

Sensitive: Personal

Information in this document is subject to the confidentially provisions of the *Children and Young People Act 2008*, the *Health Records (Privacy and Access) Act 1997* and the *Information Privacy Act (ACT) 2014*. Further information about the Directorate’s privacy policy is available online at <http://www.communityservices.act.gov.au/>

Caution: this document may contain the name of deceased Aboriginal and/or Torres Strait Islander people

Disclaimer: The identification of an Aboriginal and/or Torres Strait Islander child must be provided by the child themselves, a child’s family member or where appropriate, the community organisation that accepts the child as an Aboriginal and/or Torres Strait Islander person. The cultural information for the child is provided by the family and/or the community. The person or organisation who has identified the child must be clearly documented on CYPs client information system. At no time will a CYPs staff member deidentify a child without the child’s permission.

Choose an item.

Cultural Plan



Insert child’s name

Commencement date:	00/00/2020
Expiry date:	00/00/2021
Review date:	00/00/2020
Care number:	

Child / Young Person details

Surname	Given name(s)	Preferred name	DOB	Gender	Indigenous Status
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click enter a date.	Choose	Choose

Child / Young Person's family

Parent/s names	
Mother: Click here to enter text. Confidential (Please review CYPs records for more information)	Father: Click here to enter text. Confidential (Please review CYPs records for more information)

Brother / Sister				
Name	DOB	Gender	Where they are living (State/Territory)	Kin Connection [State how they are connected e.g. Live in the home with them]
Click here to enter text.	Click to enter a date.	Choose	Choose	Choose an item. Click here to enter text.
Click here to enter text.	Click to enter a date.	Choose	Choose	Choose an item. Click here to enter text.
Click or tap here to enter text.	Click to enter a date.	Choose	Choose	Choose an item. Click here to enter text.
Click or tap here to enter text.	Click to enter a date.	Choose	Choose	Choose an item. Click here to enter text.
Click or tap here to enter text.	Click to enter a date.	Choose	Choose	Choose an item. Click here to enter text.
Click or tap here to enter text.	Click to enter a date.	Choose	Choose	Choose an item.

1. My Cultural Story

I am a [Click here to enter text.](#) child.

A genogram can be attached to this plan which shows where I'm situated in my family.

The Aboriginal Language map shows where my Aboriginal country/nation is.

My Aboriginal nation totem/s is known to be [click to insert totem or state unknown at this time.](#)

My individual totem is [click to insert totem or state unknown at this time](#)

There are a lot of important places for my people throughout our country, including [insert significant Aboriginal places for the child's language group/s.](#)

I currently live on [Click here to enter text.](#) Country.

2. My Family Story

a. My mother's family

Mother's family name: Click here to enter text.

Mother's language group: click here to enter text; delete if the parent in non-Indigenous

Overview of mother's cultural story: delete if the parent in non-Indigenous

Other identified cultural heritage: Click here to enter text.

Mothers family Wisdom Keeper: To know more about your mother's family and your culture, you can contact insert name, otherwise delete if unknown

b. My father's family

Father's family name: Click here to enter text.

Father's language group: click here to enter text; delete if the parent in non-Indigenous

Overview of father's cultural story: delete if the parent in non-Indigenous

Other identified cultural heritage: Click here to enter text.

Fathers family Wisdom Keeper: To know more about your father's family and your culture, you can contact insert name, otherwise delete if unknown

3. My Family Time

a. My Brother / Sister		
Name	Relationship to me	How and when is family time (contact)
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
I don't see my brothers and sisters because: [If family time is not occurring, please state why] Click here to enter text.		

b. My Maternal Grandparents		
	Maternal Grandmother (Mum's mum)	Maternal Grandfather (Mum's dad)
Name	Click here to enter text.	Click here to enter text.
Indigenous status	Choose an item.	Choose an item.
Language spoken	Choose an item.	Choose an item.
Other cultural heritage [If applicable]	Click here to enter text.	Click here to enter text.
How and when do I see my family?	Click here to enter text.	Click here to enter text.
I'm not seeing my grandparents because	If No, provide a rationale If Click here to provide a rationale for <u>other</u>	If No, provide a rationale If Click here to provide a rationale for <u>other</u>

c. My Paternal Grandparents		
	Paternal Grandmother (Dad's mum)	Paternal Grandfather (Dad's dad)
Name	Click here to enter text.	Click here to enter text.
Indigenous status	Choose an item.	Choose an item.
Language spoken	Choose an item.	Choose an item.
Other Cultural heritage [If applicable]	Click here to enter text.	Click here to enter text.
How and when do I see my family?	Click here to enter text.	Click here to enter text.
I'm not seeing my grandparents because	If No, provide a rationale If Click here to provide a rationale for <u>other</u>	If No, provide a rationale If Click here to provide a rationale for <u>other</u>

d. Significant people in my family [Include aunts, uncles, grandparents, sister cousins and brother cousins, and other extended family members]		
Name	Relationship to me	How and when is family time (contact)
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
I am not seeing this person because: [If family time is not occurring, please state why?]Click here to enter text.		

e. Other important people to me [This may be teachers, support persons, friends, team mates etc.]		
Name	Relationship to me	How and when is interaction (contact)
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
I'm not seeing this person because: Click here to enter text.		

