

ABORIGINAL AND TORRES STRAIT ISLANDER FAMILY-LED DECISION MAKING:

Summary Evidence Review

April 2026

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Acknowledgement of Country

SNAICC shows respect by acknowledging the Traditional Custodians of Country throughout Australia and their continuing connections to land, waters and communities. SNAICC head office is located on the lands of the Wurundjeri People of the Kulin Nation, and SNAICC operates nationally. SNAICC acknowledges Traditional Owners of all lands and waters across this continent and pays respects to Elders past and present. We acknowledge and respect their continued connection to Country, care for community and practice of culture for generations uncounted.

About SNAICC – National Voice for our Children

SNAICC – National Voice for our Children (SNAICC) is the national peak body for Aboriginal and Torres Strait Islander children. We work for the fulfilment of the rights of Aboriginal and Torres Strait Islander children to ensure their safety, development and wellbeing.

SNAICC has an active membership of Aboriginal and Torres Strait Islander community-controlled organisations, including early childhood education and care services such as Multi-functional Aboriginal Children’s Services, crèches, long day care services and preschools, as well as early childhood support organisations, family support services, foster care agencies, family reunification services, family group homes, services for young people at risk, community groups and voluntary associations, government agencies and individual supporters.

Since 1981, SNAICC has been a strong national voice representing the interests of Aboriginal and Torres Strait Islander children, young people and families. SNAICC champions the principles of community control and self-determination as the foundation for sustained improvements in outcomes for children and families. This commitment sits at the heart of our work across child protection and wellbeing, and early childhood education and development. Our work spans policy, advocacy and sector development. We also work with non-Indigenous services, alongside Australian, state and territory governments, to improve how systems design and deliver supports and services for Aboriginal and Torres Strait Islander children, young people and families.

As the national peak body for Aboriginal and Torres Strait Islander children, SNAICC consults with and is informed by its member organisations and Aboriginal and Torres Strait Islander leaders. This ensures the experiences, needs and aspirations of our leaders, our sector and, ultimately, our children, young people and families are the foundation of our submissions and recommendations.

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 - **A/Prof Alwin Chong** (Wakamin, living on Kurna Country),
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SNAICC – National Voice for our Children, Aboriginal and Torres Strait Islander Family-Led Decision Making: Summary Evidence Review, (2026).

Overview

This review considers Aboriginal and Torres Strait Islander Family-Led Decision Making (AFLDM). It was commissioned by SNAICC – National Voice for our Children (SNAICC) and undertaken by a consortium including Lumenia, Arney Chong Consulting and the University of New South Wales (UNSW). The review brings together a synthesis of recent grey and peer-reviewed literature, alongside insights from a national Aboriginal and Torres Strait Islander Governance Group of practice experts, SNAICC and consortium members.

AFLDM is a rights-based approach that works best when it is culturally grounded and led by Aboriginal and Torres Strait Islander communities. When done well, it strengthens participation, relationships and outcomes for children, families and kin. Across Australia, AFLDM is used in different ways. While the evidence base is still growing, available research points to strong benefits, particularly in strengthening family engagement and enabling culturally safe decision making.

What the evidence shows

- AFLDM supports active efforts to implement the Aboriginal and Torres Strait Islander Child Placement Principle, reinforcing self-determination, children’s voices and cultural connection.
- While Australian studies remain limited, national and international evidence on family-led decision making shows high levels of satisfaction, stronger family involvement and broader support networks.
- AFLDM is associated with increased kinship placements, improved care planning, stronger family relationships and, in certain contexts, fewer removals, reduced court involvement and shorter time in care.
- Results vary due to differences in how programs are designed, delivered and evaluated.

Current gaps

- AFLDM differs significantly across states and territories in legislation, funding, timing, referral pathways and access to Aboriginal and Torres Strait Islander led facilitation.
- Many programs are underfunded or short-term; as a result, families may access AFLDM too late, in limited ways or through processes that reinforce government control rather than genuine family-led decision making.
- Heavy workloads, workforce turnover, gatekeeping and limited authority for facilitators reduce use and weaken the original intent of AFLDM.

What good practice looks like

- **Aboriginal and Torres Strait Islander leadership:** AFLDM should be designed, governed and delivered by Aboriginal and Torres Strait Islander led organisations with Aboriginal and Torres Strait Islander facilitators, Elders and cultural governance. Aboriginal and Torres Strait

Islander families are the decision makers in this process and retain authority over both implementation and facilitation.

- **Early and ongoing use:** AFLDM should be the standard approach to decision making, from early intervention and pregnancy through to ongoing planning, rather than just at crisis points.
- **Embedding child safe standards and children's voices:** Children and young people's voices and wishes must be central to AFLDM processes. Practitioners should be supported to uphold children and young people's rights to participation.
- **Strong support:** Families require time, preparation, child-inclusive practice, safe and accessible venues, language support and follow-up assistance to put plans into action, supported by wraparound services.

Policy implications

- **Stronger laws and standards:** AFLDM should be the default decision making approach for major child protection decisions, supported by clear national standards and nationally consistent training frameworks.
- **Long-term funding:** Aboriginal and Torres Strait Islander led AFLDM services require stable, fair funding that reflects the realities of regional and remote delivery, supports workforce sustainability, travel, training and evaluation and enables self-referral by families.
- **A rights-based process:** AFLDM should be recognised as an ongoing human right for Aboriginal and Torres Strait Islander families, rather than a one-off or optional program. Accountability should be grounded in family-defined goals and outcomes.
- **Culturally grounded AFLDM training:** Provide national training frameworks and training provision for AFLDM convenors that can be locally tailored and that set minimum expectations for convenor skills, cultural authority, knowledge sets and practice approaches.
- **Strengthening community-controlled organisations and statutory partnerships:** Stronger partnership frameworks, clearer legislative obligations and improved referral pathways are essential to embed AFLDM as a proactive, preventative practice, rather than a crisis response tool.

Learning and evaluation priorities

- **Integrating wise practice alongside best practice:** Evaluation should incorporate wise practices grounded in Aboriginal and Torres Strait Islander ways of knowing, being and doing, alongside Western evidence-based approaches.
- **Locally grounded theories of change:** Develop locally grounded theories of change that value family voice, cultural authority, connection and empowerment as outcomes, and which recognise that some outcomes can take time to achieve.
- **Long-term Aboriginal and Torres Strait Islander-governed evaluation:** Build a long-term Aboriginal and Torres Strait Islander-governed evaluation that incorporates Aboriginal and Torres Strait Islander data sovereignty, governance and ethics, and which tracks quality, cultural integrity and benefits for families, while avoiding surveillance or cost-cutting misuse.

I. Background and Scope

The aim of this review is to provide information that supports active efforts to implement the Aboriginal and Torres Strait Islander Child Placement Principle and its five elements of prevention, partnership, placement, participation and connection through Aboriginal and Torres Strait Islander family-led decision making (AFLDM).¹ AFLDM supports decisions about children's safety that challenge colonial power imbalances within the statutory child protection system. While evidence suggests that AFLDM can lead to positive outcomes when properly implemented, governments' current approach to implementing and resourcing AFLDM systems is inconsistent across states and territories, and inadequate in most jurisdictions. This review provides important evidence to support advocacy for self-determination and Aboriginal and Torres Strait Islander led processes to operate within the community-controlled sector.^{2,3}

When implemented strongly in child protection policy and practice, family-led decision making (FLDM) upholds rights, including children's rights to freely express their views and to have those views respected, their rights to culture and family connection, and parents' rights and responsibilities in raising children (United Nations Convention on the Rights of the Child; UNCR⁴). Additionally, AFLDM upholds the rights of Aboriginal and Torres Strait Islander peoples to self-determination, self-government, participation in decision making and rights to language, culture and identity, including ways of knowing and being (United Nations Declaration on the Rights of Indigenous Peoples; UNDRIP⁵).

This review of AFLDM was commissioned by SNAICC – National Voice for our Children (SNAICC) and undertaken by a consortium including Lumenia, Arney Chong Consulting and the University of New South Wales (UNSW). The Consortium Members include A/Prof Alwin Chong, A/Prof BJ Newton, Candice Butler, Koorinya Moreton, Dr Melissa Kaltner, Mark Galvin and Dr Fiona Arney. The review outlines the Australian evidence base for AFLDM, providing a jurisdictional analysis of implementation in Australia, alongside insights from the broader international evidence base on best practice and outcomes of family-led decision making.

A draft of the evidence review, with Australian and international literature, was presented to the Aboriginal and Torres Strait Islander Governance Group for this project to ensure the findings were grounded and supported in the lived experience of implementing and delivering AFLDM. Insights from this process are reflected in the section 'Insights from the Sector'. Findings from this review will also be drawn together with the voices of families and practitioners as part of a multi-dimensional evidence-based approach⁶ to calculate the social return on investment which arises from strongly implemented AFLDM.

