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[Mandates](#)>[Restoration](#)>Restoration assessment and planning

Restoration assessment and planning

1. Overview

Use when exploring family restoration for a child in out-of-home-care (OOHC) or if restoration is the case plan goal.

Purpose

"I need you to build a relationship with me, my family and other people so that together we can work out how to make my family safe. I need you to include us in decision making and creating change."

Practice Standard 2

Every child has a right to have every possible opportunity to live with their family safely. Our responsibility is to help parents make the changes needed so that their child can return home and be safe long term.

Working with a family to have their child return home is a skilled balance of assessing risk and change, supporting and motivating change and planning for the best option for the child if they can't return. Restoration is the preferred permanency option if a child is placed in out-of-home care.

Every child needs a permanent, stable home and a sense of belonging. Permanency planning helps to avoid the harm caused to children from failed attempts at restoration, multiple placement changes and drift in the care system.

Statutory requirements

[Case planning framework \(PDF, 110.05 KB\)](#)

[OOHC Case Management Policy](#)

[Children and Young Persons \(Care and Protection Act\) 1998](#)

Sections: 9(2)(c), 10A, 50, 54, 71, 76, 78, 78a, 79, 82, 83, 84, 85, 85a

[The NSW Child Safe Standards for Permanent Care](#)

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- **Restoration**

Restoration is a process, not an event. Families need support to manage a child's safe journey home.

[Read Practice Advice](#)

2. Restoration as the first permanency option

Permanency planning for Aboriginal children

Arrange an [Aboriginal consultation](#) to involve Aboriginal people in decisions made about the child or young person and to inform tasks and objectives that will support them to develop a positive cultural and racial identity. The most important people to consult with are Aboriginal family members, first and foremost.

Completed by: **CW**

Recording

General File Note - Aboriginal Consultation

Practice advice

When permanency planning for Aboriginal children and young people, we must recognise the injustice inflicted on Aboriginal people through the forced removal of children from their families and the disproportionate number of Aboriginal children in our system today.

Aboriginal consultation involves an exchange of information. It empowers Aboriginal families and communities to help make decisions that affect the care and protection of their children and young people. The [Aboriginal consultation template \(PDF, 89.41 KB\)](#) and the [Cultural practice with Aboriginal communities](#) practice advice provide a practical framework to help us consult meaningfully with Aboriginal children, families and communities.

Permanency planning for all children

When a child or young person cannot stay with their parents, actively consider if there is a realistic possibility of restoration to their parents.

The rationale and actions that have informed our decision making need to be demonstrated and written in the care plan before the Children's Court can make the final decision about a child's permanency

Extra information: The permanent placement principles make it clear that restoration, guardianship and open adoption are preferred over longterm out-of-home care. The Children's Court may hold back from making final orders until it is satisfied that we have adequately addressed permanency planning and that what we are proposing for the child or young person is the least intrusive intervention.

A permanency plan:

- provides a child or young person with a stable placement that offers longterm security
- meets the needs of the child or young person
- avoids the instability and uncertainty of different placements or temporary care arrangements
- makes arrangements in a timely way that recognises that the younger the child, the greater the need for early decisions to be made about their permanent placement.

Timeframes to decide if restoration is realistic

Once an interim order is made by the Children's Court, a decision about whether it is a realistic possibility for the child to be returned to their parents, cannot take longer than:

- 6 months for children under 2 years of age
- 12 months for all other children and young people.

Approved by: **MCW**

Practice advice

Remember that these timeframes are only for assessing whether restoration is a realistic possibility. Parents are not expected to have completed every task in the case plan or fully addressed the risk issues which led to their child entering care for restoration to be considered realistic within this timeframe.

- **Permanency planning: finding permanent relationships for children**

Permanency planning involves finding permanent relationships that can help children feel safe, connected, and secure no matter where they live.

[Read Practice Advice](#)

3. Participation

Engaging children

Give the child or young person opportunities to participate in decisions about who they would like to live with and what safety means to them.

- If a decision is made that is different to what the child expressed they wanted, explain the rationale for this and record this discussion
- Record your work with the child and attach any visual aids or tools you have used to KiDS.

Completed by: **CW**

Take into account the child or young person's culture and language as well as their individuality when you are assessing their needs and case planning.

Practice advice

Invite the child or young person to meetings outside of school hours and welcome them to have an appropriate support person with them. Give the child or young person information in a way they can understand about the decisions to be made and the reasons for FACS involvement. Give the child or young person feedback about how you have used the information they have provided as this helps to empower them.

Use a variety of communication methods that children are familiar with. These methods can involve drawing, painting, photography, brainstorming, or using specially designed engagement tools. See the [Kids Central Toolkit](#) as well as [Partnering For Safety's Future House tool](#), [Safety House tool](#) and [Three Houses tool](#). If children do not want to talk, this is okay too. Observations of their interactions with others and their behaviours can help us to understand their experience and needs.

