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Australian Institute of Criminology



Evaluation of the Family Group Conferencing pilot program: Summary of key findings

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Introduction

The Family Group Conferencing (FGC) pilot program was implemented in response to recommendations made as part of the *Special Commission of Inquiry into Child Protection Services in NSW* (Wood 2008). The program commenced operation in March 2011 and was delivered in 11 participating Community Service Centres (CSCs) located across both Metro-Central and northern areas of New South Wales.

The NSW Department of Family and Community Services (FACS) contracted the Australian Institute of Criminology (AIC) in June 2011 to undertake a process and outcome evaluation of the FGC pilot program.

This summary paper outlines the key findings from the AIC's evaluation and has been prepared to help inform discussion about the future of FGC in New South Wales. The information provided in this paper has been taken from the AIC's final report, which will be released in early 2013 (Boxall, Morgan & Terer forthcoming).

Background

Wood (2008) examined the use of alternative models of decision making in the care and protection jurisdiction in New South Wales, including the role of alternative dispute resolution (ADR), and made a number of recommendations to increase the use of ADR for child protection matters.

Wood (2008: 470) concluded that 'DoCS, the parties and the Court need to do much more to bring ADR into child protection work' and therefore made a number of recommendations relevant to the use of ADR in care and protection matters. Recommendation 12.1 stated that:

adequate funding should be provided so that alternative dispute resolution is used prior to and in care proceedings in order to give meaning to s37 of the *Children and Young Persons (Care and Protection) Act 1998*, in relation to:

- placement plans;
- contact arrangements;
- treatment interventions;
- long term care issues;
- determination of the timing/readiness for returning a child to the home;
- determination of when to discontinue protective supervision;
- the nature and extent of a parent's involvement;
- parent/child conflict;
- lack of or poor communication between a worker and parents due to hostility;
- negotiation of length of care and conditions of return; and
- foster care, agency and/or parent issues (Wood 2008: 491).

Four models of ADR were subsequently implemented at different stages of the child protection system. These included:

- further developing, promoting and implementing FGC;
- establishing a new model of dispute resolution conference (DRC) to operate in the care jurisdiction of the Children's Court;
- establishing a Legal Aid Pilot to operate for 100 care matters in the Bidura Children's Court; and
- monitoring and evaluating the Nowra Care Circle Pilot for Indigenous families, giving consideration to extending the model to other parts of New South Wales (ADR EWP 2009).

The introduction of ADR at various points in the child protection system aimed to improve the resolution of care and protection cases prior to and during court proceedings by providing collaborative, inclusive and empowering decision-making processes for children and families (Urbis 2011).

Family Group Conferencing in New South Wales

FGC has been used in New South Wales since 1996 (UnitingCare Burnside 2007). Prior to the *Special Commission of Inquiry into Child Protection Services in NSW*, FGC had not been adopted by Community Services as a formal program, having previously been implemented as a pilot that had not been extended (Harris 2008; Wood 2008). However, a small number of CSCs have continued to use the model on a more informal basis.

The FGC pilot program started accepting referrals in February 2011 (just prior to the program officially commencing operation in March). Conferences held as part of the FGC pilot program were based on the UnitingCare Burnside model of FGC, which itself was based on the New Zealand model of FGC (Harris 2008; UnitingCare Burnside 2007). The program was initially piloted in 10 participating CSCs located across both Metro-Central and northern areas of New South Wales. Participating CSCs located in the Metro-Central area included Burwood, Central Sydney, Chatswood, Eastern Sydney, Epping, Lakemba, St George and Sutherland. Participating CSCs in the northern region included Ballina and Clarence Valley. Midway through the evaluation period, referrals to the program were received from the Tamworth CSC.

One of the main aims of the FGC pilot program was to empower families to develop, implement and manage Family Plans to address the care and protection issues raised by Community Services. Conferences held as part of the pilot were attended by parents, the child/young person, extended family members, service providers, the Community Services Caseworker and Manager Casework, and were chaired by a trained and independent Facilitator. Conferences were conducted in neutral community-based venues and were focused on developing strategies that could be implemented by the family. Professionals had a largely supportive role in strategies developed at conferences, although plans did have to be endorsed by Community Services to become actionable.

Evaluation methodology

In order to assess the implementation and short-term impact of the FGC pilot program, the AIC developed an evaluation methodology incorporating both quantitative and qualitative research methods. This included a comprehensive literature review, conference observations, an online survey of professionals and semi-structured interviews with families, service providers and Community Services staff involved in the program. It also included the analysis of information extracted from hardcopy referral forms, conference reports and Family Plans, and the analysis of administrative data relating to the operation of and outcomes from the FGC pilot program.

