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| Practice leader case planning  Implementation and guidance 2018 |
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Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

# **Background**

The practice leader case planning (PLCP) role was introduced into the child protection operating model (CPOM) in May 2018 as part of the child protection program’s wider transition to the DHHS area-based organisational structure. As part of this change, the existing practice leader – family-led decision making roles (non-Aboriginal) transitioned to the PLCP roles. An additional 19.5 full-time equivalent (FTE) PLCP positions were created as a result of the $72.2 million 2017-18 budget investment for additional child protection practitioners, taking the total state-wide number of PLCP FTE to 34. There is now at least one practice leader case planning position per area, reporting to the deputy area operations manager, focused exclusively on case planning. All positions are at the CPP 5.2 level reflecting their delegated case planning responsibilities.

On 1 March 2016, [permanency amendments](http://www.cpmanual.vic.gov.au/advice-and-protocols/information-sheets/permanency-children/legislative-changes-overview) to the *Children Youth and Families Act 2005* (CYFA) commenced to provide children with greater certainty about their future care arrangements, whether this would be with their parents, extended family or an alternative family. To support this, a permanency hierarchy, and timelines for the amount of time children can remain in out of home care with a family reunification order in place, were introduced. Notably, legislative changes strengthened the timeliness of case planning (ss.166-169, CYFA). The CYFA now requires a case plan to be prepared for all children where protective concerns have been substantiated (s. 168(1)). Section 166 of the CYFA requires every case plan to include a permanency objective, as described in Section 167 of the CYFA.

While no timeframe is legislated for preparation of this first case plan, the department has established a policy that a case plan is to be developed with the child and family, endorsed by the case planner, and provided to the child and parents within 21 days of the substantiation decision. This reflects the intention to plan and provide the most appropriate intervention as early as possible, consistent with all legislative and policy requirements for timely decision making for children. Review provisions were also amended, requiring at least annual review, and in response to certain circumstances.

All case planning processes must comply with the best interests principles in s.10 and decision making principles in s.11 of the CYFA (with additional principles for Aboriginal Children in s.12-14 of the CYFA). These principles set out the considerations required of Child Protection when determining whether a decision or action is in the child’s best interests and requires Child Protection to actively and effectively engage families and children (in age appropriate ways) in the decision making process. Refer to Attachment 1 on the relevant policy and legislation.

Case planning directs the protective intervention to occur:

* following substantiation where the family is willing to work by agreement for a period of time and there is sufficient protection for the child without court action, to address the protective concerns
* following substantiation where sufficient change has already occurred or sufficient protection can be established in the community without child protection involvement, to strengthen community support to the child and family to address the protective concerns.
* under a protection order.

## The PLCP position was created to support implementation and compliance with the legislation requirements and related policies, noting the criticality of planning in achieving timely intervention for children and avoiding case drift.

## 1.1 Why the PLCP role is focussed at the point of substantiation

The PLCP role will prioritise case planning at the point of substantiation, consistent with changes to legislative and policy obligations. The objectives are to enable timely planning, providing families with clarity early in their involvement with Child Protection, so they understand the expectations to reduce or eliminate the risk of harm to their children. Clear goals, tasks and timelines, explored and developed with families as early as possible, will enable timely and specific interventions inclusive of determining the roles and responsibilities of all parties in the delivery of goals and tasks.

A focus on case planning at substantiation supports engagement with the child and family in the process of change as early as possible, establishes a shared understanding of the protective concerns, and promotes more timely achievement of the permanency objective. Dedicated case planners are likely to achieve more timely and effective case planning, reducing case drift and prioritising actions that positively benefit children and families, where protective intervention is focused, transparent, and supportive of a child’s and family’s human rights.

# **The role of the practice leader case planning**

## 2.1 Overview

The practice leader case planning (PLCP) positions have been incorporated in the child protection operating model for each of the 17 areas in Victoria, and will support practitioners and team managers to develop focussed plans for timely and quality protective intervention. The PLCP is a dedicated case planner who will focus exclusively on the development, endorsement, and auditing of case plans for children and young people, and will therefore not carry cases.