Recognise the child or young person's existing connections to family and community and support them to have a network of support who will love, care and work to keep them safe now and in the future.

Engaging the family

The family must be given ongoing opportunities to participate in case planning decisions and developing case plans. The following people must also be included:

- the child or young person, where age and developmentally appropriate

- other important people, including extended family and carers
- any support person nominated by the child or parent
- Aboriginal caseworker or community member/s for an Aboriginal child/family
- community member/s for a child/family from a migrant or refugee background
- services working with the family

Completed by: **CW** Approval by: **MCW**

Practice advice

It is important to balance a supportive relationship with a parent, to build trust and explore their motivation to change, with having honest conversations about their child's safety. Tools that can be helpful to engage adults in conversations about the minimum outcomes for restoration and their hopes for their family's future include the [Goal Scaling Tool \(DOCX, 22.26 KB\)](#) or [Partnering For Safety's Family Safety Circles tool](#).

How we approach parents can influence their willingness to engage with us. Use [OARS skills](#) to build trust with a parent, to explore their understanding of what needs to change, and to explore together the barriers and facilitators to change. A parent's motivation to change will be largely based on how important they view the change to be, along with their confidence to do it. See the [Relationship-based practice](#) topic.

Working with Non Government Agencies (NGOs)

If an NGO has case management responsibility for a child FACS and the NGO work together to develop case plans and the care plan. See the [OOHC Case Management Policy](#).

Give the NGO all information that is allowed to be shared, including the draft care plan and summary of the reasons why the child or young person entered care.

Once the child is restored they leave the care of the NGO and case management responsibility returns to FACS.

If the child or young person is in long term out-of-home-care and is case managed by an NGO, the NGO must notify FACS if the case plan goal changes to restoration. FACS and the NGO are both responsible to re-engage the Court to seek changes to the care orders under a section 90 application. See the [Varying or rescinding an order section 90 practice mandate](#).

Completed by: **CW and NGO**

Practice advice

NGOs need to provide us with accurate input about the child or young person's placement, health and well-being but it is important that we maintain our relationship with the child or young person during the restoration process for continuity and to check on their progress ourselves.

- **Talking to children and participation**

Children and young people have the right to participate in decision making that affects their lives.

[Read Practice Advice](#)

4. Assessing restoration as a permanency option

How to assess if restoration is a realistic possibility

Our assessments about whether restoration is a realistic possibility need to be strengths-based, evidence informed and culturally respectful.

Practice advice

Group supervision allow practitioners time to critically reflect on the experience of the child or young person, their current needs, progress of the parents and any bias or judgment that the caseworker might be bringing that could influence decision making. This helps casework teams reach informed, objective, and child-centred decisions about potential restoration and the next steps forward.

Consider exploring the following questions with your team:

- What is the child or young person's views about where they want to live?
- Have we been flexible and creative in our engagement of the child and their family?
- What are the parent's strengths and protective factors that minimise risk and will help create change?
- If we consider the Stages of change model what stage do we think the parent/s are at, and what is the evidence that we are basing our views on?
- What are the plans for the child's future if restoration cannot happen?
- How might we communicate decisions that are hard to deliver and hard for the child or family to hear?

Assess the quality of the parent and child's relationship and the demonstrated capacity or willingness of the parents to:

- reunite with their child
- actively maintain contact
- prioritise their child's needs
- accept help from family, friends, community members or professionals
- engage in therapeutic interventions and treatment, if needed
- consistently care for their child with, or without, the help of intensive assistance and services
- understand what they need to do to keep their child safe.

Other factors to assess, include:

- severity and frequency of harm that the child has experienced
- what effect the harm has on the child's physical, cognitive, emotional and social development
- how effective past attempts have been to keep the child safe with their parents with the help of intensive services and assistance
- progress of contact visits between the parents and child and interactions between the parent and child
- criminal history of any person aged 16 years or older who is living in the household immediately before a final decision is made to restore.

Completed by: **CW** Approval by: **MCW**

Practice advice

We need to critically assess all known information when making decisions about restoration. This is particularly important if you are allocated a new court matter and a decision about restoration has already been made. Speak with the family, review the file, assess the information that was used to make the decision and determine for yourself if the decision was evidence based.

While self-reported information from parents and relatives is useful, it is important to balance this with:

- information from the child
- information from other people who know or are working with the family

- information from police, health and other agencies
- observations of the relationship between the parent and child
- history of abuse and neglect for the child, their siblings and parents to look for patterns in behaviour and interventions that have previously been tried with the parent/s

See the [Assessing and testing for alcohol and other drug use](#) practice mandate.

When to assess whether restoration is a realistic possibility

Restoration is to be considered throughout work with a child and their family however specific times when restoration is to be explored.

