

Aboriginal and Torres Strait Islander Family Participation Program (T601)

Program Guidelines

May 2025

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List of acronyms and terms

ATSICCO	Aboriginal and Torres Strait Islander community-controlled organisation
Active Efforts	Making active efforts to keep Aboriginal and Torres Strait Islander children safe and connected to family, community and culture
ARC	Advice, Referral and Case management
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
ATSIFLDM	Aboriginal and Torres Strait Islander Family Led Decision Making
CCR	Child Concern Report
CINOP	Child in need of protection
CPO	Child Protection Orders
CSO	Child Safety Order
CSSC	Child Safety Service Centre
EIAA	Enhanced Intake and Assessment Approach
FPP	Family Participation Program
FWS	Aboriginal and Torres Strait Islander Family Wellbeing Service
Independent Person (IP)	Term used in practice to refer to an Independent Aboriginal and Torres Strait Islander entity for a child (<i>Child Protection Act 1999</i> , section 6)
IPA	Intervention with Parental Agreement
PCPP	Principal Child Protection Practitioner
QATSICPP	Queensland Aboriginal and Torres Strait Islander Child Protection Peak
RIS	Regional Intake Service
SIG	Aboriginal and Torres Strait Islander Families Strategic Implementation Group
STO	Short Term Order

Introduction

Purpose of the document

This document sets out the context of the Aboriginal and Torres Strait Islander Family Participation Program (FPP) and outlines the service delivery requirements of the program, as reflected in service agreements and the Investment specifications (Families). The program guidelines apply to all service models developed by Aboriginal and Torres Strait Islander community-controlled organisations (ATSICCOs) to deliver the FPP. The guidelines also provide information on the expected service outcomes and reporting requirements.

It is recognised that each provider will implement the model in a way that reflects local needs and providers are encouraged to share learnings arising from implementation with their peers and departmental staff.

Audience

These guidelines are designed to inform the delivery of the FPP for both service providers and departmental staff.

The Family Participation Program

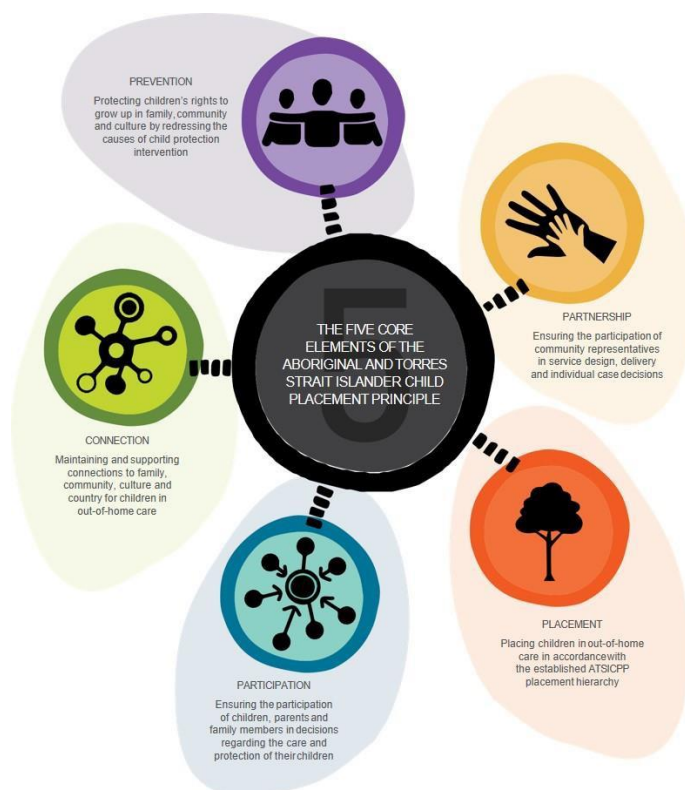
The FPP seeks to support Aboriginal and Torres Strait Islander families, children, and young people to actively participate in child protection decisions that affect them.

When Child Safety is working with Aboriginal and Torres Strait Islander families, by law, Child Safety must make active efforts to uphold their rights under the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP).

Active efforts means that Child Safety must do everything it is practical to do, as soon as possible, to make sure the child is safe and stays connected to their family, culture, and community. Further information can be found on page 4-5 of The Aboriginal and Torres Strait Islander Child Placement Principle: A Guide to Support Implementation, which can be found at: <https://www.qatsicpp.com.au/wp-content/uploads/2020/05/ATSICPP-resource-final-Dec2018-SNAICC-CPP.pdf>.

The FPP seeks to give effect to the principle that Aboriginal and Torres Strait Islander peoples have the right to self-determination, and to support the practical application of the five core elements of the ATSICPP.

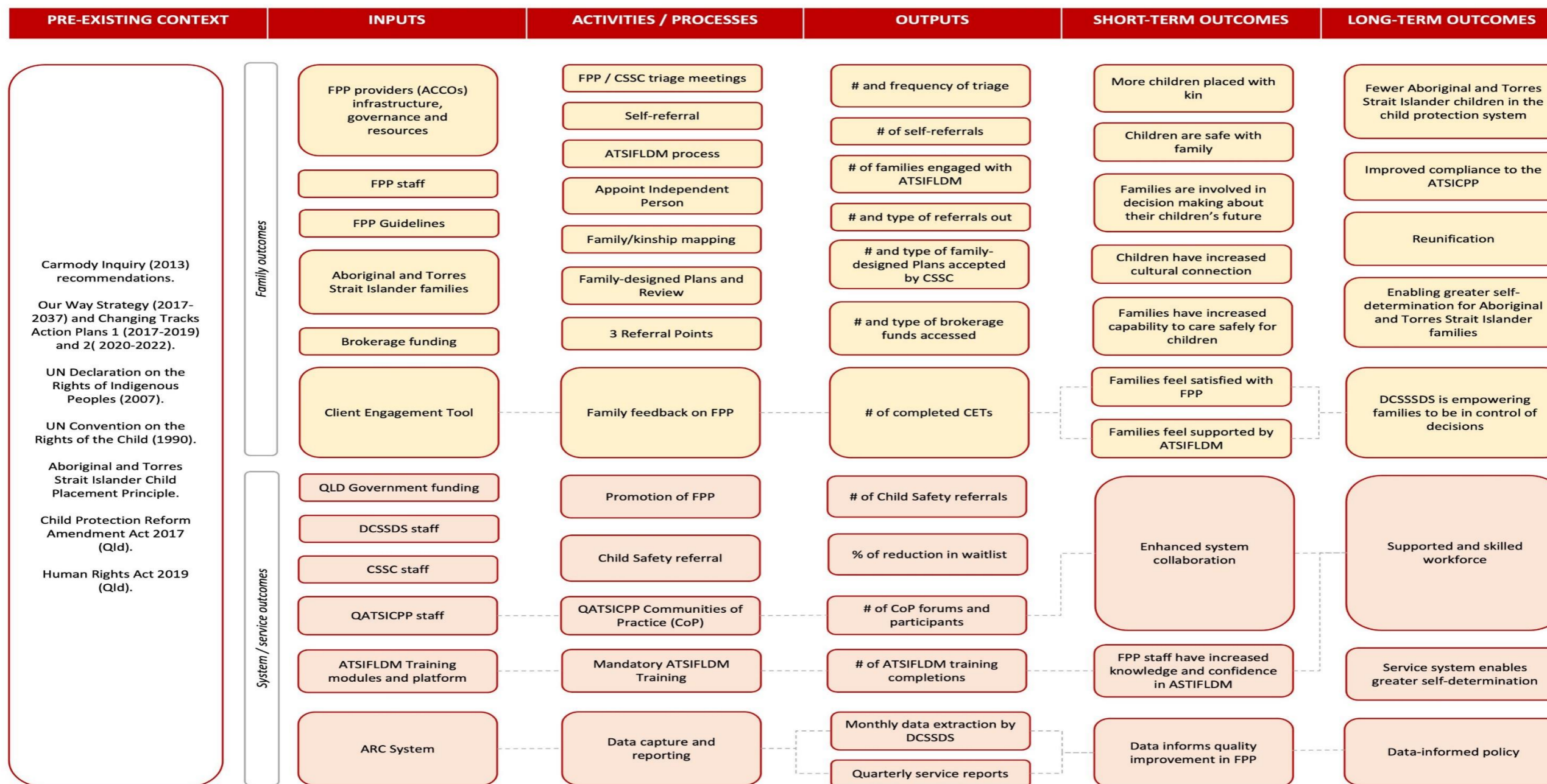
- Prevention - that a child has the right to be brought up within the child's own family and community.



- Participation - that a child and the child's parents and family members have the right to participate in an administrative or judicial process for making a significant decision about a child.
- Partnership - that Aboriginal or Torres Strait Islander persons have the right to participate in significant decisions under the Child Protection Act 1999 about Aboriginal or Torres Strait Islander children, including the design and delivery of programs and services.
- Placement - that if a child is to be placed in care, the child has a right to be placed with a member of the child's family group.
- Connection - that a child has a right to be supported to develop and maintain a connection with the child's family, community, culture, traditions, and language.

Program logic

Overarching Goal: Families are supported to participate in significant decisions to maintain their child or children’s safety; social, emotional and spiritual wellbeing; and cultural connections and cultural strength.
Goal 1: Aboriginal and Torres Strait Islander families and kin continue connection to their child or children and young people for their safety and wellbeing.
Goal 2: All stakeholders of FPP are accountable for the safety and wellbeing of the child ensuring the service model is delivered appropriately and in a timely way for the safety and wellbeing of the child or children.



Overarching context
 Historic and contemporary government policies and practices have resulted in an extensive intergenerational trauma burden for Aboriginal and Torres Strait Islander children and families. Aboriginal and Torres Strait Islander families have experienced high levels of socio-economic disadvantage due to the impact of past policies including Stolen Wages. Despite the level of trauma and dislocation, Aboriginal and Torres Strait Islander families and communities have demonstrated significant resilience and strengths in their survival.

Program aim

The FPP services support Aboriginal and Torres Strait Islander families to participate in significant child protection decisions that affect their lives.

It is important to note that FPP is a resource for families, not for the provision of cultural advice to the department to support its decision making.

A key function of FPP is the facilitation of independent Aboriginal and Torres Strait Islander family led decision making (ATSIFLDM), a process whereby authority is given to parents, families, and children to identify and develop protective factors, address child protection concerns and participate fully in all significant decisions, in a culturally safe and appropriate space. ATSIFLDM can only be facilitated by Aboriginal and/or Torres Strait Islander staff working for ATSICCOs.

There are several critical elements to effective family led decision making with Aboriginal and Torres Strait Islander children and families. These include:

- the facilitator being seen as independent of the department,
- the family being given the time to meet on their own,
- the family being able to express and capture everything in their own words,
- the effective mapping of kin networks,
- a focus on the safety of the child, and
- engagement of the supports that families require to enable them to resolve challenges.

When applied following a notification, ATSIFLDM helps the family to better understand the Department's child safety concerns, provide information that can assist in determining the level of concern, and supports the family to develop a safety plan aimed at mitigating risks to the child. By empowering families to develop solutions to child safety concerns and supporting them to access necessary support, it is anticipated that wherever possible, children will be able to remain safely within their families.

Where children become subject to statutory child protection intervention, ATSIFLDM provides a vehicle for families to lead decision making in relation to case planning, cultural support planning, placement options and transition from care planning.

While ATSIFLDM is a primary function of the service, families may seek other less structured forms of assistance that enable them to participate in decision-making. There is flexibility with regard to the forms this assistance may take, provided it is consistent with the goal of supporting families to participate in decision making.

The FPP initiative aims to:

- give effect to Aboriginal and Torres Strait Islander people's right to self-determination,
- facilitate shared decision-making involving parents and families at different phases of their involvement in the child protection system, and
- develop family-based solutions that provide for the safety of children, whether at home or in care.

It is intended that by empowering families in decision making processes and activating

appropriate support networks, the safety and wellbeing of Aboriginal and Torres Strait Islander children can be achieved within family, community, and culture.

