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Evaluation of the Family Group Conferencing pilot program

Hayley Boxall
Anthony Morgan
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Foreword

A range of innovative practices have been introduced in Australia and overseas to improve outcomes for vulnerable or ‘at risk’ children and young people who have come into contact with the child protection system. One such innovation has been Family Group Conferencing (FGC). FGC is a family-led decision-making process where the family, child protection workers and service providers come together to discuss and develop a plan that aims to ensure the safety and wellbeing of the child or young person. It emerged from growing recognition that traditional decision-making models offered limited opportunity to engage the family in the problem-solving process.

FGC has been implemented in a number of developed countries and has now been introduced as part of the child protection system of every Australian jurisdiction. The emphasis on empowering families to develop, implement and manage family plans that address identified child protection concerns offers a number of potential benefits. These include building partnerships between family members and encouraging more positive working relationships between families and caseworkers. Further, bringing family members together, assisted by a skilled facilitator, provides the opportunity to build on the strengths and capabilities of the family and identify areas where further support might be required. This can lead to more realistic strategies to address the identified child protection concerns and avoid the need for further statutory intervention.

The evidence in support of FGC is reasonably strong. Evaluations of FGC have shown that families have been able to develop family-focused strategies that address child safety concerns raised by child protection authorities. It has also been found that the agreed plans are more likely to be implemented, children are more likely to be placed with family

members and families report improved working relationships with the child protection agency. However, a number of factors have impacted on the effective implementation of FGC—most notably, low referral rates and resistance from professionals used to the previous way of working.

In New South Wales, the Department of Family and Community Services (FACS) implemented FGC in response to the findings of the *Special Commission of Inquiry into Child Protection Services in NSW*. Demonstrating a commitment to evaluation and ensuring that the new reforms were informed by evidence, the Australian Institute of Criminology was commissioned to undertake an independent evaluation of the FGC pilot program. While the pilot program was relatively small in scale, the findings from the evaluation were positive, identifying some important outcomes that had been delivered through the introduction of FGC. These included high levels of satisfaction with the way conferences were run and the content of family plans, a high proportion of conferences that resulted in a family plan being developed and actions being implemented by the family, and evidence of improved working relationships between some families and FACS. However, the evaluation also highlighted some of the challenges that can be encountered when attempting to implement innovative programs as part of an established system. Overall, there were important lessons to be learned from the pilot and the recommendations presented in this report will help to inform an improved FGC model, should it be adopted by FACS.

Finally, it is important to recognise that FGC is the only model of alternative dispute resolution introduced in New South Wales that deals with matters outside of the court process. Therefore, combined with the promising findings from this

evaluation (and others), a strong argument can be made for persevering with attempts to include FGC as an important feature of the NSW care and protection system. The NSW Minister for Community Services, the Hon. Pru Goward, recently reaffirmed the government's commitment to FGC, while further increases in the use of alternative dispute resolution are currently being considered as part of the NSW

Government's proposed child protection legislative and policy reforms. Irrespective of the final model adopted, it is hoped that any expansion of FGC is similarly evaluated to assess its continued ability to deliver better outcomes for children and young people in New South Wales.

Dr Adam Tomison
Director

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Acronyms

ADR	alternative dispute resolution
AIC	Australian Institute of Criminology
ATSI	Australian and Torres Strait Islander
CSCs	Community Services Centres
DRC	dispute resolution conference
EWG	Evaluation Working Group
FACS	Department of Family and Community Services
FGC	Family Group Conferencing
HREC	Human Research Ethics Committee
KIDS	Key information and Directory System
OOHC	out of home care
RIF	Referral Information Form
ROSH	risk of significant harm
SAS	secondary assessment stage

Executive summary

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* to increase the use of ADR prior to, and during, care and protection proceedings (Wood 2008). Four models of ADR were implemented at different stages of the NSW child protection system—the new model of dispute resolution conference (DRC), the Legal Aid Pilot, Nowra Care Circles Pilot and FGC.

The FGC pilot program commenced operation in March 2011 and was delivered in 11 participating Community Services Centres (CSCs) located across both Metro-Central and northern areas of New South Wales. The overarching aim of the pilot 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 FGC 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 focused on developing strategies that could be implemented by the family. Professionals had a largely supportive role in strategies developed at conferences, although plans had to be endorsed by Community Services to become actionable.

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 pilot. To assess the implementation and short-term impact of the FGC pilot program, the AIC developed a program logic model and evaluation framework that aligned with the implementation plan for the

evaluation of Keep Them Safe (Urbis 2011). This evaluation framework formed the basis of the AIC's evaluation and informed the development of a comprehensive methodology combining quantitative and qualitative research methods. This included:

- a literature review to identify good practice;
- observations of a small number of conferences;
- the preparation of case summaries based on participant records;
- interviews, focus groups and a qualitative survey to seek feedback from stakeholders involved in the program; and
- semi-structured interviews with parents and family members who participated in conferences held as part of the program.

The evaluation also involved the analysis of administrative data. This included data recorded by the FGC Project Officer and information extracted from hardcopy referral forms, conference reports and Family Plans. Data from the Key information and Directory System (KiDS) was also used to compare outcomes for matters that were referred to FGC and proceeded to a conference (intervention group), matters that were referred to but did not proceed to conference (terminate group) and a matched comparison group of matters that were not referred to FGC (comparison group).

Key findings from the evaluation

There were a number of challenges in evaluating the FGC pilot program. The introduction of ADR at various points of the child protection system represented an innovative approach to responding to the needs of children and families involved in

care and protection matters in New South Wales. 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 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, the results should be understood with these constraints in mind.

Process evaluation findings

The findings from the process evaluation, which examined whether FGC had been implemented as intended and how well the pilot had been delivered throughout the evaluation period, showed that:

- overall, the use of FGC was generally well supported by those involved in the process;
- there were 59 referrals made to the program during the evaluation period, of which 29 (49%) proceeded to conference;
- each CSC that participated in the pilot (n=11) made at least one referral to the program during the evaluation period, the majority of which came from the Metro-Central area (63%; n=37);
- conference preparation, while time consuming, was important and effective in ensuring that participants were well prepared and contributed to successful conferences;

- almost half of all program referrals and half of all conferences involved Indigenous families and stakeholders reported that the processes involved in FGC were more culturally appropriate than usual case planning processes;
- the rates of family attendance at conferences held during the evaluation period were high—the mother of the child (or children) attended 96 percent (n=26) of the conferences and extended family members were present at approximately nine out of 10 conferences;
- the way in which conferences were run was consistent with the way the program had been designed and outlined in the procedures manual, and 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; and
- overall, 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, based on the experience in other jurisdictions.

Unit cost analysis

A unit cost analysis by the Performance Analysis and Evaluation section of FACS showed that the total cost of the pilot program (excluding non-ongoing costs) was \$252,142 and the average observed unit cost per family who participated in the pilot program (ie referred to and proceeded to conference) was \$8,695.

Outcome evaluation findings

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. These outcomes included:

- high levels of satisfaction among family members and professionals with the way conferences had been run, particularly with the way in which Facilitators managed and overcame challenging communication barriers and safety concerns;

- evidence that in some matters, the conference had resulted in a more positive working relationship between Community Services and the family, particularly the extended family;
- the majority of matters that proceeded to conference during the evaluation period resulted in the development of a Family Plan (90%; n=26), none of which were rejected by Community Services;
- high levels of satisfaction with the content of Family Plans developed at conferences, including a large proportion of respondents to the online survey reporting that the 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);
- evidence that, among the small number of Family Plans for which information was available (n=9), all but one had resulted in more than 50 percent of the identified actions being implemented by the time of review and no Family Plan was assessed as having failed to achieve any of the identified goals.

The evaluation was unable to draw strong conclusions about the impact of the FGC pilot program on the likelihood that a child or young person would be the subject of a report to Community Services, the likelihood that an application to initiate care proceedings would be made to the Children's Court, the placement outcomes for children and young people or the frequency and reliability of contact arrangements. This was primarily because of limitations associated with the scale of the program and timeframe for the evaluation, including the low number of program referrals and short follow-up periods.

A preliminary assessment of short-term outcomes for families and Community Services using data extracted from the KiDS on all matters referred to the FGC pilot program and matched comparison groups found little difference in the proportion of matters that involved a child/young person who was the subject of a risk of significant harm (ROSH) or substantiated report in the period after the reference date (taking into account the low sample size and differential follow up periods). Further, only a small number of matters in the intervention, terminate and comparison

groups resulted in an application to initiate care proceedings being made to the court an unplanned entry into care or a child/young person placed with relatives or kin in the 90 days after the reference date.

Implementation challenges

The fact that the FGC pilot program did not result in more positive findings can be explained in part by the implementation challenges that were experienced by the program. These included:

- a lower than expected number of program referrals, due to difficulties identifying suitable matters, narrow referral pathways, family resistance, a lack of clarity around referral processes and a lack of program knowledge;
- 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;
- a lack of a clear understanding and agreement among stakeholders in terms of those matters that were most suited to the program and FGC; and
- a lack of a clear understanding and agreement about who was responsible for monitoring Family Plans, what to do in the event that certain actions had not been implemented and how Family Plans fit within traditional case planning processes.

These implementation challenges, coupled with the fact that the FGC program was a small-scale pilot and newly established, meant that some of the intended outcomes have not yet been observed or could not be measured within the follow-up period.

Conclusion and recommendations

There is no formal program in New South Wales other than the FGC pilot program that provides ADR services for care and protection matters that are not currently before the Children's Court. The use of FGC therefore provided an important opportunity to resolve child protection matters and build support networks for families outside of the court process through the use of ADR.

While 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, the findings from the process evaluation have informed a number of recommendations to help improve the operation and effectiveness of FGC in New South Wales.

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 where 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).

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 where 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 which 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.

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 inter-familial 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 it should be made clear 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 time can be time-consuming, the time taken for a referral to proceed to conference need 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, and this 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.

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.

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, as well as appropriate mechanisms to seek feedback from participants involved in FGC.



Introduction

Background

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

Wood (2008) noted that provisions existed within the *Children and Young Persons (Care and Protection) Act 1998 (NSW)* (the Care Act) for the use of ADR services prior to and during care and protection proceedings. However, evidence provided to the Inquiry indicated that, in practice, ADR did not operate in the care and protection jurisdiction.

Wood (2008: 470) noted 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 s 37 of the Care Act 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).

The government's response to the Inquiry *Keep Them Safe: A Shared Approach to Child Wellbeing 2009–2014* (NSW Government 2009) supported these recommendations and led to the establishment of the ADR Expert Working Party in 2009. The Expert Working Party comprised representatives from ADR Directorate of the Department of Attorney General and Justice, the Children's Court, Legal Aid, Community Services, the NSW Law Society and Bar Association, and

academic community. The Expert Working Party was responsible for reviewing and recommending possible models of ADR to be used in the NSW care and protection jurisdiction. The final report from the Expert Working Party recommended four models of ADR to be used, occurring at different stages of the child protection system. This included:

- further developing, promoting and implementing FGC;
- establishing a new model of dispute resolution conferencing 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, 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 aims 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). The NSW Government has since accepted the recommendations made by the ADR Expert Working Party and the various models have been implemented. In addition to the evaluation of the FGC pilot program, the AIC was also responsible for the evaluation of the new model of DRC and Legal Aid Pilot in the NSW Children's Court.

Family Group Conferencing in the care and protection jurisdiction

FGC is a family-led decision-making process that provides the parents, extended family members, the child/young person, child protection workers and service providers with an opportunity to come together for the purpose of discussing and developing strategies that will protect the safety and wellbeing of the child/young person. Conferences are typically facilitated by a neutral third party (Facilitators) who ensures that all participants have an opportunity to speak, are listened to and remain

focused on the needs of the child/young person. In addition to empowering families to develop strategies, FGC also aims to improve relationships between child protection agency professionals and family members, provide a culturally appropriate means of resolving child protection concerns and rebuild family ties, especially in families that may have stopped communicating or drifted apart (Chandler & Giovannucci 2009; Olson 2009).

Since its development in New Zealand in the late 1980s, FGC has been implemented in a number of jurisdictions, including the United States, the United Kingdom, Sweden and Canada (Harris 2007). FGC was first implemented in Australia in 1992 by a Victorian non-government organisation. This pilot has since been followed by similar pilot programs in other jurisdictions across Australia (Harris 2007; Lowry 1997; Morris & Tunnard 1996; Sundell Vinnerljung & Ryburn 2001).

Research into the effectiveness of FGC has been generally positive. Previous evaluations of FGC programs operating in Australia and overseas have found:

- the majority of families have been able to develop appropriate Family Plans that address the identified child welfare concerns and meet the requirements of the child protection agency;
- families are more likely to engage in services identified through conferences;
- children/young people have increased contact with their extended family; and
- families report an improved working relationship with the child protection agency (Huntsman 2006; Lowry 1997; Olson 2009; Shore et al. 2002; Sundell & Vinnerljung 2004).

Further, while the cost-saving benefits of FGC are less clear, there is some evidence that FGC programs either generate some cost-saving benefits or are no more expensive than traditional care and protection processes (Chandler & Giovannucci 2009; Wheeler & Johnson 2003). For a comprehensive overview of the development to FGC in the care and protection jurisdiction and the evidence in support of FGC see *Appendix C*.

Based on the experience of FGC in other jurisdictions, it was possible to identify a number of good practice principles for the design and

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

implementation of an effective FGC program (see Table 1). Findings from a comparison of the design and implementation of the FGC pilot program with these principles are presented throughout this report.

The Family Group Conferencing pilot program

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 had continued to use the model on a more informal basis.

The FGC pilot program commenced operation in March 2011, although the program started accepting referrals in February 2011. The program was based on UnitingCare Burnside's Institute of Family Practice model of FGC (UnitingCare Burnside 2007), which is based on the model of FGC that has been used in New Zealand (Harris 2008). The FGC pilot 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.

The overarching aim 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. The program provided families (parents and extended family members) with greater opportunity to participate in the decision-making process. Conferences held as part of the program were attended by parents, the children and young people (where appropriate), extended family members, service providers, Community Services Caseworkers and Managers Casework and were chaired by trained Facilitators who were independent of Community Services. Conferences were conducted in neutral community-based venues and were focused on developing strategies that could be implemented by the family to address the identified care and protection issues. 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

The findings from the AIC's process and outcome evaluation of the FGC pilot program are presented in this report. The evaluation involved a range of quantitative and qualitative research methods. This included:

- the development of a program logic model and evaluation framework;
- a review of similar programs in Australia and overseas;
- two conference observations (one metropolitan and one regional);
- eight interviews with parents and family members who participated in a conference;

- interviews and focus groups with 28 professionals involved in FGC;
- an online survey of professionals involved in the pilot;
- the preparation of case summaries based on participant records; and
- the analysis of administrative data, including data recorded by the Project Officer, data extracted from hardcopy records and data extracted from KiDS for the intervention, terminate and comparison groups.

More detail on these research methods is provided in *Appendices A and B* of this report.

Focus of this report

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*. The introduction of ADR at various points in the child protection system represented an innovative approach in New South Wales to responding to the needs of children and families involved in care and protection matters. New programs, particularly those that represent a change in the way an organisation delivers services, take time to establish. Effectively engaging Community Services staff, service providers, independent Facilitators and families in the conference process presented several implementation challenges. Consistent with the experience of child protection agencies in other jurisdictions that have established similar programs (see *Appendix C*) and not unlike pilot programs more generally, the FGC pilot program took longer than expected to implement. 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 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, the results should be understood with these constraints in mind.

Implementation of the Family Group Conferencing pilot program

Key features of the Family Group Conferencing pilot program

Based on a review of program documentation and interviews/focus groups with stakeholders involved in the program, it is possible to identify a number of important differences between the FGC pilot program and other decision-making processes operating within FACS, including existing case planning processes undertaken by Community Services. Understanding the nature of these differences is important in evaluating the mechanisms through which the program aimed to contribute to more positive outcomes for families involved with 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, families were encouraged to take responsibility for developing practical actions that could be implemented by the family with the support of professionals.
- 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 where 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.

Program guidelines and operating framework

Unlike other forms of care and protection ADR currently operating in New South Wales (eg the new model of DRC in the NSW Children's Court), 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 Care Act. 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 towards the beginning of the pilot period (March 2011). The procedures manual was developed through consultation with a number of stakeholders who were involved in the management and delivery of the program, including Facilitators. 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.

The stakeholder interviews indicated that the majority of Community Services staff involved in the program were aware of the procedures manual and had not experienced any problems accessing the document. However, there were a number of issues identified in relation to the procedures manual:

- Program referrals began in February 2011, prior to the distribution of the endorsed procedures manual. The lack of an endorsed FGC procedures manual during this initial period may have impacted on the number and appropriateness of some matters referred to the program.
- Some stakeholders (including Facilitators) were unaware the procedures manual had been endorsed and were consequently reluctant to refer to it.

- A small number of stakeholders said the manual did not provide enough guidance around certain aspects of the program (eg the attendance of children or young people at conferences). Areas where the procedures manual could be revised to improve stakeholder understanding of the processes involved in the program are described in different sections of this report.

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.

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

Previous experience implementing FGC in care and protection has demonstrated the importance of Facilitators who are adequately trained so they have the necessary skills to facilitate conferences and deal with a variety of families and concerns (Connolly 2006; Giovannucci & Largent 2009; Trotter et al. 2009). The Expert Working Party also recognised the need for training in ADR to be provided to Facilitators and Community Services staff so they could participate effectively in the FGC pilot program (ADR EWP 2009).

Facilitators

Conferences held as part of the FGC pilot program were conducted by neutral third parties (Facilitators) who were independent of Community Services. In the northern region, Community Services contracted UnitingCare Burnside's Institute of Family Practice to perform a range of services involved in the delivery and management of the program. In particular, the Institute was asked to provide a suitable and accredited Facilitator whose primary role was to:

- assess the suitability of referrals made to the program by participating CSCs located in the northern region;
- organise and conduct conferences in the northern region; and
- conduct a number of information sessions about the program at participating CSCs located in the northern region.

Another key role of the Institute was to identify potential Facilitators from local community-based service provider agencies and provide them with access to the UnitingCare Burnside Facilitator accreditation training. This was so that once the contracted period was over, there would be appropriate local resources Community Services could draw upon for the purposes of the program.

The Institute succeeded in identifying a number of suitable community-based agency representatives, some of whom were Indigenous. However, stakeholders noted that the low number of program referrals meant that 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.

A similar recruitment process was used in the Metro-Central region, although the FGC Project Officer was primarily responsible for managing the process. The Project Officer received a small number of applicants who expressed an interest in participating in the Facilitator training program, all of whom were accepted. Stakeholders involved in the management of the program acknowledged that ideally, applications should have been assessed by the Project Officer to ensure that only suitable people participated in the training. However, due to time constraints (attributed to the limited availability of the trainer and the deadline for implementing the program), this assessment process did not occur. Consequently, it appears that a small number of people who participated in the training were unsuitable for the training program and/or to be Facilitators.

Importantly, not all of the Facilitators involved in the program took part in the UnitingCare Burnside Facilitator accreditation training. This was because a small number of Facilitators already had extensive experience in FGC and as such, further training was deemed unnecessary. The lack of consistent training among Facilitators involved in the program may have contributed to some inconsistencies in the way the program was delivered (discussed elsewhere in this report).

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.

Community Services

At the commencement of the program, Facilitators and the FGC Project Officer attended a number of the CSCs participating in the pilot to conduct information sessions about the program. Information on the number and location of these information sessions was not available, although some stakeholder feedback suggested they were not conducted again after the initial round.

Knowledge of the program appeared to differ between CSCs that participated in the pilot. Feedback suggested that knowledge of the program was higher among those CSCs with proactive management who periodically encouraged staff to identify suitable matters for referral and those with high staff attendance at the information sessions. The ongoing distribution of information about the program would have been beneficial, as would have the use of interactive elements to better engage staff. One suggestion was that staff could be provided with the opportunity to watch a videotaped conference (involving actors, rather than actual families) so they could observe the process and better understand what it involved.

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 where it operates.

Stakeholder support for the Family Group Conferencing pilot program

Evidence from the literature review demonstrated that the engagement and support of key stakeholders is important for the success of new programs, particularly during their early stages of development and implementation (Brady & Millar 2009; Giovannucci & Largent 2009; O'Brien 2002). There were a small number of stakeholders involved in the delivery and management of the FGC pilot program. This included Facilitators, Community Services, community-based service providers and a small number of program staff. In order for the FGC program to be successful, high levels of support from these stakeholders was required, as well as a high level of participation in the program.

Overall, it appears that the FGC pilot program was generally well supported by those involved in the process. The ADR Expert Working Party provided an important vehicle through which to engage the relevant parties in the development and design of the program. This group was replaced by the ADR Steering Committee, which comprised representatives from the various parties involved in

the program and met on a quarterly basis to monitor the implementation and oversee the operation of the FGC program.

Nevertheless, there were a range of views about the program expressed by different parties who participated in an interview, focus group or the online survey. In particular, a number of stakeholders said the implementation of FGC processes required a significant adjustment in the mindset of Community Services and families, and the way in which the parties approached certain issues and conducted themselves during proceedings. However, achieving this change in thinking and behaviour required a cultural shift and long-term commitment in order to effect sustainable change.

Costs associated with the Family Group Conferencing pilot program

As part of this evaluation, the Performance Analysis and Evaluation section of Community Services' Policy and Planning Division undertook a unit cost analysis of the FGC pilot program. Included in these calculations were:

- costs associated with the attendance of Caseworkers and Managers Casework at conferences and their involvement in the referral of matters to the program;
- costs associated with the supervision and training of Facilitators; and
- costs associated with the conferences that were held (eg conference facilities, catering and travel).

These are the cost items that would be incurred should the program be continued beyond the pilot period. The costs that were not expected to continue beyond the pilot period, such as the FGC Project Officer's salary, were not included. However, the extent to which these costs are indicative of the actual ongoing cost of FGC (should the pilot be expanded) is unclear. Some caution should therefore be taken in using these figures to estimate the future costs of FGC. The average cost associated with each matter may decrease if the number of referrals and conferences increase, and the resources associated with running conferences are fully utilised.

Table 2 Costs associated with the Family Group Conferencing pilot program

A. Internal costs ^a	\$122,837
B. External provider costs ^b	\$129,305
C. Total (A+B)	\$252,142
D. Referrals to FGC	59
E. Referrals that did not proceed to conference	30
F. Referrals proceeded to conference and FGC held (D-E)	29
G. Average observed unit cost per FGC held (C/F)	\$8,695

a: Internal costs (\$122,837) include fully loaded Caseworker costs, training of facilitators and incidental costs of conferences

b: Contracting costs (\$129,305) include training, supervision of Facilitators and costs of conferences

Note: The observed unit cost (\$8,695) is per conference held and this reflects the loaded cost of unsuccessful referrals and engagement. Average cost per family has been calculated on conference held. This represents 49 percent of referred families who participated in the pilot. There were 63 children and young persons (CYP) in the 29 families engaged in the program. This represents an average of 2.17 CYP per family. Only costs associated with running the pilot have been used to calculate the average unit costs. Evaluation costs and the FGC Project Officer's salary have been excluded. Costs associated with the FGC Project Officer were not included as their role was to assist the implementation of FGC and would not be ongoing

Source: FACS Performance Analysis and Evaluation 2012

The results from this cost analysis are presented in Table 2. These results show that the total cost of the pilot program was \$252,142 and the average observed unit cost per family who participated in the pilot program (ie referred to and proceeded to conference) was \$8,695.

While the average cost does not include the ongoing cost associated with the FGC Project Officer, the Project Officer performed a number of important roles during the program period, not all of which were related to the initial implementation of the program. This included:

- coordinating the numerous processes involved in the program, particularly those relating to the referral of matters to the program;
- providing support for Community Services staff who referred matters to FGC; and
- administrative support, particularly in terms of data entry and maintaining the FGC database.

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 the Family Group Conferencing pilot program

Referral processes involved in Family Group Conferencing

There were a number of steps involved in the referral of matters to the FGC pilot program (see Figure 1). Once a matter was allocated to a CSC participating in the pilot, the Caseworker with primary responsibility for the matter was encouraged to assess whether it was eligible for FGC.