4. This is Me!

Enter Child's name

I am years old.

[TELL THE CHILDS CURRENT STORY – Strength-based]

[Child or young person's own page of their Cultural Plan. Ideas include: Encouraging a child to draw a picture of themselves and/or their family or assist the child to paste photos of what is important to them, what they like to do and what their interests are, include a photo of child doing an activity]

5. My cultural connections and cultural journey!

[Check with the child or young person about the various aspects of their connection to their culture. For example, you could ask:

What makes me proud to be Aboriginal? What I would like to learn about my family and culture? Is there family I would like to meet or spend time with? What cultural activities would I like to participate in? What would help me feel more connected to the Aboriginal and/or Torres Strait Islander community I come from?

6. How will I learn and connect with my [Click here to enter text.](#) culture?

[This is where the child **spends time with their own Aboriginal and/or Torres Strait Islander community and culture** to strengthen their connection. Does a Return to Country need to take place? What support do you need to complete this work?

What I want? (Goal)	What we will do? (Tasks)	Who is going to help me? (Responsibility)	When are we going to do it? (Timing/frequency)	Notes/Comments
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose Click to enter a date.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose Click to enter a date.	

7. Information about the Aboriginal and/or Torres Strait Islander community where I live.

[Place information about services, programs, groups and activities the child can access in the community they live]

Click here to enter text.

7. My cultural connection to the [Click here to enter text.](#) community where I live.






[This is where the child spends time in the Aboriginal and/or Torres Strait Islander community in general (rather than their own Aboriginal and/or Torres Strait Islander community)]

What I want? (Goal)	What we will do? (Tasks)	Who is going to help me? (Responsibility)	When are we going to do it? (Timing/frequency)	Notes/Comments
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose Click to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose Click to enter a date.	Click here to enter text.

8. Creating my sense of belonging.

This is how CYPS are helping me to stay connected to my family and community.

[This is the section for the case manager to reflect upon what has been included in this plan, consideration of all the aspects of the Aboriginal and Torres Strait Islander Child Placement Principles (ATSICPP). Identify what are the 'active efforts' we have made. For more information refer to: 'Working with Aboriginal and Torres Strait Islander families: Providing culturally responsive practice' available on the Knowledge Portal: <https://actgovernment.sharepoint.com/sites/Intranet-CSD/CYPS/Pages/Front-Page.aspx>]

Principles	Summary	Active Efforts
Prevention 	Protecting children's rights to grow up in family, community and culture by redressing causes of child protection intervention.	Click here to enter text.
Partnership 	Ensuring the participation of community representatives in service design, deliver and individual case decisions.	Click here to enter text.
Connected 	Maintaining and supporting connections to family, community, culture and country for children in out-of-home care.	Click here to enter text.
Participation 	Ensuring the participation of children, parents and family members in decisions regarding the care and protection of their children.	Click here to enter text.
Placement 	Placing children in out-of-home care in accordance with the established ATSICPP placement hierarchy.	Click here to enter text.

9. People who have agreed with my Cultural Plan.

a. People who have said they would help me with my cultural plan.

[These are the key people from CYPS who will put this plan into action with and for the child or young person]

- CYPS Case Manager [Click here to enter text.](#)
- Cultural Services Team Officer [Click here to enter text.](#)

b. People who support my cultural plan.

Signature: [if age appropriate or insert child's handprint or hand drawing on page]

Name: Enter child's name

Signature:

Date: Click to enter a date.

Name: Enter family member or carers name

Signature:

Date: Click to enter a date.

Name: Enter CST Team Leader

Signature:

Date: Click to enter a date.

Name: Enter CYPS Case Manager

Signature:

Date: Click to enter a date.

Name: Enter CYPS Team Leader

Signature:

Date: Click to enter a date.

Name: Enter CYPS Operations Manager

10. Distribution of the Plan.

- a. Has a copy of the plan been provided to the child?
Yes No If No, provide a rationale
- b. Has a copy of the plan been provided to kinship carer or foster carer?
Yes No If No, provide a rationale
- c. Has a copy of the plan been provided to mother?
Yes No If No, provide a rationale
- d. Has a copy of the plan been provided to father?
Yes No If No, provide a rationale

** Note: Remove all red instructional text from this document **before** printing to sign.

*** Note: Documents for signing and distribution need to be printed in colour.

