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Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Facilitating Family Decision Making:  
A Study of the Family Welfare Conference  
Service in the HSE Western Area  
(Galway, Mayo and Roscommon)**

**October 2006**



**Bernadine Brady  
HSE / NUI, Galway Child & Family Research and Policy Unit**

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**This is a compendium of three reports completed as part of an overall study.**

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# Acknowledgements

## Research team

The Child & Family Research and Policy Unit (CFRPU) is a joint initiative between the Regional Office, Child and Family Care of the Health Service Executive and the Department of Political Science and Sociology at National University of Ireland, Galway. The CFRPU undertakes research, evaluation and policy studies in the area of Child and Family Care and Welfare. This report was researched and written by Bernadine Brady, with support from Dr. John Canavan. Eileen Hynes helped to prepare the report for publication. The Unit's website is [www.childandfamilyresearch.ie](http://www.childandfamilyresearch.ie).

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## Evaluation Steering Group Members

Breda Golden, FWC Co-ordinator, Roscommon

Liam Whyte, Children Act Service Manager, Mayo

John Canavan, HSE / NUI, Galway, Child & Family Research and Policy Unit

Bernadine Brady, HSE / NUI, Galway, Child & Family Research and Policy Unit

## Overview

Family Group Conferencing (FGC) is a participatory approach to child care planning that has become popular throughout the Western world over the past decade. The model, originally developed by the Maori people of New Zealand, places the family at the centre of decision-making in relation to its troubled or troublesome young people. In Ireland, the Children Act 2001 makes provision for family welfare conferences (FWC) in child welfare and youth justice cases<sup>1</sup>. In 2002, a Family Welfare Conference service was established in the then Western Health Board (now HSE) region. The HSE commissioned the Child and Family Research and Policy Unit to undertake a study of the service in the region. A phased approach to the research was undertaken, commencing with a literature review and implementation report in 2004. These two initial reports provided a set of questions and considerations to guide the design and analysis of the third report, which collates and analyses the perspectives of stakeholders to reach a set of conclusions in relation to the service.

Report One, the **Literature Review** outlines the origins of the FGC / FWC model and describes its key features, principles and theoretical basis. A set of key issues have emerged in the international implementation of FGCs, including the legal basis for FGCs, the degree to which the empowerment principles of the model can be realised within a bureaucratic system and the role of Family Group Conferences vis-à-vis Child Protection Case Conferences. A series of evaluation studies indicate that the model is accepted and welcomed by families and professionals, and that families are generally capable of coming up with acceptable plans.

The second report of three, the **Implementation Report** describes the early development of the FWC service in the region and outlines key statistics up to the end of August 2004, including number of referrals; conferences and reviews; referral sources; referral reasons; number and ages of children concerned; costs of conferences; average Co-ordinator time per conference; conference venues and other information.

The third report, the **Evaluation Report** is focused on the perspectives of key stakeholders, including family members, referrers, FWC Co-ordinators and senior personnel of HSE childcare services, in relation to the FWC service. Themes explored include perceived outcomes and added value of the service, the role and place of the FWC service in the childcare system and process and practice issues arising in its implementation. The report concludes with a set of recommendations for the future development of the service.

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<sup>1</sup> Family Group Conferences (FGC) are called Family Welfare Conferences (FWC) in the Irish legislation.

**Notes on terms used**

The Health Service Executive (HSE) took over full operational responsibility from the Health Boards for running the country's health and personal social services on January 1, 2005.

**Abbreviations**

CASD	Children Act Services Department
CASM	Children Act Services Manager
CCM	Child Care Manager
CFRPU	Child & Family Research & Policy Unit
CPC	Child Protection Conference
FGC	Family Group Conference
FS	Family Support
FWC	Family Welfare Conference
HSE	Health Service Executive
HSEWA	Health Service Executive Western Area, Counties Galway, Mayo and Roscommon
ISPCC	Irish Society for Prevention of Cruelty to Children
NYP	Neighbourhood Youth Project
PHN	Public Health Nurse
PSW	Principal Social Worker
SW	Social Worker
SWTL	Social Work Team Leader
WHB	Western Health Board (Counties Galway, Mayo & Roscommon now part of HSE West)



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**REPORT 1 OF 3**

**Literature Review**

**August 2004**



**Bernadine Brady**  
HSE / NUI, Galway Child & Family Research and Policy Unit

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## 1. Introduction and Overview

Family Group Conferencing (FGC) is a participatory approach to child care planning that was originally developed by the Maori people of New Zealand (Shore et al, 2001), but which has spread throughout the Western world over the past decade. The model places the family at the centre of decision-making in relation to its troubled or troublesome young people. In Ireland, there have been a number of pilot FGCs and the Children Act 2001 makes provision for family welfare conferences (FWC) in child welfare and youth justice cases<sup>2</sup>.

A pilot FWC project commenced in the Western Health Board (WHB) in 2002. This literature review was undertaken to inform the design and analysis of the forthcoming Western Health Board evaluation.

The literature review is divided into four main sections. In Section two, the origins of the model are outlined and its key features and principles are described. The theoretical basis of the model is explored. We will see that the FGC model can be considered a family support intervention, which places emphasis on child and family ecology, in the belief that children and families must be supported to find solutions in their own environments. The model also inherently acknowledges the importance of social support and social networks, aims to achieve family empowerment and draws upon 'community' as identified by the child and family.

International research has pointed to a set of key issues that have emerged in the implementation of FGCs. These are discussed in Section Three. The legal basis for FGCs has had an impact on how it develops at national level, the contrast between New Zealand and the UK is a case in point. Commentators have also questioned the degree to which the empowerment principles of the model can be realised within a bureaucratic system. The role of Family Group Conferences vis-à-vis Child Protection Case Conferences has had to be negotiated, central to which has been the attitude and acceptance of professionals, particularly Social Workers. Other issues raised in relation to the implementation of the model are power dynamics within families and the degree to which their plans are resourced and implemented.

In Section Four, key findings from international evaluation studies are outlined. Much evaluation undertaken has been of a process nature, and indicates that the model is accepted and welcomed by families and professionals, and that families are generally

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<sup>2</sup> Family Group Conferences (FGC) are called Family Welfare Conferences (FWC) in the Irish legislation. In this literature review, FGC is used to refer to international models and FWC to refer to Irish experience.

capable of coming up with acceptable plans. While there is a perception that the outcomes of conferences are generally good, there is a dearth of robust outcome studies, and a general acceptance in the research community that methodologies are needed to explore outcomes of the FGC process.

The Irish policy context in relation to FGCs is outlined in Section Five. The findings of evaluation of national pilot studies and local research in the HSE area are outlined.

## **2. The Family Group Conferencing Model: Origins, Principles and Theoretical Assumptions**

This Section outlines the origins of the Family Group Conferences and describes the key features and core principles of the model. Some of the theoretical and conceptual ideas underpinning the model, including empowerment, social support and family ecology are discussed.

### **2.1 Origin of the Family Group Conferencing Model**

Family Group Conferences originated in New Zealand in the early 1980's, as a consequence of the fact that the Maori people were faring badly under the child welfare system. Maori children made up a high percentage of those in prisons and in youth facilities and were taken into out-of-home care in large numbers, which undermined the central cultural role of the extended family (whanau), clan or subtribe (hapu) and tribe (iwi) in caring for and protecting children. A strong demand emerged for a form of family decision-making that could protect children, yet strengthen families and protect family culture. Following years of work and experimentation, the Children, Young Person's and their Families Act, 1989, made Family Group Conferences a mandatory requirement for serious child welfare cases and for all youth justice cases. The Act used Maori terms and explicitly recognised the Maori concept that a child is the responsibility of its entire group (Levine, 2000). New posts and structures were created to implement this 'new and radical innovation' (Marsh and Crow, 1998, p.39).

The pressures and trends that led to the development of Family Group Conferences in New Zealand were also occurring throughout the Western world, due to changes in societal views of children and families and a growing recognition of professional shortcomings in protecting children's welfare, namely:

- A growing concern about child abuse and the realisation that professional policies and practices designed to help children can actually be harmful

- A concern that policies and services may have taken over the functions and roles which were once carried out by the family
- An increased focus on children and young people's rights, including the right to have a say in what services they receive (Marsh and Crow, 1998).

Legislators in the Western world were attempting to achieve a 'balance' between the protection of children and more inclusive and collaborative practices with families (Nixon, 2002). There was also a growing emphasis on youth crime and offending and a move towards restorative forms of justice. Not surprisingly, therefore, the Family Group Conference approach, which offered a model to address these concerns, was attractive to policy makers and practitioners throughout the western world. At the same time as the New Zealand Act was passed, the Children's Services Department in Portland, Oregon initiated a similar model, the Family Unity Meeting. The first pilot family group conferencing project in Australia was established in 1992, while throughout the 1990's, the model spread to Australia, Canada, the UK, the USA, Sweden, Israel and other countries.

## 2.2 Key Features and Principles of the Family Group Conference

Family Group Conferences are used primarily in child welfare and youth justice. In child welfare, the conference is convened by a Co-ordinator who consults with the child and family about who will attend the meeting. Family members take a lead role in decision-making. All parties must agree to the plan, which should give a strong priority to solutions that keep the child in the community and with family or extended family. In a youth justice FGC, the youth is held accountable for his or her actions and must make reparations to the victim, who is present. The meeting between the offender and offender's family and the victim is designed to counter criticism that victims are excluded from the justice process and to impress upon the offender the human consequences of his or her action (Levine, 2000).

There are four key stages to the Family Group Conference process (Sundell et al, 2001):

**Stage 1:** The Co-ordinator works with the child and his or her family to identify the family network and who they feel should be invited. A date, time and venue for the meeting are agreed. Invitees are notified by writing.

**Stage 2:** At the start of the meeting, professionals outline their concerns, the information they have about the family, their statutory duties and the relevant resources available. Family members can clarify and ask any questions they might have.

**Stage 3:** The family are left alone to plan in private. They must agree a plan, a contingency plan and agree how to review the plan. The Co-ordinator can help the family if needed.

**Stage 4:** The family outlines their plan to the Co-ordinator and Professionals. The plan is discussed, agreed and resources are negotiated. Plans can be rejected only if they place the child at risk. Contingency plans and arrangements for review are also agreed.

Marsh and Crow (1998) outline the following key dimensions of a family welfare conference:

**Clear communication** – the conference must be planned using language and information that is clearly understood by all concerned. All material of relevance to the case must be discussed.

**The concept of 'family' is interpreted widely** – working from the child or young person outwards, family can include nuclear family, extended family and significant others such as neighbours, family friends or other trusted contacts.

**Independent Co-ordinator** – Co-ordinators are in charge of the process, not the input or outcome of the conference. They are not involved in service delivery, nor do they make assessments. They must listen to and support family members.

**Family views are respected, unless there is a risk of significant harm to the child** – Family members and professionals collaborate in making judgements about the risk of harm to the child. But if professionals feel that the family plan poses a significant risk to a child, they can oppose it.

**Build on family strengths and negotiate services** – Services should adapt to suit the families' needs and support their strengths.

**Diversity but conformity** – Conferences should be different because all families are different from one another, but their underlying principles remain the same.

The FGC model emphasises the role of kin networks in the care and support of children. Doolan (2003) draws attention to research findings which indicate that children placed in kinship care have greater placement stability, higher levels of satisfaction with their placement, are as safe as children in foster care or have lower levels of re-abuse and have better contacts with their parents, siblings and wider kin community. Nixon (2002) argues that despite research evidence that highlights its value, children's kin networks are the most neglected source of care and support for children. While there are positive findings, a synthesis of research on kinship family foster care undertaken by Cuddeback (2004) suggests that there are significant gaps in research in relation to kinship care and that the research 'has produced more questions than answers' (p.633).

While the FGC model was developed for children and young people in social services and youth justice, it is considered to have applicability in a wide range of sectors, including the education system (Burke, 2003), with older people and in the disability sector.

### **2.3 Family Group Conferences in Juvenile and Restorative Justice<sup>3</sup>**

Central to restorative justice is an understanding of the relationship between crime and social control. The approach involves bringing together the offender and his / her supporters and victims of the crime, with his or her supporters, under the supervision of a Co-ordinator. The psychological, social, economic and emotional consequences are described. The Co-ordinator strives to bring out forgiveness for the offender throughout the conference. Once suitable redress and apology have been made, the criminal can be reintegrated into society.

Braithwaite and Mugford (1994, p.141) make the point that identities are a social crucible - the vision that an offender holds of himself as a 'tough guy' or that victims have of him as a 'mindless hooligan' are challenged, altered and recreated. While degradation ceremonies are about the sequence 'disapproval – degradation - exclusion', reintegration ceremonies are about the sequence 'disapproval – non-degradation – inclusion'. Countries, such as Japan, with low levels of crime adopt this approach, while countries with high levels of crime, such as the USA, focus on stigmatising the criminal (Braithwaite and Mugford, 1994).

### **2.4 Theoretical and Conceptual Basis of Family Group Conferences**

The Maori concept that the child is the responsibility, not only of its birth family, but of its entire group was the basis for the model's design. The principles underpinning the FGC model are related to theories that underpin and inform child welfare interventions, such as the ecology of human development, person-environment practice, strengths based practice and social support and social network theory. Together these theoretical leanings and practice approaches constitute core principles of 'family support'; a way of working with children and families that emphasises informal networks, flexibility and partnership.

#### *Ecological approach*

Urie Bronfenbrenner's work on the ecology of human development (1979, p.2) stresses that the nested environments of home, school, extended family, workplace and state institutions each influence each other, and can each be considered a source of help. The frame of reference for Family Group Conferences is very much family ecology, 'an orientation to child-in-family-in-network-in-community' (Campbell, 1997, p.5). This ecological leaning represents somewhat of a paradigm shift for social services, who traditionally emphasise the

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<sup>3</sup> While some reference is made to youth justice cases, this literature review relates mostly to family group conferencing for child welfare cases rather than youth justice, as child welfare is the key focus of the WHB pilot project.

responsibility of the nuclear family in relation to the child and provide relatively little attention to the extended family (Marsh and Crow, 1998). The FWC approach involves extending the concept of partnership. According to Campbell (1997, p.5), some of the features of this ecological approach are:

- The family is defined *inclusively*, incorporating kith and kin and the child is not seen as exclusively as within the domain of the parent.
- Families are presumed to be *concerned about* and *responsible for* dependent members of the family.
- Families are regarded as *sites of resources* to be deployed in the interests of the child, resources which the family can decide how best to deploy.
- Family members *receive and process information, formulate* protective plans and *seek* from agencies the promise of resources. Effectively, they take on the roles normally undertaken by professionals in child care planning.
- Clients *actively participate* in decision-making and in the process of change.

Kemp, Whittaker and Tracy (1997) built on Bronfenbrenner's theory to develop the theory of person-environment practice. Family Group Conferences embody the principles of person-environment practice, an approach which views clients' neighbourhoods, networks and communities as primary sources of support, mutual aid, resources and connection (Kemp et al, 2000). This practice aims to promote personal and social empowerment through sustained attention to issues of partnership, participation and power, particularly as these are expressed in the relationships between client systems and professionals. It recognises resources and strengths in people and communities, seeking to build on these and reduce the risks in the person's environment. The person-environment practice commitments to harnessing resources and strengths in the social ecology of clients, to collaboration and partnership, and to well-specified but flexible interventions that build efficacy and agency – come to life in practice in the FGC model.

### *Family Strength and Empowerment*

Unlike traditional state responses to child abuse, neglect or offending, wherein the state acts to usurp the rights of families, the FGC model gives responsibility to the family group to respond to their family difficulties or child's offending (Morris and Maxwell, 1993). Jackson and Morris (1999) argue that FGCs must be placed within an understanding based on a 'family strength' and not a 'family deficit' model. Child care traditionally works from a 'deficit model', wherein when things go wrong, the family is seen as having failed to make the right decisions for their children. Usual models of decision-making involve a culture of professional control and 'expertise', whereby professionals are assumed to 'know best'.

Greater importance is afforded to professionals' opinions about families than families' opinions about themselves (Ryburn, 1991). By contrast the FGC seeks to involve wider family and begins from a strengths perspective. The model does not ensure that families act in ways professionals would advocate – the family deals with the problem in a way that reflects its own particular culture, style and history (Jackson and Morris, 1999).

The 'empowerment' of families to make decisions about the care and welfare of troubled and troublesome children and young people is one of the core objectives of the FGC model, but the concept of empowerment is open to variable definitions and interpretations. For different political groups, the concept of empowerment and FGCs can have both liberatory and regulatory functions. Empowerment can mean shifting power from the state to families, encouraging participation, building capacity and encouraging self-efficacy. Within a context where resources are being cut, on the other hand, FGC's can be associated with social control instead of participation and community-building. They can be seen as an opportunity to 'squeeze' resources out of families. Jackson and Morris (1999, p.622) make the point that government support for the FGC model could be interpreted as 'manage yourselves or the state via the courts will intervene'. Thomas (2000) asks if families may be pushed into taking responsibility for problems which they are ill-equipped to deal with.

The concepts of inclusion and partnership are also emphasised by consumer movements that emphasise user control, choice, quality services and value for money; concepts that are embraced by both right and left. The rights of children to have a say in decisions affecting them is upheld by the UN Convention on the Rights of the Child. The FGC model can be seen as a means of operationalising children's rights to have a say over who is involved in decision-making in relation to their care and welfare.

### *Social Support and Social Networks*

Family Group Conferences attempt to increase involvement of family members in offering social support to their kin. The link between social support and general well-being has been documented, with parenting particularly identified as a life role that requires various types of social support (Fuchs, 2000). Gardner (2003) in a large study of family support needs in the UK found that the greater the informal support network, the lower the degree of difficulty parents perceived as regards vulnerability, stress and ill health. Conversely, the weaker their informal network, the greater their degree of difficulty. Many occurrences of child maltreatment can be traced either directly or indirectly to lack of social support in the parent's environment (Lugtig and Fuchs, 1992). Thompson (1995) identified the functions of social support as:

- *Emotional Sustenance*: The sense that one is not alone and that others are 'on your side' in coping with stress can enhance confidence and provide outlets for the release of tension and anxiety.
- *Counselling, Advice and Guidance*: Support can provide the recipient with guided direction in challenging life events.
- *Access to Information, Services and Material Resources*: Support agents can act as brokers between the recipient and others who can provide tangible aid.
- *Skill acquisition*: Social network members may assist in personal or job related skills, parenting or financial planning.

Much current research on social support highlights the importance of understanding the social ties that constitute the social milieu in which families live, draw their support and become at risk of abuse or abusing (Fuchs, 2000). In Family Group Conferences, there is a consistent effort to work with the child and parents to discover who might be included within a wider definition of family, in order to expand the sources of nurture and restraint impinging on the parent–child dyad (Campbell, 1997). The FGC model is a social network intervention in that the person's social support network is *identified* and the network is *facilitated* to meet and plan. Helping resources are identified among network members and areas of need are assessed. Fuchs (2000) argues, however, that while the FGC model highlights the importance of informal helping, it does not provide a great deal of attention to assisting in the assessment of the level of stress / support / risk that exists within the social networks of families at risk of child maltreatment.

The mobilisation of social support for youth in adversity is a prominent feature of youth justice conferences. In an Irish study of adolescents experiencing adversity, Dolan (2004) found a correlation between perceived social support and mental health, and between having a variety of supporters and better perceived wellbeing. Braithwaite (2001) contends that traditional approaches to youth problems such as truancy, bullying and unemployment fail because they approach young people as isolated individuals. Initiatives that pay attention to the role of personal contacts, social bonds, trust and relationships, that build trust and social intelligence, are more successful. Braithwaite contends that an institutional infrastructure that fosters the emergence of social support is likely to enrich civil society, as it educates young people in how to seek and give support. Restorative forms of justice seek to assist youth in the context of their communities of care.

## *Community*

Some question, due to the move away from traditional family and community forms in today's society, whether family, kin and community networks are sufficiently strong for the FGC model to work. Nixon (2002) argues that it is the quality of relationships that are key to the well-being of children, rather than family and community structures, and the FGC model includes family members with whom the child and parents have strong links and relationships. Likewise, Braithwaite (2001) contends that the community in late modernity is fragmented across space, but it exists. Family Group Conferences and youth justice conferences appeal to the network members' sense of responsibility, personal commitment to and quality of relationship with the child and family. Family members or respected friends may live in other places, but their importance to the child still holds. Braithwaite stresses that when supporters are invited to attend meetings, they generally come; the reason being that they have been singled out as somebody the young person respects and admires. He argues that 'community' fails with initiatives such as neighbourhood watch, but succeeds with a restorative justice conference because it is an 'individual centred-communitarianism' (p.241).

## *Family Support*

The family welfare conference approach indicates a shift in emphasis towards community and family as a site of and a key resource to intervention. In more general terms, these approaches can be located within family support, an emerging global movement in child welfare (O'Brien et al., 2004). Among the key principles associated with this movement are: an emphasis on positive reinforcement for informal social networks with reduced emphasis on professional led intervention: a positive view of family strengths and capacities; partnership among children, families, and professional agencies; maximum accessibility and flexibility in service provision; and a commitment to the involvement of children and families in service planning, delivery and evaluation (Pinkerton et al, in press).

### **3. Implementation of the Family Group Conferencing Model: Issues Emerging in Practice**

Literature on Family Group Conferences emphasises a range of challenges and issues encountered in their implementation. This section reviews research and commentary in relation to six key issues, namely;

- Legal status and its impact on development of FGCs
- Achieving empowerment within a bureaucratic system
- Place in the System

- Acceptance and usage by professionals
- Power dynamics within families
- Follow-through and resourcing of plans.

### **3.1 Legal Status and its Impact on Development of Family Group Conferences**

According to Doolan (2001), FGC's can be seen as operating from a number of different bases;

- *Legislative* – the model is enshrined in law and procedures and principles are specified to guide practice.
- *Procedural* – the guiding principles are enshrined in procedural requirements to implement the conferences in a certain manner.
- *Best practice* – staff are encouraged to adhere to the principles of 'best practice' and are gatekeepers in relation to how the model develops.

In New Zealand, FGC's operate from a legislative framework, while a number of other states have introduced a legal basis for the model (Marsh and Crow, 1998). While in Ireland, the Children Act 2001 places statutory responsibility on various agencies for the operation of FWC's, these parts of the act have not yet been brought into operation. Thus, FWC's in Ireland have, to date, developed from a best practice model.

The national base from which the model develops has an impact on how it is integrated into the child welfare and youth justice systems in that country, as the contrasts between the New Zealand and UK situations illustrate. In New Zealand, FGC's are mandatory in all child welfare and youth justice cases, and have replaced case conferences as the model of decision-making (Hassall, 1996). While the principles of children's rights and partnership with families were reflected in the philosophy underpinning the UK Children Act, 1989, the UK government, despite support for the model, made it clear that FGC would not replace child protection conferences, where relevant criteria are met. In the absence of a legal basis or official policy in relation to the model, it was promoted by a voluntary organisation, the Family Rights Group, relying on the initiative of enthusiastic practitioners and managers to implement it (Brown, 2003). Ten years after its introduction to the UK, 38 per cent of all councils had established a family conference service or project. Many of the original pilot projects had become established, while the rate of establishment of new projects slowed down. Evidence suggests that even in the councils where projects do exist, the degree to which it is embedded in day-to-day practice remains limited. Families cannot ask for a conference, they must rely upon their social worker to suggest it. Brown concludes that family group conferencing remains on the 'margins of practice' (2003, p.338). Yet, Brown

acknowledges that incorporating the model into legislation can lead to difficulties, in the sense that the model's potential may be undermined through incorporation into the existing professionally dominated system.

### **3.2 Achieving Empowerment within a Bureaucratic System**

A key concern expressed in literature relates to how the values and principles of the FGC model can translate and survive in a bureaucratic, hierarchical welfare organisations (Lupton, 1998; Jackson and Morris, 1999, Pennell, 1999). One of the key questions in implementation is - can professional decision making models and family decision making models co-exist? According to Campbell (1997), the case conference model is based on a social control or bureaucratic perspective, while the Family Group Conference model is located in a family ecology perspective. Pratt (1993) argues that it is impossible to fit a restorative process into an essentially punitive and retributive system. He questions whether it is appropriate to introduce an element of a radically new system without the means to ensure the necessary philosophical changes to ensure its effectiveness.

Pennell (1999) highlights that, like other alternative approaches that are adopted by mainstream institutions, family group conferencing faces significant pushes away from its core principles and processes and pulls toward systemic goals of maintaining control, meeting regulations, containing costs and avoiding litigation. The refocusing debate has sought to move services away from the reactive, investigative models of intervention to ones that are more proactive and supportive to families. Because of the anxiety involved in the transition, attempts at change have sought to maintain existing models of intervention, while developing different but connected models. Nixon (2002) argues that this 'twin-track' approach has proven costly to implement and has given confusing and often contradictory messages to families and professionals.

The FGC process requires an explicit commitment from statutory decision-makers to relinquish control and allow families to decide. However, Swain and Ban (1997, p.44) warn of the danger that the family may be 'subtly coerced towards a 'preferred' outcome' by friendly and informal professional staff. There is also a danger that the empowerment principles underpinning FGC's may be reduced, and could be viewed as a tool or gizmo that is 'used on' families, rather than a set of values and principles that should inform all work with children and families (Lupton, 1998, Nixon, 2002). Kemp et al (2000) suggest that family group conferencing models need to be connected to clearly articulated practice approaches that, in all parts, support client empowerment. Practitioners involved should be

able to identify the links between this 'potent but delimited strategy and a larger philosophy of practice' (p.84).

Swain and Ban (1997) make the point that care needs to be taken to ensure that the outcome is not merely a process that 'looks like' family decision-making but in reality is the same statutory decision-making under the guise of participation. Skilled information giving is crucial - professionals must provide sufficient information to empower families to make the best use of their private decision time and yet not confine the families' options for imaginative solutions (Marsh and Crow, 1998). The importance of skilled facilitation and for the facilitator to be independent of both statutory and other non-governmental agencies, was acknowledged almost universally by agency participants in Swain and Ban's (1997) Australian study. For Kemp et al (2000, p.83), the key challenge lies in accurately determining how best to supplement valuable informal resources and strengths (i.e. care giving, mutual aid, cultural identity) with relevant external resources (e.g. financial supports, access to opportunity structures).

The degree of power that families have in relation to the overall process, not just their own conference, is also questioned. Nixon (2002) argues that, to date, the development of FGC's has been professionally-led. He believes that steps must be taken to involve families, users and the community in the design and development of the FGC approach, which means providing wide ranging representation on planning forums and ensuring communities have a voice.

Connolly's (2004) New Zealand research into how practice has changed during 15 years of FGC suggests that while legislation supports a family-led process, practice slippage towards professionally led processes is apparent. Practice positioning along the ideological continuum from family driven process can be influenced by subtle changes as practice matures, with the result that drift occurs towards a professionally driven model. For example, at the start the family decided the date, time and venue of the conference, but over time choices were made by professionals to suit their own schedules. Some Co-ordinators even reported that they are present during private family time. Frequent changes of staff can contribute to this process, which Connolly believes must be addressed through ongoing training.

### **3.3 Place in the System**

In New Zealand, FGC's are the primary instrument of decision-making in all child welfare and youth justice cases. In England and Wales, they are primarily used for cases with a

lower level of risk. Jackson and Morris (1999) consider the reluctance to embrace FGC's at more intense level of risk as revealing the depth of the deficit model inherent in much work with families in both child welfare and youth justice.

Marsh and Crow (1998) found that family welfare conference projects in the UK faced a number of challenges in trying to introduce Family Group Conferences into child protection procedures. Attempts to create a role for family welfare conferences (either prior to or subsequent to) child protection case conferences was found to be too demanding a task, for reasons such as; resistance to the model from some; a reluctance to overturn existing procedures as part of a 'pilot' project; senior management support for the model was not always available; attempting to change high profile child protection policies and procedures could jeopardise the whole project. It was also felt that it might be more appropriate to prove the model on more 'straightforward' cases first. Once confidence in the model had been established, an increasing emphasis on child protection work was then developed.

In the UK, the Department of Health Guidance (1999) stipulates that an FGC cannot replace a case conference, when the criteria for holding a case conference exist. In a research study conducted by Brown (2002), few families who were in the case conference system opted for an FGC also, as they saw this as unnecessary duplication and felt they had limited power to influence the professional viewpoint.

### **3.4 Power Dynamics within Families**

Thomas (2000) argues that empowering a family is not a straightforward matter. There may be differing individual interests within families. The model may reinforce patriarchal power structures or give unmerited influence to relatives in relation to what could be a private family matter. Children may be silenced or empowered by the conference experience. Thomas argues that to enquire about the impact of Family Group Conferences on power relationships in families is to enquire how families are defined and what is their purpose.

Swain and Ban (1997), in answer to their query regarding whether a family based approach should be used within all families, regardless of the nature of the alleged abuse or the nature of family difficulties, found in their study in Victoria, Australia that all families were capable of agreeing satisfactory protective arrangements for their children, providing concerns and boundaries were clearly stated.

### 3.5 Acceptance and Usage by Professionals

The model represents a considerable shift in attitude in how families are viewed and it challenges the traditional role played by professionals as decision-makers (Brown, 2003. p.338). To gain full acceptance, the 'hearts and minds' of professionals have to be won over to its merits.

Sundell (2000) found in Sweden that the role of social workers and their attitude to it was crucial in determining the extent to which the model was used in practice. Nixon (1998) found that despite attempts to embed Family Group Conferences into local practices and procedures in the UK, social workers maintained the power to refer (or not) to the FGC Project. Nixon (2002) highlights concerns that FGC's have been interpreted by professionals as an intervention of last resort, used when all else has been tried, to 'rubber-stamp' professional ideas.

Social workers in Marsh and Crow's (1998) study acknowledged the model's difference, its potential for empowerment and its value in their work. Yet, a third of social workers chose not to use the model - it just did not seem appropriate for "their" families. Some UK authorities have set criteria for referral, while others leave it up to the social worker. Comparison of data from both types of referral process indicates that set criteria and accompanying compulsory referral increased the proportion of social workers referring from 60 to 80 per cent. Social workers reported that using the set criteria was more acceptable if they had been involved in devising the criteria, and that it resulted in the involvement of some 'unsuitable' families in the process, but it also included families they would not have thought of as suitable, but who managed the process quite well (Marsh and Crow, 1998).