Previous experience has shown that, while consideration should be given to a range of factors when referring matters to FGC, the eligibility criteria should be flexible enough to allow for a range of matters and families to be included (Chandler & Giovannucci 2009; Olson 2009; Sundell & Vinnerljung 2004; Trotter et al. 1999). There were a number of eligibility criteria for participation in the FGC program, which stipulated that the matter:

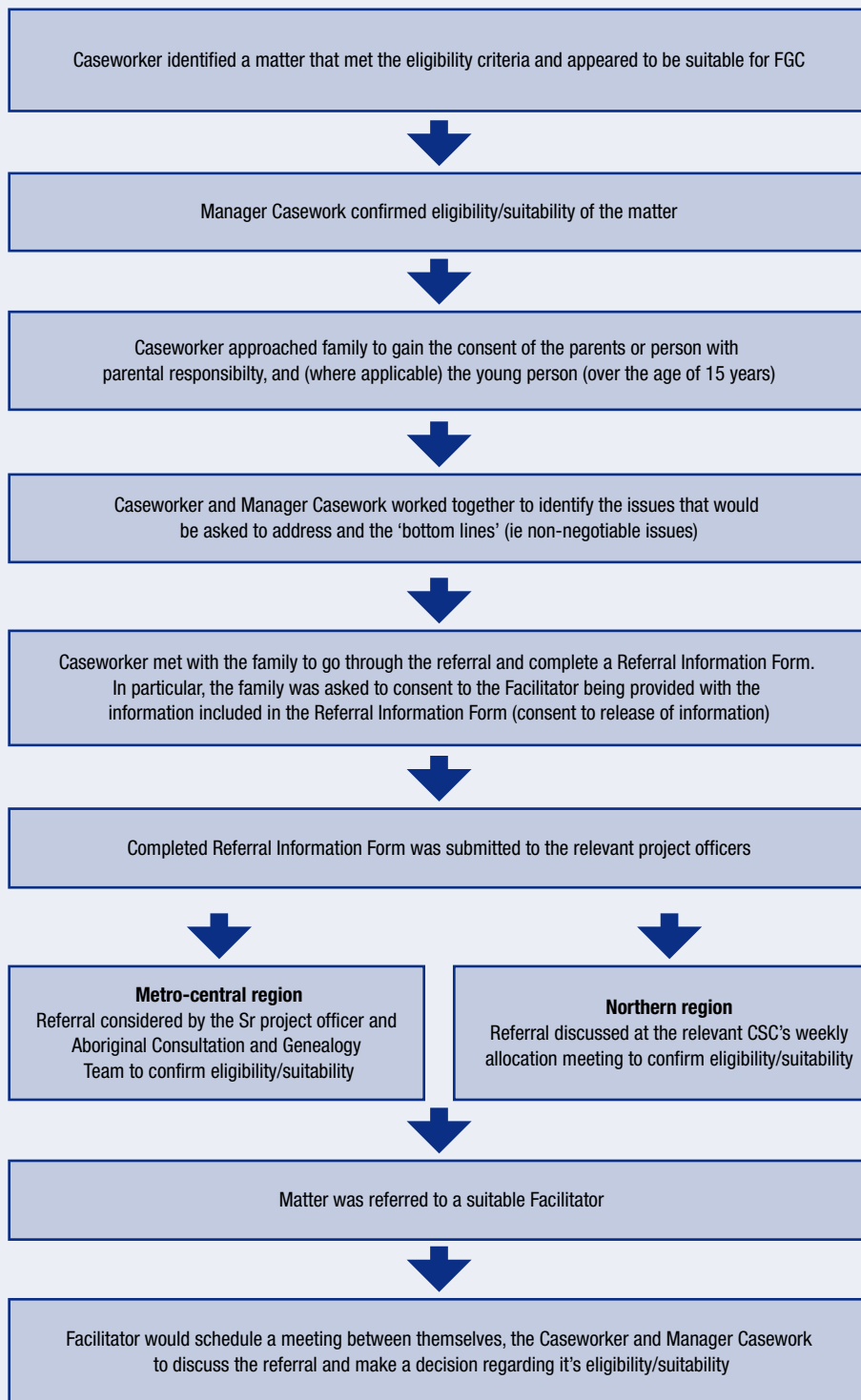
- had to be allocated;
- could not involve intergenerational sexual abuse;
- could not involve a child/young person at immediate risk of significant harm;
- had to be open to intervention from Community Services;

- could not be case managed by Community Services and referred through the Brighter Futures Allocation Unit; and
- could not be the subject of current Children's Court proceedings.

Further, eligibility requirements for the program also included the consent of the person with parental responsibility and the young person over the age of 15 years (if applicable) to participate in the program and share information included in the Referral Information Form (RIF) with the Facilitator and other conference participants.

In addition to ensuring the matter was eligible for the program, the Caseworker was also expected to make an assessment as to its suitability for FGC. The procedures manual outlined a series of factors Caseworkers should have taken into consideration in making this assessment. These included the size of the family network, the level of conflict between the family members and the presence of power imbalances between family members. If at any stage prior to the conference the family's circumstances changed such that they no longer met the eligibility criteria, or were assessed to be unsuitable for FGC, the matter was withdrawn from the program.

Figure 1 Referral processes involved in the Family Group Conferencing pilot program



Source: FGC Procedures Manual (FACS 2011)

Matters referred to Family Group Conferencing

Between February 2011 and 31 March 2012 (the evaluation period), 59 unique matters were referred to the FGC pilot program. As shown in Figure 2, the number of referrals to the program fluctuated over the evaluation period. It was highest at the beginning of the evaluation period in March 2011 (n=8), with similar peaks in June (n=8) and November 2011 (n=7). These peaks may have been due to initial enthusiasm for the program, followed by additional reminders and encouragement from the FGC Project Officer and CSC management to refer matters.

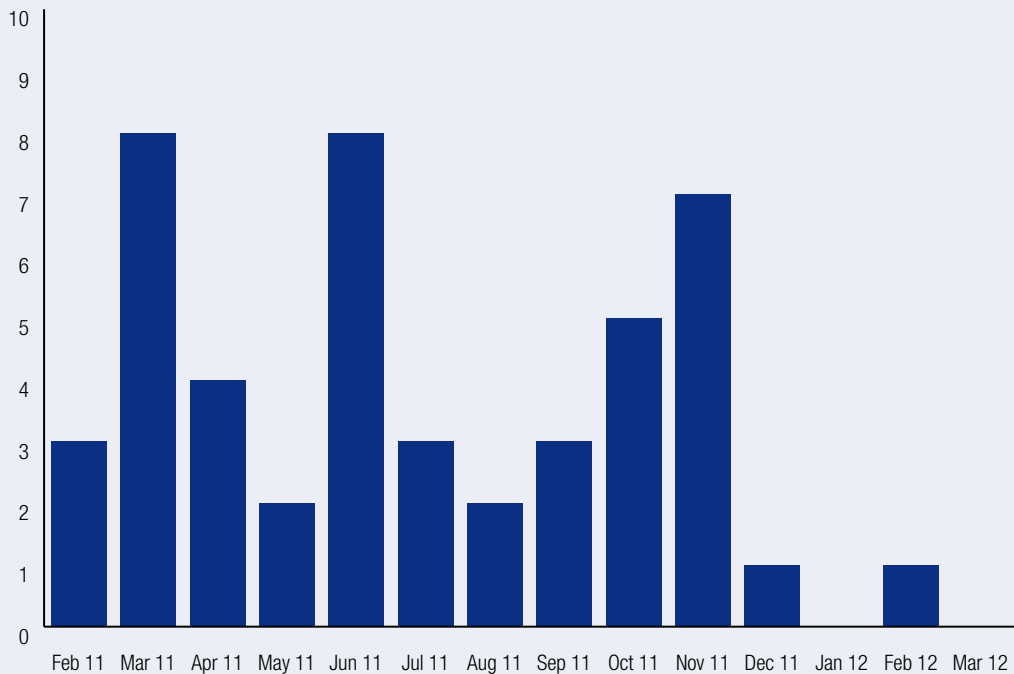
Referrals to FGC could be made by any Community Services allocation unit except Brighter Futures (now Strengthening Families), which is an early intervention program designed to build the resilience of families and children at risk. However, Brighter Futures families case managed by Community Services and referred from the Community Services

helpline after a ROSH report had been made could also be referred to the program.

The AIC was provided with copies of RIFs completed by referring Community Services staff for 48 matters. Analysis of this information showed that Child Protection units were responsible for approximately half (51%; n=24) of program referrals, followed by out of home care (OOHC)-Kinship/Relative placement teams (28%; n=13). Restoration units only comprised a small number of referrals (6%; n=3). Overall, more program referrals were made by non-OOHC teams (Child Protection, Family Preservation and Restoration) than OOHC units (OOHC-Kinship/Relative placement, OOHC-Restoration and OOHC-Placement) during the evaluation period (see Table 3).

All of the 11 CSCs that participated in the pilot made at least one referral to the program during the evaluation period. The majority of referrals (63%; n=37) came from the Metro-Central area, which was not unexpected given that eight Metro-Central CSCs

Figure 2 Referrals made to the program, by month and year (n)



Note: Excludes 12 matters for which the date of the referral was not recorded

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

Table 3 Source of program referrals

	n	%
Child Protection	24	51
Family Preservation	4	9
OOHC—Kinship/Relative placement	13	28
OOHC—Restoration	1	2
OOHC—Placement	3	6
Restoration	2	4
Total matters	47	100

Note: Excludes 12 matters for which the referring team was not recorded

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

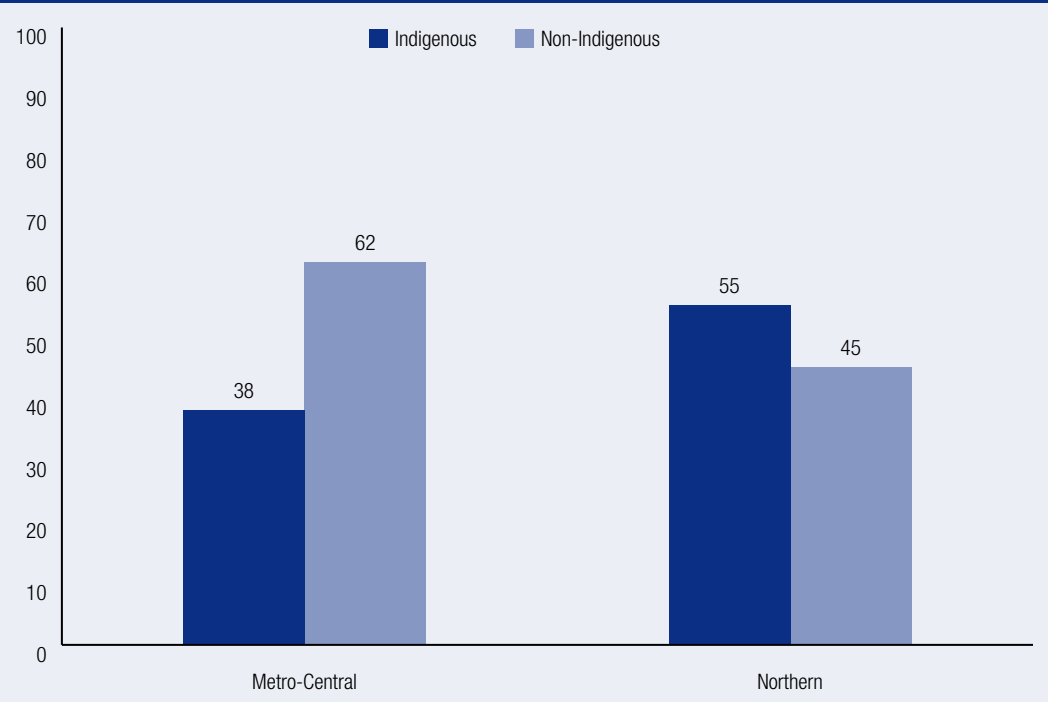
Table 4 Location of referrals

	n	%
Northern CSC		
Ballina	9	15
Clarence Valley	7	12
Tamworth	6	10
Total northern referrals	22	37
Average number of northern referrals	7.3	
Metro-Central CSC		
Burwood	3	5
Central Sydney	3	5
Chatswood	1	2
Eastern Sydney	6	10
Epping	3	5
Lakemba	4	7
St George	3	5
Sutherland	3	5
Unidentified Metro-Central matters ^a	11	19
Total Metro-central referrals	37	63
Average number of Metro-Central referrals	4.6	
Total matters	59	100

a: RIF not provided for 11 matters and data on the specific CSC was not available for these matters

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

Figure 3 Location of referrals, by Indigenous status of family (%)



Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

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 (see Table 4).

Forty-four percent of program referrals involved an Indigenous family (1 or more children identified as Aboriginal or Torres Strait Islander (ATSI)). The proportion of referrals involving an Indigenous family was higher in the northern region than in the Metro-Central region (55% compared with 38%; see Figure 3).

When completing the RIF, Caseworkers were asked to identify the aims of the conference or the main issues that were to be addressed during the conference. An analysis of the referral information recorded by Caseworkers showed that:

- forty-one percent (n=19) of referrals aimed to identify ways in which the family could better support the parents/carers and/or the child/young person to ensure the safety of the family and the child (eg respite care and transport assistance);

- thirty-seven percent (n=17) of referrals aimed to identify appropriate formal support services that could assist the family and/or child to address the identified child protection concerns;
- 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; and
- 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 (see Table 5).

Factors that influenced whether a referral proceeded to conference

Of the 59 matters that were referred to the program during the evaluation period, only 29 proceeded to conference. This represents 49 percent of referrals.

Table 5 Aim(s) of referrals

	n	%
Child/young person and/or parents/carers to be involved with formal supports to address issues of referral	17	37
Child/young person in OOHc to develop/maintain connection with their family/culture	8	17
Family to support current living arrangements	19	41
Family to identify alternate living arrangements	15	33
Child to be restored	4	9
Other ^a	20	43
Total matters	46	

a: 'Other' conference aims included identifying ways in which contact arrangements could be put in place once Community Services withdrew and strategies for overcoming poor communication between the parents and carers

Note: Excludes 13 matters for which the aims of the conference were not recorded. Percentage total does not equal 100 because Caseworkers were able to identify multiple conference aims

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

Table 6 Reasons attributed to the failure of referrals to proceed to conference

	n	%
Family agreed to suitable plan	2	9
Family did not consent to FGC	5	22
Young person did not consent to FGC	2	9
Family withdrew consent	2	9
Family/matter determined to be unsuitable	8	35
Family circumstances changed	3	13
Child left area	1	4
Total matters	23	

Note: Excludes 7 matters for which the reason for withdrawing the referral was not recorded. Percentage total does not equal 100 due to rounding

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

As shown in Table 6, seven referrals did not proceed because the family or young person chose not to participate, which reflects the voluntary nature of the program. The interviews, focus groups and online survey highlighted a number of reasons why families and young people may not have consented to participate in the program. This included families' concerns about sharing sensitive or potentially embarrassing information with their family and the Facilitator, and the presence of a negative relationship with their Caseworker.

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.

Three program referrals (13%) that did not proceed to conference were withdrawn because the family's circumstances changed, making them ineligible for inclusion in the program. For example, in one matter, the family became the subject of Children Court proceedings and the referral had to be withdrawn. Finally, approximately a third (35%; n=8) of program referrals did not proceed to conference because

a person involved in the referral process, usually the Facilitator, determined that the matter was unsuitable for FGC.

A Facilitator's decision to reject or accept a referral appears to have been based on a number of considerations, including:

- the issues that would be discussed during the conference;
- the dynamics between family members; and
- the extent to which they believed the conference would be beneficial for the family.

However, a number of the Facilitators noted that one of the main reasons they rejected program referrals was because they were missing a 'care and protection element' (Facilitator personal communication 2011; see Case Study 1). In particular, some Facilitators argued that many matters that were 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. As a result, the family had limited opportunity to make meaningful decisions about the welfare of their children

FGC is giving families a real say in the decisions that are made in relation to the child, not just a stamp on contact agreements or done deals (Facilitator personal communication 2011).

Previous experience implementing ADR processes in the child protection system has highlighted that, while FGC can be used at a number of points in the care and protection continuum, referrals should be made as early as possible and prior to court decisions (ADR EWP 2009; Trotter et al.

1999). However, while the FGC procedures manual emphasised the desirability of referring matters early in the case management process, it also stipulated that referrals could be made at any point in the care and protection continuum (as long as there were no active court proceedings). This included after interim or final orders had been made by the Children's Court.

The point in the case management process at which matters were referred to FGC had implications for the type of issues that were discussed, as well as the aims of the conference (see Table 7). For example, matters that were referred late in the case management process (ie OOHC matters) aimed to identify alternate living arrangements for the child/young person (47%; n=8) and maintain the cultural identity of the child/young person while they were not in the care of their parents (41%; n=7). Conversely, matters referred earlier in the case management process (non-OOHC matters) were more likely to focus on ways in which the family could address Community Services concerns, either through formal (43%; n=12) or familial supports (57%; n=16).

Feedback from stakeholders involved in the program suggested that matters referred post final orders were typically restricted to discussions around future contact arrangements, particularly in the event that Community Services were no longer involved with the family. 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). As a result,

Case study 1

This matter involved a family referred to the program after final orders had awarded Parental Responsibility of two of the children to different carers within the maternal side of the family. One child was placed with the maternal grandfather and the other with the maternal grandmother. There was also another child that was still in the care of the biological mother.

The main issue identified by Community Services was that the carers were not adhering to the sibling contact arrangements specified in the court orders. Contact between the siblings was supposed to occur once every month, transitioning into overnight visits. However, contact was occurring on an ad-hoc basis every two months and no overnight visits had been arranged. There was conflict and significant communication issues between the carers that had made them reluctant to arrange for contact between the children. In particular, while one carer was supportive of overnight visitations, the other was not because they were worried that the child would be left alone with the biological mother during the visit.

The aim of the referral was to identify ways in which the children could maintain contact with each other and what support the carers needed to adhere to as per the contact arrangements outlined in the court orders. However, the referral was rejected by the Facilitator as it was deemed unsuitable for FGC. The reasons for this are unclear, although it may have been because the matter lacked a care and protection element. The court had already made a decision on how the children's safety and wellbeing could be secured and the only issue in dispute was that the family were not abiding by the court-ordered contact arrangements.

Table 7 Aim of referral, by referring team

	Non-OOHC		OOHC	
	n	%	n	%
Child/young person and/or parents/carers to be involved with formal supports to address issues of referral	12	43	4	24
Child/young person in OOHC to develop/maintain connection with their family/culture	-	-	7	41
Family to support current living arrangements	16	57	2	12
Family to identify alternate living arrangements	7	25	8	47
Child to be restored	3	11	1	6
Other	13	46	7	41
Total matters	28		17	

Note: Excludes 13 matters for which information relating to the aims of the conference was not available and 1 matter for which the referring team was not recorded. Percentage totals do not equal 100 because Caseworkers were able to identify multiple conference aims

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

some Community Services staff had referred matters post final orders and some of these referrals were subsequently rejected by Facilitators involved in the program (for the reasons described above).

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 (hence the need to extend the program beyond the original pilot period to allow for additional referrals). Similar issues have been experienced by FGC programs operating elsewhere in Australia and overseas (Berzin et al. 2008; 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:

- Difficulty identifying suitable matters*—despite guidance provided by the procedures manual, a number of Community Services staff found it difficult to determine which matters and families were suitable for FGC. Consequently, some Community Services staff said they had been hesitant about making referrals to the program.
- Narrow referral pathways*—the fact that referrals could only be made by Community Services staff was identified by some community-based service providers as potentially limiting the number of referrals. Both Community Services staff and community-based service providers suggested service providers were well placed to identify suitable matters for FGC as they were often engaged with the family for longer periods of time and at an earlier stage in the case management process.
- Family resistance to participating in FGC*—a number of stakeholders suggested that securing the family's consent to participate in FGC could be difficult and may have acted as a barrier to program referrals. In particular, the fact that referral processes were largely managed by Community Services may have deterred some families who had negative attitudes towards the Department. Conversely, it was also argued that families with strong relationships with their Caseworkers may have been more likely to participate in FGC.
- Lack of clarity around referral processes*—some Caseworkers described the referral process as confusing and suggested it should be streamlined to encourage referrals—'Reduce the amount of paperwork—there are several records on KiDS plus a long referral form plus a meeting' (Community Services representative personal communication 2012).

- *Timeliness of referral processes*—there was a perception among some Community Services staff that it took a significant period of time for referrals to proceed to conference, which appeared to discourage Caseworkers from referring matters in the first place. Similarly, a number of Community Services staff noted that a large proportion of allocated matters require immediate intervention and that for this reason, they were unwilling or unable to take the time to plan a conference.
- *Lack of program knowledge among Community Services staff*—refer to the earlier section on *Building the capacity of professionals involved in FGC through training and development*.

However, according to stakeholders involved in the program, one of the main reasons for the low number of referrals was the program eligibility criteria. A number of stakeholders described the eligibility criteria as ‘restrictive’ and suggested they excluded a range of families and matters that could

have benefitted from FGC. In particular, the exclusion of court matters from the program was raised as an issue in a number of interviews and the survey. Several professionals reported that as a result of the reporting threshold being raised from ‘risk of harm’ to ‘risk of significant harm’ (as at 24 January 2010), a larger proportion of allocated matters are complex, high risk and as such, more likely to proceed to court. For this reason, the perception among many Community Services representatives was that very few allocated matters were eligible for inclusion in the program.

When stakeholders were asked whether court matters should be eligible for inclusion in the program, views were mixed. While some professionals argued that families at court would benefit from FGC, other stakeholders argued that once a matter has proceeded to court, the concerns held by Community Services were significant and beyond the point where the family should be

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 where 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 which 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.

responsible for managing the concerns. It was also suggested that families were less willing to engage with Community Services once the matter was before court. This feedback was supported by the Children's Court submission to the ADR Expert Working Party (2009). The Children's Court submitted that matters involving children and young people that have been placed in care may not be suitable for FGC. Considering that the vast majority of court matters concern children and young people in care, the number of matters that would be suitable for FGC would be low.

Finally, the operation of the new model of DRC and Legal Aid Pilot in the NSW Children's Court means

that there may be some duplication of ADR services if matters before the court were also eligible for FGC. Feedback from Community Services representatives involved in the management of the program confirmed that the decision to exclude court referrals from the program was made on the basis that FGC would potentially duplicate services provided by the DRC and Legal Aid Pilot, and that families may be 'ADR'd out' (Community Services representative personal communication 2012). While the exclusion of court-based matters from the program was identified as a barrier to referrals, there was little support for the eligibility criteria being amended to include these matters.

Conferences held as part of the Family Group Conferencing pilot program

Pre-conference preparation

The work involved in preparing for and organising conferences held as part of the FGC pilot program was identified by many stakeholders as a time consuming but vitally important process. The bulk of this preparation work was undertaken by the Facilitator who met with the family to:

- identify potential conference participants and obtain their contact details;
- identify issues that may impact on the conference process (eg domestic violence between parties);
- identify a suitable time and place for the conference; and
- come to an agreement on what information would and could be shared between different parties at the conference.

The Facilitator was also responsible for contacting all potential conference participants and ensuring

they could attend the conference. Facilitators could access brokerage funding to facilitate the attendance of family members (eg transport expenses and child care). However, feedback suggested that there may have been a lack of understanding about the purpose of the funding, resulting in few applications being made (by Facilitators) and meaning that some family members may have experienced difficulty attending 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. Feedback from the stakeholder, family consultations and the online survey suggested that Facilitators performed this role well. Only a small number of stakeholders and family members reported feeling unprepared for the conference, and almost all of the Community Services Caseworkers and Managers Casework

Table 8 Survey respondents who said 'yes' to the following statements

	n	%
I was adequately prepared for the conference	20	95
I knew what would be expected of me at the conference	21	100
I had an understanding of how the conference would run	25	100

Note: The number of total respondents for each question varies as respondents were only required to answer those questions that were relevant to their role

Source: AIC FGC participant online survey data February 2012 [computer file]

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; see Table 8).

However, a small number of professionals suggested some family members did not appear to understand what their role was and that this had limited the effectiveness of the conference process. Providing families with additional information about the conference process and their role in the proceedings may have prevented situations such as this, but also assisted with securing the consent of the family in the first instance to participate in the program.

Finally, the Facilitator was responsible for providing conference participants with a copy of the RIF and the guiding questions the family would be asked to address during the conference. Guiding questions were developed in line with the main issues and 'bottom lines' identified in the RIF. Examples of guiding questions included:

- How will the extended family help to support the mother when the child or young person's behaviour is out of control?
- How will the extended family help the parents to make sure the child or young person attends school?
- What services does the family need so that the mother can be a better parent to the child or young person?
- Conference participants were encouraged to read this material and to think about how the family could answer the guiding questions so they were prepared for the conference.

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.