Risk Assessment: complete within 30 days of the Safety Assessment that led to the child being removed from their parent/s. See the [Assessing safety and risk](#) practice mandate.

Risk Re-assessment: complete 90 days after completion of the initial case plan and every 90 days thereafter. Assess any progress made by the parents, the child's needs and vulnerabilities and what supports could assist a safe and sustainable restoration.

1. **First interim order** made by the Children's Court: complete within 6 months where child under 2. Complete within 12 months where child 2 and over.
2. **Section 82** update reports to the Children's Court. See the [Reports to the Children's Court \(Section 82\)](#) practice mandate.
3. **Section 90** applications vary or rescind an order. See the [Varying or rescinding an order \(Section 90\)](#) practice mandate.

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• Restoration

Restoration is a process, not an event. Families need support to manage a child's safe journey home.

[Read Practice Advice](#)

5. Case Planning for restoration

Case planning timeframes

A case plan must be developed within 30 days of a child or young person entering care.

Reviews

This case plan must also reviewed:

- within 4 months after an interim order is made
- whenever there is a significant change in the child's circumstances
- whenever there is an obstacle in carrying out of the case plan during and after the child has returned home
- when the child returns home to their parent.

Practice advice

We should expect that in the process of change that some parents will have a lapse and we should plan for this. This is a normal part of the process of behaviour change. Lapses can bring on feelings of shame and impact a parent's confidence that they can maintain the changes or provide

important learning opportunities that strengthen a parent's skills and determination to sustain change.

Participation

Provide opportunities for the child, their parents, carers, service providers, Aboriginal or multicultural workers and any other significant people to attend the case planning meeting. See the [Case planning in OOHC practice mandate](#) for advice on organising this meeting.

Completed by: **CW**

Identifying risks and planning for change

Consider the identified dangers that led to the child being taken and the risk issues and how these will impact on the child's safety if the child was returned.

Be clear with the family about all the assessed safety and risk concerns and what parental behaviours or actions need to change. Ask for the views of the child or young person, parents and all other people involved in developing or reviewing the plan.

If the risk to the child's safety was due to serious and persistent drug use of a parent see the [Assessing and testing for alcohol and other drug use practice mandate](#).

Completed by: **CW**

Identifying a goal and outcomes

In partnership with the family and using words and language that makes sense to them, decide on:

- a family goal statement
- achievable goals that relate to identified risk issues
- what steps will help to meet each of the goals
- who will be responsible for each step and timeframes to complete them
- outcomes that describe what will be different for the child or children as a result and how it will improve safety.

Completed by: **CW** Approval by: **MCW**

Practice advice

The plan needs to be meaningful to the family for it to create real and maintained safety for the child or children. It needs to be simple and targeted so that areas of priority are focused on and manageable. A clear structure and expectations will help families feel supported and more confident that they can achieve the tasks.

When deciding on goals, think about if they can be easily measured. What will progress look like? How will you know there has been progress? How will the child know? Use the [Goal scaling tool \(DOCX, 22.26 KB\)](#) to help engage families in this discussion.

Make tasks fair and achievable. What disadvantages do they face that could be a barrier? How will you help them accomplish the goals? What will others do to support? Be very clear about who is doing what and when.

To develop a sense of mastery, give families:

- some choice
- something they can enjoy

- something they can succeed in and build upon.

Restoration case plan

Restoration case plans are about creating enough safety for a child to return home. A new case plan needs to be developed once the child is home so we can continue building the parents strengths and addressing any ongoing risk issues.

Decide together what information, training, services, support and resources the parents need to:

- provide a safe and stable home and meet the needs of the child, including any special medical and disability needs
- use parenting skills appropriate to the age and development of the child including building and maintaining a positive, nurturing and empathetic parenting relationship
- promote positive interactions that make sure all members of the household are safe from threats, intimidation and assault
- attend targeted services to address the issues that led to their child being taken.

Agree on a date (or timeframe) of when the case plan will be reviewed together in a review meeting. Talk about how progress will be monitored and by who.

Completed by: **CW**

Recording the restoration case plan

Use the [OOHC case plan and review template \(ZIP, 161.36 KB\)](#) template and under Measure of wellbeing 1: Placement and permanency, record what supports are needed for restoration as well as an alternative permanency option in case restoration does not proceed.

Practice advice

It may be helpful to use the [Family action plan for change template \(DOCX, 29.17 KB\)](#) template to explore Measure of wellbeing 1 and attach to the case plan for each child in the family.

Explore and decide what the carer needs to care for and support the child's restoration to their family.

Clarify roles and responsibilities early so the child and family receive appropriate and comprehensive support.