Focus of the evaluation

There were a number of challenges in evaluating the FGC pilot program. FGC (and ADR more broadly) was implemented as part of a suite of reforms introduced in response to the *Special Commission of Inquiry into Child Protection Services in NSW* (Wood 2008). The introduction of ADR at various points of the child protection system represented an innovative approach in New South Wales in responding to the needs of children and families involved in care and protection matters. Effectively engaging Community Services staff, service providers, independent Facilitators and families in the conference process presented several implementation challenges. The program was also a small-scale pilot, both in terms of the number of families who were referred to the program and the number of sites. FGC was also in its initial stages of development and implementation at the time of the evaluation.

This had implications not only in terms of the capacity of the program to deliver positive outcomes, but also in terms of the length of time that families participating in the program could be followed and the extent to which the longer term impact of the program could be measured. For these reasons, the evaluation focused primarily on the implementation and operation of the program and immediate outcomes for program participants, identifying several important lessons and considerations for future FGC programs operating in the care and protection jurisdiction of New South Wales. While the impact of the program on a range of care and protection outcomes has been reported, these should be understood within the context in which the program operated.

Design and implementation of the Family Group Conferencing pilot program

Key features of the Family Group Conferencing pilot program

There are a number of important differences between FGC and other decision-making processes operating within FACS, including existing case planning processes undertaken by Community Services:

- The FGC pilot program provided an opportunity for the parent(s) and extended family to take ownership of the child protection concerns identified by Community Services and develop family-centred strategies (Family Plans) to address these concerns. Although Community Services were required to endorse the Family Plan prior to its implementation, professionals had a limited role in the development of plans.
- Conferences provided an opportunity for the family and professionals involved in a matter to meet as part of a non-adversarial process, where all parties could openly and respectfully discuss the care and protection concerns.
- The FGC process was less formal than a case planning meeting and while there was a basic model underpinning the process, there was sufficient flexibility to enable the process to be adapted to the needs of the parties involved and the issues that were being discussed.
- Conferences took place in community-based facilities in an attempt to provide a less threatening and neutral setting in which the care and protection concerns could be discussed.
- The attendance of the child/young person at conferences was encouraged (where appropriate and suitable), so that their views and interests could be taken into consideration in the development of Family Plans. When the child/young person was unable to attend, their views were considered as part of the proceedings in other ways (eg a written statement that was read out at the proceedings).
- Conferences were facilitated by a neutral third party whose role was to encourage the family to work together to reach an agreement on the action that should be taken to improve the safety and wellbeing of the child or young person and to make sure that parties spoke to each other in a respectful and positive way.

These differences are important, because they have implications for the effective management of FGC, the skills and knowledge that are required by Facilitators, Caseworkers and Managers Casework, and the nature of support that is provided to families in contact with Community Services.

Program guidelines and operating framework

Unlike other forms of ADR currently operating in the NSW care and protection jurisdiction, the FGC pilot program was not established in legislation. However, the referral of matters to the program was provided for under s 37(1) of the *Children and Young Persons (Care and Protection) Act 1998*. The Act states that when responding to a report, Community Services should 'consider the appropriateness of using alternative dispute resolution', which is inclusive of FGC.

The implementation and operation of the program was supported by a procedures manual that was endorsed at the beginning of the pilot period. The procedures manual provided guidance in relation to various aspects of the program, including the processes involved in referring a matter to the program and the factors that should be considered when identifying suitable matters. There were some concerns with the manual, insofar as some stakeholders reported that it had not been distributed until after referrals to the pilot had commenced, that it was unclear whether it had been endorsed and that it did not provide sufficient guidance around certain aspects of the program.

Building the capacity of professionals involved in Family Group Conferencing through training and development

Conferences held as part of the FGC pilot program were conducted by Facilitators who were independent of Community Services. Some of the Facilitators had extensive prior experience in FGC and were highly skilled in the use of ADR. Others were recruited from community-based support services and participated in the Facilitator training program run by the UnitingCare Burnside's Institute of Family Practice. Stakeholders reported that there was limited time available for program staff to make an appropriate assessment as to the suitability of applicants prior to their involvement in the training program, which meant that some of the newer Facilitators were subsequently found to be unsuitable for training and/or FGC.

Stakeholders also reported that the low number of program referrals meant that new Facilitators had minimal opportunities to conduct conferences and therefore develop their skills. Similarly, due to the low number of referrals, Facilitators could not devote their time to the program, meaning that even when referrals were available, the new Facilitators could not take the referral due to conflicting work commitments.