As with team managers, the PLCP has the authority to endorse case plans and request amendments, including using the family-led decision making approach where appropriate. The PLCP is responsible for providing expert case advice and leadership; promoting permanency planning; and supporting and developing child protection practitioners in the integration of theory and practice while demonstrating and modelling expertise through case planning.

The PLCP reporting lines vary however while the position may be line managed by a particular person or role, the functions of the PLCP are area-based and the role is to work across the entire area and the Protective Intervention and Protection Order phases, with a primary focus at case planning at substantiation.

## 2.2 Key responsibilities of role

#### The practice leader position description provides the relevant information on the requirements and expectations of the role.

#### Practice leaders (case planning) will be responsible for:

* Contributing to the development of case plans that promote the timely achievement of permanency objectives with practitioners and team managers
* Leading the development and endorsement of case plans for children in approximately 10 families per week (assuming 1.8 children per family, with similar case plans) through direct contact with children and families or through guiding practitioners in their direct contact with children and families. In view of this target, this role will be exempt from allocation or co-allocation of cases.
* Assisting the area in meeting its legislative obligations and policy compliance by developing and endorsing case plans within 21 days of substantiation, and undertaking reviews of case plans as legislatively required
* Identifying children requiring case plans
  + by regularly reviewing substantiation data and other reports in their respective area
  + through regular discussions with team managers and practitioners
  + through discussions re: prioritisation with their supervisor (deputy area operations manager (DAOM)) while continuing to demonstrate flexibility in the prioritisation of case plans aligned to the area’s needs.
* Supporting and developing the capability of practitioners and managers by providing case practice and case planning guidance through their day to day work
* Coordinating and delivering twice yearly case planning practice forums within area
* Auditing a locally selected sample of case plans prepared within area for quality to identify strengths and opportunities for improvement
* Providing constructive feedback and coaching to practitioners where identified
* Contributing to a state-wide centrally managed quarterly quality audit, using the case plan audit tool to review up to 12 randomly selected case plans from other areas
* Using appropriate tools (including software/reporting tools, such as the CRT, CP Cases and CRIS) to plan work priorities, monitor case plan practice and compliance with legislation and practice standards
* Completing core case planning tasks such as file reviews, directly arranging home visits or meetings to develop goals, tasks and timelines with the child, family and the allocated practitioner
* Endorsing case plans in CRIS. Each case plan is to include the current permanency objective and be written in plain English to communicate to the child and family the protective concerns, and the specific high level goals to improve safety and to achieve the permanency objective. Each case is also to have a clear actions table setting out specific goals, tasks and timelines.
* Providing children (where appropriate), parents, and other key parties (where appropriate) with a copy of the endorsed plan and associated actions table, and other relevant documents including information about internal and VCAT reviews of decisions
* Identifying young people requiring a leaving care plan and promoting the development of these plans in the area
* Demonstrating expertise in working with complex families, modelling best practice in engagement, assessing risk, progressing through the case planning process, and facilitating meetings.

## 2.3 Target group

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**The priority target group for the practice leader case planning is children for whom protective concerns have been substantiated and who require a case plan within** **21 days**

A case plan is to be prepared for all children where protective concerns have been substantiated, that is, where a protective intervener is satisfied on reasonable grounds that the child is in need of protection (s.168, CYFA). This includes cases that require a plan to strengthen further intervention, and where closure planning is required to prevent further harm to the child.

#### Other legislative and policy priorities include:

* the requirements in relation to giving case plans to children and parents (s. 168(2))
* the requirement to review the case plan (s.169 CYFA 2005).

