Chapter 2: Convening a Family Group Meeting

Purpose

This chapter provides information about how to convene a FGM and how the Collaborative Assessment Planning (CAP) framework can be applied at each step of the convening process.

The CAP framework is consistent with the Framework for Practice and aligned to the case plan format. CAP and other Framework for Practice tools are just some of the tools you can use, depending on the circumstances of the FGM.

FGM convenors and other stakeholders can participate in discussions about FGMs through the ‘Family Group Meeting’ Yammer group. You can also participate in local practice forums and training, and partner with stakeholders such as Recognised Entities (RE) to develop your own strengths-based approaches to convening a FGM.

Note: each of the steps below can be shared with a co-convenor (where applicable). The respective roles of each convenor should be planned in advance with the co-convenor.

Step 1: Beginning the Family Group Meeting

Opening

The FGM can be opened in whatever way the family would like (as discussed during the preparation phase). The family might like to start with a prayer or a welcome from one of the family; express a shared commitment to the child’s safety and wellbeing; or show photographs or a video of the child if they are not present.

The RE, an Elder or another family member should be invited (where applicable) to welcome and open the FGM. If the child is from a CALD background, the FGM should be opened by an appropriate person from within the relevant CALD community, or a family member, in a way that acknowledges and respects the family’s culture.

Introductions

Encourage all participants to introduce themselves and say how they are connected to the child.

Housekeeping information

Provide information about the location of toilets and fire exits and other important aspects specific to the venue.

Agree on rules for the use of mobile phones. You will need to strike a balance between maintaining uninterrupted discussion with the need to respond to urgent calls.

Establish a rule for when, and how, a break can be called. If participants smoke, they may need to take time out. Time-out is also a good strategy for managing participants’ emotions so that these feelings do not become disruptive to the meeting.
Purpose

Explain the format for the meeting. Discuss and confirm the agenda (refer to the agenda sent with the invitation letter and ask participants if they wish to add or change anything on the agenda).

The purpose of the FGM will have been explained during the preparation phase, so you can simply give a brief restatement of the purpose. Write the purpose in the middle section of the CAP framework map on a whiteboard, or on large paper that can be referred to at any point during the FGM, to maintain focus.

Ensure that all key items to be included in the case plan (or revised case plan) are noted. Once the agenda is confirmed, ensure that it is clearly stated, either on a white board, or on copies given to each participant so that they can refer to it during the meeting.

Negotiate agreements for participation in the meeting

Discuss with the participants about what agreements are needed to enable everyone to participate and work together. For example, participants agree to speak to each other politely, speak one-at-a-time, and respect different points of view.

Obtain consent from all participants that they will work within the agreement and will support each other (for example, by identifying when they see people not following the agreed rules).

Clear and respectful communication

Ensure that participants understand that the information they provide during the FGM is clear, true and respectful of any child or family member attending the meeting.

Other considerations

- Advise participants of the confidentiality obligations and the need to maintain and respect each other’s privacy.
- Advise participants of the department’s obligation to share information with the Queensland Police Service and the inadmissibility of evidence (refer to at the end of this section ‘Practice consideration’).
- Acknowledge that some painful issues are likely to be discussed and suggest ways for participants to manage their emotional responses (for example, conduct meetings in separate rooms, suggest short breaks or allow participants some time out).
- Ensure that participants know that they can ask to have a break at any time during the meeting.
Practice considerations

Sharing information
It is your responsibility to inform participants at the outset of the meeting that:

1. The department is obligated to share any information discussed at the meeting about incidents of harm to a child, with the Queensland Police Service — with or without the consent of the participants. This applies regardless of whether or not the department suspects the child is in need of protection (Child Protection Act 1999, section 14(2) and 14(3)).

2. Anything said or done at the FGM is inadmissible in a criminal proceeding unless all people participating in the FGM consent or there is a criminal proceeding for an offence committed during a FGM (Child Protection Act 1999, section 51YA).

The following disclaimer or statement can be read verbatim to help participants understand the department’s obligations and what information will be shared with police:

Disclaimer/statement
Please be aware that if anyone talks about a crime or an offence against a child, I must inform the police of this information, by law. Apart from that, any information that we talk about in this meeting will remain confidential and cannot be used in any criminal proceedings before court, unless everyone agrees, or it relates to a crime committed during this family group meeting.

Note: if this statement is not read verbatim, you must still ensure that participants are informed at the beginning of the meeting.

Successful co-convening
Using a co-convenor at the FGM or other collaborative family decision making meetings can be effective. A co-convenor can support engagement and communication with the family.

For Aboriginal and Torres Strait Islander families, co-convening with the RE is encouraged. The benefits of involving the RE in the planning and co-convening of the FGM include:

- having a greater chance of locating and engaging extended family members
- building trust with the family
- providing real-time guidance on cultural and family customs. Cultural considerations may be discussed in greater depth
- assisting with communication (for example, Aboriginal/Torres Strait Islander languages and ‘Aboriginal English’)
- re-framing questions and topics throughout the meeting to ensure that family members understand
- providing an understanding of, and working within, the family dynamics
- raising awareness of Aboriginal and Torres Strait Islander service providers and the community
- increasing the family’s confidence in the process when respect and responsibility is given to the RE throughout the process, and they see that someone of their own culture has some control over the process.
Note: decisions about the type of departmental intervention are made in consultation with the RE prior to the FGM. The purpose of the FGM is to establish the goals and actions for the child’s case plan, in response to the child protection concerns. The RE can help the family arrive at culturally-respectful case plan actions. The FGM is not the forum to change the department’s decision about the type of intervention.