What is Aboriginal and Torres Strait Islander Family-Led Decision Making and what does it aim to do?

AFLDM is a family-centric, rights- and relationship-based cultural practice that is aimed at challenging power imbalances where authority is given to families to problem-solve and make decisions about their children and young people in a culturally safe environment that recognises Aboriginal and Torres Strait Islander concepts of family.⁷⁻⁹

Fundamental to the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle and its five elements, AFLDM supports preventative efforts, promotes cultural and familial connection and upholds rights-based participation. It is grounded in the Family Group Conferencing (FGC) model developed in Aotearoa New Zealand alongside locally developed models that engage and empower families to make decisions within systems that have previously served to destroy and disempower Aboriginal and Torres Strait Islander family-led decision making processes.¹⁰⁻¹³

AFLDM processes align with the aims of decolonising child and family services, supporting children's rights to cultural belonging, promoting cultural safety and valuing First Nations knowledges.^{2,14-20} They can serve as a bridge between mainstream child protection systems and Aboriginal and Torres Strait Islander ways of knowing, being and doing. However, care is urged where FLDM processes are co-opted, constrained or contained by mainstream organisations.^{16,21}

AFLDM processes are collectivist and communitarian in which private stakeholders bear the collective responsibility for the wellbeing of children, young people and their families, and in which families are recognised as having the best interests of children at heart.^{2,22,23} The participation of children and families in this process recognises the significance of the views and perspectives they hold, their rights and responsibilities as decision makers and formalises their participation in decisions which affect them.^{16,22-26}

In FLDM, decision making power is given to extended social networks who collectively problem-solve in a child-centred, strengths-based, solutions-focused process based on their knowledge, experience and resources.^{7,9,13,27-38} AFLDM recognises families as the experts in their own lives and provides a forum for collective decision making in which families' beliefs, values, experiences and cultural frameworks guide solutions.^{17,23,26,27,30,31,34,39} The locus of responsibility for children's and young people's safety is shared within the family and with significant others, and FLDM processes re-orient a focus on adults towards the agency and voice of children and young people and towards their rights.^{38,40}

Intended outcomes of AFLDM include reducing children's entry into care, securing safety and connection for children and young people, enhancing kinship placement, reducing placement breakdown and increasing reunification through enhanced problem solving, innovative solutions, increasing formal and informal family supports and identifying alternative care arrangements within the family network.^{13,19,41} To achieve these outcomes, processes must be collaborative, engaging, non-stigmatising and build trust between the family and statutory services, and within families.¹³

Evidence highlights that AFLDM should not be regarded as the sole means whereby these outcomes are achieved and should be utilised as core processes together with adequate and intensive family support, therapeutic and recovery-oriented services.^{26,42,43}

There is a broad range of FLDM processes in child and family services, which vary based upon their level of independence, their level of structure and the degree to which they are culturally designed and delivered.^{31,44} These processes include family-centred decision making and planning meetings, such as family team meetings, family group decision making and FGC.³⁹

Since the 1990s, there has been widespread interest in FLDM processes in Australian states and territories, and internationally, with FLDM processes used across the child protection decision making continuum. However, this has not always translated to universal implementation. This continuum includes case planning, pre-care conferencing, family finding and identifying kinship placements, making family contact arrangements, developing care plans for children and young people under orders, cultural care planning and reunification.^{8,17,30,32,38,45-50} However, the uptake of FLDM processes, such as FGC, across several Australian jurisdictions has taken place under 'patchwork policies' and a lack of comprehensive legislation.^{26,27,31,35,39,44-46,50-53}

Structured FLDM processes, such as FGC, incorporate a sequenced approach to decision making that includes the preparation phase, which is a critical phase of identifying and preparing all parties for the conference, including the engagement of advocates for children and families; the meeting itself, which includes information sharing; private family time and agreement-making phases; and a process for plan implementation and review.^{9,18,25-28,30-32,36,37,41,43,44,46,47,53-59} The bulk of the international evidence relates to FLDM, which is reviewed in this summary, pertains to these structured processes, the most common of which is FGCs.

2. Evidence Review Methods

This review incorporates an environmental scan of publicly available information relating to AFLDM, which included searches of websites to find legislative, policy and practice guidance, together with information collated from the most recent edition of the Family Matters report²⁴ and recent Australian evaluations, reviews, inquiries and Royal Commissions.

In addition, searches of the grey and peer-reviewed literature were performed to identify recent and relevant journal articles, reports and theses relating to FLDM and family group conferencing approaches in the field of child and family services, including child protection. The review is also informed by a recent (2022–23) literature review related to FLDM and family group conferencing, commissioned by the South Australian Commissioner for Aboriginal Children and Young People and undertaken by authors of the current review.

Two additional literature searches were conducted, which incorporated the terms 'FLDM' and 'family group conferencing', with one search also focusing on Indigenous-specific search terms in the international literature, such as 'Whānau Hui', 'Māori' and 'First Nations'. The searches were completed in October and November 2025, and the following databases were searched for documents written in English: EBSCO, Hein, Informit, ProQuest, PsycINFO, SAGE Journals, Scopus, Taylor and Francis Journals, Web of Science, Google Scholar, UTS Library and Australian Policy Online. Additional documents were also supplied by members of the research team and the project's Community Governance Group.

The combined searches yielded a total of more than 9,000 results, with this figure reduced to 508 after the removal of duplicates and out-of-scope articles (e.g., articles that did not focus on FLDM or which were from other sectors outside of child and family services). This review incorporates findings from the most recent publications (since 2015) and additional relevant publications (e.g., Australian research) predating this.

It should be noted that the publicly available evidence base regarding AFLDM in Australia is small, which is reflective of the relative lack of investment in these models until recently. This evidence base is thus augmented with information from other forms of FLDM in Australia and internationally to provide guidance on implementation and potential outcomes of these processes that may be relevant to the Indigenous experience.

This review forms a component of a project commissioned by SNAICC and delivered by a consortium integrating Lumenia and Arney Chong Consulting alongside other partners, as described earlier, which is exploring the social return on investment generated through AFLDM. A Community Governance Group of Aboriginal and Torres Strait Islander Community Controlled Organisation leaders from across Australia provides oversight for this project.

3. Findings

A. Variations in FLDM Implementation across Australian Jurisdictions

Over recent years, there has been an increasing emphasis on implementing AFLDM as part of child protection practice and policy across Australia. Although there has been a move to implement statewide or pilot FLDM services in most Australian states, there remains wide variation between and within jurisdictions as to the processes available to families, the levels of cultural safety within service provision and the accessibility of these processes to families along various parts of the child protection continuum.^{49,50}

- **Victoria** and **Queensland** (Qld) have made the most progress in implementing AFLDM through delegated authority and AFLDM programs across their jurisdictions, although in both jurisdictions AFLDM has been positioned alongside departmentally-run FLDM programs.^{24,50} In Victoria, there are low rates of AFLDM meetings for Aboriginal and Torres Strait Islander children in care, and the meetings are co-convened with the statutory child protection department.^{24,50}
- **South Australia** (SA) and **New South Wales** (NSW) have recently expanded trials to implement statewide family group conferencing services for families known to child protection, including child protection concerns raised during pregnancy. In these jurisdictions, Aboriginal and Torres Strait Islander individuals and organisations are contracted to provide family group conferencing services, though availability across the jurisdictions varies, and not all Aboriginal and Torres Strait Islander families have access to culturally-led facilitation.^{24,57,60,61} In these jurisdictions, there are also policies for AFLDM provision, and these reflect casework models, rather than stand-alone services available to Aboriginal and Torres Strait Islander families.^{62,63}
- **Western Australia** (WA) has recently extended the service provision of AFLDM in two sites until 2030 but there has not yet been a statewide expansion or timeline for full implementation.^{24,64}
- The **Australian Capital Territory** (ACT) Government has announced that they are enhancing family-led decision making through FGC.²⁴
- Currently, the **Northern Territory** (NT) and **Tasmania** do not have funded AFLDM services.²⁴

In general, across Australian jurisdictions, evidence suggests that implementation has often been inconsistent and under-resourced, even when AFLDM services are offered statewide.^{24,61} White and Gooda⁸ noted that FLDM processes, such as FGC, had been:

“... inconsistently applied, under-funded, under-utilised, not implemented as agreed or used too late in the decision making process, limiting potential impact on demands on the child protection system” (p.277).

