**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:

1.

## Current care arrangements

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

1.

## 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)