

EVALUATION OF THE STATEWIDE IMPLEMENTATION OF FAMILY GROUP CONFERENCING

PROTECTION AND CARE

Human
Services



Victoria

Evaluation of the Statewide Implementation of Family Group Conferencing

Acknowledgements

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The appendices comprising of the questionnaires and letters of invitation have been produced in a separate document.

Foreword

It is in the spirit of partnership that I commend the findings of this report and congratulate those who worked so diligently in establishing Family Group Conferencing in the Victorian Child Protection system.

Partnerships rely on the sharing of information, communication and accountability and Family Group Conferencing is a model that fully adopts these principles.

Implementing any new program relies on people not only committed to the principles but having the dedication and expertise to make it work. The report clearly identifies that the convenors have aptly demonstrated these qualities and that a number of families have benefited from, and applauded, this way of working. Convenors assist families to make decisions that keep the child's well-being and safety central while maintaining the child's connection to their family and kinship networks. The convenors have demonstrated the wisdom of trusting in the ability of families to make safe plans for their children when given the opportunity and the importance of re-establishing professionals as skilled facilitators. It is in this way that true partnerships thrive.

It is noteworthy that, having asked families in the evaluation what their experiences of Family Group

Conferencing have been, they very clearly stated that they prefer this way of working. They felt engaged and empowered in the process of being involved in the planning and decision making that affected the care and protection of their children and their own futures.

The spirit of partnership was also reflected throughout the time of the research. This type of research can only be achieved when the key stakeholders work together. The report is a testament to the efforts of the Monash University project team, the project steering committee and Child Protection staff. It is through partnerships such as these, that we can pursue better outcomes for children and their families with the confidence and authority that research can bring to practice.

Since it was introduced two years ago, Victoria has led the way in Australia in promoting Family Group Conferencing. The value of this report is to affirm that our efforts to more closely involve families and children in critical decision making processes are succeeding. I support the evaluation's conclusion that Family Group Conferencing should be encouraged to continue expanding and for Family Group Conferencing principles to be further incorporated in traditional case planning processes.



Hon Denis Napthine, MP
Minister for Youth and Community Services

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Summary

Family Group Conferences (FGC) in child protection is a process that provides for maximum involvement of family in decision making. 'Family' is defined broadly to include extended family, friends and cultural groups.

FGC was introduced in Victoria in 1992, piloted by child protection in 1994 and implemented statewide in 1996. This evaluation of the statewide implementation has been undertaken by a team from Monash University Social Work Department at the request of the Victorian Department of Human Services.

The methodology included observation of 28 conferences; interviews with more than 150 staff from the Child Protection Services and other agencies; more than 60 interviews with family members; focus group discussions with regional staff; liaison with all interstate FGC programs; and a review of recent literature. Data was analysed using both quantitative and qualitative methods.

The FGC program implemented in Victoria is generally consistent with the FGC model outlined in earlier Child Protection Service's documents and in the international literature. Convenors were well-prepared and skillfully applied the model in often difficult and volatile family situations. The only variation observed in the implementation of the model is that family private time is not used in some occasions in the Victorian program, as is the case in some international programs.

There are a number of regional variations in the implementation of the program, most particularly in the extent to which FGC is fully utilised. In particular, referrals have been slow in rural regions.

In general terms, the data suggests that FGC is achieving its aims. It involves family members in planning, builds partnerships between families and professionals, increases awareness of 'child-centred, family-focused' practice, and influences other regional programs and the practices of regional staff. Families, members of voluntary agencies, and child protection staff generally believe that FGC does this better than the more traditional child protection planning processes.

In response to every question asked, family members expressed more positive views about FGC in comparison with other Child Protection Service's meetings they had attended. Families clearly prefer FGC.

While child protection workers were generally positive about FGC, they expressed the view that decisions made in FGC were more likely to have been changed one to three months later in comparison with decisions made in other meetings. Child protection workers (in contrast to family members) also felt that decisions made in FGC were less appropriate than decisions made in other meetings. Possible explanations for this are discussed including the inexperience of workers and convenors in the FGC process and the finding that FGC is more likely to involve decisions about children being placed away from their parents—in other words, more difficult decisions.

Overall, the FGC program operates in a way that is consistent with best practice research. A number of recommendations are made to increase the use of the program and address issues raised in the evaluation.

1. Introduction

The Department of Human Services Child Protection Service initiated a Family Group Conference (FGC) program in 1996. FGC aims to:

- Involve families in decision making processes for children and young people who are involved with the Child Protection Service.
- Provide opportunities for families to make and own decisions (at least where those decisions are negotiable) about the protection and care of their children.
- Present a model for 'child-centred, family-focused' practice which will influence other planning processes.

'Family' is defined broadly to include immediate family, extended family, friends, supporters and cultural community.

FGC originated in New Zealand. It has been implemented, to varying degrees, in Britain, parts of Europe, Canada and the United States, in both juvenile justice and child protection settings. FGC has been incorporated into legislation in some Australian States.

A pilot FGC program was conducted by a Victorian voluntary agency, the Anglican Mission of St James and St John, between 1992–94. After a positive evaluation (Swain 1993a, 1993b), a further pilot program was conducted in the Child Protection Service. This program was evaluated in 1995 by the Department of Human Services and has since been implemented throughout the State.

Each Department of Human Services region employs a convenor to conduct the conferences and to promote child-centred family-focused practice within the Child Protection Service. In most regions, the convenor is employed on a part-time basis, however, some regions have two part-time convenors, one region has a full-time convenor and one region employs convenors on a sessional basis. During the course of the evaluation, additional funding became available for the project and two regions appointed additional half-time convenors.

What is a Family Group Conference?

The structure and format of FGC in child protection has certain key elements consistent across the range of FGC programs, whether they are conducted in Britain, Canada, Australia or elsewhere.

FGC involves inviting family members, including extended family and friends, and relevant professionals to attend a meeting to plan for children or young people where there are child protection issues. The FGC convenor or coordinator talks to each of the family members and each professional about the meeting and its purpose. This preparatory stage is an important part of the FGC process and often sets the scene for an effective meeting.

The meeting itself is divided into three stages:

1. In the first stage, the child protection worker presents to the meeting the 'bottom line' or the areas which are not negotiable. For example, that a child must live separately from their parents for a period of time. Professionals at the meeting are then asked to give information about their programs and the resources they can offer the family. The family is invited to ask questions about the process.
2. The second stage is the family private time. The family is asked to consider specific issues in the private time. These issues have been identified in Stage 1. The family is then left alone by the professionals to decide on an appropriate course of action. Professionals may only participate in the private time at the request of the family.
3. The third stage involves the family and the professionals or, at least, the key professionals. At this stage, the family's proposed course of action is discussed. Implementation issues are then discussed and the plan is documented. Following the meeting a summary of decisions is sent to all participants.

While these stages are the key elements of the FGC model, variation does occur in some programs. For example, in one program 15 per cent of young people

brought a peer support along with them (Thorburn cited Marsh and Crow 1998). In another program, private time was offered rather than being a required part of the process (Marsh and Crow 1998).

Literature on FGC

While the terms of reference for the evaluation did not include a literature review, some comment about the more recent literature on FGC helps put this evaluation in context.

FGC is a relatively new concept. While conferences were introduced in New Zealand in the late 1980s, it is only more recently that material about FGC has been published. Two recent books highlight many of the practices and issues relating to FGC: *Family Group Conferences* (1996) edited by Joe Hudson, Allison Morris, Gabrielle Maxwell and Burt Galaway; and *Family Group Conferences in Child Welfare* (1998) by Peter Marsh and Gill Crow. The first book deals separately with FGC in juvenile justice and child welfare. The second book focuses on child welfare in general terms. They suggest that 40 per cent of the FGC examined in their study relate to child protection and tend to relate to neglect issues rather than physical and sexual abuse cases.

Advantages and disadvantages of FGC

Hassall (1996) points to some of the advantages and disadvantages of FGC. He says that FGC:

- Promotes continuity between family and children.
- Promotes pride or self-confidence if the family is able to plan for their own.
- Promotes ownership, as families can develop lasting solutions.
- Is a more meaningful process if the conference takes place in the clients' home.
- Constitutes a learning process for families.
- Is a process with which families are likely to be more satisfied.
- Should improve family communication.
- Allows family members to directly challenge misconceptions or rationalisations. Can be done with a level of privacy as proceedings are not recorded.
- Leads to plans that are more likely to work.

Another apparent advantage of FGC relates to its influence on other programs. It is likely to lead to a greater consciousness of involving extended family in the day-to-day work of child protection. Marsh and Crow (1998) report that about half the workers in their study felt FGC had led to improvements in their partnership practice.

Hassall (1996) suggests that each of the advantages of FGC may, in fact, be a disadvantage. For example, conferences may be used to deny or minimise abuse; they may leave children or victims feeling helpless; families may come up with retributive solutions; old wounds may be reopened; and family members may develop unrealistic plans.

Hassall refers also to the issue of the child protection worker being captured by the family culture. In other words, FGC might lead the professionals involved to identify more with the family's perspective than with the needs of the abused child or young person. Or they might, as Robertson (1996) suggests, simply reinforce inequities in family structures with the same people dominating decision making.

On the other hand, Hudson et al (1996) points to some of the New Zealand evaluations that question 'the extent to which the conferences truly reflect families making decisions rather than dictating outcomes (by professionals)'. Robertson (1996) points to some research material which suggests that professionals tend to take over the decision making process.

Another issue is the extent to which conferences are held in the client's environment (that is, in the family home). The New Zealand research suggests that they are infrequently held in the family home (Robertson 1996). There may also be problems with confidentiality. Marsh and Crow cite a study (Lupton et al 1995) which found that 21 per cent of adults in the conferences complained about confidential or personal details that were provided at the first stage of the conference.

Finally, both Marsh and Crow (1998) and Robertson (1996) point to the absence of major outcome studies on FGC. Robertson indicates that, at the time of writing (1996), there had been no research done on

the follow-up of plans and/or decisions made at FGC. Robertson argues that the plans are often not monitored and not carried out.

Who is suitable for FGC?

The literature is unclear about who is suitable for an FGC and it may be unsuitable for sexual abuse cases or custody disputes. Joe Hudson and his colleagues (1996) point to the very different criteria for referral in different programs around the world. In New Zealand, they suggest that conferences are used where 'it is difficult for the social worker to gain the agreement of the immediate family and there are serious concerns about the safety of the child' (Hudson et al. P. 226). In Britain, on the other hand, FGC are unlikely to be used with families that have an antagonistic involvement with the social services. Ban (1996) suggests, in relation to the Victorian pilot project, that families need to have the 'necessary decision making skills'.

Purpose of FGC

Is FGC an alternative to case planning or a supplement to case planning? Ban (1996) suggests that the Victorian pilot program viewed FGC as an alternative to case planning. Marsh and Crow (1996), on the other hand, point to English programs which held the FGC after a traditional planning meeting with 'the aim of the family making plans in the light of the case conferences decisions'.

Role of convenors

Ban (1986) points to studies that have suggested that families perceive the convenor to be on-side with the protective worker. However, the role of coordinators differs in different programs. Marsh and Crow (1998 p. 14) suggest that 'coordinators should play a role in monitoring the outcomes of conferences including if necessary re-convening them'. They argue that it is the role of the coordinator to put monitoring and review systems in place.

Referral process

One of the aims of this evaluation is to consider the referral process and the reasons for variation in the frequency of referrals in different regions. Marsh and Crow (1998) shed some light on this process.

They suggest that the English FGC projects each received fewer referrals in the early stages than they expected. The projects also experienced lulls in referrals once they got going. Referrals were sometimes made which did not lead to conferences, most often because the family was resistant, or plans were already in place by the time the conference was scheduled.

Marsh and Crow suggest that 'although the projects each had slightly different referral procedures, it was rare for any of them to hold more than one or two family group conferences a month over the time of the study' (p. 76).

Marsh and Crow discuss the reasons why workers did not refer families. They suggest that workers often did not have information about extended family. They say that 'despite expressed views, about one third of social workers did not want to use the Conference model' (p. 83). They also suggest that attending training did not have much to do with workers using the model: 'some are attracted to it some are not' (p. 82). Marsh and Crow found that 40 per cent of social workers felt that FGC threatened them or reduced their power. Yet, when questioned, most social workers (more than half) wanted the program expanded. Marsh and Crow suggest that while some workers avoid the model, they can be influenced to use it, particularly through feedback from users.

Outcomes

Marsh and Crow considered outcomes of the conferences in their sample:

- Of the 80 conferences examined, 74 developed plans that were agreed to by the family and the professionals.
- Eighty-three per cent of plans in child protection cases were successfully implemented.
- Social workers felt that two-thirds of the children had been better protected as a result of an FGC, whereas none felt that the children were less well protected.

On the other hand, a study by Lupton et al. (1995) found that traditional child protection plans were more likely to be implemented than FGC plans.

Marsh and Crow point to positive outcomes in their study for child protection families who experienced FGC. At the time of follow-up, 43 per cent of children in cases where family group conferences were held, remained on the child protection register (one year later). This compared to 82 per cent on the register six months later, after a traditional child protection conference. While the different follow-up period makes comparisons difficult, Marsh and Crow argue that children were 'comparatively well protected by the plans made'.

They also argue that re-abuse rates (6 per cent in the child protection sample of 35) compare favourably with expected figures. Unfortunately, the Marsh and Crow study does not include a randomly selected control group and, like previous studies, does not give definitive information about outcomes in comparison to more traditional planning processes. It does suggest, however, some cause for optimism in this area. The research about effective work with involuntary clients points to the importance of involving families in decision making processes and of clients and workers reaching agreement about goals and case plans (Trotter 1997, in press). There is every reason to believe that FGC can, and does, contribute to reduced abuse and better case planning.

Victorian evaluations

An evaluation of the first Victorian pilot program was completed in 1993 (Swain & Ban 1997). Interviews were conducted with 128 FGC participants, including staff and families. While issues were raised in terms of the number of professionals at the meeting, confidentiality and who should decide who attends the conference, overall, the responses were very positive. The private time was seen to be very significant. Eighty per cent of family members interviewed were 'satisfied with the FGC they attended in terms of involvement, the process and its outcome' (Swain & Ban 1997). Seventy-five per cent agreed with the plans made.

While Child Protection Service's staff and other professionals generally supported FGC, some concerns were expressed. These concerns related to the time involved, faltering commitment to carrying out the decisions, issues of privacy and the importance of the independence of the convenor. Families and workers did, however, report more favourably on FGC than on the usual case planning processes which were seen more as a process for ratifying decisions already made.

Other issues raised by Swain and Ban (1997) relate to 'the willingness of statutory decision makers to forgo their control of decision making' (p. 44) and the lack of clarity about who is responsible for follow-up and implementation.

A further evaluation of an extended FGC pilot program was carried out by the Department of Human Services in 1995. This evaluation was conducted with Department protective workers who referred to, and participated in, FGC. The evaluation produced a considerable amount of information about the conferences. Below are a few comments about some of the results.

Convenors indicated that a conference takes about 16 hours from beginning to end, meetings were two to three hours, less than half the conferences occurred in family homes, the average attendance was 10.3 people, and the average number of family members was 7.11. Overall, workers were positive about the process, feeling that it engaged families, reduced hostility and positively affected family relationships. Workers felt that FGC produced more resources for children, increased family care rather than alternative care, and the plans were durable over time.

The Department's report (1995) argues that the success of FGC is dependent on 'the clarity of risk assessment and case direction going into the FGC' (p. 24). 'Good case outcomes' are 'embedded in a chain of good case practice' (p. 24). The report also points to the limitations of the evaluation. Families were not interviewed and there was no control group.

2. Methodology

Aims of this project

The project brief sought 'to evaluate how effectively the FGC program has been established in all Victorian regions'. The effectiveness of the program was to be 'gauged by its ability to have: introduced a FGC approach to case decision making and plan(ning) implementation; and promoted child-centred family-focused principles and methods to enhance practice effectiveness of protection and care services in the regions'.

