Chapter 1: Preparing for a Family Group Meeting

Purpose

This chapter will provide you with an understanding of your role in preparing for a FGM.

Welcome to Country resource

Protocols outlining the ‘Welcome to Country’ or ‘Acknowledgement of Traditional Owners and Elders’ that can be used at the beginning of a FGM when convening a meeting for an Aboriginal or Torres Strait Islander family can be found at www.qld.gov.au/atsi/cultural-awareness-heritage-arts/welcome-to-country/
Best Practice – Referral made ‘immediately’ following decision that child is in need of protection.

CSO advises FGM is required.

Complete FGM referral and give to FGMC SDM tools to be completed prior to the referral/meeting for example CSNA, PSNA and FRE.

Prioritise referral according to CSSC priorities/court ordered FGMs.

Advise CSO/Senior Team Leader if/when referral will be actioned.

Meet with Recognised Entity if child is Aboriginal or Torres Strait Islander.

Meet with CSO and Senior Team Leader.

Discuss and obtain all information relevant to the FGM and FGM preparations.

Meet/talk with participants and decide the extent/nature of their attendance/participation.

Prepare participants for FGM.

Complete strengths based assessment tools (e.g. CAP) to inform FGM and obtain information from participants who are unable to attend or excluded.

Finalise date, time and venue for FGM.

At least one to two weeks prior to FGM.

Send invitation letters and draft agenda to participants.

Refer to letter templates accessed through the CSPM.

Part 1: Beginning the FGM.

Part 2: Information sharing.


Part 4: Collaborative Decision-Making about the Case Plan.

Part 5: Closing the FGM.

Convene FGM using CAP Framework.

Record case plan/revised case plan.

FGMC records case plan in ICMS.

Send case plan to Senior TL to endorse.

Senior TL may request/make amendments to case plan if required. These must occur within 7 business days of the FGM.

The child, parent/s, approved carers and licenced care service are given copy of the case plan, along with other participants (as per the FGMC Handbook).

Distribute case plan.

Senior Team Leader has 10 business days to endorse the case plan.

Case plan should be distributed as soon as possible after it has been endorsed.

Diagram: Family group meeting process using the CAP framework.
Key steps — Preparing for a Family Group Meeting

Step 1: Referral and purpose of the Family Group Meeting

Within 30 days of a decision being made that a child is in need of protection, or within the timeframe set by the Childrens Court on an adjournment (the lesser timeframe), a FGM must be held to develop an initial case plan.

As a minimum, the case plan must be reviewed every six months; however, it may be appropriate to review the case more frequently, taking into account:

- the child’s age, circumstances and developmental needs
- any change that has a significant impact on the direction of the case plan, or where there are significant changes to the child’s needs or safety
- the nature of the specific provisions, outcomes and actions of the case plan
- any anticipated problems with the plan
- the duration of the order (the shorter the order, the more frequent the case plan review should be) if a child protection order is in place.

Convening a FGM to review and revise a case plan is particularly helpful when:

- there is disagreement between family members and the department about the goals and actions to be included in the revised case plan
- the child’s and/or parents’ situation has changed significantly
- actions from previous case plans have not been completed
- changes to the revised case plan are being proposed which would significantly change the goals
- the family, Recognised Entity or the department see benefit in holding an inclusive and family-led, independently-convened process to review the case plan.

When a FGM is to be held to revise a case plan, the FGM processes and responsibilities, and roles of the convenor are the same as if they were convening an initial FGM.

Note: Participants involved in the review of the case plan may or may not have participated in the development of the initial case plan, or in a previous case plan review or a previous FGM. If this is the case, time will need to be spent during the preparation phase to ensure that these participants understand the initial case plan and the FGM process.
Referral process and timeframes

To initiate the FGM process, the Child Safety Officer will complete a FGM referral form for you. The referral form should clearly specify the purpose of the FGM. Any Framework for Practice or other Collaborative Assessment and Planning (CAP) tools and activities recently completed with the family may also be provided to you.

The views of child, parents and other significant family members may be included with the department’s views within the CAP document, or in separate documents. Other Framework for Practice tools such as the Family Strengths and Needs Assessment and the Child Strengths and Needs Assessment, The Three Houses, Safety House, and Future House can also be provided to you, depending on which tools and information is preferred to be used and provided by the Child Safety Officer. Structured decision making tools may also be provided where they add value.

You should ensure you have received the completed referral with enough time prior to the FGM to be able to prepare for the meeting. It is necessary to allow sufficient time to find and meet with family, engage with them and develop a relationship sufficient to facilitate their participation in the FGM process. It is recommended that the departmental work group be informed of your timeframes to ensure sufficient time is allowed for receipt of referrals, in particular when considering legislated FGMs.

It is your responsibility as FGM convenor to advise departmental staff of the referral process as part of requesting a FGM in their child safety service centre or region. You also need to prioritise and record referrals received and ensure they are filed accurately upon completion of the FGM process.

You should consult with the Child Safety Officer and others, if necessary, if there are any aspects or details on the referral form that are not clear.

Practice considerations for the referral process

- FGM convenors should meet with the departmental management team on a regular basis to discuss the prioritisation of referrals (for example, priority could be given to court ordered FGMs or case plans that are being lodged as part of an application for a child protection order). You are expected to be able to provide information about the number and type of referrals being received to assist planning by the child safety service centre.

- Meetings with the management team will also assist you to determine the nature and expectation of the role within the child safety service centre. This should include the role of FGM convenors in convening collaborative family-led decision making meetings at other stages of the case work cycle.

- Meet regularly with the Senior Team Leaders of the Ongoing Intervention (OI) and Investigation and Assessment Teams to discuss upcoming FGMs, any issues or trends arising in FGMs or any concerns regarding the quality of the referrals, case-related material or SDM assessments being received.

- Provide feedback to Senior Team Leaders and Child Safety Officers about the quality of referrals being received, what is working and what needs to be improved.
- Talk to the departmental work group about the current issues and trends with FGMs and any areas of improvement needed with the referral process and quality of information being received to assist in the preparation of FGMs.

- Liaise regularly with the Office of the Child and Family Official Solicitor to discuss the probable, upcoming court-ordered FGMs to assist in the prioritisation and planning for these referrals.