With limited national uptake and without proper resourcing, poorly designed processes risk disempowering families and reinforcing power imbalances.²⁴ It is recommended that national training and standards, robust legislation, strong implementation frameworks^{1,3,65} and consistent performance measures be used to ensure quality and accountability.²⁴

Resources and models for FLDM, including AFLDM, vary greatly and resourcing inequities affect accessibility and effectiveness of FLDM.

Features which vary across Australia include:^{7,24,37,49,50,60,61,63,66}

Legal and Policy Frameworks

- Legislative provisions for Aboriginal and Torres Strait Islander FLDM and the model's stated objectives, goals or outcomes.
- The extent to which decision making processes are explicitly guided by, or incorporate, the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle and the degree to which this is represented in family plans.

Objectives

- Objectives and key performance indicators for FLDM (e.g., timeframes, plans, etc.) and the extent to which these reflect the aspirations of Aboriginal and Torres Strait Islander families and/or principles of FLDM, or the outcomes agreed in family plans.

Financial Resources

- Whether the FLDM service has trial/pilot status or is an ongoing service affecting the regions in which FLDM is available to families (e.g., statewide, regionally based or unavailable). Some jurisdictions have limited sites only with no clear expansion plans, and some jurisdictions do not have provisions for externally led Aboriginal and Torres Strait Islander FLDM processes.
- Under-resourcing of AFLDM as compared with non-Indigenous or departmental FLDM processes or standard casework practice.
- Financial resources available to families for the implementation of plans.

Service Provision

- Eligibility for FLDM and the point at which FLDM processes may be utilised. In some jurisdictions, families are required to be progressed to a particular stage of the child protection continuum before an FLDM process is offered; in other jurisdictions, the service may be available to all families.
- The limited availability of AFLDM in pregnancy and infancy in relation to unborn child concerns. Chamberlain et al.⁶⁷ recommended that AFLDM should be the basis for decision making in relation to infants for whom child protection concerns have been raised, and that 'under no circumstances should any plans be made with hospital staff to be removed from

families' care without discussion and preventive plans being made with the parents and families' (p.262).

- Who can request the FLDM process (e.g., self-referral by families or caseworker referral).
- Whether the service is provided externally through an Aboriginal and Torres Strait Islander community-controlled organisation (ACCO) or an NGO, or is embedded within the statutory child protection department.
- The independence of the facilitator from the statutory department.
- Availability of, and access to, Aboriginal and Torres Strait Islander facilitators and provisions for cultural support.
- Whether, and how, children and young people are represented in the process (e.g., are children and young people present, how are their views shared, are they represented by a child advocate, the facilitator or by the caseworker).
- The extent to which child protection departmental 'bottom lines' or 'non-negotiables' underpin the decision making process, the nature of these requirements and the extent to which they are incorporated into the family's plan.
- Who holds responsibility for the identification of participants, in some cases referred to as 'family finding' and for inviting participants (e.g., family, child protection caseworker or Aboriginal and/or Torres Strait Islander staff member or facilitator).
- Legal and casework status of family plans and who approves the plan and at what point (e.g., caseworker, manager, during or after the FLDM process).
- Whether family plans/agreements will be reviewed, responsibility for initiating reviews (e.g., caseworker or facilitator) and the form of review (e.g., caseworker-led or independently facilitated conference).
- The extent to which the service has been evaluated and whether the findings from evaluations are publicly available. It is noted that several evaluations and reports relating to FLDM in Australia have not been publicly released, which limits conclusions about best practice implementation and effectiveness in an Australian context.¹

B. Australian Evidence Base on FLDM Outcomes

There are few evaluations of FLDM processes in Australia and fewer still of Aboriginal and Torres Strait Islander FLDM processes. This reflects the relative scarcity and recency of these models in Australian child and family services and the public availability of evaluations and research relating to FLDM. There are many potential benefits of FLDM in child protection, particularly for Aboriginal and Torres Strait Islander families, which have been highlighted by recent Australian Royal Commissions, inquiries and reviews.^{8,12,24,69-72}

These potential benefits include:^{9,19,24,29-37,62,73-76}

- emphasising the importance of families as decision makers about matters that affect them and enabling them to generate plans that address concerns about children and young people,
- seeking the views of children and young people and their families, and providing avenues for genuine engagement,
- enabling families to resolve concerns in ways that are culturally led, culturally safe, strengths-based and solutions-focused,
- widening circles of support for children, young people and their families by identifying extended family and kin networks in ways that are culturally meaningful and which can restore estranged or strained relationships, providing additional informal resources,
- identifying additional family and kin placements, and
- reinforcing children and young people's connection to culture and community by retaining children with parents or within extended family.

Australian research^{7,11,37,60,61,66,76-79} has demonstrated the following outcomes:

- AFLDM recognises and respects cultural authority and knowledge in decision making processes as compared with non-Indigenous statutory responses.
- FLDM is a significant catalyst for the engagement of families and social networks, with high levels of participation from maternal and paternal sides of the family, and involvement of a broad range of extended family to participate in decision making in a timely way, including participation from, and in, remote contexts, from interstate and from prison. It was, however, noted that additional time and resources for FLDM with Aboriginal and Torres Strait Islander families may be needed for relationship building, identification and engagement of kin and facilitating participation in more remote contexts.
- Consistently high levels of satisfaction are reported by Aboriginal and Torres Strait Islander and non-Indigenous participants in AFLDM and other FLDM processes (e.g., in the Family Participation Program in QLD, FGCs in SA and NSW), with these high satisfaction rates evident across urban, regional and remote contexts. AFLDM also has high rates of community support and engagement and focuses on the strengths within Aboriginal and Torres Strait Islander families and communities.^{60,61,76,77}

- In a recent SA evaluation of externally facilitated FGCs, participants indicated that they generally felt the process was implemented in a culturally respectful way, that it was fair, that children's voices were heard and that they felt children would be, and had been, made safer as a result. Workers felt that families better understood the concerns in relation to the children, and that FLDM enabled relationship repair between families, communities and the Department.⁶¹ Similarly, in a NSW pilot study, child protection staff reported feeling prepared for the FGC process, knew what was going to happen and understood their role.⁷⁹
- High rates of family plan development and endorsement (e.g., rates of 90-100% of FLDM processes such as FGCs resulting in a plan endorsed by the statutory child protection department) with plans that were actionable and meaningful. A SA evaluation noted that some plans developed included impressive levels of detail and innovative, child-focused solutions to address issues and prevent child removal, and this comprehensiveness was not observed in standard case planning.⁶¹
- Higher rates of case closure, reduced rates of child removal, reduced rates of subsequent court proceedings and child protection orders, increased rates of kinship placement and improved rates of reunification for families receiving FLDM as compared with standard practice or with families who were referred to, but did not participate, in FLDM. One NSW study noted the cost-effectiveness of FGCs for Aboriginal (\$5.50 return for every dollar spent) and non-Aboriginal families (\$8 return for every dollar spent) who had received FLDM as compared with families who had been referred to FLDM but not received it.⁶⁰
- An early AFLDM evaluation by Rumbalara Aboriginal Cooperative in Victoria identified that children whose families participated in AFLDM (n=12 families) did not have any further notifications and were not the subject of orders or removals, meaning children were maintained safely within their families. The program was highly regarded within the community, and the conservative estimates of savings to government were in the order of \$3 for every \$1 invested.⁷⁶
- Feedback from families and workers suggests that culturally led models of AFLDM lead to improved relationships through restorative, therapeutic, family-led practice.
- Unclear findings with regard to subsequent child protection indicators (such as notifications, investigations and substantiations) for families receiving FLDM, as compared with standard practice or with families who were referred to FLDM, but did not participate.⁶¹
- AFLDM trials in QLD demonstrated that positive outcomes, such as enabling families to avoid future impacts of the child protection system and building trust, engagement and optimism, were achieved when these processes were independently and fully Aboriginal and Torres Strait Islander led; focused on early intervention; incorporated Aboriginal and Torres Strait Islander ways of knowing, being and doing; where families could exercise choice and have a say; and where culturally safe spaces were created.⁷
- Sustainability of FLDM was a concern in an NT evaluation, with the trial discontinued despite repeated recommendations for re-introduction and expansion of culturally led FLDM in the NT.³⁷

These existing findings (both positive and neutral) with regard to child protection outcomes are limited by study designs. For example, in SA, the non-FGC group had much lower rates of previous child protection substantiations than families receiving FGCs. In the NSW study, the comparison group who had been referred to FGC but did not take it up had very high rates of previous child protection orders as compared with the FGC group.^{60,61}

The evidence suggests that FLDM is associated with poor outcomes when it is used administratively or to obtain family endorsement of departmental decisions relating to child removal or placement, rather than when used as a truly participatory process and used earlier in the child protection process.⁸⁰ Inflexibility in referral criteria to FLDM (e.g., by situating the model on the edge of child removal) meant that FLDM processes, such as FGCs, could create a ‘continuum of disempowerment for families’.⁷⁸ Similarly, departmental roadblocks to referral, such as eligibility, caseworker workload and turnover and attitudes towards FLDM and confidence in its effectiveness, have been reported to limit the extent of referral uptake and sustainability of the model.^{37,61,79}

Additionally, AFLDM should not be seen as the sole mechanism for addressing the needs of families who face vulnerability and disadvantage, many of whom have complex needs resulting from intergenerational trauma, discrimination and social exclusion. Successful outcomes depend on the availability of holistic, wraparound supports, as well as support and resources for the implementation of the commitments outlined in family plans. The availability and efficacy of other services (e.g., long waiting lists or geographic constraints) and financial limitations can be a limiting factor in constraining the development of family plans and in achieving successful outcomes.⁶¹

The most recent Family Matters report²⁴ strongly recommends:

- legislating AFLDM models in every state and territory for all significant child protection decisions,
- resourcing ACCOs to facilitate AFLDM in culturally safe ways, and
- embedding AFLDM alongside integrated family support services to address holistic needs.