The FPP function is distinct from, but closely associated with, the support function of Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS). Families who are assisted to participate in decision making processes are also likely to require support to address child safety concerns and to implement the action plans they have developed. It is expected that families assisted through the FPP service will be offered access to the full range of supports available through FWS.

The aim of the program is to reduce the disproportionate representation of Aboriginal and Torres Strait Islander children and young people in the statutory child protection system through participatory decision-making with Child Safety. ATSIFLDM is an action in the *Our Way* strategy first three-year action plan, *Changing Tracks*, which are available at: <https://www.families.qld.gov.au/our-work/child-safety/aboriginal-torres-strait-islander-families>.

Program description and requirements

The FPP empowers families to participate in decisions about their children at multiple points, depending on their level of involvement with Child Safety. Child Safety may refer families to FPP for ATSIFLDM processes at any point in the child protection continuum, except at intake. Families can also self-refer at any point in which they need assistance to be involved in decision making with Child Safety about their children. When families self-refer, Child Safety must share all relevant information with services regarding self-referrals to assist ATSIFLDM.

Enhanced Intake and Assessment Approach

The department is implementing the Enhanced Intake and Assessment Approach (EIAA), a contemporary approach to ensure families involved in the child protection system receive the right response at the right time. The approach aims to provide proportionate and flexible child protection responses to promote earlier access to support, timely assessments and meet the needs of children and their families.

The EIAA includes a suite of four responses that provide timely and effective responses to the complex and changing needs of families. This includes:

- **Active Support Response** –an earlier intervention pathway for families where the concerns do not meet the threshold for a notification, but the family would benefit from support from a secondary family support provider or other services. This response will be considered where there is a pattern of ongoing Child Concern Reports over a 12-month period. An Active Support Response will enable Child Safety to contact parents to discuss the concerns and offer help and support including facilitating referrals directly to appropriate services.
- **Safety and Support Response (SSR)** –a subset of the Standard Response and the criteria for a Standard Response must first be met before a Safety and Support Response can be considered. The SSR is an early child protection intervention response when there are no immediate safety concerns. This response will provide support to families and pregnant persons who meet specific criteria, including where there are no concerns of cumulative

harm or escalating patterns of abuse. Service providers may engage with the pregnant person or family, independent of Child Safety, visit the family in their home (or other location as appropriate), assess the child and family's needs and connect them with appropriate and targeted services.

- **Standard Response** - provides a proactive and support orientated response to a notification. A Standard Response is a pre-planned home visiting response where Child Safety will assess a child and their family's needs and coordinate support to meet these needs. This response does not assess whether a child has suffered harm or is in need of protection. However, if it is believed that the child has suffered harm or requires an assessment of their protective needs, the matter is escalated to a Priority Response. Where appropriate, the response may be a co-response with a non-government agency.
- **Priority Response** - is a timely and rigorous assessment of whether a child is in need of protection. This is the appropriate response when a notification requires immediate action to address imminent safety issues, including severe neglect, significant physical abuse and sexual abuse.

FPP across the continuum

Guidance regarding points of referral to the FPP is provided below, on the basis that they present the opportunity for most significant impact in terms of the program goal of reducing the disproportionate representation of Aboriginal and Torres Strait Islander children in the statutory system. It is understood that the rates of representation are based on the cumulative effect of disproportionality in rates of notification (higher), substantiation (higher), commencement and duration of orders (higher) and rates of successful reunification (lower). The prioritised points of referral, accordingly, provide optimal opportunities to:

1. Reduce rates of entry (standard or priority response)
2. Increase rates of successful reunification (Short term orders).
3. Reduce duration of orders/time in statutory care (six months prior to expiry of Child Protection Orders (CPOs)).

FPP service providers and Child Safety Service Centres (CSSC) may develop local processes in relation to the following priority referral points.

Assessment phase

The FPP works with families following a notification using an ATSIFLDM process to enable the family to:

- participate in a collaborative assessment process to identify any safety issues for the child and future risks,
- develop a family-designed safety plan to address any safety issues and future risks,
- inform the decision about whether a child is in need of protection and where possible prevent Child is In Need of Protection (CINOP) decisions and the need for statutory intervention.

When occurring during a standard response, an ATSIFLDM process can determine the supports

the family requires or the strategies they should put in place to ensure the child remains safe within the family.

When occurring as part of a priority response, it helps to decide if the child is in need of protection, in addition to exploring safety strategies that would enable the child to remain living with family (noting that only priority responses can result in ongoing intervention, including a child protection order being established).

Child Safety will share information about all notifications involving Aboriginal and Torres Strait Islander children with the local FPP service provider. The FPP service provider and Child Safety will work together to decide which families are likely to benefit from an ATSIFLDM process during the assessment process. This may also be part of a broader collective approach to planning joint or differential responses with a range of Aboriginal and Torres Strait Islander services and stakeholders which may look different in various parts of the state.

Child Safety will commence standard and priority responses and share information about these matters with the local FPP service as soon as possible after commencement where it is not safe and practicable to engage the FPP before commencement. It is recommended that all notifications be referred through the online referral portal in order to track cases and demand, and then a discussion between Child Safety and FPP occur in order to triage.

FPP will engage families to offer an ATSIFLDM process at the commencement of the standard or priority response to assist the family to participate in the assessment, and for a priority response, the decision about whether the child is in need of protection. This involves the development and preparation of a family-designed plan to address concerns and to keep children safe. Where Child Safety assess that the child/children are unable to remain with their parents, an ATSIFLDM process may support the family to strengthen or develop protective factors and/or identify family members who are able to care for the child.

- This meets the goal of reducing rates of entry.

Reunification/review phase

Children subject to short-term child protection orders have their case plans reviewed every six months in order to maximise the opportunities to return these children to their families. Child Safety will refer families to the local FPP service for ATSIFLDM processes at review/case planning points throughout the duration of a short-term order.

At this stage, family's plans are case plans designed by the family and, where they meet the legislative obligations of a case plan (as described under the Act), should become the official case plan.

Where family-designed plans don't meet the legislative requirements, the FPP service and family should be advised and given opportunity to amend the plan. Preferably any amendments can be included on the same day, especially if the child safety officer (CSO) or senior team leader is on the phone for, or is available to be called during, the meeting.

For instances in which FPP services choose not to enter into discussions with families in relation to specific aspects of a case plan (e.g. permanency planning), or the family don't wish to enter into that discussion with FPP services, there will need to be conversations between the FPP service and CSSC to determine who will then ensure the [currently missing] information is included in the final case plan i.e. the CSO might approach the family to hold a discussion for that

one aspect.

In the case of discrepancies between the FPP service and CSSC regarding legislative obligations, these should be escalated through the standard procedure.

It will need to be assured that family's voices remain unedited in every instance, and especially if the family-designed case plan is shifted into a departmental case plan template and in instances where CSOs must approach the family to discuss specific missing aspects.

The purpose of FPP at the reunification phase is to identify protective factors and areas in which families can be supported to successfully reunify. As a key function of FPP is to increase family participation and thereby address the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system, activities that assist reunification and increase connection and participation as per the ATSICPP is part of FPP referrals during this phase.

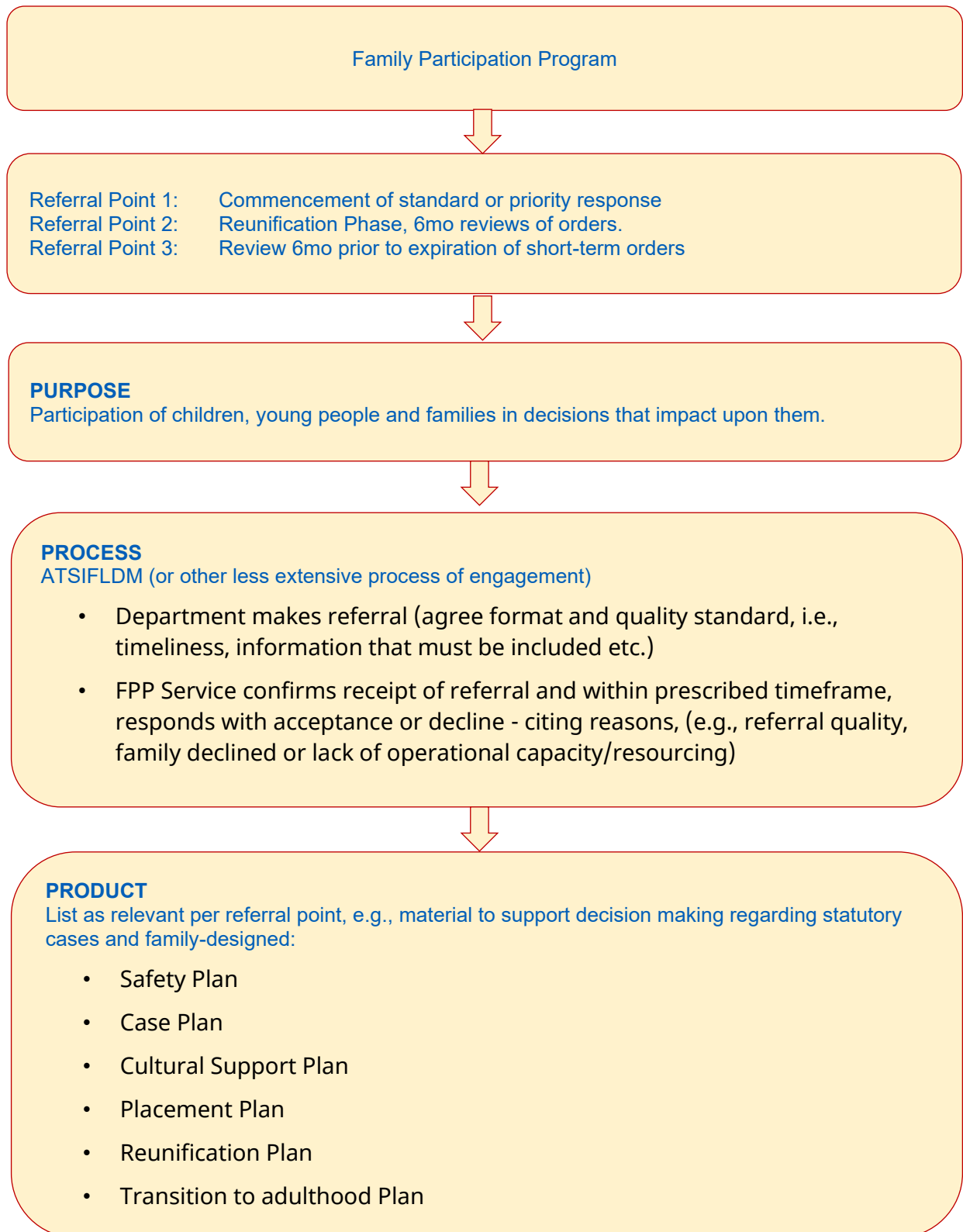
- This meets the goal of increasing rates of reunification.

Six months prior to expiry of Short-Term Order (under 2 years)

Six months prior to the expiry of a short-term child protection order the Child Safety Officer initiates the review process for expiring orders. If the family is not already accessing FPP for ATSIFLDM processes at review points, Child Safety should refer the family for an ATSIFLDM process to review and revise the case plan. The review at six months prior to expiry informs decisions about reunification, long term options, future intervention type and recommendations about future child protection orders, if required.

The purpose of a FPP referral at this stage is to ensure a thorough family informed review of current circumstances of family, any strengthened or emerging protective factors and opportunities for reunification. The ATSIFLDM process will deliver a family-designed renewed case plan/reunification plan, which will inform decisions at the practice panel (3 months prior to expiration of Order).

- This meets the goal of reducing duration of orders/ongoing involvement.



At any of these points of involvement, the service may be required to undertake family mapping to identify family members who could support the resolution of safety concerns or maintain the child's cultural and family connections.

The ATSIFLDM function is distinct from the support functions of FWS. Case work (A01.2.02 case management output) is not an output of the FPP.

FPP services should consider who is best to action parts of a child's case plan. This will involve discussions with Child Safety, children, and family members about who will make necessary referrals for support of children or family members and facilitate active engagement with requisite supports and services.