The evaluation team, with the assistance of the steering committee, restated the purpose of the project in more specific terms, taking into account the aims and methodology referred to in the project brief. In summary, the evaluation aims to consider the extent to which the program has been implemented as it was intended, the extent to which it is achieving its aims, and why it has been used more extensively in some regions than others. The specific aims of the evaluation are to:

1. Examine the extent to which the current implementation or functioning of the program (in the various regions) is consistent with the description of the model provided in October 1996. In other words, is the program implementation consistent with the program proposals and principles?
2. Examine the extent of regional variations, the reasons for these, and their impact on the program.
3. Examine the extent to which FGC is successful in achieving its aims of:
 - i. Involving families in planning processes for children and young people
 - ii. Focusing on family strengths
 - iii. Building positive partnerships between families and professionals
 - iv. Increasing awareness of regional staff about child-centred, family-focused practice
 - v. Promoting a child-centred, family-focused philosophy throughout the range of protective intervention and planning in the region
 - vi. Increasing commitment by families to the implementation of agreed case plans
 - vii. Increasing family commitment to the child or young person

viii. Positively influencing the working relationship between families and the Department.

4. Consider how and why the program has been successful or unsuccessful in achieving these aims.

In examining these objectives, the evaluation team considered:

- Perspectives of key stakeholders (family members, convenors, case-planners, team leaders and community agencies) regarding FGC processes, including their views on the extent to which FGC is achieving the program aims.
- The ways convenors have promoted child-centred, family-focused practice within the region and its impact on protective intervention and planning.

These areas will be addressed with a view to making recommendations about:

1. Best practice within the FGC program.
2. How the principles of FGC can be further integrated into other regional programs.
3. The facilitation of consistent and widespread implementation of FGC across the State.

The FGC steering committee met on a regular basis throughout the period of the evaluation. The committee included representatives from the evaluation team and staff from the Department of Human Services central Child Protection Service and the regions. The steering committee requested some changes to the methodology during the period of the evaluation. They also asked for additional information in some instances, for example, about interstate programs and suitability for FGC.

Limitations of the evaluation

The evaluation proposal submitted by the Monash team involved following up 30 families that had received FGC and compared their views and progress with 30 families that received the usual child protection planning processes.

A control group of families that experienced other types of planning meetings would have provided information about the extent to which FGC was achieving its aims in comparison to the more usual

planning processes. However, the Department of Human Services requested, during the course of the evaluation, that the control group family follow-ups be omitted from the methodology. Subsequently, the control group has only involved interviews with child protection workers about families rather than interviews with family members themselves. The rationale provided by the project team for this decision was to preclude the evaluation of the FGC implementation becoming a de facto evaluation of case planning processes. Issues relating to such an evaluation are complex and sensitive to the field and it would not assist the implementation of FGC to be potentially cast against the more widely practised case planning process.

The evaluation has also been limited, to some extent, by the slowness of referrals to conferences. This phenomenon (slow referrals in new programs) is noted by Marsh and Crow (1998) in relation to the British FGC programs and is, perhaps, characteristic of innovative new programs in the period after their introduction. Nonetheless, the slowness of referrals, particularly in some rural regions, has resulted in the evaluation team only being able to access 28 rather than 30 family group conferences. As discussed in the next section, it also resulted in a shorter follow-up time than anticipated for interviews with some families and workers.

There was a very high level of cooperation from Child Protection Service's staff during the project and FGC convenors did everything they could to facilitate the process. Nonetheless, there were difficulties contacting very busy staff who were often at court, on leave, on visits or, in some cases, had moved to other positions inside or outside of the Department of Human Services. Some family members were also hard to contact. In some instances, samples sizes are affected by these issues.

Procedure/Methodology

This evaluation makes use of both quantitative and qualitative data. The bulk of the data was collected through observations of conferences, attendance at staff meetings and convenors' meetings, phone interviews with participants in conferences and with staff members. Some of this data is quantitative and some textual. The quantitative data is analysed

through the Statistical Package for the Social Sciences and the textual or qualitative data is analysed through key concept and key word analysis. The period of data collection included October 1997 to July 1998.

The procedure followed in relation to the data collection is outlined below:

1. FGC convenors were consulted in a group setting regarding the methodology of the project.
2. Twenty-eight family group conferences across the State were observed. Researchers worked through different regions observing all conferences in the region from the time the researcher was available. This included 20 metropolitan conferences (four regions) and eight rural conferences (five regions). While the intention was to observe ten rural conferences, these were held infrequently and only eight were able to be observed within the period of the evaluation. In any case, the population of Victoria is largely centred in Melbourne and the distribution of conferences reflects this, particularly as some of the metropolitan regions cover rural areas close to Melbourne.
3. Selected participants in the family group conferences observed were interviewed by phone after the conferences were completed. These participants included family members, child protection workers and representatives from voluntary agencies. Where possible, two or three family members including immediate family (mother, father or the primary client) and extended family members (aunts, uncles, friends), at least one representative from a voluntary agency, and the child protection worker were interviewed. The original intention was to interview participants one to three months after the meeting, however, in some cases, the follow-up was shorter due to the conferences being observed late in the evaluation period.
4. For each conference observed, families that attended a planning meeting other than a family group conference were identified. Senior staff were asked to identify the next family that attended an alternative planning meeting, for example a case planning meeting, a review meeting or a 28-day planning meeting. Workers

were then interviewed by phone in relation to those families. They were also asked why they had not referred the family to a family group conference and how they found the planning process. This was to enable comparisons between FGC and the usual planning processes.

5. Interviews were also conducted with a selection of staff across the State. This included all convenors and a random selection of staff (using a systematic random selection process). The staff included child protection and senior child protection workers (four per metropolitan region and two per country region), team leaders (one per region), unit managers (one per region), child protection managers (one per region) and line managers of convenors (one per region). In some cases, child protection managers were also line managers and in some cases workers were unable to be contacted. As outlined in the results, the final sample was slightly less than intended.
6. All staff were invited to contribute their views on FGC at a staff meeting or focus group in each region. Researchers attended meetings in all regions. Written comments by staff were also sought. Researchers attended two meetings of FGC convenors to discuss their views about the issues being addressed in the evaluation.
7. Information was sought about FGC practices in other States.

Informed consent

The project was submitted to, and approved by, the Department of Human Services Ethics Committee. Consistent with ethics committee requirements, all participants in the evaluation, including family members, were given verbal and written explanations of the nature of the project and asked to sign a consent form. Most family members and all staff members agreed to be involved—although, in a small number of cases, staff and family members could not be contacted.

Pilot study

All questionnaires were trialled initially over one or two interviews. Changes to questionnaires were made following these interviews and following discussion with the steering committee.

Rating scale

The questionnaires asked workers and clients to rate their satisfaction with various aspects of FGC using a seven-point rating scale as set out below.

1. Unqualified no or done very badly
2. Mostly no or done badly
3. More no than yes or done more badly than well
4. Partly yes and partly no or done neither well or badly
5. Yes more than no or done more well than badly
6. Mostly yes or done well
7. Unqualified yes or done very (or exceptionally) well

3. Observations of Family Group Conferences

Twenty-eight Family Group Conferences were observed. This included 20 in the four Melbourne metropolitan regions and eight in the five country regions. Gippsland and Grampians regions did not do sufficient conferences during the three-month period in which research staff were available, therefore, only one conference was observed in each of those regions.

In all instances when families were approached by the convenors, the family members agreed to participate in the research project. Research staff then sat unobtrusively for the duration of the conference.

After the first phase of the conference was completed, the researchers asked family members if they were agreeable to the researcher observing the private time. As outlined later, sometimes the convenor remained for private time and the family was happy for the researcher to remain as well. In most other cases, the family agreed to the researcher being present for private time. In only one instance the family indicated that they would prefer to be completely alone for the private time discussion.

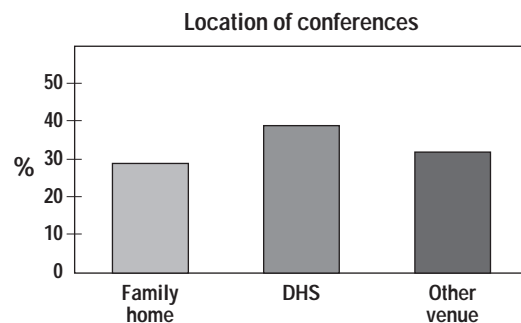
Five research staff were involved in observing the conferences. This included staff from the evaluation team and one researcher employed for the project.

The results outlined in this section, in some instances, represent professional judgements by the researchers. We believe that we approached this task with open minds. Certainly none of the evaluation team had strong views one way or the other about FGC before the evaluation.

Location of conferences

Conferences or meetings were held either in the family home (29 per cent), in the Department of Human Services offices (39 per cent) or in another venue (32 per cent). The other venues were in the offices of voluntary welfare agencies. This is consistent with the New Zealand research (Robertson 1996) which suggests that FGC were less frequently held in the family home.

Figure 1: Location of conferences



It might have been anticipated that conferences held in a family home would attract more family members than those held in Department offices or in alternative venues. This was the case. The mean number of family members attending the conferences was 6.7. A mean of 7.5 attended conferences in the family home, 6.3 in Department of Human Services' offices and 6.4 at alternative venues.

Our qualitative data suggests that families often felt positive about conferences in the family home. A number of comments were made such as: 'it was a terrific idea to have the meeting in R's home—it was informal and much better than being at the department'.

It might also have been predicted that professional staff would be more likely to attend conferences in their own offices rather than in a family home. This also proved to be the case. The mean number of welfare professionals attending was 5.1 (2.8 Child Protection staff and 2.3 other professional staff). Welfare professionals were more likely to attend conferences at Department of Human Services' offices (mean 5.4) or alternative venues (5.6) than in a family home (4.1).

Family members attending the conferences

An average of 6.7 family members and friends attended the conferences. As displayed in Table 1 this was made up predominantly of aunts, uncles, grandmothers, grandfathers and mothers and fathers. At most conferences family friends also attended.

Table 1 Family members at the 28 conferences

Aunts	32
Grandmothers	28
Uncles	16
Mothers	18
Fathers	15
Children	18
Grandfathers	11
Stepmothers	2
Stepfathers	2
Others	46
Total	161

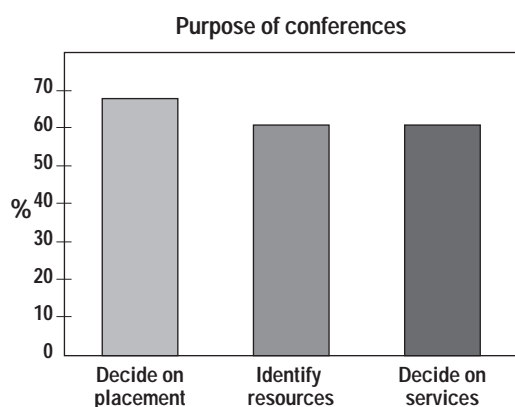
Our qualitative data suggest that the category ‘Others’ was predominantly extended family such as cousins, great-grandparents, great uncles and aunts, or brothers or sisters of the client. In only a few cases, ‘others’ included friends or neighbours. The predominance of females present reflects both the nature of the families and the traditional roles women play in the care of children.

In most conferences, some people who were invited did not attend (mean 1.32 family members or friends). This was generally because of distance. A number of family members participated in the conferences through teleconference link-ups including two fathers who were in prison.

Purpose of the conferences

The purpose of the conferences as defined by the convenor was to decide on a placement for children (68 per cent of conferences); and/or to identify new resources (such as within the family) to help the family (61 per cent); and/or to decide on the type of services (such as other agencies) to help the family (61 per cent).

Figure 2: Purpose of conferences



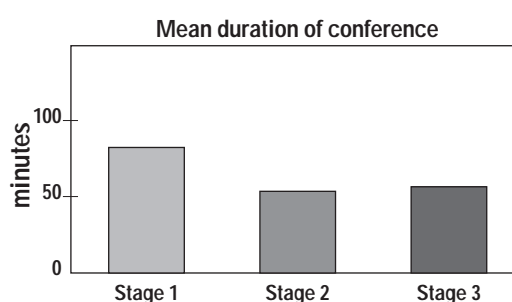
In the view of the observers, family members and staff were generally clear about the purpose of the conference. The observers rated the extent to which family members and staff were clear about purpose on a seven point scale. The observers, on average, rated this at six. Grandparents, aunts and uncles were most clear about purpose (rating 6.1) whereas mothers and fathers were less clear (5.68 and 5.5 respectively). Staff, including non-Child Protection staff were also, on average, clear or very clear about the purpose of the conference.

The research staff also felt that the purpose of the meeting was, in fact, achieved (rating 6.11).

Timing and preparation of the conferences

The conference lasted, on average, three hours and six minutes with the longest being almost six hours and the shortest only one and a half hours. On average, stage one lasted one hour and 23 minutes, stage two lasted 54 minutes and stage three, 57 minutes. Conferences lasted longer in some regions than others. For example, in one region the mean time for five conferences was three hours and 42 minutes, while in another region the mean for five conferences was two hours and 20 minutes.

Figure 3: Duration of conferences



Convenors estimated that they took an average of 10 hours and 36 minutes in the preparation stage of the FGC process. Preparation ranged from three hours to 30 hours, generally taking longer in country regions. In nearly all instances (91 per cent), the convenor spoke to each family member prior to the conference.

Child protection workers estimated that they spent an average of six hours and 24 minutes preparing

for the conference, ranging between one hour and 24 hours.

The process of the conference

Stage 1

The preparation put into the conferences was reflected in the extent to which family members appeared to know what to expect. The observers felt that family members came to the conferences with a very clear idea about who would be there (rating 6.36), the format of the meeting (5.86), and the bottom line held by child protection workers (5.32).

The observers were positive about the process of the conferences. They felt that the purpose and format were explained clearly, roles were clear, relevant information was provided, staff were comfortable with their roles, the bottom line was made clear, families were given clear directions regarding decisions to be made and each person present had an understanding of the process. In relation to each of these questions, ratings of between 5.5 and 6.5 were given. This is not to say that there were not exceptions, however, on the whole, the conferences were thoroughly prepared and family members understood and were able to participate in the process. On numerous occasions exceptional skills were displayed by convenors in handling difficult and volatile situations.

There was some variation in the style of the convenors. Some displayed the names and roles of all participants on butchers' paper. Most wrote the bottom lines on butchers' paper. Some provided instructions to families for private time on butchers' paper. Some stood up for the duration of stages one and three. Some called it a family meeting, others a family group conference. Some handed around brochures on FGC.

State 2—Private time

In 22 of the 28 conferences observed, we were able to participate in private time with the consent of the families. On four occasions the observer did not stay for private time, either because the family requested that the observer stay outside, it seemed inappropriate to the observer or, on one occasion,

the observer had to leave. On two occasions private time was not held.

Of the 28 conferences observed, private time took place with only family members or friends present on 19 occasions. On four occasions other professionals were involved in private time at the request of families. These professionals included representatives from voluntary agencies and, in one case, a father's pastor. On three other occasions the convenor remained for private time at the request of the family. On two occasions private time did not take place.

In the 22 cases in which private time was observed, it appeared to be a positive experience. Families seemed to understand the purpose of private time (rating 6.09) and they stayed with the purpose an average of 83 per cent of the time for the private times observed. The observers provided lower ratings for the extent to which the families developed a plan during private time (5.00) and for the extent to which the family identified new resources (such as placement options or family supports) during private time (4.00). In other words, the answer to the question: 'Did the family develop a plan during private time?' is 'Yes more than no'. The answer to the question: 'Did the family identify new resources during private time?' is 'Partly yes and partly no'.