Sundell et al (2001), in a study of social workers attitudes to FGC's in the UK and Sweden found that approximately three out of four social workers in both countries were in favour of the model. Yet the number of referrals in both countries was almost exactly the same, with more than half of social workers failing to make a referral over an 18-month period. In response to their question why a positive attitude to FGC's was not accompanied by a higher rate of referral, one explanation put forward by the authors is that social workers are reluctant to share decision-making because they bear the burden of final responsibility for individual child protection cases and are fair game for media, being 'damned if they do, damned if they don't' (p.334). In other words, social workers may be enthusiastic about FGC's but in complex cases of child protection, concern for their professional accountability may override their wish to use the model. If this hypothesis is correct, the authors conclude, policy makers must offer a clear commitment to safeguard individual social workers against

scapegoating, for example, if FGC plans fail. Also, if the model was given greater sanction in legislation, rather than just being used alongside existing procedures, professionals may be in a better position to act on their belief that the model is a key to more effective partnership between families and the state in child protection.

Gallagher and Jasper (2003) explored the FGC experiences of four health visitors in England, to identify their perceptions of the approach with a view to making recommendations in relation to good practice. The authors found a tension between theoretical perceptions of FGC's held by health visitors and the experience gained through attendance. While the respondents believed in the premises of empowerment, participation and self-reliance, they had not witnessed it being facilitated effectively. While respondents felt that family ownership is essential to decision-making, concerns were expressed about the family capability to make decisions, particularly in cases where there is severe family conflict. The health visitors had not received training in FGC's, and were concerned about presenting information in an appropriate manner. There was also concern about the lack of formal review procedures, and that in some cases families were poorly prepared. Health visitors also felt unsure about confidentiality and sharing information with the wider family and felt that the informality of FGC's 'jeopardise inter-agency working' and leave professionals feeling vulnerable. Where FGC's replaced case conferences, there were heightened feelings of responsibility for the child's protection.

### **3.6 Follow-Through and Resourcing of Plans**

In New Zealand, the conference decisions are binding upon statutory interveners. There is a risk, in countries where this is not the case, that family decisions may be ignored, overridden or that resources will not be made available (Swain and Ban, 1997). Swain and Ban (1997) argue that if family decision-making is to really change power relationships between families and statutory agencies, commitments made at the FGC must be met and the community supports required to ensure the best care arrangements for the child must be available. While the model may be attractive to governments on the basis of potential cost-savings, Swain and Ban argue that accessible community resources are essential to make it work. Marsh and Crow (1998) also note that a strategy for the implementation of conferencing works best if it includes a package of family support measures. The assumption that family decision-making will reduce costs may be short sighted.

Pennell (1999) contends that the funding issue poses the greatest challenge to achieving outcomes from the FGC process. Her study of the Newfoundland and Labrador project found that families felt betrayed when child welfare closed their cases once the crises were

over but before all plans resolving concerns were complete. She contends that the FGC's should not be restricted to officially mandated areas – rather, the model should be about partnership building to resolve concerns. Jackson (1998) found that FGC Co-ordinators did not consider that the professionals provided sufficient information about available resources, nor were promised resources appropriate or forthcoming.

In assessing whether FGC plans have been implemented, Marsh and Crow (1998) distinguish between whether the overall intent of the plan was adhered to (i.e. to keep the child at home) or whether the details of the plan were carried out as specified. They opted for an assessment of the general intent of the plans due to the fact that family circumstances change and evolve over time. Also, there is no evidence that every detail of case conference plans are implemented, so it would be unfair to judge FGC's against a 'theoretical scale of success that bore no relations to the workings of the real world' (p.148). A broad comparison highlights that Family Group Conference plans were implemented at about the same rate as other plans.

#### **4. Findings from International Evaluation Studies**

A body of small-scale evaluations suggest that family group conferencing works, but many of the research reports have focused upon process issues and / or people's perception of positive change (Brown, 2003). It is acknowledged that the widespread popularity of FGC's rests more on procedural and implementation data than on outcome evidence, and that there is a strong need for research on long-term outcomes (Sundell and Vinnerljung, 2004; Lupton and Nixon, 1999). Sundell and Vinnerljung (2004) assert that there is still no firm evidence that FGC either produces better outcomes for children and young people or that it represents better use of resources.

##### **4.1 Process and Procedural Studies**

Marsh and Crow (1998, p.96) conclude from a review of international research, that, 'in common with most child welfare practice, there are still many issues to resolve, but certainly the international evidence is that the development of Family Group Conferences is involving the right people and making the right decisions in many areas of child justice'. Some of the key themes and findings emerging from international research include the following:

- Families generally support the conferences, as do practitioners, and conferences have gained a wide range of family attendance. Ninety per cent of families in a Canadian study agreed that it was the right people making the decisions (Pennell and Burford,

1995). 86 per cent in Lupton's study found is 'very good' or 'good in parts'. O'Brien (2000) in the ERHA study found that families were willing to become involved and were capable of coming up with acceptable plans. The respondents reported that they had felt listened to and, thereby, had more ownership of what emerged.

- The average number of family members attending conferences in Australia and New Zealand has been around six. There is a wide range in attendance, from quite small up to 19 members.
- Preparation took an average of 3.5 weeks in Canada and longer in New Zealand.
- The majority of conferences reach agreement between families and professionals. In New Zealand, an average of 92 per cent reach agreement (The Mason Inquiry, 1992).
- Families generally decide who attends, but FGC Co-ordinators could include or exclude particular persons, if their attendance was thought to be essential or potentially disruptive respectively (Swain and Ban, 1997).
- The attitudes and skills of Co-ordinators were found to be crucial in the success of the conference (Pennell and Burford, 1995, Swain and Ban, 1997; Gallagher and Jasper, 2003). O'Brien (2000) highlighted that the main Co-ordinators skills required are negotiation, diplomacy, tactfulness and having an ability to resolve conflict. Knowledge of the statutory agency, families and inter-agency collaboration were also seen as vital.
- Shore et al (2001) found that families requested a combination of 'traditional' services and family specific strategies. Traditional services, typically seen in care plans, included mental health services, substance abuse treatment, behavioural interventions and housing resources. More family specific strategies included providing transportation, financial assistance, supervised visits, emotional support, contributing to home improvements and help with school tuition and long-term placement. Plans from the conference still result in a substantial welfare involvement (Robertson, 1996).
- Sundell and Vinnerljung (2004) found that families frequently revised the questions that social workers asked them to address. For example, the amount of family plans that dealt with the issue of substance abuse was almost double the amount requested by social workers. This confirms an assumption of the model, that family members will contribute information and insights that the professionals may not have.
- Pennell and Burford (1996, p.217) said that the formal approval of plans by welfare authorities 'generated a sense of family pride and heightened family members senses of control over their lives.' When family members expressed dissatisfaction, it was because the authorities had not followed up on plans made in the FGC.

While evaluations of the model have taken place in New Zealand (e.g. Paterson and Harvey, 1991; Maxwell and Morris, 1993), the absence of a comprehensive monitoring process and

accurate data relating to before and after the implementation of the model in New Zealand represents a 'lost opportunity' for policy evaluation (Marsh and Crow, 1998, p.90). Overall, the New Zealand experience is that FGC decisions are good for children. Patterson and Harvey (1991) reported significant decreases in out-of-family placements for children.

Thomas (2000), on the basis of a small scale evaluation, states that there is little doubt that the model can be effective in enabling families to assume more control over their own lives. He believes that the effect on power relationships may be substantial, if supported by resources. However, given the complexity of the issues involved, there is a need for research which compares outcomes from FGC's with outcomes from other decision-making processes in terms of children's welfare. Thomas believes that many professionals will require this evidence before they have the confidence to make the model work in practice.

## **4.2 Outcome Studies**

Follow-up data on child and family related outcome after FGC's have been presented in a small number of studies, but are not easily compared due to different methodologies, legal / social construct, different samples and comparison groups and varying follow-up time (Sundell and Vinnerljung, 2004). However, such studies have generally found more positive outcomes for FGC clients than for comparison groups. Marsh and Crow (1998) found that, while reunification rates for children placed in out of home care were no higher than for non-FGC children, FGC participants were more likely to have moved to members of the extended family. In addition, a larger proportion of children reunited after FGC's tended to stay at home, not re-entering care.

Pennell and Burford (2000), in Labrador and Newfoundland, found declining child maltreatment rates and reduced levels of domestic violence after FGC's, using comparisons with a control group. Shore et al (2001) in Washington State concluded from their study that immediate and long-term outcomes of the FGC process suggest that children were protected and the family unit was honoured. The extended family offered a tremendous amount of support.

Marsh and Crow (1998, p.156) asked social workers 'what would have happened if there had not been a Family Group Conference?', which, while not definitive, highlights possible alternative outcomes for the children involved in the FGC. For almost half the children, the outcome was thought to have been the same as with no conference, but that the conference brought the increased advantage of family involvement and support. It was thought that a fifth of the children would have become 'looked after'. A number of children avoided further

child protection and / or court proceedings and there were the advantages of early deregistration and the increased protection of children. The clear message from social workers was that, for the majority of children, the plans made at FGC's led to better outcomes for the children

In relation to youth justice conferencing, Braithwaite (2001) highlights, in a dozen studies, that participant satisfaction and perceptions of procedural fairness, effectiveness, respect for rights and equality before the law are higher in conference than in court. Burford and Pennell's (1998) study of adult family violence conferences found more substantial reductions for conference families compared to control families in 31 problem behaviours, ranging from alcohol abuse to violence against wives and children. Abuse / neglect incidents halved in the year after the conference.

The longest long-term follow-up study on FGC's published to date is by Sundell and Vinnerljung (2004), who tracked the outcomes of the FGC process in Sweden after three years, through use of a comparison group of children who were subject to traditional child protection investigations. The authors advise caution in viewing the results, due to the methodological difficulties associated with the research, including inability to control for background variables and varying quality and detail of case narratives. Families that took part in FGC's tended to have had more serious problems than average child protection cases, but also had many similarities, including neglect, physical / sexual abuse and demographic profile. While positive feedback in relation to the FGC process confirms other international research findings, the three-year follow-up does not confirm general expectations in relation to long-term outcomes of the FGC model. Some of the findings were:

- The FGC's slightly increased the proportion of reports coming from the extended family during the 3 years of follow-up. More FGC children were also cared for within the extended family (22% compared to 3% in the comparison group).
- FGC children received on average more services than the comparison group and were more often placed in foster or residential care than traditionally investigated children.
- Significantly more children were re-referred to the child protection authorities during the 3 year follow-up period. More FGC children than comparison children were re-reported for abuse.

The author's surmise that while plans formulated by family might be correct in theory, the implementation of the plan may fail to be effective due to poor quality of provided services. There were some indications that extended family may not have lived up to their part of the agreement, raising the question of whether child welfare attempts to mobilise informal

networks of children at risk can make a lasting difference. It may also be the case that the small differences in outcomes may be attributed partly to the fact that families in the non-FGC group may have received support, as per normal, from their kin network. Sundell and Vinnerljung (2004) also raise the possibility that the strong paternalistic welfare state and values of social control may make Swedes unfamiliar with participation in child protection decision-making processes.

Sundell and Vinnerljung (2004) conclude that while their results do not verify the presumed superiority of FGC's, neither do they disqualify their use. High consumer satisfaction, increased transparency and higher rates of placement with the extended family support the model, while discouraging results may be accounted for by poor service provision, which is not a fault of the model in itself. Further outcome studies are needed to develop a fuller analysis.

## **5. Family Welfare Conferencing in Ireland**

Having gained an overview of the international themes, issues and research relating to FGC's, this Section focuses on the Irish context, in particular;

- Current Policy and Legislative Basis for FWC in Ireland
- Findings from national pilot studies
- Findings from research studies in the Western Health Board region.

### **5.1 Current Policy and Legislative Basis for FWC in Ireland**

The Children First policy guidelines in relation to child protection suggest that a Family Group Conference' model may be a useful mechanism for drawing up a family support plan (Children First, 1999).

The Children Act (2001) makes provision for three separate types of family welfare conferences, although the relevant sections of the act have not yet been brought into operation:

- *Family Welfare Conference* is the term given to the conference that the Health Board has statutory responsibility to convene under Section 7 and 77 of the Children's Act. A conference can be called as a result of a referral from court, family referral or on a Health Board's application for a Special Care Order or possibly 'in a child's best interests'. The purpose of the conference is to resolve a care and protection issue before the courts or as a preventative strategy with a child.

- The Juvenile Liaison Officer services have responsibility to provide a ‘*conference*’ under Sections 29 to 43 of the Children Act. This can be called at the discretion of the arresting Garda. The primary focus of the conference is to end the child’s cycle of offending, the causes of involvement in crime and to make restitution to the victim. The JLO is present when the family are formulating the plan.
- The Probation and Welfare Service can provide, following referral from the courts, a ‘*Family Conference*’ under sections 78 to 87. The purpose is to end the child’s cycle of offending, the causes of involvement in crime and making restitution to the victim. The plan must be ratified by the court.

According to O’Brien (2002), use of three separate labels for conferences is viewed as potentially confusing and a weakness in the legislative framework.

The principles or process by which FWC’s are to be organised are not outlined in the legislation or in Children First, giving Health Boards and other services the flexibility to introduce models based on best practice recommendations emerging from international research and Irish pilot studies (O’Brien, 2002).

## **5.2 Findings from National Pilot Studies**

The first Irish pilot FGC project arose as a result of a visit made by the Minister of State at the Department of Health and Children to New Zealand in 1998, where he learned about the workings of the FGC model. At around the same time, the new Children’s Bill was being developed by the Minister for Justice, Equality and Law Reform and consideration was being given to the introduction of Family Group Conferences as a means of early intervention for vulnerable young people. A three-year pilot project was initiated in the then Eastern Health Board (now East Coast Area Health Board) to establish whether the use of FGC’s can:

- Strengthen families capacities to provide for and manage their troubled and troublesome young persons
- Satisfy professional and / or professional concerns about the young persons involved
- Result in outcomes unlikely to have been achieved through traditional provision
- Be cost effective.

The evaluation report of phase one of the first Irish three-year pilot related to 19 referrals and 10 conferences (O’Brien, 2000). The evaluation concluded that FGC’s are an effective means to include and facilitate families in planning for, and thereby strengthening their capacities to provide for and manage their children. Families were willing to be involved and

were capable of coming up with acceptable plans. The model required little adaptation for use in an Irish context, though the challenge lay in finding the fit between the model and the context in which it was applied. The study found it difficult to measure outcomes due to the short timescale of the pilot and complex family and professional networks.

Arising from the findings of this first pilot project, a pilot was implemented by the Mid-Western Health Board in 2001 to examine the applicability of Family Group Conferences as a means of improving the management of child protection concerns. The evaluation provided evidence that the FGC can optimise family placement for children and tap into the family's ability to draw up a protective plan for children (O'Brien, 2002). The positioning of FGC as a complementary approach within current processes was identified as the key to working out the fit between FGC and the child protection system. FGC should not be seen as a 'once off' event but as part of the ongoing process. O'Brien presented a number of possible means in which FGC's can be used in the child protection system.

In 2001, The North Western Health Board initiated a pilot project, with a FGC Manager and two part-time Co-ordinators. Some of the outcomes of the first 25 conferences, as outlined by Cullen (2003), were:

- Of the 25 conferences convened, 15 per cent avoided children being taken into the care of the Board. Thirty per cent transferred or discharged children from the care of the Board back into the care of their family networks. The remaining 50 per cent supported the care of children within their existing families.
- Of the 25 families who participated in conferences, 6 children from four different families avoided being taken into care and 14 children from seven other families were transferred or discharged back to the care of their family networks.

A restorative justice pilot project, run by the Garda Siochana, commenced in 1999 and was evaluated by O'Dwyer (2001). A total of 68 cases, involving 96 offenders were held up to the end of August 2001. Of the cases examined, 79 per cent were judged to be highly or very highly successful overall. Over a quarter of young offenders re-offended within the time scale of the study. O'Dwyer recommended that a control study be undertaken to compare outcomes for 'restorative' and 'non-restorative' cases.

### **5.3 Findings from Research Studies into FWC in the HSE Western Area, Counties Galway, Mayo and Roscommon (formerly Western Health Board)**

Tummon (2004) undertook a small-scale research study in the HSE region for submission in part fulfilment of a BA in Social care. She interviewed six families and did a focus group with three Co-ordinators. The research indicates that:

- Families appreciated the model, felt it was family-oriented and a context in which families could address their issues.
- Information provision helped to clarify the issues and avoid mis-communication.
- Families felt comfortable with and supported by the Co-ordinator.
- The FGC model was felt to be more flexible compared to the traditional child welfare conference.
- A clear message of satisfaction was expressed by families in relation to the model.

Three of the six families expressed some dissatisfaction with the follow up resources. Furthermore, the findings suggested that one review may not always be adequate for families as there can be areas of concern which re-emerge and families sometimes need support or reassurance to continue with a changed plan.

The study concluded that families who are adequately prepared for a family meeting are more than capable and willing to put a plan in place to meet the needs of their children. The findings suggested a need to continue into a more holistic approach to families in family welfare and to expand the FGC model into a more community based model.

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Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Facilitating Family Decision Making:  
A Study of the Family Welfare Conference  
Service in the HSE Western Area**

**(Galway, Mayo and Roscommon)**

**REPORT 2 OF 3**

**Implementation Report**

**August 2004**



**Bernadine Brady**  
**HSE / NUI, Galway Child & Family Research and Policy Unit**

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## **1. Introduction**

The HSE Western Area (formerly Western Health Board) Family Welfare Conference Service (FWC) commenced operation in 2002. The aim of the service is to establish a means by which a family can join with its extended family and friends to develop a plan to protect and support the child/ren of the family. The family is given private time to reach a plan to facilitate the safe care and protection of a child or children in need<sup>4</sup>. The Service is staffed by three Co-ordinators; one each for the counties of Galway, Mayo and Roscommon.

This short report describes the early development of the service and outlines the key statistics in relation to the service up to the end of August 2004, including number of referrals; conferences and reviews; referral sources; referral reasons; number and ages of children concerned; costs of conferences; average Co-ordinators time per conference; conference venues and other information. The summary statistics are derived from information supplied to the researcher by the three Family Welfare Conference Co-ordinators.

Together with a literature review in relation to Family Group Conferencing, this report represents phase one of the evaluation of the FWC service in the HSE area, being undertaken by the HSE / NUI, Galway Child and Family Research and Policy Unit. The findings of phase one will help to inform the design of phase two of the evaluation, which will involve in-depth research and analysis of the family welfare conference service.

## **2. Establishment of the Service**

The Children Act (2001) makes provision for three separate types of family welfare conference. Under Sections 7 and 77 of the Act, Health Boards will have statutory responsibility to convene a family welfare conference to resolve a care and protection issue or as a preventative strategy with a child. In the HSEWA, three Children Act Service Managers have responsibility for the development and management of services called for under the Children Act, 2001, including the family welfare conference service. As the relevant Sections of the Children Act have not yet been brought into operation, the Family Welfare Conference Service in the Western Health Board is run on a best practice, rather than a legislative basis.

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<sup>4</sup> Source: Family Welfare Conference Service, Policy and Procedures Manual, Western Health Board.

The Galway Family Welfare Conference Co-ordinator commenced employment in October 2001, while the Roscommon and Mayo Co-ordinators took up posts in January and February 2002 respectively. The early development of the service involved the following steps:

- Jim McGrath, Netcare Consultancy provided six days training on co-ordinating a family welfare conference. Sixteen people took part in the training, including the three FWC Co-ordinators, Children Act Services Managers and other professionals with an interest in the model.
- Contacts and relationships were developed with statutory, community and voluntary organisations, which involved raising awareness of the service and its potential as a resource for families experiencing difficulties.
- Co-ordinators familiarised themselves with the body of research literature on Family Group Conferences.
- Policies and procedures for the service were developed in line with best practice identified in other areas. A policy and procedures manual was developed.
- Information leaflets and resources were produced and distributed to publicise the service and to explain the process to families.

The Roscommon FWC Co-ordinator had previous experience of co-ordinating a FWC, having been involved in the initial Irish pilot project in the Eastern region. The Mayo and Galway Co-ordinators were both familiar with the model but had not previously co-ordinated a family meeting.

From February and March 2002 onwards, the Co-ordinators started to receive referrals and commenced direct work with families. No targets were set for Year One. Targets of 15 conferences per year were set for 2003 and 2004.

While sixteen people have been trained in co-ordination of family welfare conferences, all conferences in the region, thus far, have been facilitated by the three FWC Co-ordinators. Co-ordinators operate mostly within county boundaries but some Galway referrals in border areas of Galway / Roscommon were taken by the Roscommon Co-ordinator due to high numbers of referrals in Galway.

### **3. Numbers of Referrals, Conferences and Reviews to Date**

A total of 137 referrals were made to the HSEWA Family Welfare Conference service, from 2002 to the end of August 2004. A total of 65 conferences were held, accounting for 47 per cent of all referrals. The highest number of referrals made were in Roscommon (53),

followed by Galway (46) and Mayo (38). A total of 51 (37%) referrals were terminated (i.e. they did not go to conference), while 21 (15%) are still active in the system, are on hold or are awaiting service. Table 1 outlines the key caseload statistics for each county, with totals for the region as a whole.

**Table 1: Key Caseload Statistics, 2002 to August 2004.**

	<b>Total Referrals</b>	<b>Conferences</b>	<b>Terminated</b>	<b>Active, on hold or awaiting service</b>
Galway	46	24	14	8
Mayo	38	17	17	4
Roscommon	53	24	20	9
<b>Total HSE</b>	<b>137</b>	<b>65 (47%)</b>	<b>51 (37%)</b>	<b>21 (15%)</b>

Table 2 below shows that, of the 65 conferences held to date, 14 took place in 2002, 28 in 2003 and 23 to date in 2004. Galway and Roscommon have each had 24 conferences, while 17 have taken place in Mayo.

**Table 2: Total Number of Conferences per annum by County.**

	<b>2002</b>	<b>2003</b>	<b>2004 (to end August)</b>	<b>Total</b>
Galway	5	10	9	24
Mayo <sup>5</sup>	4	7	6	17
Roscommon	5	11	8	24
<b>Total HSE</b>	<b>14</b>	<b>28</b>	<b>23</b>	<b>65</b>

In addition to the 65 conferences held, 43 review family welfare conferences have taken place. Seventeen have been held in Roscommon, 14 in Galway and 12 in Mayo.

**Table 3: Total Number of Review Conferences per annum by County.**

	<b>2002</b>	<b>2003</b>	<b>2004 (to end August)</b>	<b>Total</b>
Galway	4	6	4	14
Mayo	4	5	3	12
Roscommon	2	6	9	17
<b>Total HSE</b>	<b>10</b>	<b>17</b>	<b>16</b>	<b>43</b>

<sup>5</sup> Mayo FWC Co-ordinator was on 3 months leave in 2003.

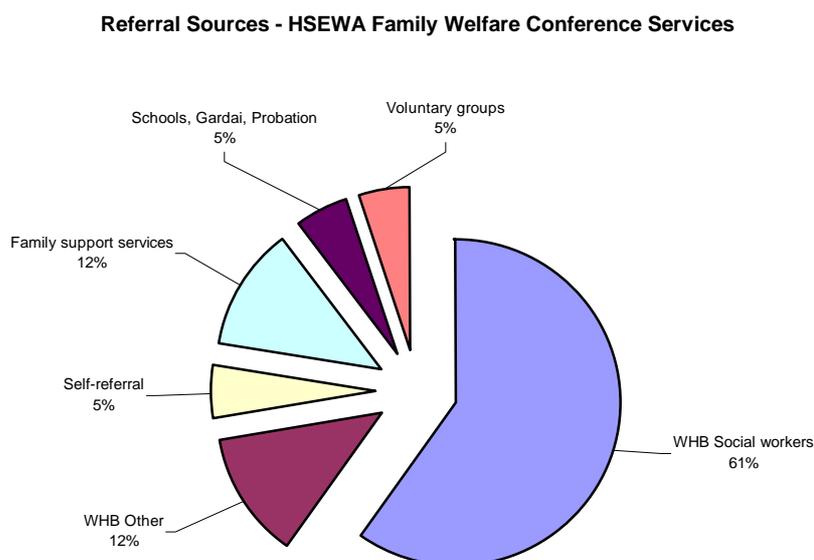
#### 4. Referral Sources

Social workers have been the main referrers to the Family Welfare Conference Service, accounting for 61 per cent (n=82) of all referrals to date. Social work made 34 referrals to the service in Roscommon, 25 in Mayo and 23 in Galway.

Other Western Health Board disciplines, including public health nursing, child care, psychology and mental health services made 12 per cent of all referrals. Family support services, including NYP, Springboard and Family Life Centre also accounted for 12 per cent of all referrals.

Figure 1 below illustrates the sources of referrals by percentage, grouped according to sector.

**Figure 1: Referral Sources by Percentage, Regional Breakdown.**



The following broad categories were each responsible for 5 per cent of total referrals:

- Schools, Gardai, Probation and Welfare Services;
- Voluntary organisations such as Mayo Rape Crisis Centre and Women’s Refuge
- Self-referrals.

There are variations between referral sources for each county. For example, 50 per cent of referrals were made by social workers in Galway, compared to 65 and 63 per cent in Mayo

and Roscommon respectively. Galway had a high proportion of referrals from family support services (26%) compared to just 3 per cent in Mayo and 8 per cent in Roscommon, reflecting the higher concentration of such services in Galway City. Galway's rate of self-referral was also much higher, at 13 per cent, compared to 0% in Mayo and 3 per cent in Roscommon.

Roscommon shows the highest number of referrals from other HSE disciplines (19%), such as psychology and childcare, while Mayo shows a higher number of referrals from voluntary organisations, including the Women's Refuge and Irish Society for Prevention of Cruelty to Children (ISPCC).

Table 4 below outlines the total number of referrals from each source for each county.

**Table 4: Sources of Referrals by County.**

	<b>Galway</b>	<b>Mayo</b>	<b>Roscommon</b>	<b>Total</b>
HSE Social workers	23	25	34	82
HSE Psychology / Psychiatry	1	3	5	9
Self-referral	6		1	7
HSE Public Health Nurse	2	1	2	5
Neighbourhood Youth Project	1	1	2	4
HSE Child care workers			3	3
Schools / education	1	1	1	3
Gardai / JLO		1	2	3
Women's Refuge		3		3
Ballybane FS	3			3
Westside FS	2			2
ISPCC		2		2
Family Life Project, Boyle			2	2
National Assoc for Deaf	1			1
Forum	1			1
YAP	1			1
Teen Parents Project	1			1
SPARK	1			1
Foroige	1			1
Community Development Programme/Family Resource Centre	1			1
Probation			1	1
Rape Crisis Centre		1		1
<b>Total Referrals</b>	<b>46</b>	<b>38</b>	<b>53</b>	<b>137</b>

## 5. Reasons for Referral

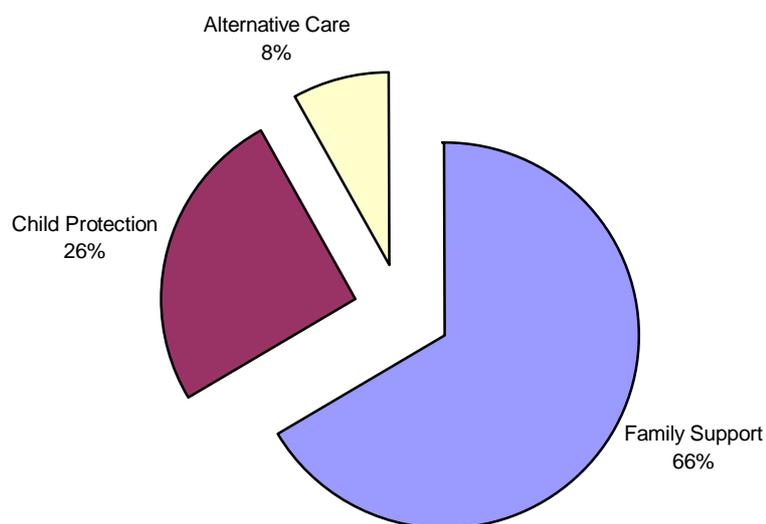
Two thirds (66%) of all referrals (n=91) to the FWC Service were for family support reasons. Just over one in four (26%) of all referrals were related to child protection cases, while 8 per cent related to alternative care arrangements. Alternative care referrals were more common in Galway than in Mayo or Roscommon, as Table 5 illustrates.

**Table 5: Reasons for Referral by County.**

	<b>Galway</b>	<b>Mayo</b>	<b>Roscommon</b>	<b>Total</b>
Family Support	27	30	34	91
Child Protection	12	7	16	35
Alternative Care	7	1	3	11
	46	38	53	137

**Figure 2: Reasons for Referral, by Percentage, Regional Breakdown**

Reasons for Referrals - HSEWA Family Welfare Conference Service



## 6. Total Number and Ages of Children Concerned

A total of 236 children have been the subject of Family Welfare Conferences in the HSEWA to date.

The average age of children concerned is 11 years of age across the region, with 12 the average age in Mayo, 11 in Roscommon and 10 in Galway. Approximately half of all children (49%) are aged 13 to 18 years. A quarter (25%) are aged six years or under, while just over a quarter (26%) are aged 7 to 12 years. Table 6 outlines the total number of children concerned in each county and their average ages. Table 7 provides a breakdown of children's ages by county, while Figure 3 provides a regional percentage breakdown of children's ages.

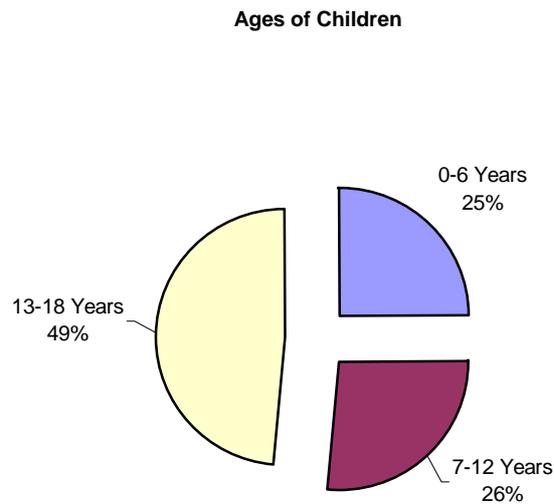
**Table 6: Total Children Concerned and their Average Age by County.**

	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Total</b>
<b>Galway</b> Total children	29	30	40	99
Average age	10	10	10	10
<b>Mayo</b> Total children	14	22	11	47
Average age	11	12	12	12
<b>Roscommon</b> Total children	27	36	27	90
Average age	12	11	10	11
<b>HSE Total Children</b>	<b>70</b>	<b>88</b>	<b>78</b>	<b>236</b>

**Table 7: Breakdown of Children's Age by County.**

	<b>Ages 0-6</b>	<b>Ages 7-12</b>	<b>Ages 13-18</b>	<b>Total Children</b>
Galway	27	27	45	99
Mayo	7	16	24	47
Roscommon	25	19	46	90
	59	62	115	236

**Figure 3: Regional Breakdown of Children's Ages by Percentage.**



### 7. Average Number of Family Members Attending Conferences

An average of 6 family members have attended each family welfare conference in the region to date. The average number is highest in Roscommon at 7 family members, followed by 6 in Mayo and 5 in Galway.