Similarly, there was scope to increase knowledge of the program among Community Services Caseworkers and Managers Casework. Awareness of the program and the way it operated was higher in participating CSCs with proactive management who periodically encouraged staff to identify suitable matters for referral and those with high staff attendance at information sessions run by Facilitators and the FGC Project Officer. However, there was a lack of consistent and ongoing training for Community Services representatives on the benefits and advantages of FGC, on referral processes and on how best to participate in the conference.

Stakeholder support for the Family Group Conferencing pilot program

Overall, it appears that the FGC pilot program was generally well supported by those involved in the process. There was a small group of stakeholders involved in the implementation and management of the program and for the most part, these stakeholders demonstrated a high level of commitment to the program. Nevertheless, successfully implementing FGC processes requires a significant adjustment in the mindset of Community Services, and the way in which staff approach certain issues and conduct themselves during proceedings. This requires a cultural shift and long-term commitment in order to effect sustainable change.

Consistency with good practice

As part of this evaluation, the AIC conducted a comprehensive review of the relevant literature to identify a series of best practice principles for the design and implementation of an effective FGC program (see Table 1).

Table 1 Principles for the implementation and delivery of Family Group Conferencing

Principle	Brief description
Stakeholder buy-in	The participation and commitment of key stakeholders should be encouraged from the beginning of the program and sustained through the life of the program
Appropriate timing of referrals	While FGC can be used at a number of points in the care and protection continuum, ideally referrals should be made as early as possible and prior to court decisions
Flexible eligibility criteria	Although consideration should be given to a range of factors when referring matters to FGC, matters should not be excluded based on individual risk factors. All relevant factors should be taken into consideration when deciding which matters should and should not be excluded
Adequately trained, skilled and independent Facilitators	It is important to provide adequate and ongoing training to Facilitators. It is also important that Facilitators are independent and remain impartial at all times. It is also important to have skilled Facilitators from culturally and linguistically diverse backgrounds
Family attendance	Programs should be underpinned by a broad definition of family so that it is inclusive of friends, community representatives, elders and other sources of familial support
Participation of the child/young person	Where possible, the child/young person should participate in conferences. However, the safety of the child/young person should be a key consideration for all professionals when preparing for conferences. If in-person attendance is not possible, the views and wishes of the child/young person should still be considered at the conference and inform the development of the Family Plan
Appropriate time scheduled for 'Family Time'	It is important that families are given adequate time to develop Family Plans that address the child protection concerns. Professionals should be conscious not to put pressure on, or coerce, the family
Behaviour of professionals	It is important for professionals to communicate with the family in a simple, clear manner and to be open to negotiation with the family at the conference. Professionals should ensure families understand their roles at the conference and also understand the conference process
Confidentiality of proceedings	There should be a policy of 'no new news' at the conference. Matters that are confidential should be discussed with the relevant family members separately
Clear review processes	Clear review mechanisms should be incorporated into the Family Plan to ensure that support services are being delivered and that family members are fulfilling their respective duties
Culturally appropriate processes	The FGC process should be conducted in a culturally appropriate manner. Where possible, the Facilitator should reflect the cultural background of the family and speak the same language. The culture and traditions of the family must be acknowledged and respected throughout the process

Source: ADR EWP 2009; Brady & Millar 2009; Carruthers 1997; Chandler & Giovannucci 2009; Connolly 2006; Dawson & Yancey 2006; Giovannucci & Largent 2009; Harris 2007; Holland & O'Neill 2006; Huntsman 2006; Lowry 1997; Maughan & Daglis 2005; Morris & Tunnard 1996; NADRAC 2011; Olson 2009; Sundell & Vinnerljung 2004; Trotter et al. 1999

It appears that the available evidence base informed the development and implementation of the FGC pilot program and a concerted effort was made to ensure that the program was consistent with good practice. While there were a few points of divergence between the best practice principles identified through the literature review and the FGC pilot program, these appeared to reflect the need to adapt the model to suit the FACS organisational and legislative framework, and the existence of other ADR programs operating as part of the care and protection continuum.

Recommendation 1

The FGC procedures manual should be revised to incorporate any amendments made to the program in response to the evaluation findings, endorsed and re-launched.

Recommendation 2

Facilitator recruitment processes should allow sufficient time for program staff to make an assessment as to the suitability of applicants for involvement in the training program and for FGC more generally.