Observers rated the extent to which one family member seemed to dominate private time at 3.10. In other words, overall, one family member did not dominate private time, however, it did occur on some occasions. In six of the 22 private times (27 per cent) observed, this question was rated at six or seven, suggesting that one member was clearly dominating. Unfortunately, the data does not indicate the extent to which this was a problem for family members or for good decision making.

Private time in which the family addresses issues alone and separate from professionals has been viewed as an essential part of FGC. However, observations suggest that private time often seemed to work well with convenors or other professionals involved. This issue will be further addressed in the section on family interviews.

Stage 3

In the third stage of the conference, the family and the professionals meet again to review the decisions made and finalise a plan for the family.

Again, the observers were positive about this stage. Observers felt that plans were developed (rating 6.00), that the family rather than Child Protection staff developed the plan (rating 5.81 for family developed the plan and 3.63 for Child Protection staff developed the plan), and that family members and child protection workers generally agreed with the plan (rating 6.14 and 6.27 respectively).

It should be pointed out that while family members appeared to develop the plans rather than Child Protection staff, these plans were developed within the bottom lines laid out by the child protection worker. Further, the plans were often partially developed before the conferences as a result of liaison between family members, the convenors and the child protection workers.

The observers felt that generally the wishes of the families rather than the wishes of child protection workers dominated the conferences (5.50 and 2.48 respectively); that the conferences strengthened family bonds (5.08); and that families appeared satisfied with the process and outcome of the conferences (5.96 for process and 5.80 for outcome). The observers were less inclined to believe that the families were offered more resources following the conferences (4.36).

The observers felt that the language used was relatively free from jargon (2.31). The observers felt strongly that the convenors were impartial (6.54). Our qualitative data includes numerous comments by observers about the capacity of convenors to remain impartial at the same time as 'allowing the family to express their opinions and feelings and the child protection worker to participate without preferential treatment'.

While observers were very positive about the conference process as a method of involving families in planning, our qualitative data refers to a number of instances where high levels of conflict between different family members existed. In these

situations, family members often appeared unhappy with the conference process.

Cultural background of family

In only three of the 28 conferences was it apparent to the observers that the client family was from a minority cultural group. In each of these instances the cultural issue was seen as relevant to the conducting of the conference, partly because of language difficulties and partly because of different expectations or roles of the different family members. (It is noted in chapter 7 that workers indicated on a few occasions that families were not referred to FGC because the program was viewed as unsuited to their cultural backgrounds.)

Our qualitative data also addresses cultural issues. Family members were asked: 'To what extent was the FGC consistent with your cultural/religious requirements or expectations?' Families commented on this issue in 28 of the 64 interviews, however, for the most part they did not see this as an issue. In one instance, the observer felt that a mother with a Sri Lankan background had difficulty participating in the conference because of language difficulties. However, the mother indicated when interviewed that she did not see it as a problem. Another client commented that their cultural background was not an issue for themselves but may have been for the Maori and South American members of the family. The 26 other comments did not see culture or religion as an issue. In no cases were translators used.

Our methodology did not allow for any detailed analysis of the impact of cultural issues in the FGC process and we do not have information about the extent to which families with different cultural backgrounds were referred for FGC. Nevertheless, the data does not suggest that clients from different cultural backgrounds have particular difficulties with the process.

Scapegoating

In one conference, an adolescent client appeared to become a scapegoat. The young person was living away from his mother and father, both of whom were present at the meeting and were refusing to

have the young person return to live with them. The young person cried through much of the meeting as both parents made a series of negative comments about him. The young person was assisted by a representative of a voluntary agency who took him outside to talk to him. However, during private time, the young person's schoolteacher (invited into private time by the family) along with parents and grandparents, continued to 'blame' the young person. The young person was inarticulate and hardly spoke during the course of the conference including the private time.

While this was the only instance of scapegoating observed, it demonstrates the potential for scapegoating to occur during the FGC process, a potential noted in the literature outlined in Chapter 2, by family members themselves (Chapter 5) and by staff from external agencies (Chapter 6). One might also speculate about the extent to which the involvement of professionals in private time prevented scapegoating occurring in other conferences. The issue of scapegoating and the potential benefits of client advocates are discussed later in the report.

Summary

The observations of the conferences suggest that convenors and child protection workers prepared thoroughly and workers and families were generally happy with the process and with the immediate outcomes. Convenors were impartial and displayed considerable skill in the way they managed the conferences. The conferences, on the whole, followed the practices outlined in the various international models and in the 1996 Child Protection Service's program document. The only exception to this was that private time was not held on two occasions and on several occasions included the convenor or other professionals.

The observers also noted (and this is discussed further in later chapters) that Child Protection Service's policy did not involve a role for convenors in follow-up or review of conference decisions (in contrast to some of the international models).

4. Interviews with workers

Sixty-two telephone interviews were conducted with workers in child protection regional centres. This included 39 randomly selected child protection workers, senior child protection workers, team leaders or unit managers. Twelve randomly selected senior regional staff members, including protective services managers and line managers of convenors in each region, were also interviewed (in many cases these were the same people), along with the ten convenors who were working in Victoria at the time of the study.

These interviews aimed to:

- Address the questions about why FGC is more consistently implemented in some regions than in others and how it might be more consistently implemented across the State.
- Gather information about which particular families are most suitable for FGC.
- Consider the extent to which FGC is influencing greater use of child-centred, family-focused or partnership practices in other regional programs.

Interviews with child protection workers

The 39 child protection worker interviews included 21 child protection workers, ten senior child protection workers, five team leaders and three unit managers. Those interviewed were drawn from all regions: 13 from rural regions and 26 from metropolitan regions.

Those interviewed had been working in child protection for an average of almost four years (46 months). This varied from 17 months for child protection workers to 13 years for unit managers. The interviews were conducted up to six months after identifying the original sample. This resulted in the sample group being slightly more experienced than might have been expected.

Attendance at FGC

Nineteen of those interviewed (49 per cent) had attended at least one family group conference. Some had attended two or more conferences. Team leaders and unit managers were slightly more likely to have attended conferences although three of the eight (38 per cent) had not attended a conference.

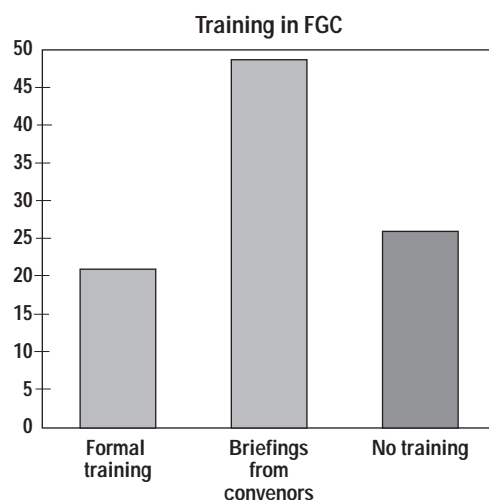
There was considerable variation in the number of conferences workers had attended in the different regions. This variation was consistent with the extent to which the convenors had been taken to full capacity (discussed later in this chapter) and with the Child Protection Service's figures about the number of conferences conducted in the regions.

In one metropolitan region, the staff interviewed had attended an average of 1.7 conferences per staff member. In one country region, the average was 4.2 per staff member. In other regions the average number of family group conferences attended was as low as 0.2 per staff member. The number of workers in our sample are small (a maximum of six workers were interviewed in each region), however, the differences do reach statistical significance at the 0.05 level, suggesting that the differences cannot be explained as a chance occurrence.

Training in FGC

Eight (21 per cent) of those interviewed indicated that they had attended formal training in FGC, almost half (19/39) had been exposed to briefings from convenors and ten (26 per cent) had received no training in relation to FGC. Generally, those interviewed were divided about the extent to which the training they received was sufficient to prepare them for the FGC process (rating of 4.6 on the seven-point scale).

Figure 4: Training in FGC



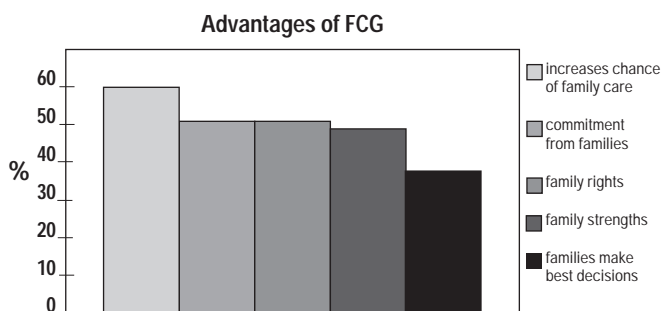
There was a relationship between the average rate of attendance at training and the number of

conferences attended. Those who had done no training had participated in an average of only 0.2 conferences. Those who said they had attended training were more likely to have participated in family group conferences. This was the case regardless of whether the training was formal or involved briefings from convenors or observing conferences. The relationship between training and conference attendance could be explained, at least in part, by the different experience levels of staff. More experienced staff were more likely to have undertaken training and to have attended conferences.

Advantages and disadvantages of FGC

Child protection staff have a similar view to families (see Chapter 5) and to the material in the literature about the advantages of FGC. They are encouraged to use FGC because they believe it increases the possibility of children being cared for by their families (60 per cent supported this view), they believe it leads to a greater commitment from families to their children (51 per cent) and that families have a right to make decisions for their children (51 per cent). They also see it as focusing on the strengths of the family (49 per cent) and improving relationships between family members (38 per cent). Forty-four per cent said that families make the best decisions for their children.

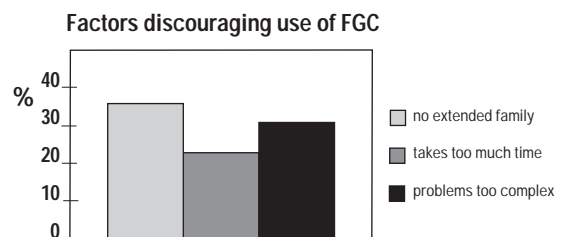
Figure 5: Advantages of FGC



A number of the workers commented that conferences are best held early in the life of a child protection case, before any major or semi-permanent decisions are made. They feel that getting all family members together in the early stages can provide a basis for ongoing planning.

Workers were discouraged from using FGC mostly because there is no extended family (36 per cent), they believe it takes too much time (23 per cent) or the family's problems are too complex (21 per cent). They indicated that they have not used FGC in the past when they might have done so because the family declined the offer (31 per cent) or there was no convenor available (21 per cent).

Figure 6: Factors discouraging use of FGC



Several workers also commented that they did not refer simply because they did not think of it or because a decision had to be made quickly and setting up a conference would have caused too much delay.

The notion that FGC takes a lot of time was raised in Chapter 3. While only 23 per cent of those interviewed identified this as a factor, those who did so were 30 per cent less likely to have been to a family group conference. In other words, this perception seems to have been changed to some extent by actually attending a conference.

Child protection staff felt that the most suitable families for FGC were those where there was an extended family (69 per cent), where the client wishes to have a family group conference (38 per cent), and where there is a clear planning decision to be made (38 per cent). The cases least suited are those where the family does not wish to have it (69 per cent); where there are no or few family members (44 per cent); where there is violence in the family (33 per cent); or where there are no clear planning decisions to be made (28 per cent). Several workers also commented that FGC was not suitable in cases of sexual abuse perpetrated by family members.

Who decides to have the FGC?

Child protection workers were asked who in their region decides whether the FGC will be held. It was

apparent that a number of people may decide, including child protection workers, team leaders, unit managers and convenors. Team leaders and unit managers agreed with child protection and senior child protection workers that team leaders were the most likely to decide (75 per cent mentioned team leaders as one of the people who decides). Child protection workers were viewed as the person (or one of the people) who should decide in more than 50 per cent of cases. Unit managers were referred to less frequently (31 per cent).

There were some differences of opinion between workers at different levels about the role of convenors in making these decisions. Child protection workers suggested that the convenor decided 28 per cent of the time and more senior staff (team leaders and unit managers) suggested that convenors were likely to decide 50 per cent of the time. The numbers are small, however, and could be explained by different practices in different regions. Nonetheless, confusion about who decides to hold a family group conference may well lead to less use of the program.

Unfortunately, the questionnaire did not distinguish between who decides to refer for FGC and who decides whether it should occur (in other words whether the referral should be accepted). As discussed in the final chapter, this distinction is important in clarifying responsibilities for the decision making processes.

Influence of FGC on other regional programs

One of the aims of FGC is to act as a model for, and to influence, other regional programs. Eighty-two per cent of the sample believed that the principles of FGC are used in other regional programs. Ninety-seven per cent believed that they were at least partially used. Seventy-three per cent believed that the FGC program had influenced practices in other programs in the region.

Of those who believed it had influenced other programs, 73 per cent said it influenced the practice of involving extended family in planning meetings. Sixty-four per cent said it influenced the practice of looking to the extended family for placement of children.

Similarly, most of the sample believed that FGC had influenced their own practice in terms of involving extended family more (73 per cent). Some felt that it facilitated more involvement with families before meetings (37 per cent) and others that it led to them looking more to the extended family for placement of the child (12 per cent).

One method of considering the extent to which FGC has influenced other programs is to consider the practices of those who have participated in FGC. Those who have participated might be expected to make more use of such practices as using genograms with their families and routinely contacting extended family members.

The staff members in the sample who had attended at least one FGC were more likely to say that they used genograms with their client families. These two factors (use of genograms and having attended a conference) were correlated with a statistical significance level of 0.06. While this is just outside the conventional levels of statistical significance, it is within the less conservative 0.10 level. In other words, it suggests that the correlation was not a chance factor.

On the other hand, staff attendance at FGC did not correlate with an increase in routinely contacting extended family members in their casework. Contacting family members did correlate significantly at the 0.10 level with how much staff members liked FGC and at the 0.05 level with use of genograms. Use of genograms also correlated at the 0.10 level with how long the FGC convenor had been continuously in the position.

In other words, there does appear to be a relationship between some family-based practices and participation in FGC. Whether those inclined to participate are those who are also inclined to use other family-based practices, cannot be determined by our data.

Analysing this issue is further complicated by the introduction of a range of other child-centred, family-focused programs within regions. Many workers commented that the principles of FGC are similar to those of the pro-social program in the Eastern region, the enhanced client outcome (ECO)

program and the high risk infant program. Each of these programs provides a model for partnership or family-focused child-centred practice and, no doubt, has a general influence on the culture of the regions and on regional practices. Nonetheless, it appears that FGC also has an influence, particularly in terms of using genograms, contacting extended family and involving extended family in planning processes.

Other factors relating to use of FGC

The interviews with child protection staff revealed some other interesting correlations that might shed some light on the inconsistent use of FGC across regions. There was a correlation (<.10) between the time the convenor had occupied the position and how many conferences had been attended by the workers. In other words, lack of continuity in the convenor's position was associated with less use of the program.

Child protection workers were asked about the relationship between case planning and FGC. Those who saw FGC as both an alternative and a supplement to case planning were more likely to use it (14 responses, average 2.23 meetings) compared to those who viewed it as only a supplement to case planning (14 responses, average 0.62 meetings) or as the same as case planning (six responses, average 0.60 meetings).

There was also a correlation between how many conferences staff had been involved in and how much they said they liked FGC. It seems either that participation in conferences led people to like them better and to have a different concept of the relationship with case planning or that those who liked and understood FGC were more likely to use it. The reality is, perhaps, somewhere between these two extremes. Certainly more participation in conferences seems likely to lead to better understanding of the conferences and to more use of them. In terms of the development of the program, it suggests, as pointed out by Marsh & Crow (1998), that the longer the program functions the more people will use it.

How can FGC be implemented more consistently in the regions?