Suggestions for co-convening:
- Involve the co-convenor early, and as much as possible, in the planning and preparation for the FGM. This includes:
  - introducing and meeting with the family and other participants prior to the FGM, to explain the process
  - deciding where and how the FGM will be run
  - working through any barriers to attendance.
- Confirm before the meeting who will undertake particular roles within the meeting, depending on the strengths of the co-convenor and the anticipated dynamics of the meeting. For example, who will record the minutes of the meeting, who will open the meeting, who will share the family story, who will lead each of the CAP process elements, and so on?
- The RE can assist with overseeing private family time during the meeting. The family may want the RE to participate in some, or all, of the private family time.
- By working closely with the RE during preparation, the RE will feel valued, trusted, informed and more confident about co-convening the meeting.
- Consider whether a co-convenor of the opposite sex could assist participants with communication and sharing information, in situations where gender roles may be evident (for example, during ‘men’s business’ or ‘women’s business’).

If you are concerned that the RE may have a different opinion to the department on the case plan, this should be resolved prior to the FGM. During the preparation phase, the RE should be given the opportunity to explain the departmental ‘non-negotiables’ to the family, determine how the family feels about them and understand any barriers to achieving those goals. By gathering this information, and ensuring that the family understand and have had sufficient opportunity to plan how to address the ‘non-negotiables’, it allows for more meaningful discussion on contentious decisions.

Step 2: Information sharing

Family story

This is an opportunity for the participants to share what they would like everyone to know about their family, and their perspective on how the department came to be involved with the family. This can be the most powerful part of the FGM. Often it will be the first time families have had the opportunity to tell their story. If the child is present, they may prefer to share all of their views at this early stage of the meeting, rather than during the corresponding element of the CAP framework. This will need to be discussed with the child during the preparation stage.
Who is in the family and what is their cultural identity?

If a genogram/ecomap/circles of safety and support has been discussed with the family before the FGM, this can be drawn on a large piece of paper and displayed on a wall, so that it can be referred to throughout the meeting. If this hasn't been developed, you should ask the parents to describe their family members and culture, and create a genogram or ecomap at this stage of the FGM. Explore the family's cultural values and traditions, and how they raise the child within the family. Consider the dual role of kinship carers (grandparents or aunty, as well as approved kinship carers).

**Note:** although approved foster carers do not meet the definition of ‘family’ under the *Child Protection Act 1999*, they will be significant to the child. Involve carers in information sharing, where appropriate.

Child's views and wishes

The child’s views and wishes should be presented as early as possible in the meeting, to help participants stay focused on the child from the start. If the child is not present at the meeting, you **must** present the child’s views and wishes to the participants in the way that the child identified during the preparation.

You should try and use skills like reframing, para-phrasing, reflecting and active listening to assist the child to convey their message. You should also acknowledge that the child may be nervous or scared in sharing their views to their parents, worker or others at the meeting.

Working through the CAP framework with the participants

This is the most detailed, and challenging section of the FGM. If the CAP framework and tools has not been introduced to the family during the collaborative assessment and planning stage, you can explain the purpose of the CAP framework during the meeting. Draw the framework as you are introducing it, using a whiteboard or large pieces of paper. The more the CAP framework has been worked through with participants in the preparation phase, the more quickly you will be able to work through this during the FGM.

Information will have been recorded from CAP framework meetings and discussions by the Child Safety Officer from earlier assessment stages, or by the Child Safety Officer, Senior Team Leader, RE or yourself in preparing for the FGM. This information should contribute to the CAP framework assessment and planning discussion in the FGM, as outlined in the section below on CAP elements.

Information from pre-planning may include perspectives from family members not attending the meeting, service providers, the child (if not attending) and others. This will assist with refining and confirming the information in the CAP framework tool used in the FGM.

The information provided by working through the CAP framework as a group will input directly into the case plan.
CAP elements:

- **Where do you start?** — You can start with whichever part of the CAP framework is most appropriate for the family. Starting with what is working well usually helps participants feel more comfortable about sharing and hearing information, although some families prefer to talk about what has happened in the past. Starting with the scaling question can be a very effective way for participants to share their views across the top part of the framework.

  If you have already worked through the CAP framework with the parents and the child before the FGM, you won’t need to work through the top four quadrants in as much detail as suggested below. Instead, the information that has already been recorded in the top four quadrants of the CAP framework (or the Three Houses) can be shared with everyone at this point and discussed (for example, either read out by the parents or child and recorded by you, or recorded on paper beforehand and displayed on the wall or whiteboard). Participants can then be invited to reflect on what they think is most important within each quadrant, and to add their thoughts about anything that is missing.

- **What’s working well?**
  1. Start with what’s working well. Ask everyone to write down the most important things they think the parents/family are doing well, or have done, to care for their child.
  2. Encourage everyone to share their views, and ask which participant would like to start first, or suggest that the person who knows the parents best, goes first. Record everyone’s views in the ‘what’s working well’ column.
  3. If the child is not present, ensure that the child’s views are included (for example, ask someone to read the child’s views from their Three Houses).
  4. Ask if there is anything else that the parents and family are doing to care for the child and keep them safe. Add the responses to the ‘What’s working well’ column. Use different questioning methods to explore everyone’s views (such as exception questions, relational questions).
  5. Help participants sort the items into ‘Protection and Belonging’ or ‘Strengths and Resources’ (this analysis may be left out if time is an issue).

- **What are we worried about (past/current harm)?**
  1. This part of the CAP framework (and assessment process) is where there is most likely to be differences of opinion. Manage this by identifying the differences, explaining the purpose of talking about the past, and help the group to focus on future safety. For example, you might like to say:

    “This next part of the meeting focusses on the past. We are going to spend some time talking as clearly and plainly as possible about what has happened to the child that has resulted in the department becoming involved. This is an opportunity for the department to tell us if they think the child has been harmed and how, or if they think the child is at risk of harm and why. The family will also have a chance to talk about anything that has happened to the child in the past that you think has been harmful. It is important to talk about what has happened in the past because it helps us to know what might be a worry in the future. If we know this, then everyone can work together to change the future so that it is
safe for the child and just as you want it to be. Talking about past harm can be hard, but if we are able to get clear on this then you will be able to make a really good plan for the future”.