While the priority of the PLCP is to focus on planning at the point of substantiation, if capacity allows, areas may utilise the PLCP role to develop and/or endorse case plans at various phases of intervention, depending on the needs of the area and the availability of the role. Such cases may include, but are not limited to:

* where children and young people have recently been placed, or are at risk of being placed in out of home care (to explore kinship options as early as possible)
* infants who require a strengthened response
* young people who exhibit frequent and high levels of risk-taking behaviours
* where a change to the permanency objective is being considered to adoption, permanent care, or long term out of home care
* where there is a complex service system, or escalated risk
* a family that has been difficult to engage due to rejection of the protective concerns
* young people who require strengthened leaving care planning
* those awaiting allocation
* where cumulative harm is a concern and previous interventions have been unsuccessful.

Allocated practitioners will remain responsible for developing case plans with children and families for their cases, in collaboration with the nominated case planner. Team managers will remain responsible for the development and endorsement of case plans other than those where the PCLP or AFLDM practice leader is the nominated case planner. In some circumstances, the needs of an area and how the PLCP is utilised to deliver case planning will be determined by many factors, and prioritised by the DAOM, or Area Operations Manager/Assistant Director on an as needs basis. These factors may include demand at point of substantiation, awaiting allocation, and staffing complements in differing phases.

It remains the responsibility of the allocated child protection practitioner and team manager to monitor implementation of the case plan and to support children and families to engage with case planning and meet the goals and timelines specified in the actions table.

## 2.4 How the PLCP will be nominated as the case planner for a child

PLCP and team managers should meet weekly to cooperatively scope the work for next 4 to 6 weeks, and confirm with DAOM. Also, the PLCP will seek out case planning opportunities to assist the area in meeting its policy and legislative obligations. No formal referrals will be required (to expedite the process) and the PLCP will work closely with team managers within their area in order to

* seek out case planning opportunities by regularly reviewing those cases recently substantiated in their respective area
* engage with practitioners and team managers to identify cases that require case planning.

## 2.5 Endorsement of case plans

The team manager will need to advise the PLCP of any decisions made to date, and discuss the permanency objective, any issues to be factored in when determining the case plan and possible case planning options. Once the PLCP is nominated as the case planner for the child, as soon as the decision for substantiation has been made, it is the PLCP’s role to oversee development and endorsement of the case plan. Refer to Attachment 2 on case planning responsibility by role.

## 2.6 Dispute resolution

If an issue arises regarding a case plan that cannot be resolved collaboratively between the PLCP and team manager, the deputy area operations manager should be advised to determine the matter.

## 2.7 Quality audits

The PLCP will undertake quality audits of case plans in two contexts.

1. Within their local area PLCPs will audit case plans prepared by others and provide constructive feedback and coaching where appropriate, engaging with the relevant team manager, senior child protection practitioner and child protection practitioner. Where there is only one PLCP in an area, PLCPs in neighbouring areas will collaborate to support independent auditing of each other’s case plans.
2. PCLPs will contribute to a centrally managed, state-wide audit process designed to provide robust evidence regarding the quality of case plans. This will support state-wide consistency and continuous improvement across the child protection program.

State-wide audits will be completed quarterly on a randomly selected sample of cases. PLCPs along with practice leaders (AFLDM) who will audit Aboriginal children’s case plans, will complete audits of up to 12 case plans (per FTE per quarter) or approximately 1 per week, noting each takes approximately 30-35 minutes, using the endorsed case plan audit tool (Attachment 4). In accordance with the Community Services Quality and Safety framework, a report will be prepared centrally each quarter documenting the findings (Attachment 5).

Both audit contexts will focus on the quality and appropriateness of plans, including whether: the best interest and decision making principles, and the additional principles for Aboriginal children have been adhered to; the permanency objective is specified; roles, responsibilities and timelines are documented; a review date is determined; and the plan, and process followed to prepare it, complies with other legislative and policy requirements.

## 2.8 Professional development

The PLCP role will be supported in the first 12 months by two forums, led by the Office of Professional Practice. These forums will enable discussion on the opportunities and challenges within the role and promote consistency in case planning across the state. The continuation of these forums will be reviewed before the end of the year by the Office of Professional Practice and Child Protection Policy.