- Establish your own relationship with the Recognised Entity and develop a shared understanding about how you will work together to engage with families and prepare and coordinate FGMs.

**Structured decision making assessments**

Providing information to the FGM convenor is mainly through the FGM referral form. However, the Child Safety Officer may attach relevant and most recent (approved) structured decision making (SDM) assessments or other relevant information to the FGM referral form to provide additional information. It is vital that you have all of the information you need for before engaging with the family and preparing for the meeting.

When convening a FGM to review and revise a case plan, the Child Safety Officer can provide you with the FGM referral and the following supporting documentation (based on re-assessments):

- child strengths and needs assessment
- parental strengths and needs assessment
- safety assessment (where required) and any recent immediate safety plans that have been developed to address an identified immediate harm indicator
- family risk re-evaluation assessment or the family reunification assessment
- completed review report.

**Note:** When a child is subject to long-term guardianship to a suitable person and a referral is made to convene a FGM to review and revise a case plan, the parental strengths and needs assessment and family reunification assessment are **not** required to be completed. The child strengths and needs assessment is also **not** required to be completed unless a decision is made by the department to vary the long-term guardianship order from a suitable person to the chief executive. However, it may be completed as good practice.
The table below identifies the SDM assessments that are used to inform the outcome of the case plan review.

<table>
<thead>
<tr>
<th>Structured decision making (SDM) assessments</th>
<th>Reviewing a case plan for an in-home intervention</th>
<th>Reviewing a case plan for a child on a CPO with a case plan goal of reunification</th>
<th>Reviewing a case plan for a child on a CPO with a case plan goal long-term out-of-home care</th>
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<tr>
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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Parental strengths and needs assessment</td>
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<tr>
<td>Family reunification assessment</td>
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<td>No</td>
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<tr>
<td>Family risk re-evaluation</td>
<td>Yes</td>
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**Step 2: Meet with the Child Safety Officer and Senior Team Leader**

In preparing for the FGM, you must meet with the Child Safety Officer and Senior Team Leader who have current case management responsibility, to obtain more detailed information on the case and ensure that the their assessment and planning views (across all elements of the CAP framework) are clear and have been communicated to the family prior to the FGM.

During this meeting, you should request the following information:

- Information about the department’s involvement with the family and the family’s level of, and attitude towards, engagement with the department during the investigation and assessment (for initial case plans) or ongoing intervention (for revised case plans), where that information is relevant to independently facilitating a FGM only. The FGM convenor does not undertake decision making in relation to this information.

- Information obtained from assessment and planning meetings undertaken to date with the family (which may be recorded within the CAP framework, the Three Houses tool or the Family Roadmap). This information needs to include the department’s views and the views of the child, the parents, other significant family and network members, and other stakeholders across all elements of the CAP framework. This information forms the basis of the case planning discussions at the FGM.

- The department’s worry statements and goal statements and the extent to which these statements have been developed collaboratively with the family, as well as the department’s ‘non-negotiables’ for case planning. These ‘non-negotiables’ identify the
actions that the department must see in the case plan to be confident that the child is safe. Ideally, the worry statements, goals statements and non-negotiables will have been developed collaboratively with the family prior to the FGM, or at a minimum, the department’s views will have been shared with the family. The intent is that there should be no surprises for the family at the FGM. If this has not happened prior to the FGM, discuss with the Child Safety Officer and Team Leader who is the best person to have these conversations with the family prior to the FGM.

- Specific key items to be included in the case plan, or revised case plan, which need to be discussed with participants during preparation (Note: specific key items must be included in a case plan or revised case plan when the department decides to apply for an order granting long-term guardianship to a suitable person). For further information, refer to the CSPM, Chapter 4, 3.2 Develop Key Items in the Case Plan, and 3.3 Develop Key Items in the Case Plan — Application for Long-term Guardianship to a Suitable Person, or Chapter 3 of this handbook. Ideally the key items should have emerged through discussions prior to the FGM.

- Information about parental strengths and needs that have been identified or prioritised with the parents and recorded on the Parental Strengths and Needs Assessment (PSNA), for in-home and reunification cases. This will be discussed as part of the development of the current case plan.

- Issues that may impact on the family’s participation in the FGM process (such as history of violence, mental illness, disability, cultural/language) and how these could be overcome in planning the format of the meeting.

- Information about the child’s ability to participate in the FGM process and any barriers to this participation (such as age, development, emotional impact on child). You should also begin to identify, in consultation with the Child Safety Officer or Senior Team Leader, age-appropriate strategies to enhance the participation of the child in the FGM process. Remember, the child’s participation should be considered in a wider context, not just attendance at the FGM.

- The child’s and family’s cultural and language needs and the supports and strengths that connection to culture can provide, including through cultural-based safety networks. Arrangements can be made to include these supports in the meeting.

- Information about what planning has commenced if the young person is eligible for transition to independence, and the likely actions and outcomes that need to be included in the current case plan to effectively support and assist the young person with their transition from care to independence.

- Information about other kin/family/agencies that will attend the FGMs and their role, noting that you will also play an active role in supporting the family to identify stakeholders who may attend, or contribute, to the FGM.

- Information about the best place and time for the meeting to be held.
• Information about any person whose participation is not in the best interest of the child or would be contrary to the purpose of the FGM. The FGM convenor has final decision making authority regarding this issue (Child Protection Act 1999, section 51L(4)).

Aboriginal and Torres Strait Islander cultural considerations

If the child is Aboriginal or Torres Strait Islander, you must also consult with the Recognised Entity (RE) in preparing for the FGM, and you must give the RE the opportunity to participate in the FGM decision making process.

The RE may be invited to participate in your meeting with the Child Safety Officer and Senior Team Leader. Best practice would involve the RE being consulted at the earliest opportunity and being involved at every step of the preparation and planning process for the FGM. In circumstances of co-convening, the RE should take the lead on planning and preparing for the FGM, where the RE is comfortable doing so.

You should discuss the following issues with the RE:

• The most appropriate way to begin the meeting, including the person to acknowledge the traditional owners of the land on which the meeting is being held and how this acknowledgement should occur, how to welcome and introduce participants to the FGM, and what should be stated in the welcome and introduction.

