Aboriginal Case Management Policy

How Aboriginal Family Led Decision Making differs from Family Group Conferencing

ACMP Overview

The Aboriginal Case Management Policy (ACMP) is designed for all practitioners working with Aboriginal children and families. The ACMP was developed by AbSec in collaboration with NSW Government, through an extensive engagement process involving Aboriginal communities and key stakeholders. The ACMP is designed to achieve safety and wellbeing for vulnerable Aboriginal children by keeping them with or returning them to family, culture and country. The ACMP is holistic, culturally responsive and embeds the values and perspectives of Aboriginal people.

The ACMP applies across the entire support continuum, from Aboriginal Community Response (Early Intervention) and Aboriginal Family Strengthening (Family Preservation) to Aboriginal Child Safety (Out-of-Home Care).

It applies to the delivery of programs and services by a range of stakeholders including DCJ caseworkers, Aboriginal Community Controlled Organisations (ACCOs) and non-Aboriginal service providers.

It introduces four key enablers to improve practice with Aboriginal children and families. One of the enablers includes Aboriginal family-led decision making (AFLDM), which is founded on Aboriginal Child Placement Principles. AFLDM is an integral part of service delivery across the whole support continuum. The AFLDM process is not a form of Alternate Dispute Resolution (ADR), however it has some similarities to ADR processes in that Family Group Conferencing (FGC) also provides opportunities for the family to participate in decision making.

The similarities and differences between FLDM and FGC include:

Aboriginal family led decision making:	
 Less structured process led by the family and community and is not a form of ADR. Can be used in conjunction with FGC. 	
Commences as early as possible during the provision of early supports to families and continues on throughout the family's engagement with the child protection and out-of- home care system.	 Addresses specific concerns relating to the safety and wellbeing of a child. FGC should be offered as soon as possible (if appropriate) for children with a Risk Assessment of high or very high, prior to care orders being sought. It can be used in other areas of the continuum such as disputed placement options.
 Led by the family or a person the family have nominated, who is a trusted member of the family or community and has the responsibility of leading the process in partnership with family members. This person is independent of DCJ but not necessarily independent to the family. 	 Led by an independent and neutral FGC facilitator from the DCJ panel of approved providers. There are Aboriginal or non-Aboriginal facilitators on the panel of approved providers (Aboriginal facilitators may be from a different Aboriginal community to that of the family).
 Decision making belongs to the child and young person, their family and community and they should be encouraged to participate at every opportunity (provided there are no safety and risk issues that arise in their participation). Focus is on identifying their goals, priorities and developing a plan of action to mitigate the risk of escalation of concerns. 	 As a family-led decision-making process, the family develop solutions to keep their child safe from risks identified by DCJ. DCJ approves family plans developed during the FGC when satisfied the safety and wellbeing concerns are adequately addressed.



This factsheet was developed by AbSec, and commissioned by DCJ, to support the implementation of the ACMP. It is intended as a living document and will continue to be updated as necessary to effectively support the implementation of the ACMP and improve outcomes for Aboriginal children, families and communities.