Other considerations

The ATSIFLDM processes will always be led by Aboriginal and Torres Strait Islander staff working for an ATSICCO or by Aboriginal and Torres Strait Islander practitioners through fee-for-service arrangements. The same service delivery conditions and deliverables apply in both funded and fee-for-service arrangements.

The ATSIFLDM processes should not be co-convened with Child Safety staff. However, Child Safety staff do have an important role in sharing information at the time of referral and ongoing input into the assessment of concerns and worries about children's safety and need for protection and responsibility for certain decisions under the [Child Protection Act 1999](#). Therefore, their participation at appropriate times during the process is important so they can outline these matters. Child Safety staff's role does not include co-facilitation or participation during the family's private time.

The authorised person with delegated authority for relevant decisions should attend the final family meeting. Where this is not possible, the department is responsible for ensuring that either the approving officer is contactable at the time of the meeting to approve the outcomes, or an arrangement has been made for approval by a different senior officer within the Child Safety Service Centre. It is incumbent on departmental staff who participate in the process to be well prepared, with both the participating officer and the approving officer clear on the issues needing to be addressed through the ATSIFLDM process.

The success of the family led decision making processes is dependent on the development of mutually respectful working relationships between the independent FPP facilitator and Child Safety staff. Families will be sensitive to any tensions that may be evident between facilitators and departmental officers, and this may undermine their confidence in the process. FPP services should work closely with local CSSC staff to establish clear processes for information sharing and problem solving so that effective and professional working relationships are maintained.

Service providers are encouraged to engage with families, community stakeholders, other Aboriginal and Torres Strait Islander community-controlled organisations and Child Safety to ensure that local Aboriginal and Torres Strait Islander peoples understand the role of the FPP in ATSIFLDM, and implementation approaches reflect local circumstances and aspirations.

Context

Legislation

The [Child Protection Act 1999](#) provides the legal framework for the protection of children and families. The Act sets out the requirement for certain professionals to report concerns about children to Child Safety. These are referred to as mandatory reporters. It also outlines the framework for how Child Safety will plan and support children for whom ongoing intervention is required.

Child Protection Act 1999

- Defines that a 'child in need of protection' as a child who has suffered, or is suffering, or is at unacceptable risk of suffering 'significant' harm and has no parent able and willing to protect them.
- Clearly states that any person (including those professionals who are subject to mandatory reporting requirements) may report to Child Safety a reasonable suspicion that a child may be in need of protection, or an unborn child may be in need of protection after he or she is born.
- Provides guidance on what to consider in identifying significant harm and developing a reasonable suspicion that a child may be in need of protection.
- Lists the Queensland professionals who are subject to a mandatory requirement to report a concern to Child Safety, that is, teachers, doctors, registered nurses, and police officers with child protection responsibilities, officers of the new Public Guardian, and early childhood education and care professionals. Child Safety employees and employees of licensed care services are required to report a reasonable suspicion that a child in care has suffered, is suffering or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse.
- Requires that mandatory reporters must report a reasonable suspicion a child has suffered, is suffering, or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse and the child may not have a parent able and willing to protect them from the harm. For licensed care services, a reportable suspicion relates only to the child having suffered, suffering or being at unacceptable risk of suffering significant harm caused by physical or sexual abuse.

Allows particular prescribed entities to refer a family to a service provider where it is considered a child is likely to become in need of protection without support being provided to their family. A service provider includes a prescribed entity, or another person providing a service to children or families such as FWS.

Impact of legislative changes

The work of FPP service providers aligns with the amendments to the [Child Protection Act 1999](#) ([Child Protection Reform Amendment Act 2017](#)) which introduced new principles that recognises the right of Aboriginal and Torres Strait Islander peoples to self-determination, acknowledges the long-term effects of decisions on a child's identity and connection with family and culture

and requires that children and families be supported to participate in decision-making. The Act recognises that children and families are the primary source of knowledge about their own family and culture.

While the Act does not specifically mention the FPP, the initiative is a key vehicle for the active and meaningful participation by families in significant decision-making processes that affect them.

The Act also incorporates the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle — prevention, partnership, placement, participation, and connection — to ensure they are always applied when a person is undertaking a function under the Act. The FPP is a key mechanism to give effect to the intent of the Child Placement Principle, inclusive of all five constituent elements.

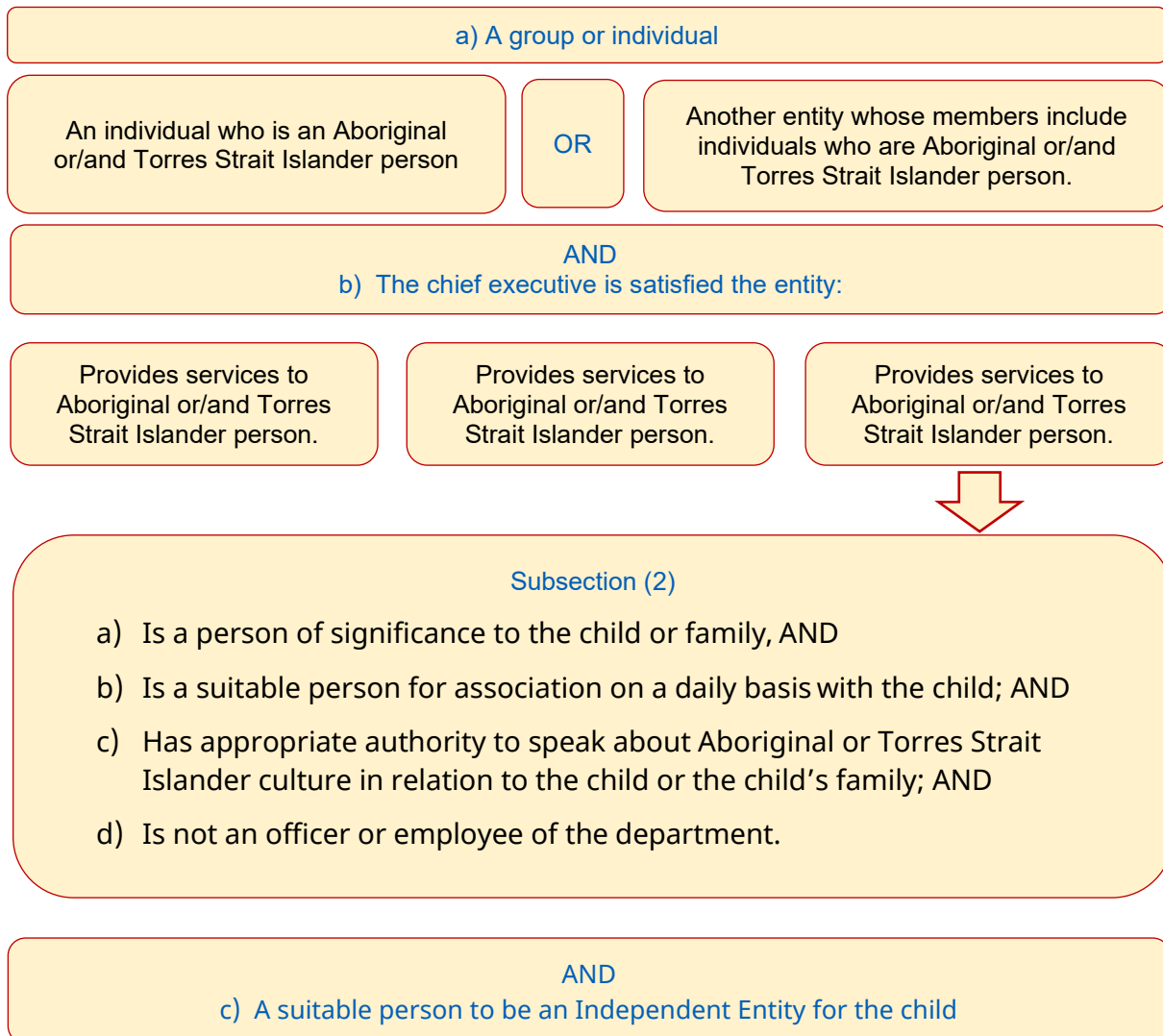
The amendments create the requirement for families to be supported to participate in decision-making on their own behalf. They recognise that the child or young person and their family are the primary source of cultural knowledge for the child or young person.

Aboriginal and Torres Strait Islander children, young people, and their families, have the right to be supported to participate in departmental decision-making processes by a person referred to in the Amendment Act as an *independent Aboriginal and Torres Strait Islander entity* for a child (in practice an independent Aboriginal and Torres Strait Islander entity for a child is referred to as an 'Independent Person'). A summary of all amendments made to the [Child Protection Act 1999](#) is available at: <https://www.families.qld.gov.au/our-work/child-safety/about-child-protection/history-child-protection>.

Who can be an Independent Person?

An Independent Person could be a family or community member. Where the family is unable to identify an Independent Person, the local Aboriginal and Torres Strait Islander Family Wellbeing Service (FWS) or FPP could be approached to support the family to identify an Independent Person, or to act as the Independent Person if the family nominates them for this role. Further information about an Independent Person is available at: <https://www.families.qld.gov.au/our-work/child-safety/parents-families/ongoing-intervention/aboriginal-torres-strait-islander-peoples/independent-person>.

The following is a summary of the requirements to be an **Independent Person**



An FPP service, or individual staff within the program, may be approached to act as an independent person by families with whom they have an existing relationship, or those who do not have other networks on which they can call to act as independent person.

An FPP worker can only become an independent person at the request of the child/family and the discretion of the worker. An independent person cannot act as an ATSIFLDM facilitator and FPP services/staff cannot be made to act as independent entities/persons.

The FPP practitioners will take account of any conflict of interest in undertaking the independent person role. In general, this will mean the practitioner acting as independent person should not facilitate concurrently the ATSIFLDM process should one be required. This will need to be handled by a colleague within the service who is not supporting the child and family as the independent person for the child.

In acting as independent person, the practitioner should support the child and their family to feel stronger and supported to say everything they wish to say. It may require the provision of contextual cultural information about things impacting on a parent, to ensure the department

understands the parent's motivations or actions when forming an assessment. It may also involve helping the child, young person or family explain cultural factors that impact on a family's capacity to fully participate in discussions and decisions.

Child Safety is not required to arrange for an independent person to facilitate participation in significant decisions if:

- the child, young person or their family does not consent,
- it is not practicable due to availability or urgent action is required to protect the child,
- it is likely to have a significant adverse effect on safety or psychological wellbeing of any person,
- it is otherwise not in the child or young person's best interests.

What is a significant decision?

A significant decision is a decision that is likely to have a significant impact on a child's life (*Child Protection Act 1999*, Schedule 3). The following decisions are considered significant for all children (<https://www.families.qld.gov.au/media/documents/protecting-children/641-decision-making-atsi-children.pdf>) and are all decisions that can be made through effective ATSIFLDM process which ensures family participation:

- a decision about how to keep a child safe (safety planning during a priority response and ongoing intervention by Child Safety),
- a decision about whether a child is a child in need of protection
- case planning decisions including the type of ongoing intervention that will be undertaken with a family and how the child's safety, belonging and wellbeing needs will be met,
- a decision about where or with whom a child, subject to a child protection care agreement, or an order granting custody or guardianship to the chief executive, will live,
- support service planning prior to the birth of an Aboriginal or Torres Strait Islander child.

Information Sharing Guidelines

To meet the protection and care needs and promote the wellbeing of Aboriginal and Torres Strait Islander children, FPP organisations and their employees must comply with the legal framework regarding the sharing of information provisions under Chapter 5A and Part 4 of the *Child Protection Act 1999*. All FPP providers (including fee for service practitioners delivering an ATSIFLDM service) deliver FPP services as 'prescribed entity'.

A full description of requirements regarding the sharing of information to support children and families is available in the *Information Sharing Guidelines October 2018*, which can be found at: <https://www.families.qld.gov.au/about-us/our-department/partners/information-sharing/child-family>.

Permanency

Permanency principles have been included in the legislation because achieving early permanent, stable care and legal arrangements for children in the child protection system, whether they are returning to their home or remaining in care, leads to better life outcomes for children.