2. Ask the family members to identify what they think has happened to the child that led to the department becoming involved with the family, or the child being taken into care. For a child in long-term out-of-home care, ask if anything has happened during the last case planning period that the child, family, carers or department believe has resulted in harm to the child.

3. Record participants’ views in the ‘What are we worried about?’ column. Use follow-up questions to obtain clear responses about behaviour and impacts on the child. If the child is not attending, ensure that the child’s views are presented (for example, ask someone to read the child’s views from their Three Houses).

4. Group similar ‘harm’ together to avoid having a long list of similar or recurrent actions of harm. Continue asking ‘what else?’ until the participants have fully shared their views. Take time to acknowledge the family’s openness and willingness to talk about these issues.

5. Ask the department representative and other professionals attending the meeting to identify if there is anything else that has happened that led to the department’s involvement (or the child being taken into care).

6. Explore any complicating factors that may not have been raised, by asking everyone (starting with the family) to identify anything that is happening in the family, or issues that the family is facing, that they think are making it difficult for the parents to safely care for their child or to work with the department.

7. Help the group sort the items into ‘Harm’ or ‘Complicating factors’ (this further analysis may be left out if time is an issue).

- **What are we worried about (information provided by the Child Safety Officer)?**

  The information provided by the Child Safety Officer may vary depending on the type of case plan being developed — whether it is an initial case plan for ongoing intervention, or a revised case plan.

  In discussing the worries, the Child Safety Officer will re-confirm the ‘key items’ to be incorporated into the case plan, or revised case plan, including items about when the department decides to apply for an order granting long-term guardianship to a suitable person.

  It is the Child Safety Officer’s responsibility to share the following information to be incorporated into the initial case plan:

1. Strengths, resources and acts of protection and belonging.

2. What is working with this family — positive factors, strengths and resources that the family have available and are using to support them. Any acts of protection.
Any successes, achievements and improvements noted since the last case planning meeting.

3. Details of harm, complicating factors and future worries (the reasons for current departmental intervention and why the child was assessed as being in need of protection).

4. Any relevant information from assessments by other professionals that highlight needs of the child or parents.

5. The department's goal and any 'non-negotiables', such as critical areas of need to be addressed through the case plan goals and action steps (the 'non-negotiables' should have been identified through the completion of the relevant SDM assessments and the CAP process with the family and stakeholders).

It is your role as FGM convenor to ensure that participants understand the information provided by the Child Safety Officer and ask for clarification by the Child Safety Officer if necessary.

You should also be mindful that the information provided by the Child Safety Officer may be distressing to the child or their parents. You can ask for a short break in the meeting if they wish to leave the room.

You should ensure that the parents, carers (where applicable) and other family members are given the opportunity to respond to the information provided by the Child Safety Officer, and share their perspectives about the child’s care and protection needs.

- **What are we worried about (Safety Scale)?**
  1. Introduce the Safety Scale and the two end positions (0 and 10), and draw the scale underneath the top four quadrants (or two columns), on the board. Explain that the scaling question is a tool to help participants identify where they think things are right now, and focus on what needs to happen moving forward. Emphasise that the 10 does not represent perfect parenting — it indicates that things are going well enough that the department and the family are satisfied that the child will be safe.
  2. Ask participants to think about what has been discussed so far (what has been going well and what people are worried about), and indicate on the scale how safe they think the child is at the present time. As each participant indicates their scaling position, record it on the scale and ask them to identify the most important thing they think the parents/family are doing to support their reason for the scaling position. Distinguish the important item from the ‘What’s working well’ column (for example, use an asterisk).
  3. It is common to have a wide range in scaling positions, and reinforce to participants that this is ok. The purpose of the scale is to help participants understand each other’s point of view and perspective.

- **What needs to happen?**
  If the worry statements and goal statements have already been developed with the family before the FGM, you won’t need to work through this part of framework in as much detail. Instead, the worry statements and goal statements can be shared and discussed with
participants at the FGM (for example, either read out by the parents/child and recorded by the convenor, or recorded on paper beforehand and displayed on the wall or whiteboard). Participants can then be invited to reflect on what they think is most important within the worry statements and goal statements, and add their thoughts about anything that is missing.

- **Future worries**
  1. Introduce worry statements to help participants express what they think might happen to the child in the future, if nothing changes.

  2. Ask participants to identify what they think the department is worried might happen to the child in the future, if nothing changes. Posing this question to the family and network allows them to reflect on the department’s views and think through the future worries, before hearing the department’s views. Use follow-up questions that focus on the parent’s behaviour and the impact on the child, to seek specific worry statements. If there are worries that the family and network are not considering, ask them to look back at the identified harm and complicating factors to help them to think about future worries. Write the worry statements as ‘The department is worried that….’ and make it clear to participants that you will ask the departmental representative for their views next. Take time to acknowledge the family’s openness and willingness to talk about these issues.

  3. Ask the department representative to identify the worry statements that best reflects the department’s worries, and if there is anything else to be added to the worry statements. Use follow-up questions that focus on possible action or inaction of the parents and the impact on the child, to seek specific worry statements.

  4. Ask the group if anyone else shares these worries, even to a small extent, and add their name to the worry statements (for example, ‘the department and Debra are worried that ….’). If the child is not present, ensure that any future worries identified by the child are included.

  5. Ask the department representative to identify if there is anything else they are worried might happen to the child, in their parents’ care in the future. Record these worry statements. Ensure that additional worry statements are not just a rewording of already identified worry statements.

  6. If the department representative adds new worry statements, ask the family and network if they are also worried about any of these things happening, or if they know of anyone else who is worried about these things. If so, record their names to the worry statements.