There can be a considerable difference in the numbers of family members attending as analysis by range illustrates. For example, in Galway, the lowest number of family members attending was one, while the highest number was 13. In Mayo, the lowest number of family members attending was 2, while the highest number was 10.

**Table 8: Average Number of Family Members Attending Conference by County.**

	2002	2003	2004	Total
<b>Galway</b>	7.4	4.8	4.2	5.1
<b>Mayo</b>	5.6	5.7	5.7	5.7
<b>Roscommon</b>	7.8	8.1	6.4	7.3

An average of approximately 5 family members attend the review conference, again varying in size.

## 8. Costs of Conferences, Plans and Cases

Outlined below are the costs associated with the running of conferences and resourcing of family plans. These figures refer to the direct costs of family conferences and plans and do not include Co-ordinator's salaries or resources drawn from other statutory or voluntary services.

The average cost of an initial family conference is €132, reviews carry an average cost of €45, while implementing the family plan averages at €199. This results in an average cost of €376 per case for the 65 conferences held to date. Table 9 provides a breakdown of average cost per case by county and region.

**Table 9: Costs of Conferences, Plans and Cases by County.**

	<b>Galway</b>	<b>Mayo</b>	<b>Roscommon</b>	<b>Total</b>
Average cost of conference	€138	€121	€136	€132
Average cost of review	€26	€41	€69	€45
Average cost of plan	€200	€243	€154	€199
<b>Total average cost per case</b>	<b>€364</b>	<b>€405</b>	<b>€359</b>	<b>€376</b>

The average figures conceal some considerable variations in costs of cases. The majority of family plans formulated involve no cost to the Children Act Services Department (CASD). For example, in Roscommon, of the 22 plans formulated, 12 involved no implementation cost to the CASD. The 10 plans with a cost ranged from €20 to €902. In Mayo, of the 17 plans formulated, 10 involved no cost to the CASD. The 7 plans with a cost ranged in cost from €60 to €1780.

## 9. Average Time Spent by Co-ordinators per Conference

Time spent on preparing for and co-ordinating a conference varies according to the complexity of the case, the number of family members involved, the distances to be travelled and other factors. On average, Co-ordinators spend an estimated 45 hours per conference<sup>6</sup>.

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<sup>6</sup> The average time actually spent at conference was 3.6 hours in Roscommon, ranging from one hour, fifteen minutes to six hours thirty minutes.

**Table 10: Average Hours Spent by Co-ordinators per Conference**

	<b>2002 Hours</b>	<b>2003 Hours</b>	<b>2004 Hours</b>	<b>Estimated average Hours</b>
Galway	63	38	30	44
Mayo	37	46	61	48
Roscommon	47	37	42	42

These estimates numbers conceal variations in the range of time spent on cases. The range of hours per case is as follows:

- Galway – Lowest time 17 hours (2004), the highest time is 74 hours (2002);
- Mayo - Lowest time 11 hours (2002), the highest time is 76 hours (2003);
- Roscommon - Lowest time is 20 (2003), the highest time is 72 (2004).

Co-ordinators also spend time on cases that are terminated prior to conference. Reasons for termination can include:

- Changes in the family circumstances
- Resolution of the issue
- Referral may be inappropriate for an FWC
- Referrer does not wish to proceed with the conference
- Family or family member does not wish to proceed with the conference.

In Galway, an estimated 131 hours were spent on referrals that did not go to conference.

## **10. Conference Venue**

Family Welfare Conferences take place in a variety of settings, with family support project offices the most frequently used venue, as illustrated in Table 11. Other community buildings and settings are used, with hotels also used where alternatives are not available or not suitable.

**Table 11: Conference Venues by County**

	<b>Galway</b>	<b>Mayo</b>	<b>Roscommon</b>
Hotel	4	2	7
Family support project offices / centre	13	9	11
Community venue (other)	7	5	4
Family home		1	

## **11. Experimentation and Service Development**

Staff of the Family Welfare Conference Service have developed the following sub or pilot projects since its establishment.

- Pilot regarding the implementation of FGC's as part of the Child Protection Process. As part of this pilot project, social workers in each county agreed to refer a small number of cases for a family welfare conference either prior to or subsequent to a child protection conference.
- Co-operation with Youth Advocate Programme, wherein the option of a FWC is offered to young people for whom a YAP place is unavailable.

In addition, individual staff members have undertaken or are currently undertaking research projects as part of course requirements. These are listed in overleaf in Table 12.

## **12. Summary**

Since first referrals were made to the family welfare conference service early in 2002, the following outputs have been realised by the service up to the end of August 2004:

- Sixteen people have been trained in FWC Co-ordination, policies and procedures have been developed and relationships developed with key stakeholders.
- A total of 137 referrals were made, from which 65 conferences have resulted to date.
- A total of 236 children have been the subject of family welfare conferences in the region to date. The average age of children is 11 years.
- Social workers made 61 per cent of all referrals, with 12 per cent made by other HSE disciplines, 12 per cent by family support services and 5 per cent each by the broad groupings of self-referral, education, Gardai and Probation and voluntary groups.
- Two thirds of referrals are made for reasons of family support, 26 per cent for child protection and 8 per cent for alternative care.
- An average of six family members attend conferences, and five attend reviews.
- The average direct cost of a case is €376, including costs of conference, reviews and plans.
- Co-ordinators spend an average of 45 hours on each case that goes to conference.
- Conferences are held at family support project offices, community venues and hotels.

**Table 12 Current / Proposed Research into the FWC Service in the HSE Area, Counties Galway, Mayo and Roscommon**

<b>Name</b>	<b>Description of Research</b>	<b>Timescale</b>
<b>Paul Tierney</b> (Project for Leadership Development Programme, Office of Health Management)	Paul's project is exploring the feasibility of using the FWC model in different settings in the health services, particularly: <ul style="list-style-type: none"> <li>• Children with disabilities</li> <li>• Minority ethnic groups</li> <li>• Older people</li> </ul> As part of this project, he is undertaking awareness raising in these sectors.	Ongoing and will be complete in Spring 2005
<b>Bernie Tummon</b> (Thesis for BA in Applied Social Studies in Social Care)	The study looked at the planning and support in place for families who are convening for a FWC meeting and examines the experiences of families who have attended and come up with a plan. Bernie interviewed six families and held a focus group with three FWC Co-ordinators.	Completed April 2004
<b>Liam Whyte</b> (Thesis for MA in Family Support Studies)	Use of family welfare conference model / process as a preventative and alternative intervention for cases entering the Child Protection Notification System. Liam plans to track 10 cases that have been referred to the CPNS, 5 of which will be offered the FWC service and 5 will progress through the CPNS as normal. The research will compare outcomes for both groups.	Commence October 04 and complete by May 05.
<b>Liam Whyte</b> (Practice Task for MA in Family Support Studies)	Introduction of safety reviews for people attending family welfare conferences.	Complete
<b>Georgina Kilcoyne</b> (Practice Task for MA in Family Support Studies)	Collation of comment sheets from young people, family members and professionals participating in FWC's. Assessed the value of comment sheets to the Service.	Complete



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Health Service Executive

**Facilitating Family Decision Making:  
A Study of the Family Welfare Conference  
Service in the HSE Western Area  
(Galway, Mayo and Roscommon)**

**REPORT 3 OF 3**

**Evaluation Report**

**October 2006**



**Bernadine Brady**  
HSE / NUI, Galway Child & Family Research and Policy Unit



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# Chapter One

## *Introduction*

### **1.0 Introduction**

While a desire to ensure the safety and welfare of children is at the heart of child care services, policy makers and practitioners are all too aware that processes in relation to child and family welfare are complex, ambiguous and the source of debate. Approaches that offer the hope of improved outcomes for children are eagerly sought, leading to the international dissemination and testing of promising models. In recent years, innovation in child care services has reflected research findings that endorse community based, family centred and strength based systems as effective methods of dealing with families and young people experiencing difficulties (MacKinnon-Lewis et al, 2002). Such approaches have been endorsed in Irish policy, including the Commission on the Family, Strengthening Families for Life (1998); the National Children Strategy – Our Children, Their Lives (1999) and the Children First Guidelines (1999). One of the most high profile innovations embodying the family centred, empowerment approach to have gained international interest, scrutiny and acceptance in recent years is the Family Group Conference model (FGC). FGC originated in New Zealand, born of an urgent need to re-design children's services in a more culturally inclusive manner. Its attractiveness lies in its relative simplicity as a means of facilitating families to make decisions about the care and welfare of their children, tailoring professional services around those needs as required. Since the 1990's, the FGC model has been introduced to many countries and was first piloted in Ireland in the East Coast in 2001. The model was officially endorsed in Irish legislation under the 2001 Children Act, though the name was changed from Family Group Conference to Family Welfare Conference (FWC).

In 2002, a Family Welfare Conference service was established in the then Western Health Board (now HSE) region. Prior to the enactment into law of the Children Act, the service development was guided by findings in relation to what had worked successfully in other areas. This report outlines the findings of an evaluation of the Family Welfare Conference service in the HSE Western Area (HSEWA), Counties Galway, Mayo and Roscommon. The research was undertaken in order to assess how the model has been implemented locally, how it has been experienced by families and professionals, the outcomes it has achieved for families, where it 'fits' in terms of service provision in general and in order to make recommendations for the future development of the service.

## 1.1 Research Overview

The objectives of the FWC research are:

- To collate and analyse existing Irish and international research in relation to the FWC model.
- To analyse the theoretical assumptions underpinning the FWC model and the policy context within which the FWC model is located.
- To describe the implementation of the project to date in the HSE Western Area, in terms of structures, numbers, process used and key outputs.
- Based on data generated through the above three objectives, to identify themes, issues and questions of particular interest to stakeholders.
- To evaluate how the service has achieved its aims and objectives and assess outcomes for families who have participated in conferences.
- To produce research that adds to the international body of knowledge in relation to the family welfare conference / Family Group Conference model.

A research steering committee, consisting of one Children Act Service Manager and one Family Welfare Conference Co-ordinator provided support to the research team, liaised with stakeholders in relation to implementation of the research and fed back on draft reports. To achieve the objectives outlined, the research process was divided into two phases, as described below.

**Phase One:** Phase One of the research, completed in September 2004, consisted of a Literature Review and an Implementation Report.

- The *Literature Review* placed the FWC service in a theoretical and research context, and highlighted a set of themes relevant to the implementation of FWC internationally.
- The *Implementation Report* described the early development of the service and outlined key statistics for the service up to the end of August 2004, including number of referrals; conferences and reviews; referral sources; referral reasons; number and ages of children concerned; costs of conferences; average Co-ordinator time per conference; conference venues and other information.

**Phase Two:** This report represents phase two of the research into the FWC service. This phase of the research is focused on the perspectives of key stakeholders in relation to the FWC service and explores a number of themes, including perceived outcomes of the service, how social support is mobilised and 'the place' of FWC in the childcare system. Specifically, the research questions addressed in this report are as follows:

*Outcomes and Added Value:*

- Does the FWC service result in good outcomes for children and families?
- What factors are (or not) conducive to success?
- Does the FWC service bring added value to existing services for children and families, and if so, how?

*Role and Place of FWC in the system:*

- For what types of need is FWC useful?
- Where does the FWC service 'fit' in the childcare system?

*Process and Practice Issues:*

- Are family plans implemented?
- Are there adequate procedures for monitoring and review of family plans?
- What themes emerged as important?
- Is it possible to have an empowering model located in a bureaucratic system?
- Does the FWC model facilitate the emergence of social support?

## **1.2 Research Methodology**

The methodology for this phase of the research was as follows:

*Family Consent:* The period from the first FWC early in 2002 up to the end of August 2004 was chosen as the period of analysis for the research. A letter was sent to all families that had been referred to the service over the period of the study. The letter described the study and sought their consent to have their file read and analysed by the researcher and be contacted for an interview, if selected. Consent was denied by a total of 10 families.

*Review of Project files:* All files for families referred to the service over the study period were reviewed by the researcher, including families that proceeded to conference and those that did not. This analysis was undertaken to provide the researcher with a profile of the types of issues for which families were referred and of the content of family plans and reviews.

*Interviews with Family Members:* As it was desired to have a cross section of family types and issues, a purposive sample was chosen from the files analysed. The selection was made on the basis of geography, presenting issues and family type. A total of 21 families (7 families from each county) were selected, representing just under one third of all conferences up to end of August 04. At least one year had passed for all families since they had their conference – in some cases it was up to 3 years. The FWC Co-ordinators were notified regarding the selection and they contacted the family by telephone or in person to

explain the evaluation and to ask for their consent to participate. A script was provided to assist them in doing so. The Co-ordinator notified the researcher of the response and she contacted the family directly to arrange an interview time and discuss who would be willing / able to take part. Of the twenty-one families contacted, representatives from a total of thirteen were finally interviewed. In the other cases, the family declined, families were not at home at the arranged time, the family changed their mind about participating or it became clear to the researcher that the family member did not want to participate. The interviews were tape-recorded.

*Interviews with HSE Child Care Personnel:* Nineteen interviews were undertaken with relevant employees of HSE childcare services throughout the three counties. Specifically, one to one interviews were held with three family welfare conference Co-ordinators, three children act service managers, seven social work team leaders, three social work principals and three childcare managers.

*Referrers Questionnaire:* The perspectives of referrers to the FWC service were assessed through questionnaire. Because some referrers who referred one or more families to the FWC service did not actually experience a FWC, separate questionnaires were designed for referrers with and without experience of the FWC process. In relation to referrers with experience of a conference, 40 questionnaires were sent, of which two were returned as no longer being at that address. Of the remaining 38, a total of 24 questionnaires were returned, indicating a response rate of 63%. This rate can be considered positive, given that it is likely that some referrers may no longer be in post. Also, the questionnaire was distributed after the social work team leader and principals interviews, some of whom were also referrers so it is possible that they opted not to respond. In total, 26 questionnaires were sent to people who referred families to the FWC service but the family did not proceed to have a conference. Nine were returned, giving a response rate of 35%. It is not surprising that this group yielded a lower response rate, given that their experience of the service is likely to have been limited. However, the research team felt that it was valuable to give this group an opportunity to feed back on any contact they had with the service.

*Analysis:* All interviews were transcribed and a set of themes was identified. Questionnaires were analysed using SPSS software and graphs were developed using excel. From this data, separate Chapters relating to the core themes and perspectives for each stakeholder group were generated. Draft Chapters were checked against data transcripts to ensure that all perspectives were reflected. To form an overall analysis of the service, all Chapters were collated and conclusions reached in relation to the research questions.

*Timescale:* The fieldwork for this research took place throughout 2005 and preliminary findings were presented to a FWC National Event in November 2005. The report was written in January and February 2006, and a draft was circulated to FWC Co-ordinators and Children Act Service Managers in March 2006. The report was finalised in July 2006.

### **1.3 Report Outline**

Following this introductory Chapter, the emphasis in Chapter Two is on describing the context and mode of operation of the FWC service in the HSE Western Area. Drawing on earlier reports completed as part of this research project, themes arising from international research on the FGC model are summarised and the legislative context of FWC in Ireland is outlined. The Chapter then focuses on the FWC Service in the HSEWA, describing its mission, principles and the process used with families. Statistics in relation to the first two years of the service are outlined and a profile of the reasons for referral to the service is presented.

For the purposes of clarity and transparency, this report outlines the perspectives of each stakeholder group separately, before being considered jointly to form an overall analysis of the FWC service. In Chapter Three, the perspectives of Co-ordinators are reflected in some detail, given their experiences at the coalface of service delivery, while viewpoints of the Children Act Service Managers who supervise the FWC Co-ordinators and have responsibility for the service are also summarised. Findings from the referrer's questionnaire are outlined in Chapter Four, which includes their reasons for referral, assessment of outcomes and commentary in relation to key aspects of the FWC model. Chapter Five outlines the perspectives of a range of managers in child and family services in relation to the FWC service, including whether it brings added value to the existing range of services. Chapter Six contains the opinions of family members who have gone through the FWC process, focusing on their reasons for taking part, their assessment of the outcomes of their participation and their recommendations for the service.

Chapter Seven, Discussion and Analysis, draws together the perspectives of all stakeholders, in conjunction with relevant research literature to form an overall analysis of the service. Finally, Chapter Eight concludes with a summary of the research findings and makes recommendations for the future development of the Family Welfare Conference service in the HSEWA.

## **Chapter Two**

### ***Context and Description of the Family Welfare Conference Service***

#### **2.0 Introduction**

Before moving on to examine the findings of this phase of the research, this Chapter provides some background information on the FWC model and service. Firstly, themes from international research findings in relation to FWC reviewed in an earlier phase of this research project are summarised. Secondly, the legislative context for the family welfare conference service in Ireland is outlined, highlighting in particular the role of family welfare conferencing under the Children Act 2001. We then move on to describe the FWC service in the HSEWA in some detail, focusing on its mission, principles and process, and summarising key statistics in relation to referrals and conferences. Finally, the Chapter concludes with some information regarding reasons for referral derived from an analysis of files as part of this research.

#### **2.1 International Research in Relation to Family Group Conferences**

International evaluation studies of the FGC model indicate that the model is accepted and welcomed by families and professionals, and that families are generally capable of coming up with acceptable plans. While there is a perception that the outcomes of conferences are generally good, there is a dearth of robust outcome studies, and a general acceptance in the research community that methodologies are needed to explore outcomes of the FGC process.

International research has pointed to a set of key issues that have emerged in the implementation of FGCs. The legal basis for FGCs has had an impact on how it develops at national level; the contrast between New Zealand and the UK is a case in point. In New Zealand, FGC is mandatory in all child welfare and youth justice cases, whereas in the UK, there is no legal basis for the model and its development has been patchy – with the result that it remains ‘on the margins of practice’ (Brown, 2003, p.338). Commentators have questioned the degree to which the empowerment principles of the model can be realised within a bureaucratic system. For example, Pratt (1993) wonders whether it is appropriate to introduce an element of a radically new system without the means to ensure the necessary philosophical changes to ensure its effectiveness. Some commentators have warned that FWC could be viewed as a tool or ‘gizmo’ that is ‘used on’ families, rather than a set of values and principles that should inform all work with children and families (Lupton, 1998, Nixon, 2002). In order to uphold the principles of the model, the importance of having a skilled Co-ordinator, who is truly independent of all agencies, is widely acknowledged.

Connolly (2004), based on New Zealand research, highlighted a drift from a family driven process to a professionally driven model over time, as some core principles of the FWC model were gradually eroded. For example, Co-ordinators were present during private family time and meeting dates were set to suit professional schedules.

The role of Family Group Conferences vis-à-vis child protection conferences has had to be negotiated, central to which has been the attitude and acceptance of professionals, particularly social workers. Sundell et al (2001) found that, though social workers were broadly supportive of the model, they were reluctant to share decision-making with families because they bear the burden of final responsibility for individual child protection cases and ultimately, concern for their professional accountability often overrode their wish to use the model.

Other issues raised in relation to the implementation of the model are power dynamics within families. For example, Thomas (2000) argues that the model may reinforce patriarchal power structures or give unmerited influence to relatives in what could be a private family matter. Research has also highlighted the degree to which family plans are resourced and implemented as having a bearing on outcomes. For example, Pennell (1999) contends that funding poses the greatest challenge to achieving outcomes from the process. Marsh and Crow (1998) highlight that the FWC process works best if it includes a package of family support measures and warn that it should not be considered a cheap option.

## **2.2 Legislative Context of Family Welfare Conferencing in Ireland**

In Ireland, family welfare conferences are officially sanctioned under the 2001 Children Act and are also identified as having a role under the Children First Guidelines. The Children Act, 2001 provided a new framework for the development of the juvenile justice system, seeking to shift the emphasis from residential and custodial care to care in the community for both the juvenile justice and welfare systems. The Act seeks to provide two separate routes or pathways for dealing with offending and non-offending children. A diversionary and restorative justice approach is provided for offending children, while for non-offending children, the Act allows for a care and protection approach.

Under Part Two of the Act, which commenced in September 2004, the HSE is obliged to convene a 'family welfare conference' before applying for a special care order for a child, with the aim of diverting children away from the residential care system. Under Section 8 (part 77) a court can order the HSE to convene a family welfare conference in respect of a child who has been charged with an offence, where the judge is of the opinion that they are in need of care and protection. At the time of writing, part 77 of the Act had not commenced.

The Act also makes provision for two other types of family welfare conference. Part 3 of the Act gives responsibility to Garda Youth Liaison officers to hold a 'conference' for young offenders who come to the attention of the Gardai. Under Part 8 of the Act, the Probation and Welfare Service can convene a 'family conference' for young offenders who have come before a court.

Statutory regulations governing family welfare conferences were issued in September 2004. The regulations state that the welfare of the child should be the first and paramount consideration in relation to the convening, proceedings, invitees and recommendations of the conference. In so far as is reasonably practicable, the wishes of the child should be given due consideration at all stages. (Government of Ireland, 2004)

*Children First: National Guidelines for the Protection and Welfare of Children* (1999) affirms the statutory responsibility of health boards (now HSE) to provide support services for the families of children who may be at risk of abuse or neglect. The Guidelines state that such services should be provided in a sensitive fashion that meets the needs of children and families, linking them with existing social supports in the community as well as providing a range of services through health boards and voluntary organisations. *Children First* states that the family welfare conference model 'may be a useful mechanism' for drawing up a family support plan (Department of Health and Children, 1999, p. 62).

### **2.3 The Family Welfare Conference Service in the Health Service Executive Western Area (Galway, Mayo and Roscommon)**

In the HSEWA, a Children Act Services Manager (CASM) was appointed in each of the counties Galway, Mayo and Roscommon to develop and manage services responding to the Children Act, 2001, including the family welfare conference service. At the time of the establishment of the FWC service in 2001, the relevant sections of the Children Act had not yet commenced. While the legislative focus of the Children Act is quite specific in relation to the HSE's use of FWC with non-offending children, the HSE in the West took a broader perspective, seeing the model as a means of engaging in preventative work with children and families. FWC is one of a range of services developed in the region to meet the needs of children deemed to be 'at risk'. Other key services include community based family support services and the Youth Advocate Programme (YAP), an intensive wraparound service for young people deemed to be 'out of control'.

In its first year, a FWC service manual was developed by the staff of the service to provide guidance to Co-ordinators, families, statutory and community bodies and others regarding FWC principles and practice. The manual locates the service in the context of the HSE Western Area child care services, which aims to develop, provide and support a

comprehensive and integrated range of high quality child centred, family focused services. The first part of this section describes the key features of the FWC service in the HSE Western Area, as outlined in the manual, including its mission statement, core principles and the process used in convening family meetings (Family Welfare Conference Service, Policy and Practice Manual, 2003). The section moves on to summarise key service outputs and statistics and profiles the types of referral made to the service.

### **2.3.1 Mission, Principles and Process**

The specific mission of the Family Welfare Conference service is as follows:

“The aim of the Family Welfare Conference service is to establish a means by which a family can join with its extended family and friends to develop a plan to protect and support the child/ren of the family.

The service seeks to protect the child/ren from abuse, promote their welfare and uphold their rights, while engaging the adult family members to take on such a role. It considers matters pertaining to children and young people’s care and works to strengthen the family’s capacity to take care of its members. Support and protection from the community and statutory agencies are to be organised in such a manner that makes it possible for the family group to decide upon and carry out its plan”.

The principles that underpin the FWC process are set out as follows in the manual:

- The child’s welfare is paramount.
- The child should have the resources made available for his/her voice to be heard.
- The child’s views, feelings and solutions are as valid as the adults participating in the process.
- Children are generally best looked after within their families. Services should seek to promote this wherever possible.
- Working in partnership with families is beneficial for children.
- Families have the ability to make rational and sound decisions about their future and the future of the children involved.
- Given the right environment and the correct information, families instinctively know what is best for the child/ren.

According to the manual, there are five defining features of the FWC process:

- The FWC is one of the primary decision making fora for the child.
- The FWC is made up of as wide a network of family members as possible (including grandparents, siblings, uncles, aunts, parents, child and family friends who may know the child but are not blood relations).

- A Co-ordinator facilitates the involvement of the child, family network and professionals in the FWC process
- The family should always have private time at the FWC to produce their plans for the child or young people.
- The FWC plan should be agreed and resourced unless it places the child at risk of significant harm.

(Family Welfare Conference Service, Policy and Practice Manual, 2003)

The key stages of the process in the HSEWA, as outlined in the Family Welfare Conference Service, Policy and Practice Manual, (2003) are summarised as follows:

1) *Referral:* The referrer makes informal contact with the FWC Co-ordinator to discuss a potential referral, and if it is thought appropriate, the referrer discusses the option with the family. If they are in agreement, a formal referral is made to the FWC Service and a four-way meeting is held between the FWC Co-ordinator, the referrer and their line managers to discuss the case. The aim of this meeting is to discuss the referral in more detail and to create a referral meeting report, which forms an agenda for all contact with the family and professionals. This report is signed by the person making the referral and a family representative (usually the parents/guardians) to indicate general agreement as to what the central concerns are. The Four-way meeting aims to clarify:

- Background to case including reasons for referral
- Strengths which exist within the family structure
- Referrer concerns including expectations and anxieties
- Purpose of the meeting
- Resources available to the family including roles and responsibilities
- What the family need to think about
- If the referral agency is willing to accept the FWC plan
- How the Co-ordinator and referrer will work together, communicate and resolve difficulties that may arise during the FWC
- Where the FWC will occur in relation to other processes regarding the time scale (e.g. Child Protection Conferences, legal proceedings)
- Whether there are any issues of danger for the Co-ordinator or family members
- How the first contact with the family will take place.

2) *Preparation for Conference:* If a referral is accepted (following a four-way referral meeting), the Co-ordinator will meet family members to explain the process in detail. The Co-ordinator works with the child and his or her family to identify the family network and who they feel should be invited. A date, time and venue for the meeting are agreed and invitees

are notified by writing. The Co-ordinator generally meets with invitees and does preparatory work with them regarding the issues and potential solutions.

3). *Conference:* At the start of the meeting, professionals outline their concerns, the information they have about the family, their statutory duties and the relevant resources available. Family members can clarify and ask any questions they might have. The family is then left alone to plan in private. They must agree a plan, a contingency plan and agree how to review the plan. The Co-ordinator can help the family if needed. The family outlines their plan to the Co-ordinator and professionals and it is discussed, agreed and resources are negotiated. All parties must agree to the plan, which should give a strong priority to solutions that keep the child in the community and with family or extended family. Plans can be rejected only if they place the child at risk. Contingency plans and arrangements for review are also agreed.

4) *Implementation and Review:* The family plan agreed at the meeting is implemented by family members and professionals. The manual states that the primary responsibility for monitoring the plan lies with the family group, because, in order for the family to feel a sense of ownership they must also feel that they have some responsibility. The level of professional monitoring will depend upon the nature of the original referral – there will be differences between the level of monitoring in a child protection case and in a request for family support service. According to the manual, making decisions about this will be the referrer's responsibility but should be highlighted as part of the four-way meeting. After a period of three to six months, family members review the plan. Additional reviews may be held if deemed necessary.

### **2.3.2 Service Outputs and Statistics**

The Galway Family Welfare Conference Co-ordinator commenced employment in October 2001, while the Roscommon and Mayo Co-ordinators took up posts in January and February 2002 respectively. The early development of the service involved the following steps:

- Sixteen people took part in six days training on co-ordinating a family welfare conference. Participants included the three FWC Co-ordinators, Children Act Services Managers and other professionals with an interest in the model.
- Contacts and relationships were developed with statutory, community and voluntary organisations, which involved raising awareness of the service and its potential as a resource for families experiencing difficulties.
- Co-ordinators familiarised themselves with the body of research literature on Family Group Conferences.
- Policies and procedures for the service were developed in line with best practice identified in other areas. A policy and procedures manual was developed.

- Information leaflets and resources were produced and distributed to publicise the service and to explain the process to families.

The Roscommon FWC Co-ordinator had previous experience of co-ordinating a FWC, having been involved in the initial Irish pilot project in the Eastern region. The Mayo and Galway Co-ordinators were both familiar with the model but had not previously co-ordinated a family meeting. From February and March 2002 onwards, the Co-ordinators started to receive referrals and commenced direct work with families. No targets were set for the first year, but targets of 15 conferences per year were set for 2003 and 2004.

Although sixteen people were trained in co-ordination of family welfare conferences, all conferences in the region for the period of this study were facilitated by the three FWC Co-ordinators<sup>7</sup>. Co-ordinators operate mostly within county boundaries but some Galway referrals in border areas of Galway / Roscommon were taken by the Roscommon Co-ordinator due to high numbers of referrals in Galway.

As outlined in greater detail in the Implementation Report (CFRPU, 2004), throughout the period February 2002 to the end of August 2004:

- A total of 137 referrals were made, from which 65 conferences resulted.
- A total of 236 children were the subject of family welfare conferences in the region over this time period. The average age of children was 11 years.
- Social workers made 61 per cent of all referrals, with 12 per cent made by other HSE disciplines, 12 per cent by family support services and five per cent each by the broad groupings of self-referral, education, Gardai and Probation and voluntary groups.
- Two thirds of referrals were made for reasons of family support, 26 per cent for child protection and eight per cent for alternative care.
- An average of six family members attended conferences, and five attended reviews.
- The average direct cost of a case was €376, including costs of conference, reviews and plans.
- Co-ordinators spent an average of 45 hours on each case that went to conference.
- Conferences were held at family support project offices, community venues and hotels.

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<sup>7</sup> Thirteen people were trained alongside the three Co-ordinators in order to ensure a broad understanding of the model among personnel in child care services.

### 2.3.3 Profile of Referrals

Files relating to family welfare conferences held during the period of the study were analysed for this research in the hope that the data would assist in making an assessment of outcomes of family conferences. However, one of the principles of the FWC model is that file keeping is kept to a minimum and, in keeping with its strengths perspective, things that have gone well will be recorded in review meeting reports, but aspects that have not been followed up on may not be referred to. Because of this, the files are of limited value in making a systematic assessment of outputs or outcomes for individual cases. The files did, however, provide a useful overview of the profile of and reasons for referral to the FWC service, as outlined in Figure One. These categories were used to select a sample of families for interview.