To promote role consistency across divisions and areas, and to support the successful implementation of these roles, completion of a training package (train the trainer designed) will be mandatory for all in the PLCP positions.

To inform the design of the learning and development activities a short training needs analysis will be conducted to confirm the training will meet the needs of the PLCP cohort. The training will align with the Child Protection Capability Framework.

PLCPs are expected to have revised their knowledge of case planning by reading (or re-reading) the case planning-related procedures and advice in the Child Protection Manual and completing the Permanency for Children: case practice eLearning module prior to the training.

It is proposed that future learning and development modules will include the following key topics (subject to change depending on the training needs analysis):

* an introduction to good case planning practice (refreshing knowledge and skills in relation to legislation, policy and practice)
* substantiation, person responsible for harm, and infant response decisions
* identify the appropriate permanency objective
* targeted, strength-based interventions
* capturing the views of children and families throughout the planning process
* working collaboratively with professionals in case planning
* implementing the case plan: the actions table - goals, tasks and timelines
* documentation requirements, including use of CRIS in case planning and relevant CRT reports
* leaving care planning
* effective closure planning
* meeting types and family-led decision making
* how to chair a successful meeting including engaging all participants and managing conflict.

Once the PLCP has completed these modules, they will deliver these to practitioners in their area and hold twice yearly training forums in their area on good practice case planning to practitioners and managers of all levels.

# **The case planning process**

Case planning is a process, not a meeting. A case plan and actions table can be developed through formal or informal meetings, home visits, and discussions between the child protection practitioner and the child, family, carers and other professionals as appropriate (making it clear that the conversations and discussions taking place are to develop a case plan). The case plan needs to be succinct focussing on key decisions and written in plain English to communicate clearly with the child, family, and others.

Once prepared in CRIS it can be submitted to the case planner for endorsement. Prior to endorsing the case plan, the PLCP must be satisfied the child (where appropriate), family and carer/s have contributed to the plan, and that appropriate provision has been made for access to interpreters and advocates where needed to support engagement.

Family-led decision making will be a helpful process to follow in certain circumstances.

There will be circumstances where a formal case plan meeting chaired by the case planner is desirable, including when:

* genuine agreement cannot be reached about how the family and department will work together to protect the child
* the family is unable to be engaged in less formal or other structured approaches, and formality is required to achieve engagement
* the child or family requests a formal meeting
* the case is complex, high risk, or has a large number of professionals or stakeholders involved
* a family-led decision making process is not appropriate or cannot be achieved in the circumstances.

A formal case planning meeting should involve the child, the parents, significant family members, other professionals and where appropriate, the child’s current carer.

Where a formal case plan meeting contributes to the preparation or review of a case plan, minutes should be recorded under meetings in CRIS.

Each case plan will have an associated actions table where the detailed goals, tasks, timelines required to implement the plan are documented. Both the case plan and actions table should be developed in partnership with the child, family, and relevant professionals.

Once the case plan is endorsed it is to be provided, along with the actions table, to all relevant parties so they are informed about what is required of them to reduce or remove the risk of harm to the child. Children and parents are also to be provided with other relevant documents automatically printed with the case plan, including information about internal and VCAT reviews.

Refer to Attachment 3 for a flowchart of the case plan process.

Refer to [Child Protection Practice Manual – Case Planning Advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/case-planning) for detailed guidance on the case planning process.

## 3.1 Permanency objective

Section 166 of the CYFA 2005 requires every case plan to include a [permanency objective.](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/identifying-and-achieving-permanency-objective) The permanency objective determines the disposition recommended to the Children's Court. If the Court makes a different order (an order that is inconsistent with the permanency objective), the permanency objective ***must*** be changed to align with the order. If over time, the child’s circumstances change, the permanency objective can be changed as appropriate, provided an application is made promptly to the Court seeking an order consistent with the new permanency objective (or to move from reunification to preservation, the necessary administrative actions are taken promptly to change the nature of the order).