The workers made a number of comments about how FGC could be more consistently implemented in the regions. The most frequently mentioned strategies included:

- Convenors could consult more with intake teams, attend team meetings more often and conduct seminars on FGC in the regions. They could make use of FGC bulletins on a regular basis, which occurs already in at least one region.
- Pamphlets on FGC could be distributed more widely to families and staff.
- Workers who do not use FGC for a particular client family could be required to state why they have chosen not to. A question could be included on the computer assessment forms to this effect.
- Convenors should be funded full-time. Apart from the access problems for staff in dealing with part-time convenors, the part-time status may convey a message to staff that the Child Protection Service is not serious about FGC because it is only willing to devote a half-time staff member to it.
- A rigorous approach is needed to maintain the profile of any program in regions where there is a high turnover of staff. Attempts to promote the program must be regular and get to new staff as they arrive. For example, material on FGC should be presented in all regional or central child protection induction programs.

Interviews with senior staff

Twelve interviews were conducted with senior regional staff including protective services managers and line managers (supervisors of FGC convenors). In a number of cases these were the same people. Protective services managers often supervised the convenors. The senior staff were drawn from all regions.

Training in FGC

Only two of the 12 managers had attended an FGC. One manager had attended 15 and another had attended six. Only three indicated they had received formal training in FGC with five saying they had learnt about it through briefings with convenors.

Nonetheless, they were reasonably positive about their training in FGC. The average rating for the question ‘Did the training adequately prepare you for your role in the project?’ was 5.0 on our seven-point scale. A number of senior workers commented that they gained most of their information through reading.

They were also positive about the program in general, rating it on average 5.9 when asked how much they liked FGC.

They were, on the other hand, quite dissatisfied with the extent the FGC was being used in their region. They provided an average rating of only 1.3 on this question suggesting that the extent to which it is used is quite inadequate—a different view to the child protection workers who rated this at 4.4.

Advantages and disadvantages of FGC

The senior staff had similar views to the child protection staff about the advantages and disadvantages of FGC. Like the child protection staff, they said they were encouraged to use FGC because it leads to greater commitment from families, it focuses on strengths of families and they believe that families have a right to make decisions for their children. The main reason they were discouraged from using FGC was that family problems may be too complex. Two senior staff specifically commented on the inappropriateness of FGC in situations of sexual abuse where the family is aligned with the perpetrator or in situations where a blaming process might occur in relation to certain family members.

The senior staff indicated that there were often occasions when conferences could have been used but were not. This was because the family declined the offer (67 per cent referred to this), it takes too much time (25 per cent) or the convenor was unavailable (25 per cent).

Like the child protection workers, they saw the most important factors in deciding suitability for a conference as the presence of extended family and the need for clear planning decisions needing to be made. Two senior staff specifically commented that most families were suitable and would benefit from FGC.

Influence on other programs

The senior workers felt, like the child protection workers, that the principles of FGC are used in other programs (69 per cent ‘yes’ and 15 per cent ‘unsure’). Sixty-nine per cent also believed that FGC had influenced practices in the region and 69 per cent (with 23 per cent undecided) said that it had influenced their own practice, particularly in terms of looking to the extended family for placement of children, involving family more in planning meetings and focusing more on family strengths.

Consistent with their generally positive views about FGC, the senior staff indicated that they promote the use of genograms (5.1) and the routine contacting of extended family by staff members (6.2).

Senior staff clearly viewed FGC as both a supplement and an alternative to case planning (80 per cent), a contrast to the child protection workers who were more likely to see it merely as a supplement to case planning.

Strategies to increase use of FGC

The senior regional staff mentioned a number of strategies that might enhance the use of FGC in their region. In most cases they made similar suggestions to the child protection workers. Other suggestions included encouraging the team leaders to regularly ask workers if they have considered FGC and whether each family they deal with is suitable. Convenors could talk more to case planners and could provide regular feedback to staff about how the program is progressing.

Interviews with Convenors

The ten convenors operating in Victoria at the time of the study were interviewed. One convenor was a private consultant contracted by the Department of Human Services.

The convenors were well-qualified. All had formal academic qualifications, mostly in social work, with four having postgraduate qualifications. They were also experienced with an average of more than nine years service in child protection and an additional eight years in other departments.

They had been in their positions for an average of 14 months (ranging between four months and 24 months). They indicated that they had conducted an average of 17 conferences—around one every 25 days—a similar number to the new programs in England (Marsh and Crow 1998). Four of the six convenors, who were sometimes asked to undertake tasks other than FGC, suggested that an average of 44 per cent of their time was taken up with other tasks. This could involve helping out in the intake room, for example.

Five of the convenors believed that the number of referrals had taken them to full capacity. Four of the five convenors who had not been fully utilised were in rural regions. In only one rural region did the convenor indicate that they had been taken to full capacity, other than the external consultant who had been in the position only a short time.

The convenors suggested the reasons for this was that staff sometimes did not understand the principles (60 per cent); other practices were too firmly entrenched (60 per cent); it was seen as too demanding for child protection workers (40 per cent); some mistakenly believe the principles are already used in their work (40 per cent); and senior staff are not supporting its implementation (40 per cent).

In regions where the program had reached full capacity, the convenors felt that the program had received more support from other staff. In particular, in those regions where the program was fully utilised, they felt supported by the unit manager (rating 5.4 for support compared to 3.2 where not fully utilised) team leaders (5.2, 4.0) and child protection workers (5.2, 3.8).

One of the arguments put to convenors by some staff is that the principles are used anyway, thereby reducing the need for FGC. However, the convenors who were fully utilised were less likely to believe that the principles of FGC were used in other programs. All of those who were fully utilised responded positively to this question: Are the principles of FGC used in other programs? compared to 60 per cent of those who were not fully utilised. It seems clear that the convenors did not accept this rationale for not using FGC.

Our qualitative data suggests that the rural region in which the departmental convenor has been taken to full capacity does use FGC principles in case planning. The convenor suggested that case planners in the region are starting to interview extended family prior to the case planning meeting and are open to holding meetings in the family home. Our data consistently support an association between use of FGC and use of FGC principles in other programs.

Our qualitative material suggested that some convenors felt that being asked to undertake other tasks made it difficult to develop the program and sent a message to other staff about its importance. The quantitative data indicates that none of the convenors who had been taken to full capacity had been asked to do other tasks whereas four of the five convenors who had not been taken to full capacity had been asked to undertake other tasks. The differences are statistically significant at the 0.05 level (using the Fisher exact chi square test).

There is, therefore, a clear association between convenors being taken to full capacity and whether or not they are asked to do other tasks. Like several other issues in this study, what this means is hard to judge. Are those who are not taken to full capacity therefore asked to do other tasks, or are those who are asked to do other tasks therefore not taken to full capacity? If the truth is somewhere between these two, then a strategy suggested by one of the convenors might be a useful one—that is, that funding of these positions be contingent on them being devoted solely to the promotion, development and implementation of the FGC program.

The convenors had, for the most part, undertaken training in the regions, promoted the program through staff meetings and discussions with staff and asked senior staff to promote the program. They had done this whether or not they were being fully utilised.

Five convenors indicated that they had a process, usually informal, for following up decisions that were made at the meeting. In one case, the convenor undertook a review of the decisions with the appropriate team leader six weeks after the

conference and again three months after the conference.

Finally, the convenors were asked about which families are suitable for FGC. They suggested that the most suitable cases were those where a clear planning decision is to be made (50 per cent). They also referred to the presence of extended family and the client's wishes. The factors which make families least suitable are those in which the client does not wish the family to be involved and there is not a clear planning decision to be made (50 per cent in both cases). Forty per cent referred to violence in the family as often making FGC inappropriate.

The convenors often speculated in the interviews about the future of the program. One convenor suggested that there was no need for concern about the slow development of the program in some regions. As time goes by and people begin to understand the program, it will progressively become a part of regional practice—a view supported by some of our quantitative data and consistent with the British experience (Marsh & Crow 1998).

Another convenor talked about its eventual integration with case planning. It was suggested that legislation that requires case planners to routinely consult with extended family might work better than the specialist FGC program. Another convenor questioned the extent to which a half-time FGC convenor's position can be expected to change a culture.

More consistent implementation

The convenors raised a number of methods by which the program might be implemented more consistently:

- Workers might be given an FGC kit with explanatory material, as they are in some regions.
- Workers should be required to justify on the computer record system why FGC is not to be used in any given case. Legislation might back up this practice.
- FGC should be included in manuals and key performance indicators. Its use should be rewarded by the organisation.
- Convenors should not be asked to do other tasks.

Often senior staff do not give the program priority and if it is to be developed this needs to be addressed. Team leaders and unit managers should do convenor training so they could then incorporate the principles of FGC into other case planning processes.

Convenors—Departmental employee or independent?

In each of the interviews with child protection workers, senior staff and convenors, the question was asked about whether the convenor should be an employee of the Department of Human Services or an independent contractor. An independent contractor might be a private consultant or employed by a voluntary agency.

The convenors were divided in their opinion about this matter. Eight convenors responded to this question. Two believed the convenor should be a Departmental employee; two believed they should be an independent contractor (including the independent contractor); and four convenors believed it did not matter whether the convenor was a Departmental employee or an independent contractor.

All of the convenors felt that a Departmental employee had an advantage in knowing the Departmental networks. Others commented on the advantage of having credibility in the Department and being able to support and educate staff more effectively from within the Department. On the other hand, three convenors referred to the advantages of being independent from line accountability and the perception of families that the convenor may be more independent. It is worth noting at this stage that families did find the convenors to be impartial. This is discussed further in the next chapter, however, the families' comments do reduce the strength of the argument that independent convenors will be perceived as more impartial.

One convenor referred to the difficulty convenors had experienced in selling the program in its initial stages and speculated that an independent convenor would have even more difficulty.

The view that convenors should be Department employees was supported by both the child protection workers and senior regional staff. Forty per cent of child protection workers (including team leaders and unit managers) felt that the convenor should be an employee of the Department, 29 per cent felt that the convenor should be independent and 31 per cent felt that it did not matter. Line managers and child protection managers felt more strongly. Sixty-two per cent believed that the convenor should be a Department employee, 15 per cent independent contractor and 23 per cent that it did not matter.

regional staff had similar reasons to the convenors for preferring a Department employee model. Knowledge of networks, credibility in the Department and capacity to educate staff were seen as more important than the issue of perceived independence by families.

The evaluation team observed both models in action and agrees with the comments by staff. The independent contractor model can work well, however, it does appear that this model requires more effort on the part of the convenor to sell the program. Given the initial difficulties with consistent implementation, this seems a strong argument in favour of a Department employed convenor, at least in the developmental stages of the program.

Summary

Interviews with child protection staff, including child protection workers and senior staff, were generally positive about FGC. The staff see it as a method of involving families, of focusing on family strengths and of getting greater commitment to plans by families. They believe that the principles of FGC are generally used in other regional programs and that FGC has influenced the use of these principles in other programs. A considerable number of staff have not experienced, or received training in, FGC. Few of the senior staff have participated in a conference.

The convenors share many similar views to other staff about the program with several concerned that they have not been able to devote their full working time to it. There is a relationship between the involvement of the convenor in other duties and less use of the program.

Generally, workers favour a model with the convenor employed by the Department.

5. Interviews with Families

Interviews were conducted by phone with 64 family members, an average of 66 days after their participation in the FGC. Approximately 2.3 family members were interviewed for each conference. Our aim was to interview three family members per conference, however, on some occasions there were not three family members at the conference and on a few occasions we could not contact family members.

Table 2 Family members interviewed

Mother	10
Grandmother	10
Aunt	14
Child under 12	1
Father	4
Grandfather	5
Uncle	3
Young person 12+	2
Friends advocates	15
Total	64

The responses from family members, like the comments from the observers, were generally positive about the FGC. They were also generally positive, although to a lesser extent, about their experiences with child protection.

Satisfaction with the FGC

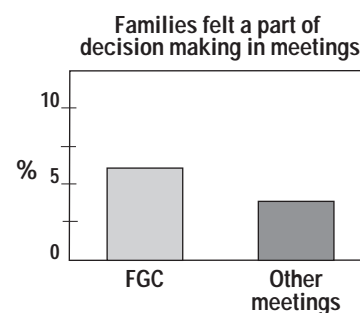
Family members were asked a series of questions about the FGC meetings they attended. They were also asked to compare this to the most recent other planning meeting they had attended, if they had attended a previous meeting. Sixteen family members had previously attended meetings. These included case planning meetings, 28-day meetings (held within 28 days of receiving a notification), review meetings and case closure meetings.

Family members:

- felt that the language used by professionals was easy to understand (6.2 for FGC and 4.8 for other meetings)
- were satisfied with their opportunities to speak in the meeting for themselves (6.6, 4.9) and other family members (6.8, 3.9)
- had a clear understanding of what happened in the meeting (6.5, 5.0)
- felt they were a part of decisions made, at least in the family group conferences (6.1, 3.9)

- were happy about the decisions made (6.3, 4.1)
- felt that the meetings, or at least the FGC meetings, had a sense of partnership (5.7, 3.9)
- felt that the meetings did not simply focus on what they had done wrong (2.1, 3.0)
- felt that their contribution was important (5.8, 4.2).

Figure 7: Family members felt they were part of decisions made



Family members were satisfied with the convenors (6.7, 6.3). They felt that the convenors explained the purpose of the meeting clearly (6.2, 5.3) and that they did not take sides (1.0, 3.0). They were satisfied with the child protection workers in the meetings (6.0, 4.2) and believed the child protection workers were fair (5.8, 5.0).

Overall, family members felt positive. However, it is clear that they felt more positive about FGC than other Child Protection Service's meetings they had attended. Despite the relatively small numbers, the differences between opinions about FGC and other meetings is, in all but one case, statistically significant at the 0.05 level (using a paired groups t test). In other words, the likelihood of these differences being mere chance occurrences is less than five in 100. Families clearly prefer FGC.

This was further illustrated by our qualitative data. Comments by family members suggest that the format and the opportunity for all to hear what was happening and to contribute to decisions were highly valued aspects of the conferencing. Comments included: 'a really good process'; 'FGC was excellent facilitation form and process'; 'gives all family members a chance to talk, much better than the way they used to do it'; and 'really appreciated the format of the meeting and the shared decision making'.

It might be that mothers and fathers have different views to other family members. While aunts, uncles and grandparents may view the process positively, parents who have more to lose and are the subject of investigation by child protection might have different views. This was, in fact, the case in this study. Parents were generally less enthusiastic about FGC, however, they were even more unenthusiastic about their experiences in other meetings.

For example, parents were undecided about the extent to which FGC had a sense of partnership (rating 4.0), however, they felt that other meetings generally did not have a sense of partnership (2.3). While they felt that they mostly had a part in decisions made at the FGC (5.7) they were less inclined to feel that they played a part in decisions made in other meetings (3.7). Parents consistently provided lower ratings for both FGC and other meetings, however, like other family members, they responded more positively to FGC in comparison to the other meetings.

Family members were asked some general questions about their attitude toward the Department of Human Services following the meeting. They felt more positively towards the meeting process itself than toward child protection services in general. Family members indicated that they may go to child protection services for assistance in the future (4.54), and that they were at least partially satisfied with the child protection service (4.43).

Parents were more negative, indicating that they generally would not seek the assistance of child protection in the future (2.43) and they were inclined to be dissatisfied with the child protection service (3.31).

Private time

Family members were positive about private time (5.18) with mothers and fathers slightly less positive (4.64). Sixty-four per cent of those interviewed (including 64 per cent of mothers and fathers) indicated that private time was different to other discussions in the family, particularly because more family members were involved, it was more focused and they stayed on one topic for longer.

The qualitative data collected from the interviews with family members sheds some light on the pros and cons of private time. Twenty comments from family members were recorded. Ten of those comments related to the benefits of private time.

Some examples include:

- Forced us to sit down and talk in a structured, formalised way. More relaxed, mother came to grips that she wouldn't get children back.
- People had not spoken for six years.
- Family communicated in new ways. Mother and her brother overcame past misunderstandings.
- People 'opened up more'.
- The entire family would never get together normally, increased communication.