Recommendation 3

Stakeholders involved in the management and delivery of FGC should be supported by an ongoing program of training and professional development, and funding should be allocated for this purpose. Training needs to be ongoing, targeted at those professionals with identified needs and available to professionals new to the care and protection area and/or FGC processes. This includes training for existing Facilitators, new Facilitators and for Community Services staff and service providers. Regular training, the distribution of information about the program (including the findings from the evaluation) and the advocacy role performed by program staff and Facilitators will assist with building awareness and support for the use of FGC among Community Services staff in the areas in which it operates.

Recommendation 4

There is a need to consider who will be responsible for undertaking the various ongoing tasks that were performed by the Project Officer during the pilot period. This includes the coordination of the various parties and processes involved in the program, data entry and information management and the provision of ongoing support to Community Services staff involved in the referral of matters to FGC. Further, some consideration needs to be given to who will be responsible for overseeing the continued development, implementation and (if it occurs) expansion of the program (eg the recruitment of additional Facilitators).

The referral of matters to Family Group Conferencing

Matters referred to Family Group Conferencing

Between February 2011 and March 2012 (the evaluation period), 59 unique matters were referred to the FGC pilot program. The number of referrals to the program fluctuated over the evaluation period. Overall (and excluding those matters for which the information was not available), there were more referrals from non-Out of Home Care (OOHC) teams (64%; n=30) than OOHC units (36%; n=17).

The majority of referrals (63%; n=37) came from the Metro-Central area, which was not unexpected given that eight Metro-Central CSCs participated in the pilot compared with three in the northern region. However, the average number of referrals per CSC was higher in the northern region than the Metro-Central region.

There was a range of reasons for referring a matter to FGC. Forty-one percent (n=26) of referrals aimed to identify ways in which the family could better support the parents/carers or the child/young person. Thirty-seven percent (n=19) of referrals aimed to identify appropriate formal support services that could assist the family and/or child. Around one-third of referrals (n=15) were aimed at getting the family to identify immediate alternate living arrangements or potential carers in the event that the placement broke down in the future. Seventeen percent (n=8) of referrals aimed to identify ways in which an Indigenous child/young person in OOHC could continue to develop their cultural identity.

Factors that influenced whether a referral proceeded to conference

Twenty-nine (49%) of the 59 matters that were referred to the program during the evaluation period proceeded to conference. Of those referrals that did not proceed to a conference (and for which the reason for not proceeding was known), seven (31%) did not proceed because the family or young person chose not to participate, two more families withdrew their consent after initially agreeing to participate, three were withdrawn because the family's circumstances changed, making them ineligible for participation in the program and eight were deemed unsuitable for FGC by Facilitators.

There were different views about the suitability of referrals made after interim or final orders had been made by the Children's Court. Feedback from stakeholders involved in the program suggested that matters referred post-final orders were typically restricted to discussions around future contact arrangements. Facilitators argued that many matters referred post-final orders were unsuitable for FGC because the main decisions regarding the safety and wellbeing of the children had already been made by the Children's Court. Conversely, there was some support among Community Services representatives for referring matters specifically for the purpose of discussing the logistics around contact arrangements (eg who will supervise contact and where it should take place).

Almost two-thirds of referrals that did not proceed to conference were OOHC matters. This was consistent with the view among some stakeholders that families with children in care were more likely to have negative perceptions towards, and to have had extensive prior contact with, Community Services, and may be less willing to engage in processes such as FGC. While this is not to suggest that OOHC matters were unsuitable for inclusion in the program, there may be more resistance from these families towards a program that is managed by Community Services.

Barriers to referral to Family Group Conferencing

While the actual referral rate for matters that were eligible for FGC is unknown, the total number of referrals made to the program during the evaluation period was lower than expected. Similar issues have been experienced by FGC programs operating elsewhere in Australia and overseas (Brady & Millar 2009; Harris 2007; Huntsman 2006; O'Brien 2002; Shore et al. 2002). Stakeholders involved in the management and delivery of the program identified a number of possible reasons for the low number of program referrals, including difficulty identifying suitable matters, narrow referral pathways, family resistance to participating in FGC, lack of clarity around referral processes, the timeliness of referral processes and a lack of program knowledge at some CSCs.

However, one of the main reasons attributed to the low program referral rate was the ineligibility of matters that were the subject of current court proceedings. Nevertheless, there was little support among stakeholders for amending this eligibility criteria because of the perceived unsuitability of court matters for FGC and the existence of other ADR programs that deal with this particular group of care and protection matters (eg the new model of DRC and the Legal Aid Pilot).

Recommendation 5

FGC should be integrated into the case management processes undertaken by Community Services for those matters referred to the program. In the areas in which FGC operates, Community Services Caseworkers should be encouraged to consider the suitability of matters during the early assessment stages and in the development of case plans.