Conference processes

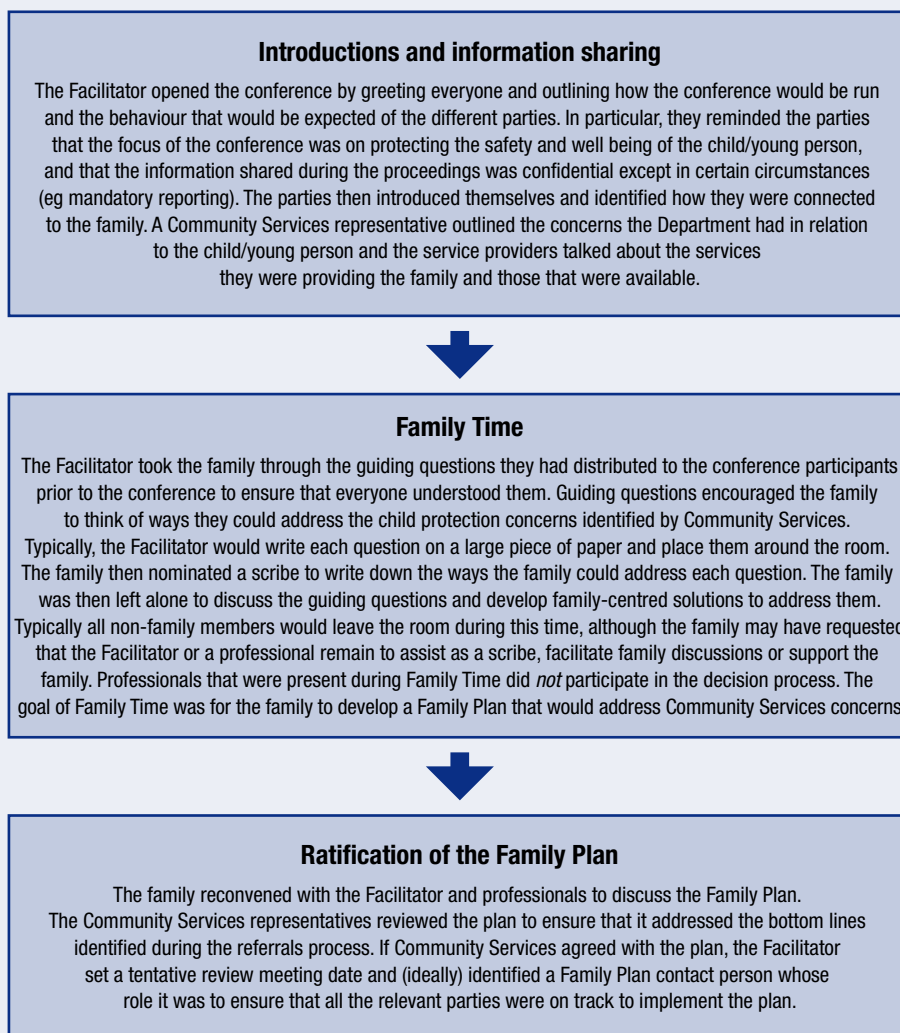
Conferences held as part of the FGC pilot program were based on the UnitingCare Burnside model of FGC, which itself was based on the New Zealand model of FGC (see *Appendix C*). As such, conferences were divided into three stages – introductions and information sharing, Family Time and ratification of the Family Plan. The processes involved in and aim of each stage of the conference are outlined in Figure 4.

Introduction and information sharing

The primary aim of the information-sharing stage was to ensure all the participants were aware of the concerns identified by Community Services and had an understanding of the stage the family was at in addressing these concerns. Stakeholders and family members reported that getting the entire family 'on the same page' was a major strength of the conference process, particularly as the parents/carers may have kept this information from their family due to feelings of shame, fear of stigmatisation or because they did not want their family to worry.

An important best practice principle for effective FGC programs is that professionals involved in conferences are equipped to communicate with the family in a simple and clear manner (Morris & Tunnard 1996). A small number of 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. Further, some Community Services representatives reported that, by starting the proceedings by talking about the concerns they had about the child or young person, the family sometimes became defensive and upset which was not conducive to a collaborative decision-making process.

Figure 4 Conference processes involved in the Family Group Conferencing pilot program



Family Time

While acknowledging that Family Time was an important part of the conference process, some stakeholders expressed some concerns about the way in which Family Time was conducted in a small number of conferences. In particular, 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.

Recommendation 10

Families in which inter-familial 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 it should be made clear 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.

Ratification of the Family Plan

During the closing stages of the conference, the Caseworker and Manager Casework were required to review the Family Plan developed by the family. The procedures manual stated that Family Plans should only be rejected if the plan did not address their concerns or endangered the child or young person.

Location of conferences

The majority of conferences (excluding matters for which this information was not available) were conducted in neutral, community-based facilities. Conference venues included a PCYC, 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.

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.

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 (see Table 9). 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 issue reflects 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 described in the section *Barriers to referral to Family Group Conferencing*).

Table 9 Time taken for matters to proceed from referral to conference

	n	%
6 weeks or less	5	18
7–8 weeks	4	14
9–10 weeks	6	21
11–12 weeks	1	4
13–14 weeks	7	25
15 weeks or more	5	18
Total matters	28	100
Median	10	-
Mean	11	-

Note: Excludes one matter for which the date of referral was not recorded
Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

There were a number of reasons why a matter may have taken longer than six weeks to proceed to conference:

- Conferences typically involved a large number of parties and the availability of all parties had to be taken into consideration when scheduling a conference.
- The preparation and work invested in setting up a conference was often time consuming, particularly when the family lived significant distances from one another.
- The health and wellbeing of participants could limit their time and availability to attend conferences.

The fact that referrals took (on average) longer than six weeks to proceed to conference appears to have had a number of implications for the conference process, particularly when the circumstances of the family changed during the time between the referral and conference (see Case Study 2). Further, the timeframes associated with the conference process appears to have led a number of Community Services staff to believe that the program was only suitable for matters that had the 'luxury of time'. This had implications for program referrals and the continued support and uptake of the program by Community Services and other professionals.

Recommendation 12

While acknowledging that the referral process and pre-conference preparation time can be time consuming, the time taken for a referral to proceed to conference need 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.

Facilitators involved in Family Group Conferencing

Another important best practice principle for effective FGC programs is that conferences are conducted by skilled, trained and independent Facilitators (Connolly 2006; Giovannucci & Largent 2009; Trotter et al. 2009). Conferences held as part of the FGC pilot program were conducted by independent Facilitators contracted by Community Services. Facilitators typically conducted conferences by themselves or with the assistance of a co-Facilitator. The co-Facilitator model of FGC appears to have been most commonly used for Indigenous families and as a training tool for less experienced Facilitators.

Case study 2

Community Services first became involved with this family when the child was taken to hospital with an injury that was not consistent with the initial explanation provided by the parents. Although a subsequent investigation found the explanation was plausible, it was noted by the Caseworker that the relationship between the parents was extremely dysfunctional and violent. At time of the referral:

- the parents were separated and the father was incarcerated on domestic violence-related charges;
- the child was under the joint care of the mother and an aunt (although the aunt was investigating whether the Family Court could award her sole custody); and
- the mother was regularly using illicit drugs.

Once they had consented to participate in the program, the family worked with the Facilitator to identify a number of service representatives they believed should attend the conference to assist the mother address her drug use and mental health problems. However, the time between referral and conference was significant and feedback provided by a family member who attended the conference indicated that by the time the conference was held, the services and supports identified during the referral process were no longer suitable or appropriate.

The conference was attended by the mother, extended family members and a small number of service providers. The conference resulted in a Family Plan that identified a range of formal services the mother could engage with to address the identified concerns and a number of ways the family could support the mother to care for the child. However, in the weeks following the conference, the concerns escalated and the child was removed and placed with the aunt on a full-time basis.

The information contained within the procedures manual, observational fieldwork and feedback from the interviews, focus groups and online survey showed that Facilitators were responsible for a range of tasks involved in the conference process. These included:

- ensuring that all parties acted in accordance with the ground rules outlined at the commencement of the conference;
- facilitating an open dialogue between parties and managing the conference in a way that ensured participants felt comfortable raising and discussing sensitive issues;
- ensuring that all parties were provided with an opportunity to have their say and to respond (when appropriate) to the issues raised by other parties;
- helping to clarify the content of the discussion and any decisions that were made, so that all parties understood what was being said or had been agreed (or not);
- keeping the discussions focused on the guiding questions and the conference on track, both in terms of the agenda and the scheduled time available; and
- addressing any power imbalances that may have been present between parties by ensuring no single party dominated the conference and all parties treated each other equally.

Overall, conference participants were positive about the performance of Facilitators and attributed the perceived success of conferences to the skills of Facilitators in managing the process. 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. Family members were particularly positive about the performance of Facilitators, a small number noting they appreciated having someone present to facilitate the discussions – ‘You know what families are like, bitching and carrying on. It was good to have a mediator there to help us through that’ (Family member personal communication 2012).

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. Further, stakeholders acknowledged that a small number of Facilitators involved in the program had extensive previous experience in preparing and conducting conferences. This was perceived as another strength, particularly among stakeholders who were unfamiliar with FGC.

However, there were a small number of Community Services representatives and service providers who were less satisfied with the performance of Facilitators involved in the program. For example, it was suggested that less experienced Facilitators conducted the conferences more like case planning meetings than family group conferences. The low number of conferences held during the pilot program limited the opportunity for new Facilitators to develop skills and experience, but there may also be scope for additional training (formal and informal) to further develop the capacity of existing Facilitators (refer to the earlier section *Building the capacity of professionals involved in Family Group Conferencing through training and development*).

Recommendation 13

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

Attendance at conferences

FGC programs should be underpinned by a broad definition of ‘family’ so that friends, community representatives, elders and other sources of familial support can attend and contribute to conferences (Chandler & Giovannucci 2009; see *Appendix C*). While the Community Services Caseworker and/or Manager Casework were expected to attend the conference, the FGC procedures manual stated that decisions as to who else should attend a conference should be made by the family and that the family

could invite immediate and extended family, Elders and significant support people. However, the procedures manual also stipulated that in the event that the attendance of a person posed a risk to other participants, would inhibit the participation of another more important family member, or there was an AVO or other legal restriction in place, then the Facilitator should not allow the party to attend. Parties who could not attend the conference in person were provided with an opportunity to provide their input or attend in other ways (eg teleconferencing).

Information recorded by the Facilitator in the Family Plan and the Facilitator’s post-conference report showed that rates of family attendance at conferences held during the evaluation period were high. The mother of the child (or children) attended 96 percent (n=25) of the conferences and extended family members were present at around nine out of 10 conferences (see Figure 5). Fathers only attended around three out of five conferences, although this was not unexpected considering the low attendance rates of Fathers in other FGC programs and other

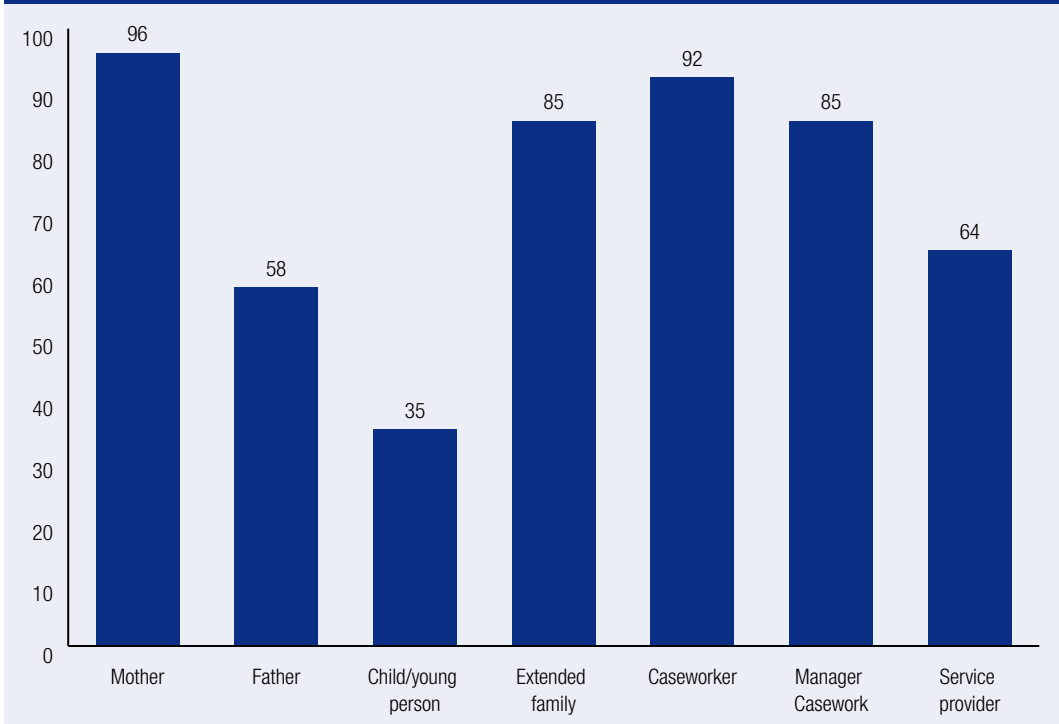
forms of care and protection ADR (Huntsman 2006; Lowry 1997; Olson 2009; Shore et al. 2002; Sundell & Vinnerljung 2004).

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.

Participation via teleconferencing facilities

A number of conferences involved parties who participated in the proceedings via teleconference facilities. While an important means of including the views of family members who could not attend the conference for a range of reasons, the use of teleconferencing appears to have raised some logistical issues, particularly when the conference venue did not have teleconferencing facilities

Figure 5 Attendance at conferences (%)



Note: Excludes 3 conferences for which information on who attended the conference was not available

Source: AIC FGC pilot program evaluation database 2012

available. In the event a party had to participate via teleconference, the Facilitator should have endeavoured to choose a venue that had these facilities available.

Participation of the child or young person

Another important principle for effective care and protection FGC programs is that, where practical and appropriate, the child or young person should be encouraged to attend conferences (Brady & Millar 2009; Connolly & McKenzie 1999; Dawson & Yancey 2006; Holland & O'Neill 2006; Huntsman 2006). The FGC procedures manual encouraged the attendance of the child or young person so their 'knowledge and insight can be harnessed and the plan is more likely to reflect their views'. The attendance of adolescents in conferences was particularly encouraged as they would typically have an active role in any Family Plan that was developed.

The child (or children) attended 35 percent (n=9) of conferences held during the evaluation period. Although the research team was not able to interview children or young people who participated

in the program, a number of professionals and family members who participated in a conference attended by the child/young person reported some children and young people found the process therapeutic, particularly when the adults in the room validated their views (see Case Study 3)— '[the child] had a chance to hear from her mother that she was her priority and the most important thing in her life' (Community Services representative personal communication 2012).

However, a small number of stakeholders raised some issues about the attendance of the child or young person at conferences. It was suggested that some issues raised during conferences were potentially very confronting and upsetting for the child or young person. Further, some professionals appeared to have difficulty talking about sensitive issues in front of the child or young person, which potentially inhibited the information sharing process.

In the event the child or young person did not participate in the conference, the professionals, particularly the Facilitator, were expected to consider their views and wishes in the proceedings in other ways. The observational fieldwork and feedback from the stakeholder interviews and focus groups

Case study 3

This family had come to the attention of Community Services due to a range of issues identified in relation to the young person. These included the young person's:

- criminal behaviour;
- regular absence from school;
- mental health issues and his refusal to take his medication, despite the efforts of his parents and support workers; and
- inability to control his emotions around his siblings.

Further, although the young person was living with his mother and siblings, there was an AVO in place between him and the family and there were concerns that if the AVO was breached, he would be detained. The young person's biological parents were separated and appeared to be acrimonious towards one another.

The main aim of the referral was to bring the whole family together so they could develop a plan to keep the young person safe. The bottom lines identified by Community Services stated that the safety of the young person's siblings had to be secured and that the young person would be involved in decisions made in relation to his placement.

The conference was attended by the parents, a number of extended family members and service providers who had been engaging with the family, the young person, and the Community Services Caseworker and Manager Casework. The conference resulted in the development of a Family Plan that focused on:

- contact arrangements between the young person and his biological father;
- identifying positive male role models who could spend time with the young person; and
- identifying family members who could help the parents look after the young person when they required assistance and in particular, when the young person was suspended from school and the parents were at work.

At the review meeting held a few months later, it was noted the main goals of the plan had been achieved or were in progress. However, additional follow-up suggested the young person was still experiencing a range of issues in relation to his education.

indicated that Facilitators were performing this role well. For example, in one conference observed by the team, the child did not attend the conference but the Facilitator and child's support worker had both asked the child beforehand what she wanted to get from the conference and what her views were on the guiding questions. The child's responses to the guiding questions were read out by her support worker at the conference and formed the basis of the Family Plan drafted by the family.

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.

Issues discussed during conferences

While acknowledging that a large number of issues can be discussed during conferences, the research team used the Family Plans and RIFs to identify the five main issues that were raised during each conference (for which this information was available; see Table 10).

- All of the conferences focused on identifying familial support (eg respite care options and transport assistance) and formal support (eg counselling and parenting classes) for the family and/or child or young person that could be put in place to address the concerns raised by Community Services about the capacity of the parents and the wellbeing of the children.
- Four out of five conferences (n=19) focused on the issue of contact, particularly as it related to the logistics around contact arrangements (eg who will supervise contact and where they will be held) and how contact would be managed in the event that Community Services withdrew.
- Three conferences (13%) focused on the restoration of the child or young person.
- Identifying placement options for the child/young person (family and non-family) was a focus in approximately 30 percent (n=7) of conferences.
- Twenty-two percent of conferences focused on improving the relationships between the parties involved, including addressing interfamilial relationship breakdown (n=3) and the relationship between the family and Community Services (n=2).

The fact that all of the conferences held during the evaluation period focused on identifying familial and formal supports is important. It means conferences were used to identify ways in which the concerns

Table 10 Issues discussed during conferences

	n	%
Issues impacting on parenting capacity (alcohol/drug misuse, physical illness, mental health issues etc)	19	83
Issues relating to the needs of the child/young person (emotional, physical, schooling, cultural etc)	19	83
Contact arrangements	19	78
Supports for the family (familial and formal)	23	100
Restoration	3	13
Placement	7	30
Relationship breakdown between Community Services and family	2	9
Relationship breakdown between family members	3	13
Other	4	17
Total conferences	23	

Note: Excludes 6 conferences for which information on the issues discussed during the conference was not available. Percentage total does not equal 100 because multiple issues were discussed at each conference

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

Case study 4

This family became involved with Community Services due to a range of concerns, including:

- children not receiving daily meals and were consequently malnourished;
- parental drug addiction;
- mother hostile towards the children; and
- mother demonstrated an unwillingness to engage with Community Services or other support services.

The referral aimed to encourage the mother to engage with support agencies and to identify ways in which she could improve her parenting skills. It was hoped the conference would prevent the removal of the children.

The conference was attended by the mother, children, Community Services Caseworker and Manager Casework, and a number of support agency representatives. The Family Plan identified a range of services that the mother could engage with to address Community Services concerns. In particular, one agency offered to help the mother to develop positive parenting skills and change her behaviour towards the children.

At time of review, it appeared that the main goals of the Family Plan were on their way to being achieved.

raised by Community Services could be addressed by enhancing familial and formal support networks (see Case Study 4). Similarly, the finding that four out of five conferences were focused on identifying the needs of the child or young person is also positive, as it suggests conferences were focused on the safety and wellbeing of children, the improvement of which was an important long-term goal of the program.

Length of conferences

Another important best practice principle for effective FGC programs is that families should be provided with sufficient time to develop family-centred strategies that address all of the concerns raised by the child protection agency (Harris 2007; Lowry 1997; Morris & Tunnard 1996; Olson 2009). There did not appear to be any limitations on how long conferences held as part of the FGC pilot program could run for (besides being limited to one day). This was partly due to the recognition that Family Time could take a significant period of time.

Information about the length of conferences was only available for 14 matters that proceeded to conference during the evaluation period (see Table 11). Analysis of this information showed that 64 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.

While these findings should be interpreted with caution as they only represent around half of the matters that proceeded to a conference during the evaluation period, they do suggest that conferences were shorter than anticipated.

Table 11 Duration of conferences

	n	%
90 minutes or less	1	7
91–180 minutes	8	57
181–240 minutes	3	21
241–300 minutes	1	7
301 minutes and over	1	7
Total conferences	14	
Median	180	-

Note. Excludes 15 conferences for which the duration of the conference was not recorded. Percentage total does not equal 100 due to rounding

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

Feedback from stakeholders involved in the program is helpful in understanding why the conferences took less time than expected (and were shorter than the scheduled timeframe). According to other participants, some family members appeared to struggle to concentrate or cope emotionally during proceedings and a longer conference may have exacerbated these issues. Similarly, some family members reported that having to attend a longer conference could raise some issues for the family (eg child care arrangements).

Table 12 Survey respondents' views regarding the length of the conference

	n	%
Too short	0	0
Too long	2	11
Just about right	17	89
Total respondents	19	100

Source: AIC FGC participant online survey data February 2012 [computer file]

Further, a small number of professionals reported concerns about the resource implications associated with being out of the office for a whole day so they could attend conferences (noting that this may deter other professionals from being involved). However, despite this concern, the survey data indicates that satisfaction with the length of conferences was quite high among Community Services staff and Facilitators. Almost 90 percent (n=17) of survey respondents who participated in a conference said the conference had run for the right amount of time, with only two people (11%) reporting the proceedings had been too long. No one said the conference had been too short (see Table 12).

Confidentiality of conferences

For ADR to operate effectively, discussions that take place during a conference should be covered by clear confidentiality protocols that are understood by all the parties in the room (Chandler & Giovannucci 2009; Connolly 2006; Morris & Tunnard 1996; NADRAC 2011). 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:

- The family was required to consent to the information that was included in the RIF being shared with Facilitator and other conference participants. Information relating to non-consenting parties could not be included in the RIF.
- The information included in the RIF formed the basis of discussions held during the conference.

- Facilitators reminded parties at the beginning of conferences that the information shared during the conference was confidential, except in specific circumstances (ie mandatory reporting requirements).
- The only program documentation that could be provided to the Children's Court (in the event of a subsequent court application) was the Family Plan.

Importantly, the confidentiality protocols were clearly outlined in the documentation provided to families prior to attending a conference, but they were not clearly stated in the procedures manual.

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.

Culturally appropriate decision-making processes

Another important principle for effective FGC programs is that the Facilitator takes the cultural background of families into account, is sensitive to any cultural issues and ensures that the process is adapted to suit the needs of the family (Giovannucci & Largent 2009). This includes Indigenous families. One of the overarching aims of the FGC pilot program was to provide Indigenous families with a culturally appropriate forum in which the family could be engaged in the decision-making processes that affect their family and children. As such, the procedures manual specifically encouraged Caseworkers to identify suitable Indigenous families for referral to the program, particularly in the Metro-Central region. Involving Indigenous families in decisions that are made about their children can help to increase the confidence they have in both the process and any decisions made during proceedings.

- 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. This was primarily because the program:
 - provided the opportunity to involve extended family members, members of kinship groups and community Elders in the proceedings;
 - involved conferences that were held in neutral, community-based facilities that provided a less threatening and more informal environment in which to discuss issues relating to the family, including cultural considerations;
 - involved Facilitators who were adept at dealing with Indigenous families due to their extensive previous experience working with Indigenous families in Australia and overseas; and
 - (in some conferences held in the Metro-Central area) used an Indigenous co-Facilitator.
- encouraging Indigenous family members to explain the importance of cultural identity to the other parties at the table;
- ensuring that any agreements reached by parties satisfied the principles for the placement of Indigenous children (s 13 of the Care Act);
- identifying the family's 'mob' and cultural heritage prior to attending the conference;
- consulting with Indigenous Caseworkers prior to the conference to identify any areas of concern and services available to families; and
- providing extended family members with transport assistance so that they could attend the conference.
- Further, a number of stakeholders reported that Facilitators involved in the program were skilled at dealing with the types of issues experienced by Indigenous families. As one Community Services representative noted, Facilitators involved in the program were 'very good at acknowledging the pain in the room' (Community Services representative personal communication 2012).

A number of stakeholders, particularly the Facilitators, identified a range of techniques they used before and after the conference to ensure that conferences were run in a way that was suitable for Indigenous families:

- including a guiding question that directly addresses the cultural needs of the children;
- encouraging the attendance of extended family members, Elders and support persons;
- asking the family if they wanted to open the conference in a particular way (eg smoking ceremony, acknowledging the traditional owners of the land);

- 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 (see Table 13).

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 (eg considering significant

Table 13 Attendance of family members at conferences, by Indigenous status

	Non-Indigenous family		Indigenous family	
	n	%	n	%
Mother	13	93	12	100
Father	10	71	5	42
Child/young person	7	50	2	17
Extended family members	11	79	11	92
Total conferences	14		12	

Note: Excludes 3 conferences for which information on who attended the conference was not available

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

family or cultural events when determining contact arrangements; Case Study 5). This view appeared to be supported by the online survey data.

Survey respondents were asked if they thought the Family Plan developed during the conference satisfied s 13 of the Care Act (the placement of Indigenous children) (if applicable). All but one of the survey respondents (n=7) who participated in/ or received feedback about a conference involving an Indigenous family reported that the Family Plan had satisfied the Act in relation to the placement of Indigenous children (the other respondent was unsure).

Despite reporting the FGC pilot program was more suitable for Indigenous families than traditional case planning processes, stakeholders were able to identify some options to further increase the cultural appropriateness of the program. For example, while the use of community-based facilities for conducting conferences was identified by many stakeholders as a benefit of the program, it was also noted the process could be more engaging if conferences were held in Indigenous community centres. Further, while families referred to the program in the Metro-Central region were provided with the option of having an Indigenous co-Facilitator, it appears this was not an option in the northern region. Some stakeholders believed all Indigenous families should be provided with the option to have their conference chaired by an Indigenous facilitator.