C. Australian Evidence Base on Best Practice FLDM Implementation

The evidence suggests that best practice implementation for FLDM in the Australian context includes the following key elements:^{7,24,37,43,49,50,57,60,61,64,66,70,71,76,77,79,81}

Legal and Policy Frameworks

- Sustainable, long-term commitments to implementation are reinforced by legislative provisions for AFLDM.

Financial Resources

- Adequate resourcing to meet demand for the service and provide manageable caseloads for AFLDM facilitators and case coordinators, noting that even a small number of cases can include a very high number of complex interactions (e.g., evidence highlights that a caseload of 8 families can result in 160 people to coordinate).
- Resourcing to implement the model in full and to support family members' full participation (e.g., with sufficient resourcing and time for preparation, including family finding, private family time and travel) and including strong administrative support for the model.
- Resourcing that enables employment of Aboriginal and Torres Strait Islander staff as facilitators and cultural brokers, in line with cultural protocols (e.g., more than a single facilitator) and that is equitable with non-Indigenous staff in similar roles (e.g., departmental facilitators).
- Funding for implementation support, including training, development of service models, liaison with child protection departments and clarity around the role of implementation support providers.

Human Resources

- Cultural governance through local advocacy and reference groups, which should include Elders, community representatives and practice leaders, to advise on design, implementation and evaluation of the service that includes Elders, community representatives and practice leaders.
- Strong working relationships between AFLDM providers and statutory child protection departments.
- Facilitation by highly skilled, trained and experienced Aboriginal and Torres Strait Islander facilitators, and inclusion of community Elders in AFLDM. This increases family finding through cultural protocols, builds trust, supports understanding and communication, and enables Aboriginal and Torres Strait Islander ways of knowing, being and doing to be reflected in the AFLDM process and families' plans.

- Clarity about the roles of facilitators and caseworkers for key functions, such as who leads the referral-in meeting, who has responsibility for identifying and inviting participants and who initiates and leads the review process.
- Inclusion of child advocates in the model to support the participation of children and young people and to represent and amplify their experiences, needs and aspirations.
- Enhancing relevant departmental staff readiness for referral and participation in AFLDM through training, tools and procedures.

Service Provision

- Independent, community-led and community-designed AFLDM processes, which are part of ongoing work with children, young people, families and communities, and not simply a single point on a child protection continuum.
- Enabling access for FLDM processes across and outside the child protection continuum, including the prevention potential in providing opportunities for FLDM to occur earlier to enable greater family solution-finding before challenges escalate or are at crisis point, when decisions may be limited to removal and placement or reunification.
- The importance of the preparation phase and measurement of the outcomes that this phase conveys in and of itself, including the therapeutic and healing value of a family-led process that is designed to repair relationships to enable collective family-led problem solving with the voice of children and young people at its core.
- The need for review processes and support for families and workers to ensure that plans are implemented as intended, child safety is monitored and for contingency planning and flexibility and adaptation in family plan implementation as circumstances change, including worker turnover and case closure.
- Structural factors, such as time for effective case planning and relationship building, and the autonomy of child protection workers to make or endorse decisions made, will affect the quality of plans and the outcomes achieved.

Awareness and Collaboration

- Raising awareness among Aboriginal and Torres Strait Islander communities, statutory child protection department staff and the child wellbeing sector more broadly of the potential benefits of AFLDM, highlighting how the process enables the voices of children and young people to be included in decision making, and ensuring referral processes are simple and easy to increase referrals to, and uptake of, AFLDM.
- Collaborative practice development and networking with other organisations and support for them to participate respectfully, to strengthen transparency (e.g., regarding case direction and bottom lines about safety concerns) and working together on the implementation of plans.
- Integration with other family supports, including effective follow-up and support.

Evaluations and Research

- Clear models, frameworks, time and resources for monitoring and evaluation, including evaluation infrastructure, tracking systems for longitudinal research, record keeping that helps document fidelity to the model, key performance indicators that reflect evidence-based theories of change developed for the local context and the importance of capturing outcomes from the preparatory work for the AFLDM process.
- Further research that incorporates cost-benefit analysis to understand the return on investment of FLDM processes for both Aboriginal and Torres Strait Islander and non-Indigenous families is needed.

In the main, published evidence suggests that AFLDM and other FLDM programs in Australia were implemented as intended once initial awareness and trust in the model were established within the child protection service; however, referrals from child protection are reported to remain an ongoing barrier to families accessing FLDM. It is suggested that this may be exacerbated by worker turnover in the child protection system and fears about increased workloads for caseworkers in the post-referral period.^{7,37,60,61,79} Referral rates to FLDM may initially be low. Still, by understanding child protection workers' concerns about participating in FLDM, increasing awareness of the potential benefits of FLDM, simplifying referral processes and providing feedback about successful outcomes, referral rates can improve quickly.^{37,60,61,79}

The evidence highlights that risks to large-scale implementation with referrals from, and within, statutory departments include:

- there can be significant drift from the original intent and design of the model, and
- referrals to FLDM may be treated as an administrative requirement, rather than as a rights-based approach that produces better solutions and relies on the strengths of more informal resources for children and families.⁸⁰

Concerns highlighted by recent evaluations also included:

- the inability of the statutory department to relinquish power due to its statutory mandate,
- concerns about statutory workers being over-represented in some decision making meetings,
- the lack of autonomy of child protection staff to endorse decisions,
- the predominance of child protection practice that focuses on risk assessment and risk mitigation, and
- the impact of case direction on the outcomes of FLDM, including when case direction changes or where it is not conveyed to participants.^{7,37,61,81}

The time-limited nature of AFLDM trials also impacted success; families, communities and staff felt that trials were tenuous, with impermanent commitments, compared to true empowerment.^{7,37,61}

In some jurisdictions (e.g., SA), child protection practice and policy support the implementation of FLDM by caseworkers in addition to formal models such as FGC. Research has identified that families who participate in FLDM facilitated by government child protection staff may find the processes respectful, but may still not feel listened to, feel that their opinions may not be reflected in decisions and may perceive their involvement as tokenistic in nature.⁸²

Similarly, FLDM processes that are rushed, which do not identify and invite extended kin and social networks into the decision making process, and which are conducted informally by child protection staff without independent facilitators, lead to power imbalances and incomplete decision making.⁷⁰

D. FLDM International Evidence Base

The international evidence base on FLDM predominantly focuses on FGC models, which have been widely adopted and adapted in more than 30 countries, including Canada, the United States of America (the USA), the United Kingdom (the UK), Ireland, Norway, Spain, Denmark, the Netherlands, Croatia, Palestine, Israel, Sweden, Taiwan, South Africa and Guatemala, since FGC was first established in Aotearoa New Zealand.^{18,38,74,83-88}

Some countries have national organisations and advocacy bodies that provide standards, training and measures for FLDM and FGC (e.g., the Family Rights Group in the UK, National Center on Family Group Decision Making in the USA and Familierad in Norway^{16,89,90}). Models have been adapted to fit local cultural and legal contexts and have been implemented with predominantly non-Indigenous populations in many of these countries.⁸⁸

FGC was enacted into legislation in Aotearoa New Zealand in 1989, whereby it was implemented by the statutory child protection service (at the time, this was the Department of Social Welfare; the relevant agency is now Oranga Tamariki – Ministry for Children³¹). The introduction of FGC led to changes in practice within the statutory agency, and FGC is still described as Oranga Tamariki's primary decision making mechanism, with the range of matters that may be referred to an FGC having expanded over time.⁵⁹