Recommendation 6

Program referral pathways should be widened. In particular, families and organisations supporting families should be able to request a conference. This would necessitate providing community-based organisations and families with information about the program at a number of stages in the case management process.

Recommendation 7

While the evaluation did not find any evidence to suggest that the eligibility criteria should be amended to exclude or include additional matters, key stakeholders had different ideas as to what matters were suitable or unsuitable for FGC. In particular, the issue around the suitability of matters that have received final orders should be addressed.

Recommendation 8

Facilitators should be involved at an earlier stage in the referral process, subject to constraints around confidentiality. The Caseworker should have direct access to the Facilitator once the Manager Casework has confirmed the suitability and eligibility of a matter and prior to approaching the family for their consent to participate in the program. Further, the Facilitator should approach the family in the first instance about participating in the program. Engaging the Facilitator at this point in the proceedings would help to confirm the suitability of the matter at an earlier stage in the referral process and potentially increase the proportion of matters that proceed to conference.

Conferences held as part of the Family Group Conferencing pilot program

Pre-conference preparation

Conference preparation, while time consuming, was important and effective in ensuring that participants were well prepared and contributed to successful conferences. Ensuring all participants had an understanding of the processes involved in a conference and what would be expected of them during the proceedings was one of the key roles of the Facilitator. Few stakeholders and family members reported feeling unprepared for the conference. Almost all of the Community Services Caseworkers and Managers Casework who completed the online survey and participated in a conference said they felt prepared for the conference (95%; n=20), understood how the conference was going to be run (100%; n=25) and knew what would be expected of them (100%; n=21).

Nevertheless, some professionals reported that providing families with additional information about the conference process and their role in the proceedings may be beneficial in helping to improve their understanding of FGC and in securing the consent of the family to participate in the program.

Conference processes

Conferences were divided into three stages—introductions and information sharing, Family Time and ratification of the Family Plan. The evaluation concluded that the way in which conferences were run was consistent with the way the program had been designed and outlined in the procedures manual.

Some service providers and FGC program staff suggested that some Community Services Caseworkers and Managers Casework found it difficult speaking to the family directly about their concerns, particularly when the family was angry or emotionally distressed. Similarly, some stakeholders and family members questioned whether families who had demonstrated difficulty communicating with one another or were in conflict should be expected to manage often complex family dynamics in private as part of Family Time.

Location of conferences

The majority of conferences were conducted in neutral, community-based facilities. Conference venues included a Police and Citizens Youth Club, community health centres and halls, libraries, RSL clubs and schools. Suitable venues were identified by the Facilitator in consultation with the family and took into consideration factors such as the size of the facilities and the proximity to public transport. Stakeholders and family members involved in the program perceived the use of neutral community-based facilities as another important strength of the program.

Timing of conferences

Although the procedures manual stipulated that conferences should be held no longer than six weeks after referral, on average matters referred to the program required 11 weeks to proceed to conference. Only five matters (18%) were held within six weeks from the date of referral, while another five matters (18%) required 15 weeks or longer. This was due largely to the challenges associated with bringing all of the participants together and ensuring that they were adequately prepared (as well as problems with the referral process).

Facilitators involved in Family Group Conferencing

There were high levels of satisfaction among family members and professionals with the way conferences had been run, particularly in the way in which Facilitators managed and overcame challenging communication barriers and safety concerns. Facilitators appeared to be highly skilled in engaging a range of parents, children/young people and extended family members in the program, including families with pre-existing negative perceptions towards Community Services and/or an extensive prior history with the Department.

Overall, conference participants were positive about the performance of Facilitators and attributed the perceived success of conferences to the skill of Facilitators in managing the process. The majority of family members who were interviewed as part of the evaluation said they had been given an opportunity to have their say, speak directly to the professionals in the room and were treated like 'experts' in their family affairs. The independence of the Facilitator from Community Services was identified as an important strength of the program and a number of stakeholders reported that families were more willing to engage in the program because of the perceived independence of Facilitators from the Department.

Attendance at conferences

Rates of family attendance (including extended family members) at conferences were high. Many stakeholders identified the attendance of extended family members at conferences as a strength of the program. In particular, a number of Community Services staff noted that one of the main benefits of conferences was that they were provided with greater opportunity to identify and make contact with these extended family members.

The child (or children) attended 35 percent (n=9) of conferences held during the evaluation period. While many professionals and family members said the participation of the child was beneficial (for both the child and their family), a small number of stakeholders raised some issues around their attendance. In particular, some issues raised during conferences were potentially very confronting and upsetting for the child or young person.