The Implementation Report (CRRPU, 2004) noted that two thirds of referrals are made for reasons of family support, 26 per cent for child protection and 8 per cent for alternative care. The file analysis further identified a number of categories into which referrals can be grouped. The most common category of referral relates to need for support with parental coping, as a result of health or addiction problems. The second category is that of young people engaged in 'at risk' or very challenging behaviour. Other categories include reconstituted families who are referred for support in making a plan to help the family to live together, support for a pregnant young Mother and children in care. Some of these categories may overlap – for example, a young person may be in care as a consequence of parental addiction. **Figure 1** below outlines each of these categories, the allied and underlying problems identified and the reason the conference was convened.

**Figure 1: Profile of and Reasons for Referral to Family Welfare Conference Service**

<b>Core reason for referral</b>	<b>Allied and underlying problems include...</b>	<b>Reason for conference</b>
Parent finds it difficult to care adequately for children due to health, mental health or alcohol problems	<ul style="list-style-type: none"> <li>• Children at risk of being taken into care due to neglect</li> <li>• Children's needs not being addressed</li> <li>• Impact of a bereavement on all family members</li> <li>• Stress of lone parenthood</li> <li>• Problems with school attendance</li> </ul>	Put plan in place to draw support from extended family for all members of the family.
Young people engaged in 'at risk' or challenging behaviour	<ul style="list-style-type: none"> <li>• Parent(s) find it difficult to cope</li> <li>• Parent(s) own issues (i.e. addiction, separation, bereavement)</li> <li>• Impact on other children in the family</li> <li>• Children affected by parental problems / absence of parent</li> <li>• Difficulties at school</li> <li>• Gardai involved</li> </ul>	Put plan in place to support young person and the family. Look at the needs of all family members and how they are being addressed. Hear from the young person regarding what they need.
Reconstituted families requiring support to enable all members to live together	<ul style="list-style-type: none"> <li>• Poor relationships between some family members</li> <li>• A history of violence or negative experiences among family members</li> <li>• Poor lines of communication between family members in and out of the household (particularly in relation to parenting)</li> <li>• Children's needs may not always be heard or addressed</li> </ul>	Hear from all members of the family network regarding what they need and put a plan in place to support family to live together
Vulnerable young woman currently pregnant	<ul style="list-style-type: none"> <li>• Young woman may have a disability</li> <li>• Some family relationships may have broken down</li> <li>• Baby's father may or may not be involved</li> </ul>	Make plans to co-ordinate family and professional support for Mother and baby up to and following birth
Family experiencing multiple forms of disadvantage, which impacts on their children	<ul style="list-style-type: none"> <li>• Including housing problems, family issues, social isolation, problem behaviour from children, health needs and other problems</li> <li>• May have had long history of social work involvement</li> <li>• Stresses caused by asylum seeker status</li> </ul>	Attempt to draw on family and professional network to resolve the difficulties experienced by the family in a co-ordinated manner
Children in care	<ul style="list-style-type: none"> <li>• Poor links between the child(ren) and extended family</li> </ul>	Improve links

## 2.4 Summary

International research into FWC indicates that the model is well-accepted by families and professionals but there is little robust evidence regarding whether the outcomes from the process are better than from traditional forms of child care intervention. Some of the difficulties experienced in implementation are that the empowerment principles of the model can conflict with the more bureaucratic systems that characterise childcare services in the western world. The legal basis of the model has influenced the degree to which it has become embedded in

day-to-day practice, while one of the key areas of negotiation has been the role of family conferences in relation to child protection conferences.

In Ireland, the FWC model has quite a specific remit under Sections 7 and 77 of the 2001 Children Act, but the HSEWA has adopted a broader remit for the family welfare conference service, giving it scope to respond to needs presenting across its range of childcare and family support services. Clear processes and principles were outlined in a service manual developed to guide the implementation of the model. Three Co-ordinators were employed and trained and, over the study period, a total of 137 referrals were made, from which 65 conferences resulted. Social workers made the majority of referrals. Two thirds of the referrals made were for reasons of family support, a quarter were categorised as child protection, while eight per cent were alternative care. Six main reasons for referral were identified – parental coping due to mental or physical ill-health, young people engaged in ‘at risk’ or challenging behaviour, reconstituted families requiring support in managing relationships, support for a vulnerable pregnant young woman, family experience of multiple disadvantage and children in care.

## **Chapter Three**

### ***Family Welfare Conference Staff Perspectives***

#### **3.0 Introduction**

This Chapter outlines the perspectives of two groups of people with direct responsibility for implementation of the service – Family Welfare Conference Co-ordinators as deliverers and Children Act Service Managers (CASM) as managers. Findings in this section are based on data derived from semi-structured interviews with three Co-ordinators and three Children Act Service Managers. For both groups, their perspectives regarding the development of the service, its place in the childcare system, the outcomes from the process, its role in relation to mobilising social support among families, issues relating to capacity and resources and other matters are outlined, before summarising what they perceive to be the strengths, weakness, opportunities and threats of the FWC service and their recommendations for its future development.

#### **3.1 Co-ordinator Perspectives**

There are three Co-ordinators employed by the service, one each in counties Galway, Mayo and Roscommon. At the time the research was undertaken, all three had been in post since the establishment of the service and report directly to the Children Act Services Manager. This section outlines their perspectives in relation to how the service has developed and key features of its operation.

##### **3.1.1 How the Service has Developed**

The service was established by the Co-ordinators, in conjunction with the CASMs. There was a commitment that it would be provided across the three domains of child protection, alternative care and family support. A widespread information and awareness campaign was undertaken across the region, targeting potential referrers in statutory, community and voluntary sectors and services. According to Co-ordinators, there was some awareness of the model but the support could be described as 'passive rather than active'. The number of referrals slowly started to build as referrers developed an understanding and awareness of the service. At the start, a wide variety of referrals was accepted, including some very difficult and long-standing social work cases. Having learned from their experience with a diverse array of referrals, Co-ordinators feel they now have a good understanding of whether or not a referral is appropriate.

The consensus among Co-ordinators is that the model can potentially be used in a broad range of contexts and that there are few family needs for which the model is not useful. Cases for which it is suitable are those in which there is a certain amount of collective motivation on the part of both families and agencies to do something together and where there is a core group of

people available to take part. Family motivation and timing are crucial factors that determine whether or not the model should be used in particular cases at particular times. For example, it is felt that the model is not suitable for immediate child protection concerns, (e.g. bruising, abuse allegations) where an immediate response is needed. These situations have to be stabilised and child safety ensured before the family can look at long-term plans.

Given that that the service has been tested in a range of settings and contexts, the Co-ordinators feel that a systematic and sustained examination of the role and place of the FWC model is now needed, focusing in particular on the role of FWC in the child protection system, with children in care and as a means of early intervention.

### **3.1.2 Referrals**

This section examines Co-ordinators perspectives regarding a number of aspects of the referral process. Firstly, the factors they believe influence referrals to the FWC service are discussed. Secondly, the dynamics of the referral process are described and finally, reference is made to referrals that do not proceed to have a family conference and the reasons for this.

#### *1) Factors Influencing Referrals to the FWC Service*

Co-ordinators believe that referrals are influenced by a number of factors. Firstly, a referral will only be made if the person believes it is possible to get a service. If they hear that there is a waiting list for the FWC service, they are likely to consider other options. Secondly, the visibility of the service is also a factor. For example, the Roscommon Co-ordinator said that she gets substantial referrals from social work and psychology who share her building and via the child protection management team, which her line manager sits on. Thirdly, whether or not a referral is made depends upon the belief that the referrer has in the potential of the model and whether families can come up with solutions themselves. Co-ordinators value referrers who are open to the model and who are willing to work creatively with the service. They feel that the best referrals are those where the referrer has taken time out in their own supervision to think about what is needed. Community care social work teams consistently refer, whereas psychiatric and medical do not. Within social work teams, there is an obvious variation in the attitudes of individual social workers to the service. Some social workers are consistent referrers while others have never made a referral. Likewise, some family support services have consistently referred families while others have not. In general, the Co-ordinators said that their approach has been to build relationships with people who are open to the model and, in the process, challenge the 'non-converted' to consider its possibilities. Fourthly, referrers have to satisfy themselves that the FWC process has sufficient added value to make it worth their while making a referral, as the following quote in relation to alternative care indicates.

“Because every child in care has a child care plan, they have regular child care reviews, so the professionals in that case perceive that they are doing the job of the family welfare conference. The child is invited, the parent is invited, so for them, they see that that is being done. By referring to the family welfare conference, they would be duplicating the work. But actually, I had one case where the child is in long term care and is in that system of regular reviews but we had a family welfare conference to broaden, to make links with the extended family so that she could have a plan for what her contact would be with the extended family for the remainder of her time in care, you know.” (*Co-ordinator Interview 3*)

To date, because there has been a regular flow of referrals, Co-ordinators have not been overly concerned with following up on sectors that have not referred to date. However, they feel that the service is now at the stage of development where there is a need to approach the referral process in a more strategic manner. Suggestions offered by Co-ordinators regarding how this could happen include referral criteria for social work team leaders and having the Co-ordinators take part in social work intake meetings.

## 2) *Dynamics of the Referral Process*

For Co-ordinators and referrers, tensions can arise as a result of the different ways of approaching working with families. Co-ordinators feel that, in some cases, families may be referred for case management reasons rather than consideration of what is best for the family. In these cases, the referrer may have definite ideas regarding ‘what the family ‘needs’ and view the FWC process as a means of ‘rubber-stamping’ these ideas. If referrers approach the process with set ideas of what needs to happen, it can stifle the creativity of the family to find their own solutions. Co-ordinators believe that no situation should be seen as black and white – there is a need for negotiation, flexibility and creativity on all sides as the following quote illustrates.

‘One of the common themes would be addiction or alcohol difficulties for families. What referrers would ultimately like is a situation where people do not drink, they therefore believe that children would be better cared for. The reality of life is that that doesn’t always happen straight away and it may never happen. And if referrers approach an issue like that telling everybody that they would like the drinking to stop, as opposed to seeing what needs to happen first or making an assessment of where the person or people are at. I think if assessments are made first and if you’re more honest with each other, it can lead to a better outcome for children and for families. For example, in one case, the parents stated clearly that they did not want to stop drinking, but they wanted to continue to look after their children on a part-time basis. This led to the extended family being very annoyed, very angry, very pissed off but at the same time there were certain extended family members who were able to accept the fact that that’s just where Mum and Dad were at the moment. That, I think led to the social work department having to change their views of where this family were at. It isn’t always black and white and I do not think we should approach family welfare

conferencing with families on a black and white basis. There needs to be time and there needs to be creativity to get new ideas out there for families.” (Co-ordinator Interview 2)

One Co-ordinator made the point that the ethos of the FWC model is to work alongside families to support them to identify and to do things for themselves, whereas some referrers feel they should do things for families, which he believes leads to a learned helplessness.

The ‘bottom line’ is what referrers believe will happen if the FWC does not work out - it is an acknowledgement that if events proceed in a particular direction, there will be consequences for the children and the family. According to Co-ordinators, the referrers can struggle with getting the balance between being realistic and honest with families and not making it threatening. They believe that the ‘bottom line’ is important in terms of focusing the family, but how it is stated is important.

“It’s important that the language is explicit. Sometimes people do not say stuff, it’s left unspoken, and they do not want to think about the awfulness of what happens. But, if you have somebody not involved in the family saying it in a very explicit way, firmly but gently... The use of language can be very powerful, to say something that is very difficult, but to say it sensitively and gently and clearly, it can have a very powerful impact in terms of how families take it on board.” (Co-ordinator Interview 1)

In cases of addiction, which is a recurring issue in FWC, there is a need to consider whether the conference is most useful prior to or subsequent to the addicted person’s treatment. After treatment, the FWC may tap into the motivation of the person, whereas before treatment, the FWC may give the person the strength to enter treatment and make a success of it. Getting the timing right can be crucial to the success of the process.

### 3) *Referrals that do not Proceed to Conference*

A significant number of referrals made do not proceed to conference stage. The reasons for this are varied. A referral is not accepted if the family do not consent or referrals may not proceed to conference if one person in the family agrees to it but other key family members do not. People may agree to a referral being made but ‘get cold feet’ when they realise what they have agreed to. In some cases, the process may be underway but the Co-ordinator senses that the family are not really committed or that there are too many services involved with the family for them to see how the FWC can offer added value.

“You have to see a glimmer of potential. You may start to work with a family and realise they are just not that interested. And you also have to think about what they have been through already. Some families are just so burnt out from all types of processes in the HSE, child protection, and

family support stuff. They do not see family welfare conference as any different. They think if it was going to be so straightforward, how come all this was not sorted out years ago.” (Co-ordinator Interview 1)

### **3.1.3 Role of the Co-ordinator**

The Co-ordinators emphasised the importance of their independence. They see their role as facilitating a balanced space where everybody’s concerns and perspectives can be heard. They have found that referrers can expect that the Co-ordinator will accept and pursue their agenda, so they have to be conscious to reflect on their own approach and ensure they are independent facilitators of the process. Families do not expect the Co-ordinator to be independent and will not challenge them if their independence slips, so it is up to Co-ordinators themselves to make sure they maintain a balanced perspective, as the following quote highlights.

“Families are used to being told what to do ....what you have to do, and that takes more work as well, is to try and prepare them to take on that responsibility... you have to empower them that they can do it, that they can make their own decisions..... Some families can take it on very quickly, say right we know what we have to do, and that’s fine. Other families, you think you have got it through to them and the next thing they are going, ‘so you mean we’ve to decide?’ - This is the day before the meeting. A lot of them require an awful lot of work.” (Co-ordinator Interview 3)

Their status as employees of the HSE can make it challenging for Co-ordinators to maintain independence from colleagues. However, respondents felt that the benefits of ready access to resources and contacts within the HSE outweighs the difficulties this poses.

Before the conference, the Co-ordinator tries to anticipate what the family may need, investigates possible services and supports and asks the family if they would find them useful. They encourage people to talk to each other, share information, come together and formalise their agreements. Family members decide who should be invited. The emphasis is on giving people choices from which they can make decisions that suit them.

“I would encourage people to be talking to one another in advance of the conference. I would be sharing information all the time ... Very often families actually make the plan in advance of the conference because they have been informally talking to one another and agreeing what to do, and then they come together at the conference and rubber stamp it. That’s not always the case but it’s often the case.” (Co-ordinator Interview 1)

A lot of the families participating in the service are dealing with issues of relationship breakdown, including between parents, between parents and their partners or between parents

and children. There will often be conflict over attendance. A family member may be adamant that somebody should not be invited, in which cases the Co-ordinator attempts to understand everybody's point of view and negotiate with participants regarding what is possible. They look at options such as not having the person in the room but having a way in which their perspective can be incorporated.

"It's very difficult because every family has their own pattern going back over years and years. You're not going to go in and change that, families are so used to that pattern. You can not protect people within private family time ... you can just do as much of the background work as possible, especially the more powerful people in the family. For the young person, you could try to have an advocate there as well, that's important I think to have somebody there to speak up for them." (Co-ordinator Interview 3)

In cases where there is a history of conflict between the family and statutory services, the Co-ordinator endeavours to understand this relationship, encouraging both parties to air their differences and try to reach a better resolution. Co-ordinators consider it important that they facilitate honest communication, but do so in a way that is balanced and fair.

"It's about not hiding from the tough stuff. I do not mind airing stuff or getting it aired but I try to do it sensitively so that even the people who have something to learn, if it's the professional who has something to learn that they're not hurt, or too hurt by the experience. ... Its also about confronting families sometimes to say, 'look this is not on' or 'is this sensible' or 'can you see why the social work department do not trust what you have said'?... . In order to build relationships, you have to expose the shortcomings in a balanced way." (Co-ordinator Interview 1)

Quite a number of the families referred to the service have experienced domestic violence. There have been cases where, because of a history of domestic violence, the Mother is opposed to the participation of the father, yet the children may want to have the father there. In these cases, the Co-ordinator must spend time with all parties exploring the issues involved. Some referring services and families have taken the time out to consider the involvement of fathers, while others are opposed to it because the fathers have been abusive. Ultimately, the Mother's level of fear will be the determining factor in whether or not the father attends. One respondent believes that there is a need for greater attention to be paid to working with absent fathers, because of their importance to the children, work that requires an investment of time, skills and reflection.

"I think the challenge is there for Co-ordinators to involve fathers..... Some of the services do not engage with absent fathers or fathers who have been abusive domestically in the past, and will continue to play a role, albeit not the healthiest role at times, in young people's lives – but what do

we do about it? Is it our role to engage, and if so, what do we do about it, and is there enough backing for us to do that or is it still the feminisation of social care and social work which leads us to believe that Home Helps will always be the women and the Mothers will always be the carers of the kids and the fathers are just absent and deficit ridden? Therein lies a challenge for us and we have needed to take time out to talk to referrers about it, and also to family members.” (Co-ordinator Interview 2)

This respondent does not believe that the service has the answers to these difficult issues, but can offer the families a means to come up with their own solutions. For example, in some cases the inclusion of paternal grandparents in the process has made it easier for the father to have some involvement, whereas that may not work for other families. Due to the prominence of absent parents as an issue for children, the skills required to negotiate this complex arena are something that should be promoted and developed in childcare services.

In cases of conflict, the Co-ordinators attempt to move beyond it by encouraging participants to focus on the needs of the children. They are anxious to ensure that family debate is not stifled because of the powerful influence of a family member. In such cases, preparatory work is undertaken with the family to explore how their dominance will be dealt with during private family time. Ground rules are always set – including that everybody has a chance to speak, confidentiality is respected and everybody’s point of view is respected. There have been cases where young people or adults leave the conference in anger, in which case the Co-ordinator talks to them to encourage them to return to the meeting.

#### **3.1.4 Family Plans**

Generally, there have been few major surprises for the Co-ordinator from family plans. They tend to have an idea of the solutions families are working towards from the preparation stage. Overall, they feel that families come up with comprehensive plans. If the family plan has not taken on board the issues about which the family are meeting, the Co-ordinator asks a number of questions to challenge them to consider aspects they have not addressed. They may suggest some things to strengthen the plan. This process must be handled sensitively to make sure that the plan is still shaped and owned by the family but that it is realistic and properly targeted.

#### **3.1.5 Children’s’ Participation**

The extent of ownership the child takes over the process varies, depending on the age, ability and other factors. There have been very inclusive examples of children sending out invitations, meeting and greeting participants. At the other end of the spectrum, some children do not want to be there. The Co-ordinators feel that it is important to offer children the opportunity to communicate in ways that suit them, that there is a need to be creative in facilitating this.

Generally, Co-ordinators said that young people understand the process and that their contribution is very valuable.

“Sometimes it’s the small things young people say, like I want to go and live with so and so once a month that can make such a huge difference to the quality of people’s lives.” (Co-ordinator Interview 3)

### **3.1.6 Social Support**

The consensus among Co-ordinators is that the model can open up social support, but does not do so in all cases. Support will be mobilised if its there. Children and young people have been re-engaged with family or friends, have become involved in activities in their community or facilitated to have more contact with an aunt or uncle. Some need more access to formal support services, such as a NYP or counselling. A number of factors were identified that limit the capacity of the FWC model to mobilise social support. Firstly, some families have very damaged relationships and are unable to move beyond this. One respondent made the point that things may be gone too far.

“Its back to the level of how much damage has been done. If it’s a kid who has robbed his neighbours, his family, whatever, what’s the reality of getting the family coming back and saying, oh yeah, we’ll support so and so?” (Co-ordinator Interview 3)

Secondly, and related to his point, some people do not want to involve family members or are selective about who they want to invite. The Co-ordinators are open to the idea of ‘family’ being interpreted broadly, to include neighbours and friends but believe it is important to explore the reasons for resistance to the inclusion of family members. One Co-ordinator said that at the start, there were a number of families who did not want their circle opened up. The result was that no new ideas emerged and the same solutions were discussed in a new format. The Co-ordinator learned from that that there is a need to explore and challenge this resistance. Yet, while challenging family members, they also have to accept that some people will not agree to the involvement of extended family.

“What that led us to do was to push a bit further for families to extend invitations out to other people and to spend a bit more time exploring why the resistance was there. Finding out in real terms, why and how are some people more significant than other people and at the same time, you have to strike the balance between that and accepting that for some people, its just not in their nature or their culture to want to have extended family there. There is that whole notion of we do not want to air our problems or issues in public.” (Co-ordinator Interview 2)

Thirdly, a challenge is that some families have very limited networks, and therefore the capacity of the model to mobilise social support will be limited. Where families have a very limited network, but heavy involvement of professionals, there is a risk that the conference will look more like a child protection conference than a family welfare conference. Co-ordinators try to ensure that the number of professionals coming to the conference is limited, which is something that may have to be negotiated.

“For instance in one of the very first conferences we had, there was a psychologist, social worker and childcare worker involved from the health board but we negotiated that only one of them would come to the conference and collectively represent the Health Board. The psychologist came and the social worker and the childcare worker did not. The family did not want the social worker to be there because they did not take to her. They were more comfortable with the psychologist so the family was comfortable and the Health Board was comfortable. ... We do not have what I call ‘passengers’, people who are just there for the ride.” (Co-ordinator Interview 1)

While they always endeavour to ensure that family members are in the majority, Co-ordinators will go with whatever formation they think will work for the family. For example, mobilising informal social support may be unlikely if the resources available are limited, yet the conference may be useful in terms of co-ordinating services for the family, exposing difficulties and allowing people to tell service providers what they want. For example, a Co-ordinator made the following comments in relation to a case of an isolated lone parent with little support apart from that provided by a Community Employment Scheme.

“I wouldn’t feel constrained by the rigidity of the model, of having to have several family members. If this person’s life is such that these are the only supportive people there for them and say, if it’s only a Mother and her friend and several professionals, if that’s all that’s there in her life, I’d be saying ‘look is this better for her that at least something is put together for her than not having anything at all?’ Just because there are more professionals there – I do not buy into that. It’s about the persons’ experience ultimately; it’s not about me deciding there have to be four or five family members. ... You are really consigning them to no service if you do not give them a chance or at least if you do not offer them the choice. I would think there are ethical issues about that.” (Co-ordinator Interview 1)

### **3.1.7 Implementation and Monitoring of Plans**

Co-ordinators have found that, in the short-term, people generally do what they say they will do, especially if a review date has been set but that it is harder to maintain motivation in the medium term. After the excitement and energy of the meeting, there can be a dip in enthusiasm when the family get home and have to set about implementing the plan. Some find it hard to get things moving after they get the plan in the post.

"I think this is where we may fall down a little bit. In the room itself when the plan is written, people are by and large exhausted and they want to get home.... I sense sometimes there is a bit of gap there for them, what do we do now?.... What people say in a room motivated by other people isn't always what's going to happen in the real world outside of the safety and protection of a conference room or whatever. So, I suppose what I would be asking or questioning, is 'is there a need for a follow-on or a very clear post-plan plan, as to exactly who is going to do what, where and when.'"

*(Co-ordinator Interview 2)*

One respondent made the point that how services are offered to families at the family welfare conference and how they are subsequently delivered on are crucial to the process. Often a family may not understand what it is a service provider does, and therefore may be 'lukewarm' about availing of the service. Ensuring that the family understands how exactly a service can help them encourages them to accept and engage with the service. Co-ordinators spoke of excellent examples of agencies presenting their services to families in a way that encouraged them to take up the service. However, on the other hand, there have been cases where a service is offered to the family and forms part of the plan, but it subsequently emerges that the service is not available at the time. The Co-ordinators urge information givers to research what exactly is available before they come to the meeting, but believe that this is not happening enough at the moment.

While the model is based on the assumption that referrers will play an ongoing role in terms of monitoring the plan, in reality this is not always the case. According to Co-ordinators, referrers are all different – some just want the issue dealt with and they want the family to get the service but they do not want to do any follow up work. The nature of the case can also influence how pro-actively the referrer monitors it. For example, if a social worker referred a high-risk case, they are likely to be motivated to monitor the situation. Whereas if it is lower risk, the referrer may not feel their input is as necessary and are content that a family member can do it. While there is consensus that there is no clear-cut answer to how best plans can be monitored, Co-ordinators felt that there could be more accountability in terms of the investment of public resources in the process. If a family commits to the service, they should be obliged to follow through with the process from beginning to end. There is a need to have somebody to check in with the family to see if the plans are happening and that everybody has followed up on their commitments. Co-ordinators said they do not have time to follow up, nor do they have the authority to ensure that things get done. It was suggested that this could be a role for the Children Act Service Manager, who would have greater authority in terms of ensuring that things get done. The point was also made that there is a need for cross-department support at a higher level to ensure that commitments made to families are delivered on.

“What concerns me is that, if the organisation providing our service has other branches of the organisation not fulfilling its responsibility, ultimately who is called into account for that? If I’m an independent facilitator, all I can do is bring it to people’s attention. ... There might be more added value to it all if there was somebody keeping an overview of whether things were happening...The thought of the whole thing being compromised because nobody is keeping an eye on whether things are being delivered on annoys me a bit, why am I killing myself or any of us committing to this? And at the end of the day there is nobody really looking to see that the goods have been delivered or that there is added value to the whole thing of bringing everyone together, you know.”  
(Co-ordinator Interview 1)

There was some variation in opinion regarding reviews. One Co-ordinator questioned the value of reviews, feeling that it should be up to the family at that stage, whereas another Co-ordinator felt that the reviews are very important, as the family may take some time to fully engage with the process. By the time the review happens, they are more confident and focused.

“Some of them actually do not get it until the review, what I find is that a lot of them work much better at a review once they have experienced it themselves and get a handle on what it is... which is why often more than one review can be useful because it takes them a while to engage in the whole process.” (Co-ordinator Interview 3)

Co-ordinators urge that reviews are recognised by management as being time consuming. Families can look for support from the Co-ordinator to help them to deal with ongoing issues. There may be a need to go back to service providers to get them to change how they are providing services, all of which takes time.

In terms of closing the case and assessing what the outcomes were, there is currently no formal process in place, apart from a closure summary sheet completed by the Co-ordinator. Co-ordinators agreed that, given that the FWC process is an inclusive one, it may be more appropriate to have a three-way closure between the family, referrer and Co-ordinator in order to achieve a more rounded assessment.

### **3.1.8 Capacity**

The target of 15 conferences per annum per Co-ordinator is felt to be realistic. The Co-ordinators emphasised that focusing on the numbers of conferences and reviews held does not take into account the additional work and time spent on referrals that do not proceed to conference. In this region, from March 2002 to the end of August 2004, 37 per cent of referrals were terminated. Preparation can be at an advanced stage when the family decides not to go ahead. Co-ordinators feel that this must be taken into account when agreeing and monitoring targets for the service.

The Roscommon and Mayo Co-ordinators said that they have been able to respond to demand to date but would benefit from having a panel of trained Co-ordinators to cover leave. The Galway Co-ordinator felt that capacity is inadequate in the county, which acts as a deterrent to promotion and integration of the service. He believes that additional resourcing, supported by an adequate infrastructure is required to respond to demand. The service has not been pro-actively promoted in some areas of the county, including Connemara, due to limited capacity. Since these interviews were completed, FWC Co-ordinator panels have been established and trained in Mayo and Galway.

### **3.1.9 Outcomes**

Co-ordinators believe that the service works for some families and not for others. Successful cases are those where the intervention occurs before risk is acute, there is extended family support and young people are able to participate and engage well. Less successful cases tend to be those where there are a high number of services involved with the family and they are unable to distinguish how FWC differs from other services. Also, unsuccessful cases can be those where the family are unwilling or unable to give a real commitment or where the young person has become too embroiled in criminal behaviour for the FWC to make a difference to them.

“I can get that sense of empowerment from families. After a meeting or during a meeting, you know they often feel very proud of themselves. They have worked hard and come up with this plan.”  
(*Co-ordinator Interview 3*)

The value of the model lies in the fact that it allows families and professionals to come together, share expectations and challenge each other’s assumptions. In this way it is a holistic process, which is not very common in service provision.

“It’s not unusual for a range of agencies to come together. Being able to get a family and their professional support network to come together and share knowledge and understanding of their roles and expectations and responsibilities, opportunities, potential. It’s just such a simple thing that if you do not do it .. you know you have everybody.... Probation, nursing, community welfare officer, psychology all coming in and out the house and doing their own thing but nobody tying it all together. So I think, in terms of a holistic model it is absolutely vital and I’m convinced that it has a future and a real strong future if people are prepared to act on it.” (*Co-ordinator Interview 1*)

### **3.1.10 Place in the System**

Co-ordinators feel that the FWC model is not yet properly integrated into the childcare system. They believe that those who use it see it as a valuable ‘tool’. One respondent feels that there is

currently no vision for the service and its role in the overall childcare system, a state of affairs that carries risks.

“It would be nice to see a vision for the service to see where it is going. It could end up being just another service that we provide that we’re obliged to do statutorily. In times of cutbacks, there is a risk that corners could be cut.” (Co-ordinator Interview 1)

There is a feeling that some professionals ‘talk the talk’ but have not fully embraced the need to offer families an opportunity for real change. The responsibility for the service ultimately lies with senior management, who can influence and direct staff to use this model to a greater extent. Many senior managers have not been to a family welfare conference and, while they may support it in principle, Co-ordinators feel they would benefit from seeing how it actually works in practice. Most social work team leaders have attended a conference and have benefited from seeing its strengths and limitations.

There is a sense among Co-ordinators that the potential of the service is being constrained because referrers have the power to act as gatekeepers, and it is they and not families who make the decision about whether a service is offered. Yet, the Co-ordinators feel that referrers are still not fully sure what to expect when they refer. They feel that people need more evidence regarding how it has worked – people’s judgements of the service are often based on anecdotal evidence from colleagues.

There is still confusion regarding where it fits with the child protection system, children in care reviews and all the other meetings.

“I have two cases of children in care at the moment and what I’m finding is that the social worker is concerned that it doesn’t conflict with any of the plans that are coming out of the childcare reviews or case conferences.... I can see that as coming up as an issue as to where it fits, because these are statutory reviews and if they come up with something different, it could be awkward.” (Co-ordinator Interview 3)

“The costs of care are huge. Why aren’t people saying ‘give this a go’? What’s the worst thing that can happen? If people are really concerned about children entering care, they need to look at things differently. Management should direct the children in care team to refer.” (Co-ordinator Interview 2)

Co-ordinators are disappointed at where FWC was placed in the legislation, believing that it would be more valuable as a means of early intervention and for children in care, rather than ‘rubber stamping’ what has already been agreed in relation to special care orders. While it is

seen as having a role in child protection cases, they believe it is most valuable as early intervention.

