |
|  |  |  |  |  |

Proposed people to supervise contact:      

## Participants

I participated in the development of this plan.

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Include details of who will make the referral, what is expected of the parents and what arrangements are in place to fund the action. [↑](#footnote-ref-1)