Six comments were critical of private time, for example:

- First time we had spoken all together for a long time. But some members had already made up their mind and really just wanted the easiest way out.
- Don't think we really needed the private time in some ways—had already decided. Would have been good to have an independent person there to answer some of our questions.
- I felt uncomfortable with all these adults, especially as my grandmother, aunt and sister all form a gang against me.

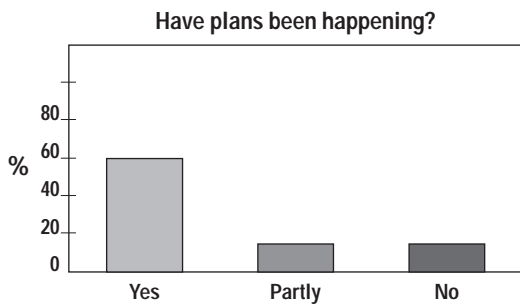
Four comments related to why professionals remained in private time or why private time was not held. For example:

- Private time did not happen because one family member was going off her top so needed worker there to keep in control.
- Supposed to be by ourselves but had to have the guy from DHS because of other grandmother, was going to get ugly between me and her.

Stability of plans

The family members believed that, for the most part, the decisions made at the meeting had been happening. However 35 per cent of family members said that the plans were either not happening or only happening partially.

Figure 8: Have plans been happening?



Where the plans were not happening, it was mostly because of lack of resources (47 per cent), a poor initial decision (32 per cent) or changed circumstances (21 per cent). Our qualitative data also referred to families' concerns about changing workers. Some comments include: 'caseworker keeps changing, no continuity'; 'DHS didn't give resources, had to get them from Women's refuge or myself'; 'housing was promised and not delivered'; and 'communication within the Department is terrible, no-one seems to tell other sections what they are doing'.

Thirty-six per cent of the family members indicated that other (or new) decisions had been made since the meeting. These were sometimes major decisions. In one-third of instances, these decisions involved placing children elsewhere. Family members indicated that the new decisions were generally related to changed circumstances, however, in 25 per cent of cases they were related, they believed, to poor initial decisions.

Family members were divided about the extent to which resources were available to assist with the implementation of the plan either from Child Protection Services (4.5) or from other places (3.7). They were also divided about the extent to which family communication had improved since the meeting (4.00).

Our qualitative data indicated that when plans were not followed through, family members often felt that this was because other family members did not follow through with commitments made at the meeting or they changed their mind about the appropriateness of decisions they had made.

Summary

It is apparent that families are generally happy with FGC. They are, however, less happy with their experiences of other meetings. Mothers and fathers are generally less happy with FGC than other family members but, like other family members, they are more positive about FGC than about other meetings.

The responses suggest that plans were, for the most part, being carried out at the time of our interviews. Where they were not being carried out, lack of resources was seen to be a contributing factor. This issue is addressed further in later chapters.

6. Interviews with Staff from External Agencies

Interviews were conducted with 19 staff from external agencies between one and three months after the completion of the conference. As far as possible we attempted to follow-up one other agency representative after each meeting was observed. In a small number of cases, however, no external agencies were involved in the conference and on a number of other occasions we were unable to contact workers because they were on leave or had left the organisation. In a couple of instances they failed to return numerous phone calls.

The workers interviewed were from a variety of voluntary agencies. These included family support, youth and adolescent support, psychiatric services, intellectual disability services and Aboriginal child care agencies.

Workers from other agencies were asked a number of questions about FGC and were asked to compare the family group conference to the most recent alternative planning conference they had attended in the Child Protection Service. Fourteen of the 19 participants had attended a previous Child Protection Service planning meeting.

Overall, the workers from the external agencies were reasonably positive about FGC, although they were less enthusiastic than many family members. They felt that FGC provided an opportunity for the family to be involved in decision making (rating of 6.00 on our seven-point scale). They did not believe that other meetings they had attended provided this opportunity to the same extent (3.6). This difference was statistically significant at the 0.05 level, suggesting that it was not a chance occurrence.

Workers from other agencies also felt that family members were provided with opportunities to speak in the meeting (rating 5.9) in a way which they were not in other meetings (4.0). Again, these differences were statistically significant.

On a range of other measures the workers were less convinced about the value of FGC and less inclined to view it more positively than other planning meetings. They were reasonably satisfied with decisions made in the meeting (5.0 for FGC and 4.6 for other meetings) and with the work of child protection workers in the meeting (5.3, 5.4). They

were, however, uncertain about the extent to which the meetings focused on family strengths (4.2, 3.9).

While they were positive about children's interests being addressed in the meeting, they were inclined to believe that they were addressed better in other meetings (5.0 for FGC and 5.4 for other meetings), although the differences were not statistically significant.

Only two of those interviewed believed that all Child Protection Service's families should experience FGC with 15 other workers answering no to this question.

When asked to comment on what is positive about FGC, they suggested that it provided an opportunity for families to be involved which could lead them to be more committed to a case plan. It allowed everyone concerned to understand exactly what was going on and what was planned and it could help in the coordination of services. It could also lead to the provision of extra resources.

When asked about the disadvantages of FGC, they suggested that it could unfairly pressure agencies to make decisions and offer resources and it can lead to unrealistic case plans. It can also lead to further rejection of a child as parents and others are forced to publicly make negative comments about children. It was also commented that sometimes the outcomes seem to have already been decided before the meeting. One agency representative felt strongly that a young person needed an advocate in the meeting and that the meeting was a traumatic experience for the young person. Others were concerned about the number of professionals at the meeting.

Our qualitative data referred to some voluntary agencies concerns about the time involved and suggested that they might need to charge a fee to the Department for meetings.

Summary

Workers from other agencies believe that the process allows family members to be heard and to be involved in decision making. It does this in a way that the usual planning mechanisms in the Child Protection Service does not.

Workers from voluntary agencies were generally positive about FGC, although they did not feel that FGC provided better decision making for children and they did not advocate the provision of FGC for all families. In fact, some voluntary agency representatives felt there was potential for victimisation of children in the FGC process. The notion of providing an advocate for young people was raised by more than one worker. This idea has also been addressed in other programs and is addressed further later.

7. Follow-Up Interviews

The child protection workers who participated in the FGC were interviewed at the conclusion of the conference or as soon as possible thereafter. This generally occurred at the conference, however, in some instances, because of the difficulty in contacting workers, it took a few weeks for researchers to conduct the interview. The workers were then interviewed again between one and three months after the FGC. The purpose of these interviews was primarily to gain the workers' views about the conference and subsequent progress of the families.

A control group of workers was also interviewed to compare their views about the FGC process and about progress of families with the views of workers who had experienced other Child Protection Service planning meetings.

The control group was selected in the following manner. Researchers spoke to senior staff within the same regional office in which the conference was held. The staff were asked to identify the next client family at the same planning stage as the FGC family who attended an alternative planning meeting. Twenty-five control group families and their workers were identified to match the 25 follow-up interviews conducted with child protection workers who participated in family group conferences. The alternative meetings were either case planning meetings, review meetings or 28-day (after substantiation) planning meetings.

These interviews were conducted for two purposes. First, to examine the extent to which FGC is successful in terms of achieving its aims as set out in chapter 2 and second, to consider why workers refer some families to FGC rather than others.

How did FGC compare to Case Planning?

Child protection workers were asked a series of questions in relation to the FGC or other planning meeting. They provided positive but very similar responses to the question 'Were they satisfied with the FGC or other planning process?' Workers provided ratings of 5.7 and 5.8 respectively. They also provided positive and similar responses to the question 'Was a

clear plan developed?' (6.1, 6.4) They were also positive about the process advancing planning for the family (5.4, 5.50), yet were less positive about the extent to which the process brought more resources to bear for the family (4.3, 4.6).

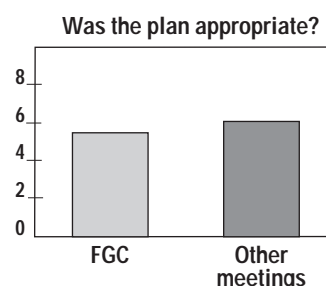
They were ambivalent about the question 'Did the FGC improve family relations?' However, those who had experienced FGC were more positive about this question than those who attended other meetings (4.4 for FGC and 3.5 for other meetings).

The differences between the mean ratings on this question for those who attended FGCs and those who attended other meetings are just outside the 0.10 level of statistical significance. In other words, the differences are insufficient to say that they were not a chance occurrence using the conventions of statistical analysis.

On the other hand, child protection workers believed that other meetings were more likely to develop a plan which was appropriate (5.5, 6.6). The differences between the two groups of workers is slightly greater in relation to the extent to which an appropriate plan was developed and the differences are within the 0.05 level of significance. In other words, the statistical conventions allow one to assert that this was not a chance occurrence. Workers did believe that plans developed in other meetings were more appropriate than plans developed in FGC.

The one to three month follow-ups revealed similar results. Workers were doubtful about how much improvement there had been in family communication since the meeting (3.8 for FGC and 3.5 for other meetings). They felt that both FGC and other meetings were effective planning processes, however, they rated other meetings (6.1) more highly than FGC (5.5). These results were just outside conventional levels of statistical significance.

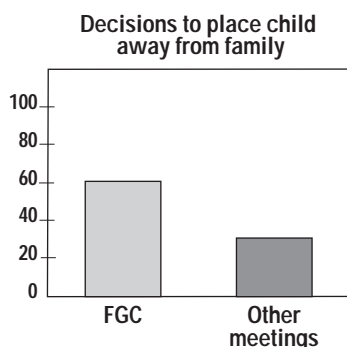
Figure 9: Was the plan appropriate?



Types of decisions in FGC and other meetings

The decisions made at family group conferences were often different to those made at other meetings. FGC more often involved decisions to place children away from the family (28 per cent for FGC and 18 per cent for other meetings) or place children with the extended family (33 per cent and 13 per cent), and less likely to involve the extended family providing support to children at home (39 per cent and 69 per cent respectively). The figures are, however, just outside conventional levels of statistical significance, that is, we cannot be sure that these numbers have not occurred by chance.

Figure 10: Decisions made to place child away from family



Nonetheless, this suggests that FGC may be used in situations where particularly important decisions are to be made, such as placing children away from the family. It may be that FGC is used for the more difficult client families. This might help to explain the view expressed by workers that the plans emanating from other meetings were more appropriate. Perhaps they were easier plans to make. However, when we took the nature of the decisions made into account in the statistical analysis, it was apparent that workers felt that decisions made in other meetings were more appropriate, regardless of the type of decision to be made.

Workers were also asked to comment on the extent to which the action decided upon has been happening. Seventy per cent of those who attended family group conferences believed that the action decided on at the meeting had been happening

compared to 95 per cent of those who attended other meetings. The differences are at statistically significant levels. Our data indicates that the reasons plans were not happening included: family members changing their mind about the decision (3), a poor initial decision (1), changed circumstances (2 cases) or resources being unavailable (1).

Again, our data does not support the notion that differences in the extent to which plans were happening was a factor of the type of decisions made in the respective meetings. When we compared only those meetings which decided to place children away from home, the workers responses continued to suggest that decisions made in other meetings were more likely to be happening.

We were surprised initially by the view expressed by workers that case plans developed in other meetings were more appropriate and more likely to be happening at the time of our follow-up. On the other hand, perhaps it should be no surprise that workers feel that the plans they make are more appropriate than the plans made by families. It is harder to explain the workers' view that plans made in other meetings were more likely to be happening, although perhaps workers are more likely to view their own plans more positively even when they make judgements about their implementation.

Convenor experience

Another factor that might have influenced the appropriateness and sustainability of plans is the experience of convenors. As mentioned in chapter 4, convenors had only an average of 14 months in their positions. Our data does suggest a trend towards more experienced convenors conducting shorter conferences.

There was also a trend towards workers and families being more happy with the conference process and the outcomes where those conferences were shorter and conducted by more experienced convenors. There was a correlation between workers' views about the appropriateness of decisions made in conferences and extent to which they believed decisions were sustained over time and the duration of conferences and the experience

of the convenors. These trends or correlations were not at statistically significant levels and may have been a chance occurrence. Nonetheless, they do suggest, as might be expected, that convenors tended to develop a more economical style as they gained experience and that this style facilitated decision making. The issues regarding appropriateness and sustainability of plans may well be issues relating to the development of a new program and the time it takes for staff, convenors and others to learn about its operation.

Further, the workers' views about appropriateness and sustainability of plans must be considered alongside the views expressed by family members who were very positive about the plans made in family group conferences in comparison to other meetings. Certainly more research is needed in this area. Further comment is made in chapter 10 about the need for more outcome research about FGC.

Why did child protection workers choose not to refer client families to FGC?

In 27 per cent of cases, the workers who attended other meetings believed that the family would have been suitable for FGC. They did not refer in these instances because they did not think of it, they were unfamiliar with the program or they felt the usual planning processes were sufficient.

In the remaining cases, the workers did not believe the family was suitable for a conference. A number of reasons were given for this, the most common being that the families problems were too complex (41 per cent), it might have increased conflict within the family (36 per cent) or the family would have been unable to make decisions (23 per cent). Several workers also said that FGC was unsuitable because there was no extended family involved.

Summary

Follow-up interviews with workers who attended FGC and a randomly selected control group of workers indicated that workers were generally happy with the FGC process and with other planning processes. They were inclined to believe

that FGC led to improved family relations in comparison to other meetings. On the other hand, they were inclined to believe that FGC led to less appropriate plans which were less likely to be implemented in comparison to plans developed in other meetings. The reasons for this are discussed. Child protection workers suggested that most of the cases dealt with in other meetings were not suitable for FGC.

8. Focus Groups

The study methodology included providing a regional focus group at which Child Protection Service's workers discussed the implementation of FGC. The composition of focus groups varied from region to region. In three of the rural regions, representatives from agencies who have child protection responsibilities outside of the department were included in the focus group. The size of the groups varied from four to 25 child protection professionals.

Focus groups were asked to comment on the influence of FGC on other Child Protection Service's programs, possibilities for expansion of FGC, the objectives of FGC and regional variations in FGC. The focus group findings are set out below.

The objectives of FGC

Groups were asked to comment on whether the objectives of FGC were met within the current application of the program. The objectives were identified as:

- The involvement of families in decision making
- A focus on the strengths of families
- An increased commitment to case plans
- Partnership building within families and between the families and the Child Protection Service.

Workers commented that, generally, these objectives are achieved, in particular the involvement of extended family and the empowerment of families. The opportunity for a family to work as a group appears particularly effective. Furthermore, FGC helps families identify and own the problems that put their children at risk. It was also noted that when families are active participants, they observe the case plan, or family plan, developed at the FGC. This may actually improve relationships between families and the Child Protection Service as 'bottom lines' and risk to children is clearly set out. This means that the family and extended family are made aware of the reasons for Child Protection Service involvement, which parents may not have previously disclosed. Moreover, because the FGC identifies the resources families need to address protective concerns, the Child Protection Service role is one of assistance and facilitation and not confined to statutory

intervention. The adversarial structure of the child protection system is ameliorated by the family decision making approach that is FGC.

The success of FGC is seen in the rise in referrals which, in turn, has placed considerable demands and a burden of expectation on convenors. The 0.5 convenor post is limiting and a number of regions wanted the post expanded to include another 0.5 convenor. The rural regions, in which FGC has enjoyed particular success, for example in Hume, want more coverage of the region than is possible by one 0.5 convenor.

However, workers noted that it had to be acknowledged that families do not universally want to, or are able to, work cooperatively to reduce risks to children. They commented that more thought needed to be given to identifying the suitability of a family and child protection decision for FGC, and to identifying at what point a family should be offered FGC. A number of workers stressed that FGC ought not to be seen as a panacea for all families. When FGC is offered, workers noted that bottom lines had to be clearly established prior to the meeting; however, in some regions this varied.