• Any family issues or dynamics impacting on the FGM process.

• Any family group members or significant others who should be invited to FGM.

• The most culturally appropriate process to facilitate the FGM.

• The department’s worry statements, goal statements and ‘non-negotiables’ for case planning.

• The most appropriate person to help family members to think through their views (across all elements of the CAP framework) and prepare participants for the FGM, if the family members views have not already been sought.

• Details of any service providers the RE may recommend to meet the child’s and family’s needs.

• The most appropriate venue and time for the FGM.

• Any kinship care options from the child’s family and community group that have not been explored and could be discussed at the FGM.

• The most appropriate cultural protocols for ending the FGM, who should end the meeting and how this will occur.

Families from a culturally and linguistically diverse background

If the family is from a culturally and linguistically diverse (CALD) background, you should ask the family or appropriate community members about the cultural and family practices that need to be considered when preparing for the FGM (including the most appropriate cultural
protocols for opening and ending the FGM), and whether an interpreter is required.

If the family refuse an interpreter, and there are concerns about their language skills and comprehension, the Child Safety Officer and FGM convenor should assess the family’s ability to understand what will be discussed at the FGM and organise an interpreter to be present. The family must be advised of this prior to the FGM.

Step 3: Organise date, venue and time

You are responsible for organising the date, venue and time for the FGM. Discuss with the family where and how they would like the meeting to be run. For example, the family may have a special place they would like to meet, or an Elder may say a prayer. You should be open to organising the meeting based on the family’s wishes, to encourage the family to take ownership of the meeting and its processes.

Venue

Consider using an external venue that meets the purpose of the FGM in the first instance, such as the family’s home or the carer’s home (if the child is subject to an order granting long-term guardianship to a suitable person), a community centre or other common meeting space. This must be agreed with the family during preparation for the FGM, and you must ensure confidentiality at the external venue.

If you are working with an Aboriginal or Torres Strait Islander family, consider asking the RE to use space in their office to facilitate the meeting. Service providers working with the family may also offer their office as a suitable place to convene a FGM.

You should consider the following issues when arranging the venue for the FGM:

- Accessibility, particularly for participants who may have a disability.
- The cultural appropriateness of the venue.
- The venue setting to support the participation of all people attending the FGM.
- The size of the venue for the FGM and whether adequate space is available for participants to have private family time.
- The child’s needs and whether the venue is conducive to the child’s participation.
- Confidentiality and safety of the venue setting for all participants.

Time

Consult with the Child Safety Officer and Senior Team Leader on setting the date and time of the FGM. A FGM usually takes between three to six hours. Be flexible with setting the time and date flexible as it may need to change to ensure that the child, their family and significant others are able to attend. Also consider whether child care can be provided to enable a parent to attend. Keep in mind that when a child attends a meeting, or when working with an Aboriginal or Torres Strait Islander or a family from a CALD background, more time may be needed to allow them to
process information and work together to reach agreement about the case plan goals and actions. The family are discussing difficult topics and this will be tiring. If the meeting is expected to be long, consider conducting the FGM over two sittings.

While encouraging timeliness, the convenor should be prepared if family members do arrive late. The meeting may be difficult for some attendees due to personal circumstances and histories.

**Catering and writing materials**

Consider providing refreshments and writing materials for participants as these factors have been shown to impact positively on people’s participation in FGMs.

Family travel expenses, catering and writing materials may be approved by the relevant financial delegate, for any child subject to statutory intervention under the *Child Protection Act 1999*, in accordance with Child Safety’s Policy No. CPD598-7 *Child Related Costs — Client Support and Family Contact*. A Child Related Costs Approval Form should be submitted to the child safety service centre manager prior to the FGM.

**Step 4: Meet with the child**

In preparing for the FGM, you must ensure the child understands the purpose and process of the FGM. Topics for discussion with the child include:

- The child’s understanding of the FGM process and case plan.
- Who will be attending the FGM, the likely issues that will be discussed, and the nature of the child’s relationship with the participants.
- The roles of the different people attending the meeting.
- Any other family members or significant people that they would like invited to the FGM.
- Whether they would like a support person (assistance can be provided to help locate a support person and prepare them for the meeting).
- Their preferred format for the meeting including opening, closing and process for discussion. Be flexible in facilitating the meeting in accordance with what the child suggests would make them feel comfortable and encourage family discussion and collaboration.
- Cultural considerations, if applicable.
- Possible venues for the meeting (consider a comfortable space for the child’s participation).
- Timeframes for the meeting.

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• Any fears, worries or concerns that the child has about attending the meeting

• Any language or jargon that might be used at the meeting so the child can understand what is being discussed.

• How the child would like to participate in the meeting — do they feel comfortable attending, or would they prefer to participate by telephone or prepare a written statement or video to be presented at the meeting? Who would they like to read their statement if they do not wish to, or would they prefer to draw some pictures or create some other artwork that can be displayed at the meeting? Would it be more appropriate for the child to only participate in part of the meeting?

• How they would like to receive feedback following the meeting, and receive information about their case plan.

Before the FGM starts, you must discuss with the child:

• if, and how, they wish to participate in the FGM
• what issues or needs they would like discussed at the meeting
• what outcomes and actions they would like included in the case plan.

The Framework for Practice tools — the Three Houses or the Safety House — can be used to provide opportunities for the child (and their family) to participate in the meeting. If a CAP framework format is used in the FGM, the child’s views can inform the assessment and planning components including the worry statements, goal statements and action steps.

In seeking the child’s views, it is important to consider whether the child has already expressed their views to the Child Safety Officer or another professional. If this is the case, you can meet with the child (and look at their Three Houses together) to explore whether anything has changed in the child’s views and whether there is anything they would like to change or add.

Research into participation suggests that it is the child’s relationship with their worker that can determine the quality and level of participation in decision making or case planning forums. Therefore, depending on the child and the nature of their relationship with the Child Safety Officer, it may be more appropriate for the Child Safety Officer to meet with the child to discuss their views prior to the FGM, rather than the FGM convenor.