Participant satisfaction with the processes involved in conferences

One of the aims of the evaluation was to determine the extent to which participants were satisfied 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 in which conferences were conducted and the way in which the Facilitator ran the proceedings.

As part of the online survey, respondents (except for Facilitators) were asked a series of questions about their level of satisfaction with different aspects of the conference process, as well as their overall satisfaction with the way the conference was run. Analysis of the online survey responses showed that 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 the Facilitator had behaved impartially (see Table 14).

Case study 5

This matter involved a family that first came into contact with Community Services because of the parents' alcohol misuse issues which resulted in the children being removed from their care and placed with the maternal side of the family. Community Services developed a care plan that outlined a number of minimum requirements the parents had to satisfy in order for restoration to occur. However, the parents failed to keep a number of appointments and to engage in identified services, and appeared to have difficulty understanding why they should stop drinking when the children were not with them.

The matter was referred to conference so the parents could be helped to understand what they needed to do in order for restoration to occur. Further, although the father and children identified as Indigenous, the mother was not. As the children had been placed with the maternal side of the family, one of the aims of the conference was to identify ways in which the children could continue to develop their cultural identity while they were not in the care of their parents.

The conference was attended by the parents, a significant number of extended family members and support workers. The family succeeded in developing a Family Plan and they were able to identify a number of ways in which the children could continue to develop their cultural identity. This included arranging for the children to spend more time with their father and his family, encouraging the carers to attend NAIDOC events with the children and providing the children with cultural picture books and scrapbooks.

At time of review, the family had implemented around 50 percent of the Family Plan and all of the actions identified in relation to the development of the children's cultural identity.

The high rate of satisfaction among participants with the way that conferences had been conducted is important. The finding that participants had a positive view of the program means they may be more likely to engage in the process in the future, which was supported by the qualitative feedback

provided to the AIC. 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.

Table 14 Survey respondents who said 'yes' to the following statements

	n	%
Did you feel safe?	19	100
Did the other people at the conference listen to what you had to say?	17	89
Were you happy with how the conference was run?	12	86
Did the Facilitator act impartially?	14	100
Did you feel that you were given an opportunity to explain your professional opinion about the case?	13	93

Note: The number of total respondents for each question varies as respondents were only required to answer questions that were relevant to their role

Source: AIC FGC participant online survey data February 2012 [Computer file]



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 families to develop family-focused strategies 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 differed from traditional case plans in a number of important ways:

- Family Plans were developed by the parents, extended family and child or young person, and endorsed by Community Services prior to being implemented. By contrast, while case plans are ideally developed in consultation with the family, they are typically written by Community Services with varying levels of input from the family.
- Family Plans were structured around guiding questions, while case plans are developed in accordance with Community Services templates and reporting guidelines.
- Family Plans were more action-focused and identified the nature, responsibility and timeframe for specific actions.

- Family Plans did not only address care and protection issues, but also broader issues not directly related to the issues raised by Community Services. Community Services representatives stated that while these ancillary issues were not always directly related to the risk that child would be removed from their parents, addressing them helped to further strengthen and extend the informal and formal supports for the family.

Conferences that resulted in the development of a Family Plan

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. Instead, in the event that Community Services had any concerns about the plan, the Facilitator would work with conference participants to identify ways to overcome the identified issues. As a result, the families who participated in the FGC pilot program were able to develop family-centred strategies and Community Services Caseworkers and Managers Casework were satisfied these plans addressed identified child protection concerns.

Case study 6

This matter involved a child removed from his mother's care due to ongoing issues relating to violence between the mother and maternal grandmother, the mother's and maternal grandmother's drug misuse, and neglect. Further, Community Services found that the child did not have a stable home and was not being cared for by one person but by a group of adults.

Community Services removed the child and placed him with his biological father. A subsequent care application filed with the Children's Court awarded Parental Responsibility for the child to the Minister for two years, at which point, sole Parental Responsibility would be transferred to the father. The aim of the conference was to develop contact arrangements for the maternal side of the family once Community Services withdrew. Both sides of the family were hostile towards one another and the father was wary of the maternal side having any contact with the child.

The conference was attended by the parents and members of both sides of the extended family. However, the conference was closed within one hour because the family had not been able to develop a Family Plan. The Facilitator attributed this to the significant inter-familial conflict between the maternal and paternal sides of the family.

Table 15 Survey respondents who said 'yes' to the following statements

	n	%
Do you think the Family Plan had realistic goals and identified course of action?	18	100
Do you think the Family Plan met the 'bottom lines' identified by Community Services?	17	94
Do you think the Family Plan reflects the best interests of the child/ren?	16	89

Source: AIC FGC participant online survey data February 2012 [computer file]

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 (see Case Study 6). Although the aim of FGC was to encourage families to develop family-centred strategies that addressed the concerns raised by Community Services, in some instances the family was not able to move beyond their own interpersonal conflict and focus on the needs of the children and young people, limiting their ability to discuss and agree on a course of action.

Conference participant satisfaction with Family Plans

Stakeholder and family feedback about the Family Plans developed through conferences held as part of the FGC program was generally positive. Family members reported Family Plans had been beneficial and reflected the strengths and capabilities of the family. Some professionals reported that, because Family Plans were developed by the family, they took a range of family-specific concerns into account, such as work schedules, financial capacity and family dynamics, and were therefore more workable and realistic documents.

Feedback provided through the interviews and focus groups was supported by the online survey responses (see Table 15). The majority of survey respondents who participated in a conference that had resulted in the development of a Family Plan reported that the plan had:

- addressed the bottom lines outlined by Community Services (94%; n=17);
- realistic goals and identified course of action (100%; n=18); and
- reflected the best interests of the children (89%; n=16).

These findings are important. Families who were happy with the plans they developed may be more likely to follow through with the plan and support its implementation. Similarly, professionals who were satisfied with Family Plans may be more willing to support the implementation and management of the plan. Further, Community Services staff who were happy with Family Plans developed through conferences may become more supportive of the program and therefore more likely to refer matters in the future.

Review processes involved in the Family Group Conferencing pilot program

The formalisation of appropriate review mechanisms to ensure Family Plans are progressed by the relevant parties and that parties are held accountable if they fail to support the plan is an important element of effective FGC (Brady & Millar 2009; Harris 2007; Trotter et al. 1999). 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.

Review meetings

At the end of a conference resulting in the development of a Family Plan, the Facilitator identified a suitable time when everyone would reconvene for a formal review meeting. 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. Feedback from stakeholders indicated that there was a preference for review meetings to be conducted by the Facilitator who chaired the conference and attended by all the parties that were present at the conference. Like conferences, review meetings were conducted in neutral, community-based facilities.

At the end of the review meeting, the Facilitator completed a report that identified:

- who attended the review meeting;
- the status of the Family Plan;
- whether the family and Community Services had made progress on their respective tasks; and
- whether the contact arrangements specified in the plan were being followed by the relevant parties.

Review meetings were conducted for 84 percent (n=16) of conferences that resulted in the development of a Family Plan (this excludes 5 matters for which the Family Plan had not been

in place long enough by the end of the evaluation period for a review meeting to have been held and 2 matters for which the information was not available). Review meetings were scheduled but cancelled for three matters. The reasons for this were:

- the Family Plan was rescinded by the family after the conference (n=1);
- the child was taken into care by Community Services after the conference but prior to the scheduled review meeting date (n=1); and
- the child was the subject of multiple ROSH reports post-conference resulting in the family consenting to a care plan being developed by Community Services (n=1).

The procedures manual recommended that review meetings should be conducted within six to 12 weeks of the conference. However, review meetings could be conducted earlier if two family members and/or Community Services made a request to the Facilitator. Two-thirds of the review meetings that took place during the evaluation period did occur within the six to 12 week timeframe (see Table 16). However, around one-third (37%; n=6) were conducted 13 weeks or longer after the conference.

Table 16 Length of time between conference and review meeting

	n	%
6 weeks or less	1	6
7–9 weeks	4	25
10–12 weeks	5	32
13 weeks or more	6	37
Total matters	16	100

Note: Excludes 5 matters that proceeded to conference late in the evaluation period meaning it was inappropriate to review the Family Plan before the end of the evaluation period and 2 matters where it is unclear if the Family Plan was reviewed during the evaluation period. Includes 1 matter that proceeded to a review meeting after the end of the evaluation period

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

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. Further, some Community Services staff expressed frustration with the perceived inflexibility of the review process. A small number disagreed with the policy that once a Family Plan had been developed the matter had to progress to a review meeting, regardless of whether it was necessary or not. There is a need for greater clarity around the review meeting process and the circumstances in which review meetings may be cancelled and rescheduled.

Family Plan review person

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 (hereafter referred to as the review person). The precise role of the Family Plan review person was not outlined in the procedures manual. However, feedback from stakeholders involved in the program suggests that the review person was expected to perform two main functions:

- to act as a contact person for all parties; and
- monitoring the implementation of the plan to ensure parties were fulfilling their obligations and reporting back to agencies if the family's circumstances changed.
- The family identified the review person during Family Time or at the end of the conference and their contact details were recorded in the Family Plan. Sixty-five percent (n=15) of Family Plans (for which this information was available) identified a review person. Family Plan review persons could be anyone present at the conference, with the exception of the Facilitator (see Table 17).

Table 17 Family Plan review person

	n	%
Family member	3	20
Community Services representative	7	47
Non-Community Services support worker	5	33
Total matters	15	100

Note: Excludes 8 matters that did not identify a Family Plan review person and 3 matters for which information relating to the review person was not available

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

There were a number of reasons why a review person was not identified during the conference process. The relative emphasis placed on identifying a review person differed between Facilitators involved in the program and in some matters, parties may have been unwilling to take responsibility for reviewing the Family Plan. Further, there did not appear to be a consistent Family Plan template that was used by all of the Facilitators involved in the FGC pilot program. Importantly, while some of the templates included a guiding question about who would be responsible for monitoring the plan, others did not.

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.

Implementation of Family Plans

A number of stakeholders involved in the program argued that Family Plans, because they were developed by the family, were more likely to be implemented and supported by the family than case plans. This was because the family had more ownership over a Family Plan than a case plan and in the words of one Community Services staff member, 'have greater ownership of the outcomes'. As such, the extent to which Family Plans were implemented and achieved by the relevant family members, service providers and Community Services representatives is an important measure of the success of the FGC pilot program.

There was limited information available on the implementation of Family Plans. This was largely due to the different and inconsistent methods used by Facilitators to review and report on implementation. Further, although the revised review meeting report template required the Facilitator to report on whether the plan was being followed by the family and Community Services, this was not completed on a consistent basis and as such, has not been included in this section.

However, some Facilitators reviewed the progress of Family Plans by going through every action listed in the document and recording whether the action had been achieved, partly achieved or not achieved. This ‘checklist’ approach to reviewing Family Plans formed the basis of a simple counting rule that some Facilitators used to determine the proportion of actions listed in the Family Plan that had been implemented by the time of review. Where possible, the research team applied the same counting rule to other Family Plans. Using the Family Plan review data provided by some of the Facilitators, the research team was able to report on the implementation of nine Family Plans that were the subject of a review meeting (which accounts for 56% of Family Plans that were reviewed during the evaluation period). The extent to which these plans were implemented was measured in two ways:

- the proportion of the Family Plan that was fully and/or partially implemented at time of the review meeting; and
- the extent to which the three main goals of the Family Plan (as identified by the research team) was partially and/or fully implemented at time of the review meeting.

The ability of the research team to determine the ‘success’ of Family Plans was largely dependent on the information recorded by the Facilitator at time of the review meeting. Similarly, the ability to identify factors that impacted on the implementation of Family Plans was hampered by the low number of plans with adequate data (and low number of conferences overall). As such, given this information only relates to half of the Family Plans reviewed during the evaluation period and only nine plans in total, some caution needs to be taken when interpreting the results.

Implementation of actions identified in the Family Plans

Of the reviewed Family Plans that were available for analysis, only one 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. These findings, which were supported by

the qualitative feedback provided by professionals and family members, are promising and suggest that the conferences had some success in identifying actions that could then be implemented by the family (see Table 18).

Table 18 Proportion of actions identified in Family Plans that were partially or fully implemented by the time of review

	n	%
50% or less	1	11
51–60%	2	22
61–70%	2	22
71–80%	3	33
More than 80%	1	11
Total matters	9	

Note: Excludes 7 matters for which suitable and detailed Family Plan review information was not available. Percentage total does not equal 100 due to rounding

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

Achieving the main goals of the Family Plan

The main goals of the Family Plans were not specifically identified by the Facilitator or conference participants. Therefore, the research team identified the main goals of the Family Plans by analysing the information included in the RIF and in particular, by referring to the aims of the conference identified by Community Services representatives involved in the referral of the matter. The relative importance of each goal was assessed by looking at the number of supports put in place to address that goal in the Family Plan. While there are limitations to this approach, it enabled the AIC to adopt a systematic and consistent approach to identifying the main goals for each Family Plan.

Examples of the types of goals identified by the research team in the Family Plans include:

- the parent or carer agrees to engage in formal support services to address the risks identified in relation to their parenting capacity (eg mental health counselling, parenting classes, and drug and alcohol rehabilitation);
- the child agrees to engage in afterschool activities (eg midnight basketball);

- family members agree to be assessed as potential carers for the child or young person; and
- parents agree to regularly communicate with one another about the behaviour of the child or young person.

The research team’s ability to make an assessment as to whether the main goals of the Family Plan were achieved by the time of review was dependent on the level of information included in the review meeting report. As with the previous section, only nine Family Plans that were reviewed during the evaluation period could be assessed in terms of whether the parties had achieved the three main goals.

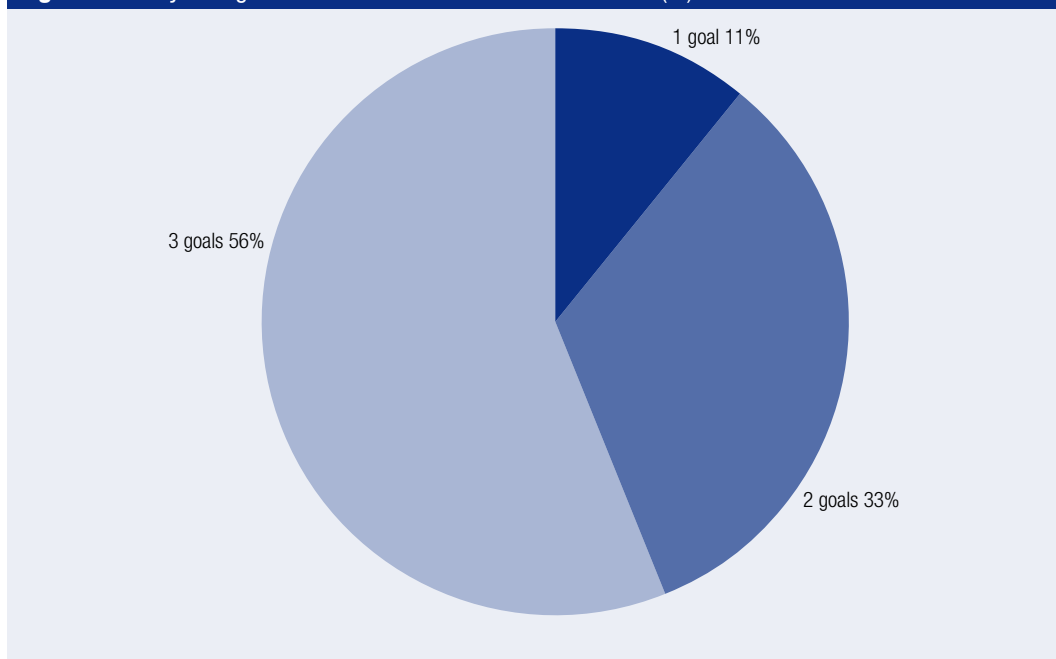
The results showed that for half of these Family Plans (56%; n=5) the three main goals were all achieved (at least in part) and no Family Plan was assessed as having failed to achieve any of the identified main goals (see Figure 6). Despite the low number of plans reviewed, this suggests the Family Plans that had been reviewed were both realistic and achievable.

Barriers to the implementation of Family Plans

There were a number of reasons why Family Plans may not have been implemented as originally intended. Some parents or children were committed to engaging in a formal support service, such as parenting classes, counselling or behaviour management. However, some of these family members reported difficulty attending and participating in these services, primarily because they did not meet the eligibility criteria. On other occasions, work commitments of family members meant they could not carry out the tasks identified in the Family Plan.

Further, a small number of Community Services representatives and service providers reported that, while plans addressed the bottom lines identified by the Department, they were sometimes unrealistic. These practitioners suggested some families had set

Figure 6 Family Plan goals that were achieved at time of review (%)



Note: Excludes 7 matters for which suitable and detailed Family Plan review information was not available

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

themselves too many tasks and ambitious goals. As a result, some families developed plans they would struggle to implement, which may in turn impact on the relationship between the family and the Department, as well as having obvious implications for the wellbeing of the child (or children). For this

hindered by the actions (or inactions) of others (see Case Study 7). As Case Study 7 demonstrates, individuals and agencies were not always held accountable when they failed to follow through on their commitments and there was a lack of oversight for the implementation of Family Plans.

Case study 7

This matter involved an Indigenous family who came to the attention of Community Services when it was reported the:

- children were being neglected;
- mother was intoxicated while the children were in her care; and
- children were living in unhygienic conditions.

Although a subsequent investigation conducted by Community Services found the house was neat and clean and the children were not endangered in their environment, the Caseworker noted that the eldest child was acting as a parent to the younger siblings and the children appeared withdrawn and quiet. Further, the relationship between the mother and maternal grandmother was acrimonious with both reporting they were concerned about the children's safety in each other's care.

The conference was attended by the mother, maternal grandmother and a number of other extended family members, the Caseworker, Manager Casework, an Indigenous support worker and a small number of service providers. The focus of the conference was on developing strategies to address the inter-familial conflict and identify ways in which the extended family could support the mother to build her parenting skills. The conference resulted in the development of a Family Plan that identified a number of ways the mother could develop her parenting skills and ways the extended family could support the mother care for the children. Further, the extended family asked Community Services to notify them in the event they received subsequent reports about the children.

Although at time of review, the mother appeared to have successfully achieved almost half of the actions identified in the Family Plan, the extended family had not fulfilled any of their commitments. The reasons for this were unclear although it was suggested that communication between family members had deteriorated after the conference.

reason, Community Services representatives and service providers in attendance at the conference should be given the opportunity to raise concerns they have in relation to the Family Plan if they think that parts of it are not achievable or realistic and encouraged to raise these concerns in a way that is supportive of the family.

Another issue identified through the consultation process was that, while the procedures manual stipulates that copies of Family Plans should be distributed to conference participants within one week of the conference, this did not occur on a consistent basis. A small number of Community Services representatives reported that it took a number of weeks to receive plans, which they said impeded their ability to progress the relevant actions. Some Facilitators conceded they had sometimes experienced difficulty distributing Family Plans in a timely manner due to a lack of administrative support.

There have been a number of instances where the capacity of certain parties to fulfil their tasks was

A key issue identified by stakeholders in relation to the review of Family Plans was the lack of clarity around who was responsible for monitoring Family Plans after the conference. Although the Family Plan review person is partially responsible for this, it is unclear what their role actually was and whether they performed this role in practice.

There was a range of views about who should have been responsible for monitoring Family Plans. A number of Community Services representatives suggested that, because Family Plans consisted largely of family-focused strategies, families were best placed to implement and monitor the progress of the plan. However, other professionals argued that placing this level of responsibility on the family was inappropriate, particularly if there were strained or dysfunctional relationships and power imbalances between family members.

Other stakeholders argued that Family Plans should be monitored and managed by Community Services. Feedback from family members suggested they believed that Community Services were

Case study 8

Community Services had been involved with this family for a few years and received numerous reports in relation to the mother's inability to meet the basic needs of the children and her misuse of alcohol. However, the main identified issue was the mother's significant and degenerative mental health condition.

Supports available to the mother were limited and although the mother received some assistance from the maternal grandmother, the relationship was strained. Further, although the biological father was living in the area, he was not spending time with the family. Despite the range of issues identified in relation to the mother's parenting capacity, she had been unwilling to engage with support services. At time of referral, the mother had consented to the children being placed in temporary care.

The conference was attended by both parents, a number of extended family members, mental health and family support agency representatives. The main aim of the conference was for the family to identify how they could support the mother in caring for the children as her mental health continued to deteriorate. The family succeeded in developing a Family Plan, the main goals of which were that the mother would receive significant mental health support and engage in counselling for her alcohol misuse. The Family Plan also identified a number of ways the extended family could help the mother care for the children as her mental health declined. A mental health support agent who had been engaged with the family previously was identified as the review person for the plan.

A review meeting held a few months later was attended by the majority of conference participants and the review person. A review of the Family Plan found that most of the actions had been either partially or fully achieved. In particular, it was noted the father and extended family members had fulfilled their obligations as identified in the Family Plan. However Community Services were unable to confirm if the mother had continued to misuse alcohol.

Table 19 Options relating to where Family Plans are situated in Community Services case planning processes

Place of Family Plan in the case planning process	Who monitors the Family Plan?	Is the Family Plan or case plan prioritised by the family?
1. Family Plans are separate to case planning processes	The family	The case plan
2. Family Plans are used to inform the development of case plans	Community Services and the family are responsible for monitoring the Family Plan	The case plan
3. Family Plans are connected with the case plan while remaining separate. Family Plans are monitored alongside the case plan	Community Services, using the review mechanisms already in place for the case plan	The Family Plan

responsible for supporting and monitoring Family Plans. However, a number of Community Services representatives (including program staff) suggested this was not appropriate because giving Community Services the power to hold parties accountable for not completing identified tasks was inconsistent with the program's focus on empowering families.

A small number of stakeholders reported that while they understood the Facilitator was not responsible for monitoring Family Plans, they were potentially best placed to do so. Because Facilitators had already developed a strong and positive working relationship with the family and were perceived as being a neutral party, it was believed they could respond to and work with parties who had not progressed the plan, without disempowering the family. However, this would have a number of

resource implications that would have to be carefully considered.

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. There were three options identified by Community Services for integrating Family Plans into the case planning process (see Table 19).

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. If Family

Plans are perceived as external to the case planning process they will not be prioritised by Community Services. Conversely, if the Family Plan is perceived as an important part of the case planning process by either forming the basis of a case plan or being monitored alongside case plans, then Family Plans will receive greater attention.

Overall, these findings suggest:

- Family Plan review processes were not clearly understood by many program participants and as a result, were inconsistently applied;
- the lack of clarity around who was responsible for monitoring Family Plans appears to have had an impact on the implementation of these plans; and
- the lack of consensus among Community Services staff as to how Family Plans fit within their regular case planning processes needs to be addressed.

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 as well as the relationships between parents, extended family members and Community Services staff. A number of the Community Services Caseworkers and Managers Casework who were 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 (see Case Study 9).

A number of stakeholders expressed the view that the relationship between Community Services and parents would improve because involving the parents in the decision-making process had helped the family to better understand the concerns held by the Department and what they had to do to address them. However, some parents lacked the insight to understand the actions taken by the Department (especially where there were substance use or mental health issues), which limited progress in terms of improving the relationship between Community Services and the parents.

Case study 9

This matter involved a young Indigenous mother who came to the attention of Community Services when an altercation at the hospital where she gave birth resulted in a family member assaulting a hospital worker. The family had been involved with Community Services for a number of years and the mother herself had been the subject of a care application when she was a child. However, although her sibling had been removed from their parents care, the mother had not due to her unwillingness to engage with, and hostility towards, Community Services.

The main concerns that Community Services had in relation to the mother was that she had very few positive familial supports and no parenting role models. However, the mother demonstrated her commitment to addressing these concerns by engaging in a residential parenting program. The aim of the conference was to identify ways that the extended family could support her attendance at the program and to identify other ways the mother could develop her parenting skills.

The conference was attended by the mother, a number of extended family members, and friends and service providers. Further, the conference was co-Facilitated by an Indigenous Caseworker from an Indigenous support agency. The family succeeded in developing a Family Plan that identified a number of ways the family could support the mother attend parenting classes and support her in caring for the child.

At the review meeting, the family said the plan had been going well and demonstrated their willingness to provide the mother with ongoing support. Community Services used the review meeting to tell the family they were happy with the progress the family had made with the plan and as such, were withdrawing. However, the Caseworker identified a number of Indigenous support agencies that could continue to support the mother once she had completed the residential parenting program, which the mother accepted. Considering the mother's previous hostility towards Community Services, this was a positive step forward in the working relationship between the two parties.