## 3.2 Requirements for Aboriginal children

For Aboriginal children and young people and their families, the primary case planning process is an Aboriginal family-led decision making (AFLDM) meeting. This is essential where an Aboriginal child is placed in out-of-home care. In circumstances where the 21 day timelines are difficult to meet the AFLDM process, consideration may be given by the PLCP, AFLDM convenor, DAOM and team manager, in consultation with ACSASS and the ACCO AFLDM provider, to the case plan being prepared by the PLCP or DHHS AFLDM convener, with a view to review as soon as possible through the AFLDM process.

If an Aboriginal child is to be placed in out-of-home care, all involved, including the PLCP, are required to:

* comply with the Aboriginal child placement principle when identifying a suitable placement (s. 13 of the CYFA)
* comply with the further principles for placement of Aboriginal children (s. 14 of the CYFA)
* involve ACSASS in the preparation of the case plan, and unless the child or family objects, invite ACSASS to participate in all formal decision making processes, including AFLDM meetings.

Section 166 of the CYFA states the case plan must address the cultural needs of Aboriginal children in out-of-home care, and must reflect and be consistent with those needs.  A [cultural plan](http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/cultural-plans) is to be provided (s 176 CYFA). See [Case Planning for Aboriginal Children](http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/case-planning-aboriginal-children) and [Planning for Aboriginal children - advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/planning-aboriginal-children).

# **Performance, monitoring and data collection**

The PLCP role is to lead and support the development of and endorse, on average, the case plans for children in approximately 10 families per week (per FTE, pro rata, and assuming that all case plans within a family are the same).

To monitor compliance with this target, the CP100 Case Allocation report will include who has endorsed each case plan, and the role of the endorser.

Corporate Reporting Tool reports available that will assist the PLCP in managing and determining their work are:

* **CP172r,** the Daily Substantiation Report provides a working list of cases that have had their first substantiation recorded. The report lists ALL children and provides a record of their ATSI status for ease of filtering and prioritisation or work. The report is to be reviewed by managers to ensure all cases that are substantiated are case planned in the required timeframe. The report includes information such as the phase start date, earliest substantiation date, and the count of days from intake to substantiation date and demographic indicators that are valuable in assisting prioritisation decisions.
* **CP122Ra**, the First Case Plan Report provides details of compliance that the first case plan is endorsed and given to the child and family within 21 days of the earliest abuse substantiated date.
* **CP122Rb**, the Give Case Plan Report provides details of compliance that the case plan has been given to the child and family within 14 days of the endorsement date.
* **CP122Rc,** the Case Plan Reviews Dueprovides details of case plans which are due for review. The purpose of this report is to provide data that relates to case plan reviews. Section 169 of the CYFA requires the Secretary to review a case plan on or before the review date specified in the case plan, and from time to time as otherwise appears necessary. The report shows outstanding case plan reviews for which the Endorsement Due Date falls within the selected reporting period. Outstanding reviews are those where the review has not yet commenced or has commenced and it is still in progress, has been submitted for endorsement and not yet endorsed, or has been sent back to the worker for changes.

These reports can be run in advance to pro-actively meet compliance obligations that support timely implementation and review of case plans for children.

*A separate CRT report will be developed in 2018 that will provide a monthly and annual summary of case plan completion by endorser.*

# **Appendices**

## Appendix 1 – Relevant policy and legislation

### Policy

A case plan is to be prepared, endorsed and given to the child and parents, within 21 days of substantiation.

A case plan is to be prepared at substantiation regardless of whether the intention is to:

* plan for closure, as there is no further need for statutory intervention with the family and the protective concerns have been addressed, or
* work with the family by agreement to address the protective concerns; or
* apply to the Children’s Court for an order within which to address the protective concerns .