Together with the Child Safety Officer and Senior Team Leader, you should decide who the most appropriate person is (Child Safety Officer, CSSO, or FGM convenor) to engage the child and prepare them for the FGM. If the child is attending, it is strongly encouraged that you meet with the child prior to the FGM to introduce yourself, explain the FGM process, who will be attending the meeting, and answer any questions that the child may have. It is important that the child has time to process the information and decide how they want to participate, and who they want to represent their views if they are not participating.
Also consider:

- The ability of the child to be able to participate in the meeting — this may involve speaking with the child’s family, carer or counsellor for information about their ability to participate and the impact it may have on their emotional wellbeing.

- Any barriers to participation, such as age, development, disability, trauma, drug/alcohol use, emotional impact on child.

Use the Framework for Practice tools, such as the Three Houses and the CAP framework, or other strengths-based tools to discuss the following with the child:

- The purpose of the case plan and the department’s worry statements, goal statements and ‘non-negotiables’ (also what is negotiable, what they can have a say in).

- The key items for inclusion in the case plan or revised case plan and the child’s views on these. These should be framed behaviourally in the form of worry statements, strengths and complicating factors, goal statements and action items. The child’s perspectives on these can contribute to the CAP process undertaken during the FGM.

- Any relevant reports (if appropriate) and their views on these.

- Any potentially contentious issues that may arise in the meeting, any foreseeable conflicts that may occur and how these could potentially be handled (this may allay some of the child’s fears).

Either you or the Child Safety Officer should ensure that a case note is recorded in ICMS detailing the discussion with the child, including their views and wishes in preparation for the FGM.

**Aboriginal and Torres Strait Islander cultural considerations**

If the child is Aboriginal or Torres Strait Islander, consult the RE about:

- the ability of the child to participate in the FGM and any cultural considerations regarding the preparation for this meeting

- who should prepare the child for the meeting or talk with the child to obtain their views and wishes

- whether there are any gender-specific issues that require culturally respectful support.

**Practice considerations for representing a child who does not attend the FGM**

If the child does not wish to participate in the FGM, or it is determined that it is not in the child’s best interest to attend the meeting, you may consider: placing photographs of the child, or artwork that the child has prepared, in the meeting room; playing an audio or video recording of the child (with their permission); or keeping a chair empty to represent the child. These strategies are intended to maintain focus on the care and protection needs of the child at the meeting.
You may also remind all participants that they should speak and make plans as if the child was in the room. Conversations in the FGM should always include consideration of the child’s views and wishes.

**Step 5: Meet with the child’s parents**

It is vital that parents understand the purpose and process of the FGM, and have the opportunity to participate in decision making about the FGM.

It is also essential that parents are given the opportunity to understand, and participate in, the assessment and planning process — to share their views and understand the department’s views across all elements of the CAP framework — so that they are able to participate meaningfully in the development of their child’s case plan.

Discuss the following with the parents:

- The purpose of the FGM and the child’s case plan.
- Who will be attending the FGM and their role.
- Other family members or significant people they would like invited to the FGM (**Note:** under the Child Protection Act 1999 (section 51L(4)), only the FGM convenor can exclude particular persons from attending a FGM — not the parents).
- Any issues to be included in the agenda.
- Contact details of the support people to attend the meeting. Explain the role of the support person in attending the FGM.
- Confidentiality provisions during the FGM and the department’s complaints management system.
- The department’s reporting obligations to the Queensland Police Service. (**Child Protection Act 1999, section 14(2)).**
- Any difficulties they may have in managing their emotions and reactions during the meeting (if appropriate).
- The structure of the FGM and the emotional impact it may have on them, and where they can seek support following the meeting.
- Issues that may impact on the parents/family’s participation in the FGM process (such as history of violence, mental illness, disability, and culture/language) and how this could be managed — focus on what is required to facilitate a successful meeting.
- The purpose and importance of private family time during the FGM, and how this will occur, including what safety and support strategies parents would require.
- The most appropriate way to begin and end the meeting, including the most appropriate person to acknowledge the traditional owners of the land on which the meeting is being held and how this should occur (if applicable), how to welcome and introduce participants to the FGM and what should be stated in the welcome and introduction.
• Any special needs of the parents (such as language, disability).
• The suggested time, date, venue and length of the meeting.
• How they wish to participate in the meeting if they are unable to, or choose not to, attend the meeting (such as by teleconference or by providing written information).

One of the most important factors that will contribute to the development of an effective case plan is the parents’ understanding and critical thinking about what is happening in their family in terms of the safety and wellbeing of their child, and what needs to happen in the future to ensure their child is safe and protected. Prior to the FGM, parents must have the opportunity to share their views and to hear the department’s views, across all elements of the CAP framework.

If parents have not had the opportunity to share their views and hear the department’s views during investigation and assessment, then it must occur prior to the FGM. Discuss with the Child Safety Officer and Team Leader (and the RE) who is the best person to have these discussions with the parents. Remember, the Child Safety Officer is the person who needs to build a working relationship with the parents and these assessment and planning discussions can be at the heart of building positive and collaborative working relationships.

Ensure that the parents have had the opportunity to explore their views across all elements of the CAP framework and record this in a form they can bring to the FGM to support their participation. In particular, parents need to have:

• identified their worry statements and goal statements
• heard the department’s views on the worry statements, goal statements and non-negotiables for the case plan.
• heard the key items specified by the department for inclusion in the case plan or revised case plan and the parent’s views regarding these.

Aboriginal and Torres Strait Islander cultural considerations

If the parents are Aboriginal or Torres Strait Islander, consult with the RE about:

• any issues impacting on the parents’ ability to participate in the FGM process
• any specific cultural issues that need to be discussed with the parents prior to the FGM
• who the most appropriate person is to prepare the parents for the FGM and how they should be prepared
• any gender specific issues that require culturally appropriate support during the FGM preparation process.
Practice considerations for representing a parent who does not attend the FGM

If the parent is unable or unwilling to attend the FGM, they participate in other ways, either by telephone or preparing a written statement to be read at the meeting, or through the facilitation of a separate meeting (in exceptional circumstances). If the parents continue to be unwilling to participate in this process, the child’s case plan can be developed in their absence.