Table 20 Survey respondents who said ‘yes’ to the following statements

	n	%
Did the family seem willing to work with Community Services to resolve the matter?	16	84
Did Community Services seem willing to work with the family to resolve the matter (Facilitators only)?	4	80
Do you think the conference will help/has helped improve the relationship between Community Services and the family?	14	70

Note: The number of total respondents for each question varies as respondents were only required to answer those questions that were relevant to their role

Source: AIC FGC participant online survey data February 2012 [Computer file]

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, their relationship with the extended family had. On these occasions, it was observed that the extended family’s hostility towards Community Services was the result of their lack of knowledge or understanding of the concerns held by the Department. This was attributed to the parents (or carers) not having told their extended family about the concerns or, if they had told them, not having explained them in full (eg because they disagreed with them or were embarrassed). 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. As a result, professionals had started building positive and strong relationships with the extended family.

The feedback from the interviews and focus groups was supported by the online survey data. The survey asked conference participants whether they believed that:

- the family had been willing to work with Community Services;
- Community Services had been willing to work with the family; and
- the relationship between Community Services and the family would improve as a result of the conference.

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 (see Table 20).

Family members who participated in an interview were also asked if they thought that their relationship with Community Services, particularly their Caseworker, would improve as a result of their involvement in the program. A small number of family members said they felt better about Community Services after the conference.

You hear bad things about [Community Services] but you meet them in person and they’re ok...I always thought they were unfair, take your kids away. But they do their best for the kids (family member personal communication 2011).

However, a number of family members did not believe that 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. Perceptions of whether their relationship with Community Services had improved appeared to be heavily influenced by the extent to which Community Services were perceived as having supported the Family Plan and followed through on the tasks identified in the plan. In matters where Community Services were perceived by the family as not having followed through on commitments made to the family during the conference, the family were generally negative about Community Services (see Case Study 10). This reinforces the importance of clarifying the review processes involved in the program to improve the accountability and monitoring of Family Plans.

Further, the observations, interviews and focus groups identified occasions where the attitude and

Case study 10

This matter involved a family who had been the subject of multiple reports over a number of years due to issues relating to:

- drug use in the home;
- domestic violence between the eldest sibling and the mother;
- the children's non-attendance at school;
- inadequate supervision of the children; and
- the children being exposed to the inappropriate behaviour of the mother and eldest sibling in the family home.

Further, the mother was pregnant again and did not appear to be attending her ante-natal appointments despite the fact her pregnancy was classified as high risk due to diabetes.

A subsequent short-term safety plan developed by Community Services and the family resulted in the youngest child being placed with the maternal grandmother and the family agreeing to participate in the FGC program. Importantly, although there were a number of children in the family, the referral was only made with reference to the youngest and unborn child. The reasons for this are unclear, although it may be because the other siblings, who were adolescents at time of referral, did not consent to participate.

The conference was attended by the parents, extended family members and a representative from the school the child was attending. The family succeeded in developing a Family Plan involving a number of actions the different family members and Community Services representatives were required to implement. In particular, the Family Plan stated that in the event the baby was removed from the mother's care, it would be placed with the maternal grandmother.

Due to the mother's failure to address Community Services concerns, the baby was removed at birth. However, instead of being placed with the maternal grandmother, the baby was placed in foster care. The reasons for this are unclear, although feedback from the family suggested that the Caseworker who was responsible for the matter at time of the conference had been reassigned by the time the baby was born, which may have been a contributing factor. As one family member suggested, the Family Plan had 'fallen through the cracks'. Although the baby was eventually placed with the maternal grandmother, the family was angry and upset the baby had been in a foster placement and their relationship with Community Services had deteriorated as a result. 'I just cross the t's and dot the i's now. I don't tell them anything' (family member-personal communication 2012).

behaviour of Community Services and the family towards one other during the conference impacted on the relationship between the two parties. Many Community Services representatives involved in the program were observed and reported to have made a genuine effort to work with families in a collaborative way. However, feedback from Facilitators involved in the program suggested that, on occasion, Community Services representatives behaved inappropriately at conferences or in a manner that was not conducive to delivering positive outcomes. In particular, a small number struggled when speaking directly to the family or became defensive during the proceedings, which led to a negative response from the families. Some Facilitators and Community Services representatives conceded that the negative behaviour exhibited by a small number of Community Services representatives was not unexpected given that FGC involved working with families in ways that were more direct and confronting than normal case planning meetings:

We are sometimes quick to jump on the court bandwagon (Community Services representative personal communication 2012).

FGC is different. We're not really set up for prevention work—we're very reactive (Community Services representative personal communication 2012).

There may be some benefit to providing Caseworkers and Managers Casework with additional training to enhance their skills in working with families in a more collaborative and inclusive way, which could potentially lead to better conference outcomes (refer to the earlier section *Building the capacity of professionals involved in Family Group Conferencing through training and development*).

Overall, the findings presented in this section of the report demonstrate that there has been variation in terms of the apparent impact of FGC on relationships between parents and Community Services, and that this was probably influenced by a range of factors (not just whether a matter was referred to the program). As well as being influenced by what happens at the conference, it was also influenced by factors related to the implementation of the Family Plan and previous contact between the two parties.



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

This component of the evaluation aimed to determine whether participating in FGC had an impact on the safety and wellbeing of children and families, including:

- the likelihood that a child or young person would be the subject of a ROSH report or a substantiated report;
- the likelihood that an application to initiate care proceedings would be made and a matter proceeded to court;
- the placement outcomes for children and young people, including the stability of the placement, the proportion of children living with kin and the proportion of children living with or restored to their birth parents; and
- the frequency and reliability of contact arrangements.

Not all of these outcomes could be measured within the timeframe of the evaluation or with the data that was available on participating families. There were a number of factors that limited the AIC's ability to measure the impact of the FGC pilot program on these care and protection outcomes. First, as the program was newly established at the time of undertaking the evaluation, initial implementation challenges (which are inevitable as part of any new program) limited the timeliness and therefore total number of referrals to the program, which

in-turn impacted on the total number of matters that proceeded to conference. Second, due to the lower than anticipated program referral numbers, Community Services extended the program period until March 2012. Although this meant that additional matters could be and were referred to the program, it also limited the length of time for which matters that proceeded to conference could be followed. Finally, the data provided for the evaluation by Community Services for both the intervention and matched comparison group was limited by the Department's own internal data collection, and entry protocols and timeframes. This has had important implications for the outcome evaluation and explains the emphasis on the findings from the process evaluation that has been the focus of this report. These issues prevented the AIC from assessing the longer term impact of the FGC pilot and need to be considered when reviewing the findings that are presented in this section of the report.

Nevertheless, the AIC worked with Community Services over the course of the evaluation to obtain data that would enable a preliminary assessment of key outcomes for families and the Department. Data on all cases and families who come into contact with the Department is recorded in the KiDS database, which is managed by FACS. The AIC was provided with an extract of administrative data from KiDS for:

- matters referred and proceeded to FGC during the evaluation period (26 families, the intervention group);
- matters referred to FGC but did not proceed to conference (14 families, the terminate group); and
- a comparison group comprising families that 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).

The process involved in selecting the comparison group and the parameters for the analysis of key outcomes are described in Appendix A. Briefly, the comparison group of families were matched with families in the intervention group and families in the terminate group on the following variables:

- number of children (exact match);
- Indigenous status of the family (one or more children identified as ATSI) (exact match);
- referring team (exact match); and
- age of the oldest child (close match).

These factors were identified as having the potential to impact upon the observed outcomes for families in contact with Community Services. Families in the comparison groups also met the eligibility criteria for the program, but had not been referred to FGC during the pilot period.

This section of the report describes the findings from an analysis of key indicators of the impact of FGC on both families and Community Services. While the evaluation aimed to analyse administrative data for 60 families (and another 60 families in the comparison group), the final sample size for this component of the evaluation was dependent upon program referral and participation rates. The lower number of referrals than expected (and low number of matters that proceeded to conference as a result), means that there are fewer matters within the intervention, terminate and comparison groups.

This has important implications for the analysis of the results. In particular, the small sample size in each group prohibits the use of statistical tests to determine whether any differences observed between groups are the result of actual differences between the intervention, terminates and respective comparison groups, or due to error. Therefore,

the results presented in this section are limited to descriptive statistics and need to, as has been the case throughout this report, interpreted with some caution.

Characteristics of matters and the families involved

The first step in the analysis was to compare the intervention, terminate and comparison groups. The purpose was to identify any differences between the groups that may influence the results and that need to be considered in interpreting the results from a comparison between the groups.

Key characteristics of the matters included in the intervention, terminate and comparison groups are described in Table 21. This includes the region, the team with primary case management responsibilities, the outcome of the secondary assessment stage (SAS) and primary assessed issue (for non-OOHC matters), and the placement type and reason for entering care (for OOHC matters). The results presented in Table 21 show that:

- Fifty-four percent (n=14) of matters in the intervention group were from the Metro-Central region, compared with 85 percent (n=22) in the comparison (intervention) group. Fifty-seven percent (n=8) of matters in the terminate group and 64 percent (n=9) of matters in the comparison (terminate) group were from the Metro-Central region.
- Nineteen percent (n=5) matters in the intervention and comparison (intervention) group were OOHC matters, while the remainder (n=21) were non-OOHC matters. Fifty percent (n=7) matters in the terminate and comparison (terminate) group were OOHC matters.
- For matters that were not allocated to an OOHC unit, a finding of actual or risk of harm had been made in 71 percent (n=15) of intervention and 81 percent (n=17) of comparison (intervention) matters, and 57 percent (n=4) of terminate and 72 percent (n=5) of comparison (terminate) matters.

Small sample sizes in the various categories prevents any conclusions being drawn about the

Table 21 Key characteristics of the matter

	Intervention		Comparison (intervention)		Terminates		Comparison (terminates)	
	n	%	n	%	n	%	n	%
Region								
Metro-Central	14	54	22	85	8	57	9	64
Northern	12	46	4	15	6	43	5	36
Team with primary case management responsibilities								
OOHC	5	19	5	19	7	50	7	50
Non-OOHC	21	81	21	81	7	50	7	50
Non-OOHC matters								
Outcome of SAS1								
Actual harm	12	57	13	62	1	14	3	43
Risk of harm	3	14	4	19	3	43	2	29
Referred	6	29	4	19	3	43	2	29
Primary assessed issue^a								
Actual emotional/psychological harm	2	13	3	18	0	0	1	20
Neglect	8	53	4	24	1	25	1	20
Actual physical harm	2	13	3	18	0	0	1	20
Actual sexual harm	0	0	3	18	0	0	0	0
Risk of emotional/psychological harm	0	0	1	6	1	25	2	40
Risk of neglect	2	13	3	18	1	25	0	0
Risk of physical harm	3	20	0	0	1	25	0	0
Risk of sexual harm	0	0	0	0	0	0	0	0
OOHC matters								
Placement								
One of more of the children/young people were living with their parents	0	0	0	0	1	14	0	0
One of more of the children/young people were living with their relatives, Aboriginal kinship	1	20	4	80	1	14	4	57
One of more of the children/young people were living with foster carers	3	60	1	20	4	57	2	29
One of more of the children/young people were living in residential care	1	20	0	0	1	14	1	14
Entry reason								
Court directed	0	0	1	20	0	0	0	0
Emergency protection	1	20	1	20	0	0	0	0
Planned move	4	80	2	40	6	86	5	71
Unplanned move	0	0	2	40	0	0	2	29
Referral from an NGO	0	0	0	0	1	14	0	0
Total matters	26	100	26	100	14	100	14	100

a: Limited to those matters for which the outcome of the SAS1 was a finding of actual or risk of harm

Note: Children within same family could be assessed as having different primary assessed issue. Children within same family could have different OOHC placements and different reasons for entering into care

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

primary assessed issues, placement types or placement entry reasons, including whether there are any major differences between the intervention, terminate and respective comparison groups.

The characteristics of children involved in each matter, including their sex, age and Indigenous status are presented in Table 22.

- Fifty-eight percent (n=15) of matters in the intervention and comparison (intervention) group involved families with multiple children, as did 43 percent (n=6) of matters in the terminate and comparison (terminate) group.
- Thirty-eight percent (n=10) of intervention and comparison (intervention) group matters involved at least one child or young person that identified as ATSI. Seventy-one percent (n=10) of matters in the terminate and comparison (terminate) groups involved at least one Indigenous child or young person.

- The proportion of matters involving a child under the age of two was higher in the intervention (27%; n=7) and comparison (intervention) (23%; n=6) groups than in the terminate (n=0) and comparison (terminate) (14%; n=2) groups. The proportion of matters involving a child over the age of 12 was relatively consistent across all four groups.

The characteristics of parents involved in each matter (limited to the age and Indigenous status of both mothers and fathers) are presented in Table 23. Note that information on parents was not available for all matters.

- The age profile of mothers and fathers appeared slightly older in the comparison groups for both the intervention and terminate groups, with a higher proportion of parents aged 35 years and above in these groups.

Table 22 Key characteristics of children

	Intervention		Comparison (intervention)		Terminates		Comparison (terminates)	
	n	%	n	%	n	%	n	%
Number of children								
1 child	11	42	11	42	8	57	8	57
2 or 3 children	12	46	12	46	6	43	6	43
4 or more children	3	12	3	12	0	0	0	0
Mean number of children	1.7		1.7		1.4		1.4	
Age of children								
At least 1 child under the age of 2 years	7	27	6	23	0	0	2	14
At least 1 child over the age of 12 years	11	42	10	38	6	43	6	43
Indigenous status								
At least one of the children or young people identified as ATSI	10	38	10	38	10	71	10	71
Sex								
At least one of the children or young people were male	17	65	15	58	9	64	5	36
At least one of the children or young people were female	20	77	20	77	6	43	12	86
Total matters	26	100	26	100	14	100	14	100

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

Table 23 Key characteristics of the parent(s)

	Intervention		Comparison (intervention)		Terminates		Comparison (terminates)	
	n	%	n	%	n	%	n	%
Mothers								
<i>Age of youngest mother</i>								
Aged under 17	1	5	0	0	0	0	0	0
Aged 18–25	3	16	3	12	1	11	0	0
Aged 26–34	11	58	6	24	4	44	4	29
Aged 35 years and above	4	21	16	64	4	44	10	71
<i>Indigenous status</i>								
The mother identified as Aboriginal or Torres Strait Islander	3	21	7	37	3	43	6	60
Fathers								
<i>Age of youngest father</i>								
Aged under 17	1	7	0	0	0	0	0	0
Aged 18–25	2	13	3	14	1	13	0	0
Aged 26–34	5	33	2	10	2	25	1	9
Aged 35 years and above	7	47	16	76	5	63	10	91
<i>Indigenous status</i>								
At least one of the fathers identified as Aboriginal or Torres Strait Islander	3	27	4	20	7	78	2	25

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

- Three matters in the intervention group and seven matters in the comparison (intervention) group, three matters in the terminate group and six matters in the comparison (terminate) group involved a mother who identified as ATSI.
- Three matters in the intervention group and four matters in the comparison (intervention) group, seven matters in the terminate group and two matters in the comparison (terminate) group involved a father who identified as ATSI.

Impact of the Family Group Conferencing program on short-term care and protection outcomes

The FGC pilot program, like other Community Services processes, aimed to reduce the likelihood

of a child experiencing actual harm or being at risk of harm. The strategies that are identified in the Family Plan are designed to enable the family, with the support of Community Services and various service providers, to address the issues that are impacting upon the safety and wellbeing of the children. If these issues are addressed and the safety and wellbeing of the children increased, then the likelihood that:

- reports will be made to the Department may be reduced;
- a care application would need to be made with the NSW Children's Court to initiate care proceedings may be reduced; and
- children remain in the care of their parents (where appropriate and where the necessary supports are available) may increase.

Related to this last point, the focus on engaging extended family in FGC was viewed by stakeholders as an important opportunity to identify alternative

Table 24 Risk of significant harm and substantiated reports

	Intervention		Comparison (Intervention)		Terminates		Comparison (Terminates)	
	n	%	n	%	n	%	n	%
ROSH reports								
ROSH report—after reference date	18	75	12	46	9	64	7	50
ROSH report—first 90 days after reference date	14	58	9	35	6	43	5	36
Median number of days to first ROSH report	101	-	262	-	189	-	249	-
Substantiated reports								
Substantiated report—after reference date	12	50	10	39	6	43	2	14
Substantiated repor—first 90 days after reference date	9	38	7	27	3	21	1	7
Number of days to first substantiated report	85	-	206	-	349	-	345	-
Frequency of reports								
Number of ROSH reports prior to episode (per 365 days)	9.8	-	5.6	-	4.5	-	5.1	-
Number of ROSH reports after reference date (per 365 days)	6.3	-	3.1	-	3.9	-	2.6	-
Less frequent reports after reference date	13	54	16	62	5	36	9	64

Note: Limited to those matters with a minimum follow up period of 90 days

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

family placements that might be a viable option in the event that the children could no longer live with their parents.

Risk of significant harm and substantiated reports

In this section, two types of reports are presented. The first is a ROSH report, which occurs when a contact is made to the Child Protection Helpline about the safety of a child or young person and an initial assessment conducted by the Client Service Officer concludes that the concerns meet the mandatory ROSH threshold. The second is a substantiated report, which refers to the outcome of a secondary assessment (conducted after a ROSH report has been made) and there is a finding of actual or risk of harm.

Results from the analysis of the proportion of matters that had a ROSH and/or substantiated report for one or more of the children involved in the period after the reference date are presented in Table 24. These results have also been disaggregated by the Indigenous status of the family (see Table 25).

- The proportion of matters that involved a child who was subject to a ROSH report after the reference date was higher for the intervention group than the comparison (intervention) group, both for the entire period after the reference date and for the first 90 days post reference date.
- The proportion of matters that involved a child who was subject to a ROSH report after the reference date was similar in both the terminate and comparison (terminate) group.
- Overall, there was little difference between the intervention, terminate and their respective comparison groups in the proportion of matters that involved a child that 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 median number of days from the episode start date until the first ROSH report and substantiated report was substantially lower for the intervention group compared with the comparison (intervention) group.

Table 25 Risk of significant harm and substantiated reports, by Indigenous status (n)

	Indigenous				Non-Indigenous			
	Int	Comp (Int)	Term	Comp (Term)	Int	Comp (int)	Term	Comp (Term)
ROSH reports								
ROSH report—after reference date	7	7	7	5	11	5	2	2
ROSH report—first 90 days after reference date	6	5	4	3	8	4	2	2
Median number of days to first ROSH report	81	274	252	351	113	148	58	125
Substantiated reports								
Substantiated report—after reference date	5	5	5	2	7	5	1	0
Substantiated report—first 90 days after reference date	5	4	2	1	4	3	1	0
Number of days to first substantiated report	81	274	363	345	88	143	101	-
Frequency of reports								
Number of ROSH reports prior to episode (per 365 days)	6.8	4.6	1.8	4.0	11.6	6.2	11.3	7.8
Number of ROSH reports after reference date (per 365 days)	9.3	3.7	2.6	2.6	4.5	2.7	5.6	1.4
Less frequent reports after reference date	3	5	2	6	10	11	3	3
Total	9	10	10	10	15	16	4	4

Note: Limited to those matters with a minimum follow up period of 90 days

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

- The median number of days until the first ROSH report was slightly lower for the terminate group compared with the comparison (terminate) group, although the median number of days until the first substantiated report was the same.
- The average number of ROSH reports per 365 days (which accounts for variable follow-up time) in the equivalent period before the episode and after the reference date were both higher for the intervention group when compared with the comparison (intervention) group.
- The proportion of matters for which the frequency of reports declined in the before and after period was similar for both the intervention and comparison (intervention) group. The proportion of matters for which the frequency of reports declined in the before and after period was higher for the comparison (terminate) group than the terminate group.

- The difference in the proportion of matters in the intervention and comparison (intervention) group that involved a child that was the subject of a ROSH report in the 90 days after the reference date is the result of a difference between non-Indigenous children in each group.

These results are difficult to interpret. An increase in reports and decrease in the length of time to a report is made (which might seem to reflect an increase in the perceived risk of harm for the children) may also reflect an increased level of interest and concern for the wellbeing of the child among family members (which might actually be a positive outcome). The slightly higher proportion of matters in the intervention group (relative to the comparison group) to have been the subject of a 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) could also be 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

The results from the analysis of the proportion of matters that resulted in a care application being filed after the reference date are presented in Table 26. Seven matters in the intervention group that proceeded to a conference had an application filed in the period after the matter was referred to the FGC pilot program, compared with three matters in the comparison (intervention) group. However (besides the small sample size), this may reflect differential follow up times (see *Appendix A*) and might also have included applications filed by the family to vary previous orders (ie may be a positive outcome). 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

The placement outcomes for the intervention and terminates group are described in Table 27. Because of the delay in providing OOHC data (see *Appendix A*), it was not possible to report the results for the comparison group (due to the fact that they were unable to be observed for a full 90 day period). Data on placement outcomes in the first 90 days after the reference date were available for 19 families in the intervention group and a further 11 families in the terminate group. Of these, 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. This data suggests that there were very few placement variations in the short period following these matters being referred to the FGC pilot program. Further evaluation is required to determine whether the FGC pilot program had a longer term impact on placement outcomes, relative to the comparison groups.

Table 26 Applications to initiate legal proceedings

	Intervention		Comparison (intervention)		Terminates		Comparison (terminates)	
	n	%	n	%	n	%	n	%
Application to initiate care proceedings—after reference date	7	29	3	12	1	7	1	7
Application to initiate care proceedings—first 90 days after reference date	2	8	2	8	0	0	1	7

Note: Limited to those matters with a minimum follow up period of 90 days

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

Table 27 OOHC placement in the first 90 days post reference date (intervention and terminate group only) (n)

	Intervention	Terminate
Unplanned entry into care	1	1
Planned placement with parents	0	0
Planned placement with relatives or kin	1	1
Total	19	11

Note: Limited to those matters with a minimum follow up period of 90 days (for OOHC data)

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]



Conclusion

The evidence presented in this report has demonstrated there have been some important outcomes that have been delivered through the introduction of the FGC program for the small number of families and professionals who participated in the program. This included high levels of satisfaction with the way conferences were run and the content of Family Plans, the high proportion of conferences that resulted in a Family Plan being developed and actions being implemented by the family, and evidence of improved working relationships between some families and Community Services.

However, the FGC program was a small scale pilot in its initial stages of development and implementation at the time of the evaluation. While there is growing support for the use of ADR in the NSW child protection system, the program represented a change in the way that Community Services responded to the needs of children and families involved in care and protection matters. Like many new programs introduced into established systems, the pilot encountered some implementation challenges that impacted on the capacity of the AIC to measure the impact of FGC and that may have impacted on the outcomes delivered by the pilot.

There are a number of important considerations for the continued involvement of ADR in the care and protection jurisdiction outlined in this final section

of the report. This includes the requirements for supporting the use of FGC, considerations for the expansion of the FGC pilot program and the need for further evaluation of the impact of FGC.

Integrating Family Group Conferencing into existing care and protection processes

In order for FGC to operate effectively, it needs to be integrated into existing care and protection processes undertaken by Community Services in those locations where FGC is available. While the evaluation did not provide enough evidence to support a recommendation as to the continuation (or otherwise) of the program, the process evaluation did provide evidence that the continuation and/or expansion of the program would require:

- addressing barriers that have resulted in the lower than expected number of referrals and creating a sufficient number of referrals to enable the program to be sustained over time;
- strong leadership and high-level support for the use of FGC in care and protection matters, including from senior Community Services staff;

- adequate resourcing to support the continued involvement of the independent Facilitators and to enable Community Services Caseworkers and Managers Casework to dedicated adequate time to conferences (including preparation and follow-up time);
- maintaining appropriate governance arrangements, program oversight and monitoring to ensure that a process of continuous improvement is sustained;
- an ongoing program of training and development for parties involved in FGC; and
- program and administrative staff to assist with organising conferences and program management.

Besides addressing the implementation challenges identified in this report and continuing to build support for FGC, there was limited support for making substantial changes to the design of the program. Those professionals who participated in the program identified a number of benefits associated with FGC. However, these stakeholders also highlighted the need for greater enthusiasm and support for the program than was evident during the pilot period in order to deliver positive outcomes for families and Community Services. This requires recognition of ADR as an important element of casework in those locations where FGC is available and for those matters that are suitable for the program.

The FGC pilot program was a new initiative that was delivered as part of a suite of reforms, many of which have had implications for the day-to-day case management processes of Community Services Caseworkers. However, there was little evidence that FGC had been implemented in coordination with these other reforms and as such, was not integrated as part of broader case management processes (or as part of other changes to these processes). While it is not realistic to suggest that FGC should have been used for the majority of allocated matters in participating CSCs (the number of referrals should reflect the capacity of the program to deal effectively with those referrals), the lower than expected number of referrals made to the program during the pilot period appears to have been the result of it not having been integrated into (or at least considered as part of) regular case planning processes.

There are a number of options for integrating FGC in case management processes, some of which have been discussed in other sections of this report. In 2011, Community Services started trialling three new structured decision-making tools (SARA—safety assessment, risk assessment and risk reassessment). Some Community Services representatives suggested that SARA could include a specific question about the suitability of the family for FGC as a way of developing strategies to address the risks identified. This would encourage Caseworkers to routinely consider the option of referring a matter to ADR as part of the assessment and planning process (depending on the perceived level of risk based on this assessment).

