

Aboriginal family-led decision-making

Initiating an AFLDM meeting – practitioner's responsibilities

Redevelopment of the AFDM program

The family-led decision making program (FLDM) has been developed to implement the government's commitment to strengthen and expand the use of family group conferencing (FGC) and Aboriginal family decision-making (AFDM) across Victoria, as set out in *Victoria's Vulnerable Children, Our Shared Responsibility* Directions Paper. As AFDM and FGC share common core values, principles and convenor skills, both processes now sit within the one program. This enables consistent program implementation and increased support and resources for convenors.

AFLDM criteria

For all Aboriginal children, AFLDM will be initiated where:

- (i) protective concerns have been substantiated - this includes cases that may be identified for possible closure as well as those matters that will require further protective intervention after the substantiation decision has been made.
- (ii) The child is subject to a protection order. These meetings will be the primary case planning process for all Aboriginal children on protection orders. The AFLDM plan will be the child's case plan. Where the plan requires review, whether planned or unplanned, another AFLDM will be considered.

Child protection practitioners should advise ACSASS of the referral to AFLDM.

At substantiation

The child protection practitioner is responsible for directly notifying the AFLDM DHS convenor by email within 24 hours after a substantiation decision has been made in relation to an Aboriginal child. The email is to include:

- child's name and address
- child's CRIS number
- family members' names
- date of substantiation

Protection order

Where it is appropriate for a meeting to be held to support preparation or review of a case plan consistent with good planning practices, the child protection practitioner will notify the convenor by email. The email is to include:

- child's name and address
- child's CRIS number
- family members' names
- order type and date of order

For a new or different order this notification is to be made within 24 hours of the order being made.

Where an order has been extended, a meeting is likely to have been held to review the operation of the previous order, so a further meeting would not usually be required after the order is extended unless the child's circumstances have changed.

Completing the referral

Initial discussion

An initial discussion will occur between the child protection practitioner and convenor(s) to complete the referral within 48 hours of the DHS convenor being notified. During the discussion, the convenor(s) will advise the child protection practitioner of the particular requirements of them during the AFLDM process. Unless prepared by the practitioner, a convenor will complete the referral form during this discussion.

The child protection practitioner will need to provide:

- demographics of the child and family
- an outline of the reported concerns
- investigation findings, including analysis related to the substantiation decision
- decisions already taken by child protection that are non-negotiable (if any)
- key issues that are to be addressed through AFLDM
- list of key family and community members
- list of key agencies involved with the family

The child protection team manager may also wish to be involved in the referral discussion, depending on the complexity of the case; however their availability should not impede completion of the referral.

Referral confirmation

Once a referral is completed the referral form is to be entered on CRIS by the convenor. Unless an error has occurred such that the child's situation does not meet the criteria for the program, the referral will be accepted.