“My sense of it is that it’s of more value at the lower level, in relation to say family support and in providing supports to families. Alright they are in crisis situations but not at the level where they need to be on the child protection list. I also think in terms of children in care and planning for children in care, they can be really valuable as well. But when there are cases where every service has been in there, you know, you are getting a referral and there are 7-8 services involved, its like what’s this service but another one on the list... that’s where I find they do not work as well..... Saying that, sometimes it has been useful to get all the professionals together with the family outside of, say a case conference system. I’m not saying it’s not useful, I just do not think it’s as useful. It’s not as effective at that stage.” *(Co-ordinator Interview 3)*

Ideally cases would be referred at the earliest stage possible. For this to happen, more referrals could come from self-referrals, schools, family support services and other agencies. According to Co-ordinators, there is a perception among some agencies that only social workers can refer, that the only people who can access services are social workers or psychologists. One respondent feels that this needs to be challenged and other agencies be given the confidence to refer. There is also a need for more publicity among the general public to encourage self-referrals. One Co-ordinator acknowledged that this vision for the service among staff in the West is different to that in other parts of the country.

“We’re thinking of it in very different terms than they are in other parts of the country. In Dublin and Cork, they very much see the service as being only available to social work.. so it’s not universally seen like this. They may have a perception that we are diluting the model by having it like this, but I think we want to reflect the kind of service we want to offer, i.e. a family support service rather than a social work tool.” *(Co-ordinator Interview 3)*

The FWC service was intended to serve the three domains of alternative care, child protection and family support. To date, most of the referrals have been in the domain of family support, with a lesser number coming from alternative care and child protection. As mentioned earlier in the section on CASM perspectives, in order to increase the usage of the model in child protection cases, a pilot project was initiated, wherein social workers were asked to refer a certain number of cases prior to or subsequent to a child protection conference. One Co-ordinator feels that the pilot project did not work out, not because of an effort on anybody’s part to undermine it, but because of a lack of capacity to deliver on its objectives. This respondent feels that while it appears attractive to use a family support approach with higher risk cases, in a context of finite resources, it means that less resources are applied to lower risk cases. It appears to this respondent that the implications of the pilot project in terms of resourcing and capacity issues associated were not fully thought through, nor were managers sufficiently

interested to drive the process. Co-ordinators would welcome greater testing of the model but feel that it is pointless to do so in the absence of an adequate policy and resource infrastructure.

### 3.1.11 Strengths and Weaknesses of the Service

#### **Co-ordinators identified the following strengths of the FWC Service**

- The young person(s) is centrally involved – it is their conference. While for younger children, the conference is generally more about their parents' issues, for children who are old enough to participate, it can be very powerful for them.
- It empowers the whole family to have their say. Families invest in the plans and they leave themselves to be held accountable. They gain more confidence in their ability to take control.
- It is not owned by any discipline.
- The family see that the Co-ordinator as independent and do not expect him or her to collude with them.
- The power imbalance associated with child protection conferences is not as evident.
- The informal atmosphere, food and venue help to put people at ease.
- Having their own budget allows the service to be flexible, responsive and creative.
- In the context of a multi-cultural society it offers an opportunity for culturally appropriate practice.

#### **Co-ordinators identified the following weaknesses of the FWC Service**

- The service is not suitable for every family. Timing is important; the situation should be relatively stable.
- There is a need for procedures to monitor and audit what has happened as a result of conferences and to check in to make sure that plans have been implemented.
- There is not enough buy-in for the service at senior management level. The model is not being pro-actively promoted as a result.
- There is a risk that quality will be compromised if there is undue focus on numbers of conferences.
- Referrals may be inappropriate which takes up time, as the service is not suitable for every case or family. On the other hand, the service is not utilised to the degree it could by some services. These issues highlight the difficulty in achieving the right 'fit' for the service.
- Capacity is inadequate in Galway.
- With only one Co-ordinator in each county, Co-ordinators are quite isolated and would benefit from an enhanced support system.
- Salary scales for FWC Co-ordinators are not standardised across the country.

### 3.1.12 Recommendations

#### **Co-ordinators made the following recommendations in relation to the FWC service:**

- Develop a strong management vision for the service, delineate where it sits in terms of the overall system and set targets for referrals from various sources. It must be embraced by the HSE and not just run as a 'one man show'. This requires a shift in thinking from all levels of the organisation.
- Judge the service on the basis of value for money rather than number of conferences.
- Consider expanding the capacity of the service in a creative way. For example, have a service manager dedicated to the FWC service across the region with a panel of fulltime, part-time and sessional Co-ordinators, with specialities in particular areas.
- Regulate the salary scale for FWC Co-ordinators to make it more consistent across Ireland.
- Enhance the accountability of the service by putting in place monitoring procedures to make sure that plans are implemented.
- Encourage service user input into how the service develops.
- Promote the service more as a community service, with better profile among the general public and universal services, such as GPs and solicitors.

### 3.2 Children Act Service Managers

As mentioned earlier, a Children Act Service Manager was appointed in each of the counties Galway, Mayo and Roscommon to oversee the development of services to fulfil the HSE Western Area's responsibility under the 2001 Children Act. These officers have responsibility for the development and management of the Family Welfare Conference Service in the region.

#### 3.2.1 Development of the Service

The Children Act Service Managers and Co-ordinators took a proactive role in relation to promotion of the service, leaving 'no stone unturned' in a broad public relations exercise to raise awareness and understanding of the model among potential referrers. They were open to referrals from a wide range of sources, though they knew from research of the areas in which the FWC process was likely to be more or less successful. There was a belief that gaining initial acceptance and support for the model from a small group was essential in terms of having an opportunity to try it out and learn from it. For example, in Roscommon, the CASM cites the fact that she sits on the Child Protection Management Team where the possibility of a FWC can be raised and its appropriateness discussed in an inter-disciplinary forum. Also, the Castlerea social work team very much got behind the model and were strong referrers. Relationships were built up with key people who valued the service. These factors helped the service to gain momentum and, crucially, allowed key stakeholders to gain experience with the model.

According to the CASMs, the service was viewed by some referrers as a 'solution' that would solve the family problems, and by others as a 'process' that could assist family decision-making, the latter being promoted as more realistic. Social workers are considered to be good referrers, although some individuals have not referred to date. Disappointment was expressed at the low number of referrals coming from a variety of sources, in spite of vigorous promotion. These include schools, public health nurses and Neighbourhood Youth Projects.

### **3.2.2 Place in the System**

The consensus among CASMs is that the service has come a long way but its role is not yet fully defined or its potential realised. There is now a greater understanding of the role of FWC, all social work teams have used the service and it has the support of senior child care personnel and other disciplines. However, in the absence of a policy in relation to the service, its use has been dependent on individual orientations and word of mouth. Respondents suggested that a policy regarding the role of the FWC be developed in order to better embed the service. For example, it could be policy that the duty social work team and the Child Protection Management Team routinely consider FWC for all cases coming before them.

The CASMs perspective is that FWC is especially well suited at low thresholds of risk but that it can also be a valuable means of working with families designated as higher risk. Although high threshold cases require an immediate response, which the FWC process cannot guarantee, CASMs feel strongly that FWC can play a role in terms of increasing family input and ownership of what can be an unequal and disempowering child protection process. A key challenge for the Managers has been finding the right fit for the FWC process vis-à-vis Child Protection Conferences (CPC). CASMs see FWC as complementing rather than substituting for CPC and have attempted to increase referrals from high threshold cases, by offering a family conference either prior to or subsequent to a CPC. A pilot project was initiated, with the objective of testing out how the FWC process could work as a complement to the CPC. Although the pilot project was not fully implemented due to the fact that 'it did not have a driver', CASMs have learned from it that professionals perceive it as less threatening to refer a family to FWC after a CPC has taken place, rather than prior to it. Their experience has been that higher threshold families that take part in a FWC find it valuable, as do their social workers. However, they perceive ongoing dialogue and discussion will be needed in order to challenge fears and resistance regarding the use of CPC in the child protection process.

### **3.2.3 Outcomes from the Family Welfare Conference Process**

The CASMs have a strong belief in the value of the FWC process to bring about real change for families. However, they are clear that it will not work in every situation. While it is difficult to

predict what cases will or will not work, they feel that successful cases generally have the following characteristics:

- Referrers and professionals involved in the case are open to the idea and have respect for the family.
- Timing is right – the family are ready and willing to ‘buy in’.
- There is an extended family willing to come on board. The size of the network is not as important as the willingness of people to commit support.
- The stakeholders do not expect to ‘solve everything’.
- The family are well prepared and the meeting is skilfully facilitated. The Co-ordinator does a lot of work with families about what they can or cannot commit to.
- Family members and service providers follow through commitments made in the family plans.

By contrast, less successful cases involve one or more of the following characteristics:

- Professionals are closed-minded, have unrealistic expectations or can ‘go into the meeting with a plan in their heads’. For example, the FWC may be the first time a family has sat around the table and communicated with each other in a constructive way. Some professionals expect them to come up with an instant ‘solution’. If the families do not do what they said they would, the attitude can be ‘I told you so’. CASMs believe that if it is viewed more as a process and a way of working that takes time, it is likely to be more productive.
- Resources and commitments made are not followed through on.
- Families are not at the stage at which they can commit, may pay lip service or engage in order to get somebody ‘off their backs’.

It was felt that there is a need for a common understanding underpinned by a policy in relation to monitoring the family plan. While it is assumed that the referrer will stay involved and, in conjunction with family members, take responsibility for monitoring, this does not always happen. One difficulty is that if a family member does not do something, it is difficult to challenge him / her, whereas it is easier to follow up with professionals.

### **3.2.4 Family Welfare Conferencing and Social Support**

Asked if they feel that the FWC process helps to mobilise social support towards resolving family problems, CASMs feel that it can but whether or not it does depends on the dynamics of each particular situation. For example, the conference can raise awareness of difficulties that the family had not been aware of, as in one case where the extended family did not realise the extent of a parent’s alcoholism. Once they did, they provided support for the child and informed services of what they needed from them.

CASMs recognise that, in some cases, families do not want extended or certain nuclear family members involved and while this is not ideal, these conferences can still work. It has also happened that the parent or child at the centre of the process may insult or disappoint members of their network, which can cause the support to break down. On the other hand, there have been occasions where friends and family overcome their hurt and anger to offer ongoing support. CASMs believe that families need an ongoing support and monitoring process to help them to overcome inter-personal difficulties and harness the supportive potential of their social networks.

**3.2.5 Capacity and Resources**

All CASMs feel that the target of 15 conferences per annum (plus reviews) is realistic and achievable for one Co-ordinator. All feel that there is a need to have a panel of Co-ordinators that can be drawn in to cope with demand, Co-ordinator absence and other needs.

**3.2.6 Strengths, Weaknesses, Opportunities, Threats**

Asked to identify the strengths, weaknesses, opportunities and threats of the service, the CASMs identified the following.

- Strengths of FWC service identified by the Children Act Service Managers**
- It can be an effective way to work, often with long-term and sustainable outcomes.
  - There is a skilled, accomplished independent Co-ordinator dedicated to the process.
  - The service has support from key professionals.
  - Access to a flexible budget allows the service to ‘think outside the box’.
  - It is a versatile and complementary service that can be used in many ways in the child care system.
  - FWC engages in genuine partnership with families and is very child and family centred.
  - The model can tap into family resources, offering good value for money
  - It increases the choices available to families.

### **Weaknesses of FWC service identified by the Children Act Service Managers**

- The process can be time-consuming and can take place outside working hours, which causes difficulties for some professionals.
- Referrers remember the conferences that do not work out and their judgement of the service can be influenced by them.
- The place of FWC under the Children Act legislation does not harness its potential as a preventative service. Furthermore, the name 'family welfare conference' is not ideal – the word 'welfare' has negative connotations for some families.
- The service needs to be clearer about taking on cases they feel are inappropriate.
- There is currently no way of knowing or measuring if family plans are durable or the degree to which they have been implemented.
- The potential applicability of the service in a wide range of arenas is not being realised.

### **Opportunities in FWC**

- There are many ways in which the service could be used – for example, in schools, community and in the child protection process.

### **Threats to FWC**

- The service may be seen as a cheap option.
- Potential referrers may not see past the extra work in the short-term to see the longer term benefits for the family.

### 3.2.7 Recommendations

Children Act Service Managers (CASMs) made the following recommendations in relation to the FWC service:

#### **Recommendations made by the Children Act Service Managers**

- The childcare service in the region could pay greater attention to the role and place of FWC. For example, its role in relation to the child protection process requires further discussion and analysis, while there is need for greater recognition that the service can be used across a wide spectrum. It could be routinely considered at intake and at child protection team meetings.
- In order to encourage more early referrals, intensive efforts are required to introduce the model to the education sector, through the Department of Education and Science.
- Additional Co-ordinators are required to meet demand and cover holiday and sick leave.
- The FWC service could have greater coherence at national level in the HSE. For example, there is a need to standardise pay scales for the service nationally.
- Professional perceptions that lower threshold cases are not as important should be challenged.

### 3.3 Summary

This Chapter has outlined the perspectives of FWC Co-ordinators and Children Act Service Managers in relation to the FWC service in the HSE Western Area, including how the service developed, factors influencing referrals, its place in the childcare system, outcomes from the process, the degree to which it mobilises social support and resourcing and capacity issues. Chapter Four, which follows, provides an overview of many of these themes from the perspective of people who referred families to the FWC service.

## Chapter Four

### *Referrers Perspectives*

#### **4.0 Introduction**

Referrers represent a critical stakeholder group, as the people who make the decisions regarding who is referred to the service, and who have an ongoing involvement with the family throughout the process. Ultimately, their experiences of the service and their opinions in relation to the added value it brings to the existing range of services influence the degree to which the model becomes established and embedded in practice.

In order to assess the perspectives of referrers regarding the service, separate questionnaires were devised for:

- A. Referrers who had experience of a Family Welfare Conference
- B. Referrers who did not have experience of a FWC (i.e. the referral was terminated prior to conference)

This Chapter is in two parts – the first part outlines the perspectives of referrers with experience of a FWC, while the second part profiles the feedback of those that made referrals, which did not proceed to conference.

#### **4.1 Referrers with Experience of a Family Welfare Conference**

This section outlines the perspectives of referrers who have experience of a conference, starting with a profile of their roles and organisations and number of referrals made. Other aspects addressed in this section include their reasons for making a referral to the service and their perspectives regarding the content and implementation of family plans, monitoring procedures and resourcing. Referrers' opinions regarding the value of FWC in addressing family issues, their perceptions of the positive and negative outcomes from the process and analysis of how family needs would have been addressed if there had not been a FWC are then outlined. The section also includes their assessment of the principles of the FWC model and how these principles were realised in practice. Finally, the section concludes with respondent's assessment of the strengths and weaknesses of the service and their recommendations for the future development of the service.

##### **4.1.1 Profile of Respondents**

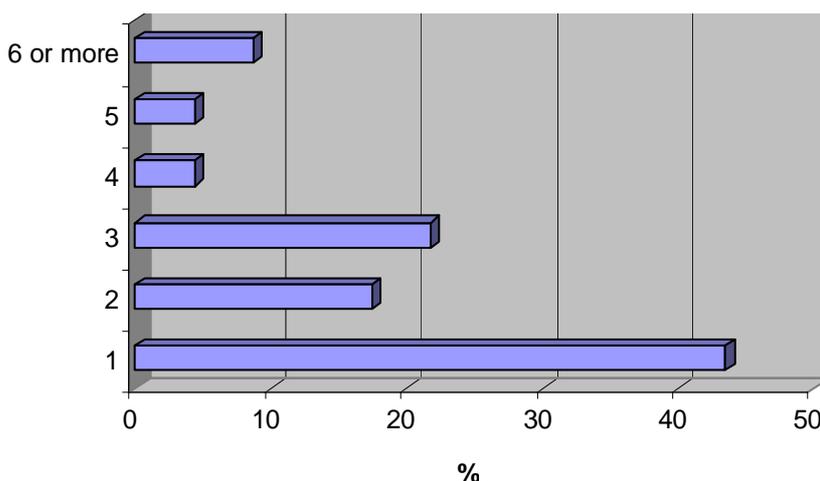
Almost 80 per cent of respondents are Health Service Executive employees, with the remaining respondents drawn from local community and voluntary organisations, the Legal Aid Board and the Probation and Welfare Service. Just under half (46%) work as Social Workers, 21 per cent as Project Workers, while other respondents include Public Health Nurses, Psychologists, Project Leaders, Child Care Leaders, Solicitors and Probation Officers. The highest number of

respondents (62%) are from Galway, followed by 25 per cent from Mayo and 13 per cent from Roscommon.

As shown in Figure 2, the majority of respondents have referred one (44%), two (17%) or three (22%) families to the FWC service. Four per cent of respondents each referred four or five families, while nine per cent referred six or more families. Between them, respondents referred a total of 54 families to the service, of whom 34 have taken part in conferences. The referrals made by respondents represent 40 per cent of referrals made over the study period.

Asked where they heard about the FWC service, most had some knowledge of the model through training and information provided by their employers in relation to the Children Act legislation. In addition, many received an input or information from FWC staff in relation to the service.

**Figure 2: Number of Families Referred by Respondents to the FWC Service**



#### **4.1.2 Reasons for Referring to the Family Welfare Conference Service**

Asked about motivating factors in their decision to refer families to the FWC service, a range of answers were given. Just under one in three respondents referred to the service as a means of increasing the involvement of extended family and enhancing the support to the children from their broader network.

“to initiate the extended family involvement as family moving from this area to Dublin, was not linked into formal service so would rely heavily on involvement / support from extended family.”  
(Respondent 1)

“Child has been isolated from extended family and natural father prior to coming into care. Needed to re-establish positive relationships within her family, especially with her father and his family.”  
(Respondent 7)

“Family needs to make a decision regarding a certain child and there appears to be a lot of people around who want to be involved in the care of the child.” (Respondent 2)

A number of respondents highlighted particular features of the model as their motivation for referring families – for example, its partnership model, strengths-based approach and family centred ethos. For some referrers, these aspects of the model meant that it was likely to be more effective in finding solutions.

“Had explored all other options and felt the FWC model facilitated the family in coming up with their own solutions to their problems. FWC is family centred and not seen as a threat, unlike child protection conferences.” (Respondent 13)

“You bring the family together and develop a plan for the whole family, not just working with individual members. If family draw up their own plan then I believe they are more likely to keep it.”  
(Respondent 15)

A number of referrers mentioned the fact that the FWC offers a structured and co-ordinated process, which is especially suited to families who are motivated and in a position to make decisions.

“I felt a structured approach to bringing the family together would be of more benefit than facilitating ‘family meetings’ within the family. I felt the family had the ability and motivation to make the most of the FWC.” (Respondent 14)

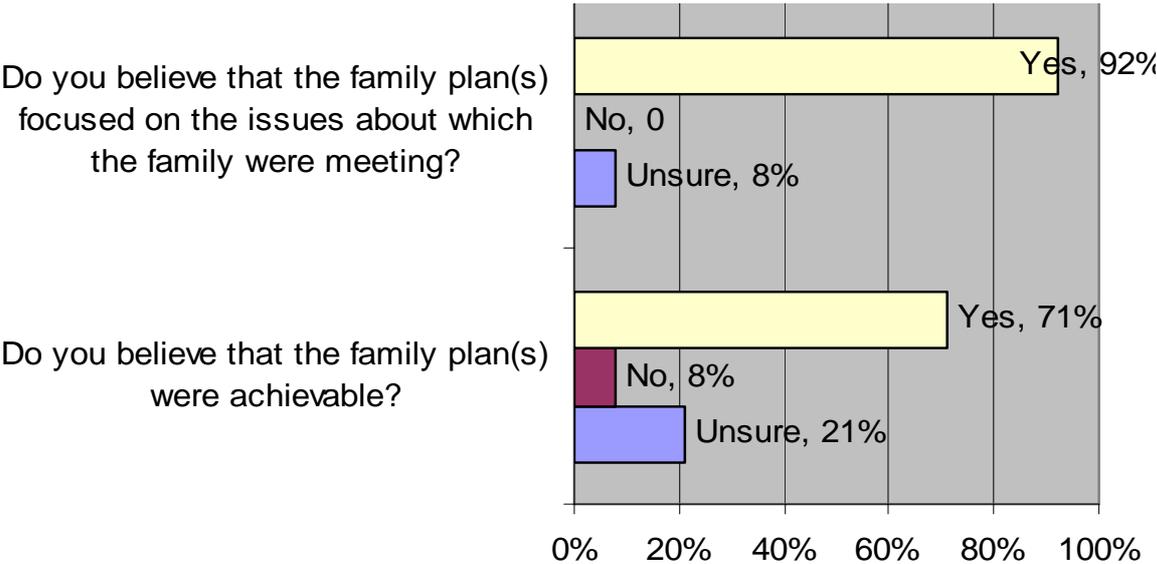
“Family is very motivated to make any decisions but need help to do so.” (Respondent 2)

The FWC process was seen by many referrers as a means of finding practical solutions to family needs, including addressing family tensions and promoting communication, agreeing care arrangements for children and sourcing additional resources within the community to support the child. Some referrers said they were willing to give FWC a go as ‘all else had failed’. One respondent said that the family s/he referred were reluctant to work with professionals so a referral to the FWC service was used as an alternative approach. One referrer had requested an alternative service which was unavailable and was instead offered a FWC.

**4.1.3 Content and Implementation of Family Plans**

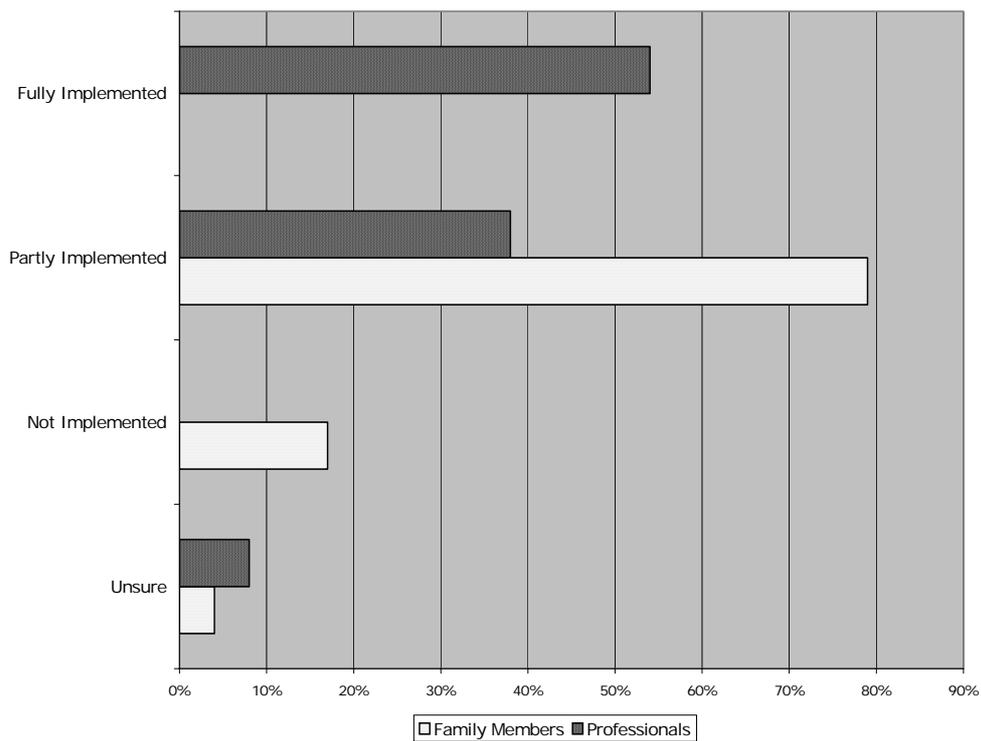
Asked if they felt that the family plans formulated at the Family Welfare Conference focused on the issues about which the family were meeting, 92 per cent of respondents said yes, while 8 per cent were unsure, as illustrated in **Figure 3**. On the question of whether they believe that the family plans made were achievable, 71 per cent of respondents felt that the plans were achievable, 8 per cent did not feel they were achievable and 21 per cent were unsure.

**Figure 3: Referrers Perceptions regarding whether Family Plans were Relevant and Achievable**



Referrers were asked to comment on the degree to which the family plans were implemented by professionals and by family members. Their responses, as shown in **Figure 4**, indicate a considerable difference in perception of how both parties delivered on commitments made in the plan. The majority of respondents (54%) felt that items requiring action by professionals were *fully implemented*, while thirty eight per cent felt that they were *partly implemented*. None felt that items had *not been implemented*, while 8 per cent were *unsure*. By contrast, none of the respondents felt that items requiring action by family members were *fully implemented*. Seventy nine per cent felt that family actions were *partly implemented*, while seventeen percent felt they were *not implemented*. Four per cent were *unsure*.

**Figure 4: Referrers Perceptions of the Degree to which Items in the Family Plan(s) requiring action by Family Members and Professionals were Implemented**



Respondents highlighted a number of issues in relation to the implementation of family plans. Where plans were successfully implemented, some respondents felt it was a consequence of the process that had been worked through:

“This was in the main due to the preparation, discussion and inclusion of all the family members in the process.” (Respondent 4)

In some cases, referrers felt that some professionals and family members fulfilled their tasks, while others did not or some parts of the plan were implemented but not others.

“In the case of treatment plans for alcoholic parents, the treatment plan would have been implemented but at some stage of the process the client would have dropped out. Plan B would have then come into play.” (Respondent 2)

“The longer term items in the plan were not fully implemented although the most immediate and important ones were (curfew, disciplinary activities)” (Respondent 14)

Some respondents referred to the fact that circumstances changed for the family and they may have amended the plan accordingly or abandoned it.

“In two cases family members meant to implement plans, but other circumstances took over. In one case the father always promises to do things - which never got done.” (Respondent 10)

“In one case the plan was only partially implemented until the review date when the plan was just disregarded.” (Respondent 18)

Some respondents knew what had happened in relation to some aspects of the plan but not others.

“Some things did not materialise from the plan and other items I am unsure about, they may or may not have been completed.” (Respondent 14)

According to some referrers, the implications of the plan were not fully understood by family members at its time of formulation;

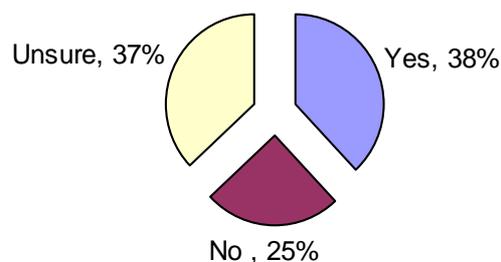
“Some of the plan involved assertion / behaviour change for family members and these items were not fully discussed at planning stage in terms of the need for commitment from family members.” (Respondent 24)

“Families can be very motivated at time of meeting but can fail to factor in the other difficulties they experience which can affect plan.” (Respondent 5)

#### 4.1.4 Monitoring of Family Plans

**Figure 5: Referrers Perceptions of the Adequacy of Monitoring Procedures**

Do you believe that adequate procedures are in place for **monitoring** the implementation of family plans?



Just under four in ten (38%) of respondents feel that adequate procedures are in place for monitoring the implementation of family plans. As Figure 5 indicates, a quarter of respondents do not believe that adequate procedures are in place, while 38 per cent are unsure. Many expressed the view that monitoring is important in order to maintain momentum and ensure that the plans do not languish after the conference but expressed dissatisfaction at current arrangements. While some referrers happily took on the role of monitor and had no problems with the idea that the referrer should monitor the plan, some said that they were not satisfied to be left with responsibility for monitoring the plan. Some reported a lack of clarity regarding whose role it was to monitor the plan – sometimes family members were allocated responsibility but did not report back on the progress of the plan or, as one referrer said, the person identified to monitor may have had divided loyalties and been reluctant to report negatively on other family members. One respondent said that s/he feels that monitoring should be shared between family members and all professionals involved, while a number of respondents felt that there could possibly be an enhanced role for the FWC Co-ordinator in terms of monitoring. They were unsure whether the Co-ordinator could take on this role, but felt it was something that was needed since current procedures are not working.

“The family I referred needed a follow up or someone to check in with as regards the family plan in order to chase up professionals who had agreed to arrange appointments and failed to do so. This did not happen and was left to me to chase which was not my role, I felt.” (Respondent 13)

“No one challenges the family when they did not make adequate contact with their daughters. I felt that this even though agreed as part of the care plan should have been challenged by the Co-ordinator but this person appears not to do this”. (Respondent 9)

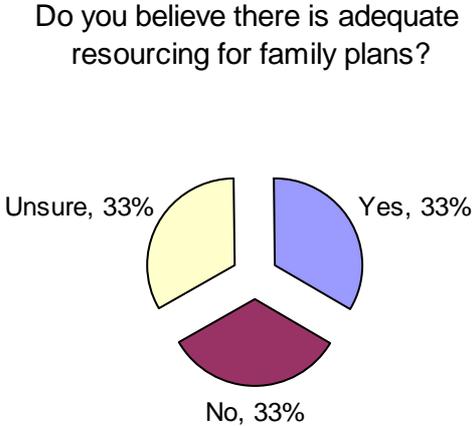
“We may have identified the wrong person to report back if the plan was not working as they have divided loyalties e.g. if Dad was drinking Son was to report back to extended family but this did not work.” (Respondent 20)

A number of respondents highlighted the need for reviews in order to make sure that plans are being implemented, as the following quote illustrates:

“I really think that if there could be at least one more Family Welfare Conference called by the Co-ordinator to make sure that plans were implemented - this would benefit. I know that the family can call for a follow up meeting - but in my experience the family just complain that "nothing was done" and they will never get round to asking the Co-ordinator for a follow up meeting.” (Respondent 10)

**4.1.5 Resourcing of Family Plans**

**Figure 6: Referrers Perceptions of the Adequacy of Resourcing of Family Plans**



As **Figure 6** shows, respondents were evenly divided in their views in relation to resourcing of family plans, with one third each expressing the belief that resourcing is adequate, not adequate or unsure. Some of those who felt that resources are not adequate said that they perceived there to be a reduction in the resources of the service since its early days. A particular problem identified was lengthy waiting lists in services for which children and young people are in urgent need. One respondent said that actions identified by family members were not permitted due to funding restrictions. The need for greater availability of resources, in terms of staff and services, to support the implementation of family plans was highlighted by a number of respondents.

‘Feel staff working with families who have gone through FWC should be able to make more time available to the family to support their plan and this should be gradually decreased. A lot of good work goes into the meeting and drawing up the plan but I feel families need extra support now that they have clear plan and goals and are motivated’. (Respondent 15)

‘There needs to be a bigger team to support the plan. Workers often come with cases that are proving difficult and it is important that they are supported by the FWC team in doing their part of the plan. There is a danger of NOT calling it, i.e. skimming the surface of the difficulties as it may involve an even more ambitious plan’ (Respondent 24)

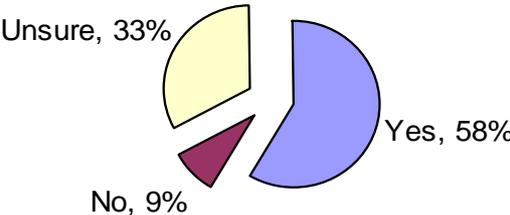
**4.1.6 Value of the Family Welfare Conference in Addressing Family Issues**

The family welfare conference service offers a methodology to families to address issues with which they are experiencing difficulty. As such, its test is whether or not it is successful in helping families to address the issues for which they require support. As illustrated in

**Figure 7**, fifty eight per cent of referrers feel that the FWC did help families in addressing the issues for which they were referred, 9 per cent feel it did not, while one third of respondents are unsure.