Issues discussed during conference

Conferences addressed a range of issues identified by Community Services as being relevant to the children, young people and families involved in the FGC pilot program. All of the conferences were focused on identifying familial and formal supports for the family or children. Four out of five conferences (n=19) focused on the issue of contact, issues impacting on parenting capacity and issues relating to the needs of the child or young person. Three (13%) focused on restoration, seven (30%) were focused on placement options and five (22%) were focused on improving the relationships between the parties involved.

Length of conferences

Sixty-four percent (n=9) of conferences held during the evaluation period (and for which this information was available) took three hours or less, and only two conferences (14%) took longer than four hours. These findings suggest that conferences were shorter than anticipated (conferences were allocated a full day), partly because some family members appeared to struggle to concentrate or cope emotionally during proceedings. Nevertheless, satisfaction with the length of conferences was quite high among Community Services staff and Facilitators.

Confidentiality of conferences

There were a number of confidentiality protocols in place to regulate the information that could be shared between FGC program participants and the Children's Court (if applicable) prior to, during and after conferences. While the confidentiality protocols were clearly outlined in the documentation provided to families prior to attending a conference, they were not clearly stated in the procedures manual.

Culturally appropriate decision-making processes

Forty-five percent (n=13) of conferences held during the evaluation period involved an Indigenous family. The majority of service providers, Community Services staff, Facilitators and families reported that the program was more appropriate for Indigenous families than traditional case planning processes. A number of stakeholders reported that Facilitators involved in the program were skilled at dealing with the types of issues experienced by Indigenous families.

The attendance of parents and extended family members was an important feature of conferences involving Indigenous families. Analysis of the conference attendance data showed that 92 percent (n=11) of conferences involving an Indigenous family were attended by extended family members and all were attended by the mother. Feedback from stakeholders suggested that involving the extended family in the conference meant that participants were more likely to consider family placements and account for the cultural needs of the children.

Participant satisfaction with the processes involved in conferences

The results from the interviews, focus groups and online survey involving conference participants (and reported through this section of the report) have shown that, overall, Community Services staff, service providers and family members reported a high level of satisfaction with the way conferences were conducted and the way the Facilitator ran the proceedings.

Approximately 90 percent of survey respondents who had participated in a conference believed that they had been listened to (n=17), had been given an opportunity to explain their professional opinion about the case (n=13) and were happy with how the conference was run overall (n=12). Further, 100 percent (n=19) of respondents reported that the Facilitator had behaved impartially.

Some participants reported that, while they were initially reluctant to participate in the pilot program and did not understand certain aspects of the process, they were more supportive of FGC and more willing to refer matters once they had some experience with the program.

Recommendation 9

Additional information on the availability and purpose of brokerage funding should be provided to Facilitators so that they can continue to assist families attend conferences.

Recommendation 10

Families in which interfamilial conflict is an identified issue should be provided with the option of having a Facilitator (or suitable non-Community Services professional) present in the room during Family Time so that all parties are given an opportunity to be heard and any safety concerns managed appropriately. The role of a non-family member during Family Time should be clearly outlined in the procedures manual and emphasise that they are not there to assess the merit of the proposed Family Plan or to suggest ways in which the family can address the guiding questions.

Recommendation 11

Conferences should continue to be held in neutral, community-based venues. In the event that a party wishes to attend the conference using teleconferencing facilities, a suitable venue should be selected that supports this.

Recommendation 12

While acknowledging that the referral process and pre-conference preparation can be time consuming, the time taken for a referral to proceed to conference needs to be reduced where possible. This may involve identifying those factors that may have a negative impact on matters proceeding to conference and developing strategies to address these issues.

Recommendation 13

Community Services should continue to use independent and neutral Facilitators to convene conferences, which should be communicated to families at the time of referral to FGC.

Recommendation 14

There should be clearer guidelines around the circumstances in which the child/young person should not attend conferences and the measures that can be used to ensure that the child/young person is safe and comfortable during the proceedings.

Recommendation 15

The confidentiality protocols that currently exist in the program should be clearly outlined in the procedures manual and communicated to professionals and family members during the pre-conference preparation stage and at the beginning of the conference.

The development, implementation and review of Family Plans

Family Plans developed through Family Group Conferencing

One of the primary aims of the FGC pilot program was to empower parents, extended family and the child or young person (with the support of service providers and Community Services) to develop Family Plans that, at a minimum, addressed the bottom lines identified by Community Services to improve the safety and wellbeing of the child/young person. Family Plans are different from traditional case plans in a number of ways. They are family-focused strategies that are developed by the family around guiding questions (reviewed by Community Services prior to implementation), they identify the nature, responsibility and timeframe for each action identified by the family, and can address a range of issues, not just those care and protection issues raised by Community Services.

