**IN THE CHILDREN’S COURT**

**OF NEW SOUTH WALES**

**AT DUBBO**

**CASE NUMBER**

# Winha-nga-nha List

# Summary of the proposed plan for the child or young person

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:



## The Department’s proposed plan

The issues that increase the risk of harm to the child/ren and the actions a parent must take for a child to live, or spend time, 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** |
|  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue** |  | | |
| **Risk** |  | | |
| **Action** | | **Agency/Person responsible** | **Timeframe** |
|  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue** |  | | |
| **Risk** |  | | |
| **Action** | | **Agency/Person responsible** | **Timeframe** |
|  | |  |  |

Does the Department think the child/ren or young persons can live with the parents in the future?

Yes  No  Still Assessing

If no, why?

The Department is assessing the following people to care for the children:

1.

Is the assessment to care for the children on an interim or long-term basis?

What actions are required to complete the assessment?

## Family Time

During the court proceedings the Department proposes 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** |
|  |  |  |
|  |  |  |

## Signature

Signature

Capacity [eg.delegate]

Date

**If a Designated Agency has primary case responsibility:**

Signature of Designated AgencyRepresentative

Capacity [eg.manager]

Date

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)