Permanency for children in care has three dimensions:

- relational permanency – the experience of having positive, loving, trusting, and nurturing relationships with significant others, which may include the child’s parents, siblings, extended family, and previous carers,
- physical permanency – stable living arrangements for the child with connections to their community,
- legal permanency – legal arrangements associate with permanency, which in Queensland can include a range of options such as long-term guardianship child protection orders, adoption, and family law court orders.

For any permanency decision made about an Aboriginal or Torres Strait Islander child or young person, the department must consider and apply all five elements of the Aboriginal or Torres Strait Islander Child Placement Principle.

Concurrent planning must occur where the primary goal of a case plan is reunification, so that an alternative permanency goal will be enacted in the event that timely reunification with parents is not possible. This may require that an ATSIFLDM process develops a primary and alternative permanency goal as part of the process. Both goals will require actions to be developed and progressed.

Other relevant legislation

The FPP providers must also adhere to the relevant provisions within the:

- [Community Services Act 2007](#)
- [Public Guardian Act 2014](#)
- [Family and Child Commission Act 2014](#)
- [Right to Information Act 2009](#)
- [Information Privacy Act 2009](#)
- [Public Records Act 2002](#)
- [Working with Children \(Risk Management and Screening\) Act 2000](#)
- Any future legislation relevant to services funded by the Department of Families, Seniors, Disability Services and Child Safety.

Consideration must also be given to the United Nations Declaration on the Rights of Indigenous Peoples (<https://humanrights.gov.au/our-work/un-declaration-rights-indigenous-people>) and the United Nations Convention on the Rights of the Child (<https://www.unicef.org.au/united-nations-convention-on-the-rights-of-the-child>).

Domestic and Family Violence Prevention (Combating Coercive Control) and Other Legislation Amendment Act 2023

The [*Domestic and Family Violence Protection \(Combating Coercive Control\) and Other Legislation Amendment Act 2023*](#). The legislation strengthens laws to address the patterned nature of coercive control and lays the foundation to introduce a standalone offence of coercive control in 2023.

The Queensland Government's commitment to ending domestic and family violence and coercive control in Queensland has taken a significant step forward with the passing of the [*Domestic and Family Violence Protection \(Combating Coercive Control\) and Other Legislation Amendment Act 2023*](#). The Act strengthens laws to address the patterned nature of coercive control and lays the foundation to introduce a standalone offence of coercive control in late 2023.

The amendments:

- modernise and strengthen the offence of unlawful stalking in the Criminal Code to better capture the broad range of tactics used by perpetrators;
- broaden the definition of domestic and family violence to include behaviour that occurs over time and that acts of domestic violence must be considered in the context of the whole relationship;
- strengthen the court's response to cross applications for protection orders to ensure the protection of the person most at risk;
- broaden the court's ability to award costs in civil domestic violence matters to help prevent the use of the legal process to further abuse victims;
- strengthen the consideration of previous domestic violence or criminal history when deciding whether to make a domestic violence order;
- bring domestic violence complainants and other witnesses within the protected witness scheme;
- provide for the giving of jury directions and facilitate expert evidence on domestic violence in criminal law trials.

The amendments respond to a range of recommendations made by the Women's Safety and Justice Taskforce. Read about the government response to the taskforce recommendations (<https://www.families.qld.gov.au/our-work/domestic-family-sexual-violence/queensland-government-response-womens-safety-justice-taskforce-recommendations>) and find out more about information and support for domestic and family violence and coercive control (<https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/need-to-know>).

Investment

The FPP services have been funded to assist families to participate in decision making across all departmental regions.

Aboriginal and Torres Strait Islander community-controlled organisations deliver the services to ensure support is culturally safe and responsive, that it reflects community and family needs and

aspirations, and is founded on a sound basis of cultural knowledge. Services are independent from government and operate to serve the best interests of Aboriginal and Torres Strait Islander children.

Service particulars

Service users

The target group for services is Aboriginal and Torres Strait Islander families with children and young people under the age of 18 years including those who are subject to a child protection notification or who are already subject to intervention by the statutory child protection system. The user code is:

Aboriginal and Torres Strait Islander families subject to a notification or involved in the child protection system (U1214).

Service type

Family Participation (T601).

Geographic catchment

Services are generally aligned to CSSC catchments across the state, however, with changes to CSSCs the catchments may not always align. The priority is to ensure services are aligned to cultural authority and have a footprint within community. Wherever possible, the catchments represent groupings of FWS catchments.

Some families will draw support from distant, sometimes interstate, family members. It is expected that CSSCs will support these connections through the sharing of information known about a child's family connections consistent with the Information Sharing Guidelines.

FPP services can accept out-of-catchment referrals where they have capacity to do so. Generally, out-of-catchment referrals will come from families self-referring to an ATSIICCO they've previously worked with or feel comfortable working with; or if they feel there may be a conflict of interest with an ATSIICCO. Only the FPP service receiving the referral will need to determine if it has capacity to accept. Accepting an out-of-catchment referral does not require regional approval as the family have a right to self-determination. The FPP service will need to connect with the relevant CSSC to initiate engagement.

Out-of-catchment referrals still contribute to the per annum targets and are shown as total figures in ARC reporting.

Service deliverables

The FPP supports Aboriginal and Torres Strait Islander families to participate in child protection decisions that affect them.

The primary response to be offered by FPP services is ATSIFLDM, a process whereby authority is given to parents, families, and children to identify and develop protective factors, address child protection concerns and participate fully in all significant decisions, in a culturally safe and appropriate space.

If the FPP is requested by the family, it replaces the Family Group Meeting as the decision-making forum for that child/family.

A secondary function of the FPP is the provision of other forms of assistance to enable families to participate in decision making, including supporting families to understand child protection concerns or acting as an independent person where this is requested by the family.

Sorry Business

The program acknowledges the importance of respecting the cultural practices, customs and protocols associated with the death of Aboriginal and/or Torres Strait Islander peoples in community. Sorry Business has the capacity to impact individual workers and organisations and the local community. Sorry Business can depend on community customs, status of the person being mourned and the relationship with the community and individuals.

Where Sorry Business has impacted a service provider, consideration needs to be given to the impact for the service and community, and reduction in the organisation's capacity to deliver services during these times. The community expectations around needing time to mourn and heal can have various impacts for services and individuals. During these times, it is expected that organisations will enact their Business Continuity Plans to ensure continuity of care for urgent and complex clients/families with high needs during these times.

Significant community shutdowns caused by Sorry Business affecting service delivery need to be advised to the regional contract manager and to be considered in the overall service delivery when assessing the contracted per annum targets.

Referrals

Child Safety and families will refer to the FPP at any point in the child protection continuum. Child Safety and FPP will prioritise referrals for families at the following points:

1. Standard and Priority responses
2. Reunification phase
3. Six months prior to expiry of Child Protection Orders

ATSIFLDM may be used to develop or review a case plan, including functions of the cultural support plan (functions of the cultural support plans can be carried out an Aboriginal and Torres Strait Islander agencies and persons ([Child Protection Act 1999](#), s51D(1)(iv)) or strategies and where applicable, developing plans for reunification or transition to adulthood.

The ATSIFLDM products resulting from agreed referrals are currently reflected in the ARC database:

- FPP I&A – Child in need of protection (CINOP) decision
- CINOP decision does not refer to substantiated or unsubstantiated; it refers only to the decision at the end of the assessment phase). This option will need to be revised to reflect the EIAA.
- FPP Develop case plan
- FPP Develop support plan (unborn)

- FPP Review case plan
- FPP Identify independent person.

Given the level of disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system, there will be times that services will need to make judgements about the priority level of referrals. Services may want to consider prioritising priority responses - these referrals offer the greatest likelihood of diverting families from involvement in the child protection system.

Where a referral has been received from Child Safety through the Queensland Family Support referral portal, active efforts need to be considered when approaching families to provide an understanding of the role of FPP in context of the Child Safety worries and how the FPP can best support the family through the process, including identification of an Independent Person.

Active efforts might be a mixture of an initial visit with Child Safety to the family home, or independently of Child Safety. When engaging with families, strategies should consider allowing the family time to consider and understand the process. Further information on active efforts can be found on page 5 of [The Aboriginal and Torres Strait Islander Child Placement Principle: A guide to support implementation](#).

Where a family might initially advise they do not require FPP support, it might be necessary to unpack with the family any concerns they have. Service providers may need to be consider ways to address families' concerns with the goal of encouraging the family to consider involvement of the FPP service: refer to the section below ***Sensitive referral*** about other considerations.

Referral of children where it is evident children are not in need of protection are not a priority for the FPP ATSIFLDM process. These matters should be referred to the network of FWS or Intensive Family Support (IFS) service.

FPP facilitators have the option to refer children and pregnant women to other support services where this has been discussed and negotiated with Child Safety. In some cases, it may be more appropriate and timely for Child Safety to make these referrals especially when closing a standard or priority response. ARC has the technical means to record these referrals.

Family support services (FWS and IFS) may work with families who become subject to a notification during the course of their involvement. In these circumstances, service providers are able to broker a connection with the relevant FPP so that the family receives assistance to actively participate in the decision-making process as early as possible.

A referral may not be accepted for the following reasons:

- service is at operational capacity and has no facilitators to support the referral,
- insufficient or vague information (not agreed Quality Standard referred to above) to inform the purpose of ATSIFLDM provided by Child Safety,
- Family does not consent to service,
- FPP service to provide written email to referrer outlining reasons for not accepting referral.

Accepting or declining referral

The FPP Manager or equivalent will notify the referring officer via email within seven working

days that the referral has been received and should, if possible, include if the referral has been accepted or declined, and the name of the facilitator who will be completing the ATSIFLDM. If applicable, a waitlist for referrals should also be documented by the FPP Manager.

Child Safety is required to provide FPP with adequate details of the family and the presenting concerns, including any safety concerns, in order for the FPP to make an informed decision about the referral. If there is a request for further information to support the referral, information should be provided to the FPP to ensure timeframes are adhered to.

Communication is key to ensuring the family is provided with the opportunity and support they require to fully exercise their right to participate in decision making processes and have their voices heard and respected. Listening to and respecting the voices of family members is critical to ensuring they can exercise their right to self-determination and completing processes within an appropriate timeframe is necessary to reduce further harm to the family.

The FPP will maintain ongoing communication with the referring officer to update them on the progress of active efforts to engage the family and if the family disengage or fail to engage the referring officer will be informed as soon as possible.

Child Safety will ensure the FPP are informed of departmental timeframes including the response to a notification, court dates, etc to assist FPP with prioritising workloads and commencing active efforts to engage a family.

Duration of support

Support to families is time limited and related to the provision of assistance for families to participate in specific decisions. FPP services will not provide case management support between episodes of family-led decision making. The provision of case management is the role of FWS or other family support services.

Sensitive referral

There may be times when the service provider receives a referral that is deemed highly sensitive, such as a referral of the family member of an employee or people closely known to the workforce or family members of respected community leaders. Best practice is to give the family the opportunity to choose whether they would like to receive support from the service.

In these matters, the service should be particularly mindful of the allocation to a worker and any potential conflicts of interest (in ARC, received referrals are only able to be viewed by those staff with a coordinator user profile), and the family's privacy when contacting to offer support. It may be appropriate for a more senior person in the organisation to make first contact with the family to offer the option of working with the service.

Service providers should also consider the appropriateness of referrals requesting an independent person from the FPP and who facilitates family led decision making meetings/process.

Consent

FPP providers and CSSCs will hold triaging meetings to determine which families may benefit most from FPP support; frequencies of these meetings will need to be determined by the provider and CSSCs. Once triaged, FPP providers will either accompany the CSO on the initial

family visit or contact the family separately after the initial visit.

In most cases, if the FPP provider is not attending the initial visit with the CSO, then:

- The CSO will advise the family of the program and seek the family's agreement to be contacted by the local FPP provider. This is called **consent for referral** however referral does not occur at this stage.
- If the family agree to be contacted by the local FPP, the FPP provider will then explain their model, privacy, and confidentiality process, and offer their service. This is to obtain **consent for service/engagement** and the CSO should be advised by the FPP to complete a referral using the online referral form.