**Figure 7: Referrers Perceptions of whether the FWC helped Families in Addressing Issues for which they were Referred**

In your opinion, has the family welfare conference helped the family (or families) in addressing the issues for which they were referred?



Those who felt that the conference helped the family made reference to a range of outcomes, including better family communication and conflict resolution, increased contact between the child / family and their wider family, improved behaviour and children avoiding entering or returning home from care. These positive outcomes are explored in greater detail in the following sections.

Those who felt that the FWC did not help, or were unsure regarding its benefit to the family, attributed this to the lack of commitment by family members or professionals, to what was perceived as the limited intervention of the service and to the fact that the intervention came too late for the young person in question.

‘It never really addressed underlying tensions because their involvement was so limited and time constrained.’ (Respondent 9)

‘No, due to the lack of commitment within the family. Due to the young person committing more offences.’ (Respondent 17)

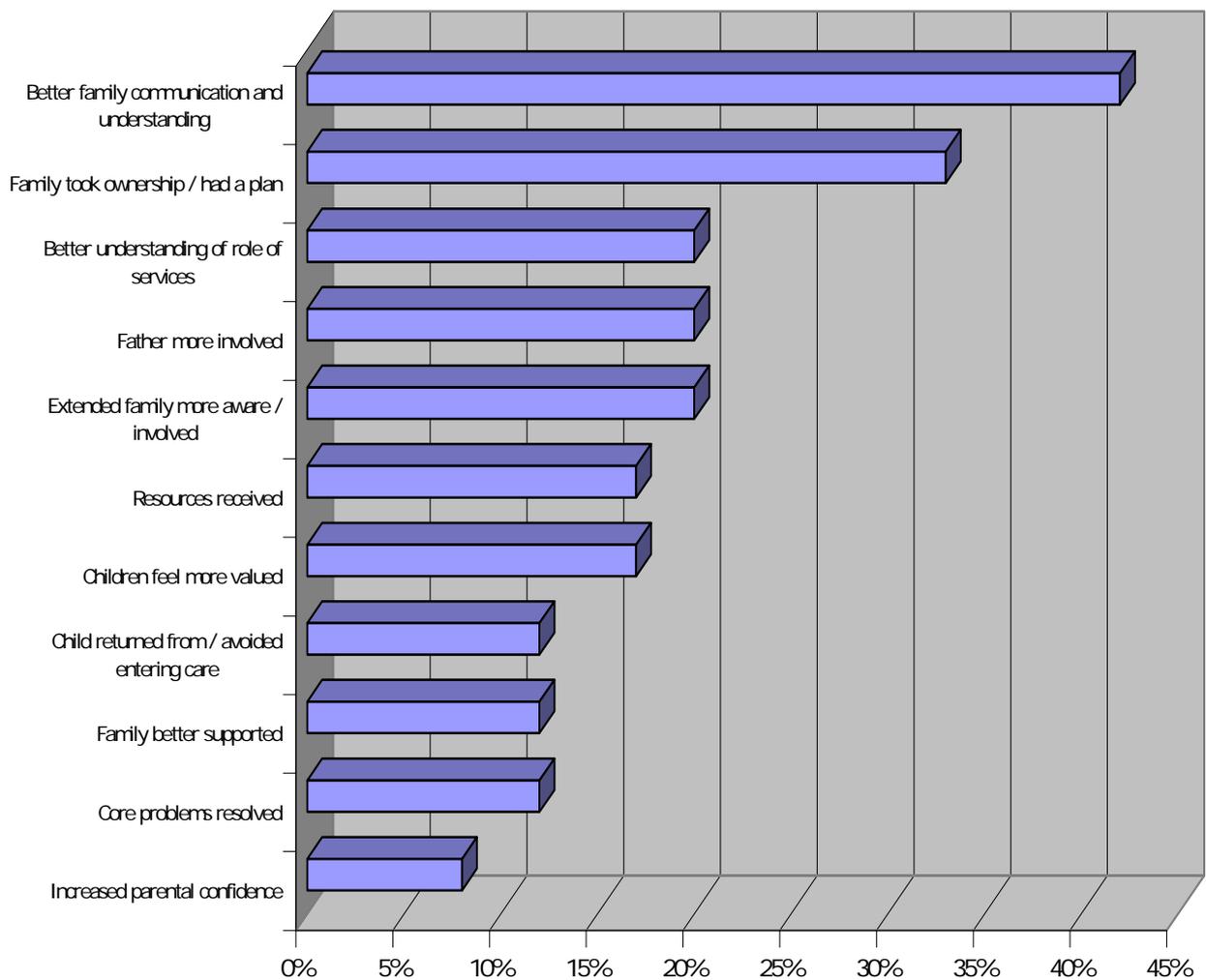
‘I’m not confident the parents in one case fully invested in and co-operated with the process. I also think the professionals in this case did not follow through on their agreements.’ (Respondent 3)

'No, unfortunately it was too late for the young person. If the FWC had been in existence 2 years previously it may have. In hindsight, the FWC was a last attempt by me to ensure this young man's needs around his disability were addressed.' (Respondent 13)

#### 4.1.7 Positive and Negative Outcomes from the Process

Respondents were asked to identify up to three positive outcomes for the family or families as a result of their participation in the family welfare conference. No suggested answers were given – respondents could answer openly. A wide range of answers were given, which were coded into the categories outlined in **Figure 8**.

**Figure 8: Positive Outcomes of the FWC Process Identified by Referrers**



The most common positive outcome cited related to improved family communication and understanding, with 42% of referrers citing it as a positive outcome from the FWC.

“An opportunity to discuss openly difficulties within the family.” (Respondent 6)

“Area of stigma was opened for honest scrutiny.” (Respondent 11)

“Got them to talk about the issues as a group.” (Respondent 17)

For over 30% of referrers, the fact that the family took ownership and had a plan to work from was a positive outcome.

“Responsibility was accepted by family and began to move from being victims of the services failure to control their son and begin to look at workable solutions.”

(Respondent 13)

“Understanding of families of their own needs and areas of difficulties. Ownership of problem falls to family. Dignity of family protected”. (Respondent 21)

“Feel their needs have been heard and they are given a chance to address them themselves. Achievable goals in plan. Extended family became aware of needs and are able to offer support.”

(Respondent 1)

One in five referrers highlighted the fact that the family had a better understanding of the role of services as a result of the process, and that services are there to help them.

“Family were able to understand role of social work team / Health Board.” (Respondent 9)

“Young person knows that there was other adults (Professional NYP) staff that they could depend on”. (Respondent 22)

The involvement of the father, who was previously estranged from or with little involvement in the family, was seen to be a positive outcome by one in five referrers.

“Father came on board for plan when previously he had not been willing to link in”. (Respondent 13)

“One family - father was estranged from family - very poor relationship with children - this improved and contact re-established resulting in him meeting a grand-child for the first time.” (Respondent 19)

Again, one in five referrers felt that the conference resulted in greater involvement of the extended family members.

“Commitment by extended family members to become more involved in children's lives other than coming into care.” (Respondent 7)

“Extended family became involved. They did not realise full extent of difficulties.”(Respondent 13)

Seventeen per cent of referrers felt that services and resources accessed for the family via the FWC was a positive outcome.

“One family, dad was supported in securing own accommodation and began to care for the children on a full time basis.” (Respondent 17)

Seventeen per cent of referrers said that children felt better supported or cared for as a result of the conference.

“Children realised through conference that their parents were taking their responsibility towards them serious.” (Respondent 2)

“Children understood family members were concerned for their best interests. Children had a self-motivated family member they could talk to if they needed to”. (Respondent 20)

Twelve per cent of respondents said that children were prevented from entering care or returned from care to their families as a result of the conference.

“Child returned to natural family. Child remained in natural family rather than being brought into care.” (Respondent 5)

For twelve per cent of referrers, core problems at the heart of the FWC referral were addressed by or resolved by the FWC process.

“One parent successfully gave up alcohol. One parent accepted her own problem and has kept to plan B.” (Respondent 1)

“Strengthening of Mother's support network. Increase in her self-esteem and confidence. 3 children de-registered following FWC - this may have taken place in any case, but FWC probably ensured Mother more empowered to carry on with positive progress and not to be undermined.” (Respondent 23)

Twelve per cent felt that the family is better supported as a consequence of the FWC, while 8 per cent feel that parental confidence has improved as a result. In addition, 4% of referrers each felt that

- Children were taken off the Child protection register
- There was good participation by young people
- The dignity of family was protected

- Family feel needs have been heard
- Professionals had a better understanding of the family.

Eight per cent of respondents felt that there had been negative consequences for family members as a result of the conference, 50 per cent felt there had not been any negative consequences, while 42 per cent felt unsure. The following comments were made:

“Unrealistic plans, not followed through left the young person, he stated feeling let down again.”  
(Respondent 17)

“In one case, a consequence was that it compounded the control over the children and further emotional abuse over the Mother by not facilitating any contact with her children. A further consequence is the irreparable damage to the Mother / children” (Respondent 18)

“Some family members would probably feel so, e.g. As a result of one FWC; children moved from living with a relative to living with their father - from a legislative point of view, this is the best place for them (CC Act 91) however Mothers’ family would have felt otherwise at the time.” (Respondent 19)

#### **4.1.8 How Family Needs would have been Addressed if there had not been a FWC**

In order to get an understanding of the added value that the FWC service brings to existing family services, referrers were asked two related questions:

- How would family needs have been addressed if there had not been a FWC?
- How did the FWC process differ to this approach?

The answers provided cover a broad range, and the responses to each question are outlined in their full format in **Figure 9** in order to convey the subtleties of how FWC differs to other available approaches.

The answers reflect the benefits and outcomes highlighted above, including extended family involvement, a more empowering process, greater family ownership and responsibility, a more structured and co-ordinated process, an independent process and the fact that the Co-ordinator gives adequate time to the process.

**Figure 9: Referrers Answers regarding how Family Needs would have been Addressed if there had not been a FWC and how the FWC Process Differed to this Approach.**

	<b>How would the family needs have been addressed if there had not been a FWC?</b>	<b>How did the FWC process differ to this approach?</b>
1	Social work, case conference system.	No answer given
2	Through 'Family Support Meetings' which would have been organised from above rather than in communication with family members.	In the case of FWCs, the role of possible members of extended family, friends, etc. is explored further and is an integral part of the conference.
3	I think no agreement between parents would have been reached and extended family would have never known of the difficulties these children were experiencing. It is possible the families overall needs would not have been addressed.	FWC allows a professional to explore in detail extended support networks and, because they are independent, are not looked to for answers by the family.
4	A similar approach (strength based, partnership) was taken with the family members living in this area. However the contact with so many extended family members and the immediate family members living in a different part of the country was not happening.	Having all relevant members together with significant preparation, planning and discussion prior to the meeting was the biggest difference.
5	One child would have been brought into care.	All that we wanted to achieve was achieved.
6	Possible case conferences. Family support worker. Extended family/friends.	Gave more power and decision making ability to family/extended family.
7	By key workers meeting natural father and all significant family members and mediating with child to build relationships on more ad hoc basis. Contact may not have been planned in such a structured and committed manner. Contact between siblings also planned for and all present committed to a schedule, otherwise this would have been difficult to achieve with the same success.	Having a forum where all can meet and be heard negotiate and come to agreement an efficient way of addressing this particular family's needs. Saved time for social workers and childcare workers working with family which was more effectively spent addressing therapeutic needs and support needs
8	Ongoing support by social work dept a possibility. Earlier involvement in child protection / welfare case conferences. Limited services available for family	Additional support for social worker. Independent Co-ordinator is important. FWCs have been extremely beneficial.
9	They were all addressed outside the FWC except for the underlying tensions that existed between family members.	It allowed them to express their feelings about the parent of the children who were being cared for by the grandparents.
10	Needs would have been partially met by different agencies not in contact with each other.	FWC brought all family members and professionals together to work out a co-ordinated plan, which worked much better. Also the family were more in control of the making of plans - a great lesson to us all.
11	Would not have been - only other options under Court Hearing and Family mediation services.	Children not as integral to our process.
12	Needs would have been addressed by family support eventually but the young person and family had failed to keep necessary appointments and despite my pleas and assurances that the family would attend appointments with other agencies this was always refused. In this sense the FWC had more accessibility and power to insist on these appointments which the young person required.	It assigned responsibility to specific members of the family to follow up / attend appointments instead of the emphasis falling both on other professionals. Even though this had been agreed by Family Support previously, FWC Co-ordinator was independent situation and family needed to accept responsibility.
13	A family support meeting would have lacked the structure / formality of a FWC and would not have been as effective as having an external facilitator, other than someone the family sees on a weekly basis.	The Co-ordinator was able to stand back from family and professionals who have very varied roles with the family. It is hard to push a plan or action and then take a different role next week re: family support or young persons clubs, etc.
14	Case Conference possibly, Family Support Meeting.	Co-ordinator is independent which I believe is very valuable. Responsibility for situation is shared. No-one person is blamed.

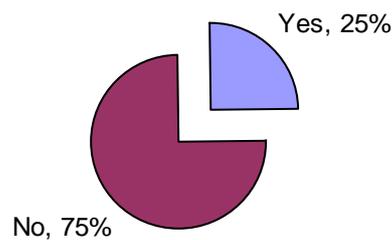
	<b>How would the family needs have been addressed if there had not been a FWC?</b>	<b>How did the FWC process differ to this approach?</b>
15	I feel it would have been a fire brigade service. With many different disciplines contributing to concerns, communication may not have been as effective.	We all (disciplines) had an input and everyone concerned knew what the others input to the family was.
16	I think the idea of the FWC is sound, it maybe requires a reflection on teething issues - given there was nothing in place beforehand, I feel it would be difficult to address family needs.	More productive, focused, clear in the roles.
17	There was no forum and there still is no forum. As long as there are no proper justice systems in place that will make the perpetrators accountable we cannot see any such forum working.	No answer given
18	Less time would have been spent with the family. More serious aspects of the case are addressed usually i.e. child protection and family support. The FWC model has a greater wider impact on an individual family as aspects of family life - history etc. are explored in greater detail than is usual.	I do feel that families felt empowered by the regular contact of the Co-ordinator and had a sense that they are being listened to. The model places the family at the centre of decision making. There were substantial changes in family relationship, in two of the cases because of the FWC involvement. In my view that the reason for this is that the Co-ordinator has more time to spend with the family than the social worker.
19	Probably a Child Protection Conference, which took place afterwards.	Family came up with a plan themselves and they had control over where the case was heading. However, family were complacent in adhering to the plan.
20	They would not have been addressed.	It made everyone responsible for their own actions and goals they had set.
21	Improvements in day to day care of children had begun. However, Mother's efforts could have been undermined by two extended family members had Mother not been empowered by FWC process.	Empowering for Mother - enabled her to address issues. Contact - children with father and his extended family in supported environment. More informal, family voice and needs heard above professional system. All family members get a chance to have a say.
22	The FWC allowed all the 'players' / stakeholders to get together and arrive at an agreed strategy – the lack of such a strategy was a major lack in managing the case. Therefore, if we did not have a FWC, it would have meant: <ul style="list-style-type: none"> <li>• little cohesive action</li> <li>• non-communication between the extended network and the professional staff, i.e. health board and school staff</li> </ul>	It was more inclusive

#### 4.1.9 The Referrers' Role in the Process

Asked if they personally experienced any difficulties in terms of their role in the process, 25 per cent answered yes, while 75 per cent answered no (see **Figure 10** below).

**Figure 10: Referrers Responses regarding whether they Experienced any Difficulties in Terms of their Role in the Process.**

Did you personally experience any difficulties in terms of your role in the process?



The following are examples of comments made by those who were clear about their role.

“Co-ordinator was always fair and accessible prior to and after the conference and realistic about my role.” (Respondent 13)

“Outline was clear prior to Conference. Felt I had a role and important input.” (Respondent 16)

For some, tensions emerged, particularly for social workers in terms of defining their role in relation to the process. In most cases, these tensions were perceived as positive and were adequately addressed.

“..It was very challenging in one of the conferences when the family did not want the social worker to attend. Generally speaking, however, I felt very prepared. This was because my own knowledge of the cases and regular contact with the Co-ordinator.” (Respondent 19)

“” situation was clarified through discussions with my team leader and the Co-ordinator. The FWC model does challenge the social worker - in a good way. I reflected on my practice perhaps to a greater extent that with some other cases.” (Respondent 20)

Some referrers experienced difficulties because they felt that the FWC was not appropriate for the issue for which they had referred a family, or felt that the FWC took a wider approach than they had envisaged.

“It became clear that FWC in its current form is unlikely to be a success or indeed a healthy forum for women who have experienced domestic violence.” (Respondent 18)

“The difficulty was that the FWC addressed a wider range of issues than I had envisaged and I felt a ‘loss of control’ of the process.” (Respondent 24)

#### 4.1.10 Assessment of the Family Welfare Conference Model

Respondents were asked to consider the various features of the FWC model and rate how important they feel each of the features is in terms of supporting good outcomes from the process. Fifteen features of the FWC model were outlined and respondents were asked to rate the importance of each feature on a five-point scale from *not important* to *very important*.

As illustrated in **Figure 11** below, the features rated as **very important** by more than 80 per cent of respondents are:

- The family is treated respectfully (92%)
- All family members voices are heard (88%)
- The interests of the child are paramount (83%)

Features rated as **very important** or **important** by over 80 per cent of respondents include the following:

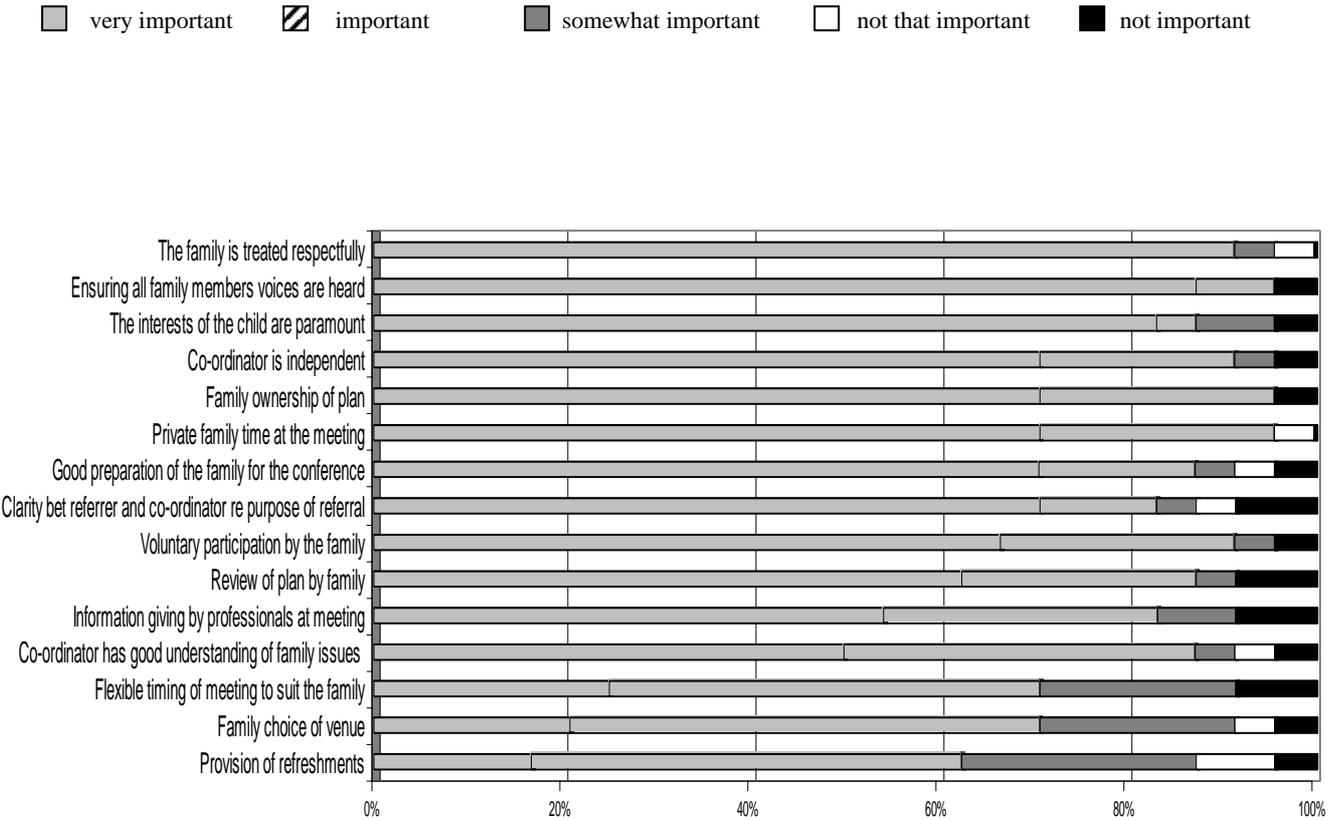
- Family ownership of the plan (71% very important, 25% important)
- Private family time at meeting (71% very important, 25% important)
- Co-ordinator is independent (71% very important, 21% important)
- Good preparation of the family for the conference (71% very important, 17% important)
- Clarity between referrer and Co-ordinator regarding purpose of referral (71% very important, 13% important)
- Voluntary participation by the family (67% very important, 25% important)
- Review of plan by the family (62% very important, 25% important)
- Information giving by professionals at meeting (54% very important, 29% important)
- Co-ordinator has a good understanding of family issues (very important 50%, important 38%)

Of the fifteen features listed, the following three were rated as **important** or **very important** by less than 80 per cent of respondents:

- Flexible timing of meeting to suit the family (very important 25%, important 46%)
- Family choice of venue (very important 21%, important 50%)
- Provision of refreshments (very important 17%, important 46%)

This indicates that there is strong support for the principles and features that underpin the family welfare conference model among referrers. The core principles of respect for family members, hearing the voices of all family members and upholding the interests of the child as paramount are the most strongly supported. Family ownership of the plan, private family time at the meeting and an independent Co-ordinator are also very highly rated by respondents. While aspects of the model such as flexible timing, family choice of venue and provision of refreshments are rated as less important by respondents, they are deemed to be important by the majority of respondents.

**Figure 11: Referrers Rating of the Importance of FWC Principles**



**4.1.11 Assessment of How Principles of FWC were Realised in Practice**

Referrers were asked, on the basis of their experience of the service to date, how they felt the principles of the FWC model were realised in practice. As illustrated in Figure 12 below, over **90 per cent** of respondents felt that the following principles were realised in practice, while the remainder were unsure:

- The family is treated respectfully (96%)

- The interests of the child are paramount (92%)
- Private family time at meeting (92%)
- Co-ordinator is independent (92%)
- Provision of refreshments (92%)

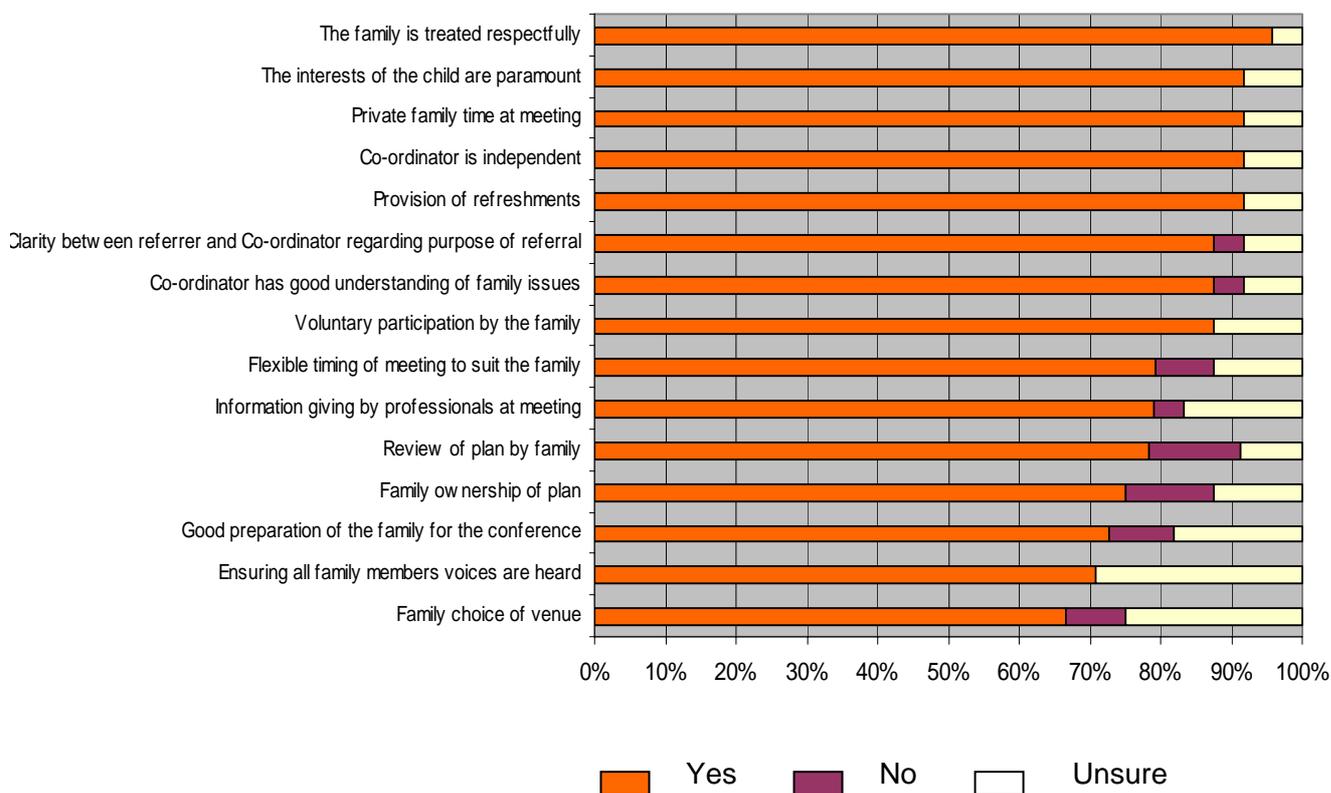
Over 80 per cent of respondents felt that the following three principles were realised in practice:

- Clarity between referrer and Co-ordinator regarding purpose of referral (88% yes, 4% no, 8% unsure)
- Co-ordinator has good understanding of family issues (88% yes, 4% no, 8% unsure)
- Voluntary participation by the family (88% yes, 12% unsure)

Seventy per cent or more of respondents felt that the following principles were realised in practice:

- Flexible timing of the meeting to suit the family (79% yes, 8% no, 12% unsure)
- Information giving by professionals at meeting (79% yes, 4% no, 17% unsure)
- Review of plan by family (78% yes, 13% no, 9% unsure)
- Family ownership of plan (75% yes, 12% no, 13% unsure)
- Good preparation of the family for the conference (73% yes, 8% no, 19% unsure)
- Ensuring all family members voices are heard (71% yes, 29% unsure)
- Family choice of venue (67% yes, 8% no, 25% unsure)

**Figure 12: Referrers Ratings of how FWC Principles were Realised in Practice**



Less than 67 per cent of respondents agreed that the principle of family choice of venue had been realized in practice, 8 per cent said it had not, while 25 per cent were unsure.

One respondent felt that all the various features of the FWC are crucial to success, as the following quote illustrates:

“My experience of the FWC was very positive. The family I referred reported their experience as also being very positive. It is my opinion that the above factors played a significant role in this. The project I manage has referred a number of families to the FWC system and again these factors have been essential in determining how successful or not the conference was.” (Respondent 4)

The following respondents refer to difficulties associated with upholding principles of the FWC model, for example, family choice of venue and a review meeting.

“The family I was involved with was a Travelling family. I felt their preparation was poor and they were unsure of content even following advice. Their punctuality was not great, and many decided not to arrive on the day. The family were anxious for Co-ordinator to arrange venue.” (Respondent 16)

“On one occasion the parent decided that review was not necessary. Even though there was no objection from other family members. I would have preferred the review to have taken place so that it would have been clear to all that closure was possible and an evaluation would have taken place.” (Respondent 2)

A number of referrers made comments in relation to the principle of ‘ensuring all family members’ voices are heard’, reflecting how dynamics within families can affect people’s ability to participate.

“I think it is difficult to ensure young people's voices are heard in the part of the meeting the professionals attend. It may be more so in the private family time.” (Respondent 3)

“It was difficult for the eldest son to participate because he did not want to be disloyal to dad. His brother did not participate too early either.” (Respondent 20)

In relation to the principle of having an independent Co-ordinator, comments made by the following referrers illustrate their understanding of how this principle worked in practice.

“I felt the Co-ordinator was able to facilitate the FWC without interference and to make his own decisions based on what the family and referrer / professionals had inputted.” (Respondent 14)

“The FWC Co-ordinator provided a lot of support / liaison with the various staff members involved. It was a transparent process that all could see what was agreed – minute taking was of a high standard.” (Respondent 24)

The following referrer felt that there are limits to the degree to which family plans can be ‘owned’ by families.

“Family do have ownership to a degree, but given the nature of Social Work intervention there can be difficulties as plans do have to be acceptable and "safe" from a child protection point of view.” (Respondent 19)

#### 4.1.12 Family Needs Most Appropriate for FWC Model

Referrers were asked in what situations they feel a family welfare conference would be most valuable. A wide range of answers was provided, as listed below.

<i>neglect</i>	<i>parental coping</i>	<i>parent-child communication</i>
<i>keeping children within their natural families</i>	<i>school refusal / attendance</i>	<i>marital breakdown</i>
<i>bereavement / loss</i>	<i>physical, emotional abuse</i>	<i>parents alone who are struggling</i>
<i>building relationships between children in care and their extended families</i>	<i>access / support arrangements for non-resident parent and his / her family</i>	<i>children not receiving enough support in their family / community</i>
<i>"chaotic" situations where details of issues hard to identify</i>	<i>Where extended family support exists but could be used better.</i>	<i>parent(s) disempowered by child protection system</i>

One respondent made the following point in relation to child protection cases.

“At the times of the FWCs, there were no serious child protection concerns, and as this is my experience of the FWC, I am inclined to think that it would be difficult to reconcile the ethos of the model in cases where there are major serious child protection concerns. However, the model could be useful as part of an overall intervention in such cases.” (Respondent 19)

#### 4.1.13 Strengths and Weaknesses of the Service

Referrers were asked to sum up what they believe to be the strengths and weaknesses of the service.