  7. Ask participants if they have any additional worries about the child in the future that has not yet been noted. Check if these worries are captured, or partially captured by an existing worry statement and either add content or create a new worry statement.

- **Goal statements**
  1. Introduce goal statements to encourage participants to identify the goals for the child and family that address the worry statements.

  2. Work through the worry statements one at a time. Ask the parents and network to look
at each worry statement and identify what they want to see, what they think the
department wants to see, how they will make sure the worries don’t happen and be
confident that the child will be safe and well. If parents are finding it hard to identify the
goals, focus on their behaviour identified in the worry statement and ask participants to
reflect on what they want to see the parents doing instead. Use follow-up questions to
frame the goals in positive terms (for example, what people will do, rather than what
they won’t do) and focus on the care of the child. Ensure that the child’s views are
included.

3. Invite the department representative to provide feedback on what part of the goal
statement addresses the department’s concerns and what else they think should be
included in the goal statement.

4. Continue until goal statements have been developed for each of the worry statements.
Ensure that participants understand the goal statements. Ensure that the goal
statements contain everything that the department and the family want to see included,
and feel confident that the child will be safe and well in the future.

5. Discuss how long the department and the family would need to reach these goals
before they would be satisfied that the child’s safety and wellbeing is met. Record the
timeframe to the goal statements.

**Practice considerations**

**Goal statements vs action steps**
The needs identified by the Child Strengths and Needs Assessment and Parental Strengths
and Needs Assessment should strongly inform goal statements and actions steps to meet the
goals. When developing the case plan, be careful not to include actions in the goals section,
or too many needs under one goal. This can make the case plan difficult for parents or family
members to understand, and may impact on the quality of the case plan during subsequent
intervention.

**Road maps for reunification**
For a reunification case plan, you should consider recording the actions or goals in the format
of a road map, detailing the steps towards reunification. Actions can be addressed over time;
however the goal should always remain consistent. This provides the family with a clear path
towards reunification and gives a sense of empowerment as they have some insight into what
needs to happen for the child to be returned to their care. It can also demonstrate
accountability and transparency by the department in working towards reunification.

However, be careful to explain to the family that the road map may change depending on their
progress in meeting the actions or goals of each case plan, and any other unforeseen
circumstances that may arise. This should be stated in each case plan.

When developing the case plan, be clear about when, and in what circumstances, the
alternative long-term care plan (or parallel plan) may be implemented by the department.
During the case planning process, you or the Child Safety Officer must explain to the parents
that the department is required to undertake permanency planning for every child subject to
short-term custody and guardianship orders. Until advised, the focus of the case plan and
ongoing intervention will be the current goal that has been agreed.
Non-negotiables
Introduce the ‘non-negotiables’ and explain what the department wants included in the case plan to achieve the goals for the child and the family.

Ask the parents and other participants if they have any other non-negotiables that they think need to be included. Add these to the non-negotiables list if there is agreement.

Note: Appendix 1 provides further detail about how to discuss and record worry statements, harm statements, goal statements, non-negotiables and action steps for inclusion in the case plan.

Information from service providers
Invite service providers to share information about the services or resources they can provide to help the family achieve the goals. Ensure beforehand that the family feels comfortable about the service provider attending the FGM. Provide time for the family, network and the department representative to ask questions about the provider’s services or resources.

If the family are already involved with the service, you can ask the service provider to give feedback about the child, parents and family, their strengths, and any areas for improvement. Any worries they have for the child need to be addressed in the case plan.

This information can be recorded in the shared CAP framework tool (whiteboard or paper) used during the FGM (possibly after the service provider has left, depending on privacy and relationships).

You can ask service providers to leave the meeting after they have shared their information, before the development of the case plan, unless the child or parent asks them to stay, or their presence is necessary for the case plan.

You must ensure that the views of people not attending the meeting, and information about resources and support offered by service providers unable to attend, are presented at the meeting.

Aboriginal and Torres Strait Islander and CALD families
When working with an Aboriginal or Torres Strait Islander child and family, or a from a CALD background in a FGM, you should be conscious of the following:

- Silence — give people time to process information; do not misinterpret their silence as understanding or consent; silence can also convey concern, disagreement, nervousness or that they are still thinking about what was said.
- Differences in body language — eye contact, tone of voice.
- Gender differences — women’s and men’s business (for example, some issues in a FGM may be more appropriately discussed between the female participants).
- Use of language — words may have different meanings for Aboriginal and Torres Strait Islander and CALD families.
- If using an interpreter, give them time to translate what is being said for the participant. Break after every couple of sentences, or ask the interpreter how often they would like participants to stop talking, so they can accurately convey the message to the participant.
Ensuring the child’s safety and wellbeing during information sharing

It is your responsibility to ensure the child’s safety and wellbeing for the duration of their participation in the FGM. The child is entitled to have a support person attend the meeting, and you should regularly check with the child how they are feeling. If the issues being discussed are having, or could have, a detrimental impact on the child’s emotional wellbeing, you should arrange for the child to have a break, or leave the meeting for a period of time.

In some cases it would be appropriate for the child to leave the meeting after they have shared their views, and return towards the end of the meeting to share their opinion about the key items developed in their case plan. The child may request this, or it may have been decided during the preparation phase that this would be in the child’s best interest. You should also ensure that the appropriate person talks to the child about the FGM and any emotions the child is feeling (so long as the child wants to engage in this discussion).

Disagreement about child protection concerns or intervention

FGMs can be emotionally charged, and family members may become upset, confused, sad or angry. It is important that you validate participants’ emotions and acknowledge that their responses are understandable. It is important to be non-judgemental, compassionate and allow expression of emotion for the meeting to progress and be effective. For example, you might reinforce the parent’s commitment and positive motivation as demonstrated by attending and being involved in planning for their child, and thank them for being passionate and advocating on behalf of their family. Validating participants’ feelings is a respectful way of engaging and building a strong platform for collaborative planning.