Alternatively, a question included in the case plan template used by all Community Services staff across New South Wales requires the Caseworker to identify how the views of the family have been included in the development of the plan. This question could be amended to make specific reference to FGC so that Caseworkers are encouraged to consider the appropriateness of the family and the matter for referral to FGC at this point in the case management process. Whichever approach is adopted, this would require the FGC program to be supported and adequately resourced for it to be a viable longer term option for engaging the family in decision-making processes.

Family Group Conferencing as part of the care and protection continuum

The Expert Working Party recommended four models of ADR to be used, occurring at different stages of the child protection system (ADR EWP 2009). The Nowra Care Circles Pilot, the new model of DRC and the Legal Aid pilot have also been evaluated. These programs all deal with matters that involve applications before the NSW Children's Court. As such, the matters that are referred to these other forms of ADR are ineligible for the FGC pilot program, including those matters that were initiated in the regions participating in the pilot program. Similarly, those matters that are eligible for the FGC pilot program are not eligible for the DRC, Legal Aid Pilot or the Nowra Care Circles Pilot.

There is no formal ADR program other than the FGC pilot program that provides ADR services for care and protection matters that are not currently before the Children's Court. The FGC pilot program provided an important opportunity to attempt to resolve child protection matters and build valuable support networks for families outside of the court process through the use of ADR. While it has been difficult to assess the outcomes that have been delivered through the introduction of FGC, there is some evidence that ADR has assisted the relatively small number of families involved in the FGC pilot program to develop and implement strategies that can address the concerns held by Community Services about the safety and wellbeing of children.

Future evaluation of Family Group Conferencing

The various challenges associated with evaluating the FGC pilot program have been described throughout this report. While there is some evidence of a short-term impact on program participants and stakeholders involved in the program, further work is required to assess whether FGC has had a longer term impact on care and protection outcomes (including those addressed in the section *Impact of the Family Group Conferencing pilot program 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.

The lack of data readily available for the evaluation relating to key outcomes from the FGC pilot program has already been highlighted in this report. 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 five year plan for improving the safety and wellbeing of children and young people.

Prior to the evaluation of the FGC pilot program, Community Services developed a number of data collection tools to collect information about the

activities and outputs of FGC. This included post-conference and review meeting reports that were completed by Facilitators. As has already been described in the relevant sections of this report, there is scope to review and amend these reports to collect more information about the outcomes from the conferences and progress of Family Plans. While this may require increasing the length of these reports and the amount of information collected for each matter, this information would enable the outputs and outcomes of FGC to be routinely recorded and reported. These reports should be completed for all conferences and a central database maintained.

In addition to those mechanisms already in place to support the administration of the program, the AIC also developed a number of data collection tools to seek feedback on stakeholder satisfaction with the conference process and outcomes, including an online survey. The online survey, completed by participants who were involved in the referral of matters and/or conferences held as part of the program was administered on one occasion in the early stages of the evaluation period. However, there may be value in running the survey again to assess whether participant satisfaction with the program remains high and whether any changes with the program or a decline in the enthusiasm or support for the use of FGC are leading to a reduction in the level of satisfaction with the conference process or outcomes.

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, as well as appropriate mechanisms to seek feedback from participants involved in FGC.

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Appendices

Appendix A: Evaluation Methodology

The AIC's evaluation involved both quantitative and qualitative research methods. The research methods involved in the process and outcome evaluation are described below.

Review of similar programs in Australia and overseas

The AIC conducted a literature review focused primarily on evaluations of the operation and effectiveness of similar FGC programs operating in other jurisdictions (Australian and international) and contexts, including Family Welfare Conferencing and Family Group Decision-making. The findings from this review, presented below, were used to identify 11 principles for good practice against which the operation of the FGC pilot program has been compared.

Conference observations

The evaluation also included an observational component. The AIC research team aimed to observe a small number of conferences held as part of the program, with the consent of all parties involved, at both metropolitan and regional locations across New South Wales. The purpose of the observations was to:

- observe how the various parties interacted as part of the conferences and their level of participation;
- develop an understanding of the conference process and the degree to which they operated in accordance with relevant guidelines; and
- examine how the conferencing facilities impacted on how conferences were conducted.

The observations were also designed to validate information obtained from the online survey,

interviews and focus groups (see below). Information was recorded in accordance with an observation protocol developed specifically for this research project.

The research team was able to observe two conferences during the evaluation period—one from the Metro-Central area and the other from the northern region. This was due to the relatively small number of conferences that were held and practical challenges associated with obtaining the consent of participants the conference. The consent of the family was required and the Facilitator had to determine that the research team's presence was appropriate and would not be disruptive to the process. For those conferences that were attended, the AIC only observed the first and last stage of the conference, namely the introductory session and discussions around the proposed Family Plan (if one was developed). Notes were recorded by the researcher attending the conference and the findings from these observations have been used throughout this report.

Interviews with parents and family members

The AIC methodology also included brief semi-structured face-to-face and telephone interviews with parents and family members, conducted shortly after their attendance at a conference observed by the research team or at the review meeting. The focus of the interviews was on collecting additional information to determine whether the family was satisfied with their experience at the conference, whether they felt it was beneficial, particularly in terms of their relationship with Community Services and whether there were things about the FGC pilot program that they felt could be improved.

The consent of the parents and family members was required in order for their contact details to be provided to the research team by the Facilitator and on occasion, parents and family members were not willing to speak to the research team. The research team conducted a total of eight interviews with parents and family members who participated in a conference. This meant that the research team was able to receive family feedback on 28 percent of conferences held as part of the program. Feedback from these parents and family members helped to contextualise data extracted from the RIF, Family Plans and Facilitator post-conference reports, and the research team's own observations of the process and as such, are reported together.

Interviews and focus groups with key stakeholders involved in the Family Group Conferencing pilot program

An important component of both the process and outcome evaluation was the interviews and focus groups conducted with key stakeholders involved in the management and delivery of the FGC pilot program. The AIC worked with the Evaluation Working Group (EWG) to identify key stakeholders involved in the program and to engage them in the consultation process.

Over the course of the evaluation, the AIC completed a number of semi-structured, face-to-face and telephone interviews, and focus groups with key stakeholders to discuss issues relating to the operation of the program, factors impacting upon its success and possible strategies to improve its operation. These interviews also examined what outcomes were achieved for participating clients as a result of their involvement in the programs and what benefits were delivered by the program for Community Services, families and young people. This helped to inform a qualitative assessment of the impact of the program.

Stakeholders involved in the FGC pilot program who participated in the consultation process include:

- Facilitators involved in both metropolitan and regional locations;
- Community Services Caseworkers and Managers Casework from metropolitan and regional locations who were involved in the referral of matters to a conference and/or participated in conferences held as part of the FGC pilot program;
- program staff from both metropolitan and regional locations who were involved in the development and management of the program; and
- representatives from community-based service providers who participated in a conference.

There were a total of 10 interviews and a further eight focus groups involving 28 professionals. The feedback obtained through this consultation program is presented throughout this report.

Online survey of professionals involved in the program

The AIC developed an online survey that was distributed to Community Services Caseworkers and Managers Casework, and Facilitators that the EWG identified as being involved in the referral of matters to the program, or as having participated in a conference. The purpose of the survey was to seek input from stakeholders who were unable to be interviewed during the evaluation period, and to collect additional information from stakeholders that did participate in an interview or focus group.

The survey asked participants about their views prior to, during and after the conference in order to assess their satisfaction with the conference process and outcomes. Survey questions also addressed a range of issues relating to the operation of the program and aimed to identify areas where the processes that were in place might be improved. Specifically, respondents were asked to submit their views about the families and matters that may be more or less suited to FGC, benefits of the program and what factors they believed may have impacted on the number of referrals made to the program and the number of referrals that proceeded to conference. Finally, respondents were

asked whether there were any changes that could be made to not only improve the outcomes of the conferences, but also to assist them to perform their duties before, during and after conference proceedings.

At the completion of the survey period, the research team received completed surveys from 20 Community Services Caseworkers and Managers Casework and five Facilitators. Responses to these surveys were analysed to identify common themes and responses, and results from the survey have been included throughout this report.

Case summaries

Previous evaluations of ADR processes for child protection matters have shown that despite positive attitudes towards the use of ADR, referral rates are often low, resulting in smaller sample sizes than originally intended (Berzin et al. 2008; Harris 2007; Huntsman 2006; Shore et al. 2002). At the commencement of the evaluation, advice from the EWG suggested that the number of referrals and conferences held as part of the FGC pilot program had been lower than expected. The AIC therefore chose to select a small number of cases for more detailed investigation as qualitative case studies.

The AIC examined a number of matters involving families who were referred to the FGC pilot program in more detail to prepare case studies describing their involvement in the program. The information that formed the basis of these case studies was drawn from the hardcopy RIFs, Family Plans, Review Meeting documentation and Facilitator post-conference reports that were supplied to the research team on an ongoing basis throughout the evaluation period. The AIC used purposive sample methods to select:

- eight families from the total population of families who were referred to the program, proceeded to conference and developed a Family Plan;
- one family from the total population of families who had been referred to the program but that did not proceed to conference; and
- one family from the total population of families who were referred to the program and proceeded to conference but did not develop a Family Plan.

The AIC extracted the relevant information in accordance with a series of data collection protocols developed by the research team and prepared a total of 10 case studies that are included in this report. The primary purpose of the inclusion of these case studies was to describe the characteristics of families and matters that were referred to the program, the type of Family Plans developed by families (where applicable) and the benefits delivered to families through their involvement in the program.

Analysis of administrative data

The final component of the evaluation involved the analysis of quantitative data relating to the operation of and outcomes from the FGC pilot program. For matters that were referred and/or proceeded to a conference, the referring Caseworker and Facilitator were required to complete a series of administrative forms. These forms included information about who attended the conference, the demographic characteristics of the family, the issues that were discussed (and were or were not resolved), the outcomes from the conference and details about the progress of the family after a set review period. Once completed, these forms were entered into the KiDS database that is managed by Community Services.

The FGC Project Officer also maintained a separate spreadsheet that included brief demographic and administrative information about the matters that were referred to the program during the evaluation period. This information included the Indigenous status of the family, whether the family and young person had consented to participate in the program, and the date of the conference (if one was held). This spreadsheet was updated periodically throughout the evaluation period and provided to the research team for the purpose of the evaluation.

To supplement this data, the research team extracted additional information from the hardcopy RIFs, Family Plans, Review Meeting documentation and Facilitator post-conference reports. The RIF was a document completed by the family and the Caseworker prior to the conference and included information that was expected to form the basis for the discussions that would take place during

the conference. The information included in the RIF related to the aims of the conference, the 'bottom lines' identified by Community Services (ie non-negotiable points) and general background information about the family, and the identified concerns (eg primary issues identified by Community Services and the history of contact between Community Services and the family etc). In the event that a party did not provide their consent, only information relating to the consenting parties could be included in the RIF.

This documentation was provided to the research team on an ongoing basis throughout the evaluation period through a secure, password protected website managed by Community Services. Information from these hardcopy files was extracted in accordance with a series of data collection protocols developed by the AIC and entered into a database developed and maintained by the research team. The information that was extracted and recorded included:

- the date the family was referred to the program;
- the primary aims of the conference as identified by the referring Caseworker;
- the attendance of different parties at the conference;
- the location and duration of conferences;
- the main goals of the Family Plan and whether a Family Plan review person had been identified at the conference; and
- the status of the main goals of the Family Plans at time of the review meeting.

There were a number of factors that impacted the AIC's analysis of the hardcopy documentation. In particular, some of the templates used by Facilitators and referring Caseworkers changed midway through the evaluation period. This meant that some information was recorded in different ways (depending on which template was being used) and certain information was only available for some matters.

Intervention and terminate groups

Additional data on all cases and families who come into contact with Community Services is

also recorded in the KiDS database. The AIC was provided with an extract of administrative data from KiDS for:

- all matters that were referred and proceeded to FGC during the evaluation period (intervention group);
- all matters that were referred to FGC but for whatever reason did not proceed to conference (terminate group); and
- a comparison group comprised of families who had contact with Community Services but did not participate in FGC.

The AIC analysed the data from the different sources to determine the impact of the program. This involved comparing the results from an analysis of data relating to the FGC pilot program with data from the comparison group.

For matters that were referred and/or proceeded to a conference, the referring Caseworker and Facilitator completed a series of administrative forms and recorded some of this information in an Excel spreadsheet. This information included the unique KiDS identifiers for the family's case plan(s) and the children or young people involved in the matter. Matters that were referred to the FGC pilot program were separated into two groups—matters that proceeded to conference (n=29) were included in the intervention group and matters that were referred but did not proceed to conference were included in the terminate group (n=30).

Using the child KiDS IDs, a number of data requests were submitted to the Department for both the intervention and terminate group. This included data on the ROSH reports and substantiated reports for each child, data on applications made to the Children's Court to initiate care proceedings, data on the parents for each child (a narrow definition of parents was used) and data on any planned and unplanned placements (including the entry and exit dates and reason for the placement). Data was available for 27 matters in the intervention group (93%) and 19 matters in the terminate group (63%). Data was not available for the remaining matters because the case plan and/or child IDs were not recorded (or were incorrectly recorded) or because the matter was referred after the request had been submitted.

Comparison groups

In order to determine whether the FGC pilot program made a difference when compared with standard services and practices, the AIC worked closely with the Department to determine the viability, scope and parameters for a matched comparison group. This required identifying a group of families with similar characteristics to those who participated in the FGC pilot program and who would otherwise have been eligible for the program but did not participate.

Given the volume of matters that are allocated at any one time and the absence of an automated process for identifying those matters that are allocated, the AIC enlisted the assistance of Community Service staff in participating CSCs to identify suitable matters for the comparison group. Because of the small number of matters referred to the FGC pilot program, Community Service staff were initially asked to identify similar matters eligible for referral to the program based on demographic characteristics and characteristics of the matters in the intervention and terminate groups (which were supplied to them). However, this process proved time consuming and it was decided by the EWG that Community Services Managers Casework would provide a list of all current allocated matters that met the following criteria (with responsibility for selecting the final comparison group left to the AIC):

- the matter could not be currently before the NSW Children's Court;
- it could not be an Early Intervention matter that did not have a ROSH report;
- it had to be allocated at the time of being selected;
- there had to have been an assessment of risk or a current case plan; and
- there had to be issues relating to contact, placement or restoration.

Failure to meet this criteria would have excluded the matter from the FGC pilot program and therefore from the comparison group. Similarly, matters could not have been referred to the FGC pilot program at any time during the evaluation period.

There was evidence that some Community Services staff continued to try to match matters themselves on the original criteria (especially in the northern region),

but the revised process resulted in a much larger list of case plans and child IDs being provided to the AIC. Once the list of case plan and child IDs was sent to the AIC, another data request was submitted to the Department for the same data as had been supplied for the intervention and terminate groups.

The comparison group of families were then matched with families in the intervention group and families in the terminate group on the following variables:

- number of children (exact match);
- Indigenous status of the family (one or more children identified as ATSI) (exact match);
- referring team (exact match); and
- age of the oldest child (close match).

These factors were identified as having the potential to impact upon the observed outcomes for families in contact with Community Services.

Matching observations were selected based using a Mahalanobis distance measure (Tabachnick & Fidell 2001). For each treated observation in the intervention and terminates group, the closest matching non-FGC observation was selected according to the calculated distance measure, subject to the constraints of the variables above. This measure is calculated based on the correlation between two observations, one treated and the other not treated, comparing the two across all variables specified in the selection process. The observation within the non-FGC group that returned the shortest distance measure (ie most closely correlated) was then selected as the matched observation within the relevant comparison group. Where two treated observations returned the same matched observation within the comparison group (which occurs when two treated observations are similar or exactly the same across the range of specified variables), the next closest match was identified and included in the comparison group.

Matches were found for 26 out of a total of 27 families in the intervention group (excluded 2 families for which data was not available) and for 14 out of a total of 19 families in the terminate group (excluded 11 families for which data was not available). This resulted in four groups—an intervention and comparison (intervention) group, and a terminate and comparison (terminate) group.

Episode start and reference dates

The assumption underpinning this component of the evaluation was that participation in the FGC was designed to reduce the likelihood of certain negative outcomes or, if they did occur, increase the length of time until that negative outcome was observed (eg unplanned entry into care). In some cases, FGC will also aim to increase the likelihood of a positive outcome being observed or reduce the length of time until that positive outcome is observed (eg restoration with birth parents). In either case, in order to compare the outcomes for the FGC and comparison groups, it was necessary to identify a starting point from which the performance of each group could be observed and followed.

This was a particular challenge for the comparison groups, given that matters that are not referred to FGC continue to be managed by Community Services and do not experience an alternative to FGC (ie there is no particular event that is replaced by the FGC). Further, contact with Community Services can be ongoing and periods of contact may not be easily distinguished. Even for those matters referred to the FGC pilot program, there was no clear start and end date for the intervention (because

it starts whenever the matter is referred and there is no clear end date to the Family Plan).

Two important dates were therefore identified. The reference date (which is the point at which the intervention did or did not occur) for the intervention, terminate and respective comparison groups was determined in one of two ways. For the intervention and terminate groups, the reference date was the date of referral to the FGC pilot program. For the intervention group, the date of referral was used instead of the conference date for two reasons. First, it was decided to use an equivalent date for both the intervention and terminate group. Second, participation in FGC commences as soon as the matter is referred and pre-conference preparations commence, which includes establishing contact with the extended family. For the comparison group, the reference date was the commencement of the data collection period (14 November 2011) because the matters included in the comparison group met the eligibility criteria for FGC and at the time they were selected, may have been eligible for a referral to the program.

The length of time a family was in contact with the Department prior to the reference date may

Table A1 Days pre and post reference date (n)

	Intervention	Comparison (intervention)	Terminates	Comparison (terminates)
Median number of days from episode start date to reference date				
OOHC	42	286	122	141
Non-OOHC	28	116	27	84
All matters	29	117	88	119
Median number of days from reference date to end of evaluation period (except OOHC data)				
OOHC	145	128	371	128
Non-OOHC	281	128	247	128
All matters	270	128	301	128
Median number of days from reference date to end of evaluation period (OOHC data only)				
OOHC	64	47	290	47
Non-OOHC	200	47	166	47
All matters	189	47	220	47
Total (n)	24	26	14	14

Note: Excludes 2 matters in the intervention group that had a referral date after the date of extraction

Source: AIC FGC pilot program evaluation database February 2011–March 2012 [computer file]

have varied between the intervention, terminate and comparison groups. For example, it may be reasonable to assume that matters referred to the FGC were referred after a certain period of contact with the Department. However, because the matters in the comparison group were selected at a point in time determined by the AIC (in consultation with the EWG), the time that each family had been in contact with the Department would potentially be subject to greater variation (as it could include matters that have just been allocated or matters that have been allocated for some time). Therefore, it was also necessary to select an equivalent episode start date for all four groups that would enable them to be followed for a similar period of time. The episode was defined as the latest period of contact with the Department and was determined in one of two ways:

- for non-OOHC matters, the episode start date was taken as the date of the most recent substantiated report for any child in the family; and
- for OOHC matters, the episode start date was taken as the last review meeting date for any child in that family and if there was no meeting date recorded in the previous 12 month period, the next scheduled review date minus 12 months was used (as review meetings are supposed to take place every 12 months).

The end of the follow-up period also varies depending on the outcome being observed. For all data except data on OOHC placements, the intervention, terminates and respective comparison groups were followed until 21 March 2012, the date on which the final extract of data was compiled. For data on OOHC placements, the intervention, terminate and respective comparison groups were followed until 31 December 2012. This is due to the delay in compiling the data on OOHC placements that is a consequence of the management of these placements, which results in a three month lag in data extracts for these data.

The number of days before and after the allocated reference date in each group is presented in Table A1. This shows that:

- the median number of days from the episode start date until the reference date was much lower for the intervention and terminate group than their respective comparison groups;

- the median number of days from the reference date until the end of the evaluation period (for OOHC data) was substantially higher for the intervention and terminate group than their respective comparison groups; and
- the median number of days from the reference date until the end of the evaluation period (for non-OOHC data) was substantially higher for the intervention and terminate group than their respective comparison groups.

What these data show is that the median length of time from the start of the episode until the matter was referred to the FGC pilot program was actually much shorter than the length of time between the episode start date and the selection of the comparison group (ie the reference date for the intervention and terminate group occurred earlier in the episode). It also shows that the intervention and terminate groups were followed for longer, which has important implications when interpreting the results across key outcome indicators (and needs to be accounted for in the analysis, which is the case).

Relationship with other evaluations

An important requirement for this research was that the approach was consistent with the evaluation of the new model of DRC and Legal Aid Pilot in the NSW Children's Court. The AIC commenced the evaluation of the DRC and Legal Aid Pilot in March 2011. Where possible, the use of consistent and comparable evaluation methods was considered in the development of the methodology for this project. Several practical and ethical considerations prevented the use of entirely consistent research methods and the results from the two evaluations being directly compared.

To overcome this limitation, this report follows a similar structure to the final report for the evaluation of the DRC and Legal Aid Pilot, and many of the questions addressed by the two evaluations were the same. This will assist stakeholders involved in the NSW care and protection jurisdiction to make an assessment of the strengths and weaknesses of the different models, their suitability for different child protection cases and how best the three models

of ADR can work together as an integrated service delivery system for child protection matters.

Ethical research

The AIC's evaluation received approval from the AIC Human Research Ethics Committee (HREC), which is a registered HREC with the National Health and Medical Research Council. The AIC HREC ensures that AIC research projects will be conducted in accordance with the National Statement on Ethical Conduct in Human Research (NHMRC 2007) and among other protocols, the Guidelines under s 95 and s 95A of the *Privacy Act 1988*.

Consideration was given to the potential impact of the proposed research on participants, particularly those families who were referred to and participated in the FGC pilot program. Appropriate steps were taken to ensure the potential risk and discomfort to participants was minimised. Similarly, appropriate processes were established to obtain the informed consent of research participants and to maintain the confidentiality of all participants and data collected as part of the evaluation.

Appendix B: Program logic model and evaluation framework

A review of program documentation and meetings with the EWG informed the development of a program logic model describing the operation of the FGC pilot program (see Figure B1). A logic model is a way of describing the program, tying together in a logical order the inputs, processes, outputs and outcomes involved in a program. Logic models encourage those responsible for the design and management of programs to think through, in a systematic way, what the program aims to accomplish in the short and longer term and the sequential steps by which the program will achieve its objectives (Schacter 2002). Importantly, this model provided the foundation for identifying a set of appropriate performance indicators and determined what outcomes could be reasonably attributed to the program.

A model was developed that outlined the key elements of the FGC pilot program, including the relationship between the range of activities undertaken by the various stakeholders involved in the programs and the hierarchy of short, intermediate and long-term outcomes. This model details the preconditions that must be met in order for the high-level outcomes of the *Keep Them Safe* plan to be achieved, which include improving the safety and wellbeing of at-risk children.

There are a number of assumptions that underpin the logic model for the FGC pilot program. Specifically, the logic model assumes that:

- if appropriate resources are invested in the program for the duration of the pilot, the program design and management are sound and the relevant stakeholders (including families within the child protection and OOHC system) are involved in the program, the program activities will be implemented as intended;
- if the program activities are implemented as intended, participants involved in FGC will be provided the opportunity to contribute to the development of a Family Plan;
- if participants are provided with the opportunity to work together to determine an appropriate course of action, the relationship between families and Community Services will be improved;
- if participants are able to reach agreement as to the most appropriate course of action in a Family Plan, the likelihood that the Family Plan will be implemented is increased and the likelihood that a care application will need to be made will be reduced;
- if families and Community Services implement agreed Family Plans, they are more likely to address those issues that may have led to the involvement of Community Services in the first place and successfully achieve the goals of the Family Plan; and
- if the factors that led to the involvement of Community Services are addressed and the goals of the Family Plan are achieved, the safety and wellbeing of at-risk children will be improved.

Alternatively, the evaluation framework suggests that if:

- adequate resources are not invested in the program for the duration of the pilot; and/or
- the program design and management is flawed; and/or
- stakeholders that are necessary for the operation of FGC are not involved; and/or
- FGC activities are not implemented as intended; and/or
- a course of action cannot be agreed; and/or

- the relationship between Community Services and families does not improve;

then the likelihood that the agreed course of action will be successfully implemented and the goals of the Family Plan are achieved will not be increased and the safety and wellbeing of at-risk children will not be improved.

From this model, an evaluation framework was prepared that outlines key evaluation questions

relating to the various components of the program, along with appropriate performance indicators and data sources, and data collection methods (see Table B1). This evaluation framework formed the basis of the AIC's evaluation of the FGC pilot program and informed the development of the various research methods. The logic model and evaluation framework were updated and revised during the interim stages of the evaluation based on additional information and feedback from the EWG.