Some local arrangements differ to the above in the following way:

- The CSO will advise the family of the program and seek the family's agreement to be contacted by the FPP provider. This is called **consent for referral**. The CSO completes an online referral to the local FPP provider.
- If the family agree to be contacted by the local FPP, the FPP provider will then explain their model, privacy, and confidentiality process, and offer their service. This is to obtain **consent for service/engagement** and the FPP provider will accept or decline the CSO referral depending on whether the family consent.

Discretion for consent to engage with the FPP for Aboriginal and Torres Strait Islander families is a choice for the family, not of the CSO or CSSC.

If the family chooses not to engage, then the Department can facilitate other available options. To ensure that the process is followed, FPP services should confirm receipt of referral, advise within an agreed timeframe whether the referral is not accepted on the basis of:

1. Not accepted – incomplete/inaccurate information provided on referral.
2. Not accepted - Family did not consent to participate (which would trigger exploration by the CSO of other options to encourage participation).
3. Not accepted – service has insufficient capacity (documenting this helps to establish business case for resources to meet demand).

Alternatively, the referral is accepted, and engagement has commenced. When an FPP provider has commenced engagement with a family, this should also be recorded on the Departmental system (ICMS) with the date of referral, date of acceptance/commencement and the contact details of the FPP service.

The family's consent will be recorded in ARC. The service should advise that the family, child, or young person will have information stored on ARC for the purposes of delivering an FPP service. Client records contained in the ARC system are not accessible to the department.

Confidentiality and privacy

FPP service providers are bound by the standard terms of funding (section 18), which require that personal information is not used for purposes other than the contracted service or disclosed to other parties unless required or authorised by law (including the [Child Protection Act 1999](#) as outlined above). Obligations regarding information privacy apply to staff, volunteers, officers, and contractors engaged by the service.

Products

ATSIFLDM processes facilitated by a FPP facilitator will likely result in one or more of the following outcomes:

- A family-designed plan that identifies strategies or supports that will ensure a child can remain safely at home as part of a standard response
- A family-designed Safety plan that will inform a decision about whether a 'Child is In Need of Protection' as part of a priority response.
- A family-designed Case Plan in instances where a child is in need of protection and there is to be ongoing intervention by Child Safety through either:
 - Intervention with Parental Agreement,
 - A Child Protection Order,
 - After the decision is made by Child Safety that the child is in need of protection and referral is made to Director of Child Protection Litigation.
- A decision that the child is not in need of protection.

The family plans developed through the ATSIFLDM process will be in a format that holds meaning for the family, and this may include visual representations as well as text. If diagrams are included in the plan, the facilitator should work with the family on some accompanying wording that indicates how third parties should interpret the image.

A family's plan will be considered in the final decision-making about the outcome of a priority response - whether or not a child is in need of protection and what type of ongoing intervention is needed. A core consideration will be whether the concerns and worries identified by Child Safety have been acknowledged and addressed by the process.

Where the family plan meets a child's ongoing safety and support needs and they are not in need of protection, the family will progress with their plan themselves or with the support of another service such as the Family Wellbeing Service.

When a priority response results in a child in need of protection outcome, the family's plan will inform the case plan for the child. Convenors should be mindful of the legislative requirements for a Family Group Meeting which are required to develop a case plan, as well as elements that must be included in the plan. In some cases, a further meeting or meetings may be required, involving both the family and Child Safety.

Appendix 3 offers some examples of case plan formats which cover off on these required elements while capturing agreements in a format meaningful to families.

For case plans, final approval must be given by the Senior Team Leader. Case plans for different types and stages of ongoing intervention may require different components such as cultural support plans, concurrent planning goals, and transition to adulthood goals. Child Safety staff can assist with information about what is required.

Engagement with children and families

Children and families feel safe in telling their story when trust and respect has been established during the engagement phase. Building trust, rapport and a genuine relationship with family

members is central to effective engagement. This requires a service to be persistent and patient with a family, encouraging the involvement of kin who may be critical in keeping children at home and in their community.

The program acknowledges the importance of kin, extended family members and the community in the raising of safe and happy children. Kin and the child's other local connections are important informal support options that may be available to improve safety for children. Extended family members can provide an important voice in planning supports to children experiencing vulnerability and where appropriate should be encouraged to participate in the decision-making process.

Respectful and sensitive outreach to engage hard-to-reach families in their home or other community locations is an essential component of the program. This may include unannounced visits or cold calling to make contact with families who may have reluctantly agreed to a referral, to encourage them to engage with available support.

Each local service model will demonstrate the following service delivery principles:

- ATSICCOs are best placed to deliver services to Aboriginal and Torres Strait Islander children, families and communities.
- Cultural knowledge and understanding are central to improving children's safety, belonging, wellbeing and participation in community life.
- Listen to the views of children, family and community and enable and support them insofar as possible to take the lead in both the design of the service and the planning of responses to families.
- Place-based design of service responses reflects the needs and aspirations of the local community.
- Enhanced networks will increase safety and support for children, young people, and families.
- Focus on the present and future whilst recognising the impact of the past and the importance of healing in the search for solutions.
- Continuous reflection to learn and improve practice, underpinned by a shared commitment to finding effective ways to support families to raise strong, healthy, happy children.
- Deep understanding of the traditional child rearing practices of Aboriginal and Torres Strait Islander families should underpin service delivery.

Families are strongly encouraged to complete the online *FPP Client Engagement tool*, a survey used to rate the experience of children, young people, and families of the support from each provider.

Criticality of need

FPP providers will engage eligible clients based on their professional and informed cultural assessment, in any of the following short-term situations:

- The family is involved with a significant decision point in a Child Safety process.
- The child/ren is/are subject to ongoing intervention and the prospect of support from a FPP provider will work towards the child/ren no longer requiring departmental

involvement.

- A review of plans already made with Child Safety.

It is expected that FPP providers will work closely with their local FWS to support families to develop skills that improve the safety of children within their family and prevent the need for future or ongoing engagement with Child Safety.

Meeting places

ATSIFLDM meetings should be held in locations that are chosen by, suitable and acceptable to a child or family. The preferred location and timing of a meeting should be discussed with all parties (including the independent person).

The cost of venues and any incidentals associated with venue or catering will generally be borne by the organisation. Child Safety Service Centres may offer financial support regarding costs associated with a child but are unlikely to have the financial capability to meet every request made by an organisation. This must be factored into any discussion with a family. FPP services may also be asked to contribute to the costs of enabling involvement of family members from distant locations. The requests from CSSCs are to be considered by the organisation with reference to the limits of its operating budget.

Service providers should also aim to use alternative technical means to include family members or an independent person in meetings or planning processes that are at no cost to people participating. This includes tele-links, internet enabled solutions (VOIP, Skype, Microsoft Teams etc.) or the provision of written input.

Case closure

There are eight reasons for closing a case referred to the FPP. These will be recorded in ARC.

- ATSIFLDM process completed.
- Family did not consent to service involvement.
- Family withdrew consent from ATSIFLDM process.
- Child Safety notified FPP no longer appropriate.
- Unable to locate family.
- Independent entity tasks completed.
- Case Plan or Family Plan developed.
- Cultural Plan developed.

Subsequent referrals for children are required after each case closure is completed and recorded in ARC.

Reporting requirements

Outcomes

Quantifiable targets are:

- Number of service users satisfied with the support provided through the FPP service.
- Number of instances in which family participation support resulted in lower levels of involvement in the child protection system by the child and family.

Outputs

- The output (number of families per annum) is identified in the service agreement.

Client Engagement Tool (CET)

- Is a simple survey for a family to complete independent of FPP workers.
- Provides families feedback directly to the department.
- Reports on how well supported families felt during ATSIFLDM.
- Reports on the value the FPP ATSIFLDM process brings to participant families.

Case Studies

- A deidentified case study (IS70) is required by each FPP service each quarter.

Advice, Referral and Case Management (ARC) and reporting

All FPP providers will receive referrals and enter client data on the ARC system developed by our external partner, Infoxchange. The department will provide initial training as services move to this system. Ongoing support can be accessed through the Infoxchange Helpdesk and there is also a user manual specifically for FPP providers. New staff should be trained by an experienced system user within the funded organisation in the context of their specific role and the organisation's process and procedures.

Data will be extracted monthly from ARC by the department to meet the whole of program reporting requirements. For the FPP, this occurs on approximately the **eighth day of the month**. Services are required to enter the data on a regular basis so that data accurately reflects the delivery of services to clients. In particular, all data needs to be up to date on the **fifth day of the month**.

In order to complete performance reporting for compliance with the service contract with the department, services will be able to generate the Contract Report from ARC which is required for quarterly reporting under the contract. FPP providers can extract a range of reports and lists from ARC. These have the flexibility to be run for any reporting period (e.g. one day, one week, one month, one year). The ARC Performance reporting list will provide comprehensive service delivery data – including hours of service.

Infoxchange provides a centralised help desk for ARC users, and issues or questions should be sent via:

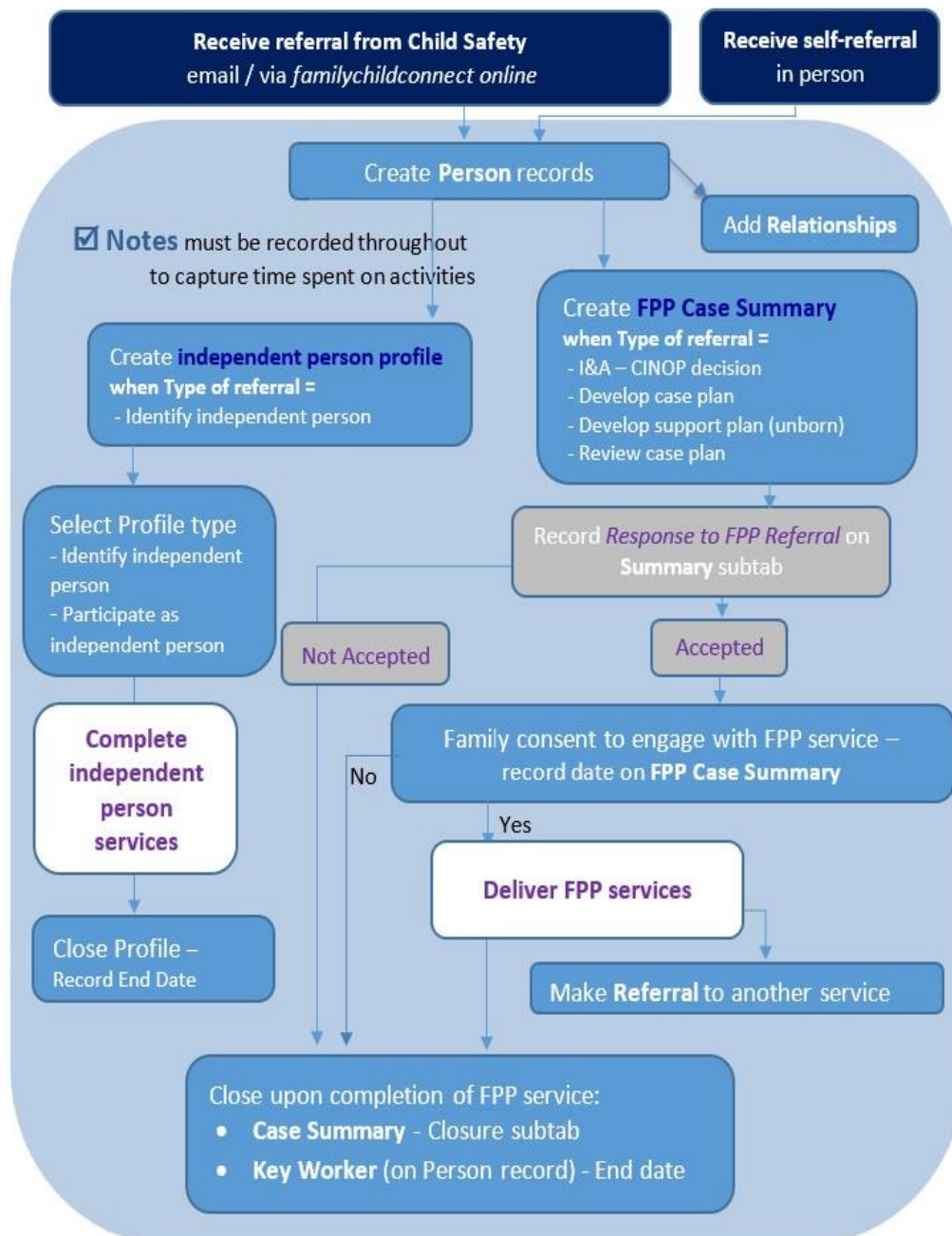
- Email: srs-support@infoxchange.org
- Infoxchange Helpline 1300 366 516 or (03) 9418 7487.