You may also need to keep the family on track if they become distracted by any disputes they may have with the department. You should first ensure that the family understands the department’s position (the Child Safety Officer can re-clarify the department’s position for the family, if necessary). Use your conflict resolution and mediation skills and remind participants that the focus of the FGM is to develop a case plan to address the child’s future needs.

Consider the following steps to keep the meeting moving forward:

1. Acknowledge any concerns and points of disagreement, reiterate that trust and respect must be earned, and discuss what the family needs in order to trust the department enough to work together.

2. Inform participants that any points of disagreement can be noted in the case plan.

3. Remind participants that the focus of the FGM is to improve the child’s safety and wellbeing.

4. Reinforce to participants that agreement about past harms and future worries is not necessary. Instead, the focus should be on agreement about working towards a safe future for the child.

5. Inform participants that they can express their views about the department’s application for a child protection order in court, not the FGM. Or remind them about the department’s complaints process if the ongoing intervention does not involve the court.

6. Suggest that the participants agree to disagree, and focus on the case plan items that can be negotiated.
7. Consider inviting the Child Safety Officer or Senior Team Leader to explain the implications for the family if the case plan cannot be developed through the FGM process (the Child Safety Officer and Senior Team Leader are responsible for developing the case plan).

8. If disagreements continue and you are unable to facilitate a discussion about the case plan, you may consider adjourning the meeting for a short break to speak with the family about what can be done to help them move forward. Ask them what they need from the meeting, what they need from you as the convenor, and whether there something they need to say to be able to move on.

9. If the family is still too upset to proceed, you may need to close the meeting and agree to come back together at a later date.

**Breaks**

You may need to take one or two breaks during the FGM, depending on the needs of the participants and the amount of time required for each segment. As you are working through the CAP framework, try to take breaks *at the end* of a CAP element rather than during one.

**Step 3: Private family time — developing the case plan**

During the FGM, the family and network meet for private family time (or with you as convenor if that is what the family wants) to develop the case plan actions to achieve the goal statements.

Private family time involves the child’s family and significant others coming together in a private space (pre-arranged by you during the preparation stage) to discuss future worries and goals and, where possible, reach agreement about the actions to be undertaken to achieve the goals and timeframes in the child’s case plan. The use of private family time encourages families to take responsibility for protecting their child (*Child Protection Act 1999* section 5B(b)) and is consistent with the Framework for Practice values and principles.

Kinship carers should also be invited to participate in private family time (this must be negotiated sensitively with the family).

The recommended process for private family time is:

1. Advise the family that private family time is an opportunity to discuss, in private, all the issues raised and brainstorm ideas to address worries and achieve goals.

2. Ask the family to think about what they want to include in the case plan, and what they think the department would need to see included in the case plan.

3. If necessary, double-check that the family and network remembers and understands any non-negotiables set by the department.

4. Advise the family which areas or items the family group members must reach agreement on.

5. Provide the family and network with a copy of the CAP framework template that has been
used in the FGM that includes the completed elements (for example, worry statements, goal statements and non-negotiables).

6. Advise the family that attending services does not ensure safety, and the action steps should **not** be a list of services that the family or parents will attend.

Where the family identifies a service as part of the action steps, it must be clearly linked to a specific behavioural goal so that everyone knows what their attendance will achieve. For example, if the goal statement is ‘Mary (mother) will be able to deal with her sadness and anger in ways that allow her to also safely care for, and supervise, Ben (the child)’ and it is linked with a ‘non-negotiable’ statement ‘Ben will always be cared for by a sober person and will not see mum drunk’, then the action steps might be:

- **Mary will work with a counsellor approved by the department to figure out ways to cope when she is sad and angry that doesn’t include getting drunk. Mary will be able to show that she can use these coping strategies to manage her feelings without abusing alcohol for six months.**
- **If Mary has a slip-up and decides to drink, she will call Auntie Karen when she has her first drink so that Karen can come straight over and pick up Ben. Karen will let the counsellor know so that Mary and the counsellor can talk about the slip-up.**
- **Mary, Karen, the department and the counsellor will meet once a month to make sure that Mary is getting the support she needs to become a safe and sober parent.**

7. Identify any other case planning areas that are not covered by the goal statements and ask the family to include their ideas in the case plan (such as placement, family contact visits, health, education, cultural support plan).

8. If the child is in the parent’s or family’s care at this time **and** there are concerns about the child’s immediate safety, the case plan will need to include actions that address the concerns currently managed by the immediate safety plan (as per the Structured Decision Making Safety Assessment Tool). The immediate safety plan should not remain in place once a case plan is established.

Prior to the commencement of private family time (where applicable), the FGM convenor should ensure that the family are aware of the following:

- All workers and non-family members, except as otherwise stated, will leave the room and will not return unless asked.
- Family members can have time-out and return.
- Resources are available to aid the family in their planning (for example, butcher’s paper, pens, brochures about available supports and services, copy of worry and goal statements and ‘non-negotiables’).
- You are available, if required, to answer questions the family may have or to act as a scribe or convenor.
- During the meeting, the family may request that professionals clarify issues or provide additional information.
- You should be notified to assist in the resolution of any conflicts that cannot be resolved by the family (if the conflict is serious and detrimental to the development of the plan,
you can decide in consultation with the family to terminate private family time and resume the FGM to reach agreement).

- You will help turn the ideas into a specific case plan.
- The family is clear about any tasks, and the participants have everything that they need.

You (the convenor) and any other professionals then leave the room.

Once the family group has agreed on their plan, you will resume facilitation of the FGM to work through the proposals with the other participants. Once these key items are established, they can be reflected in the case plan.

