

MARYMEAD FOSTER CARE CASE PLAN

CASE PLAN FOR:	Name:		Aboriginal:		Yes	No
	Age & Date of birth:		Torres Strait Islander:		Yes	No
Case plan goal:			CALD:		Yes	No
			Cultural background:			
			Language spoken:			
			Interpreter required:		Yes	No
Strenths & competencies in child/young person/family that may promote goal:						
Who participated in the development of this case plan?						
Name:	Role/Position:	Manner of participation: (e.g. attend meeting)	Name:	Role/Position:	Manner of participation:	
Birth Parents Consultation:						
Assessments that inform this case plan:						
Did CYP participate in the development of this plan?			Yes	No		

If yes, how?	
If no, why not?	
Summarise any dissenting views raised during the preparation of this plan?	
What are the three priorities identified in this plan?	
1. 2. 3.	



1. PLACEMENT AND PERMANENCY (objectives should be consistent with case plan goal) No action planned

Issue or concern about the child or young person:	Strength:

Objectives:	Actions & tasks:	Responsibility:	Time frame:	Progress

2. HEALTH AND MEDICAL (include dental, hearing, eyesight and general physical and mental health) No action planned

Has the child/ young person prescribed psychotropic medication? Yes No

If yes, has written consent been provided by FaCS for the current medication regime? n/a

If yes, is a copy of the current Behaviour Management Plan attached? n/a

Issue or concern about the child or young person:		Strength:		
Objectives:	Actions & tasks:	Responsibility:	Time frame:	Progress



3. EDUCATION OR VOCATION (include activities outside schooling, such as tutoring, evening classes) No action planned

Issue or concern about the child or young person:	Strength:

Objectives:	Actions & tasks:	Responsibility:	Time frame:	Progress

4. EMOTIONAL AND BEHAVIOURAL DEVELOPMENT (include impact of abuse/neglect) <input type="checkbox"/> No action planned				
Issue or concern about the child or young person:		Strength:		
Objectives:	Actions & tasks:	Responsibility:	Time frame:	Progress

5. FAMILY RELATIONSHIPS AND CONTACT (include siblings, extended family and other significant relationships) <input type="checkbox"/> No action planned				
Issue or concern about the child or young person:			Strength:	
Objectives:	Actions & tasks:	Responsibility:	Time frame:	Progress

6. SOCIAL SKILLS AND PEER RELATIONSHIPS (include level of active participation, not just with peers) <input type="checkbox"/> No action planned				
Issue or concern about the child or young person:			Strength:	
Objectives:	Actions & tasks:	Responsibility:	Time frame:	Progress

7. CULTURAL IDENTITY (include focus on overall identity and positive self-image building) No action planned
 If Aboriginal or Torres Strait Islander background a **Cultural Care Plan** must be completed. For children and young people from cultural and linguistically diverse backgrounds see the *Practice guide for working with clients from culturally and linguistically diverse (CALD) backgrounds* for sample strategies and tips for cultural maintenance.

Issue or concern for child or young person:		Strength:		
Objectives:	Actions & tasks:	Responsibility:	Time frame:	Measure of achievement

8. LIVING SKILLS AND SELF-CARE (emphasise appropriate expectations according to age, ability & proximal zone of development) <input type="checkbox"/> No action planned				
Issue or concern about the child or young person:			Strength:	
Objectives:	Actions & tasks:	Responsibility:	Time frame:	Progress



9. LEGAL (court related issues, VOC etc.) No action planned

Issue or concern about the child or young person:	Strength:

Objectives:	Actions & tasks:	Responsibility:	Time frame:	Progress



KEY ISSUES FOR REVIEW :		Next review date:	

CASE PLAN APPROVAL

Name	Position	Organisation	Signature	Date
	Young Person	n/a		
	Caseworker	Marymead		
	Program Manager	Marymead		
	Foster Carer	Marymead		
	Birth Mother	n/a		
	Birth Father	n/a		