See [Case planning policy](http://www.cpmanual.vic.gov.au/policies-and-procedures/case-planning/case-planning-policy) , and [Case plan preparation and review](http://www.cpmanual.vic.gov.au/policies-and-procedures/case-planning/case-plan-preparation-and-review) – procedure for tasks to be undertaken.

**Legislation**

To comply with sections 166, 167, 168 and 169 of the [*Children, Youth and Families Act 2005*](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/15A4CD9FB84C7196CA2570D00022769A/%24FILE/05-096a.pdf) Child Protection must:

* Prepare a case plan when it has determined that a child is in need of protection
* Give a copy of a case plan to the child and parents within 14 days of its endorsement, and within 8 weeks of a protection order being made **if** the case plan is prepared or changed after the order. The alignment of the permanency objective and court orders is required by legislation. In this instance the case planner will need to complete a case plan review to be consistent with the order:
  + by the review date specified in the case plan
  + after the making of a protection order if the order is different from the order anticipated by the case plan
  + where a child is under an IAO or protection order and has been in out-of-home care for 12 months (cumulatively) and the permanency objective is family reunification
  + when there is a significant change in the child’s circumstance.
* Include in the plan
  + permanency objective
  + review date within 12 months
  + planning for cultural support for Aboriginal children in OOHC.

**Permanency objective**

Section 166 of the CYFA 2005 requires every case plan to include a [permanency objective.](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/identifying-and-achieving-permanency-objective) The hierarchy of permanency objectives is provided s. 167, in order of preference as determined to be appropriate in the best interests of the child:

1. family preservation—the objective of ensuring a child who is in the care of a parent of the child remains in the care of a parent
2. family reunification—the objective of ensuring that a child who has been removed from the care of a parent of the child is returned to the care of a parent
3. adoption—the objective of placing the child for adoption under the Adoption Act 1984
4. permanent care—the objective of arranging a permanent placement of the child with a permanent carer or carers
5. long-term out of home care—the objective of placing the child in:
   1. a stable, long-term care arrangement with a specified carer or carers

or

* 1. if an arrangement under subparagraph (i) is not possible, another suitable long-term care arrangement.

### Summary of relevant on line links

[Case planning policy](http://www.cpmanual.vic.gov.au/policies-and-procedures/case-planning/case-planning-policy)

[Case plan preparation and review](http://www.cpmanual.vic.gov.au/policies-and-procedures/case-planning/case-plan-preparation-and-review)

[Case Planning – advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/case-planning)

[Case plan implementation](http://www.cpmanual.vic.gov.au/policies-and-procedures/case-planning/case-plan-implementation)

[Internal review of decision](http://www.cpmanual.vic.gov.au/policies-and-procedures/case-planning/internal-review-decision)

[Planning for children's safety where there is family violence](http://www.cpmanual.vic.gov.au/policies-and-procedures/case-planning/planning-childrens-safety-where-there-family-violence)

[Case planning flowchart](http://www.cpmanual.vic.gov.au/sites/default/files/Child%20protection%20case%20planning%20process.pdf)

[Case planning for Aboriginal children](http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children/case-planning-aboriginal-children)

[Planning for Aboriginal children - advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/aboriginal-children/planning-aboriginal-children)

[Permanency objective](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/identifying-and-achieving-permanency-objective)

[Children, Youth and Families Act 2005](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/15A4CD9FB84C7196CA2570D00022769A/%24FILE/05-096a.pdf)

[‘…safe and wanted…’ Inquiry into the implementation of Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014](https://dhhs.vic.gov.au/publications/safe-and-wanted-inquiry-implementation-permanency-arrangements)