Private family time is the preferred strategy for engaging family members and significant others in the FGM process and you are responsible (during preparations) for providing information about the purpose, importance and benefits of private family time, and discussing with participants what safety and support strategies would encourage them to utilise private family time. The preparations stage should help you decide whether or not private family time is appropriate for the particular family and their circumstances.

**Practice considerations**

**The benefits of private family time**

- It is empowering for the family to develop strategies on their own to address child protection concerns.

- It provides an opportunity for the family to talk to each other about information they heard in FGM, without professionals being present.

- When the family has a sense of ownership of the case plan, they are more likely to commit to, and follow through on, the plan.

- Family members may be more open about, and willing to discuss, their strengths and needs and the impact on the case plan if non-family members and professionals are not present.

- Professionals can end up either facilitating or inadvertently controlling the discussion outside private family time.

**What if private family time is not appropriate?**

You should consult with participants, the Recognised Entity (if the child is Aboriginal or Torres Strait Islander), the Child Safety Officer and Senior Team Leader during preparation to decide whether private family time is appropriate. This decision can also be made at any time during the FGM.

If, after all considerations, you decide that private family time is not appropriate and will not be used at the FGM, you will need to use structured facilitation.

**Structured facilitation**

When a decision is made during preparation that private family time is not appropriate, you can facilitate the development of action steps through structured facilitation.

The CAP framework tool is used to guide structured facilitation. You can work through this with the family and other participants to help them develop action steps, address the worry
statements and achieve the goals.

Step 4: Collaborative decision making about the case plan

The family invites the FGM convenor, other professionals and, where applicable, carers, back into the room to discuss the details of the plan they have developed. This includes their suggested action steps to meet the goal statements and address the worry statements. While it is the family who presents their plan, it is important that you manage the process of answering questions, providing feedback and making decisions about the case plan, so that the process remains constructive.

The key decision is whether the family plan is sufficient to achieve the goals while maintaining the safety, belonging and wellbeing of the child. Work through each goal and associated action step and ask everyone (family, network, departmental representatives and professionals) to score the plan against each goal. A score of 10 indicates they believe the action steps are strong enough to achieve the goal at all times, a score of 0 indicates that the action steps will not achieve the goal.

If someone scores lower than 10, ask them what else they would need to see included in the case plan to reach a score of 10, to have confidence that the goal will be achieved and the child will be safe and well. Often, the issue that prevents professionals from providing a score of 10 relates concerns monitoring of the plan. Make sure that there is enough detail in the plan about how it will be monitored and reviewed.

Continue this scoring and reviewing process for each goal until everyone scores 10. This is the point where the family plan becomes a collaborative case plan.

If there are elements of the plan that require the department or service providers to organise or fund services or resources, you must confirm their agreement. Clarify if approval can be obtained quickly, or if time is needed for seeking approval. If time is needed, clarify when approval will be possible and how it will be conveyed to you.

Practice considerations

- Check that all participants understand and agree to a goal and action step being included in the case plan. This can be done after each action is agreed.

- Check that the actions are recorded appropriately. This can be achieved through the meeting minutes, recorded on a white board or on a project screen for everyone to read. The CAP framework can form the template for recording the actions.

- Check that the agreed goal/outcomes/actions are in line with the ‘S.A.F.E.T.Y’ principles (see Appendix 1 for more information).

- Take note of any disagreements over a goal or action in the case plan, and advise participants.

- Answer any questions that participants have about the agreed action steps.
• After the meeting, transfer the approved goals and actions and other CAP elements into the ICMS case plan form (see Chapter 3).

• Apply a similar level of collaborative review to the Cultural Support Plan, Contact Plan and any other relevant plans.

**Step 5: Closing the Family Group Meeting**

The following actions should be taken to close the FGM:

1. Ask participants how they are feeling. Make sure everyone is clear about who will do what and when, before the next FGM.

2. Answer any questions that participants may have about the meeting and clarify any issues raised.

3. Advise participants that the items agreed at the meeting will be recorded in the case plan.

4. Inform participants that the case plan will be endorsed by the Senior Team Leader within 10 business days unless (where the Senior Team Leader did not attend the FGM) the Senior Team Leader determines that all or part of the plan is impracticable or not in the child’s best interests.

5. Explain to participants the options available should the Senior Team Leader decide that all or part of the plan is impracticable or not in the child’s best interests (see Chapter 3).

6. Make sure the family and safety network receive a copy of what was discussed in the FGM, to take away with them (for example, photos of documents, printouts from whiteboard).

7. Advise which participants will receive a copy of the case plan once it has been endorsed.

8. Advise participants of the process if there are any disagreements about what has been recorded in the case plan.

9. Inform participants that they can speak to the Child Safety Officer should they have any questions about the case plan (once they receive a copy).

10. Inform participants of the timeframe for reviewing the case plan. Convenors could even consider setting another date at this point of the meeting.

11. Acknowledge the work that has been done at the FGM and the effort by everyone who participated in the meeting. Acknowledge the difference this will make for the child.

12. Invite the family to provide feedback on the FGM and the process (for example, using a tool such as the ‘Measuring success’ checklist below). Be open to feedback participants give about the FGM. Feedback can be provided by the family after the FGM, if that is preferable for the family.
13. Invite the family to close the FGM.

Once the meeting has ended, you should transfer all the agreed goals and action steps and other CAP framework information into the case plan document in ICMS. Chapter 3 outlines the process for recording and distributing the case plan.

**Measuring success**

FGM convenors and the department’s case management staff are encouraged to obtain feedback from families on the FGM process, evaluate the FGM experience by families and look across multiple FGMs to identify how the process can be improved. Methods of feedback and evaluation could include surveys of participants and feedback through third parties, such as the RE.

You can use the table below to self-reflect on the FGM, and apply it to the family and other participants for obtaining their feedback about the FGM process. The three reflection categories below can be applied to each of the steps of the FGM process including the preparation process, and the meeting itself.