The influence of FGC on other programs

A number of protective workers believed that the FGC approach should be adopted in all case planning processes. It provides a model of how to work with families as it keeps workers mindful of family connections, of working in partnership with families. Workers stressed, however, that the principles of FGC are at the core of all child protection work—FGC is a focused implementation of those principles. The collaborative approach of FGC assists case planning, most particularly around finding appropriate placements for children. The inclusion of professionals from other agencies makes interagency collaboration a reality. In fact, it is a relief for workers to share responsibility for addressing risks to children with other professionals and extended family.

FGC has influenced other Child Protection Service programs and practice. Some protective workers

commented that they had included private time in case planning meetings as well as the use of genograms, particularly with adolescents. A number of workers believed it could be used more in other programs, for example in juvenile justice, adolescent programs, psychiatric services and housing assistance programs. What workers suggest is that the presence of child protection concerns may not be factored in to such latter services, or family decision making as a response to problem solving.

One worker in an adolescent unit commented that FGC helped the unit empower young people to refocus on their view of their situation and develop solutions formulated by, and owned by, the young people themselves.

The implementation of FGC

The implementation of FGC has been consistent with Child Protection Service intentions for the program. Issues that have emerged in the implementation include the universality of the use of FGC, the need for greater flexibility about when FGC might be offered and for flexibility about the FGC model currently used. FGC is often offered when children are to be, or have already been, placed away from home and this placement might be longstanding, perhaps permanent. What needs to be clearer also was to what extent FGC replaced case planning or was supplementary to it.

One region suggested that FGC could potentially replace traditional case planning practices if resources were available.

FGC ought to ideally take place after the first case planning meeting: when family members have met and the goals of intervention have been clearly explained. FGC is also used prior to court or when court action is being considered because workers believe families are usually more motivated to change at this earlier stage. The use of FGC at the 28-day review was suggested. Workers suggested that FGC could be useful at intake to clarify the family support needs and the degree of confidence workers can have in a family's response to protective concerns. The current practice is to wait until any court action has been taken and orders made before FGC takes place. Workers commented

that the court decisions often polarise families and make them hostile to the Child Protection Service and less able to work collaboratively within the FGC forum. Once there is ongoing statutory involvement, families are less willing to work with the Child Protection Service. A number of workers noted that FGC does not fit into the timelines of protective services and more thought must be given to where it fits within the 28-day review and the 60-day long term transfer.

All workers debated family suitability for FGC. Some believed that family violence, parents in custody and child sexual abuse were problems that may preclude a family from FGC and that criteria for FGC needed more explanation.

Workers commented that more thought needed to be given to variations in family style, cultural differences, whether or not the notion of 'family' could be applied to all parents, children and relatives, and whether or not the notion of 'family' was an idealised notion. Highly transient families, and these are numerous in country regions because of drift away from the city to cheaper and more available public housing, are often difficult to engage for FGC as a consequence of such structural factors.

It was noted that families react differently to having personal issues made public within their family—some individuals might be at risk if they disclose personal information. Some families cannot work as a unit; some are highly responsible about the care of dependent children. Workers also expressed concern about the introduction of FGC to meet the needs of a bureaucratic 'output-driven' system in which a preference for family-based care is favored because it is cheaper than out-of-home care.

The FGC model

Workers commented on the lack of attention to post-FGC matters, especially in terms of responsibility for monitoring the case plan. The lack of ongoing involvement of the convenor in this process was a source of frustration for many workers who felt they were made responsible for the outcomes of the FGC although they may not be involved in the development of the family plan. Workers commented that it was disappointing that no

provision had been made in the program to follow-up conferences in the longer term to see how well-maintained were the family's decisions and to provide information about what factors assist family commitment. Two regions noted the convenor did review cases after FGC to obtain information about outcomes and implementation.

A number of workers noted that the pressure to develop a family plan meant, in some instances, that plans were based more on hope than reality and the concerns of the protective workers were sidelined. The reality for many families is that FGC may open up old problems and tensions or create new ones with which family members need help. That this may be a consequence is poorly acknowledged within the model, though at a personal level acknowledged by convenors.

A number of workers commented that FGC might intensify scapegoating of the family member who has attracted protective concern—those who worked with older children and adolescents remarked on this. The need for the child to have an advocate was essential, especially throughout the conference; it cannot be assumed the family will advocate for a child who is perceived as troublesome.

Some workers expressed concern about the expectations placed on families by FGC and the energy demanded of families which can make a family or child feel worse if the family plan fails. Workers expressed concern that FGC was founded on the belief that families generally do have the resources to resolve their problems.

It is interesting to consider these comments in the light of the comments by family members reported in chapter 5. While family members were very positive about FGC in general, they were less positive about private time than other aspects of the conferences. The focus group comments seem to reflect the lack of confidence some families seemed to feel about their ability to make plans as a family.

Workers noted also that the FGC model did not provide a mechanism for dealing with family members who may present inaccurate information during the conference. The convenor role provided no guidance as to how family members might be

challenged if they presented false information or offered unrealistic proposals. Moreover, FGC may undermine child's needs and place the needs of the family ahead of the child when the two are competing.

Workers commented that, generally, the FGC process is successful, the referral process is clear and convenors encouraging and skillful. Workers commented favorably about the convenors who had spent considerable time attending staff meetings and providing training. Some convenors have introduced innovations, such as the FGC newsletter circulated in the Northern region, the provision of printed agendas and clearly set out bottom lines for each family member at the FGC, as provided in the Hume region. These innovations are enthusiastically received.

However, the time taken for planning FGC, preparing family members and attending the FGC, can be very demanding on workers despite the active involvement of convenors. In some cases, there is a need for a parallel protective involvement to facilitate FGC. It was noted that while the Child Protection Service expected workers to be more involved in empowering families, workers were not resourced to assist them with this and their workloads were not adjusted to accommodate it.

Where the convenor is an employee of the Department of Human Services, this greatly assists cases such as these. However, workers did not feel it was essential for the convenor to be an employee, although they believed it was preferable. What was essential was their impartiality, their knowledge of child protection and Department functioning and their skill in assisting families with placement of their child within the family network. What was also essential was workers' access to the convenor, the provision of debriefing for workers after FGC—it was noted that this was more available from department-based convenors. As the Child Protection Service contracts out more and more cases, the 'hard core' cases remain with the Child Protection Service and workers find their core business is risk assessment. A dedicated process, like FGC, is welcomed. Workers commented that while they generally welcomed FGC they wondered what

commitment management had to its continuation. Management support was perceived as variable. It was noted that training for risk assessment has been thorough and available to all workers. Training for FGC was less available and largely left to convenors, already pressed for time within 0.5 positions. One rural region noted non-department professionals expected to be paid to attend conferences and that this may negatively impact on the availability of FGC and maintaining the unique features of FGC which is so inclusive of all relevant welfare professionals.

The Victorian context

Within each region, the success of FGC greatly depended on the support of the senior staff and this was variable. It also depended on the extent to which senior protective workers involved protective workers in decision making about the suitability of a family for FGC and whether they encouraged the latter group's referrals or confined referral to more senior workers.

When asked if all families should have a FGC, workers believed that the principles of FGC made it an important protective response. However, short term cases, others which fall into categories alluded to above, may make FGC unsuitable for all cases. However, workers believed it should be asked on all intake and review forms: have you considered FGC? A number of workers noted that that not all protective interventions need to be family-based, there were many instances when individual work was more indicated. Workers expressed the view that they did not want to be compelled to use FGC though they agreed it was a powerful and important strategy.

Worker satisfaction with FGC as a child-centred, family-focused strategy was high. However, a model which is more responsive to the nature of Victorian child protection practice and a declaration of real commitment to FGC by the Department of Human Services were issues pivotal to the continued success of FGC.

9. Family Group Conferences in other Australian States and Territories

While it was not specifically included in the terms of reference, we have gathered information about FGC practices in other States and Territories. This was requested by the reference group and it provides some valuable options. The following is a summary of the use of FGC in Australian States and Territories, not including Victoria. The information is accurate as at August 1998.

South Australia

'Family Care Meetings' are mandated under the *Children's Protection Act 1993*, (ss 27–36). The following are the key features of the South Australian provisions:

- Meetings are convened and conducted by a Care and Protection Coordinator appointed by the Senior Judge of the Children's Court.
- Applications for care and protection orders granting custody of a child or placing the child under guardianship cannot be made before a family care meeting has been held in respect of the child; unless holding a meeting has not been possible; the making of an order needs to be done without delay, the guardians consent to the making of an order; or for some other good reason.
- Invited participants are the child, the child's guardians, other members of the child's family, any other person having a close association with the child who should attend, and any other person who the child or guardians wish to support them. The provisos are that the coordinator should, where practicable, consult child and parents about arrangements for the meeting and who attends the meeting, but is not required to invite any of these participants if the coordinator is of the opinion that this is not in the best interests of the child.
- Also involved in the meeting are the Coordinator, a Departmental employee who presents the report of the investigation of the child's circumstances to the meeting; a representative of the child's school (if persistent absenteeism is involved); the child's advocate (one should be appointed unless the Coordinator is satisfied that the child has made an independent decision to waive rights to such representation); any other

person who has examined, assessed, counselled or treated the child in the course of the investigation; any other person nominated by the Coordinator who can provide expert advice or relevant information; and a representative of a recognised Aboriginal or Torres Strait Island organisation if the child is of Aboriginal or Torres Strait Island origin. The Coordinator must take reasonable steps to ascertain the views about the care and protection of the child from any person unable to attend the meeting, and relay those to the meeting

- The purpose of the meeting is to provide a proper opportunity for the family, in conjunction with the Coordinator, to make informed decisions about how to best secure the care and protection of the child, and to review those arrangements from time to time.
- Meeting processes will allow for members of the family, including the child, where appropriate, to meet privately to formulate the family's recommendations. Where possible, the meeting should make decisions by consensus of the child, the child's guardians and other family members. The Coordinator must concur with the recommendation before it is regarded as a valid decision. A copy of the decisions must be recorded by the Coordinator and made available to those attending the meeting as well as other relevant persons.
- The meeting must make arrangements for the review of the arrangements. The Coordinator will convene a family care meeting for this purpose, if required to do so in a previous family care meeting, at the request of two or more members of the child's family who attended the previous meeting, or at the Coordinator's own instigation where a review is seen to be necessary or desirable.
- Evidence of anything said at family care meetings is not admissible in any proceedings, but the written record of decisions at family care meetings is admissible in care and protection applications.
- If no decisions are made by the meeting for securing the care and protection of the child, or if decisions are made but not implemented or complied with, an application for care and

protection will be taken out where it is considered that the child is at risk.

It will be seen that where legislation exists in other States/Territories in relation to FGC, the provisions are reasonably consistent with the above.

The most significant distinguishing feature of the South Australian arrangements is that they are conducted under the auspices of the Court. The underlying philosophy or purpose is to facilitate diversion from court processes (Di Maguire, Department for Family and Youth Services, personal communication). In practice though, this diversion process is tied to care and protection processes before the court, and there is no provision for the Department of Family and Youth Services itself to use FGC as a diversionary measure. A further limiting feature is that the court has been provided with little resources to support the conference processes.

The FGC process in South Australia is seen to have positives, such as greater ownership by the family of the decisions made, but no evaluation of the conferences and their outcomes has been conducted as yet.

Western Australia

There are no legislative provisions for FGC in child protection cases in Western Australia (the relevant legislation is the *Child Welfare Act 1947*) and, in fact, WA has taken a somewhat different approach to most other States and Territories, developing its use of family group conferences within its family support systems rather than the child protection system (Di Lambert, Family and Children's Services, personal communication). There is no organised use of family group conferences within the child protection system at this point in time, though debate on the future possibility of this is ongoing.

A small pilot of FGC was undertaken in 1996, examining the work of four coordinators (three rural, one urban). It was observed that there was considerable variation in practice, but the experience gained led to the development of the current model which is about to be implemented. The process is now called the Under Ten's Preventive Family Support Service and will be part of the

Department's family support approach. It will target those children under 10 deemed to be at risk of later requiring more intensive intervention. The family group conference will be one of a group of family support strategies. The coordinator will be a Departmental worker, who may be the primary service provider to the family or may be part of a team with case management handled by another worker. The model is seen as a response to the realities of practice identified in the pilot, that is, that conduct of the conference may be only one of a range of activities carried out by coordinators (a point picked up later when New South Wales developments are discussed).

The general reaction to FGC is positive, with it being seen as empowering for parents. As indicated, it is possible that the process will be extended into the child protection system in future, though it is uncertain whether it will be legislated for or regarded as an option to be used when appropriate.

Northern Territory

There are no legislated provisions in the Northern Territory in the relevant Act, the *Community Welfare Act*, with regard to FGC. A review of the legislation is underway and it may be that, in time, a policy position will be adopted on the use of FGC (Dave Richardson, Territory Health Services: personal communication).

At a practice level, there is some use of FGC (called Family Way Conferencing), facilitated by Departmental workers. The method is particularly used with Aboriginal children and families in enacting the Aboriginal Child Placement Principle. Family Way conferences are used mainly in rural areas, though there is some use in Darwin. The logistics of distance and resources are a factor limiting the use of such conferences. The use of these conferences is a particular feature of pre-court negotiations to attempt to secure the safety of the child and avoid court proceedings and post-court use of such conferences is limited.

Queensland

There are no legislated provisions in Queensland in the relevant Act, the *Children's Services Act 1965*,

with regard to FGC. New legislation to go before the Queensland Parliament shortly, and likely to be proclaimed late in 1999, will contain reference to the convening of family meetings without prescribing the details of how such meetings should be convened, constituted and run. Queensland does not currently operate a pure FGC model and the new legislation will leave the option for conducting such meetings open as one possibility for the State department to consider (Ann Elliott, Department of Families, Youth and Community Care, personal communication).

For a number of years, Queensland has directed workers to involve families in family meetings, that is, meetings that do not involve other agencies and are designed to engage the family in the best way to secure the safety of the child. Consideration of the circumstances of Aboriginal or Torres Strait Island children will include representatives of appropriate Aboriginal or Torres Strait Island organisations in the meetings. A large proportion of the cases in which family meetings are used are at the pre-court stage, are not part of a care and protection application, and may obviate the need for such an application. The emphasis is, where possible, on a collaborative and non-blaming process that seeks family views and participation. To this extent, the method shares some common principles with FGC.

There are a number of reasons behind Queensland's position on its current and future use of FGC. FGC is seen as resource intensive and, therefore, not necessarily cost-beneficial unless circumstances specifically justify it, and not automatically more effective than other or more 'traditional' case planning methods. Additionally, FGC requires a high level of skill, difficult to maintain across a large department, but developing a separate role for the convenor is not necessarily in the interests of integrated practice either. Queensland is still debating whether to develop a system of convenors independent of the State department, therefore, but the logistics of doing this in a State featuring long distances and many rural and remote communities are difficult. The feeling is that an independent convenor may be helpful if the family thinks it would be helpful, but that in many instances it makes little difference—the skills and attitudes of

the worker/convenor are the key to reaching good outcomes.

In future, Queensland is likely to specifically target its use of FGC to those cases where its use is clearly indicated. It is not likely to specify the use of FGC in legislation. FGC is likely to be one of a variety of strategies used. The logistics of implementing the model in a State like Queensland will clearly also shape future models.

New South Wales

There are no legislated provisions in New South Wales in the relevant Act, the *Children (Care and Protection) Act 1987*, with regard to FGC, although the Aboriginal child placement principle (ss 87) is regarded as a framework for the use of FGC, or variants thereof, with Aboriginal children and families.

Piloting of FGC is occurring in New South Wales. An evaluation report, written by Dr Judy Cashmore of the New South Wales Child Protection Council, is imminent. However, some preliminary observations can be reported (Kathy Gray, New South Wales Department of Community Services, personal communication).

The New South Wales Department of Community Services sees FGC as evolving and being adaptable to a variety of circumstances and, therefore, being capable of variation according to need. Conferences may be used at the pre-court stage and, in some instances, may be adapted to include the legal representatives of parents and children. They may be used during court adjournments, before orders are finalised or later while a child is in care, for example, to negotiate access or to promote reconciliation. They may be used more as a mediation model, for example, in irreconcilable difference cases between teenagers and families.