The appeal of the FGC model is that it is seen as an easily accessible, low-resource model that can be used to uphold the rights of children and families, which also has the flexibility to accommodate traditional child-rearing and decision making values and practices across cultures, including through the involvement of extended family members.^{51,86,88} However, there are concerns about the extent to which collectivist values and the desire to resume family control over decision making can be implemented and achieved in mainstream child protection systems, given their colonial origins and role in cultural genocide, the significant power imbalances they perpetuate and the ongoing role they play in child removal and cultural disconnection.^{31,37,43,54,85,88,91,92}

When implemented or regulated primarily by the state, FLDM processes may vary widely, and less-than-optimal practice may include:

- poor preparation of participants,
- gatekeeping of referrals or highly limited eligibility,
- decisions and bottom lines that are already pre-determined by statutory child welfare,
- inadequate resourcing for conducting FLDM and for the implementation of plans arising from the use of statutory settings such as child protection offices,
- lack of review and poor family finding, and
- lack of community control and self-determination over the process.^{21,48,93}

Lin et al. (2025) note that where FLDM processes, such as FGC, have been imported into other contexts, the legacy of settler-colonialism accompanies the model as they are adopted by Western paternalistic child protection systems, even though FLDM has Indigenist origins (additionally, see Roguski, 2020). They argue the need for '*unpacking settler anxiety, systems of power, and cultural imperialism embedded in program implementation*' (p.1).⁸⁵

Since the widespread adoption of FGCs in Aotearoa New Zealand, concerns have been raised about the extent to which culturally based models can retain cultural integrity and allow families to exert true power when these processes are implemented within statutory child protection services.^{51,92,94-96} In particular, there were concerns in Aotearoa New Zealand that the statutory-implemented model marginalised Māori people and iwi in decision making had incorporated only some elements of tikanga Māori, which were appropriated and transformed in the process, reducing their essence and effectiveness, and were still based on Western systems of conceptualising justice and welfare.^{93,94,97}

Concerns were also raised that the model had drifted from the original intent of family empowerment and decision making, and had become an inefficient, ineffective, tokenistic, formulaic, disempowering and heavily managerialised approach. This included long backlogs and waiting lists for FGC, a lack of resourcing for pre-FGC meetings, perceptions by whānau that outcomes of state-deployed FGCs have pre-determined outcomes, perceived bias in the process and fear of negative repercussions.^{21,93,94,97,98} It has been argued that, rather than a family-centred process, FGC in Aotearoa New Zealand is a state-centred tool in which the State, through the Department or the judiciary, retains power over decision making.⁹⁹

There has been a recent move towards iwi led models of FLDM in Aotearoa New Zealand, with iwi led conferences seen as a promising practice for reclaiming Indigenous authority in child welfare.⁹⁸ This model reclaims the original spirit and intent of FGCs and the *Oranga Tamariki Act (1989)* by promoting iwi independence and whānau autonomy, and is strengths-based and focused on empowerment of whānau and inclusion of local champions.

E. Best Practice FLDM Implementation Learnings from International Studies

As in Australia, there are very high levels of FLDM model variation in international jurisdictions. Models vary in relation to underpinning principles, core components, delegation of decision making and their place in the child protection system.^{39,41} In addition to the findings shared from the Australian evidence base, the international literature notes that the following factors support culturally proficient and competent practice in FLDM and are associated with more positive outcomes.^{14-6,21,56,87,88,91,98,100,101}

Legal and Policy Frameworks

- Strong legislation is needed. Mandated frameworks lead to broader implementation and consistency, with enhanced accountability enabling family-led and culturally safe practices.^{102,103}

Financial Resources

- Adequate resourcing and support for family plan implementation is a key element of FLDM practice. Some jurisdictions (e.g., in Israel) include a family companion or family advocate who provides support for families during the FLDM process, and a family budget is available to assist with the implementation of plans arising from FLDM, which may be used for expenditure on the needs of children, such as education, physical or mental health, nutrition, enrichment and leisure.^{18,47,107}

Human Resources

- The independence, role, skills, training and experience of the facilitator are crucial to effective FLDM. The international evidence suggests that stronger outcomes are achieved when facilitators are experienced, well-trained and culturally competent.^{15,20,26,42,54,56,73,104,105}
- The independence of the facilitator is important in ensuring that:
 - families' decisions, choices and views are not over-ridden,
 - families' strengths and abilities are valued,
 - families maintain control of decision making and are suitably informed to do so,
 - power dynamics are effectively managed,
 - power shifts to family rather than professional decision making,
 - there is a positive, future-focused orientation to decision making.¹⁰⁶
- Challenges in the facilitating role highlighted in the international literature include managing family conflict, resistance of professionals to relinquish power and tense or hostile relationships between family members and child protection professionals.^{74,100,106,107}
- Training of facilitators is emphasised as important, given that facilitators work alongside families to produce plans that are comprehensive and culturally strong. Facilitators who demonstrate cultural responsiveness and neutrality, and who are trained in restorative

practices, have been reported to achieve stronger engagement with families.^{13,23,108,109} It is notable that not all international jurisdictions provide FLDM training for facilitators, despite the complex nature of the role.¹¹⁰

- The literature also highlights that FLDM processes are most effective when facilitated by someone from the same cultural group as the family, who is well connected to and respected by the local community and Elders. When this is not possible, or has not specifically been observed in a given study, it is nonetheless critical that facilitators demonstrate:
 - high levels of cultural competence,
 - culturally safe practice, and
 - an understanding of the families' cultural context, such as cultural norms and the socioeconomic and political frameworks within which families exist; including language, cultural traditions, spirituality and faith, power dynamics and social dynamics related to confidentiality, shame and stigma, and management of facilitator relatedness to families.

Service Provision

- Developing FLDM service models with local communities and families that go beyond surface modifications of existing models by explicitly embracing the strengths of local cultures, recognising culture as protective and prioritising cultural perspectives.
- Good outcomes are achieved when FLDM processes incorporate preparation phases. Optimal preparation phase practice includes:
 - centring strengths-based and solutions-focused approaches,
 - sharing information between all parties in plain language,
 - respectful sharing of power and building true collaboration in decision making,
 - understanding family relationships, dynamics and cultural contexts¹⁵ which supports all parties to manage any difficult pre-existing dynamics, including between statutory workers and families, as well as within families,
 - enabling all parties to feel listened to by facilitating different views, and
 - obtaining consensus.^{26,31,115}
- Flexible models that can respond to both the pragmatic and restorative aims of FLDM in the context of family and domestic violence are being implemented in some jurisdictions. The evidence suggests that non-pathologising FLDM practice, which shifts perspectives of participants by providing a greater awareness of the impacts of violence on children and young people, shares their perspectives and centres their experiences, can:
 - empower people who have experienced violence,
 - have positive impacts on safety in the context of family violence, and
 - avoid re-traumatisation/re-victimisation through safe processes, such as by including advocates and holding separate meetings for paternal and maternal sides of the family and providing for the accountability of people who have used violence.¹¹⁶

In this context, the evidence highlights that close attention must be paid to the wishes of people who have been harmed, with a focus on the protection of children and young people, ensuring participants are adequately prepared and supported, and centring solutions on addressing abusive behaviour.^{40,116-118}

Child-focused approaches and models of practice

- Children and young people benefit if FLDM processes make them central to the process, celebrate their strengths, enable their voices to be heard through a range of options and if there are high rates of plan implementation. However, whether it is beneficial for children and young people to attend FLDM processes depends on whether they feel safe and heard.
- Children and young people can be retraumatised, experience distress at family conflict, and feel anxious or exposed; meetings can be long and focused on adult conversations, which can be boring for children and young people, or adult voices can dominate, which lessens the impact of the child or young person's voice.^{40,73,74,107}
- Research with young people has indicated that successful FLDM processes include:
 - beginning with adequate preparation and information; this helps young people to create a mental map and an understanding of what can be gained through these processes, supporting the development of trust,
 - setting expectations for participation,
 - using a positive setting and positive language that makes the child or young person feel valued, loved, heard and equal, and
 - managing family dynamics and potential conflict so children and young people feel safe rather than overwhelmed or excluded.¹⁰⁷
- Child advocate roles have been suggested to strengthen and support the active participation of children and young people in FLDM processes, whether in person or by proxy, with their participation able to take many forms (e.g., attending in person, writing letters, sharing audio or video recordings, etc.).^{30,53,90,96,107}
- Advocates have been highlighted as representing children and young people's views, challenging norms, particularly in cases of violence exposure, and supporting children and young people's agency.¹¹¹ However, the international evidence base notes that, in practice, some written guidelines for FLDM actively marginalise the participation of children and young people, for example, by making it optional or placing age limits on participation.^{44,90}
- It is critical that FLDM facilitators are able to leverage the importance and meaning of space and place by holding meetings and gatherings in culturally safe spaces chosen by families. Enabling children, young people and families to have a say in determining where meetings will be held is a core tenet of FLDM, and has been highlighted to impact engagement, ownership, comfort and safety.¹⁰¹