Completed by: **CW** Approval by: **MCW**

Practice advice

Parents may behave in ways that we would like to see changed, but we have to ask ourselves "will changing this behaviour improve the experience for the child?" Listen to the child's voice to find out what changes they would like to see and how this would make things better for them. This will help you prioritise the key issues to be addressed in the case plan. Further practice advice is available from [Talking to children and participation](#) and [Case planning in OOHC](#) and [Restoration](#) topics.

See the practice mandates below for further information about case planning and addressing each measure of wellbeing in the case plan.

- [Case planning in OOHC](#)
- [Assessing and testing for alcohol and other drug use](#)
- [Placing a child in OOHC and supporting them through their transition](#)
- [Identity and culture of children in OOHC](#)
- [Connections and contact for children in care](#)

- [Health needs of children in care](#)
- [Education needs of children in care](#)
- [Behaviour support](#)

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- **Restoration**

Restoration is a process, not an event. Families need support to manage a child's safe journey home.

[Read Practice Advice](#)

6. Writing a Care Plan for restoration

Developing a Care Plan for restoration

The Care Plan must be filed at the court within 6 months of the interim order for a child under 2 years of age and within 12 months for all other children and young people. See the [Care Plans](#) and the [Cultural and care planning](#) practice mandates.

The following must be completed in the care plan for restoration:

- the views of the child about restoration
- minimum outcomes to be achieved for restoration to occur
- details of the services FACS will provide or arrange to be provided to the family to support the restoration.
- details of services that facilitate restoration.
- length of time that restoration will be actively pursued
- transitional arrangements from current placement to family

Completed by: **CW** Approval by: **MCW**

Practice advice

Avoid thinking that the child is too young to participate. Children can provide important insights about what makes them feel safe and unsafe which inform our decision making. See the [Talking to children and participation](#) practice advice for creative tips and advice on how to engage children.

The types of services that help support restoration include:

- practical needs services
- child directed services
- therapeutic services
- home-based services
- post-restoration services

Some programs may include a combination of these types of support. When choosing which services to engage, it is important to make the decision with the family and make sure the services are targeted to their specific needs.

Transition arrangements

Outline a clear transition plan for restoration in the care plan. Include a stepped increase in family visits moving from supervised to unsupervised, overnight and the child spending extended time in the home.

Completed by: **CW** Approved by: **MCW**

Practice advice

Supervised visits in a contact room do not give us the best indication of how ready or able a parent is to provide full-time care for their child.

When you are restoring a child or young person to their parent or parents, support the family to spend time together in more natural settings and in situations where they are likely to be challenged. Be there during visits to observe how the parents manage routine tasks, resolve problems in the moment and identify any areas that they need more support with before the child is fully restored.

These family visits could include:

- cooking dinner for, or with, their child
- grocery shopping, going to a medical appointment
- helping with homework, doing household cleaning tasks
- morning school routines: making the lunch, getting their child dressed and off to school
- bedtime settling routines
- if a child needs assistance with daily medical needs or must be administered medication by their carer, educate and observe the parents performing this role.

- **Restoration**

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[Read Practice Advice](#)

7. Carrying out and reviewing a restoration

Reviewing a restoration

Carry out a risk reassessment every 90 days during the transition to restoration. Carry out a case plan review:

- whenever there are significant changes in the child or parents' circumstances, however it is likely that you will want to meet with the child, their family and support services more frequently to monitor the child or young person's experience of the transition and the parent/s progress in meeting the case plan objectives
- within 6 months of interim orders being made
- at the end of the length of time we stated in the care plan that restoration would be actively pursued - but no later than 12 months of when it was last before the Children's Court
- If requested by the Children's Guardian.

The review needs to cover if:

- the permanency plan should be changed - such as the length of time during which restoration should be actively pursued
- other arrangements should be made for the child or young person's permanency
- an application for a care order or change in a care order is recommended

If there is no realistic possibility of restoration, an alternate permanency plan must be developed and provided to the Children's Court.

Completed by: **CW** Approved by: **MCW**

Supervision Orders

When the Children's Court makes Final Orders in support of restoration, there will often be a Section 76 Supervision Order included. This means that FACS needs to supervise the progress of the restoration for a specified period of time even if parental responsibility is transferred to the parent during this period. See the [Supervision orders](#) practice mandate.

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[Read Practice Advice](#)

Key documents

Name	Description	Size	Type
Aboriginal consultation template	Template for an Aboriginal consultation. This form is used to provide information for an Aboriginal Consultation and record the consultation discussion, advice and recommendations.	89.4 KB	PDF PDF
OOHC case plan and review template	Template for OOHC case plan and review. This form is used to document the annual review of a placement or when circumstances have changed warranting an update. NOTE: This document is now in a .zip file.	161.4 KB	
Family Action Plan for Change	Case plan template to support a child stay safely at home. This form is used to document family goals, necessary changes and supports required for a child to stay safely in the home	29.2 KB	Word Word