## Appendix 2 – Case planning responsibility by role

|  |  |
| --- | --- |
| Role | Case planning responsibilities |
| Child protection practitioner  Advanced child protection practitioner  Senior child protection practitioner (All) | Develop case plan with children and families via home visits, or meetings as appropriate ([Case Planning – Advice](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/case-planning) ) |
| Team manager | Endorse case plans |
| Practice leader (All)  Principal practitioner | Develop plan with children and families via home visits or meetings as appropriate  Endorse case plans, in discussion with relevant team manager |
| Deputy area operations manager  Area operations manager | Endorse case plans  Assist with internal reviews where delegated by EO |
| Assistant director  Area director | Conduct internal reviews of child protection decisions (may be delegated to a CPP 6.2).  *Where a review has been delegated to a CPP 6.2, that reviewer will make a recommendation to the EO with line management responsibility for the case. The EO may endorse the recommendation or make a different decision. The EO has ultimate responsibility for the outcome of the review.* |

## Appendix 3 – Flowchart of case plan process

## Appendix 4 – Case plan audit tool

Objective: To assess whether Child Protection (CP) practitioners are preparing and reviewing case plans according to the Children, Youth and Families Act 2005 (CYFA), the Child Protection Manual and the Best Interests Case Practice Model (BICPM)

### Client Details (CRIS report)

#### Date of audit:

|  |  |  |  |
| --- | --- | --- | --- |
| Division: | Allocated Practitioner: | | Court order: |
| Area: | Provider Group: | | Phase: |
| Is the case awaiting allocation:  Yes  No | | | |
| Client number: | | Client name: | |
| D.O.B: | |  | |
| Indigenous status: | | If yes, is there a Cultural Plan on CRIS: | |
| Client has a CALD background:  Yes  No  Not specified | |  | |
| Grounds for substantiation  (*Children, Youth and Families Act 2005*, section 162 a – f): | |  | |
| Areas of concern (confirmed): | |  | |

|  |  |  |
| --- | --- | --- |
| Case Plan Development | | |
| **CP manual reference** | **Criterion**  Key dates | Date of substantiation:  **Case plan**  First  Review  Date created:  Date endorsed:  Give Case Plan Date:  No case plan given  Time from date created to date given:  Review date:  Is this a closure plan:  Yes  No Date closure by:  Is the review date within 12 months of the date the case plan is endorsed?  Yes  No  NA Date: |
| s.167 CYFA | Permanency objective | no permanency objective  family preservation – the objective of ensuring a child who is in the care of a parent of the child remains in the care of a parent  family reunification – the objective of ensuring that a child who has been removed from the care of a parent of the child is returned to the care of the parent  adoption – the objective of placing a child for adoption under the Adoption Act 1984  permanent care – the objective of arranging a permanent care placement of a child with a permanent care or carers  long-term out of home care – the objective of placing the child in:   * A stable, long-term care arrangement with a specified carer(s), or * If an above arrangement is not possible, another suitable long-term care arrangement |
| [Policies and procedures: Case plan preparation and review](http://www.cpmanual.vic.gov.au/policies-and-procedures/case-planning/case-plan-preparation-and-review) | Was an Aboriginal Family-Led Decision Making meeting scheduled? | Yes  No  NA Date scheduled: |
| Was a Family-Led Decision Making meeting, formal or informal meeting scheduled? | Yes  No  NA Date scheduled: |
| What was the outcome of the meeting? | purpose achieved  cancelled, not rescheduled  cancelled and rescheduled  purpose not achieved, further meeting scheduled  purpose not achieved, no further meeting  other (specify in outcomes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NA |
| Was Lakidjeka consulted on the case plan and/or as part of the AFLDM? | Yes  No  NA Date:  Specify:  Case Plan  AFLDM |
| Who was involved in preparing the case plan?  (tick all that apply) | client  parent(s)  carers  DHHS  other professionals – specify:  cannot identify |
|  | Who was provided with the case plan and/or minutes of the meeting held? | mum  dad  other  cannot identify |
| BICPM (p.56) | Are the child/young person’s views reflected in the case plan? | Yes  No  NA  Suggested places where this could be evidenced:   * Case Planning Meeting Record * Aboriginal Family Led Decision Making meeting * Family Led Decision Making/informal/formal meeting |
| If not, have the child/young person’s view been reflected in other areas? | Yes  No  NA  Select what other documents reflect the child’s views:  First Visit Case Note  Court reports  Other case notes  Case plan or Care Team minutes |
| Are the family’s views reflected in the case plan? | Yes  No  Suggested places where this could be evidenced:   * Case Planning Meeting Record * Aboriginal Family Led Decision Making meeting * Family Led Decision Making meeting/formal or informal case planning meeting |
| If not, have the family’s view been reflected in other areas? | Yes  No  NA  Select what other documents reflect the family’s views:  First Visit Case Note  Court reports  Other case notes |
| Which family member/s views were reflected in the case plan? | mum  dad  child/young person  carer  other |
| Have the child/young person’s needs been prioritised? | Yes  No  Check any areas where this is evidenced:  Case Plan  Goals and Tasks within Actions tab  High Risk  Care Team Meeting Minutes  Other case notes with client focused activities |
|  | Are the protective concerns identified in the case plan reflective of the areas of concern recorded in the case or in line with the current court order and current concerns (not just historical)? | Yes  No  If yes, is this  partially  fully  Other comments: |
| Case Plan Implementation | | |
| [Advice: Case planning](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/case-planning) | Is there a populated actions table on CRIS to support the case plan? | Yes  No |
| Is the actions table up to date? | Yes  No |
| Does the actions table reflect the areas of concern and court conditions? | Yes  No |
| BICPM (p.49) | Does the actions table clearly document: |  |
| * indicators of change that would allow us to know whether the goal has been achieved or that we are progressing towards this goal | Yes  No |
| * tasks that break up goals into manageable steps | Yes  No |
| * tasks that have timeframes for completions | Yes  No |
| * identified individuals responsible for completing each task | Yes  No |
| * timelines for review | Yes  No |