Ninety percent of matters (n=26) that proceeded to conference during the evaluation period resulted in the development of a Family Plan. None of these were rejected by Community Services. Three conferences that were conducted during the evaluation period did not result in the development of a Family Plan. Stakeholder feedback suggests this was mainly due to significant interfamilial conflict.

There was a high level of satisfaction among both families and professionals with the content of Family Plans developed at conferences. Family members reported that Family Plans had been beneficial and reflected the strengths and capabilities of the family. The majority of respondents to the online survey reported that plans addressed the bottom lines identified by Community Services (94%; n=17), had realistic goals and a clear course of action (100%; n=18) and reflected the best interests of the children (89%; n=16).

Review processes involved in the Family Group Conferencing pilot program

Family Plans developed through conferences held as part of the FGC pilot program were supposed to be subject to both formal and informal review processes. The main purpose of the review meeting was to see how parties were progressing in terms of the tasks outlined in the Family Plan and to identify barriers to the implementation of the plan (and strategies to overcome them).

Unlike conferences, there were few guidelines in place around how review meetings should be conducted. Review meetings were conducted for 84 percent (n=16) of conferences that resulted in the development of a Family Plan (excludes those conferences that were held late in the evaluation period or for which data was not available). Two-thirds of the review meetings that took place during the evaluation period occurred within the specified six to 12 week timeframe. However, around one-third (37%; n=6) were conducted 13 weeks or longer after the conference.

Although a number of stakeholders acknowledged there was value in bringing all the parties together to assess the progress of the Family Plan and to identify areas where additional support was required, a number also raised some issues with the review meeting process. Feedback from stakeholders and family members suggested that in a number of matters, important parties did not attend the review meeting. As a consequence some plans could not be reviewed in full.

In addition to formal review meetings, it was intended that every Family Plan would be informally monitored by a Family Plan review or contact person. Sixty-five percent (n=15) of Family Plans (for which this information was available) identified a review person. There were a number of reasons why a review person was not identified during the conference process, including the unwillingness of parties to take responsibility for reviewing the Family Plan.

Implementation of Family Plans

It was possible to report on the implementation of nine Family Plans that were the subject of a review meeting. Only one of these Family Plans resulted in fewer than 50 percent of the identified actions having been implemented (fully or partially). In approximately half of all reviewed plans (44%; n=4), 71 percent or more of the actions identified in the plan were implemented by the time of review.

For half of the reviewed Family Plans (56%; n=5), the three main goals were all achieved (at least in part) and no Family Plan was assessed as having failed to achieve any of the identified main goals. Despite the low number of plans reviewed, this suggests that conferences were successful in identifying actions that could be implemented by the family and that Family Plan goals were, for the most part, both realistic and achievable.

Barriers to the implementation of Family Plans

There were a number of reasons why other Family Plans (or parts of them) were not implemented as originally intended. These included difficulties experienced by families in engaging with identified services, family work commitments, overly ambitious goals and the failure of individuals or agencies to follow through on their commitments due to a lack of oversight and accountability. Further, some Facilitators experienced difficulty distributing Family Plans in a timely manner, which they attributed to a lack of administrative support.

Family Plan review processes were not clearly understood by many program participants and as a result, were inconsistently applied. Similarly, there was a lack of clarity around who was responsible for monitoring Family Plans and this appeared to have had an impact on the implementation of these plans. There was a range of views about who should have been responsible for monitoring Family Plans, including family members, Community Services and Facilitators.

Related to the lack of clarity around who was responsible for monitoring Family Plans after the conference was

the lack of a clear or consistent understanding among Community Services staff about where Family Plans fit within their regular case planning processes. The relationship between Family Plans and traditional case planning processes, and the understanding that Community Services staff have of this relationship has direct implications for the implementation of Family Plans developed through FGC.

Recommendation 16

A consistent Family Plan template should be developed for the program and all Facilitators should use this template. The template should include (as standard) a question that relates to the identity of the review person so that they are consistently identified during conferences.

Recommendation 17

Facilitators require administrative support to ensure that Family Plans are distributed to conference participants within one week of the conference. Family Plans should continue to be distributed to parties by Facilitators rather than Community Services.

Recommendation 18

Greater clarity around the Family Plan review processes that take place after conferences is required. In particular, agreement needs to be reached among stakeholders involved in the program in relation to:

- where Family Plans are situated in the traditional case management processes undertaken by Community Services;
- the role of the review person; and
- who is primarily responsible for supporting and monitoring Family Plans.

