**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:

1.

## Current care arrangements

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

1.

## 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?

1.

## 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)