When contacting the help desk, please quote the web address you use to access ARC and the workgroup you belong to.

You can also find generic Service Record System (SRS) Frequently Asked Questions and a feedback page via the online help at <https://srs-qld-families.infoxchangeapps.net.au/>. In

In addition, ARC support can also be provided by the Aboriginal and Torres Strait Islander Families team.

FPP in ARC overview



Aboriginal and Torres Strait Islander Families Resources SharePoint

Additional ARC resources and access to the ARC training environment is accessible through the Aboriginal and Torres Strait Islander Families Resources SharePoint site. This site is for FWS and FPP providers.

To be added to the SharePoint site, please email ATSIFamilies@communities.qld.gov.au with the following details:

- First name

- Last name
- Work email address, and
- Mobile number.

Underpinning approaches to service delivery

Child Safety Framework for Practice

The Strengthening Families Protecting Children Framework for Practice and the tools that support its application aim to achieve a shared practice framework and common language across the child protection sector. The values, principles, knowledge bases and core skills of the framework support the objectives of the FPP.

The framework sets out a strengths-based, safety-oriented approach to enhance Queensland's child protection practice and deliver better outcomes for children, young people and families experiencing vulnerability. It identifies the range of sources of knowledge critical to effective child protection practice and highlights that, while research and practitioner knowledge are valued, so too is the knowledge held by individuals and families, the community and the broader system in which children and families are located.

The tools are intended to be applied collaboratively, with the family and the service provider undertaking joint assessment, planning and decision making.

The framework has a focus on engagement, assessment and planning and is accompanied by a range of practice maps, tools and processes to strengthen the skills of both Child Safety professionals and non-government practitioners. The aim is to build collaboration through a common language and shared practice framework across all Child Safety funded services and the department.

Further information on the practice framework resources can be found at:

- <https://cspm.csyw.qld.gov.au/our-approach/principles>
- <https://cspm.csyw.qld.gov.au/getattachment/e5a780d1-a412-457b-b0ee-a489709e6bc1/Handout-Framework-for-practice.pdf>
- <https://www.families.qld.gov.au/our-work/child-safety>

The Child Safety Practice Manual Safe Care and Connection practice kit – provides the practice guidelines used by Child Safety for working in consultation with Aboriginal and Torres Strait Islander children and families and can be accessed here:

- <https://cspm.csyw.qld.gov.au/practice-kits/safe-care-and-connection/participation-in-planning-and-decision-making>
- <https://cspm.csyw.qld.gov.au/procedures/support-a-child-in-care/facilitating-decisions-for-aboriginal-and-torres-s>

All services funded under this program are subject to the requirements associated with the department's Human Services Quality Framework (HSQF) that form a part of the service agreement. More information on this framework is available from:

- <https://www.qld.gov.au/community/community-organisations-volunteering/quality->

[standards-collaboration](#)

Queensland Aboriginal and Torres Strait Islander Child Protection Peak Practice Standards

The Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) has developed a set of Practice Standards, a Practice Guide and an Assessment Toolkit which can assist when working with children, young people and their families. The goals of each are as follows:

- The practice standards honour the enduring cultures and traditions of Aboriginal and Torres Strait Islander peoples, drawing on knowledge systems of growing up children and their connection to family, community, country, and culture.
https://www.qatsicpp.com.au/wp-content/uploads/2020/06/ATSICPP_book.pdf
- The Practice guide is a practical resource that all practitioners can use for both practice and reflection. It is guided by the QATSICPP Practice Standards and the Aboriginal and Torres Strait Islander Child Placement Principles.
 - https://www.qatsicpp.com.au/wp-content/uploads/2020/05/QATSICPP_Practice_Guide_8.9.16.pdf
 - https://www.qatsicpp.com.au/wp-content/uploads/2020/05/QATSICPP_Practice_Standards.pdf
 - <https://www.qatsicpp.com.au/wp-content/uploads/2020/05/57518-CPP-COMMUNITY-CONTROL-BK-spreads-1.pdf>

The Assessment Toolkit is a practical resource that is effective in ensuring the needs of families and children are responded to and they become strengthened as a result of being involved in the assessment process from beginning to end.

- https://www.qatsicpp.com.au/wp-content/uploads/2020/05/CPP_APPENDIX_FORMS_-_Assessment_Toolkit_8.9.16.pdf

QATSICPP can facilitate workshops for practitioners in using these tools.

- https://www.qatsicpp.com.au/wp-content/uploads/2020/05/612_QATSICPP_Supervision_Framework.HR2_.%C6%92_-1.pdf
- https://www.qatsicpp.com.au/wp-content/uploads/2020/05/Supervision_Framework_Appendix_Booklet.pdf

Duty of care

FPP providers should be aware of the [Child Protection Act 1999](#) and amendments in relation to the principles of the Act and the reporting of child protection matters and privacy of information.

In addition, it is a requirement that people who work with children in regulated employment (which includes counselling and support) are suitable. This is assessed through the 'working with children' suitability notice (blue card).

Blue Card information is available at: <https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/regulated-industries-and-licensing/blue-card-services>

It is important that FPP providers ensure appropriate practices to work with children and young people. This information must also be supplied to other services that are contracted through partnering or brokering to work with the child and family.

Duty of care requires that the FPP providers contact Child Safety if there is reason to suspect a child is experiencing significant harm. This includes if, after a referral, further information becomes apparent during engagement that leads the service to suspect a child has experienced or is at risk of experiencing significant harm. Information regarding reporting suspected child abuse is available at <https://www.families.qld.gov.au/our-work/child-safety/protecting-children>. All services that work with FPP providers, including brokered services or partnering services, must also be aware of this responsibility.

Providers may also seek advice from their local CSSC for matters related to ongoing intervention cases.

Cultural care and safety

The department and service providers are obligated to provide considerations prior to an ATSIFLDM meeting to ensure that the cultural considerations of all participants are taken into account. Cultural safety is:

“an environment that is safe for people where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening.” ([William, R. 2008](#))

Risk management and business continuity

The funded organisations delivering FPP need to develop risk management plans and be vigilant about implementing the identified risk mitigation strategies. This includes strategies to ensure worker and client safety. Providers are responsible to ensure adequate planning is in place for continuity of service delivery in the event of unexpected events or planned staff absences etc.

Capacity

The service must operate with a degree of flexibility in its operating hours to maximise the possibility of family members being involved in a decision-making process. This requires work outside normal business hours.

The service must be open 52 weeks per year excluding public holidays. Services should avoid complete closure over the weeks leading to and immediately after Christmas or New Year. Staff rosters should be maintained during school holiday periods.

The FPP is not a crisis / on-call service. However, it will display flexibility and responsiveness in respect to working hours in order to maximise opportunities for involvement by working family members - from time to time this may require work outside ordinary working hours for the Family Participation employee.

Services are required to operate for extended hours (including early morning and evenings) to reach families who cannot be contacted or access the service during normal business hours. The intent is for staff to use this time to make first contact with families, hold initial engagement meetings or make follow up calls with families who have not been contactable or are unable to

meet during business hours.

Staffing

FPP facilitators working directly with clients are expected to have undertaken training in ATSIFLDM processes.

In their role as a practitioner or manager, staff of the FPP will demonstrate the practical application of and knowledge in the following areas:

- principles and best practice for ATSIFLDM.
- the Aboriginal and Torres Strait Islander Child Placement Principle.
- strengthening family's participation in case planning and decision making.
- family mapping and finding, including developing genograms and ecomaps.
- Queensland child protection legislation and policies.
- enabling children's participation in decision making.
- family participation in the context of family violence.
- collaborative practice between government child protection services and the Independent Aboriginal and Torres Strait Islander Person (entity).

To perform the role of an Independent Person, it is essential that the person be an Aboriginal or Torres Strait Islander person. It is therefore a genuine occupational requirement under section 25 of the *Anti-Discrimination Act 1991* that FPP staff who work with families are Aboriginal and/or Torres Strait Islanders.

It is not a requirement that FPP providers employ all tertiary qualified staff. However, for non-qualified staff, the employer should take active steps during a worker's employment to support formal training for staff.

Consideration should be given to employing a team that reflects multiple disciplines and diverse life experience and linkages with the local Aboriginal and Torres Strait Islander community. Employing specialist or senior practitioners may be a useful strategy to ensure that the team has the capacity to respond to the complex needs of some families. Having a team of practitioners that is adaptable and fit for purpose to meet community and Child Safety expectations of timely and quality services is an essential consideration. Volunteers should not be discouraged from being part of the team, but careful consideration of their function and information sharing requirements regarding children and families must be a priority.

Organisations are expected to support all staff, including specialists, to successfully meet the requirements of their role through ongoing internal and external training, professional supervision, and encouragement/avenues to attain appropriate professional qualifications.

Interpreters

The department supports fee-free access to interpreters for funded service providers and clients from non-English speaking backgrounds who have difficulties communicating in English. Information on this arrangement is available from contract management staff in each region or via email at InterpretingServices@communities.qld.gov.au

Aboriginal and Torres Strait Islander Families Strategic Implementation Group

Membership

The Aboriginal and Torres Strait Islander Families Strategic Implementation Group (SIG) is made up of organisational leaders from the FPP, FWS and the department across the state. Membership is on the basis of position rather than personal appointment.

Membership will automatically be extended to the Chief Executive Officer of the funded organisation. The organisation may choose to nominate another position to the group as their delegate. If a member is unable to attend, they may nominate their proxy to the chair for confirmation.

Responsibilities

The SIG is responsible for providing strategic oversight of the implementation of the FPP and the Aboriginal and Torres Strait Islander FWS. It will provide a forum for stakeholders to:

- collaborate to enhance performance across the system by:
- identifying and reviewing trends and emerging issues,
- identifying and exploring opportunities for program improvement.
- drive improvements to service system options, service design, service responses and practice across the state.
- contribute to an effective evaluation approach, and
- oversee performance in the context of the whole child protection system.

Working group

The SIG is currently supporting a subgroup for the Data and System Reporting Working Group.

Queensland Child Protection Guide

The Queensland Child Protection Guide is an on-line tool that assists those who have concerns about a child or young person to make a decision about whether to make a report to Child Safety or refer to a support service best placed to meet the family's needs.

The guide is available state-wide and supports health and education professionals and police (and other prescribed entities) to report their concerns to Child Safety or refer the family to a support service, including a Family and Child Connect or Intensive Family Support service and the FWS program.

The guide can be accessed by clicking this link: <https://www.families.qld.gov.au/our-work/child-safety/about-child-protection/child-protection-guide>

Output funding and reporting.

The department currently operates on *Output Funding and Reporting*, and consequently providers must report on Output Measures focused on the number of Aboriginal and Torres Strait Islander families assisted.

The Output Measure for which all Family Participation services are funded is:

A02.2.04 – Family Participation

The output is measured by:

The total number of Aboriginal and Torres Strait Islander families supported to participate in a ATSIFLDM process where a child may be in need of protection or to review existing protection arrangements.

Case studies

A de-identified case study is also required by each FPP service each quarter, to showcase positive outcomes of the program (S170).

Counting rules

All FPP services enter client related data on ARC. Data collected on referrals of children and family members subject to an investigation and assessment and progressing to an ATSIFLDM process through to case closure constitutes a count of a family's participation.