<table>
<thead>
<tr>
<th>Results (‘the what’)</th>
<th>Process (‘the how’)</th>
<th>Relationships (‘the harmony’)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the FGM result in:</td>
<td>Did the process used in the FGM:</td>
<td>Were the participants:</td>
</tr>
<tr>
<td>☐ The making of informed decisions?</td>
<td>☐ Encourage participation?</td>
<td>☐ Open and honest?</td>
</tr>
<tr>
<td>☐ A clear understanding of who will do what following the FGM?</td>
<td>☐ Facilitate information exchange or decision making?</td>
<td>☐ Respectful and courteous?</td>
</tr>
<tr>
<td>☐ Incorporate cultural approaches to ensure the meeting was culturally respectful?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Practice considerations**

If a participant discloses information about a suspected criminal offence in relation to the harm of a child

If a participant disclosed information about a suspected criminal offence involving a child at the FGM, you must advise the discloser (the person sharing the information) that you are now obliged to inform the QPS of what has been said.

You should inform the discloser that:

1. QPS will decide how to proceed once they receive the information. Further, the information provided will be inadmissible in a criminal proceeding, should the matter reach prosecution stage.

2. The information will be recorded in the case notes in ICMS.

3. The department may take further action based on the information provided, if it reaches
the threshold for a child protection notification.

You should also take the following actions:

1. Advise the Senior Team Leader (if the Senior Team Leader was not present at the FGM) about what was disclosed at the meeting so they can decide whether any further action by the department is necessary.

2. Record the information in ICMS.

You should then follow procedures outlined in Chapter 10 of the Child Safety Practice Manual about notifying the QPS of the harm or alleged harm. You should note the actions taken to advise the police of the disclosed information. This information (if relevant) should be taken into consideration when assisting participants reach agreement about the outcomes and actions in the case plan.

**If a participant is under the influence of a substance or unable to meaningfully participate in the FGM**

On occasion, participants may attend a FGM under the influence of a substance or, for whatever reason, unable to participate meaningfully. Substances may include alcohol, legal substances (such as prescription medication) or illicit substances. Withdrawal from substances, or unmanaged mental health problems, may also cause a person to present as unwell and may impact on their ability to engage in, and contribute to, a meeting.

Behaviours that may cause concern include:

- slurring of words
- appearing to nod off, or present as sleepy or drowsy
- being unable to focus or concentrate on the meeting or the conversation
- constantly interrupting, pacing or fidgeting.

If you believe the participant is not able to effectively engage in the meeting, you may consider any of the following actions:

1. Refer participants to the rules regarding behaviour and participation. You could then describe your observations that are causing concern, and engage the group in deciding how to proceed. For example, ask whether anyone else is concerned about the behaviour. Ask other participants whether they think the person can actively participate. Consider rescheduling the meeting.

2. Call a break and speak to person. Share your concerns about their behaviour and discuss how they will be able to focus and contribute. Talk about any concerns about not being able to consent if they are under the influence.

3. Explain your observations and concerns to the family group and any plans you have discussed with the individual. Ask the family to share any worries they have about proceeding with the meeting given the person’s presentation.

4. If the other participants are comfortable with developing a plan for managing the person’s behaviour, then it is ok to proceed with the FGM. If not, discuss with the family whether
the meeting should be postponed.

When considering these options, you will need to think about your own personal safety (and the safety of the other participants) in dealing with the person causing concern. Also, consider the significance of the person to the child (for example, how you deal with a parent’s support person may be different from how you deal with a parent).

You will also need to ensure the affected person’s safety. Do not hesitate to call for an ambulance if you believe they are in need of medical attention.

**If the perpetrator of sexual harm to the child is participating in the FGM**

You should ask the Child Safety Officer to provide you with any risk assessments of the participant’s sexual offending and risk to the child (or to other children). If these assessments have not yet been undertaken, this action should be written into the case plan (it may be that the case plan will need to be reviewed within a shorter period of time to allow for the completion of the assessment). The outcome of assessments will have a direct impact on the actions and outcomes included in any future case plans.

When engaging the sexual perpetrator during the FGM, you should provide the opportunity for the Child Safety Officer to be clear about the department’s concerns (and the outcomes of any risk assessments). The Child Safety Officer should also explain the ‘non-negotiables’ of the case plan to the perpetrator. As in other difficult situations, you should remain impartial during all stages of the FGM process.

It may be appropriate for you to facilitate separate meetings if the child is going to attend. If you have significant concerns about the child’s safety and best interests, you could also consider linking the perpetrator into the meeting by phone, or speaking to them separately at the beginning or end of the meeting.

You need to be aware of the dynamics or power differentials between the perpetrator and any other family members participating in the meeting. It may be more appropriate to use structured facilitation, rather than private family time. It is possible that the perpetrator does not agree with the outcomes of the sexual offending risk assessments by Queensland Corrective Services or the department, or the department’s assessment of the perpetrator’s risk to the child. You should acknowledge the perpetrator’s viewpoint and advise that it will be noted in the case plan.

You should also be aware that the FGM may be emotionally charged. You need to ensure that you acknowledge and manage the participants’ emotions accordingly. You also need to ensure that language used during the meeting is respectful towards all.

If, during the preparation phase, you decide (in consultation with the Child Safety Officer and Senior Team Leader) that the attendance of the sexual perpetrator is not in the child’s best interests, you should follow the steps outlined in Chapter 1 about excluding a person from a FGM.

**Other practice considerations in circumstances of sexual abuse**

Provided that adequate safety strategies and support is planned and implemented, case plans can be effective even in circumstances of sexual abuse, where the perpetrator remains in
contact with the child. The role of the FGM is to unpack the best possible action steps to achieve that.