Accessibility

Incorporating cultural customs, practices and language within the process, and meeting language needs, such as the use of interpreters or bilingual workers if English is a last language, is integral to FLDM. Families are more likely to participate in FLDM when cultural protocols and values are respected; this includes the importance of acknowledging connections to kin, community, language and culture.¹¹²⁻¹¹⁴ Families from non-English speaking backgrounds may not have awareness of FLDM processes if information about them is only available in English.¹⁰⁰

The international evidence base highlights that long-term sustainability and uptake of FLDM is affected by a range of key conditions, including:^{19,21,32,56,73,98}

- the availability of adequate resources and realistic budgets to meet demand for the model,
- fluctuations in the policy environment from family-focused orientations to adversarial protectionist ideologies affect the long-term sustainability of FLDM; FLDM requires long-term advocacy, leadership and ownership to be sustainable and requires systemic flexibility for implementation,
- poor resourcing of implementation of the process itself and of the family's plans has been highlighted to lead to poor outcomes and a general lack of support for the model,
- no or low-quality evaluations providing a lack of reliable information to support long-term implementation and quality improvement limit the expansion of FLDM processes,
- support from the judiciary (high levels of support are associated with increased uptake),
- leadership support and collaboration, including local champions,
- quality facilitator selection, training and supervision, and
- training for child protection practitioners.

The organisational culture of child protection systems and the attitudes and values of statutory child protection staff strongly influence the implementation of, and family access to, FLDM.^{31,51,52} Positive attitudes towards the principles of FLDM and towards family empowerment and rights-based processes and alignment with social work values may be countermanded by concerns about time commitments to participating, the capabilities of individual families to identify 'suitable' participants and to constructively discuss child protection concerns, or to make a family plan in a timely way that meets the bottom lines of child protection or, in general, views about the added benefits or effectiveness of FLDM.^{28,35,38,52}

Workers' perceptions of the effectiveness of families' plans have been shown to be affected by their views about the availability or effectiveness of local support services to support the actions in those plans.⁵² These concerns can result in low rates of referral, with families effectively being blocked or gatekept from FLDM processes, even when there are strong policy provisions supporting the use and implementation of FLDM.^{19,35,100}

Where the state exercises very high levels of control over aspects of FLDM implementation at both the macro and the micro level, FLDM has been seen as a ‘brown veneer’ on a white system that has contributed to cultural destruction and is insufficient to achieve the paradigm shift that will radically restructure patterns of state control in the lives of Indigenous and ethnic minority peoples.^{97,119}

Where there have been constraints placed on the model by the state, this has included:^{14,26,31,32,43,54,73,83,118}

- the way in which FLDM will be carried out and the level of structure it will include,
- having facilitation carried out by child protection caseworkers rather than independent facilitators and/or providing limited information to facilitators,
- limiting which children and families can access FLDM (e.g., by specifying which cases are eligible, or at which part/s of the child protection continuum FLDM will be permitted), and limiting who is permitted to participate in the decision making process,
- time limits being placed on the FLDM process, particularly the preparation phase, which is crucial to reducing participant anxiety, building trust and rapport, making sure all parties are informed, understanding family dynamics, setting a positive focus and encouraging families to speak up,^{74,106}
- including child protection workers or other professionals in private family time or removing it altogether,
- omitting the review process,
- limiting the legal or casework status of the family’s plan, and
- the extent to which FLDM processes are considered privileged (e.g., information shared remains confidential); in some cases, information shared can be used in subsequent child protection proceedings or may be subject to mandatory reporting.

These constraints have been highlighted to limit the efficacy of the decision making process and affect the ability of family members to share their views equitably and honestly, impacting awareness of strengths and safety concerns, empowerment in the plan and engagement in the decision making process. They have been suggested to lead to the escalation of risk when problems could have been solved earlier by involving the extended family in decision making.^{14,26,31,32,43,47,54,73,83,118}

Macdonald and Hayes¹⁰⁵ note that while FLDM is designed to be family-led, it is rarely family-initiated, with most, if not all, referrals made by statutory child protection workers (for exceptions such as in the Netherlands, see Spijker and de Jong¹¹⁰). It has also been noted that FGC referrals tend to be quicker/smoothen when an FGC service is based within the statutory child protection department; however, this can affect its perceived neutrality and the autonomy of facilitators.^{32,56}

Accepting self-referrals would more fully realise the principles of equality, power shifting and family self-determination and accrue benefits through enhanced family motivation, help-seeking, confidence and ownership in the process.^{105,110} The biggest challenges to self-referrals identified in one study were strict eligibility imposed on FLDM and a lack of funding to provide services for self-referred families

outside of these criteria.¹⁰⁵ International evidence highlights that FLDM processes need greater promotion to become visible to families who can self-refer or advocate for the process.¹⁰⁴

FLDM processes are often implemented as a single meeting or plan developed using FLDM principles. However, authors argue that true FLDM is an ongoing process that should be used as a first, rather than last, resort, and over the longer term for problem-solving and case-planning as needs arise. This would serve to embed FLDM as an ongoing philosophy and practice that instils rights throughout decision making, practice and policy; in the literature, it is associated with better outcomes, supports and team decision making.^{14,41,84,94,110,118}

Turning FLDM ‘on’ and ‘off’ by limiting access to family decision making services or restricting the process to a small range of decisions is anathema to rights-based practice for children, young people and their families.

F. FLDM Outcomes Highlighted in International Literature

It is not entirely possible to compare the results of various FLDM evaluations and trials due to the wide variation in FLDM models, their implementation, research designs and the outcomes measured.^{8,31,32} However, findings from individual studies and reviews are largely similar to those described in the Australian context. Effectiveness has been reported to be influenced by the factors identified above and strongly dependent on adherence to the core principles of the model, including culturally responsive practice and an actively decolonising lens.

Rates of referral to FLDM and rates of uptake of those referrals vary widely across studies. In some settings where child protection workers show strong agreement with the principles of FLDM, research still shows referral targets not being met.³⁵ Studies have identified that as few as one-third of families may be offered the opportunity to participate in formal FLDM processes, such as FGCs.²⁸ In studies from Europe and the USA, figures of family uptake of FLDM vary widely from 25% to 80% of families agreeing to participate in formal FLDM processes.^{28,33,115}

FLDM uptake is reported to be higher for families ‘on the cusp’ of child removal and with higher levels of child protection involvement, including substantiated child abuse or neglect, and more serious and complex family needs.^{28,33} Families have been suggested to be more likely to decline participation when they have limited social networks or do not have confidence in their social network to problem solve. This may also occur alongside high-conflict divorce and family separation.²⁸

Apart from families declining to participate in FLDM, a decision may be made not to proceed to formal FLDM when child protection case directions change, including case closure or transfer, or when there are concerns about participants’ safety.¹¹⁵

The international research literature has identified that better outcomes from FLDM are obtained when:

- participation is voluntary,
- referral processes are simple,
- family members, including children and young people, are involved in determining who participates based on cultural concepts of family and kinship rather than departmental staff or facilitators determining this,
- families are adequately prepared for the meeting,
- there are shared responsibility and accountability for family plans,
- there is departmental support for family plans, and the family is given adequate resources for implementation, including actions being carried out by statutory child protection workers, and
- plans are reviewed.^{13,37,42,51,69,71,84,119,120}

Further, in one study that interviewed family members, participants emphasised that they want access to FLDM as soon as possible in child protection processes, before problems escalate.⁷³

High rates of family plan development and endorsement are noted across international studies.^{59,84} Participants in FLDM processes have reported very high rates of satisfaction and empowerment, increased social supports, engagement with support services and higher rates of men's involvement (e.g., fathers and extended family).^{18,21,27,33,36,39,41,45,47,53,55,56,83,84,98,115,121,122}

International research indicates that positive solutions are developed where wider family needs are identified and there are fewer barriers to referral to supports for children, young people and their families.^{21,98} The outcomes of FLDM documented in the international evidence base include a sense of ownership, a sense of belonging, reduced coercion, increased parental empowerment and increased social support.^{83,123-125}

Internationally, while children and young people's voices and participation are regarded as the cornerstone of FLDM processes, their actual participation in meetings and conferences varies widely. Estimates of children and young people's participation in FCG vary from 30% to 90%, with adolescents participating at higher rates than younger children.^{44,126-128} International researchers highlight that FLDM offers participation opportunities far above standard child protection practice, in which children and young people can often feel sidelined or ignored.^{27,30,33,44,48,53,55,115,122}