Step 6: Meet with the child’s carers

Foster and kinship carers are to have an opportunity to participate in the FGM, where they are considered to be of significance to the child, and the legislated reasons for exclusion are not enacted by the FGM convenor.

Approved kinship carers will be encouraged to attend and participate in the entire meeting, including private family time. Approved foster carers would usually be encouraged (unless otherwise decided), to participate in information sharing and collaborative decision making about the case plan. However, they would not participate in private family time unless they are granted, or recommended by the department to be granted long-term guardianship of the child.

As with all other participants, carers may participate in the FGM in person, by teleconference or by providing written information for consideration in the meeting.

Aboriginal and Torres Strait Islander cultural considerations for carers

If the carers are Aboriginal or Torres Strait Islander, consult with the RE about:

- any issues impacting the carer’s ability to participate in the FGM process
- any specific cultural issues to be discussed prior to the FGM
- who is the most appropriate person to prepare the carers for the FGM and how they should be prepared
- any gender specific issues that require culturally appropriate support during the FGM preparation process.

Deciding the carer’s attendance and participation in the FGM

You should consider the following specific factors when deciding the carer’s attendance at, or participation in, the FGM:

- The nature and significance of the child’s relationship with the carers, including the child’s views about the relationship, the length of time the child has resided with the carers, and assessments by the department or service providers involved with the child or the carers.
- Legislated reasons for exclusion and whether these apply to the carers.
- Views of the parents and family members.
- The carer’s views of the case plan and support they offer to the family and child.
• The RE’s views, if applicable.

• How much the carers will be impacted by the actions and outcomes in the case plan (for example, whether they are being asked to provide a significant amount of resources to the case plan).

• The impact of the carer’s involvement in the FGM on the participation of parents or other family members in this process. In some cases, having the carers present can negatively impact on the parents’ involvement in the FGM — the FGM convenor should seek this information during the initial meeting with the Child Safety Officer and Senior Team Leader.

• Sensitivity/privacy/confidentiality of information to be discussed at the FGM.

• The intent of the FGM — carers should be invited if a FGM is being convened to discuss making an application for an order granting long-term guardianship to the chief executive or to a suitable person and the intended plan is for the child to continue residing with the carers, or for the carers to become the guardian.

You can consider asking the carers to attend and participate only during certain parts of the meeting. For example, you may ask carers to leave the FGM after providing information about the child’s progress in the placement (for example, strengths and needs) or to participate in discussions about family contact when the carers are being asked to transport children, or to participate in family contact arrangements.

You should advise the carers of this and the reasons why this decision has been made when inviting them to participate in the FGM.

If the carers are not being invited to attend or participate in the FGM, you may speak to them prior to the meeting to seek any relevant information to support the case planning process, and advise the carers that their views and wishes will be shared at the FGM.

The Child Safety Officer will follow-up with the carers after the meeting to inform them of any significant decisions made at the FGM that directly impact on them and the child’s placement.

Using the CAP framework, discuss the following matters with the carers:

• The key items for inclusion in the case plan or revised case plan, and their view regarding these.

• Strategies to encourage all participants to engage in only one FGM — unless concerns about domestic and family violence prevent this.

• Details of the child protection concerns and the reason for the department’s involvement.

• Information about the department’s ‘non-negotiables’ and what elements of the case plan will be negotiable.

• Any needs that the child may have, such as education, health, therapeutic, behaviour support, cultural support, transition to independence; and what services or support the
child and carer have been receiving, or may require.

- Information about the child’s strengths, achievements and routine.
- Options within the child’s family group, or with significant others, for kinship placements, respite placements or other resources (for example, assisting with arrangements for family contact or transporting the child to appointments) that could be incorporated in the case plan, if applicable.

Obtaining the carers’ perspectives on these case planning elements prior to the FGM can facilitate the CAP process undertaken during the FGM.

**Step 7: Decide who will attend**

The *Child Protection Act 1999* (section 51L) outlines the people who must be given a reasonable opportunity to attend and participate in the FGM. If a particular person’s attendance or participation would conflict with the purpose of the meeting or not be in the child’s best interest, you can decide that this person is not to attend the FGM.

If the child or the child’s family is Aboriginal or Torres Strait Islander, consult with the RE about who should be invited to attend or participate in the FGM and all other matters, unless the RE has already been consulted during the meeting with the Child Safety Officer and Senior Team Leader.

The following people **must** be given the opportunity to attend and participate in the FGM (unless justifiably excluded from attending or participating):

- The child, unless it would be inappropriate because of their age or ability to understand.
- The child’s parents.
- Other family members who are likely to make a useful contribution to the development of the case plan or revised case plan
- Other significant people in the child’s life, for example, the child’s approved foster or kinship carers.
- Any legal representative of the child.
- The RE, if the child is Aboriginal or Torres Strait Islander.
- The public guardian.
- Anyone else who the convenor considers likely to make a useful contribution to the development of the case plan, or revised case plan.
- Support person for parent or child.

The *Child Protection Act 1999* (section 51L(3)) states that a child’s parent does **not** have to agree to a person participating in the FGM process, and you should advise the parents of this
during the preparation process).

You **must** also allow the child or the child’s parents to nominate a support person to attend and participate in the FGM (unless they are excluded).

After meeting with the Child Safety Officer or Senior Team Leader (and RE) to discuss the FGM referral, or during the preparation with the child, their family and other participants, you may identify additional people to attend and participate in the FGM. The details of additional participants (where applicable) should be discussed with the Child Safety Officer or Senior Team Leader (and RE). These participants should be invited, unless you decide that their attendance or participation would conflict with the purpose of the meeting, or not be in the child’s best interest.

The Framework for Practice resource *Roles and Responsibilities of FGM Participants* provides further information about the roles and responsibilities.

**Excluding a person from attending a family group meeting**

The *Child Protection Act 1999* (section 51L(4)) authorises the FGM convenor to exclude a particular person from attending or participating in the FGM, if the person’s participation would conflict with the intent of the meeting or not be in the child’s best interests.

If the child or family is Aboriginal or Torres Strait Islander, you should consult with the RE before making a decision to exclude a person from attending a FGM.

People who can be excluded from the FGM include:

- the child’s parents
- other people who have a significant relationship with the child
- the child’s or the parent’s nominated support person.