|  |  |  |
| --- | --- | --- |
| Case Plan Review | | |
| [Advice: Case planning](http://www.cpmanual.vic.gov.au/advice-and-protocols/advice/case-planning/case-planning) | Was the case plan reviewed within the recorded timeframe? | Yes  No  NA – not yet due  NA – closure plan  If NA, when is the review due: |
| s. 169(3) CYFA | Did the review include a review of the progress made to achieve the permanency objective in the case plan? This includes assessing the following: | Yes  No  NA |
|  | * what is working and not working | Yes  No |
|  | * has the child/family and service engaged | Yes  No |
|  | * is the child safer now than at the time of the first intervention | Yes  No |
|  | * have child and family received the necessary treatment/support | Yes  No |
|  | * has child/family wellbeing or resilience improved | Yes  No |
|  | * has cultural connection been maintained or strengthened | Yes  No |
|  | * are agreed client goals/outcomes being reached | Yes  No |
|  | * has change occurred – how do you know | Yes  No |
|  | * has change been sustained | Yes  No |
|  | * did lack of resources impact on outcomes | Yes  No |
|  | * have strategies or service interventions been reviewed | Yes  No |
|  | * did DHHS support the family to achieve progression? | Yes  No |
|  | * is a different type of service now needed | Yes  No If yes, what action has been taken?  Comments: |
| Closure Plan | | |
| [Protection intervention phase outcomes](http://www.cpmanual.vic.gov.au/policies-and-procedures/phases/protective-intervention/protective-intervention-phase-outcomes) | Where the case is closing is there a clear closure plan included in the closure rationale or closure summary | Yes  No Evidence |
| There is evidence showing that child protection intervention is no longer required | Yes  No Evidence: |
| Where community support services are required to be engaged to achieve sustained outcomes after child protection involvement ceases, roles and responsibilities are confirmed and recorded | Yes  No  NA  Select what other documents specify ongoing roles and responsibilities of community support services:  Case Plan Actions Table  Minutes from case closure meeting. |

## Appendix 5 – Case plan quality audit report template

**<Placeholder – under development>**