ARC provides a service level report with the data required to enter on department's Online reporting system quarterly. The corresponding Online Reporting System Report on ARC will provide services with detailed information to verify the data prior to submitting their quarterly contract reporting.

Hours of support are not a contracted output of service delivery. However, the ARC system does collect this to aid the measurement and internal reporting of effort made by service providers to arrange and run ATSIFLDM processes. The analysis of this information over time by service providers and the department will help quantify the full extent of different types of effort made from start to complete work with children, young people and families.

The different types of effort this includes is:

- time taken in meeting preparation work.
- administrative functions related to the referral.
- arranging meetings with family members.
- facilitating the family meeting.
- attending meetings and communicating directly by any means with Child Safety the progress of the process.
- writing up plans.
- making any referrals (if required).
- closing a case.

This effort is typically expressed through the number of fulltime equivalent positions FTEs the organisation employs over a 48-week working year.

Outcomes

Quantifiable targets are:

- Number of service users satisfied with the support provided through the FPP Service.
- Completion of the online client satisfaction survey (FPP Client Engagement Tool) at the conclusion of support.
- Number of instances in which family participation support resulted in lower levels of involvement in the child protection system by the child and family.

From the original/initial assessment that the child was likely to be in need of protection, known case where the outcome of the investigation and assessment undertaken by Child Safety (post FPP support) resulted in a decision by Child Safety that the child is not in need of protection.

Brokerage guidelines

Purpose

Brokerage funding purchases additional support, services and/or resources for a client that aid the work of the FPP aims. Brokerage funding can only be used for clients who provide their consent to engage with the service. Brokerage funding is intended to be used only when publicly provided or funded services are not available and must be linked to the work of the family led decision making process.

Brokerage funding is used to purchase services which:

- assists with family engagement,
- reduces immediate risk or increase protective factors for children,
- assists with the practical participation of family members in the family led decision making process,
- helps develop a case plan, and
- fills a gap in service delivery not offered by Child Safety or the FPP service or another service during the investigation and assessment process.

Principles

The use of brokerage by the FPP is guided by five principles:

1. Client Focused

Brokerage support is responsive to and driven by the needs collaboratively identified with the client, and is respectful of the rights, dignity, and confidentiality of the client.

2. Responds to Identified Needs and Case Plan Intent

Brokerage funds can be administered for the purchase of goods, services or activities that respond to an immediate identified need to reduce risk or increase protective factors that impact on the safety and wellbeing of children and their families.

Once a full case plan is developed brokerage funds should cease to avoid any recurrent

implications to maintain ongoing support that could otherwise be afforded elsewhere.

Requests from Child Safety Service Centres for financial support of referred clients should be fully considered in the context of a successful family led decision making process.

3. Flexibility

The use of brokerage is driven by choice and flexibility in services, support and other practical matters that aid the process of family led decision making and can be applied at any point during the client's contact with the service.

4. Avoid duplication of service provision

Brokerage funds are used to purchase goods, services, or activities only when existing services, supports or resources cannot meet the identified needs of the client or are not accessible. This includes a Child Safety Service Centre's inability to contribute financial support for the family led decision making process.

Value for money

Interventions purchased with brokerage funds are to be as cost effective as possible. When deciding to commit brokerage funds, consideration is given as to whether the intended expenditure is the best use of resources to meet identified client outcomes.

Eligibility and priority

Brokerage funds are available for individual clients according to their need for additional support, services and/or resources.

Wherever possible family members should be encouraged to prioritise and take responsibility for costs relating to their children and brokerage used to assist with other expenses.

Brokerage funding can be pooled to provide services for a number of families, where the same need is identified for a number of clients.

Note: There is no cap on the amount of brokerage funding any one family may receive; services are expected to prioritise families and their needs in an equitable and sustainable manner.

Types of expenditure

Brokerage funds should purchase supports, services, and resources on a short-term or episodic basis and must not have recurrent expenditure implications.

Examples of support covered by brokerage:

- Purchase of goods or services to address safety in the home or the safety of individuals.
For example: to access materials and trades people to repair doors/locks/ fencing in order to keep the home environment safe for toddlers and young children.
- Paying for accommodation and transport costs. For example, affordable and value for money hotel room or public transport fares.
- Child Care. For example: while the parent(s) of the referred child is attending family

led decision making meetings, brokerage funding is used to meet the cost of ordinary childcare.

Limits on expenditure

The amount of funds allocated to brokerage from the service budget must be negotiated and clearly recorded in the service agreement with the department. Up to 5 per cent of the total funding is considered a reasonable limit to the full brokerage budget of the service.

Brokerage is not to be the first or only service provided to clients with the exception of responding to immediate risk factors for children and their families.

Brokerage funds are only to be provided in the context of clients' identified needs.

Prior to using brokerage funds to purchase a support, service or resource, alternative sources that may be less expensive or free should be explored. If an appropriate service is available and able to meet their needs, then clients should be referred to that service.

FPP services are expected to quarantine brokerage funds from administration and organisational costs and cover the cost of administering brokerage funds within the general administrative costs of the service.

Brokerage funds are not to be used to reimburse a worker already employed within the service.

Brokerage funds are not to be used for any other funded initiative or service type provided by the organisation.

Emergency cash payments of financial support must not be made to clients.

Supports, services and resources which are more ongoing in nature do not fall within the parameters of Family Support brokerage. Brokerage funds are provided for one off payments of goods or services and may not be used for the employment of staff or the subcontracting of services that form part of the existing service agreement with the department to another organisation or agency.

Accountability

The FPP service is required to:

- Ensure that brokerage funds provided by the department are used in accordance with these guidelines.
- Record data about the use of brokerage as part of the client's records and in the Advice, Referral and Case management (ARC) system.
- Develop a policy and procedures for managing demand for brokerage, including clear eligibility requirements and assessment processes based on the principles outlined in these guidelines.

Contact Information

For any further information regarding the FPP, please contact the Aboriginal and Torres Strait Families Team at ATSIFamilies@communities.qld.gov.au.

Family Group Meetings For sibling groups – please enter all FGM meetings here

FGM #1:	Date:		Location:	Choose an item.	Location: family's choice?	Choose an item.
FGM #2:	Date:		Location:	Choose an item.	Location: family's choice?	Choose an item.
FGM #3:	Date:		Location:	Choose an item.	Location: family's choice?	Choose an item.
FGM #4:	Date:		Location:	Choose an item.	Location: family's choice?	Choose an item.

For each FGM: Which child/ren did planning discussions relate to	
FGM #1	
FGM #2	
FGM #3	
FGM #4	
<i>Note: (if for all children = 'all'; if for a specific child = 'first name of child')</i>	

Who participated in developing this case plan			
Participant name	Role / relationship	Type of participation	Which FGM did they attend (1, 2, etc)
	Choose an item.	Choose an item.	
	Choose an item.	Choose an item.	
	Choose an item.	Choose an item.	
	Choose an item.	Choose an item.	
	Choose an item.	Choose an item.	
	Choose an item.	Choose an item.	
	Choose an item.	Choose an item.	
	Choose an item.	Choose an item.	

The FGM and case plan	
Name of Convenor	
Purpose of FGM	Choose an item.
Type of intervention	Choose an item.
Overall goal of the case plan	Choose an item.

Case Plan Goals		
<u>Primary goal</u> of the case plan to best achieve permanency	Choose an item.	<i>If any of the following goals are selected as the primary goal: Long term out-of-home care, independent living or other permanency options, <u>no</u> alternative goal is selected</i>
Only if Reunification is the selected <i>primary goal</i> ... what is the <u>alternative goal</u> to achieve permanency:	Choose an item.	

The Case Plan: For sibling groups you can copy this blue section (blank), paste at the end of the document then input individual case plans

What has happened to result in Child Safety being involved (*harm statement*)

Any factors that currently exist and make it more difficult for the child to be safe (*complicating factors*)

What's working well?

Worry statements

Primary Goal Statements **Relevant for all case plan goal types**

Actions	Who Will Do It	Completion/ Review Date

Alternative Goal statements **Only used if reunification is the primary goal**

Actions	Who Will Do It	Completion/ Review Date

--	--	--

Goal statements		
This section may be used to address a child’s individual needs separately from parents’ goals (above) if needed		
Actions	Who Will Do It	Completion/ Review Date

Education	
Schooling / child care arrangements	
Comments to be included in plan	

Health

Family, culture and community connection	
Arrangements for contact between child and the child's parents	
Arrangements for contact between child and other family members and significant persons	

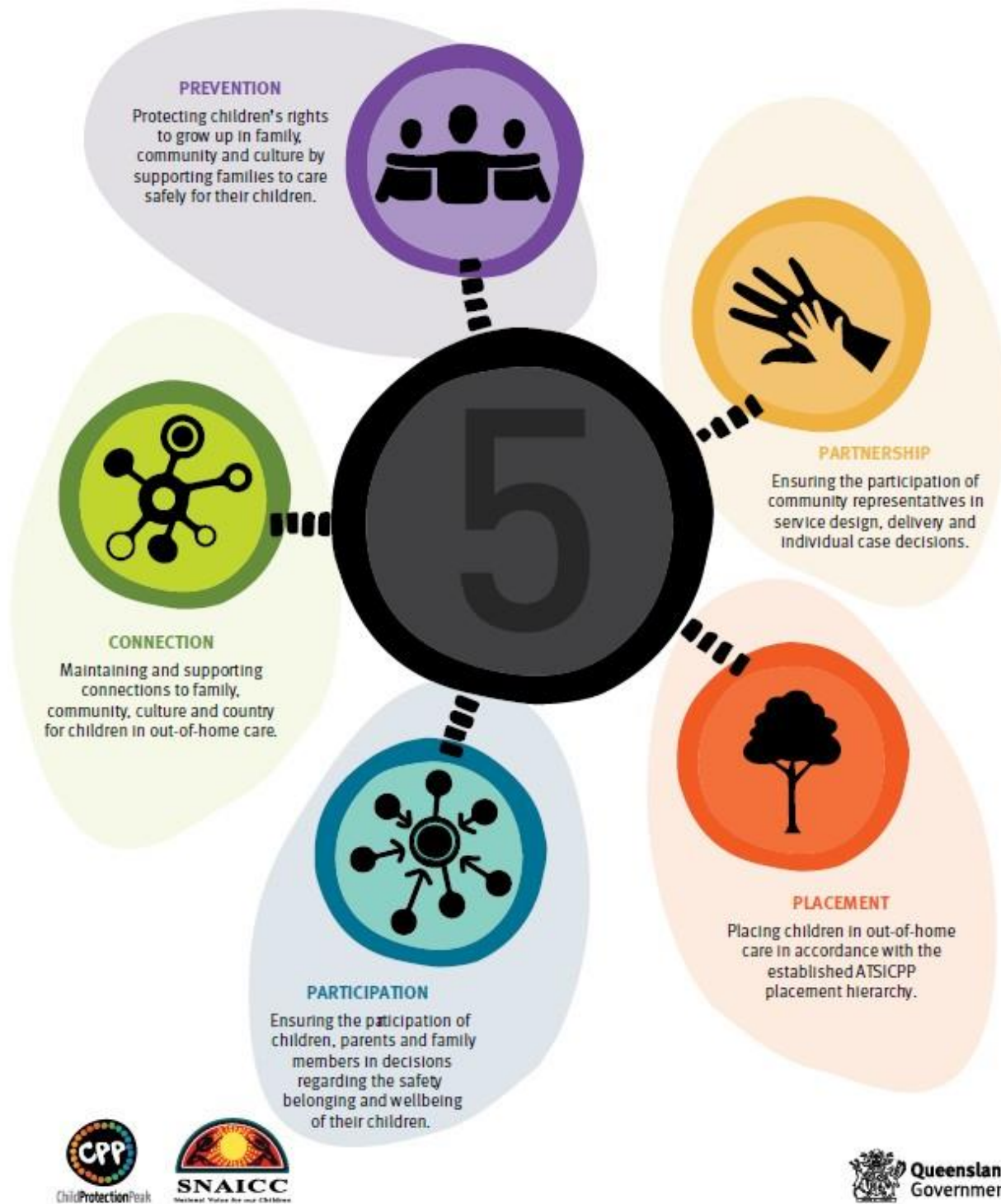
Cultural support plan		
Name of clan/language group/ethnic group or cultural group/island or other cultural community group the child belongs to		
Name of mob/community and/or island group, clan group, language group and skin group the child's siblings, mother and father belong to		
What activities will the child be involved in to support and preserve their sense of cultural identity and links? What help do they need to take part in these activities		
What support does the child's carer need to maintain and support the arrangements and activities for the child? What support and help do they also need to feel comfortable and confident in attending and participating in Aboriginal and Torres Strait Islander or other cultural community events?		
People with whom arrangements have been made for contact with the child to support and develop their cultural identity <i>(name, relationship, contact details)</i>		
<i>Name</i>	<i>Relationship</i>	<i>Contact details</i>

Resources or costs identified that has/needs CSSC Manager approval	
Agreed date for next case plan review (review must be within 6 months)	

Date this case plan is being submitted to Child Safety: _____

(Please copy Principal Team Leader into the email you send to Child Safety)

Reflection: Have the five core elements of the Aboriginal and Torres Strait Islander Child Placement Principle been embedded throughout the FGM process and case plan?