It is rare for a decision to be made to exclude a person, and only after all options to avoid exclusion have been discussed with the Senior Team Leader and Child Safety Officer. If you are having difficulty deciding whether to exclude a person from a FGM, further advice can be sought from the senior practitioner or manager.

Before making a decision about exclusion, you should clearly explain the purpose of the FGM and the role of participants in developing the case plan, prior to the meeting. Emphasise that the focus of the meeting is about the child’s needs. Based on the person’s response from this discussion, you can assess whether they should be excluded.

If the FGM convenor decides that a particular person is to be excluded, the convenor **must**:

- advise the person of the decision and the reasons for exclusion
- provide the person with an opportunity to provide their view, and inform them that their view will be shared at the FGM, if appropriate
- record the reason for the exclusion as a case note in ICMS
• provide the person with information about the department’s complaints management process.

Strategies to avoid exclusion

• If domestic and family violence or presence of a sexual perpetrator is an issue, separate FGMs can be facilitated to ensure the participation of all family members.

• Provide the opportunity for people to participate by teleconference or with written statements that can be read at the FGM.

• If participants have historical concerns or issues, attempt to deal with these before the FGM. This may involve asking the Child Safety Officer or Senior Team Leader to have a separate meeting to address any issues that the parents or family members may have prior to the FGM. The will allow the participants to focus on the needs of the child.

• Consider inviting other departmental or external representatives to participate in the meeting, or manage the family. For example, a Senior Practitioner or a RE, where it is identified that they may be able to build necessary relationships or de-escalate a situation.

Step 8: Prepare and inform all other participants

You should prepare all other meeting participants — members of the child’s family and community, support people, legal representatives and service providers — prior to the FGM.

Obtaining the views of the other participants about the case plan prior to the FGM can facilitate the CAP process during the FGM. The Framework for Practice provides a range of tools that can be used to prepare participants for a FGM. The resources Child Safety Case Plan Preparation and Preparation before Creating Detailed Collaborative Plans with Families are also available to support the preparation process.

Practice considerations for including service providers

In circumstances where only a small number of participants from the child’s family and community will be attending, consider the number of professionals who may also be attending the meeting.

Inviting a large number of professionals may intimidate the family members attending the meeting, limit family members’ participation in the development of the case plan, or result in a power imbalance.

Where it is likely that there will be more service providers than the child’s family and community participating in the meeting, consider consulting with some professionals beforehand to obtain their views, rather than inviting all professionals to attend the FGM in person. Ask the family which professionals they would like to attend.
Step 9: Obtain information from any other person who is unable to attend

You should speak with any other person who has been invited but is unable to attend the meeting, to obtain their views on the child’s case plan. These views can then be shared at the meeting or incorporated into the case plan, where applicable.

The resources Child Safety Case Plan Preparation and Preparation before Creating Detailed Collaborative Plans with Families are also available to support the preparation process for people who are unable to attend the FGM.

Step 10: Invite participants

After the location, format and people to attend the FGM have been determined, you must write to the participants formally inviting them to attend the FGM.

This letter must include all the essential information required for a person to fully participate in the FGM. It must also include information about their obligations to maintain confidentiality (Child Protection Act 1999, section 188), the department’s complaints process, as well as the department’s obligation to provide information to the Queensland Police Service (Child Protection Act 1999, section 14(2)).

Templates of the invitation letters to invite various participants to the FGM can be found in Chapter 4 of the Child Safety Practice Manual (CSPM).

Agenda

The invitation letter should include an agenda to guide the FGM. This agenda should include all key items to be discussed in the child’s case plan, or revised case plan (refer to Chapter 4, 3.2 Develop Key Items in the Case Plan of the CSPM, or Chapter 3 of this handbook), as well as any other topics requested by participants during preparation for the FGM. The agenda can be revised to include other items suggested by participants at the beginning of the FGM.

Note: certain key items must be included in the revised case plan when the department decides to apply for an order granting long-term guardianship to a suitable person. These items must also be included in the agenda (refer to Chapter 4, 3.3 Develop Key Items in the Case Plan — Application for Long-term Guardianship to a Suitable Person of the CSPM, or Chapter 3 of this handbook).

Practice considerations — preparing for a FGM

If separate family group meetings are required due to domestic and family violence

Separate FGMs will be arranged in situations where the parental relationship is characterised by domestic and family violence and there is a Domestic Violence Order (DVO) in place that prevents the parents having contact with each other.

Ensure that the Child Safety Officer confirms whether there is a current DVO and ask them to obtain a copy of the DVO from the parent or the police. You should document this in the case
notes.

Separate FGMs should also be arranged where the parental relationship is characterised by domestic and family violence and the implementation of safety and support strategies would be unlikely to adequately address significant safety issues.

In all other circumstances, you should make every effort during preparation to encourage relevant parties to attend and participate in one FGM. During preparation and discussion with the participants, particular consideration will be given to strategies and support that could be implemented to encourage people to participate in one FGM (for example, consider what would make a participant feel safe or supported enough to engage in one meeting and, where possible, private family time).

Where the decision is made that separate FGMs will be held, you must notify all participants of the separate FGMs and whether they are required to attend both meetings. You must also inform each parent that separate meetings have been facilitated and that the case plan will be finalised once both meetings have concluded.

**Factors to consider when planning and making decisions about FGMs**

- **Safety** — if there is any reason to believe that the physical or emotional wellbeing of the child (if present) or any participant could be compromised (such as previous, serious conflict in meetings or a history of physical violence), the family should not meet alone unless sufficient management and support strategies can be implemented to mitigate identified risks. This factor must be assessed on an ongoing basis from your first contact with participants, and throughout the FGM process.

  Unless a participant has been excluded from attending the FGM, private family time may not be appropriate in instances where the parental (or other) relationship is characterised by domestic and family violence and there is a Domestic Violence Order (DVO) in place that would prevent the parents (or other family member) having contact with each other. In this case, ensure that the Child Safety Officer confirms whether there is a current DVO and ask them to obtain a copy of the DVO from the parent or the police. In considering safety, you can hold separate meetings for each side of the family, and those family groups may still have private family time.