**The key strengths of FWC as identified by Referrers:**

- It involves the whole family.
- The Co-ordinator is independent and can give time and flexibility to the process.
- The family is empowered to make decisions and take responsibility.
- The plan is owned by the family, tailored to their needs and achievable.
- It is a mechanism through which families can increase informal supports.
- It allows for openness and honesty between family members and between professionals and the family.
- The structured and planned approach is valuable.
- The process lends itself to creative thinking, with a 'less blinkered view of options'.
- It offers a safe environment for families to discuss difficult issues.
- Voluntary participation from the family.

**Referrers identified the following weaknesses associated with the FWC Service:**

- Lack of resources to back up plans and provide ongoing support to families.
- Family may find it difficult to engage in meaningful discussion of problems.
- Family or professionals may not follow through on commitments made.
- Not enough focus on monitoring implementation of the plan.
- Requirements for out of hours working and open-ended meetings.

**4.1.14 Recommendations**

The recommendations made by referrers in relation to the FWC service are as follows:

- *Continuation of the Service:* A number of respondents said that they would like to see the service continue. Some made the point that, even if the plan does not work out as expected, that families have at least discussed their issues openly. Some made the point that their contact with the FWC service has been positively challenging for them professionally. Some also noted that the feedback from families about the service was positive.

"Keep at it! I honestly can not find any fault with the service. Very human set-up".

(Respondent 11)

"Professionally I have enjoyed being involved in the FWC service. My contact with the Co-ordinator challenged me and encouraged me to consider situations differently. An extension of the service would be very welcome". (Respondent 24)

"Families have spoke very positively about the service and have made contact with Co-ordinators for advice after families involvement with FWC. Regular contact with Co-ordinators has been important." (Respondent 18)

"I found FWC Co-ordinator a pleasure to work with, even though the outcome did not help family. The Co-ordinator was open, approachable and realistic in what the FWC could offer and always returned phone calls despite how trivial they were." (Respondent 13)

- *Encourage more Referral Sources:* While the service is open to suitable referrals from any source, some referrers feel that there may be a general perception that only social workers can refer. The service is seen by many as a valuable form of early intervention and they believe that a greater number of referrals should be encouraged from families themselves, schools, youth groups and community groups. The extension of the model to the elderly, people with disabilities and traveller communities was recommended.

"I feel that it might be good to inform parents through schools that if there are specific problems in their family regarding one or several children they can actually receive the support of the FWC to make an appropriate plan at an early stage to prevent serious problems from happening to these particular children, i.e. encourage families to refer themselves early." (Respondent 2)

- *Resourcing and Capacity Issues:* Respondents feel that the service needs additional capacity and resourcing to function effectively. Family plans must be properly resourced and monitored, which may mean the recruitment of an additional worker to follow up. Some made the point that waiting lists have lessened their tendency to consider FWC as an option for families. One person highlighted the need for realism in setting goals, to ensure that the plan is not 'sold as something magical' for which resources will not be available on an ongoing basis.

"I would hope that sufficient resources as regards finance would be in place. It is not good enough that a family spends time coming up with a plan to be informed there is no money. Perhaps appointment of a Project Worker who can have the time to follow up with a family in between reviews and to alleviate pressure from Co-ordinator." (Respondent 13)

"The service appears to be less visible now than it was in the early days. I think initially there was great interest in the service and model and consequently a lot of referrals; this resulted in a waiting list, which I feel has discouraged social workers from making referrals. Consequently, I do not consider FWC for families as much as I probably should. Perhaps this is a weakness / default in the social work dept. though rather than FWC system. I would suggest an annual or bi-annual meeting between the social work dept and the FWC Co-ordinator to maintain the profile of the service." (Respondent 19)

"As stated, the partnership approach / the strengths based approach and the practice of the Co-ordinator were essential. Inclusion of the family at all stages and the families owning of the plan were critical aspects. Disappointing to see waiting lists and resource implications affecting the model." (Respondent 6)

- *Monitoring Process:* A number of referrers feel that the monitoring process needs to be improved - a weekly check-in with families and additional follow-up with family members were among the suggestions made.

“A better review process - weekly check in on person responsible for the plan, only to offer support and encouragement - the implementation of the plan should be done by the family or professionals as agreed - not the FWC service.” (Respondent 14)

“Perhaps appointment of a Project Worker who can have the time to follow up with a family in between reviews and alleviate pressure from Co-ordinator.” (Respondent 13)

- *Other Recommendations:* One referrer felt that children who are defined as the ‘problem’ may need an advocate and that time should be given to choosing the right person. Another highlighted the need for Co-ordinators to have a clear understanding and analysis of domestic violence. Finally, the point was made that there is too much emphasis on social workers defining the ‘bottom line’ and that it should be possible for families to identify their own ‘bottom line’.

#### **4.2 Referrers without Experience of a Conference**

As outlined in the introduction, nine questionnaires were returned by referrers who made a referral that was terminated prior to a conference being held. Five of the respondents are HSE social workers, and one each are HSE psychologist, Garda Juvenile Liaison Officer, a Co-ordinator and a Project Worker of a National voluntary organisation. This section outlines key responses for this group. In many cases, perceptions of the services, reasons for referral are similar to those identified by the main referrer group above. For this reason, attention will be paid to additional comments or insights made by these respondents.

Asked why the referral they made did not go to conference, respondents said that the family were no longer interested or that they had resolved the issues themselves. In one case, the subject of referral (parent) had passed away, while in another family, one side would not agree to meet the other due to an acrimonious family split. One respondent felt that the referral did not proceed because the HSE exerted too much influence and control over the situation. Finally, one case did not proceed because emergency care proceedings were in train.

Asked who ultimately made the decision not to proceed, respondents indicated that it was the family in five cases, the FWC Co-ordinator in 2 cases and a combined decision in one case. In one case, the comment was made that ‘the child protection took priority’. Five of the nine referrers did not believe that this was the right decision; two felt it was the right decision, while one was unsure and one did not answer. Five of the nine referrers said that they would consider referring families in the future, while 4 said they would not.

The perspectives of referrers without experience of a conference regarding the model largely reflect those of referrers with experience of a conference, but the following additional points are worthy of note. A number of people referred to the time delays and administrative issues as hindering the service.

“The Waiting List - It's very difficult to sell this service to a family and then tell them that they may have to wait months to access it, by which time the crisis may have worsened or abated.”

(Respondent 4)

“Needs to be able to respond faster whilst clients are motivated.” (Respondent 5)

“The red tape and the paper trail. The length of time it takes to organise. Less paperwork and more on the ground working with the family at case development stage and after an agreement has been made by all.” (Respondent 6)

“Too slow to respond to organising a family meeting, by the time the family are met by the Co-ordinator, the situation may be beyond the purpose of the meeting or else in some cases it may have resolved itself. Feel the Co-ordinator needs to be linking in with people following a Family Welfare Conference so that tasks are carried out before the next one.” (Respondent 9)

One respondent felt that offering a FWC while waiting for a place on the Youth Advocate programme is unnecessary duplication. Two respondents referred to the role of the HSE in relation to the process, suggesting that the legal focus of the HSE puts constraints on the FWC process, that they ‘need to let go of reins and make more referrals even in high threshold child protection cases’ and use the service more in Child in Care Teams regarding access issues. The need for further training on the service, with case examples, was raised, as was the issue of administration.

“I did not receive an acknowledgement after a referral, so I did not know if it was received!! Obviously the family individuals were aware of the referral, so I do not know if they were also left in "limbo" type situation. It would be more helpful to send out a relevant acknowledgement with an outline of the next steps that would be followed and a timeframe, also referral Dec. 04. First contact from FWC service April 05.” (Respondent 5)

### **4.3 Summary**

In this section, the findings of questionnaires completed by FWC referrers were outlined. Asked why they referred to the service, responses indicated their reasons as including a wish to increase the involvement and support of extended family in children's lives, because they felt that the principles of the model were likely to result in positive outcomes for families and because they felt the structured FWC process would be suited to particular needs. The majority of referrers felt that the family plans made at the conferences were relevant and achievable.

Their perceptions were that professionals were more likely to fully implement commitments made under the plan than family members. Referrers felt that resourcing and monitoring of family plans could be enhanced. One in four referrers experienced some difficulty or tension in terms of their role in the process.

Almost six out of ten referrers are of the opinion that the FWC helped the family or families in addressing the issues for which they were referred. Positive outcomes mentioned by respondents included better family communication and conflict resolution, increased contact between the child and his or her wider family, improved behaviour and other outcomes. Where the intervention was deemed to be less successful, respondents attributed it to a lack of commitment by family members or professionals, mis-timing of the intervention and insufficient 'dosage' of the service. The principles of the FWC model are considered to be very important in supporting good outcomes from the process and the majority of respondents felt that the principles had been upheld in practice. The model is considered to be applicable in a wide range of contexts.

Among the recommendations made by referrers were that the service should be continued and developed, referrals be encouraged from a wider range of sources, and that monitoring, resourcing and capacity issues be addressed.

## **Chapter Five**

### ***Perspectives of Managers in HSE Child and Family Services***

#### **5.0 Introduction**

As part of the research, semi-structured interviews were held with a range of professionals who have had a key role or influence in the development of the Family Welfare Conference service in the region. Child Care Managers (CCM) are responsible for the overall development of child care services in the region and thus are in a key position of influence in relation to how the service develops. Through management of the social work service and supervision of social workers, Social Work Team Leaders (SWTL) and Principal Social Workers (PSW) have an understanding of how the FWC service operates vis a vis mainstream social work and how the service has been received by social work teams. This section gives a broad overview of the key perspectives of these stakeholders. The data in this section is derived from semi-structured interviews held with seven social work team leaders, three social work principals and three child care managers.

#### **5.1 Overall assessment of the Family Welfare Conference service**

Overall, the consensus among Social Work Team Leaders and Principal Social Workers is that the FWC service is a valuable one. The principles of the model have broad support, particularly the fact that it encourages family involvement, responsibility and ownership. Some respondents believe that families are potentially more likely to engage with the FWC service than with social work. It is seen as a resource to social workers in that families on their busy caseloads can be referred and receive a time intensive service. It was also seen as valuable in that it meets needs and can challenge the social work team to look at cases differently.

#### **5.2 Development of the Service**

SWTL said that, when the service was initially introduced to the region, there was some confusion among social workers regarding matters such as where it would sit regarding child protection procedures and whether it would involve working anti-social hours. Some resisted the model through fear that they would have the 'responsibility but not the control' in relation to cases they referred. In the early stages, some of the most difficult, long-term social work cases, where social work intervention was not working, were referred for a fresh approach. Over time, experience of seeing the service in operation and ongoing dialogue with Coordinators about what was possible appeased the concerns of many social workers and they gradually increased the number of referrals they made.

The consensus is that social workers are now more comfortable with the service, and that people have come to value the service as a result of positive experiences. Being able to discuss matters informally with FWC Co-ordinators helps to ensure that referrals are appropriate. Some respondents said that out of hours work associated with a FWC can be a problem for some social workers.

### **5.3 Perceived Outcomes**

The general consensus is that outcomes are mixed. Respondents referred to some FWC cases that kept families out of the child protection system and to other cases that have had a FWC but have come back into the child protection system. There have been examples where FWC made breakthroughs in cases where social work could not. SWTLs and PSWs acknowledge that they are more likely to hear about the cases that do not work and end up back on the social work 'books' than the cases that have been resolved successfully through the FWC service. While significant outcomes may or may not accrue from the process, some feel that even minor outcomes from FWC are valuable – e.g. one extended family member becoming more involved.

While most respondents felt outcomes were mixed, a small number felt that outcomes are better from the FWC process than from traditional social work intervention, on the basis that it gives responsibility back to the family and meets children's needs. On the other hand, one person said she believes the structure and process are good, but does not believe that outcomes are any better than from the traditional social work system. Her view was that it is too difficult for families to solve complex child protection issues - if they had the capacity, it would not have come to that stage in the first place. The view was expressed by another respondent that, because families can choose whether or not to agree to a FWC and not all families are considered suitable for the FWC process, the service has greater choice about who it will work with. So, while outcomes might be good, this respondent believes they are unrepresentative of all families in the childcare system.

The comment was made that, even in cases where nothing significant is achieved in terms of outcomes, the process is better and therefore it is worth doing. SWTLs and PSWs do not view the FWC model as a panacea – they have a realistic appraisal of its strengths and limitations and what is likely to work. They feel that it is suitable for families who are open and see their role and responsibility in making a plan. There is no specific category it works well in – it's a combination of where the family are at and what resources they have. However, from their experience, there are no guarantees regarding what will or will not work. For example, a family with good resources may not engage in the way you might expect,

whereas the model may lead to very successful outcomes for 'difficult' families that have not previously engaged with services.

#### **5.4 Place in the System**

The consensus is that the FWC model is most useful in early intervention and there was a sense of disappointment that it was placed as a 'higher level' intervention under the Children Act. To date in the region, it has tended to be cases at a lower level of risk that are referred, with FWC seen as a viable alternative to conventional social work intervention for lower risk cases. Some made the point that it would be useful for other agencies to refer more families in order for the intervention to occur at the earliest stage possible, believing that 'the damage is done' by the time families become involved with social work services. While it is considered most valuable in early intervention, the majority of respondents feel it can play a role in all types of cases, if the context and conditions are right.

In relation to the role of FWC in terms of higher risk cases, some respondents said that if a case is complex and tense (for example, involving court proceedings), they do not believe it is a good context for a FWC. Also, there is less perceived risk for social workers in sticking to the traditional options for higher risk cases due to the fact that inter-agency sharing happens more in a Child Protection Conference than in a FWC. One Child Care Manager made the point that, because preparation for a family welfare conference takes a long time, it might be better to stabilise the crisis as much as possible and then put in a longer-term plan through FWC. However, one Social Work Principal believes that FWC does not carry the authority that the CPC does because the FWC Co-ordinator cannot order things to be done, but the CPC chairperson can. Some Social Work Principals and Team Leaders said they would like to see the child protection system operating more along FWC lines (e.g. invite more family members). Childcare Managers feel that there is definite role for FWC in relation to children in care, for example prior to aftercare for children in long-term care.

The Child Care Manager, Social Work Team Leaders and Principal in Roscommon feel that the FWC service has a good niche in the child care system in that county. The Children Act Service Manager is represented on the Child Protection Management Team so FWC is routinely considered and discussed at this forum. The fact that the FWC Co-ordinator is based in the same premises as the Child Care Manager, Principal Social Worker and other disciplines has also helped to make the service 'visible' in the county. They feel that it is supported by disciplines, on the basis that it makes sense and is done well. In Galway, the Child Care Manager believes that, because there is only one Co-ordinator and a long waiting list, the model is not getting integrated into everyday work. The visibility of the service was higher in the early stages and must be raised again for the service to re-gain momentum.

Some SWTLs in Galway said that they considered FWC more in the early stages, but do so less of late, due to capacity issues. Some commented that a FWC was offered in lieu of the Youth Advocate Programme (YAP) for some young people referred to YAP, which they felt was not a good idea as an advocate was clearly required.

In Mayo, while the FWC service has a niche and is valued, SWTLs feel that its place is still marginal in the overall system, that lack of a clear 'place' and management direction means that it is not used as much as it could be. According to one SWTL, 'nobody comes to you to say, why did not you refer to FWC, whereas if child protection procedures were not followed, there would be questions asked'. In the absence of clear guidelines regarding its use, they fear that the FWC service will 'drift' within the system. According to the Child Care Manager, the impact of the FWC service on the system is limited by the fact that there is just one FWC Co-ordinator with a caseload of 19-20 families per annum, yet there are up to 400 families in the child care system. Yet, he feels that the FWC model holds important lessons for the child protection system, which he believes 'needs to focus less on proving or disproving and more on understanding and support.' He believes that there is a need to avoid a situation whereby the FWC service is seen as a 'pocket' of good practice to which families are referred and that the principles of the FWC model should permeate the overall childcare system. While such change appears considerable, he points out that ten years ago, parents were not allowed to attend case conference, whereas now it is broadly accepted that they should be there. Research undertaken by the Mayo Children Act Service Manager, regarding how the FWC model can be used vis-à-vis child protection conferences, was considered valuable in making people reflect on their own attitudes and values in relation to work with families.

### **5.5 Family Welfare Conference and Social Support**

Asked if they feel that the FWC process is effective in mobilising social support for the benefit of children and families, most respondents said that the process does not necessarily identify new supporters but that existing supporters may be more likely to row in better and offer support in a more structured manner. SWTLs said that social workers usually know who is in the family network, and, if resources exist, they would have been accessed. They were not aware of any instances of a family member 'coming out of the woodwork' and feel that FWC tends to consolidate existing support rather than mobilise new supporters. Yet, a number of people made the point that the process was valuable in identifying family foster carers that would otherwise not have been accessed.

A difficulty identified by some is that people in the most serious situations tend to have less family supports or have complicated relationships. In addition, some participants are

reluctant to involve family and it takes skill on the part of the Co-ordinator to persuade them to do so. One respondent felt strongly that the depth of the FWC process is more likely to mobilise social support than social work intervention, which just skims the surface. By contrast, another felt equally strongly that the FWC process does not mobilise social support on the basis that, if extended family and friends wanted to help, they would have done so before now.

A Child Care Manager made the point that a high percentage of families engaged in the FWC process have moved to the county from outside the area, including the UK and Dublin. There can be a lot of time, logistics and expenses in meeting extended family and friends and encouraging their participation. He felt that it is important to understand the family history and dynamics, but, in cases where families do not have much support in their own local area, it may be more useful to put in place local family support services than to bring in family members from afar, who will not be there to support the family in their daily struggles.

## **5.6 Independent Co-ordinator**

The consensus among SWTLs and PSWs is that having an independent Co-ordinator is a good thing. Though independent, it is felt that the Co-ordinators role is very complementary to social work – their experience is that s/he does not duplicate or tread on toes. The creative tensions that occur between the social worker and the Co-ordinator are considered to be a positive sign that the issues are being taken seriously.

## **5.7 Monitoring of Family Plans**

There was general support for longer Co-ordinator involvement with families and more than one follow-up review. Because families can revert to old patterns and problems such as addiction do not go away, it is useful to have someone to keep energy and motivation up. Some made the point that there is a need for more analysis of the process and outcomes of conferences, for example, if a case ends up back in the child protection process, it would be valuable to look at how and why the FWC did not work. Some felt that there are no consequences for the family if they do not follow the plan.

In relation to who takes responsibility for monitoring, some feel it would be beneficial if it was not up to the referrer to highlight that the plan isn't working, on the basis that social workers may not always be able to monitor plans due to volume of work. Where a case is serious, the social worker is more likely to monitor closely, whereas where its less serious, family members are accepted as monitors. In the latter cases, social work often just hears back when something goes wrong. On the other hand, some respondents see monitoring as a

natural role for the social worker. One person made the point that Co-ordinator would lose independence if they are responsible for monitoring.

One person suggested social workers need to take a fresh look at the expectations they set and how progress or success is defined in relation to families. For example, it would be useful to get the family to define what their goal is and measure progress according to their goals on the basis that their goals may be different to those of social work– e.g. not stop Mother drinking but manage the problem.

### **5.8 Added Value of Family Welfare Conference Service**

Asked what 'added-value' they feel the FWC service brings, respondents highlighted a range of factors. There is broad agreement that the FWC service extends opportunities to work effectively with families within the child care system. The process helps to tap into family knowledge in a democratic way, clarifies responsibilities of families, gives people an opportunity to have their voices heard and it allows statutory services to assist and support rather than take the lead. Having an independent Co-ordinator is a good thing for families. This, allied to the fact that the FWC service doesn't have a statutory responsibility, gives it a better footing with families and can lead to better results. Families feel that FWC is for them and people are asked what they want, whereas families are more likely to be 'dictated to' in the child protection system. SWTLs and PSWs also said that part of the value of the FWC model lies in the fact that it comes at problems from a very practical angle – the objective is to involve everybody in making a plan. Even where outcomes are not as good as was hoped, the process has value, even to highlight to the family who will and won't be helpful. On a practical level, the process is seen as a valuable way to identify family carers.

Co-ordinators manage a smaller caseload than social workers and have a greater flexibility regarding their caseload, which enhances their ability to engage in quality work. One respondent said that the FWC emphasis on partnership is something social work has talked about for years but has never had resources to do. Some respondents made the comment that their experience of the FWC service has encouraged social workers to think of more options for families. The comment was also made that the FWC process can result in more positive relationships between the family and social worker after the conference – because families have made the decisions, the social worker is not seen as the 'big bad wolf'.

One CCM made the point that the best workers in child and family services are "fair, honest and persevere with families", whereas bad workers "get over protective, defensive and authoritarian". He believes that the FWC model captures the relationships that are known to

be effective in working with families. At the end of the process, if a child ends up coming into care, she or he will have a better understanding of the reasons why.

A minority of respondents felt that the FWC service does not necessarily bring added value, that social workers do this type of work 'without putting a fancy title on it'. The FWC process is not seen as 'having a magic key' – if social workers had time and resources they could do the same. It arrives at the same solutions (i.e. child is cared for and safe) but uses a different process (i.e. FWC may have more family involvement). These respondents indicated that if solutions were going to come from families, they would have come regardless of whether they were involved in the FWC process.

### **5.9 Capacity and Resources**

SWTLs and PSWs feel that capacity is not an issue in Mayo or Roscommon, as supply is adequate to meet demand. However, they felt that a relief panel to maintain cover in cases of sick and annual leave would be valuable. Capacity was deemed to be a serious issue in Galway, with social workers unable to refer cases for early intervention due to six-month waiting list. Team leaders said that, due to waiting lists, they are also less likely to refer child protection cases to FWC, as the service would be required urgently for these families. Some respondents said that barriers to referral are 'practical rather than ideological'.

In relation to resources, there was consensus that it is important to have suitable venues, provide food and have a flexible budget to implement plans. It is felt that the FWC budget is a useful asset and is used wisely.

### **5.10 Weaknesses, Opportunities and Threats**

Asked what they believe to be the *weaknesses* of the service, social work team leaders and principals identified the following:

**Weaknesses of FWC Service Identified by Social Work Team Leaders and Principals**

- Some families have a lot of services involved and can be immune to another service.
- Some families agree to FWC as a 'token' that they are doing something but are not really committed.
- The family is not always able to come up with a viable plan and the situation does not improve.
- People can be idealistic about their ability to engage and change.
- Some families do not allow more supportive relatives to attend.
- Social workers are challenged in meetings but family members are not.
- The FWC process is very time consuming – while this is valuable, social workers often do not have the time to stay with it.
- We have no real knowledge of where the process has led to and how the family has benefited from the intervention.
- Lack of capacity deters referrals at early stage of problem development, which denies families opportunity to avoid stigma of child protection system.

The *opportunities* identified for the service were as follows:

**Opportunities of FWC Service Identified by Social Work Team Leaders and Principals**

- In the absence of resources for expansion of the FWC service, FWC methods could be incorporated more into social work practice, making the model more quickly available, especially in rural areas. Yet it was also felt that the core values of the service itself should not be diluted and that there is a need for Co-ordinators who are independent from social work.
- Consolidate its role through greater clarity regarding its place in the system.
- Increase referrals from other services

Potential *Threats* facing the FWC service, as identified by SWTLs and PSWs are as follows:

**Potential Threats facing the FWC Service Identified by Social Work Team Leaders and Principals**

- Some feared that good day-to-day work may be undervalued as people look to new models as the 'be all and end all'
- There is increasing demand on a static service in relation to funding and Co-ordinators
- The position or 'fit' of the FWC service with regard to other aspects of HSE service provision is unclear

## 5.11 Recommendations

The recommendations made by respondents were as follows:

### **Recommendations for the FWC Service by Social Work Team Leaders and Principals**

- Respondents believe that the service should continue and expand.
- Issues related to capacity in Galway must be addressed on the basis that the service is needed 'here and now' and not in six to nine months.
- SWTLs recommend that the service is properly integrated into the childcare system and taken seriously. For example, it could be good practice that FWC is considered for all referrals that come into the social work department. But, service managers must recognise that participatory processes are not cheap – they require time and resources.
- There is a need to continue to raise awareness and provide ongoing training with potential referrers as staff change and move on.
- There is potential to allow greater family and community ownership of the service, in keeping with its roots as a community owned process.
- Family plans should be kept simple, workable and achievable. Resources must continue to be immediately accessible to ensure support is delivered as required. Resources for practical things such as being able to pay for a taxis and grinds can 'make or break' a plan.
- Sometimes parents do not have the capacity to make the most of the process so it is important to assess parental capacity before expectations are raised, possibly introducing a benchmark for minimum parental capacity before a referral proceeds.
- Children's lives need to be looked at more comprehensively by services. Family Welfare Conferences should be seen as a valuable way of understanding the child's ecology. The model has great potential, for example it could be used to formalise parent, teacher and HSLO work around children in schools. The model should be used as soon as possible after difficulties have been identified. The number of 'early' referrals from schools, community and other sources should be increased.
- FWCs are good in their own right but the key challenge is to change the culture of the childcare system from being disempowering to empowering. The overall system would be healthier if the FWC continues to do its work, but if mainstream social work also reflects FWC principles. There will always be a need for some independence – i.e. in cases where there is a dynamic of conflict, an independent person who can see both sides is needed.

- One respondent felt that the emphasis should not be so much on training more FWC Co-ordinators as on training staff to support families, with FWC as an element of the training. In this way, a supportive approach would become part of mainstream practice, rather than a 'tool'. Another respondent said that careful thought should be given to who is trained to co-ordinate conferences. The initial round of training targeted the wrong people, as many of those trained are not in a position to co-ordinate conferences, resulting in a waste of resources. He feels that middle managers should be persuaded to release people because they believe in the value of the service and doing so represents a 'win-win' for them.
- In order to gain wider acceptance for the model across disciplines, there is a need to show that investing in the service can achieve savings down the line.

### **5.12 Summary**

This Chapter has outlined the perspectives of senior child care personnel, including Social Work Team Leaders, Principal Social Workers and Child Care Managers in relation to the FWC service in the HSEWA (Galway, Mayo and Roscommon) including how the service developed, its place in the child care system, outcomes from the process, the degree to which it mobilises social support and resourcing and capacity issues. The Chapter concluded with their assessment of the FWC service's strengths, weaknesses, opportunities and threats and their recommendations for its future development. Chapter Six, which follows, outlines the findings of interviews with family members in relation to their experiences of the FWC process.

## **Chapter 6**

### ***Family Perspectives***

#### **6.0 Introduction**

In order to gain an insight into family perspectives, interviews were undertaken with people who had gone through the family welfare conference process. A total of seventeen people took part in interviews, between them representing thirteen families. In the majority of cases (n=7), the interview took place with the Mother only, there were three families where both parents were interviewed, at one of which their son was present. In two cases, interviews were held with the child's carer. In one case, the interview was held with the young person. In some cases, other family members, including children and young people, were asked to take part but declined.

In all cases, family interviews took place at least one to two years after the conference. The interviews covered their reason for having a conference, how they felt about the preparation for the conference, the conference itself and what has happened as a result of the conference. Finally, they were asked to make recommendations for the service. The introductory script and interview questions for family members are outlined in Appendix Three. Due to the passage of time since their conference, some people did not remember exactly what happened prior to, during or immediately after the conference, but all had a good sense of how the conference had impacted on their lives. The narrative, therefore, focuses mostly on their perspectives regarding how the conference did or did not make a difference in their lives and concludes with an analysis of some of the key themes and issues emerging from the family interviews<sup>8</sup>.

#### **6.1 Families' Reasons for Having a Family Welfare Conference**

Five of the 13 families interviewed were referred to the FWC service as a result of varying difficulties arising from teenage behaviour. For one such family, who, according to the Mother were 'miserable, not getting on', the FWC offered an opportunity to the family to communicate properly with each other 'Instead of screaming, shouting, slamming doors, not to be seen to be blaming anybody, just to have a family discussion'. This situation is mirrored very clearly in another lone parent family, where, according to the Mother, the family 'were all at loggerheads with each other'. She had 'had social work, every service involved but was drawing blanks' and was willing to try anything. For another Mother, the family was referred to the FWC service by a Child Protection Conference, following ongoing difficulties with teenage sons. She welcomed the referral as an opportunity to work towards a solution to the family conflict. For the fourth family with teenage

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<sup>8</sup> Additional details regarding the procedures used in the family interviews are given in the methodology section of Chapter One.

behavioural problems, the core issue related to finding a solution to the son's schooling problems, following his expulsion from school. This Mother, who was 'at the end of her tether', viewed the FWC as an opportunity to 'look at solutions, access other supports and information about where to go'. Finally, one family was referred to the FWC service by their son's psychologist in order to help with mental health difficulties. They said they were 'a bit wary' of the idea at first.

<b>Reason for Referral</b>
Teenage behaviour x 5
Parental alcoholism x 3
Pregnant young woman - plan for the birth of baby
Parental illness / coping alone
Parental coping / children with disabilities
Asylum seeking family / homeless
Parental conflict / communication breakdown affecting children

Three of the families interviewed were referred to the service as a result of issues arising from the parental alcoholism. In two cases, the children were believed to be at risk as a result of their mothers' drinking, while in another case, both parents had addiction problems. In these cases, the conference was viewed as part of the process of dealing with the addiction problems (including for children and others, the hope that the parent would stop drinking) and making plans for the children's care and safety throughout the process.

The remaining five families interviewed were referred for a variety of reasons. One woman had gone through the FWC process prior to the birth of her baby in order to put in place the supports she needed. She thought it was a good idea to make a plan because 'everything was mixed up at that time'. Another parent was referred to the FWC for support in dealing with a debilitating illness, while caring for two children, one of whom had behavioural problems. This mother said that she thought the FWC could help to explain things she did not really understand (such as medical matters) to her family. One family was referred for support in caring for children with disabilities. One family were asylum seekers who were effectively homeless and viewed the FWC as a means to access basic supports such as housing and income. Finally, one family came to the FWC service as a result of serious conflict between the separated parents, which was preventing them from communicating about their children. They saw the process as a means to get them talking about their children, making sure that the children's needs were not overlooked.

## **6.2 Did the Family Welfare Conference Make a Difference to Families?**

Four families of the 13 felt that the process did not resolve their difficulties, while one family was unclear regarding how the process differed to the Child Protection Conference. Of the remaining eight, four felt that the FWC process had been very significant in assisting them to address their needs, while four felt that there had been some positive benefits from the process. Overall, therefore, the majority of families interviewed felt that the FWC process was beneficial to them.

Starting with those families who felt that the FWC made a significant difference to them, their experiences are described in summary form.