The evidence suggests that children and young people generally prefer FLDM processes to standard casework practice and are satisfied with FLDM processes.^{44,53} It has been reported that children and young people feel able to express themselves, feel heard and respected and have greater contact with people who matter to them in FLDM processes.^{34,55} However, children and young people have different perspectives about and experiences of inclusion, leadership, respect, empowerment, preparedness and transparency in FLDM, as compared to other family members and professionals.^{44,53,129}

In particular, children and young people are less likely than adults to feel that: the right people are part of the decision making process (particularly paternal family members); they had been listened to; they were involved in determining the logistics of the meeting; they were involved in determining the focus of the meeting; and solution finding was genuinely family-led, rather than led by child protection services.^{37,44,107}

FLDM approaches are often evaluated as effective from a participatory perspective, regarded as transferring decision making power from governments to citizens, with positive impacts on problem-solving.⁸⁴ Some parents may not want other family members involved or may have concerns about privacy in family-led meetings that include other family members.³⁶ However, research has found that when FLDM approaches are used, parents appreciate being able to have a say and contribute to problem-solving/solution-finding to determine what services are most appropriate for them and how these are best coordinated. Additionally, FLDM can lead to reconciliation, healing and empowerment for families.^{36,106}

Compared with standard child protection practice, parents who have regular and frequent FLDM meetings felt the benefits of sharing and receiving more information, felt more accountable, had a greater understanding of the concerns about children and young people, and received more encouragement and feedback.^{36,37} Where child protection case workers were positive and open during the FLDM process, it led to improved relationships with parents, and more frequent and open communication between parties, which enhances case outcomes, accountability for actions and progress towards change specified in families' case plans.³⁶

Evaluation studies have evidenced that FLDM processes can give families a sense of ownership, restore a sense of mutual belonging and family connectedness through better communication and relationship repair and reduce coercion within systems. This provides a learning system for families in which they can change their perspectives, better recognise their strengths, provide mutual assistance, reciprocity and shared responsibility for change.^{33,40,125} A key mechanism of change in FLDM is building and rebuilding family networks to provide greater support for children and young people, and providing social supports for other members of the family network.³³ Well-facilitated FLDM processes have been suggested to improve children and young people's self-respect, self-esteem and self-worth.

Child protection workers who have participated in FLDM processes have identified that they have enhanced their own practice, relationships and communication with families, gained a better understanding of the families' context and dynamics, including the views of the child and young person, and that these processes have enabled them to see family members coming together as effective decision makers.^{37,55} There have been mixed research findings on the extent to which FLDM is associated with reduced rates of entry into care, time in care and other safety-related outcomes. For example, some studies have reported shorter periods in out-of-home care, lower rates of re-referral and reduced demand for child protection services, lower subsequent substantiation rates, increased child safety and child wellbeing, faster exits from care, higher rates of kinship placement and higher rates of reunification as compared to comparison groups.^{18,21,33,36,38-41,47,55,59,83,84,98,130}

Other international studies have reported no significant differences between participants who participated in FLDM and those who did not, with a subset of studies suggesting higher rates of re-referral, substantiation or placement for participants who experienced FLDM.^{18,33,35,36,39,43,46,48,52,53,55,59,83,85,90,115,122,130,131} It is likely that implementation differences alongside surveillance differences between those receiving FLDM and those not engaged in these processes contributed to these findings.

There is very limited cost-effectiveness research in the international literature. One study found mixed results around the cost-effectiveness of FLDM as compared with standard practice; this intention-to-treat study had design limitations. The research from the Netherlands¹²² reported that at six and 12 months post-FLDM, in the form of FGC, there were no differences with standard practice on indicators of child maltreatment. Furthermore, families who experienced FLDM had higher levels of empowerment at six months, but this was not maintained at 12 months. However, these estimates were made using only a sub-sample from a larger study (69 of 346 families referred to the FGC service, only eight of whom completed an FGC), and hence no firm conclusions can be drawn about cost-effectiveness or outcomes of FLDM from this study.

4. Insights from the Sector

To ensure that the findings of the literature review above are grounded in and supported by the expertise of Aboriginal and Torres Strait Islander leaders and practitioners, we consulted with the Aboriginal and Torres Strait Islander Community Governance Group (CGG) for this project. The CGG are made up of program leaders and practitioners from ACCOs across Australia.

These consultations reaffirmed that AFLDM is most effective when it is designed, governed and delivered by Aboriginal and Torres Strait Islander communities, and when implementation is supported by a culturally strong, well-resourced workforce. CGG feedback highlighted several interrelated themes that have direct implications for model fidelity, workforce development and system-level reform.

Typically, these themes have been identified in the literature summarised above, indicating some consistent patterns, or serve to highlight the uniqueness of the delivery of AFLDM in Aboriginal and Torres Strait Islander communities across Australia.

In this section, we provide a high-level overview of these consultation findings, aiming to highlight the strong links between the documented literature and Aboriginal and Torres Strait Islander community knowledge systems.

A. Culturally grounded AFLDM training

Across jurisdictions, CGG members emphasised the lack of a standardised AFLDM training framework for child protection case managers/coordinators or AFLDM convenors.

Current training varies significantly in scope, depth and cultural groundings and does not consistently address:

- cultural protocols and kinship systems,
- legislative and departmental practice requirements,
- complex case dynamics and trauma informed facilitation, and
- navigating cultural load for Aboriginal and Torres Strait Islander staff.

A strong consensus emerged that a nationally consistent, but locally adaptable, convenor training framework is necessary to ensure model fidelity. Such a framework would set minimum expectations for convenor skills, cultural authority and practice approaches whilst still respecting the need for local knowledge, Eldership and community-specific protocols to shape the delivery of AFLDM. This would also support long-term workforce sustainability by reducing variability and strengthening professional identity and practice confidence.

B. Workforce sustainability, wellbeing and cultural load

CGG members highlighted the ongoing pressures experienced by Aboriginal and Torres Strait Islander staff delivering AFLDM, including burnout, cultural load and limited access to appropriate professional development.

They also noted that many of the skilled facilitators come from grassroots community pathways, rather than formal tertiary qualifications, and require accessible training in areas such as:

- historical and current policies shaping statutory systems,
- navigating complex departmental systems,
- trauma, grief and healing frameworks,
- Child Safe Standards, and
- rights-based practice.

Reflecting on workforce sustainability, CGG members highlighted key enabling factors such as ongoing funding, clearly defined roles and flexibility to combine multiple program contracts that underpin AFLDM principles of voice, choice and self-determination. This strongly suggests that, without structural investment, the sector risks losing skilled Aboriginal and Torres Strait Islander practitioners and diminishing the cultural authority that is central to AFLDM practice.

C. ACCO leadership and cultural authority

Feedback from the CGG strongly reinforces that ACCOs are best placed to design, govern and deliver AFLDM.

ACCOs ensure:

- community-led practice,
- cultural safety and relational accountability,
- stronger engagement and trust with families,
- a more accurate understanding of cultural obligations, and
- practices that are informed by local lore, Elders and community protocols.

Importantly, the CGG highlighted the need to design facilitation and implementation approaches according to specific cultural identity and the expressed wishes of each family group, rather than relying solely on localised cultural norms, particularly for transient families whose cultural protocols differ from those of the community in which they reside.

This point, which has not yet been explored in the Australian or international literature, reinforces AFLDM principles that decision making should remain rooted in the authority of the family and their cultural identity, not just organisational geography.

D. Embedding Child Safe Standards and children's voices

Throughout this project, CGG members have consistently emphasised the following:

- children's voices and wishes are central to the AFLDM process,
- practitioners require training on culturally safe ways to engage with children and young people, and
- statutory child protection departments must be held to the same practice standards as ACCOs, including adherence to the National Principles for Child Safe Organisations (often operationalised as 'Child Safe Standards' within individual State and Territory jurisdictions) and the Aboriginal and Torres Strait Islander Child Placement Principle.

Accordingly, the project team identified children's rights as a key area to be amplified in the evidence review (for example, see **Child-focused approaches and models of practice** in section 3.E above), in order to ensure that any future policy reforms influenced by this overarching research project will retain the child-centred, rights-based approaches that are critical to AFLDMs best effectiveness.