  In addition, unless a participant has been excluded from attending the FGM, private family time may not be appropriate in instances where the parental (or other) relationship is characterised by domestic and family violence and the implementation of safety and support strategies would still be unlikely to adequately address significant safety issues. Consider other approaches to private family time, for example, where the individuals in the relationship experiencing domestic and family violence may have separate private family time meetings.

- **Power differentials** — the convenor should consider the family dynamics to ensure there is a balance of power within the room. This also means checking that each key participant has the support to participate in private family time. For example, you may decide not to use private family time if the child’s mother attended the meeting alone but the estranged father has several of his family members in attendance. This could have a significant impact on the mother’s sense of safety, ability to participate, and the balance of power.
- **Group size** — even if two people attend, private family time should still be offered to allow them to discuss plans as a family unit. With small numbers of family participants, you must be very careful to empower the family to ensure there is a level playing field between them and the professionals in the planning process.

- **Capability of group to reach agreement** — some family groups may find it difficult to work together to reach agreement. In these instances, structured facilitation may be a more appropriate strategy to ensure the family group stays on task and a case plan is developed. You should consider this during your preparation for the FGM, through discussions with the family, Child Safety Officer, Senior Team Leader, and other service providers.

If the FGM is being held to review a case plan, existing records (such as case notes) may hold useful information about how the family group has participated in meetings previously, and how well the process worked. You should continue to assess the family’s capacity during the meeting if you are unsure about their ability to come together productively in private family time, or if you were unable to obtain relevant information (or little was known) about their functioning as a group prior to the meeting.

- **Private family time** — all reasonable attempts must be made to encourage the family group to have private family time — unless an existing DVO prevents one FGM from being held, or significant safety concerns apply and the implementation of safety and support strategies would be unlikely to sufficiently mitigate the risks.

If family members express reluctance or uncertainty, discuss whether the implementation of specific safety or support strategies would change their views about participating in private family time. Following these discussions, if the family group remains unwilling to participate in private family time, they will not be forced to. You should clarify this prior to the FGM.

- **Other considerations** — it may be necessary for you to make an assessment in the FGM that the family should not meet alone, based on events or issues that arise during the meeting. You should be able to determine whether the FGM should continue with the family and professionals together.

Cultural customs also impact on each of the considerations above. For example, confidence in expressing views; or power differentials from cultural protocols and processes for reaching agreement may be quite distinct. For Aboriginal and Torres Strait Islander families, the RE (or an appropriate advisory entity for other cultures) can assist with understanding and working with the family across these dynamics. For example, Aboriginal and Torres Strait Islander family groups may choose to have private ‘women’s business’ time and private ‘men’s business’ time, and then come together for private family time prior to making plans with the department.

**If parents have a relationship characterised by domestic and family violence but separate meetings will not be held**

After consulting with the Child Safety Officer, Senior Team Leader, parents and other participants, and deciding that only one FGM will be held, you should discuss the ground rules for the meeting prior to, and at the beginning of the FGM with both parents and all other participants. Key points of discussion include no violence, respect for everyone’s views and
ensuring everyone has an opportunity to participate.

When convening the meeting, you will need to be aware of the power differentials that exist in the parental relationship and provide opportunities for both parents to participate. In exceptional circumstances, structured facilitation by the FGM convenor (rather than private family time) may be a more appropriate strategy to encourage participation in the development of the key items for the case plan.

Ensure that any domestic and family violence issues and the impact on the child’s safety (and other family member’s safety, where applicable) are addressed in the case plan (for example, referral to domestic and family violence counselling services). Be mindful of seating arrangements, and be prepared to stop the meeting if significant safety issues arise and cannot be immediately resolved during the FGM.

If parents have an intellectual or physical impairment
If a parent has a disability, you will need to assess their understanding of what is likely to be discussed at the meeting and their ability to give informed consent for any decision made involving them (or their child) at the FGM. As part of your assessment, you should seek advice from the Child Safety Officer, Senior Team Leader or from the parent’s doctor or other professional working with them (with the parent’s consent).

You should invite the parent’s adult guardian (if applicable) or any other support person to assist the parent in the FGM. You will need to prepare the support person and the parents about what will be discussed at the meeting and the decisions that may be made. Decide whether a formal FGM is the most appropriate forum for the parent with a disability to participate in (and obtain their views about this, if possible). Consider holding a smaller meeting, or separate meeting with them and their support person, so they don’t feel overwhelmed and information can be provided to them in a way they understand. Ask the Child Safety Officer to arrange another meeting with them, following the FGM, to discuss the case plan.

If the parent is willing and able to attend a formal FGM, ensure the support person is given time during the meeting to explain what is being discussed and answer any questions they may have. Consider using structured facilitation, or be available to assist the parent during private family time, if required. Make sure that appropriate breaks in the FGM are planned for, to allow the parent to take some time out if required.

If a parent has a mental health issue
During preparation for the FGM, obtain information from the Child Safety Officer or Senior Team Leader, and parent, about the parent’s mental health diagnosis, the impact on their cognitive functioning and behaviour, and the effect of medication on their behaviour or concentration.

In consultation with the Child Safety Officer or Senior Team Leader prior to the FGM, decide whether the parent’s mental health would affect their ability to participate in the meeting, contribute to the development of the case plan, or if their attendance is in the child’s best interest.

If it is agreed that their attendance is contrary to the best interest of the child and the intent of the meeting, you should request that the parent does not attend. You must speak with the parent during preparation to explain the reasons why they are being excluded, and to obtain their views
to share at the meeting.

If you assess that the parent is able to participate in meeting, encourage them to invite an appropriate support person, or invite their mental health professional to attend the meeting. Ask the parent, support person or the mental health professional prior to the meeting to inform you if the parent begins to have difficulty engaging in the process during the meeting. If the person’s behaviour is deteriorating, you can arrange for a break, end the meeting, or schedule another meeting to discuss the case plan with the parent.

During preparation, consider the FGM process and whether involving the parent by teleconference, or having a written statement from the parent might be more appropriate. Provide the letter of invitation and agenda to the parent and the support person prior to the meeting. If the parent’s mental health issues are impacting on the child’s safety, include actions in the case plan to address this need.