Figure B1 Logic model describing the Family Group Conferencing pilot program

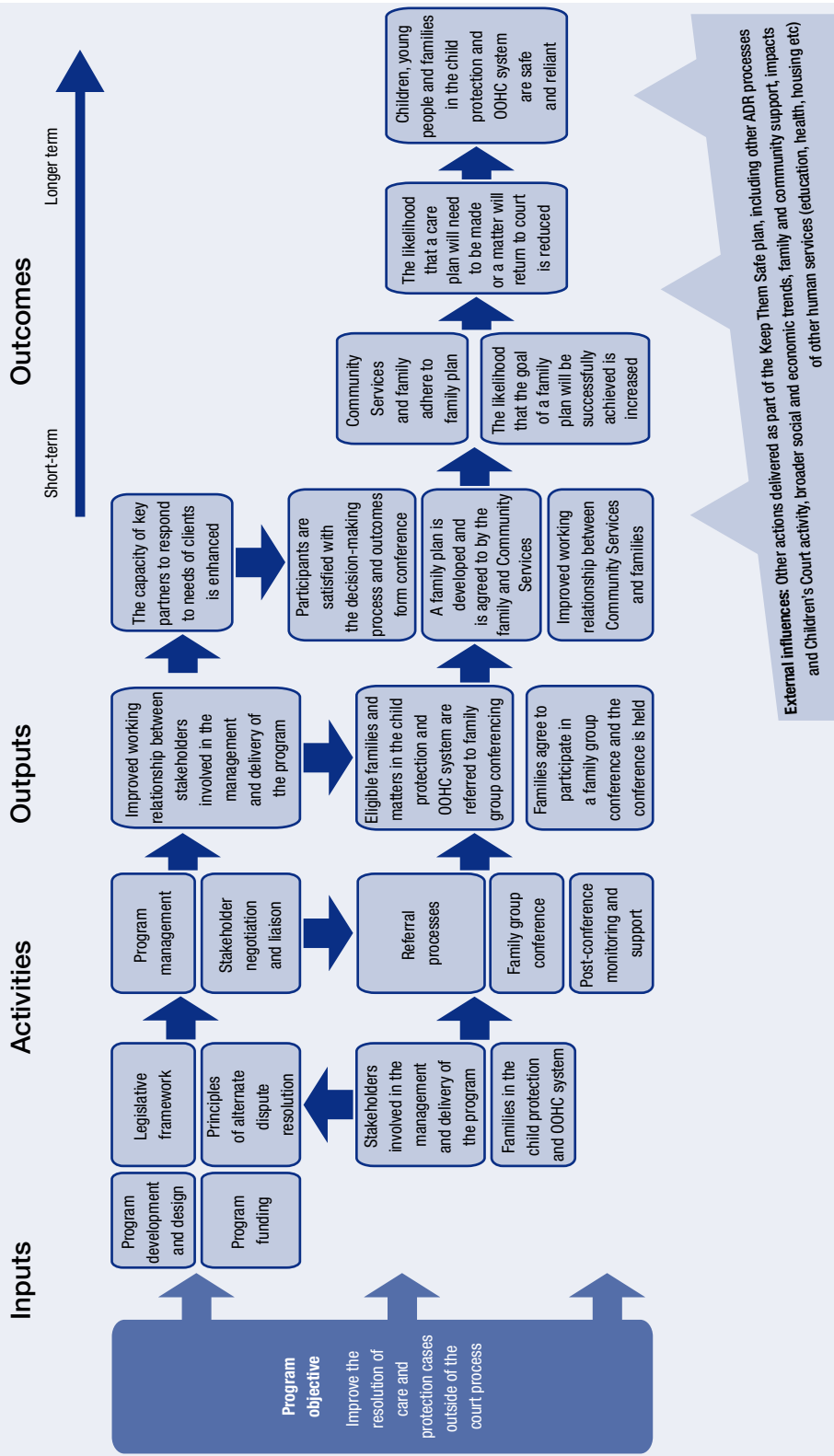


Table B1 Evaluation framework for the Family Group Conferencing pilot program

Program component	Key evaluation question(s)	Performance indicator(s)	Data collection (method and source)
Program design and funding (input)	<p>How appropriate are the governance arrangements, operating guidelines and current legislative framework in supporting the operation of the program?</p> <p>Is the program adequately resourced?</p> <p>Is the program design consistent with best practice ADR principles?</p> <p>Is the program model appropriate for the client group?</p> <p>What improvements could be made to the design and implementation of the program?</p> <p>How well do the different models of ADR (including FGC) work as part of an integrated service delivery system for child protection matters?</p>	<p>Extent to which stakeholders report being satisfied with the overarching framework, legislation, program design and funding</p>	<p>Interviews with key stakeholders involved in the program</p> <p>Review of program documentation and relevant legislation</p>
Key stakeholders involved in the management and delivery of the program (input)	<p>Are the stakeholders required to successfully implement the program involved at each stage of the process?</p> <p>What is the nature and extent of stakeholder attendance and involvement in the program?</p> <p>To what extent are the various stakeholders supportive of the program in its current form?</p>	<p>Extent to which stakeholders report being involved, engaged in and supportive of the program</p> <p>Attendance and participation of key stakeholders in family group conferences</p>	<p>Interviews with key stakeholders involved in the program</p> <p>Administrative data, including referral and conference records, case files and data available on KiDS</p>
Program management and stakeholder collaboration (activity)	<p>Are there adequate governance arrangements in place and are the family group conferences managed effectively?</p> <p>Is there a high degree of stakeholder communication, negotiation and liaison?</p>	<p>Extent to which stakeholders report being satisfied with the overall management of the program</p> <p>Extent to which stakeholders report high levels of communication and collaboration between family group conference partners</p>	<p>Interviews with key stakeholders involved in the program</p>

Table B1 (continued)

Program component	Key evaluation question(s)	Performance indicator(s)	Data collection (method and source)
Activities delivered as part of the family group conference pilot program	What are the main components or activities delivered as part of each program?	Extent to which stakeholders report the various components of the program as having been implemented as intended during the pilot period	Interviews with key stakeholders involved in the program
Referral processes	To what extent has the program and its various components been implemented as intended during the pilot period?	Extent to which stakeholders report being satisfied with the way in which the various components of the program have been implemented	Observations of family group conferences
Family group conference proceedings	Is the program consistent with best practice in terms of its implementation?	Comparison between the operation of FGC and accepted good practice in the delivery of ADR in the care and protection jurisdiction	Review of the FGC literature
Post-conference monitoring and support to participants (activity)	Does the program adequately meet the needs of participants?		
	Is the program delivered in a way that meets the needs of ATSI families?		
	What are the barriers to implementing the program as intended?		
Improved working relationship between stakeholders involved in the management and delivery of the program (output)	Has the level of collaboration between these partners improved through the introduction of the FGC and what benefits have resulted?	Extent to which various partners report the working relationship between the various agencies as having improved since the introduction of the two programs	Interviews with key stakeholders involved in the program
Eligible families and matters in the child protection and out of home care (OOHC) system are referred to FGC (output)	How many families have been referred to the FGC pilot program?	Number of cases referred to family group conference during the pilot period (total and by Indigenous status)	Administrative data, including referral and conference records, case files and data available on the KIDS database
	What are the key characteristics of those families referred to FGC?	Number and proportion of eligible cases referred to family group conference during the pilot period (total and by Indigenous status)	
	Is the program accessible to ATSI families?	The characteristics of those families referred to FGC, including (but not limited to) Indigenous status, the age of the child, family circumstances, substance use problem etc (number and proportion of each)	
	What factors impact (positively or negatively) on the likelihood that families will be referred to a family group conference?		

Table B1 (continued)

Program component	Key evaluation question(s)	Performance indicator(s)	Data collection (method and source)
<p>Families agree to participate in a family group conference and the conference is held (output)</p>	<p>To what extent do matters referred to FGC actually proceed to conference? What are the key characteristics of these matters and the families who participate in a family group conference? What factors impact (positively or negatively) on the likelihood that families will participate in a family group conference? What cases are best suited to ADR (in terms of the nature of the matter, the issues that are negotiated and client characteristics)?</p>	<p>Number of family group conferences held during the evaluation period (total and by Indigenous status) Number and proportion of cases referred that consent to a family group conference (total and by Indigenous status) Number and proportion of cases referred to family group conferences that proceed (total and by Indigenous status) The type of matters that are dealt with through a family group conference The characteristics of those families referred to a family group conference, including (but not limited to) Indigenous status, the age of the child, family circumstances, substance use problem etc (number and proportion of each) Factors identified as having prevented families from participating in a family group conference</p>	<p>Administrative data, including referral and conference records, case files and data available on the KIDS database Interviews with key stakeholders involved in the program Interviews with FGC clients</p>
<p>The capacity of the key partners to respond to the needs of clients is enhanced (short-term outcome)</p>	<p>Are Community Services staff and other stakeholders involved in the program better placed to respond to the needs of their clients through the family group conferences than through standard services?</p>	<p>Extent to which stakeholders report having the necessary knowledge, skills and support to deliver inclusive and empowering decision-making processes Extent to which stakeholders perceive family group conferences as being able to deliver positive outcomes in terms of responding to the needs of families who have contact with the Child Protection and OOHHC systems Extent to which stakeholders identify barriers to delivering positive outcomes</p>	<p>Interviews with key stakeholders involved in the program</p>

Table B1 (continued)

Program component	Key evaluation question(s)	Performance indicator(s)	Data collection (method and source)
<p>A Family Plan is developed and agreed to by the family and Community Services (short-term outcome)</p>	<p>To what extent do the family group conferences result in a Family Plan being developed that is agreed to by the family and Community Services?</p>	<p>Number and proportion of family group conferences that result in a signed Family Plan agreement (total and by Indigenous status)</p>	<p>Administrative data, including referral and conference records, case files and data available on the KIDS database</p>
<p>To what extent do the family group conferences inform the development of a Family Plan?</p>	<p>Are participants involved in a family group conference more likely to be satisfied with the agreed Family Plan?</p>	<p>Number and proportion of families (total and by Indigenous status) and Community Services staff who report being satisfied with the Family Plan developed during a family group conference, compared with those families who received standard services</p>	<p>Interviews, focus groups and online survey of key stakeholders involved in the program</p>
<p>To what extent does the operation of the program and the characteristics of the family and of the care matter (including issues being negotiated) influence whether this outcome is delivered?</p>	<p>Number and proportion of families (total and by Indigenous status) who report their views as having been taken into account in developing the Family Plan</p>	<p>Extent to which stakeholders report the family group conference as having informed the development of the Family Plan</p>	<p>Interviews with FGC clients</p>

Table B1 (continued)

Program component	Key evaluation question(s)	Performance indicator(s)	Data collection (method and source)
<p>Participants are satisfied with the decision-making process and outcomes from conference (short-term outcome)</p>	<p>Are participants satisfied with the conference process and outcomes delivered as part of the FGC pilot program?</p> <p>To what extent are ATSI families satisfied that the process is culturally appropriate, inclusive and relevant to their needs?</p> <p>What factors are identified by participants as impacting (positively or negatively) on their level of satisfaction with the conference?</p> <p>To what extent does the operation of the program and the characteristics of the family and of the care matter (including issues being negotiated) influence whether this outcome is delivered?</p>	<p>Number and proportion of family members (total and by Indigenous status), Community Services staff and other conference participants who, at the completion of the conference, report being satisfied with:</p> <ul style="list-style-type: none"> • the level of support provided to them prior to and during the process; • the extent to which they were able to contribute to the process; • the way in which the conference had been run; and • the extent to which the process had been adapted to suit their family's needs 	<p>Interviews, focus groups and online survey of key stakeholders involved in the program</p> <p>Interviews with FGC clients</p>
		<p>Number and proportion of family members (total and by Indigenous status), Community Services staff and other conference participants who, at the completion of the conference report being satisfied with the outcome that has been reached (including but not limited to Family Plan)</p> <p>Extent to which participants involved FGC report being satisfied with the operation of and outcomes from the conferences in which they have been involved</p>	

Table B1 (continued)

Program component	Key evaluation question(s)	Performance indicator(s)	Data collection (method and source)
Improved working relationships between Community Services and families (short-term outcome)	<p>Has the emphasis on collaborative processes in the program resulted in improved working relationships between families and Community Services?</p> <p>To what extent does the operation of the program and the characteristics of the family and of the care matter (including issues being negotiated) influence whether this outcome is delivered?</p>	<p>Extent to which stakeholders report the FGC pilot program as having improved (or as being likely to improve) the relationship between Community Services and families referred to the program</p> <p>Number and proportion of family members (total and by Indigenous status) and Community Services staff who report that:</p> <ul style="list-style-type: none"> • the other party has given them a fair go; • the other party has been willing to work with them during the conference; and • the relationship between the two parties is likely to improve 	<p>Interviews, focus groups and online survey of key stakeholders involved in the program</p> <p>Interviews with FGC clients</p>
Community Services and family adhere to Family Plan (intermediate outcome)	<p>To what extent does participation in a family group conference increase the likelihood that Community Services and the family will follow the Family Plan?</p> <p>What factors contribute to the likelihood that Community Services and families will follow the agreed Family Plan?</p> <p>To what extent does the operation of the program and the characteristics of the family and of the care matter (including issues being negotiated) influence whether this outcome is delivered?</p>	<p>Number and proportion of cases referred to family group conference in which Community Services and families are found to have followed the agreed Family Plan, compared with those families who receive standard services (total and by Indigenous status)</p> <p>Extent to which stakeholders report the likelihood of Family Plans being successfully implemented as being greater among those families who participate in a family group conference than those who receive standard services</p>	<p>Administrative data, including referral and conference records, case files and data available on the KIDS database</p> <p>Interviews, focus groups and online survey of key stakeholders involved in the program</p> <p>Interviews with FGC clients</p>

Table B1 (continued)

Program component	Key evaluation question(s)	Performance indicator(s)	Data collection (method and source)
<p>The likelihood that the goal of a Family Plan will be successfully achieved is increased (intermediate outcome)</p>	<p>To what extent does participation in a family group conference increase the likelihood that the goals of a Family Plan are achieved?</p> <p>What factors contribute to the likelihood that the goals of a Family Plan are achieved?</p> <p>To what extent does the operation of the program and the characteristics of the family and of the care matter (including issues being negotiated) influence whether this outcome is delivered?</p>	<p>Number and proportion of families (total and by Indigenous status) and Community Services Caseworkers for cases referred to family group conference who report achieving three main goals of the Family Plan, compared with those cases who receive standard services</p> <p>Number and proportion of families (total and by Indigenous status) who participate in a family group conference who follow the contact agreements, compared with those cases who receive standard services</p> <p>Number and proportion of families (total and by Indigenous status) who participate in a family group conference who accept referrals to services (of those referred), compared with those cases who receive standard services</p> <p>Extent to which stakeholders report parents and guardians as being more likely to attend, participate in and complete self-improvement programs, follow contact agreements and achieve the goals of the Family Plan</p>	<p>Administrative data, including referral and conference records, case files and data available on the KIDS database</p> <p>Interviews, focus groups and online survey of key stakeholders involved in the program</p> <p>Interviews with FGC clients</p>
<p>The likelihood that a care application will need to be made and a matter will proceed to court is reduced (intermediate outcome)</p>	<p>To what extent does participation in a family group conference reduce the likelihood that a care application will need to be made?</p> <p>To what extent does participation in a family group conference reduce the likelihood that a matter will have to return to court as a contested matter?</p> <p>To what extent does the operation of the program and the characteristics of the family and of the care matter (including issues being negotiated) influence whether these outcomes are delivered?</p>	<p>Number and proportion of cases that result in a care application being made within three months of the family group conference, compared with those cases who receive standard services (total and by Indigenous status)</p> <p>Number and proportion of cases that proceed to Court as a contested matter within three months of the family group conference, compared with those cases who receive standard services (total and by Indigenous status)</p> <p>Extent to which stakeholders report family group conferences as contributing to a reduced likelihood that a matter will result in a care application made</p>	<p>Administrative data, including referral and conference records, case files and data available on the KIDS database</p> <p>Interviews, focus groups and online survey of key stakeholders involved in the program</p>

Table B1 (continued)

Program component	Key evaluation question(s)	Performance indicator(s)	Data collection (method and source)
Children, young people and families in the Child Protection and OOHHC system are safe and resilient (longer term outcome)	<p>To what extent are children and young people who participate in a family group conference cared for in a safe and stable environment?</p> <p>To what extent do program partners believe that the introduction of FGC has improved the safety and resilience of young people in the Child Protection and OOHHC system?</p> <p>To what extent do the characteristics of the family and of the care matter (including issues being negotiated) influence whether this outcome is delivered?</p>	<p>Number and proportion of children and young people (total and by Indigenous status) who participate (or whose family participates) in a family group conference and have a substantiation or are subject of a ROSH report within three months of pilot, compared with those who receive standard services</p> <p>Number and proportion of children and young people (total and by Indigenous status) who participate (or whose family participates) in a family group conference and have an unplanned entry into care within three months of the pilot, compared with those who receive standard services</p> <p>Number and proportion of children and young people (total and by Indigenous status) who participate (or whose family participates) in a family group conference and have been placed in Kinship Care within three months of the pilot, compared with those who receive standard services</p> <p>Number and proportion of children and young people (total and by Indigenous status) who participate (or whose family participates) in a family group conference and have been restored to birth parents within three months of the pilot, compared with those who receive standard services</p> <p>Extent to which stakeholders report the introduction of FGC as contributing to the improved safety and resilience of young people in the Child Protection and OOHHC system</p>	<p>Administrative data, including referral and conference records, case files and data available on the KIDS database</p> <p>Interviews, focus groups and online survey of key stakeholders involved in the program</p> <p>Interviews with FGC clients</p>

Table B1 (continued)

Program component	Key evaluation question(s)	Performance indicator(s)	Data collection (method and source)
Economic assessment of the family group conference pilot program	<p>What would be the estimated cost of implementing the FGC approach across the whole of New South Wales?</p> <p>What are the relative costs of the approach compared with the benefits and how does this compare with the current practice relating to restoration or removal decisions?</p>	<p>Average cost per family group conference held during the pilot period and of standard services provided to families</p> <p>Estimated number of family group conferences and distribution of services as part of a statewide rollout of the program</p> <p>Cost savings attributable to reduced contact between families, Community Services and Children's Court resulting from participation in a family group conference</p>	The economic assessment was undertaken by FACS

Appendix C: Family Group Conferencing in the care and protection jurisdiction

The following section presents the findings from a literature review that examined the development of FGC in care and protection matters. This has included a national and international review of the outcomes from FGC programs for care and protection matters to identify lessons for the effective management and implementation of programs like the FGC pilot program.

FGC (also known as Family Welfare Conferences, Family Group Decision-making or Family Group Meetings) is a family-led decision-making process in which the family, child protection professionals and service providers come together to discuss and develop a plan that aims to ensure the safety and wellbeing of the child/young person. Family is defined broadly within the FGC context and includes extended family members, friends and community elders (Chandler & Giovannucci 2009). Conferences are typically facilitated by a neutral third party (Facilitators) whose role is to ensure that all parties have an opportunity to speak, are listened to and that the parties remain focused on the needs of the child/young person.

The overarching aim of FGC is to empower families to develop, implement and manage plans (Family Plans) that address the identified child protection concerns (Harris 2007; Lowry 1997; Olson 2009). FGC also aims to:

- improve relationships between child protection agency professionals and family members;
- identify family placements and family-based solutions to child protection concerns;
- provide a culturally appropriate means of resolving child protection concerns;
- divert care and protection matters away from the court and shorten time to finalisation for matters that are before the court;

- shorten the amount of time that families are the subject of child protection processes;
- give children/young people an opportunity to have their views heard and contribute to decisions made about them; and
- rebuild family ties, especially in families that may have stopped communicating or drifted apart (Chandler & Giovannucci 2009; Olson 2009).

The popularity of FGC in Australia and overseas is in part due to the perceived limitations of traditional care and protection processes in dealing with child welfare concerns appropriately and efficiently (McHale, Robertson & Clarke 2009). Critics of traditional child protection responses have described them as legalistic, defensive and reactive and suggest that traditional child protection decision-making processes exclude the family and child/young person. By emphasising the participation of the parents, extended family and child/young person in important decision-making processes, 'FGC has been viewed as a valuable antidote to the exclusionary system' (O'Brien 2002: 45).

Some authors have argued that traditional child protection processes are not conducive to forming and maintaining positive and beneficial working relationships between child protection workers and the family (Connolly & McKenzie 1999; Wheeler & Johnson 2003). They suggest that traditional child protection responses do not place enough emphasis on developing and maintaining partnerships between the family, community and child protection agency (Connolly & McKenzie 1999; Wheeler & Johnson 2003). Instead, decisions are made and then imposed upon the family. FGC represents an effective bridging mechanism between a child protection approach (risk-based) and family support approach (needs-based) to

dealing with the welfare and safety of children/young people, in that it emphasises the formation and maintenance of strong partnerships between families and professionals (Chandler & Giovannucci 2009; O'Brien 2002):

FGC holds potential as a model for child welfare reform aimed at balancing child safety with family integrity and building partnerships among family members, the court, social service agencies, service providers, the state child protective system, and the community (Chandler & Giovannucci 2009: 219).

- child protection concerns are best addressed through the active participation of the immediate and extended family and through their leadership. The family group and child protection agencies must first address any existing power imbalances; and
- it is the state's responsibility to support families as they provide for their children (Connolly 2006; Connolly & McKenzie 1999; Olson 2009).

These values are reflected in the design and operation of FGC, particularly in terms of the emphasis that is placed on empowering families in the decision-making process.

Core values underpinning Family Group Conferencing

There are six core values that underpin FGC:

- children are entitled to preserve their culture and kinship through their lives;
- families and children are part of a bigger family structure that takes care of them;
- families can create plans that better address the child protection concerns because families are experts on their own histories (eg families may hold knowledge that professionals are not aware of such as knowledge of an abusive family member);
- child protection concerns should be resolved by the immediate and extended family rather than child protection agencies;

The development of Family Group Conferencing

FGC was first developed and implemented in New Zealand in 1989 (non-legislated use began in 1986) in response to the *Puao te Ata Tu (Daybreak)* report. The report, which was released in 1986 and written by the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare in New Zealand, identified a number of significant problems within New Zealand child protection systems. In particular, the report found that Maori children/young people were overrepresented in the child protection system and that a high proportion of Maori children were being placed with non-Maori families, which raised some concerns around the loss of cultural identity among this group of

Table C1 The New Zealand Family Group Conferencing model

Stage	Key activities
1: Information-sharing	At the beginning of the conference, the professionals (caseworkers and service providers) share their concerns for the child with the family. The service providers inform the rest of the parties about what support they are providing the family and what support is available to them
2: Family Time	The professionals leave the room and the family are left alone to discuss the concerns raised by the professionals. The aim of this stage in the conference is for the family to develop a plan that will address these concerns. Family Time is unique to FGC and is a point of differentiation from other ADR models. Proponents of FGC argue that Family Time is the most important stage of conferences as it allows families to develop plans that address the child protection concerns and empowers them in this process
3: Ratification of the Family Plan	Once a plan has been finalised, the family and professionals reconvene to review the plan. Typically, the child protection caseworker is required to ratify the plan in order for it to become actionable. Plans can be rejected by the professionals if they believe the plan poses significant risk or harm to the child/young person

children/young people (Pakura 2005). The report recommended that child welfare processes should be more culturally informed and include aspects of traditional Maori decision-making processes (Olson 2009). In response to these recommendations, the use of FGC for care and protection matters was enshrined in the *Children, Young Persons and Their Families Act 1989*.

Since its development in New Zealand, FGC has been implemented in a number of countries, including the United States, the United Kingdom, Sweden and Canada (Harris 2007). FGC was first implemented in Australia in 1992 by a non-government organisation based in Victoria, which has since been followed by similar pilot programs in other jurisdictions across Australia (Harris 2007; Lowry 1997; Morris & Tunnard 1996; Sundell, Vinnerljung & Ryburn 2001).

Although there are regional variances between the FGC programs operating in Australia and overseas, many (including the FGC pilot program in New South Wales) are based on the original New Zealand model outlined below (see Table C1). This model has been adapted in each jurisdiction to suit the local child protection processes, organisational culture, legislative framework and client characteristics (Olson 2009).

Source: Harris 2007; Lowry 1997; Olson 2009; Sundell et al. 2001

Family Group Conferencing in Australia

Over the last 20 years, FGC has been implemented in each Australian state and territory, with the exception of the Northern Territory (Harris 2007). There has been little variation in the model used in each jurisdiction (with some notable exceptions). Table C2 provides an overview of the different FGC programs that have been piloted and/or implemented throughout Australia, including a description of significant variations from the New Zealand model.

Effectiveness of Family Group Conferencing

There is a growing body of research that has attempted to determine the effectiveness of FGC. The literature in this area is diverse, largely due to the variety of ways in which success has been defined. Measures of effectiveness identified within the evaluation literature include participant satisfaction with the FGC process, Family Plan implementation and family re-referral rates.