Appendix 2: Sample Case Plan template (Concurrent planning) CASE PLAN

Family / child name	
----------------------------	--

Aboriginal and Torres Strait Islander Practice Prompt: Is the child Aboriginal or Torres Strait Islander? If so, when developing this case plan have you incorporated the five core elements of the Aboriginal and Torres Strait Islander Child Placement Principle, which include prevention, partnership, placement, participation and connection?

Who participated in developing this case plan		
Participant name	Role / relationship	Type of participation
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.

In terms of the Role/Relationship you will now also be able to select the following:

- Permanent Guardian
- Independent Entity

If an Independent Entity has participated the following will display?

Relationship of the independent entity to the child/family and how that role will be fulfilled for the child/family

“Please enter the details of the Independent entity”.

The FGM and case plan	
Date of most recent FGM	
Purpose of FGM	Choose an item.
Location of FGM	
Name of Convenor	
Type of intervention	Choose an item.
Overall goal of the case plan	Choose an item.

Summary of Current Assessment

Type of ongoing intervention

Primary goal of the case plan to best achieve permanency

Alternative goal of achieve permanency

What are we worried has happened (*harm*)

What is Child Safety worried has happened? This section of the case plan focuses on the past.

Any factors that currently exist and make it more difficult for the child to be safe (*complicating factors*)

What's working well? (*strengths, resources, protection and belonging*)

Planning for Safety, Belonging and Wellbeing

What needs to happen?

This section of the case plan focuses on the future.

Worry statements (What is it that Child Safety and others are worried will happen in the future if nothing changes?)

Primary Goal statement (What we want the future to look like. How we will see safety, belonging and wellbeing.)		
Actions for primary goal (What has to be done? How frequently?)	Who Will Do It	Completion/ Review Date

Primary Goal statement (What we want the future to look like. How will we see safety, belonging and wellbeing)		
Actions for primary goal (What has to be done? How frequently?)	Who Will Do It?	Completion/ Review Date

Alternative Goal statement (What do we want the future to look like if the timely return of the child to a parent is not possible?)		
Actions for alternative goals (What is to be done? How frequently?)	Who Will Do It?	Completion/ Review Date

Alternative Goal statement (What do we want the future to look like if the timely return of the child to a parent is not possible?)		
Actions for the alternative goals (What is to be done? How frequently?)	Who Will Do It?	Completion/ Review Date

Practice Prompt: For Intervention with Parental Agreement ensure that the action steps clearly outline what is expected of the child's parent's and Child Safety to achieve the case plan goals.

Child wellbeing and belonging
Comments/information relevant to child's placement to go in the case plan

Education	
Schooling / child care arrangements	
Comments to be included in plan	

Health

Family, culture and community connection	
Arrangements for contact between child and the child's parents	
Arrangements for contact between child and other family members and significant persons	

Cultural support plan
Name of clan/language group/ethnic group or cultural group/island or other cultural community group the child belongs to?
Name of mob/community and/or island group, clan group, language group and skin group the child's siblings, mother and father belong to?

<p>What activities will the child be involved in to support and preserve their sense of cultural identity and links? What help do they need to take part in these activities? Who can support the child's attendance at these activities? How often will these activities occur? How will the child be supported to develop and maintain a connection with their family, community, culture, traditions and language?</p>									
<p>What support does the child's carer need to develop and maintain the child's connection with their family, community, culture, traditions and language, particularly when the carer/s do not identify as Aboriginal or Torres Strait Islander? What supports and help do they also need to feel comfortable and confident in attending and participating in Aboriginal and Torres Strait Islander or other cultural community events.</p>									
<p>People with whom arrangements have been made for contact with the child to support and develop their cultural identity (<i>name, relationship, contact details</i>)</p> <table border="1"> <thead> <tr> <th><i>Name</i></th> <th><i>Relationship</i></th> <th><i>Contact details</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Name</i>	<i>Relationship</i>	<i>Contact details</i>						
<i>Name</i>	<i>Relationship</i>	<i>Contact details</i>							

The 'Transition from Care Planning' section has been changed to 'Transition to Adulthood'. This section will automatically display in the Case Plan once a child is 15 years of age or older.

Transition from Care Planning to adulthood

Does the child require a transition to adulthood plan?

Has planning for the child's transition to adulthood occurred as part of this case plan?

If no - provide a rationale, why this has not occurred?

Has the child participated in the transition to adulthood planning?

If no - provide a rationale for why the child did not participate?

What were the child's view in relation to transition to adulthood planning?

Resources / costs identified that has/needs CSSC Manager approval	
Agreed date for next case plan review (review must be within 6 months)	

Appendix 3: Sample Aboriginal and Torres Strait Islander Family Led Decision Making - Family Plan template

CHILD OR YOUNG PERSON'S DETAILS			
Name/s of child / children		Date/s of birth	
Caseworker's name (if applicable)		Caseworker's contact details (if applicable)	
ATSIFLDM MEETING DETAILS			
Date of meeting		Time of meeting	Start: _____ Finish: _____
Venue		Convenor/s name/s	
<p>FAMILY QUESTIONS TO HELP DEVELOP THE FAMILY-LED DECISION MAKING PLAN</p> <p>Questions will be provided to the family by the convenor/s and will be negotiated with the family. The questions invite the family to address the concerns that they and professionals have identified for the child/children's safety and wellbeing. Add more rows if needed.</p> <p>It will be important to include a question about the child/ren's cultural support and connection, like the example below: Example: "What needs to happen to help our child to grow up connected to and proud of their culture and knowing who they are?"</p>			
1.			
2.			
3.			

WHAT HAS HAPPENED OR IS HAPPENING TO MAKE PEOPLE WORRIED?

What has happened or is happening to the child/ren to make people worried? How has it affected the child/ren?

OUR FAMILY'S STRENGTHS

What does everyone think is working well? What strengths can we draw on to take care of the child/ren and to keep them safe and well?

WHAT ARE OUR WORRIES FOR THE FUTURE?

What is everyone worried will happen to the child/ren if nothing changes?

OUR GOALS - WHAT DO WE WANT TO HAPPEN?

What do we want the future to be like for the child/ren? What are our goals to keep the child/ren safe and well?

IT IS IMPORTANT TO INCLUDE THE CHILD'S VIEWS. WHAT ARE THE CHILD'S VIEWS ON WHAT IS HAPPENING? WHAT IS THE CHILD WORRIED ABOUT FOR THE FUTURE? WHAT ARE THE CHILD'S HOPES AND GOALS FOR THE FUTURE?

DECISIONS MADE BY THE FAMILY				
It may be necessary to include additional tables with decisions made to meet the needs of specific children, especially if children have different parents and their information needs to be separated for reasons of confidentiality.				
What will the family do to achieve our goals for the future?	Which child/ren does this action relate to?	Who will be responsible for this action?	When will this action be completed?	How will professionals or other people outside of the family support this action?

ENDORSEMENT BY THE CONVENOR/S AND CHILD SAFETY			
Convenor/s name/s		I/We believe that the family has made a plan that is adequate to address the concerns for the child/children's safety and wellbeing.	<input type="checkbox"/> Y <input type="checkbox"/> N Reason: Signature/s: _____
Child Safety decision maker name		I believe that the family has made a plan that is adequate to address the concerns for the child/children's safety and wellbeing.	<input type="checkbox"/> Y <input type="checkbox"/> N Reason: Signature/s: _____
FOLLOW-UP AFTER THE MEETING			
How will this plan be reviewed and when?			
Is there anyone not at the meeting that needs to be told about and given a copy of the plan? Who will you do that?			
Who will provide a copy of the plan to the family members and when?			

CHILD RELATED COSTS

Wherever possible, anticipated resource requirements should be identified in the preparation phase and approval sought in advance so that resource allocation can be confirmed at the meeting and the family knows what resources can and cannot be provided to support the plan

Description of Cost	Cost (\$)	Approval

Appendix 4: Example of final case study template

Service Outlet:	
Service Outlet Number:	Reporting period:
Note: Please upload the completed case study to P2i	

Please delete red text before submitting final case study

1. Situation (How did the family first come to be involved in the program?)

It would be good to include:

- de-identified family → use family pronouns (where appropriate): child/ren; Mum; Dad, parent/s; Aunt/s; Uncle/s; Grandparent/s; Guardian; Carer etc.
- acronyms can be used e.g., Child Safety = CS; Child Safety Service Centre = CSSC; young person = YP
- include CS worries for the family – impacts of parental behaviours on child/ren.
- include stage of referral, i.e., Notification → Assessment etc.

2. **Child and family voices are heard** (How did your service engaged the family and children to ensure their voices were heard?)

It would be good to include:

- what steps you took to ensure individual/collective voices were captured?
- if there was engagement with wider family and/or independent person (IP)
- if the parents were originally disengaged with CS, what strategies did you use to engage them?

3. **ATSIFLDM process led to the development of a plan reflecting the wants/needs of the child/ren and family** (From your point of view, describe the most significant way the ATSIFLDM process led to improved participation for children and families?)

You might want to include:

- were the CS worries addressed and the child and family wants/needs captured?
- did CS comment on the family-designed plan?
- were the family referred to other services based on their plan?

4. Family satisfaction with the process

Did the family express how their experience with the process was?

In your opinion, what were the most important factors, that led to this satisfaction/dissatisfaction?

You might want to include:

- feedback through service provider forms
- conversations with the family

- de-identifying feedback forms can be attached, or information can be copied and pasted into this section.

5. What was the outcome?

In your opinion, what was the most significant change that took place for the child and family post their participation in ATSIFDLM and why was this story significant for you?

You may want to reflect on:

- CS's determination of next steps
- family perspective of successful outcomes
- FPP service perspective of successful outcomes

6. Length of engagement and level of participation

You might want to include:

- months and/or weeks
- level of participation from family



Appendix 5: Client Engagement Tool template

Now you have completed your Family Participation Program (FPP) we would like to invite you and your mob to participate in a short survey about your experience. The survey is voluntary, and this is your chance to tell us what work well, what didn't work and how we can improve the service. Once completed mail back to us in the prepaid envelope supplied.






















Date:

Organisation name:

Please tick the appropriate boxes

My age group		
<input type="checkbox"/> 15-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40
<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61+
My gender		
<input type="checkbox"/> Male 	<input type="checkbox"/> Female 	<input type="checkbox"/> Non-binary
Family identifies as		
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	
<input type="checkbox"/> <i>Both</i> Aboriginal and Torres Strait Islander		

Please circle the face that best describes how you felt working with FPP

During the FPP Process	Agree	Neither agree or disagree	Disagree
I attended the FPP meeting			
I felt Culturally safe at the meeting			
I felt encouraged and supported to participate			
I felt listened to			
I felt involved in making my family plan			
My Stories mattered, I was heard and understood			
I was happy with the FPP process			
Would recommend the FPP process to other families	