This information should then be communicated to stakeholders involved in the program and conference participants to ensure they have a clear understanding of their responsibilities.

Improving the relationship between families and Community Services

The emphasis on collaborative processes aimed to simultaneously improve communication and the relationships between parents, extended family members and Community Services staff. A number of the Community Services Caseworkers and Managers Casework interviewed after having participated in a conference reported that one of the most important benefits they had experienced through participation in the program was that their relationship with the family had improved.

Seventy percent of survey respondents (n=14) said the relationship between Community Services and the family would improve after the conference. Further, four of the five Facilitators who completed the survey believed Community Services had appeared willing to work with the family at the last conference they chaired and 84 percent (n=16) of Facilitators and Community Services representatives reported the family had been willing to work with Community Services at the most recent conference.

Some Community Services Caseworkers and Managers Casework reported that, while their relationship with the parents may not have improved as a result of their participation in the program, they were able to build more positive relationships with the extended family. Conferences provided Community Services with an opportunity to make direct contact with the extended family and explain their concerns and the action taken by the Department.

A small number of family members said they felt better about Community Services after the conference. However, a number of family members did not believe their relationship with Community Services had improved as a result of their involvement in the program and in some instances, said the relationship had deteriorated. The

views of family members appeared to be influenced by the extent to which Community Services were perceived as having supported the Family Plan and followed through on key tasks, the extent to which Community Services were viewed as having worked collaboratively with families at the conference and previous contact between the family and Community Services.

Impact of the Family Group Conferencing pilot program on care and protection outcomes

The final component of the AIC's evaluation attempted to assess whether the FGC pilot program had an impact on a range of outcomes for participating families and Community Services using administrative data for:

- matters that were referred and proceeded to FGC during the evaluation period (26 families, the intervention group);
- matters that were referred to FGC but did not proceed to conference (14 families, the terminate group); and
- a matched comparison group comprising families who had contact with Community Services without any involvement in the pilot program (the intervention comparison group and terminate comparison group, 26 and 14 families respectively).

Risk of significant harm and substantiated reports

Overall, there was little difference between the intervention, terminate and their respective matched comparison groups in the proportion of matters that involved a child who was the subject of a substantiated report in the period after the reference date (taking into account the low sample size and differential follow-up periods).

The slightly higher proportion of matters in the intervention group (relative to the comparison group) to have been the subject of a risk of significant harm (ROSH) report in the 90 day period after the reference date and the lower number of days until a report was made for intervention group matters (ROSH and substantiated) may have been due to:

- increasing the level of involvement and engagement of extended family in caring for the wellbeing of the child; or
- greater awareness of the concerns held by the Department and therefore willingness to report.

Applications to initiate care proceedings

Overall, only a small number of matters in the intervention, terminate and comparison groups resulted in an application to initiate care proceedings being made in the 90 days after the reference date for each group and there was no difference between the FGC and their respective comparison groups.

Placement outcomes

One family in the intervention group and one family in the terminate group had a child placed into care (unplanned move) within 90 days of being referred to the program and one family in the intervention group and one family in the terminate group had a child placed with relatives or kin (planned move) within 90 days of being referred to the program.

Conclusion

The outcome evaluation provided some evidence that the FGC pilot program had delivered a number of positive short-term outcomes for the small number of families and professionals who were involved in the program. The fact that the FGC pilot program did not result in more significant positive findings can be explained in part by the implementation challenges that were experienced by the program, coupled with the fact that the FGC program was a small-scale pilot and newly established.

The findings from the outcome evaluation did not provide sufficient evidence to support a recommendation as to the continuation (or otherwise) of FGC beyond the pilot period. Further work is required to assess whether FGC has had a longer term impact on care and protection outcomes. This will require a future evaluation, once the program has been established and data on a larger number of participants is available.

Besides the need for longer term evaluation, establishing and maintaining adequate systems to monitor the implementation and outcomes from ADR processes is important in ensuring that there is a process of continuous improvement, meeting accountability requirements and for reporting on the contribution of FGC to the objectives of the NSW Government's longer term plan for improving the safety and wellbeing of children and young people.

Recommendation 19

A future evaluation should be conducted to measure the longer term impact of FGC on care matters once the program has been fully established and data on a larger number of participants is available.

Processes for monitoring outcomes from FGC therefore need to be established and/or maintained.

This includes completing a longer version of the post-conference and review meeting report to collect information about conference outcomes and the progress of Family Plans and appropriate mechanisms to seek feedback from participants involved in FGC.

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All URLs correct as at October 2012

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