During the preparation stage of the FGM, speak to family members (in conjunction with the Child Safety Officer) to understand the family dynamics. This will help you to be aware of:

- power imbalances
- gender roles (such as men’s and women’s business in different cultures)
- different cultural lore regarding sexual behaviour and responses to abuse
- behaviour and personality of family members
- hidden dynamics, such as the use of threats.

Be flexible about approaches to private family time. Discuss this with different family members during the FGM preparation stage. For example, the attendance of Elders or other supportive family members (outside of primary relationships and the perpetrator) may help ensure private family time is not dominated by an individual.

Regardless of the legal or criminal status of the abuse (even if criminal prosecution has not been undertaken), the department has the authority to case-plan for the safety of the child and it is the Child Safety Officer’s role to make the perpetrator and the family aware of that.

It is important that the child always feels supported in the FGM process, and trusts that you do not doubt their experience of abuse or minimise its impact.

In circumstances of denied abuse, you should not form a view on whether the abuse occurred. Instead, focus the family on planning for solutions to prevent future allegations from occurring (for example, the plan can address the worries expressed by the department about risk of future abuse and the worries the family might have about the concerns held by the department and others).

The case plan is for the child and the family. A case plan that keeps a child safe will also create a safe and healthy environment that will benefit the whole family unit. For example, any other areas of concern that are acknowledged by the family in needing assistance (in addition to circumstances of denied abuse), can be useful for increased participation of the family.

Ensure that family members have obtained their own legal advice before the FGM. Refer to the practice considerations for domestic violence, as many of the approaches are similar to ensure safety of all participants.

**If the parent’s legal representative focuses on the legal aspects of the case rather than decisions being made at the FGM**

Consider using the preparation stage of the FGM to talk to the parent’s legal representative to identify any legal issues prior to the FGM. Explain that the FGM is not the forum for resolving legal issues and they may adversely impact on the meeting process. You could suggest a separate meeting with the parent, legal representative, Child Safety Officer, Senior Team Leader and court coordinator prior to the FGM, to discuss the department’s application and any outstanding legal issues.

At the FGM, you could acknowledge the disagreement between the department and the
parent and their legal representative regarding the application before the court, and advise that this will be noted in the case plan. You can remind participants of the purpose of the FGM and reiterate that the appropriate forum for discussing the legal aspects of the case is the court-ordered conference or through submissions made to the Childrens Court magistrate.

You can remind participants that decisions made during a FGM are administrative, and the appropriate forum for disputing reviewable administrative decisions is the Queensland Civil and Administrative Tribunal (QCAT). You can advise participants that they will be given written notice of such decisions, including their review rights.

For matters that do not constitute reviewable decisions, you can refer participants to the department’s complaints management system. If these strategies do not work, you can consider adjourning the FGM for a short period of time and ask the participants to re-focus on the needs of the child, or end the meeting if the discussion cannot be progressed.

**Checklist**

- Did you convene or co-convene the meeting in a way that was culturally respectful?
- Did you provide the participants with information about the department’s complaints and review processes, confidentiality provisions and obligations to share certain information with the Queensland Police Service? Were you able to answer participants’ questions regarding these issues?
- Did you provide sufficient support to the participants to attend the meeting and, in conjunction with the Child Safety Officer, engage with the family and supportive stakeholders to encourage their participation?
- Did you provide the participants with an opportunity to contribute to the creation of the agenda?
- Did you clearly explain the role of the FGM convenor and co-convenor in the meeting?
- Did you give all participants an opportunity to introduce themselves and explain their role and relationship to the child?
- Did you set up the room in a safe and comfortable way that encourages participation? Did you offer coffee, tea and water?
- Did you work with the group to develop a shared working agreement about how we would all behave and treat each other in the meeting?
- Were the participants given clear information about the reasons for the department’s involvement (harms, complicating factors, worries and ‘non-negotiables’)?
- Did you incorporate the views and wishes of all participants (and other non-present contributors)?
- Did you ensure that the voice of the child was heard and that their views and wishes were at the centre of the process?
• Did you frame the conversation and structure the meeting in accordance with the CAP framework?

• Did the participants have an opportunity to answer questions about the reasons for the department’s involvement with the child?

• Did you encourage discussion and engage all participants in the case planning process during the FGM?

• Did you effectively assess participant behaviour and intervene appropriately when required?

• Did you appropriately support the child (if they were present) to share their views and wishes? Did you support the child to enter or leave the FGM if they wished?

• Did you monitor the child’s emotional wellbeing throughout the meeting and implement strategies to ensure the child’s safety and wellbeing during the meeting? Did you ensure that the child was able to participate in the meeting process?

• Were you able to appropriately convene private family time or structured facilitation (depending on the family’s need/ability) to assist the participants to reach agreement about the case plan goal, outcome and actions?

• Did you use strengths-based and solutions-focused approaches to assist participants to reach agreement on goals, outcomes and actions to be included in the case plan? Did those follow S.A.F.E.T.Y?

• Did you effectively confirm the case plan actions, goals and outcomes with the participants to be recorded in the case plan?

• Did you end the meeting in a way that was culturally respectful or appropriate to the family? Did you advise the participants of the process for recording, endorsing and distributing the case plan?

References and resources

• Child Protection Act 1999, sections 4(2), 51YA, 51YB, 80 and 80A

• Child Safety Practice Manual:
  1. Chapters 4 and 10.2, Statutory obligation to notify the QPS of possible criminal offences
  2. Practice resource: Case planning — an overview

• Intranet (Child Safety) — Framework for Practice tools, including the Collaborative Assessment and Planning (CAP) Framework, and Practice Maps
- Collaborative Assessment and Planning Framework Tools (Tip Sheets):
  - Harm Statements
  - Worry Statements
  - Protection and Belonging / Strengths and Resources Statements
  - Goal Statements
  - Bottom lines, non-negotiables and action steps tip sheet. Action Steps.