The pilot being evaluated has been conducted in the Cumberland/Prospect area, which is largely a low income area with large housing estates, a high ethnic population and pockets of high income. The pilot is being conducted in conjunction with the non-government organisation, Burnside. Burnside carries major responsibility for conducting family

group conferences with families that meet certain criteria, although the final endorsement of the recommendations of such conferences rests with the New South Wales Department of Community Services. Where conferences are not contracted to Burnside, the Department may conduct a family group conference itself, where this is appropriate.

Burnside takes the following issues into account in deciding whether to accept a referral for FGC (Mary Kiely, Burnside, personal communication):

- The willingness of the family to engage in FGC.
- Whether the risks to the child have been spelled out to the family and the required changes also specified and agreed to. Burnside engages the family around the means to these ends (though it will engage with the family around proposals to change the goals if the conference elicits new information, and the family may recommend to the court the type of order that might be applied).
- Whether there is potential for the family to communicate meaningfully about the issues (if this is problematic, Burnside may work with the family to develop this capacity).
- Whether there are problems, such as mental health problems, suffered by a key parent—this may lead to postponement of the conference until the parent is ready or the Department may make decisions about the immediate care of the child which may then be reviewed later by a conference.
- Whether there are problems such as domestic violence or sexual abuse which may be contraindications because some potential conference participants may possibly be, or feel, manipulated or influenced by reactions such as fear.
- Whether all the ‘main players’ turn up to the conference. If not, the conference may still proceed, but the interim plan formed will be checked with the absentees.
- Whether assessments have been completed by the Department and the family informed about them in advance.
- Whether a young person over 10 is the child at risk and that young person has disappeared, in which case it is unlikely the conference would be held.

Burnside’s work extends beyond the narrow confines of organising and conducting the family group conference. They will normally involve more parties than the Department, contact all parties before the conference and talk through the process and the person’s uncertainties about it. Any relevant issues such as intrafamilial conflict which may affect the conference will be discussed and, if possible, dealt with before the conference. Up to 20 hours may be consumed in these ways prior to the conference itself. The Department has provided \$500 funding per conference, but the variety of activities carried out by Burnside has resulted in an average cost of \$1,700 per conference. Future funding will somewhat narrow this gap. Burnside sees itself as justifying its contribution in terms of its developmental and pioneering role and observes that these processes have enabled them to break into and develop a view of family systems which is not afforded via typical practice methods.

Early indications are positive about the pilot. Family ownership of the process and results seems to be strong and feedback from families is positive. Burnside negotiate the location of the conference with the family and approximately half are held in the family home. Burnside will provide food, since the conferences are long, unless the family prefers to do this themselves. and with family agreement will cover the cost of provisions. Food is seen as an essential ingredient in such activities and as providing opportunities for participants in the conferences to interact. The provision of food appropriate to their ethnic background has been greatly appreciated by families from different ethnic origins. Burnside resources the process in other ways, for example, if the conference is to be held in the family home and there are insufficient chairs there, Burnside will provide these. If necessary, videos, toys or activities to occupy children will also be provided.

The partnership model with a non-government agency is also seen to be positive. It is seen to be an efficient use of the time of Departmental staff to have Burnside conduct the conferences. Families also respond positively because Burnside is seen to be less threatening than if the Department was conducting the process.

The New South Wales legislation is currently under review, so one can only speculate at this point on the outcome. It may well be, however, that New South Wales opts for developing a broad framework for the involvement of families rather than specifically legislating for FGC. New South Wales may then opt for a variety of models, including a variety of uses of FGC (and, therefore, a variety of models or adaptations of the family group conference) rather than the endorsement of one particular model.

Australian Capital Territory

There is no provision in the relevant ACT legislation for family group conferencing, but there is provision (*Children's Services Act 1986*, ss. 82) for 'child care conferences' during the adjournment of an application for a declaration from the Children's Court that a child is in need of care. These conferences may be held either at the direction of the court or via a request from the Director of the Department to the Community Advocate. The key features of these provisions, which are not mandatory, are:

- The purpose is to consider the welfare of the child.
- The attendees will include the parents; the child, if ordered by the Court; any other person concerned with the welfare of the child; and, with the leave of the court, a barrister and solicitor acting for any of these parties.
- Evidence from these proceedings is not admissible in court, except with the consent of all persons who attended the conference, or the leave of the court.

In practice, these provisions are not understood as family group conferences, though in individual cases kinship placements are made and family group conferences sometimes occur, especially where Aboriginal or Torres Strait Island children are concerned (Leonie Alcock, Children's, Youth and Family Services Bureau, personal communication).

The Children's Services Act is being reviewed, and new legislation will be presented to the ACT Parliament in the near future. It is anticipated that the new Act will include formal provisions for FGC.

Tasmania

While Tasmania has new child protection legislation in the *Children, Young Persons and Their Families Act 1997*, this legislation is to be proclaimed in 1999. Practice is, therefore, still governed by the *Child Welfare Act 1960*. There are no provisions in this current legislation with regard to FGC.

FGC has recently been piloted in Tasmania and subject to an evaluation. The report is not yet available (Mary Valey, Department of Community and Health Services, personal communication). The policy decision to implement FGC has been made, as the new legislation shows. However, it has been suggested to us that the pilot may show that the success of the program may well depend on the selection of appropriate families for FGC. It was also suggested that there is very little research on which to base assessments about the safety of extended family networks, that is, their capacity to protect the child in question.

There are a variety of provisions in the Children, Young Persons and Their Families Act that will govern the implementation of FGC when the Act is proclaimed. The key provisions are:

- Family group conferences may be convened if it is considered that a child is at risk and arrangements should be made to secure the child's care and protection (s. 30[1]); must be convened to review the arrangements approved at such a conference (s. 39); must be convened if ordered by the court on adjournment of care and protection proceedings (s. 30[3]); and must be convened if a care and protection order requires it, if the child or any two or more members of the child's family request it, or if the Department itself considers it necessary (s. 53).
- The purpose of conferences convened under s. 30 (1) is to provide opportunity to the child's family and other attendees to make informed recommendations as to the best arrangements for the child's care and protection, or to review arrangements and make further recommendations on them from time to time
- The purpose of conferences convened under s. 30 (3) is to consider the matter referred by the court and make recommendations to the court and,

those convened under s. 53, to review arrangements, as indicated above.

- A facilitator (who may or may not be a government employee), will be assigned to convene and facilitate the conference after consultation with the child and the child's immediate family.
- The child will be represented by an advocate considered suitable by the facilitator, unless the facilitator is satisfied that the child is mature enough to make an independent decision to waive this right.
- The child, the child's guardians and, in the case of an Aboriginal child, an appropriate recognised Aboriginal organisation, must be consulted by the facilitator regarding who should be invited to attend the conference and about the time and place of the conference which, where reasonably practicable, should be held within three weeks after determination that the conference take place.
- Persons who must be invited (as long as no order of a court could be contravened) include the child, the child's guardian, the child's advocate (if appointed), an authorised employee of the Department to present a report on the child's circumstances, and any person specified in a court order. A proviso is that the child or any guardian does not have to be invited if the facilitator is of the opinion that this would not be in the best interests of the child or if the facilitator is of the opinion the child is unable to understand or participate.
- Persons who may be invited include members of the child's immediate family; members of the child's extended family; any other person with a close association with the child; any person who has been counselling, advising or aiding the child or the child's guardians; a person nominated by a recognised Aboriginal organisation (if the child is an Aboriginal child); any person who has examined, assessed, counselled or treated the child in the course of the assessment of the child's circumstances; and a person representing the child's school or the Education Department (if educational issues are of concern).
- The facilitator must take reasonable steps to ascertain the views of all invited persons,

including those unable to attend, and ensure that sufficient information on the child's circumstances and the grounds for the belief that the child is at risk are presented to the conference.

- The child, guardians and other family members present must have the opportunity to hold private discussions for the purpose of formulating family recommendations to secure the care and protection of the child or other relevant matters.
- Consensus decisions are to be sought in the conference which is understood to have failed to reach a decision, unless all of the following agree: the child, if present and in the opinion of the facilitator capable of making an independent rational and informed decision on his or her own care and protection; the child's advocate or other representative; all the child's guardians that are present; and the facilitator.
- No information from the conference, except for the decisions made, is admissible in any court proceedings.
- The decision of the conference is subject to ratification by the Secretary of the Department. If the Secretary does not consider the arrangements to be suitable, the conference may be reconvened, or the Secretary may apply to the court for an assessment order (in association with which the court may make a variety of orders to temporarily secure the care and protection of the child).

Concluding issues

As a generalisation, it can be stated that most States and Territories are either using FGC (some have a legislative mandate for it) or are moving in this direction.

This is not to suggest that the move is uncontroversial. Issues and questions which were raised with us particularly included:

- Is greater specificity needed about those points in the progress of a case at which FGC is appropriate and effective? The method is, or will be, used at a variety of points: pre-court (or as a method to divert cases from court), during court adjournments, and post-court (for a variety of

reasons including case review, dealing with access, reconciliation and so on). There is also some debate about whether a family group conference conducted under an order of the court, as part of a formal pre-hearing conference, or during the adjournment of a protective application, is the same as a conference (say) which is conducted during the initial investigations and, in fact, obviates the need for court proceedings. Some people clearly see each of these as variants of the same model, while others see them as essentially different.

- Is greater clarity needed about the appropriate locus of responsibility for FGC within government? While most States and Territories will favour the State 'welfare department' as the appropriate body, South Australia has opted to have its Children's Court as the responsible body. The choice of the responsible body will have consequences for how the family group conference can and will be used.
- Should the responsibility for conducting the family group conference in certain instances be delegated to, for example, a non-government organisation; in part so that the convenor is seen as less threatening to the natural and extended family, making the method more consistent with a collaborative approach? Or is the location of responsibility largely irrelevant (except perhaps where the family particularly sees it as relevant).
- Is FGC always an appropriate method or should it be one option alongside other models to be used as appropriate, including traditional case planning methods, mediation models and so on? Additionally, can such conferences be understood and operationalised in a stand-alone fashion or do they need to be understood as part of an integrated range of interventions to be utilised with families? And finally, because of their resource-intensive nature, are family group conferences of cost-benefit? Some observers would suggest that possibly they are not in some instances, and that they are of cost-benefit only where they are particularly appropriate to the family and child's circumstances.
- Should FGC, therefore, be mandated in legislation or is it more appropriate to legislate the key case planning principles to be followed

and leave the specific method to be used to the discretion of the responsible State or Territory department?

- How broad can and should the role of the convenor be? Experience to date suggests that, in ensuring an effective outcome for a conference, convenors can be involved in a wide range of activities. The consequences of this for effective, efficient and integrated practice are not entirely clear.
- How stringent should the assessment of kin be when kinship placements are being considered? What level of responsibility should be assumed to ensure that placement with kin secures the safety of the child? Should the assessment process and the standards mirror those required, for example, of natural parents or foster parents? What are the consequences when kin are subject to lesser assessment standards, as frequently appears to be the case?
- Many of these debates are about how one best maintains the skill and capacity of the child protection system (including agencies outside the State department) to deliver high quality practice using a variety of strategies.
- Does FGC place greater emphasis on family rights rather than children's rights (and possibly to an undue extent in some cases)?

There is little research available on which to base decisions on these issues, so these questions form the basis for an important and rich future research agenda.

10. Discussion

Is the implementation of FGC in Victoria consistent with the 1986 program document?

This evaluation aims to consider:

the extent to which the current implementation or functioning of the program (in the various regions) is consistent with the description of the model provided in the October 1996 program document. In other words, is the program implementation consistent with the program proposals and principles?

The 1996 program document refers to the goals of FGC, underlying principles and the structure of FGC. Our observations and interviews indicate that the conferences are generally being carried out in a manner consistent with this document.

The program document talks about purpose of FGC in terms of significant decisions or to 'further articulate client need and the service response to this'. FGC, as it currently operates, is flexible in terms of accepting referrals in either of these situations.

The structure outlined in the program document involves the convenor contacting all relevant family members prior to the FGC taking place. The meeting is then conducted in three stages. This structure was generally followed in the conferences we observed although there were some regional variations as outlined below.

The extent of regional variations, why they occur and their impact on the program

We were asked to examine the extent of regional variations, the reasons for these, and their impact on the program.

How FGC was conducted

There was some variation in the way the conferences were conducted in the different regions. This related to the styles of different convenors and to the needs of the particular families.

There was variation in the use of private time. The program document refers to stage two of FGC in which the family is left alone 'to decide on an appropriate course of action' (p. 5). The 1996 program document allows for professionals to be invited into private time but views this as the exception.

In the conferences we observed that private time, in several instances, included the convenor or other professionals and, in two instances, did not occur. We are not critical of this process, in fact there were several instances where the convenor's presence in private time seemed to facilitate the family communication. To some, the presence of the convenor guards against the potential for family members ganging up or scapegoating individuals. It is also consistent with at least one of the overseas models.

There was a variation in terms of the time conferences take. The mean time for five conferences in one region was 50 per cent more than the mean time for five conferences in another region. Some convenors try to move through the stages more quickly than others. Again we are not critical of either approach. Some of the longer conferences worked well as did some of the shorter ones—although it was apparent that more experienced convenors conducted shorter conferences.

There was also variation in terms of follow-up. Some convenors made a concerted effort to at least find out what happened to families. Others saw the process as a specific time-limited intervention and knew little about what followed for families. The program document does not provide for a role in follow-up. It is argued later that a more formalised review and monitoring role, like some of the international models, might enhance program effectiveness.

Frequency of referrals

Perhaps the most notable regional variations relate to the extent to which the programs have been fully utilised. In some regions, the demand has been greater than others. In fact, in some regions the convenors have had an ongoing struggle to find

referrals, whereas in other regions convenors have been barely able to keep up with the referrals. Our data suggest that this relates to a number of factors.

Only one rural convenor indicated that the program had been taken to full capacity. Country regions with fewer clients seem to experience greater difficulty getting referrals. The greater spread of offices may be a factor, although our data does not support a view that the location of the convenor was particularly important in gaining referrals. A primary explanation for the difference between country and metropolitan regional referral rates seems simply a matter of the number of clients in those regions.

Our data suggests that convenor's involvement in other tasks and lack of continuity in the position relate to fewer referrals. There was a clear correlation between convenors devoting themselves full-time to the task of FGC (within their part time appointments) and use of the program. In each of the regions where the program was not fully utilised, the convenor had been asked to do other duties. Similarly, there appeared to be a higher rate of referrals where convenors had been continuously in the position for a period of time.

Some staff talked about the lack of support for FGC by senior staff within the regions. There was a correlation, for example, between the convenors' views about the support provided to the program by senior staff and the extent to which convenors had been taken to full capacity.

Even though senior staff who we interviewed expressed strong support for the program, few child protection managers or line managers of convenors had attended a family group conference. Similarly, a substantial proportion of team leaders and unit managers had never attended conference. Not surprisingly, there was a tendency for senior staff to have not attended conferences in those regions where convenors indicated they had not been taken to full capacity—although the small numbers make any meaningful conclusions difficult. It seems that the lack of direct experience of the program on the part of senior staff may lead them to be less enthusiastic about it. This might, in turn, influence its use in the region

Another explanation for the slow rate of referrals in some regions relates to the use of other programs in the regions. While we have pointed to the shallowness of the argument that workers do not use FGC because they make use of the principles anyway, it does appear that in some regions staff have put their energies into other things. Our impression is that some regions are undertaking two, three or four specialist or pilot projects and their capacity to accommodate more new approaches is influenced by this.