**If a child requests a separate FGM from their parents**
The child may ask to have a separate FGM from their parents. During preparation for the meeting, discuss with the Child Safety Officer or Senior Team Leader and the RE (if applicable) the reasons why the child wishes to have a separate meeting. Consider whether anything could be done to make them feel comfortable to attend a FGM with their parents, including safety and support strategies, or by providing the child’s views in another way without attending in person.

If a decision is made that separate meetings will take place, the Child Safety Officer or FGM convenor will inform the child that their parents will be advised of the separate meetings and ask for the child’s permission to share their reasons with the parents (if this is appropriate). You should inform the child about what information will be shared with the parents to develop the case plan, and ask the child if they wish to provide a statement or prepare some questions for the Child Safety Officer or FGM convenor to ask participants during the FGM.

You must inform the child that the case plan will only be completed once all meetings (with the child and parents) are concluded, and that they will receive a copy of the case plan (this case plan will be explained and discussed appropriately with the child to ensure their understanding).

**If one of the participants does not speak or understand English**
During the preparation for the meeting, consult with Child Safety Officer or Senior Team Leader about the language needs of participants. Arrange for an interpreter to be available when preparing the participant for the FGM.

If a participant is unable to read English, you could ask the Child Safety Officer to obtain financial approval for the letter of invitation and agenda to be translated into the participant’s language.

It is also your responsibility to organise an interpreter for the participant at the meeting. Having an interpreter to attend the meeting is preferable. If this is not possible (for example, if the child safety service centre is in a remote location), you can arrange for an interpreter service over the phone. The Commonwealth Government’s Translating and Interpreting Service (TIS) can be arranged online, for a cost. Go to [www.immi.gov.au/living-in-australia/help-with-english](http://www.immi.gov.au/living-in-australia/help-with-english)

The Child Safety Officer will submit the Child Related Costs Approval Form to the child safety
service centre Manager for costs associated with interpreting services. This should occur prior to the FGM.

**If the parents cannot be located, or are unwilling to attend**
The Child Safety Officer is responsible for attempting to locate the parents if their whereabouts are unknown. The Child Safety Officer should undertake this work as part of normal case planning and ongoing intervention activities. The Child Safety Officer should inform you of this situation during your preparation for the FGM.

If the parent is unable or unwilling to attend the meeting, you should seek to understand the reasons why the parent does not want to participate in the FGM, and whether any strategies or support could be offered to encourage their participation. If necessary, you should make all reasonable effort to engage the parent in the FGM through other means (such as through the parent's legal representative, a service provider working with the parent or another family member; or through written information using the CAP tools).

If the parent is unable to be located or remains unwilling to participate in the FGM through other means, advise the parent that the meeting will go ahead in their absence and a case plan will be developed without their input.

If the parent’s whereabouts are known but they cannot (even with additional support) or are unwilling to attend the FGM, consideration should be given to arranging a meeting with the extended family and the child. You must still provide a copy of the case plan to the parents after it has been developed.

**Checklist**

- Have you ensured that the child safety service centre is aware of the need to convene a FGM for a child in need of protection and the referral process to hold a FGM?

- Have you ensured that the FGM referral process was managed appropriately, including receiving, storing and prioritising referrals?

- Does the referral form include enough relevant information about the care and protection issues, the department’s concerns and goals, and the strengths of relevant parties for you to commence preparation for the meeting?

- Have you discussed the ‘non-negotiables’ (the department’s minimum requirements for keeping the child safe) with the Child Safety Officer and Senior Team Leader?

- Have you identified appropriate participants to attend the FGM in consultation with the Child Safety Officer or Senior Team Leader?

- Have you prepared all of the participants for the meeting in accordance with the *Child Protection Act 1999* (section 51M):
  
  (a) that the chief executive considers the child is a child in need of protection; and
  
  (b) the assessed risks to the child and the child’s assessed needs; and
  
  (c) details of the proposed meeting, including:
    
    (i) the proposed day, time and venue for the meeting; and
    
    (ii) the purpose and functions of the meeting; and
    
    (iii) particular issues to be addressed at the meeting; and
(iv) the opportunities for attendees to identify issues or deal with particular issues).

- Were the participants clear about the purpose and intended outcomes of the FGM process, prior to the meeting? Was this done in a culturally respectful way?

- Did you obtain the views of the participants prior to the meeting, using strengths-based tools such as the CAP framework or other Framework for Practice tools, to understand their concerns, strengths, goals and possible actions?

- Did you invite participants to the FGM in a timely and appropriate manner?

- Did you provide age-appropriate opportunities for the child to participate in the preparation of the FGM?

- Have you developed an appropriate process for including the views of the child, if they are not attending?

- Did you obtain and record the views from participants who cannot attend, or who are excluded from attending the FGM?

- Did you identify the cultural needs of the participants and make appropriate arrangements for their support people to participate in the FGM process? Have you considered and planned for any cultural ceremonies or requirements required by the family?

- Did you offer flexible times and locations?

- Did you work collaboratively with the RE (if applicable) by including them in the planning and preparation for the FGM? Has the RE been invited to participate in the FGM (where appropriate) and co-convening the meeting?

- Did you identify any barriers for participants to participate in the FGM and develop strategies to overcome these?

- Have you maintained focus on the child at the centre of the process, particularly if discussions became challenging or contentious?

References and resources

- *Child Protection Act 1999* (sections 51L, 51M and 51N)

- Child Safety Practice Manual

- FGM referral

- FGM invitation letters

- Practice resource, legislative provisions in relation to Aboriginal and Torres Strait Islander children and collaboration with Recognised Entities

- Practice resource: Roles of participants in the FGM

- Practice paper: Engaging parents through case work
• Practice paper: Engaging with families

• Commonwealth Government's Translating and Interpreting Service (TIS)

• Department of Communities, Child Safety and Disability Services intranet:
  o Policy No. CPD598-7, Child Related Costs — Client Support and Family Contact
  o Child Related Costs Approval Form
  o Framework for Practice tools

• Department of Communities, Child Safety and Disability Services website — go to: www.communities.qld.gov.au/childsafety/protecting-children/resources-and-publications

• Child Safety Case Plan Preparation Tool

• Preparation before Creating Detailed Collaborative Plans with Families