Overall, the FGC evaluation literature is largely positive in terms of the effectiveness of the model and suggests:

- the majority of families have been able to develop appropriate Family Plans that address the child welfare concerns and meet the requirements of the child protection agency;
- fathers are more likely to be involved with FGC, although the non-attendance of fathers is still a common issue;
- families are more likely to engage in services identified through conferences;
- children/young people have increased contact with their extended family;
- plans developed by families are more likely to be successfully implemented and supported by families than plans that are imposed on them by the child protection agency;
- children are more likely to be placed with the family when matters are referred to FGC than being dealt with through mainstream processes; and
- families who participate in FGC are likely to report an improved working relationship with the child protection agency in the short term (Huntsman 2006; Lowry 1997; Olson 2009; Shore et al. 2002; Sundell & Vinnerljung 2004).

Source: Shore et al. 2002

The cost-saving benefits of FGC are less clear, largely due to a lack of rigorous economic assessment of programs and the lack of reliable

Table C2 Family Group Conferencing in New Zealand and Australia

Jurisdiction	Criteria for FGC referral	When FGC is used	Model used	Agreement of plan	Implementation of plans
New Zealand	Through specific legislation implemented in 1989, all cases where child abuse or neglect is evident have to be referred to FGC	FGC is used before court orders are made. FGC is used as an alternative to court orders. Most child protection cases have been resolved through FGC	New Zealand model	The family (including the child) and professionals must agree on the plan developed by the family	Agreed plans are implemented by the child protection agency, Child, Youth and Family Family Plans have a legal status equal to decisions made by the court. This means that approved decisions made during private family time must be legally upheld by the parties involved (Harris 2008)
Australian Capital Territory	The use of FGC was legislated in 1999. FGC may be used when it is determined the child needs care and protection or in instances where decisions made at prior conferences need reviewing. Referrals to FGC are made at the discretion of professionals, professionals' managers and Facilitators and therefore the use of FGC has been sparse	The model emphasises the use of FGC as an alternative to the court process. Court orders are generally not sought for matters that have reached an agreement through FGC	New Zealand model. The use of FGC in this jurisdiction shows the closest resemblance to its use in New Zealand. Although sparsely used, FGC is viewed as an intervention that substitutes the court process	The child's parents and the child protection professionals must agree on the plan developed. The child should also be consulted if possible	Agreed plans are implemented by the child protection agency, Office for Children, Youth and Family Support, but further action may be taken
New South Wales	FGC is not specifically legislated, but provisions exist for its use. FGC has been trialled since 1996. Cases chosen for the trial involved serious protection concerns for the child	FGC is used as a complementary decision-making process in cases that involve serious protection concerns	New Zealand model. FGC is used in to inform court proceedings	Plans developed had to be agreed upon by the child's family and the child protection worker	Agreed plans are implemented by the child protection agency, Department of Community Services
Queensland	Changes to the 2005 Child Protection Act 1999 require plans to be developed through Family Group Meetings for children who require protection and ongoing help	The court can make an order once an FGC has been convened (or reasonable attempts have been made to convene an FGC)	Facilitators may choose not to hold family time if they feel it would be detrimental or pose a risk to the child. In such cases a process of facilitation may be used as an alternative	Not specified in the legislation	The child protection agency, Department for Child Safety, decides whether to implement the agreed plan or change it before submitting it to the court

Table C2 (continued)

Jurisdiction	Criteria for FGC referral	When FGC is used	Model used	Agreement of plan	Implementation of plans
South Australia	Passed in 1993, the legislation states that an FGC, known as Family Care Meetings, should be convened if the child is 'at risk' and must occur prior to an application for orders that may change the child's custody	It was intended that FGC would be used as an alternative to the court process. However, conferences tend to be held just before matters proceed to court for care and protection orders. Agreements reached through FGC can be amended or overturned through court orders	New Zealand model. Facilitators are provided by the South Australian Courts	The family and the Facilitator must agree on the plan developed. The child protection worker's agreement may be sought, but is not required	The child protection agency, Families SA, decides whether to implement the plan or seek further court orders
Tasmania	Passed in 2000, the legislation states that an FGC should be convened if an eight week assessment order is made, if a 12 month care and protection order is extended or when a child under care or family asks for a conference	FGC is generally used in conjunction to court orders, but may be used independently if requested	New Zealand model. Facilitators are private practitioners whose services are procured on a case-by-case basis by the child protection agency	The Facilitator must agree with the child, the child's guardian or the child's representative on the plan developed	The child protection agency, Department of Health and Human Services, decides whether to implement the agreed plan or reconvene the FGC or present a substitute plan to the court
Victoria	FGC, known as Family Decision-making, may be used at different points in the child protection case such as during the development of case plans. FGC may also be used before important orders are to be made about Aboriginal children	FGC is used at various decision-making stages to compliment court proceedings. For example, to help families develop case plans or to make decisions about Aboriginal children. In some instances it is used as an early intervention to prevent legal action	New Zealand model. Referral of matters is discretionary, but is mandated in instances where significant decisions are to be made about Aboriginal children. Aboriginal Facilitators must be engaged in such cases	The family and caseworker's agreement is often required	Plans are implemented by the child protection agency, Office for Children, Youth and Familie
Western Australia	Cases chosen for the trial involved children under the age of 10 years who were shown to have behavioural issues	Unconfirmed	New Zealand model	The agreement of the family, Facilitator and child protection worker was sought	Plans are implemented by the child protection agency, Department for Child Protection

Source: ADR EWP 2009; Harris 2007, 2008; Lowry 1997

Box 1 Washington State (US)

Developed in accordance with the New Zealand model, FGC was implemented in Washington State in 1997. Conferences held as part of the program were run by trained Facilitators who were employed by the University of Washington. Family Plans developed through conferences had to be approved by the referring child protection worker and were implemented by the child protection agency (Shore et al. 2002).

An evaluation of the program found that:

- there was a high level of paternal participation in conferences;
- only one family had not been able to develop a Family Plan that adequately addressed the child protection concerns to the satisfaction of the child protection agency;
- a permanent placement plan was developed for 82 percent of the children;
- the proportion of children living with their parents increased from 20 percent to 43 percent;
- the proportion of children living with their relatives decreased from 55 percent to 31 percent; and
- the proportion of children living with non-relatives decreased by 16 percent.

Further, an analysis of 57 Family Plans developed through the program highlighted that the families had been able to identify resources within the family that would enable them to implement the plan (eg family providing transport, financial assistance, emotional support, cultural support systems such as church etc). Notably, the study found that the program had been successful in resolving sexual abuse cases. Only four of the 26 children who had been identified as being at risk of sexual abuse were placed in OOHC and none had substantiated re-referrals.

A two year follow up of children whose family had participated in a conference found that only seven percent had been re-referred to the child protection agency and only 10 percent had been placed in OOHC.

costing data available to researchers. However, the research that is available suggests that FGC programs either generate some cost saving benefits or are no more expensive than traditional care and protection processes (Chandler & Giovannucci 2009; Wheeler & Johnson 2003). For example, one study that compared the age-adjusted costs for each child that participated in a conference held as part of a FGC program operating in the United States to a comparison group of children who were subject to traditional care and protection processes, found that the program was effectively cost neutral (Wheeler & Johnson 2003).

Barriers to effectiveness

While there appears to be some evidence to support the use of FGC in care and protection matters, there are a number of factors that have impacted on the implementation and effectiveness of FGC programs.

Many jurisdictions have experienced very low program referral rates (Berzin et al. 2008; Brady & Millar 2009; Harris 2007; Huntsman 2006; O'Brien 2002; Shore et al. 2002). Reasons for this vary, although most FGC processes require

the consent of the families involved. However, a common theme that emerges from the literature is that child protection professionals, who are typically responsible for referring matters to programs, may be resistant or unsupportive of FGC (see Box 3). The reasons for this resistance are less clear, although it has been suggested that professionals may be unwilling to give up their decision-making power or may not believe the families have the capacity to develop appropriate plans that address their concerns (Huntsman 2006). It has been argued that due to the low referral rates, FGC continues to be viewed as a secondary or complementary intervention in the resolution of child protection matters (Huntsman 2006).

However, even when child professionals are not resistant to referring matters to FGC, they may not use the service for which it is intended. For example, research conducted in the United Kingdom suggests that some child professionals use FGC when they want the family to 'rubber stamp' case plans, or use FGC as a last resort (Morris & Tunnard 1996).

Also, although many commentators argue that Family Time is an important feature of FGC, it has also been suggested that this stage in the

Box 2 Victoria (Australia)

Victoria was the first Australian jurisdiction to implement FGC. A pilot commenced in 1992 and was eventually rolled out statewide in 1996 (Trotter et al. 1999). The model of FGC used in the Victorian program was similar to that used in New Zealand, but there was a stronger emphasis on using the conference to inform court proceedings (rather than in lieu of; Harris 2007). Referrals to the program could be made by child protection professionals after they had made an assessment on the suitability of the matter.

An evaluation of the program found that it was being received positively by families and had encouraged child protection professionals to work with families in a more positive and collaborative way. Further, a number of family members who participated in a conference said they felt they were more involved in the decision-making process than they did during other child protection interventions. Further, the process was perceived by families as being fairer. However, although it was expected that the program would improve families' commitment to Family Plans, there was no evidence to support this.

Source: Trotter et al. 1999

conference process can perpetuate pre-existing power imbalances between family members. Consequently family members may feel intimidated by the dominant family member's views and opinions (Connolly 2006):

I've had people come to me later and say, in the family time, that grandfather, or father really decided this. They would say, 'I had to go along with it. We all had to go on with it because that's what he wanted, and we didn't think we could argue with him, because he was the father'...Of course we have got no control over all that, so I often wonder whether its one person's viewpoint (Connolly 2006: 352).

Similarly, although FGC aims to empower families and communities by providing them with the opportunity to take ownership of the child protection issues and ultimately provide solutions to those concerns, the extent to which this happens in practice has been the subject of some debate (Ban 2005; Harris 2007; Lowry 1997; Olson 2009). For example, Connolly's (2006) research suggests that some families felt pressure to develop Family Plans quickly by impatient professionals, potentially undermining their feelings of empowerment. Further, families may feel disempowered because the child protection agency typically has the last say in whether the Family Plan will be implemented,

revised or discarded (Ban 2006). Finally, Indigenous populations may feel disempowered if they do not perceive the FGC process as having been developed by and for members of the Indigenous community (Ban 2006).

There are also a range of factors external to the FGC process that can have an impact on the effectiveness of programs. For example, child protection agencies typically have a high staff turnover rate and this can hinder the FGC process (Connolly 2006; Sundell & Vinnerljung 2004). While this is not a limitation of the FGC process itself, it does have implications for the effectiveness of programs. For example, caseworkers who resign after building a rapport with a family may take valuable knowledge with them that may be crucial for the matter. Furthermore, new caseworkers may not agree with decisions made by previous caseworkers, undermining the Family Plans developed through conferences (Connolly 2006).

Other external factors that can impact on the effectiveness of FGC include:

- the organisational culture of the child protection agency;
- the availability of resources to support the family;
- the suitability of matters that are referred; and
- the socio-cultural context (see Box 3).

Box 3: Sweden

FGC was introduced in Sweden in 1995 and trialed in 10 local authorities. Although the referral of matters to the program was at the discretion of social workers, the consent of the family was also required.

An evaluation of the program had mixed results. For instance, only one of the families who participated in the program had been unable to develop a Family Plan that was approved by the child protection agency. Further, the majority of family members who participated in FGC were satisfied with the process and felt that they had been able to collaborate effectively with the child protection professionals.

However, when referred families were compared with an unmatched control group on a series of long-term outcomes, it appeared that the program was less effective than traditional child protection processes. Three years after participating in a conference, 60 percent of children who were referred to the program were the subject of substantiated child protection reports, compared with 40 percent of the comparison group. Further, children who were referred to FGC were more likely to be in OOHC and in OOHC placements for extended periods of time. Finally, fewer FGC matters had been finalised at follow up (50%) compared with the comparison group (68%).

The authors suggested that the findings of the evaluation should be interpreted with caution, noting that matters referred to FGC were typically more complex than those of the comparison group. Further, the authors argued that Sweden's socio-cultural setting may have undermined the implementation of the program. Sweden's child protection system is reflective of a paternalistic state and this, combined with popular views around social control, may have limited the effectiveness of a family-based intervention like FGC.

Source: Sundell & Vinnerljung 2004

Best practice principles for the implementation and delivery of Family Group Conferencing

Although many FGC programs are underpinned by the New Zealand model of FGC, there have been operational and procedural differences between programs operating in Australia and overseas. As such, practitioners have attempted to devise best practice guides for child protection agencies seeking to implement a successful FGC program within the care and protection jurisdiction. This literature, along with the evaluation studies reviewed above, has highlighted several good practice principles for programs involving FGC (see Table C3). Findings from a comparison of the design and implementation of the FGC pilot program with these good practice principles are presented throughout the report.

Stakeholder 'buy-in'

Stakeholder commitment to any program is essential to its success. A number of the reviewed FGC programs identified stakeholder resistance towards the program as a significant issue, resulting in low referral rates (Brady & Millar 2009; O'Brien 2002). Providing key stakeholder groups with the opportunity to be represented on program steering committees is an essential step to ensuring stakeholder buy-in and support. Other suggested methods for promoting stakeholder buy-in include:

- conducting educational seminars that provide stakeholders with information about the program, including its purpose and how it differs from other pre-existing options;
- keeping stakeholders informed about the program's progress, any changes that are made, as well as any success stories;
- providing stakeholders with the opportunity to give feedback about their experiences in the program, including any issues they encountered; and

Table C3 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 ethnically 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 mechanism 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

- mandatory referral and attendance protocols (Giovannucci & Largent 2009).

Appropriate timing of referrals

There is debate within the literature about the most appropriate timing of referrals to FGC and in particular, whether FGC should be used as an early intervention tool or to inform court proceedings (Trotter et al. 1999). The New Zealand model positions FGC as an early intervention tool that can be used prior to (and ideally instead of) making a care application through the Children's Court. However, while a number of jurisdictions have also adopted an early intervention model of FGC, others

use FGC later in the process; typically to inform court proceedings (ADR EWP 2009; Harris 2007). This means FGC has been used to make decisions prior to and during court proceedings (ADR EWP 2009; Harris 2007).

Many commentators argue that FGC should be used as early as possible in the case management process (ADR EWP 2009; Trotter et al. 1999). Child protection professionals involved in a program operating in Victoria argued that court decisions tend to polarise family members and make them hostile towards one another and the child protection professionals (Trotter et al. 1999). It has also been suggested that an early intervention model of FGC

can be more effective as child protection concerns are addressed before they become entrenched (ADR EWP 2009). This suggests that while FGC may be beneficial at a variety of points in the care and protection continuum, it may be particularly suitable for early intervention matters.

Flexible eligibility criteria

While some commentators argue that FGC would be beneficial for all families and issues, others argue that FGC may not be appropriate for certain families and issues (Chandler & Giovannucci 2009; Sundell & Vinnerljung 2004; Trotter et al. 1999). For example, transient families may not be suited to FGC because the process of engagement may be time-consuming and resource-intensive (Trotter et al. 1999). There are other circumstances that should be considered in determining the appropriateness of FGC, including:

- families who have irreparable, long-standing grudges;
- families who have power imbalances that cannot be addressed;
- family members who cannot participate due to diminished mental capacity;
- concerns for the immediate safety of the child;
- sexual abuse; and
- domestic abuse (Olson 2009; Trotter et al. 2009).

While acknowledging there are certain factors that should be taken into consideration when referring matters, the literature also suggests that matters should not be excluded from FGC based on the presence of such circumstances alone (Huntsman 2006). For example, an evaluation of a program operating in Washington State found that, contrary to the literature, FGC was successful in resolving cases involving risk of sexual abuse (Sundell & Vinnerljung 2004). Therefore, it is important to assess matters for referral based on overall circumstances and not individual factors (ADR EWP 2009). However, only matters in which the safety of all the participants (particularly the child's) can be ensured should be referred to FGC (Chandler & Giovannucci 2009; Huntsman 2006).

Adequately trained, skilled and independent Facilitators

The success of a conference is largely reliant on the skills and experience of the Facilitator. For example, an evaluation of an FGC program implemented in Victoria found that conferences convened by experienced Facilitators resulted in plans that were more likely to be carried out by the respective parties (Trotter et al. 2009). As such, Facilitators should be adequately trained so they have the necessary skills to facilitate a FGC and deal with a variety of families and concerns (Connolly 2006). The training of Facilitators should cover:

- basic mediation skills;
- types of ADR processes and how they differ;
- ways to identify mental illness, intellectual disabilities, and drug and alcohol issues;
- the relevant child protection system;
- the roles of conference participants;
- techniques to manage impasse situations;
- ethical issues; and
- specialised areas such as substance abuse, domestic violence, child development, FGC guidelines and the referral process (Giovannucci & Largent 2009).

Facilitators should be, and appear to be, independent from the relevant child protection agency and impartial at all times (ADR EWP 2009). Although some of the programs reviewed here used Facilitators who were contracted by the child protection agency, their role was nonetheless that of an independent and impartial convenor. However, it is also important that Facilitators are available and accessible to child protection professionals when they are needed, which may be achieved by contracting Facilitators to the child protection agency (Trotter et al. 1999). The need for culturally and linguistically diverse Facilitators has also been raised by a number of commentators (ADR EWP 2009).

Family attendance

Chandler and Giovannucci (2009) argue that one of the strengths of FGC is that it is based on a broad notion of community, rather than traditional definitions of family. Correspondingly, FGC programs should be based on inclusionary definitions of family so that families have the opportunity to invite everyone they identify as being part of their support network.

Participation of the child/young person

The participation of children/young people in FGC is a point of considerable debate within the literature (Holland & O'Neill 2006; Huntsman 2006). It has been argued that asking children to participate in the development of Family Plans may place too much pressure and responsibility on them (Carruthers 1997; Huntsman 2006). Further, it has been suggested that children/young people may become distressed by the information they hear during the conference, or could experience feeling of disempowerment if their views are not validated by the adults in the room (Brady & Millar 2009).

However, it has also been argued that the participation of children in conferences can be a therapeutic experience, while also focusing the adults' attention on the needs of the child/young person (Brady & Millar 2009; Dawson & Yancey 2006; Huntsman 2006). Further, developments in childhood sociology suggest that children's views are important in models of decision making such as FGC (Connolly & McKenzie 1999; Huntsman 2006).

The participation of children/young people in FGC is a point of differentiation between programs. For example, while the New Zealand model encourages the attendance of children over the age of 10 years, an FGC program operating in Wales included children as young as six in conferences (Holland & O'Neill 2006). Although the literature does not provide much guidance about when it is appropriate for a child/young person to participate in a conference, a number of commentators suggest that children/young people should be provided with an opportunity to participate in FGC. However, it was also emphasised that the safety and security of the child/young person should be a key consideration. As such, it may not be appropriate for the child/young person to attend conferences in all matters.

A range of factors should be taken into consideration when determining the appropriateness of a child/young person's attendance at conferences:

- age;
- maturity;
- emotional state;
- ability to understand the FGC process;
- ability to communicate their views and wishes; and
- desire to participate and purpose of their participation (Giovannucci & Largent 2009).

If the child/young person is unable to attend a conference, their views and wishes should still be taken into account and inform plans developed by the family (Giovannucci & Largent 2009). This can be accomplished by conducting a pre-conference interview with the Facilitator, submitting a statement written by the child to conference participants or appointing a representative for the child/young person at the conference (Maughan & Daglis 2005). Notably, some programs included the use of advocates whose primary role was to support the child when they attended, or to represent their wishes when they did not and to make sure that their views were being heard. Evaluations of programs involving child advocates suggests that children/young people value having this additional support and felt safer talking and saying what they wanted (Brady & Millar 2009; Holland & O'Neill 2006).

Appropriate time scheduled for 'Family Time'

A recurrent theme in the literature is the importance of providing families with private Family Time so they have an opportunity to develop family-centred strategies to address the identified child protection concerns. Family Time has been referred to as the foundation of FGC as it is the key mechanism through which families experience feelings of empowerment and control (Harris 2007; Lowry 1997; Olson 2009). This suggests that Family Time is a necessary element of conferences held as part of any FGC program and adequate time should be scheduled for this stage of the conference.

However, some families who have participated in FGC have reported feeling pressured by child care professionals to develop Family Plans quickly so that the conference could move on to the next stage (Morris & Tunnard 1996). It is important that child protection professionals participating in conferences understand and appreciate the importance of Family Time. To this end, child care professionals should be provided with enough education about the FGC process prior to their attendance at conferences so that they are aware of the importance of Family Time and the timeframes that are associated with this stage of the conference.

Appropriate behaviour of professionals

Although the literature emphasised the importance of Family Time, a number of commentators also suggest that the first stage of the conference and the behaviour of professionals during this stage, is important for a successful conference.

The first stage of the conference gives professionals an opportunity to outline the child protection concerns to the other parties. It is important that professionals relay this information in a simple, uncomplicated manner so that the family understands what the concerns are (Morris & Tunnard 1996). An evaluation of an FGC program operating in the United Kingdom found that some family members who participated in a conference were disappointed by the behaviour of professionals, particularly as they spoke in a legalistic manner that families found difficult to understand (Morris & Tunnard 1996).

Professionals should be provided with adequate training and information about the FGC process prior to their attendance at a conference so they have the capacity to speak to families directly and in a language they can understand.

Confidentiality of proceedings

Confidentiality is a cornerstone of effective ADR processes such as FGC. Appropriate confidentiality protocols encourage open and frank discussions, break down barriers, and increase trust and communication (NADRAC 2011). Clear protocols

should be put in place at the beginning of the program that stipulate what information shared during conferences can be used in subsequent court proceedings and case management processes (should they occur), and what cannot be shared (Chandler & Giovannucci 2009). To ensure that parties understand the meaning and limits of confidentiality, ADR practice guides suggest that the Facilitator explain the confidentiality protocols to parties prior to and at the beginning of the conference (NADRAC 2011). The research indicates that it is particularly important that Facilitators ensure that family members fully understand the terms of confidentiality.

Some commentators have suggested that conference participants should be informed that there is a 'no new news' policy at conferences and that any new information should be discussed with the relevant family members prior to the meeting (Morris & Tunnard 1996). The issues of confidentiality and sensitive information can be managed by an effective and experienced Facilitator. This highlights the importance of well-trained, well-prepared Facilitators (Connolly 2006; Morris & Tunnard 1996).

Clear review processes

A number of the programs reviewed here experienced very low Family Plan implementation rates (Trotter et al. 1999). This finding was often attributed to weak or absent Family Plan review processes post-conference (Brady & Millar 2009). For example, stakeholders involved in a Family Welfare Conferencing program operating in Ireland argued that the lack of appropriate review processes after the conference had resulted in only a small number of plans being implemented by the family (Brady & Millar 2009).

Whose responsibility it is to implement, support and monitor plans developed through FGC differed between jurisdictions (Harris 2007). In many programs, the responsibility lay with the child protection agency, whereas in others, plans were implemented by the family. While the literature does not indicate which model is preferable, it has been argued that the family should be provided with the opportunity to monitor the implemented plan because they may be better placed to review the plan than professionals. However, it has also been

argued that plans require professional oversight to ensure that the plan is on track and that the family is receiving adequate support (Lowry 1997).

It has been argued that maintaining the energy and commitment of families after the conference is important for the success of Family Plans. This suggests that Family Plans should have strong review mechanisms in place that ensures that the relevant parties are fulfilling their obligations and can be held accountable if they fail to implement the Plan. It was also suggested that Plans should be monitored over a significant period of time so that the child protection agency and Facilitators can identify factors that influence family commitment to Family Plans and factors influencing the realisation of Family Plans (Trotter et al. 1999). However, the success of Family Plans should not be defined simply by the degree to which they have been implemented. Rather, 'it is more useful to focus on whether there has been an improvement in relation to the core reason for the conference' (Brady & Millar 2009: 51).

Culturally appropriate processes

A number of factors contribute to the cultural appropriateness of FGC. The ADR Expert Working Party (2009) recommended that the following factors be considered when conferences are convened:

- the conference should be conducted in a community-oriented area;
- the culture and traditions of the family must be acknowledged and respected;
- the Facilitator should reflect the cultural background of the family;
- elders should be consulted and be involved in inviting family members to the conference; and
- it is important to educate communities on FGC to minimise lack of trust in the process.

In particular, the use of language is important. Language should be jargon-free and easily understood by all parties. The language of the parents should be recognised and accommodated through the use of an interpreter. Where possible, the ethnicity and cultural backgrounds of the families being served by the mediation program should be represented in the conference chair pool. Facilitators should be culturally competent and willing to adjust their methods to suit the cultural needs and ethnicity of the families they are meeting with. This may be facilitated through cultural sensitivity training, which should be provided on a regular basis throughout the life of the program.