It is also apparent from our data that where workers have been involved in training at formal or informal levels they are more likely to have used FGC. This data is difficult to interpret because in those regions where referrals have been slow, convenors often indicated they had put a lot of energy into staff training. Marsh and Crow (1988) suggest that use of the British programs was more to do with worker's general attitude toward the model than to do with training. We did not find a difference in training rates between regions. Unfortunately, we only interviewed an average of seven staff per region and the numbers are too small to provide any meaningful conclusions about the impact of training in the different regions.

We believe that a number of staff simply do not value the idea of FGC. Our data is somewhat confusing on this issue. Workers at all levels said that they liked FGC. However, when asked to comment on the appropriateness of the plans developed in FGC, they gave a lower rating than the control group gave for other planning meetings. Again, this phenomena was referred to by Marsh and Crow (1998) in the British situation. They suggest that some workers simply do not like FGC.

This does not explain the regional variations. It does, however, help to explain the slow and erratic take up rate of the program in some regions.

New programs are slow to become part of the culture of any organisation, particularly where those programs involve a shift in the thinking of the staff. This was evident in the British programs (Marsh and Crow 1998) and the slowness of referrals to FGC no doubt relates to this. Once again, this does

not explain the regional differences but we believe it explains, in part, the somewhat slow and varied referral process to FGC around the State. Our data suggests that referrals will pick up over time as people become more familiar with the program.

Is FGC successful in achieving its aims?

i Does it successfully involve families in planning processes?

All of our data suggest that FGC is successful in involving families in planning. An average of almost seven family members attended the conferences. Research staff felt that families were involved in developing the plan. Research staff felt that Child Protection Service's staff were less involved in developing the plan. Family members felt that they were a part of decision making in family group conferences in a way they were not in other meetings. They felt that meetings had a sense of partnership which other meetings did not. This view was confirmed by representatives from voluntary agencies.

There seems little doubt that FGC is successful in involving family members in the planning processes.

ii Is FGC successful in focusing on family strengths?

Just about half of the workers we interviewed indicated that one of the advantages of FGC was that it focuses on family strengths. Family members felt the meetings recognised their ability to help, did not focus on what they had done wrong and that their contributions were important—in each case more so than other meetings they had attended. Each of the other groups we interviewed pointed to the importance of the contributions the families made. There seems little doubt that FGC makes use of family members' capacities and resources in a way that traditional planning processes do not.

On the other hand, mothers and fathers, those with most to lose from the planning processes, were more likely to feel that their ability to help was not recognised and that the meeting focused on what they had done wrong. Nonetheless, even mothers and fathers were more positive about FGC than

other meetings they had attended. They felt that FGC was more likely to focus on their strengths.

Representatives from voluntary agencies were equivocal about the extent to which family members' strengths were focused on in the meeting, although they rated the conferences higher on this than other meetings they had attended.

Focusing on strengths is difficult to do in an environment like child protection and our data suggest that it occurs sometimes and not others. It is, however, more likely to occur in FGC than in other Child Protection Service's planning processes. Comments have been made about the potential for scapegoating individuals in FGCs. Other programs, including the Tasmanian program, allow for appointing advocates for certain family members to guard against this—an idea which is discussed later in this chapter.

iii Is FGC successful in building positive partnerships between families and professionals?

Our data suggests that FGC is successful in building positive partnerships between workers and family members. The observations suggested that family members, convenors, child protection staff and others worked together in the meetings. Family members (including parents) described the meetings as having a sense of partnership, more so than other traditional planning mechanisms.

iv Is FGC successful in increasing awareness of regional staff about child-centred family-focused practice? and

v In promoting a child-centred family-focused philosophy throughout the range of protective intervention and planning in the region?

Influencing other practices and programs is one of the key objectives of FGC. Given that FGC is currently offered only to some families, its function as a model for the development of other partnership style programs is important.

Our data suggests that FGC does influence other programs and practices. Most of the staff interviewed believe this and there is also evidence in the data of a relationship between attendance at FGC and use of partnership practices.

While there is an association between use of FGC and use of other partnership practices, there are many other factors that influence partnership or child-centred, family-focused practices in the regions. In fact, it appears that a number of initiatives promote this approach, for example, the enhanced client outcomes program and the pro-social program in the Eastern Metropolitan region. Disentangling the influence of these programs is difficult. It does seem that FGC is, however, one of the factors influencing the use of partnership style practices.

vi Was FGC successful in increasing commitment by families to the implementation of agreed case plans?

Family members were, on the whole, satisfied with the FGC process and with the decisions made in the conferences. For the most part they believed that the decisions were being carried out. They were, however, equivocal about the availability of resources to implement the case plans.

One of the main strengths of the FGC process identified by workers was that it provided for a greater level of commitment from families. However, our follow-up interviews with workers suggest that case plans were more likely to be happening after case planning rather than after FGC. As discussed in chapter 7, there may be other reasons for this. Nonetheless, our data does not support the idea that families are more committed to the implementation of the plans following FGC.

vii. Is FGC successful in increasing families' commitment to the child or young person.

Again, we have difficulty judging this. Families feel involved in the process and they like FGC. This would suggest a greater commitment to carrying out the plan and the likelihood of increased commitment to the child or young person. Certainly the potential for greater levels of commitment are there. However, there seems to be some resourcing difficulties of the plans and the potential for families to come up with unrealistic case plans is also there. As discussed later in this chapter, an extended role for the convenors might address some of these issues.

viii. Is FGC successful in positively influencing the working relationship between families and the Child Protection Service?

In comparison to other meetings, family members felt more satisfied with what the child protection workers did and said in the family group conferences, more likely to believe that the worker was fair, and more likely to understand why Child Protection had concerns about the child or young person. They also felt more able to provide practical assistance to the child or young person. They were slightly inclined to feel positively towards Child Protection as a result of the meeting. More than half the family members said they would go to the child protection service for help in the future.

Workers also felt positively about the conferences they had attended. On the other hand, workers were inclined to believe that case plans did not survive as well and that plans were less appropriate in comparison to other meetings.

Our belief is that FGC does positively influence the working relationship between families and the Child Protection Service, however, this influence is predominantly from the clients' perspective.

Consider how and why the program has been successful or unsuccessful in achieving these aims

The program has been successful in achieving these aims because it makes a purposeful attempt to involve families. The reasons that FGC seems to work well have been addressed. The one area in which FGC seems to be less successful than we expected is in developing plans which workers feel are appropriate and which are sustained over time.

Why is the FGC program not more successful in developing plans that survive over time? The FGC process involves family members, workers, representatives of voluntary agencies and others, all of whom feel some pressure to contribute to the situation. Our impression is that they sometimes make offers on the spur of the moment and case plans developed by families and ratified by conferences sometimes have not been thought

through adequately, particularly in terms of the resources to support them.

It was also apparent from our data that conferences conducted by more experienced convenors were more likely to have plans which were being carried out at the time of our follow-up. New staff and new programs take time to settle down. This may also help to explain the issues regarding appropriateness and stability of plans.

Another explanation might relate to the lack of follow-up by convenors. Convenors often do not follow the families through after the conference. Sometimes elaborate plans may be developed and the convenors have little knowledge of whether or how they are implemented.

It is our belief, like that of Marsh and Crow (1998), that the FGC process would be improved if the convenors played 'a role in monitoring the outcomes of conferences including if necessary re-convening them' (p. 14). We believe that the issues relating to survival and appropriateness of case plans might be addressed by this process.

We have also noted the potential for scapegoating in conferences. Private time can provide a forum in which blame may be apportioned to one or more individuals. On one occasion we sat through private time where a primary client suffered a formalised process of rejection by other family members.

It is our belief that this issue might be addressed by emphasising that advocates may play a role in conferences either at the request of family members or when a child protection worker or convenor feels it is necessary. Advocates might be from voluntary agencies, members of the extended family or from cultural groups such as the Aboriginal Child Care Agency. One of the overseas programs refers to peer advocates for young people—an interesting suggestion. The Tasmanian legislation allows for a child to be represented by an advocate considered suitable by the facilitator, unless the facilitator is satisfied that the child is mature enough to make an independent decision to waive this right.

Suitability for FGC

While not in the specific terms of reference for this evaluation, the reference group has expressed interest in the issue of who is suitable for FGC and we have collected data about it. Some workers have said that all families are suitable for FGC. Yet most of those interviewed from voluntary agencies said that all families should not be given FGC. Similarly, most workers in our case planning control group felt that the families who received case planning were not suitable for FGC.

Our data suggest that families are mostly suitable when there is an extended family, where families are agreeable and where there is a clear planning decision to be made. In fact, where these three factors are present and there are no contraindications, FGC seems to be an appropriate course of action for most, if not all, families. Contraindications include dominating and intimidating family members, family violence and sexual abuse.

We cannot be more specific than this. We do emphasise that the need for a case planning decision is important for successful conferences. Most workers saw FGC as having a role both as a planning mechanism and as a supplement to case planning. However, a sizeable proportion of workers saw FGC as merely a supplement to case planning. We believe the emphasis should be on the planning function of FGC.

When should FGC occur?

Convenors and most staff we spoke to who had some experience of FGC saw it as suitable at any stage of a child protection intervention following substantiation. This includes pre-court or post-court, at 28-day planning, at case planning, at reviews and even at discharge. The principles of involving families in decision making applies at any stage.

Legislation

Legislation is in the process of being introduced in some other States. In Tasmania, for example, legislation determines much of the structure of the program. It also allows for FGC to be ordered by the court.

However, we have noted that FGC seems to be more established in Victoria than in other States and this has been done without legislation. The Child Protection Service policy guidelines might well include some of the principles which would be promoted through legislation, for example, the capacity for courts to request FGC following adjournments; the requirement for an FGC to be considered for all cases post-substantiation; and the requirement for families, including extended family, to be invited to participate in planning unless there are contraindications or the requirement to appoint advocates for clients.

It seems to us that the program has developed well without legislation and that the development of policies to address issues regarding its structure provides for flexibility to further develop the program in the light of this and other evaluations. Nonetheless, legislation which requires families to be invited to be involved in planning processes may well influence the development of child-centred, family-focussed practices in the regions. There may well be advantages in some general legislation such as this.

The future of FGC

It is our belief that FGC provides a planning alternative that is consistent with the research findings about best practice. Families are very positive about it and, for the most part, child protection workers and other professionals are positive about it. It provides a model for partnership practice that seems to have influenced other programs.

However, FGC is clearly a more expensive alternative than more traditional planning processes. It does not seem likely that FGC in its current form will, in the immediate future, be undertaken with families in the same routine manner as other planning processes.

There seem to be two ways the program could develop. First, little might change, FGC might remain as an option for particular families when they seem suitable. It might then continue to provide a model for, and to have an influence on, other planning mechanisms and case practice.

The second option is that it becomes integrated into case planning processes. Strategies could be put in place to develop case planning procedures which routinely allow for the involvement of extended family members, seek out families preferred plans, provide options for private time and give family members detailed information about options.

It is our view, for the reasons outlined above, that the first option should be followed in the short term. FGC should remain as an independent program, perhaps expanded at a later stage as the number of referrals grow. In the longer term, the second option may well be the most appropriate.

Research needs

Chapter 2 refers to the limitations of this evaluation. The evaluation has primarily focused on the implementation of FGC and the extent to which it is achieving its aims. We believe, however, like others who have written about FGC, that there is need for more research about its effectiveness (Robertson 1996; Marsh & Crow 1998).

Does involvement in a family group conference contribute to lower rates of re-abuse, to fewer contested court appearances, to fewer child deaths, to fewer re-notifications or to case plans which are more likely to be sustained over time? Do child protection clients who are involved in FGC have better outcomes after two months, or six months, or two years, in comparison to similar child protection clients who are involved in other more traditional planning processes?

While these questions were not within the terms of reference of this evaluation, we believe that the answers to them are important for making decisions about the future of FGC.

11. Recommendations

The recommendations relate to those areas where we believe action should be taken. There are a number of areas where we have not made recommendations because we feel less certain about them, for example, in relation to the introduction of legislation or more use of non-department convenors.

Recommendations regarding best practice

1. The convenor's role should involve ongoing review of case plans and re-convening conferences when this is appropriate. This could involve scheduling a review with appropriate staff after a period of three months.
2. Family members should be informed that they may bring an advocate to the meetings and, where appropriate, staff should appoint an advocate for individual family members.
3. Where an advocate is not appointed, the convenor should assume a role in protecting individual clients from scapegoating by family members within the conference.
4. The purpose of FGC as an alternative method of case planning should be emphasised, particularly among new staff

Recommendations regarding the integration of FGC principles

5. Senior staff, including case planners, who have not attended a FGC should attend one.
6. Senior staff, including case planners following their appointment, should, as part of their induction, attend a family group conference and/or attend FGC training.
7. Case planners should be able to and be expected to run family group conferences as required.

Recommendations regarding further implementation

Note: These recommendations relate to the facilitation of referrals. Implementation may well lead to a demand for FGC which cannot be met. The extent to which they should be followed relates to the extent to which the Department of Human Services wishes to fund the program. We have not seen it as our role to comment on whether the program should receive more funds.

8. The child protection computer record program should include a specific reference to FGC with a requirement to tick a box indicating that FGC has been considered and this family is suitable or unsuitable. Reasons might also be provided.
9. Funding of convenors' positions should be conditional on the convenors not being involved in other tasks. If referrals are slow, time should be spent in an educational role.
10. Regional or central induction training should include a module on FGC.
11. Convenors should be requested to make use of some of the strategies used by some of their colleagues. For example, the distribution of FGC bulletins in the region, the distribution of brochures to staff, speaking with all new staff in the early stages of their appointment, either individually or as a group, about FGC, regular attendance at team meetings and regular discussions with case planners.
12. Responsibility for deciding whether a referral should be made for FGC, and then whether or not FGC is to be held, should be clearly located with specific positions, perhaps with team leaders and convenors respectively.
13. The purpose of FGC should be defined clearly as both a method of, and a supplement to, case planning.

12. References

- Ban P (1986), Implementing and Evaluating family Group Conferences with Children and families in Victoria, Australia in Hudson et al, op cit
- Department of Human Services (1996), *Family Group Conferences in Protection and Care Program Document*, Melbourne
- Edmund M, (1991) 'Brief Casework: Effectiveness, Methods and Values', *Australian Social Work* Vol 43 No 2 pp. 3–11
- Gough, David (1993), *Child Abuse Interventions—A Review of the Research Literature*, Public Health Research Unit, University of Glasgow, London
- Health and Community Services (1995), *Evaluation of Family Group Conferences*, Melbourne
- Hassall I (1986), Origin and Development of Family Group Conferences in Hudson et al, op cit
- Hudson J, Morris A, Maxwell G, Galaway B (1996), *Family Group Conferences*, Federation Press/Criminal Justice Press, NSW
- LaSala M (1997) 'Client satisfaction: consideration of correlates and response bias', *Families in Society*, 78 1 1997 54–62
- Marsh P and Crow G (1998), *Family Group Conferences in Child Welfare*, Blackwell Science, London
- Robertson J (1996) 'Research on Family Group Conferences in Child Welfare in New Zealand' in Hudson et al, op cit
- Shulman Lawrence (1991), *Interactional Social Work Practice, Toward an Empirical Theory*, FE Peacock, Illinois,
- Swain P & Ban P (1997) 'Participation and partnership—family group conferencing in the Australian context', *Journal of Social Welfare and Family Law*, 19 (1):35–52
- Swain P (1993a) *Implementation Report of The Family Decision Making Project*, Mission of St James and St John, Melbourne
- Swain P (1993b), *Safe in Our Hands: The Evaluation Report of the Family Decision Making Project*, Mission of St James and St John, Melbourne
- Trotter C (1997), 'Working with mandated clients—a pro-social approach', *Australian Journal of Social Work* Vol 50. No 219–28
- Trotter C (1999), *Working with Involuntary Clients*, Allen & Unwin Sydney
- Wood M (1978), 'Casework Effectiveness: A New Look at the Research Evidence', *Social Work* 23, 6:437–459