E. Data sovereignty and ethical evaluation

The CGG emphasised the need to articulate a data sovereignty lens for AFLDM evaluation and reporting, including:

- Aboriginal and Torres Strait Islander community governance over data collected in evaluations of, or original research pertaining to, AFLDM,
- any evaluation of AFLDM or related ACCO programs and services must be timed so as to reduce participation burden on families and staff and should be integrated across existing evaluation processes to avoid duplication,
- respect for ethical frameworks developed by Aboriginal and Torres Strait Islander people and communities, such as the Australian Institute of Aboriginal and Torres Strait Islander Studies Code of Ethics,
- recognition that some outcomes take time to achieve and theories of change must incorporate this reality in their design, and
- ensuring that evaluation processes strengthen rather than undermine community control and support long-term learning and system changes.

This has not yet been explored in the Australian literature in the context of Aboriginal and Torres Strait Islander communities specifically, nor the international literature in the context of Indigenous peoples' data sovereignty more generally, but will be an important area of research and policy reform in the future.

F. Regional, rural and remote realities

A recurring theme was the need for the evidence review to recognise the distinct operational realities of regional and remote service delivery, including, but not limited to:

- vast travel distances,
- limited workforce availability,
- reduced access to co-located services, and
- need for flexible, place-based funding, rather than unit-cost contracting.

These considerations have significant implications for implementation planning and program design.

G. Strengthening ACCO and statutory child protection partnerships

Feedback from the CGG highlights that well-funded, culturally strong AFLDM can significantly alleviate pressure on child protection departments by:

- providing culturally informed assessments and insights,
- supporting family engagement that child protection staff may struggle to achieve,
- improving understanding of local needs, cultural context and kinship networks, and
- reducing staff burnout through shared responsibility.

However, challenges persist, including:

- delayed or reactive referrals,
- inconsistent information sharing, and
- competitive funding structures that discourage collaboration.

Strengthening partnership frameworks, clarifying legislative obligations and improving referral pathways are essential for embedding AFLDM as a proactive, preventative practice, rather than a crisis response tool.

CGG members also reflected that, in some settings, Aboriginal and Torres Strait Islander communities have created their own mechanisms to provide support to children and families engaged with the child protection systems. For example, in NSW, Aboriginal community members, including Elders and other community leaders, provide self-initiated supports to families, including advocacy throughout child protection processes.

These locally tailored models are often unfunded or inadequately funded, relying on the resources and goodwill of community members, and there are risks of governments exploiting the generosity of communities if they are treated as proxies for service provision by undertaking the roles or functions of paid caseworkers or funded service providers.

H. Integrating ‘wise practice’ alongside best practice

A recurring theme among CGG members was including ‘wise practice’; principles grounded in Aboriginal and Torres Strait Islander ways of knowing, being and doing, alongside Western evidence-based practice.

Wise practice centres:

- cultural authority,
- relational accountability,
- healing and collective decision making, and
- strength-based, non-linear practice approaches.

These insights reaffirm that AFLDM can only be fully realised when led by Aboriginal and Torres Strait Islander communities supported by a culturally strong workforce and implemented through genuine ACCO and government partnerships.

5. Future Evaluation and Research Considerations

In general, differences in the FLDM models evaluated, the research designs and indicators used to determine efficacy make it difficult to compare practices and to make firm conclusions about effectiveness. The ability to compare outcomes of FLDM across studies is also limited because of high levels of variability in:

- FLDM processes,
- families' eligibility for FLDM within and across jurisdictions,
- the point at which statutory processes are implemented,
- the statutory, cultural and geographic contexts within which processes are implemented,
- the quality of implementation data,
- the narrow range of outcomes measured,
- the research designs used, particularly the comparability between treatment and comparison groups, and
- whether comparison groups are incorporated at all.^{35,46,52,55,75,115,127,129,131,132}

Other factors which influence outcomes include the complexity and severity of any given family's pre-existing situation; the role and skill of the facilitator in managing complex group dynamics to achieve collaborative problem-solving; the extent to which families feel stigma, judgement, shame and blame; and the perceived costs of FLDM compared to standard casework practice.^{73,83,125}

The evidence base is mixed due to factors such as:

- effectiveness depending on context and fidelity,
- comparing different models used at different points of the system,
- poor research design, small sample sizes or methodological issues,
- low uptake of FGC and use of intent-to-treat analysis when the majority of the treatment group have not received FGC,
- use of statutory indicators without context or review of plan actions (i.e., different plans generated by every FGC process),
- poor record-keeping and a lack of information about fidelity to the model,
- use of fidelity measures to assess the extent to which FLDM processes faithfully implement the principles and critical elements of the model, and
- simplistic theoretical models about complex behaviour change without an understanding of the multiple contingencies for success and the need for ongoing supports.^{26,41,44,54,124,132}

There are debates regarding the use of traditional scientific evidence hierarchies that privilege evidence arising from randomised controlled trials (RCTs) to evaluate processes such as FLDM. Authors argue that, because FLDM best practice is relational in nature and implemented within complex family and system environments, it should be tailored to each family.

This includes incorporating multiple family members and members of social networks, who sometimes have multiple complex intergenerational needs, and who may have conflictual histories with child protection services.^{42,53,61,133-135} There is a concern that randomisation to a non-treatment arm or a service-as-usual arm negates the ability of families to choose and inherently undermines the validity of the FLDM model.^{136 28,115,122,134}

RCTs also position FLDM as a 'treatment' or 'intervention', where standard child protection practice is not positioned or evaluated in the same way.¹³⁴ However, authors argue that RCTs can potentially reduce bias in research design and are being increasingly used in contexts where policy makers require an evidence base to understand 'what works' even when interventions vary from individual to individual.¹³⁵ All authors argue that larger sample sizes are needed to better understand the outcomes of FLDM processes and that the mechanisms of change could be better understood.^{134,135}

Several evaluations, including RCTs, quasi-experimental trials and large-scale non-experimental trials, have used standard child protection system indicators (e.g., notifications, substantiations, removals, placement type, reunification) without controlling for the intent of the decision making, the case direction and 'bottom lines' or non-negotiables specified by child protection, mechanisms of change for families with multiple and complex needs or the efficacy of subsequent supports provided to children and families.^{42,60,61,129,131} Outcomes for children and young people in statutory child protection services are determined by many factors, and it is important that these are measured in addition to whether the family has participated in an FLDM process.^{55,73,115}

Given the variability of FLDM models that have been implemented and the uniqueness of each family's context, each model will have its own theory of change that specifies expected outcomes and processes.^{19,121} To date, very few Australian and international evaluations of FLDM have been underpinned by theories of change, particularly those that elevate the voices of families (for example, see: ^{13,19,37,41,75,83}). Where these do exist, the authors note the multifaceted underpinning actions and systemic factors that lead to both successful FLDM implementation and the achievement of high-level goals such as improved family relationships and improved child safety.^{37,41,75,83,129}

Despite the imperative of centring practice in family voices, very few contemporary studies utilise indicators, such as achievement of goals in the family's plan, as indicators of effectiveness and instead rely on very high-level child protection indicators, which may or may not relate to the family's plan.^{41,53,75,134,136}

Theories of change for FLDM models include a high number of variables, assumptions and 'contingent' implementation outcomes to enable achievement of higher-level goals. This includes many authors arguing that family participation and involvement should be measured as a goal in its own right.^{42,75} Authors highlight that evaluations of FLDM processes should be tailored to understanding the role and experience of participants, the context of the process, active components of facilitation and the families' solutions and goals in case planning as the key indicators.¹³⁶

There are also concerns that while initially intended as a participatory model for shifting decision making power from agencies to families, the objectives for FGCs have been co-opted by statutory child protection agencies who seek a myriad of outcomes for their investment, such as reducing costs associated with child welfare provision or serving protectionist, rather than diversionary, functions.^{26,39,53,100}

Some authors have recommended that rather than being viewed as an intervention, FGC is promoted as a rights-based civic process representing ethical practice in a liberal democracy. Studying the impact of FLDM may then be counter to this ethos.^{53,61} Whilst the current review focuses on exploring the impact of AFLDM and understanding the qualities of strong implementation of AFLDM practice, it is suggested by the research team that FLDM should be positioned as a rights-based process, which should inherently be accessible to all.

Given the paucity of research relating to AFLDM, the need for a dedicated focus on Aboriginal and Torres Strait Islander expertise and experience utilising Aboriginal Participatory Action Research methods has been highlighted within this review.^{3,137} This requires community-led and governed research methodologies, grounded in Aboriginal and Torres Strait Islander ways of knowing, being and doing.^{3,137}

The evaluation consortium's current project responds to this need and will continue to draw on the practice evidence highlighted within this review, alongside additional evidence which will be gathered throughout the evaluation, centred on the voices of those with lived experience and cultural expertise. This aims to explore how AFLDM creates change, considering what works in AFLDM, identifying where AFLDM practices are being implemented well and articulating what needs to be strengthened. This will enable self-determination and strengthen empowerment for Aboriginal and Torres Strait Islander families across Australia.

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