### **6.2.1 Families who felt that Family Welfare Conference made a Significant Difference<sup>9</sup>**

- (I) One Galway Mother who had a drink problem found the FWC process very valuable to her and her family. A plan was agreed regarding how her child would be cared for when she went out at the weekends. The plan has been working successfully for over a year and is monitored by her sister who reports back to the social worker. For her, one of the crucial outcomes of the conference was that her parents heard directly from the addiction counsellor that she did not have to give up drinking completely.

“Mam and Dad were saying that I couldn’t drink at all but (addiction counsellor) was saying that I could have a drink, that, you know, its a problem that I went on the drink but I did not have to be off the drink altogether, which kind of helped Mam and Dad because they thought it was all or nothing... now if I go out, Mam and Dad has the child ... it was kind of official, if there was something that they’d have the child.” (No. 11, Mother)

For this parent, it is unlikely if the situation would have been resolved as successfully if there had not been a family meeting.

“I do not think it would have been solved if there had been no conference ... I’d say it would have ended up that I’d be gone, I would have been gone and it wouldn’t be fair to her (child).” (No. 11, Mother)

Asked what it was that made the difference to her, she referred to the fact that they found a solution that allowed her to drink at weekends but that her daughter would be cared for. She felt that her involvement in the process of reaching this solution was important, as the following quote illustrates.

“They (FWC Co-ordinator and Social Worker) asked me ....The thing is, they did not go ahead and do anything without me, they kept me involved all the time, they brought me along.... They were talking to me like, they did not tell me what was what, they actually talked me through it, they did not say, well you do that... that I definitely couldn’t go on the drink... I think it was actually the way they spoke about it.... .” (No. 11, Mother)

This parent said she would use the service again if she needed to and said she would recommend it to other people. Asked why she thinks it works well, she gave the following reply:

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<sup>9</sup> Details have been changed or fictionalised to protect the identities of families.

“Well they do not seem to judge you or anything like...if you're above in the clinic up there and you go in to see the social worker.... well, you are either in to report someone or someone is after reporting you and do you know what I mean, there's a bit stigma to that. Whereas if you go down into the family centre.....anyone can go in and out of it, do you know, which makes an awful lot more sense than going into the clinic....And then as well as that, the girls seem to have a knack of getting round ya, they do like, they're all down to earth... they have more knowledge or something, they seem to be able to talk better, at least not be standing there and saying, well you're an alcoholic”. (No. 11, Mother)

- (II) For one Roscommon family where teenage behaviour was a serious problem, the FWC was seen by the Mother as a very valuable part of an ongoing process of conflict resolution. The family had two conferences and a review. Crucially, according to the Mother, the children's father was facilitated to re-engage in their lives, something that made a big difference to her teenage boys. Also, having an uncle on board was important as she felt that the boys had more respect for a male perspective. The lengthy process helped the family to engage in honest communication in that the teenagers could talk about their issues and express their anger. Their Mother believes that this helped her and her children to understand each other better.

“They got to speak about how they are feeling. Absence of their father in their lives was the main issue ... The FWC process involved the father.... have brought him on board more – he is making more frequent phone calls.... If both parents are on board, it makes it a lot easier. Their anger has subsided. The boys started to settle down. Otherwise hear ‘you're not my dad, you can not tell me what to do.’” (No. 5, Mother)

Some of the turning points identified by this Mother were that a Child Protection Conference “named the solution” and referred her to FWC “as a means of working towards the solution”. The fact that the Co-ordinator took time with her to “see what was going on and how to change things” helped her to understand the complex dynamics. While the sons were resistant of the FWC at first, she feels it was important that it was “geared towards putting responsibility on the boys – they had to make the choices”. While there have been some things that have not worked out according to the FWC plan, other aspects have been very successful, such as the family's participation in anger management training. While she found it very useful, she felt that the process ended abruptly, before the family were ready. She would have liked to have more meetings.

- (III) A Mayo family who felt that FWC made a significant difference in their lives were referred as a result of a total breakdown in communication between separated parents. As a result they had no dialogue regarding their children, and enforcing boundaries was difficult because the

children could tell their parents that they were with the other parent. The parents said that they and the children were suffering from the situation. Both parents took part in the research and said that the FWC process was very valuable to their family. The crucial turning point for them was that the Co-ordinator made them focus on the children rather than on themselves and maintained this focus throughout.

“We can talk now, my children now are listened to... in a sense what the conference really did most of all, to paraphrase my daughter was it saved the family.... As a result, we get on very well as a separated family. The children got a chance. My mental state had been very bad before the conference, the eldest boy was very upset. The conference was very safe, was handled very well. It was the first time in years we focused on the kids”. (No. 7, Father)

For this family, the actual family meeting represented the culmination of a process that they had engaged in with the Co-ordinator. They felt that having family friends present to witness what was said and agreed ‘diluted the strength of feeling’ at the meeting and gave the process an added power. Their witnesses have adhered to the commitments they made in the plan.

“The Co-ordinator continually met people here and there..... I think he fully realised that it was very gentle work he had to do. He visited both sides and he stayed in touch with both sides...The full conference was really only a conclusion, it allowed people to say things, things to be witnessed. When things are witnessed, you see, it changes the whole onus”. (No. 7, Father)

- (IV) Parents of a teenage girl who had been experiencing psychological problems, including self-harm, were referred to the service by her psychologist. Before the conference, when they attempted to help their daughter, they say that she “felt that people were ganging up on her”. Though initially wary of the idea, they said that the FWC meeting was very relaxed, it brought all their friends and family together and they put all the ideas on the table. They went away from the meeting “more hopeful”. They said that the plan was followed and the review of the plan helped to keep them on track.

Crucially, as a result of the meeting, their daughter “could see that they all loved her and wanted the best for her”. They believe that the professionals involved “more than did their job”, they had regular correspondence and contact from all involved, including their psychologist, the FWC Co-ordinator and others. They said that their daughter’s condition has improved greatly as a result of their participation in the FWC process. The parents said that, without the family meeting, “they would have gone astray”.

### 6.2.2 Families who felt that the Family Welfare Conference made some Difference

- (V) For the young Mother who went through the FWC process to help plan for the birth of her baby, there were positive outcomes although the plan was not followed fully. In her case, circumstances (including a family bereavement) meant that some of the plan was not implemented.

“We came up with a plan and it was followed for a couple of weeks but then it went out of hand, probably not long after I had my daughter so.... Everyone just completely went different ways” (No. 2, Young Person)

However, the fact that her sister and social worker followed up on their commitments meant that she was supported before and after a key life event.

“It sorted out my first initial few months of having my daughter.... If I hadn’t, I would have been a bit more all over the place, wouldn’t have known what to be doing... My sister being there when I was pregnant and the first week after I had her made a big difference. I think she probably would have done that anyway but she was the only one who followed the plan herself, everyone else did not really, except for my social worker.” (No. 2, Young Person)

She feels that there should be more follow up to keep people on track. She was glad to have had the conference at the time and would recommend it to other people.

- (VI) The carer of children, about whom a FWC was held, felt that although the core issue (parental addiction) was not resolved, the process was useful. She, as the carer of the children, derived support from the meeting and the feeling that the family were receiving help.

“I thought it was very very good... I got a lot out of it. I used to lie awake at night and worry whereas I thought well, at least we’re getting help now. It was helpful to have everybody meeting together and talking together”. (No. 3, Carer)

She believes that the family meeting gave the children’s Mother the strength to finally enter addiction treatment, though she eventually resumed drinking. She said that their father has become more involved in the children’s lives and their aunts have carried out their commitments under the plan. Overall, things happened as a result of the family welfare conference and she feels it was valuable but unfortunately, the core issue of addiction has persisted.

- (VII) A separated parent of two children from Galway City, who was dealing with personal illness as well as her child’s behavioural problems said that the FWC helped her with some things

but that life is still quite difficult. An important aspect for her was talking and being heard, and developing a bond with the Co-ordinator.

“It was like talking to a counsellor, it was great to get things out of my mind. He was very understanding, he was very kind.. He was very, very good”. (No. 9, Mother)

While she did not want her brothers or extended family involved because “they have their own lives to lead, their own families, their own problems .. and I do not want them knowing my personal life either to be honest”, she found the conference valuable in getting things out into the open and discussed with her estranged husband, parents and professionals.

“I felt a lot better leaving the meeting because there were so many things I had bottled up inside that I couldn’t talk to my husband of and instead of him giving out to me and saying its all in your head, to have somebody actually listening to me and understand me, it was great like that I had that. He saw things in a different way – he did not understand about the ADHD and how it affected me as well – he did not have to live with us... he said to me afterwards, I’m starting to begin to understand how you are feeling and its hard with you being sick and its hard with (son) as well” (No. 9, Mother)

Some items included in the plan, such as home improvements, did not happen. While it was agreed in the plan that she herself would get counselling, she said she had not had the time to follow up on this. On the other hand, she accessed a crèche place for her son and his treatment got underway. While she could not remember the plan in detail, she feels that the main difference it made to her was that people listened and understood how she felt (including husband, Public Health Nurse, Co-ordinator and teachers) and that her husband was more supportive as a result.

Apart from her GP and PHN, this was the first service that this Mother had accessed. She felt it was valuable, and would recommend it again. She said “it is not the answer to everything but it can help.” She feels that any services that support parents are needed:

“The health board and any of those services are great – anyone that gives you any help is brilliant. We all need all the help we can get.” (No. 9, Mother)

- (VIII) A lone Mother of teenage children who took part in a FWC felt that the process had been helpful in supporting her family to deal with difficult behaviour. All the children took part, as did some of their friends and cousins. Their fathers, who live abroad, made an input either by conference call or by speaking to the Co-ordinator beforehand. At the time, things were ‘horrific’ - one of her children was going through a rebellion phase where ‘she felt everybody

was blaming her'. They came to an agreement through the family welfare conference and review.

"As I say like I suppose, I do not know really how it changed. I suppose there was a lot of realisation from all of us that we had to sort of work together and look out for each other, you know.... We had hit a brick wall before we got there, we had to move forward, you know, we were all miserable...If there had not been a conference, I do not think things would have resolved themselves as quickly, I found it beneficial." (No. 1, Mother)

The Mother said that the children have a 'big taboo about social services' but that they 'took to' the Co-ordinator. It was also important that they felt listened to and were encouraged to look to themselves for answers rather than taking the advice of others.

"She came in and sat back and was impartial, do you know what I mean, and she just interacted with us and got to know us and .... she just focused on what needed to be done in the family. That's what you needed, really, was to see what was going on within the four walls than maybe what outsiders thought ... other people might say 'that's not being done right and this is not being done right' so she came in and she spoke to all of us and took my daughter out a few times and listened to everybody whereas before not everyone was being listened to.... I think the kids all felt safe with her anyway." (No. 1, Mother)

Having the private family time was valuable in that the children were given space to express themselves freely.

"The private family time was useful because my family have a thing about social work involvement, they would probably be sitting there and bite their tongues. At least they were given the space if they did want to blow a fuse." (No. 1, Mother)

The Mother feels that all actions outlined in the plan were followed up and said that she felt more hopeful after the conference – before that she "had been very very down". She would recommend the service to other people and feels that it should be marketed better. In her opinion, the FWC approach can help families with teenage children to communicate better and support them in coping with difficulties.

### **6.2.3 Families who felt the Family Welfare Conference did not Work for them**

A number of families felt that the FWC did not work for them. They attributed a number of reasons to this. It is important to note that most of these respondents did identify some positives from the experience, but overall, felt that the core issue was not improved or resolved as a result of the process.

- (IX) One Mother was referred to the FWC on the basis that her daughter had been expelled from school and was unable to settle in any formal education setting. She saw the process as a means to explore solutions and draw on the support of friends and professionals. It was a case of “what to do in a situation that did not seem to have any solutions”. While she found the process “very very difficult”, she believes it was managed very well by the Co-ordinator and was ‘a very good way of handling a very difficult situation’. She felt that the meeting went very well and felt supported and hopeful as a result. Yet, while suggestions were made, which she followed up on, she found that the core difficult situation remained on the basis that the services she needed for her daughter were not available. She summed up the situation as follows:

“What is interesting is that really, for all of this welfare conference, there really still isn’t anything particularly that I could access, any services that I could access that seem to be appropriate to my daughter’s situation ... I mean, people were very helpful and open but at the end of the day I was still left with a very difficult situation that there did not seem to be any solution for.” (No. 10, Mother)

For this Mother, the FWC service is a valuable one and she believes that it should be available to families as a form of early intervention. However, she is also cautious that, where a family is experiencing difficulties with state services, the FWC model be used as a way to “throw everything back on the family, which is not right”

- (X) The carer of two young girls about whom a FWC was held to help resolve difficulties surrounding their parents’ drinking and inability to care for them, felt that their situation was largely unchanged as a result of the process. Their parents did not overcome addiction problems and while their extended family participated well and made commitments in the plan, they did not follow up on promises made. The children’s carer felt that the aunts and uncles made promises but did not keep them because ultimately they knew that the children’s grandmother would act if they did not.

“I thought it would work better than it did. (Children) hoped their parents would stop drinking but they did not..... People made promises they did not keep – aunts, uncles. etc. Said they would pick up, drop off children.....Even at the review, they repeated the same promises but did not keep them. Overall it did not work. They were leaving everything to Granny because they knew she would look after them.” (No. 4, Carer)

- (XI) Having left their accommodation for health reasons, an asylum seeking family’s needs were related to their ineligibility to access housing and income support outside of the direct

provision system<sup>10</sup>. Despite the best efforts of the Co-ordinator and a broad range of supporters who took part, the conference did not achieve what they needed at that point in time. The family felt that the FWC service is good for people who are Irish and have citizenship rights.

“(FWC) is good for Irish people because they have rights. If FWC tries to work for non-national people, it doesn’t work. ....FWC is good if you are resident in Ireland. Everyone tried their best but they could not make a difference. (Co-ordinator) tried to get the system to work but you cannot change the system”. (No. 6, Father)

The family has since qualified to stay in Ireland and their situation has been stabilised. They are firmly of the belief that, for people like them who are in a legal limbo, no amount of support, effort and goodwill can overcome bureaucratic rules. They had to allow the system to take its course.

- (XII) A parent of teenage boys who were referred as a result of behavioural problems said that she found the process very valuable on the basis that it was inclusive and got things out into the open, but her sons’ rejection of the process and the plan meant that nothing came of it.

“At the meeting, we all sat in a circle, trying to draw up a programme. There was a chance for everybody to speak up – it gave everybody a chance. I felt very positive, very emotional ... things came out that I did not realise. I felt good during and after it. But, as soon as they got into the car, the boys dismissed it..... when they got the plan in the post, they ripped it up straight away.” (No. 13, Mother)

Later when it was suggested that they try again, the boys were unwilling to saying “we tried that but it did not work”. While it did not work in their case, the Mother feels that the service is a good one for families where the problems are less entrenched than theirs. Allowing people an opportunity to speak is a good thing she believes, because “families are breaking down – nobody talks to each other any more”. She believes that the Co-ordinator’s approach is an important asset, as he is “trendy, young, speaks in their language”.

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<sup>10</sup> Since April 2000 asylum seekers arriving into the Irish State have routinely been resettled outside Dublin. The accommodation provided is generally in shared hostel-type centres, under the ‘direct provision’ scheme, on a full-board arrangement, plus a small monetary payment.

### **6.3 Themes Emerging from Family Interviews**

A number of common themes and points of interest emerge from the family interviews.

#### **6.3.1 Skills and Approach of the Co-ordinator**

A number of families drew attention to the skills and approach of the Co-ordinator. The Co-ordinators were perceived as friendly, warm, good listeners, fair and child-friendly. This approach meant that they gained the trust of adults and children.

“(Co-ordinator) puts things across easily, explained things very clearly, made it fun....He could explain situations in a much more colourful way than you would have thought of yourself”.

(No. 5)

“(Co-ordinator) is a very skilful communicator and facilitator. He did not get anyone's back up, he got the most out of the process” (No. 10)

“The Co-ordinator was supremely good. There was no plamas, no bullshit, no sympathy, no nonsense... none of it....it was very much there's a job to be done.” (No. 7)

All of the family members interviewed felt that they were well prepared for the conference. As well as preparing them for the structure and invitees, a number of families highlighted that significant work was done in terms of the substantive issues about which they were meeting.

“(Co-ordinator) talked us through what would happen, the whole set up of it and everything. Was comfortable going in to it.” (No. 2, Young Person)

“I met (Co-ordinator) quite a few times. He took a lot of trouble, talked about who could be there, who to invite.” (No. 10, Mother)

#### **6.3.2 An Opportunity to Discuss Family Problems in a Safe Environment**

The importance of a process that enables and encourages family members to bring things into the open was consistently highlighted by family members. For many, it was the first opportunity they had to focus on the children within the family and hear what their feelings and needs are. For some people interviewed, the conference was very liberating, in that they had a chance to express emotions and difficulties that had been building up for a long time.

“Families go through their lives with .. just accepting each other, nobody is actually being very honest with each other in families at times ..... so you go away and you close the door on it and its okay but its not. There's no end result to it, you know, and it goes on for a while. Things are left unsettled. And the next thing down the road if something blows up, all this stuff is thrown out again, you know and there's nothing dealt with.” (No. 5, Mother)

The importance of the process being safe – that people could be open and share was important. Good preparation was crucial in ensuring that this could take place on the day and respondents felt

that the Co-ordinators provided leadership in terms of providing a structure within which they could address their issues.

“The Co-ordinator gave very resolute direction. He visited both sides and woke us up to listen to the kids. There was no nonsense. He laid out the rules, emphasised the positive.....People had a purpose – which was taking care of the kids. I loved his approach.....” (No. 7 Mother)

Because they were trying to find solutions for serious problems, the conference process was a very difficult time for the families involved. There was a lot of worry, uncertainty, fear about the future. Parents worried about how their teenage children would react to the process. For some, there was a reluctance to involve extended family members in order to protect their own privacy. Hearing the truth of their children’s feelings was very painful for parents, many of whom said that they discovered a lot about how their children felt from the process.

“We weren’t even fully aware of the pain our children were going through, and the total isolation and the total almost aloneness that they felt...” (No. 7 Mother)

### **6.3.3 Empowered to Find their own Solutions**

The majority of families came to the FWC process in a deeply troubled state, some said ‘we were at the end of our tether’. A number made the point that the fact that they had reached this state was a spur to action and that the process gave them the support they needed to move things on. A number of people made reference to the fact that the process put it back to the family to decide what to do. They were not told what to do but given the space to come up with their own answers. As one parent said, they had heard before from others what they should or should not do – this time it was up to them to make decisions based on what they felt was going on in their own home. Another parent emphasised the importance of not being told what to do. For her, a key factor in the success of her conference was the fact that she could take part in the decision-making all the way and nothing was done without her agreement. Another parent referred to how her sons had the responsibility put back to them to make decisions, something she felt needed to happen.

### **6.3.4 Social Support Networks**

A characteristic of the families that got a lot out of the process was that they had a sufficiently strong social network, members of which were willing to row in and help them. However, some of those for whom the FWC process did not achieve results also had an extended family and friends who participated in the meetings. None of the families made reference to ‘new’ people who emerged. What did emerge as a theme was the value of involving absent fathers, which appears to have made a difference, particularly to teenage children with behavioural problems. The key supporters mentioned were siblings, parents and partners, as opposed to more distant relatives or friends. A small number of people mentioned good friends who were aware of their difficulties even prior to the FWC process. What tended to make a difference was a more focused delivery of

support from key people rather than an increase in the number of contributors. One Mother said that she did not want her extended family knowing her business and preferred to restrict invitees to nuclear family and professionals. Some families spoke very positively about professional people in their lives – including social workers, psychologists, public health nurses and others. A number of people highlighted that there should be more supports for parents in general, to help them with parenting issues. Others spoke of their reluctance to involve formal helpers, particularly social workers. This suggests that families see the FWC process as facilitating them to configure the type of support that suits them best, depending of course on its availability.

In a number of the cases that were less successful, the core problem was related to service provision, which social support cannot remedy (e.g. universal, basic services such as health, education, income and housing). In these cases referrals to FWC are made to look for imaginative solutions but the learning appears to be that the family carrying the burden appreciates the support but is still left with the core problem.

#### **6.4 Recommendations**

The majority of family members interviewed said that they felt the FWC service should be marketed more and that they would not have heard about it if their referrer had not mentioned it. They feel it is useful for a range of family needs and problems. They believe that the service should be continued and expanded. One respondent stressed the value of this research, seeing it as a means of documenting people's experience, which would help to raise the profile and understanding of the service.

A small number of people expressed the opinion that there should be more follow-up and review built into the service. Those expressing this view were mostly those for whom some aspects of the plan had not been implemented. They felt that a longer term process would have helped to focus the plans' implementation.

#### **6.5 Summary**

This Chapter has outlined the findings of interviews with family members in relation to their experiences of the FWC process. Their reasons for having a FWC and whether they felt it made a difference to them are outlined. Four families felt that the process made a significant difference, four felt that some positive benefits arose from their participation, while four families felt that the FWC did not resolve their difficulties. The skills and approach of the Co-ordinator, an opportunity to discuss family problems in a safe environment and being empowered to find their own solutions were among the themes that emerged from family interviews.

## **Chapter Seven**

### ***Discussion and Analysis***

#### **7.0 Introduction**

This Chapter considers the perspectives of the various stakeholder groups in relation to the key set of questions addressed in the research. The research questions, as outlined in the methodology section of Chapter One, are as follows:

Outcomes and Added Value:

- ❑ Does the FWC service result in good outcomes for children and families?
- ❑ What factors are (or not) conducive to success?
- ❑ Does the FWC service bring added value to existing services for children and families, and if so, how?

Role and Place of FWC in the system:

- ❑ For what types of need is FWC useful?
- ❑ Where does the FWC service 'fit' in the childcare system?

Process and Practice Issues:

- ❑ Are family plans implemented?
- ❑ Are there adequate procedures for monitoring and review of family plans?
- ❑ What themes emerged as important?
- ❑ Is it possible to have an empowering model located in a bureaucratic system?
- ❑ Does the FWC model facilitate the emergence of social support?

#### **7.1 Outcomes and Added Value**

This section weighs up the available evidence outlined in the report to assess whether the FWC service results in good outcomes for children and families. The factors that have been associated with successful outcomes are identified and the question of whether the service brings added value to the existing range of services is examined.

##### **7.1.1 Does the FWC Service Result in Good Outcomes for Children and Families?**

On the whole, the conclusion emerging from this study is that the FWC process is capable of achieving positive outcomes for some families in some cases, but is not a suitable intervention for all families. Of the 13 families interviewed, four identified very positive outcomes from their experience, five identified some positive outcomes, while four felt that the FWC did not alter the outcomes of their situation. Furthermore, 58 per cent of referrers felt that the FWC helped the family to address the issues for which they were referred and 75 per cent felt that their families'

participation in the family welfare conference was beneficial for the children concerned. Social Work Team Leaders and Principals gave examples of where FWC made breakthroughs in cases that social work could not. Referrers identified improvements in:

- Family communication and conflict resolution
- Family ownership and responsibility for problem solving
- Contact between the child and its family, particularly fathers and extended family members
- Better care for children and children's improved behaviour
- Better supports and services in place for families and better understanding of the role of support services
- Children avoided entering care or returned home from care
- Children taken off the child protection register.

### **7.1.2 What Factors are Conducive to Success?**

Where positive outcomes resulted from the process, stakeholders believe that the following factors contributed to success:

- *Family motivation and willingness to 'buy-in' to the process.* Motivation is considered an important factor by both families and professionals. A large number of the families interviewed said that they were 'at the end of their tether' which gave them the motivation to carry through with the process.
- *Timing:* Intervention occurs where needs are high but before risk is particularly acute.
- *Network quality:* Families that achieve success generally have a number of family members or friends willing to commit to the process. The quality of support is deemed to be more important than the number of supporters.
- *Realistic Expectations:* Stakeholders to have an understanding that the FWC is a process and not a 'fix-all'.
- *Belief in the family:* Referrers and other professionals involved in the process have an open mind and allow the family to find answers. They are true to the family empowerment principles of the model.
- *Follow-through on commitments made:* The family meeting is just one part of the process – successful outcomes are dependent on the family plan being implemented as fully as possible. Follow through by professionals and family members to commitments made in the plan is of central importance.

Where conferences have been less successful, stakeholders attribute it to the fact that these factors were not in place – the family may not have been motivated to change or the timing was not quite right for them. They may pay lip service and take part in order to 'get somebody off their backs'. Some families can find it difficult to engage meaningfully in a discussion of their problems,

they may not be able to come up with a viable plan or they may be unrealistic about their ability to change.

While there is a perception that the outcomes of conferences are generally good, a more systematic assessment of outcomes is needed to provide the necessary evidence. There is currently no process in place for recording outcomes from the FWC process. As noted in the Introduction, file keeping is kept to a minimum in keeping with the principles of the service and this is to be encouraged. However, a balance must be achieved between this principle and the need to know whether or not interventions have achieved their objectives. A system of feedback forms was in place for some time, but this was discontinued on the basis that it was not functioning as needed. Some assessment of outcomes would clearly aid development and promotion of the service. At present, the only indicator that is used, albeit informally, is whether or not families present back into the Child Protection system, with many social work team leaders and principals commenting that they 'only hear about the ones that do not work'. This ad hoc and negative method, clearly fails to grasp the preventative scope of the FWC service and gives a skewed image of the service to senior child care personnel. Stakeholders agreed that even a simple three-way assessment by the family, Co-ordinator and referrer regarding what was achieved or not would be valuable.

### **7.1.3 Does the Family Welfare Conference Service bring Added Value to Existing Services for Children and Families, and if so, how?**

The majority of professional stakeholders feel that the FWC brings added value to the existing range of services. The core of this 'added value' is that FWC embodies the principles of good practice that many workers would like to see reflected fully in their own services, but feel unable to as a consequence of workloads, time constraints and statutory obligations. While these principles can be reflected in their own work, they feel that the particular added value of the FWC is that:

- Adequate time can be given to engage families in a problem-solving process.
- The model has a clear methodology, underpinned by definite principles of partnership, family-centredness and respect.
- There is no compulsion on families to participate, statutory or otherwise.
- The Co-ordinator is 'independent' from all disciplines.
- The model is versatile – it is applicable in a wide variety of contexts.

The combination of these factors, ring-fenced in a dedicated service is seen as a valuable addition, one that extends opportunities to work effectively with families within the child care system. It is viewed by social workers in particular as providing a resource to them.

Referrers were asked how the FWC process differed from the approach that would have been taken, if any, with the family if there had not been a conference. Their responses highlight how it was the particular features of the FWC model – such as inclusive process, giving power and responsibility to the family and independent Co-ordinator – that distinguished it from a conventional approach. The added value that the service brings comes from its adherence to these principles. A Co-ordinator made the point that it is normal for professionals to come together but not usual for professionals and family to come together – nobody co-ordinates the service around the needs of the family as identified by them. In addition, a strength of FWC is that it is not owned by any one discipline. Some areas in which the added value of the FWC service is less obvious were identified in the research. For example, children in care and family support services have family meetings and may feel that the FWC does not have sufficient added value for it to be worth their while referring.

Creative solutions have emerged around issues such as alcohol abuse. One example described in the family interviews, shows how the FWC process facilitated an alternative sustainable solution to emerge. According to a Social Work Principal, these breakthroughs should encourage social workers to reflect on their practice and how they approach issues such as addiction. The model was also very effective in achieving consensus with separated parents. Shannon (2003) advocates for Irish family law to focus more on early intervention and alternative dispute resolution systems to help families in crisis and avoid the lengthy acrimonious legal proceedings that are often associated with marriage breakdown. He believes that the family welfare conference model offers a conflict-reducing, forward looking and constructive alternative to litigation. The forward looking approach of the FWC model is also supported by the stance of Compas et al (1993), who suggest that rather than extensive enquiry into problems, professionals (and families) may be better served by working prospectively on reducing the number of non-serendipitous life events which the family suffer through a pragmatic programme of prevention and intervention. This includes identifying factors which cause problems and working with the family on removing the risk factors or changing them so as they are no longer a danger. Hains et al (1990) have indicated that such simple approaches, apart from being more palatable for families, are grounded in the real world in which people have to cope.

From the perspective of families, the FWC is seen as a valuable service by the majority of respondents, one which they said they would recommend to other families. Even those who felt it did not make a significant difference to them personally felt that it could be valuable in other cases. The reasons for this were that they were given time, listened to and allowed to find their own solutions. To answer this question of 'added-value' fully, it is useful to consider the level of knowledge families have of existing services. Some families did not have much experience of services and appeared glad to receive any service at all and felt that it was appropriate to their

needs. Many such families live in areas where there are no family support services, such as Springboard, NYP's or Family Resource Centres. The fact that FWC is a county-wide service meant that it is a family support service they could avail of. It is difficult to distinguish whether it is the particular features of the FWC model they appreciate or the fact that they received family support in any form. Comments from families who had experience of other services indicate that they noticed a qualitative difference in how this service operated compared to, for example, social work. However, one family that were interviewed could not tell the difference between FWC and other services because they had an intense level of statutory involvement in their lives.

## **7.2 Role and Place of Family Welfare Conference in the Child Care System**

This section explores the findings in relation to the types of needs for which respondents feel the FWC model is most useful and their perspectives regarding 'fit' of the FWC service in the context of the overall HSE child care services.

### **7.2.1 For what Types of Need is Family Welfare Conference Useful?**

On the whole, the consensus is that the FWC is most valuable as a form of **early intervention**, but that it can also be useful for families who are involved in the child protection services and for children in care. There is widespread disappointment at the place of FWC in the legislation (before the issuing of a special care order). It is also felt that the name of the service 'family welfare conference' is unnecessarily complex and off-putting for families.

From the perspective of targeting the service as an early intervention model, stakeholders are supportive of the fact that it is available to a wide range of referrers, rather than restricting it to social work (as happens in some regions). Family members interviewed felt that the service should be promoted more as many families who would benefit from it are not aware of it. Likewise, there was strong support from referrers and social work team leaders / principals for the service to target the earliest level of intervention possible, in the belief that by the time some cases get to the attention of social work, need has become too great.

Some very successful FWCs have been held following school referrals. However, despite strong promotion, staff have found it difficult to secure school referrals. One CASM said that the issue would need to be addressed at national level, through the Department of Education and Science, in order to source more referrals. Furthermore, staff are concerned that other sources of early referrals such as PHNs, youth services and community organisations have not been significant referrers to the service. This highlights the need to have a systematic and targeted strategy to encourage early referrals, including education and awareness activities.

While there is a broad willingness to embrace FWC as an intervention for 'lower risk' families, the attitude to the place of FWC with **child protection** cases could be described as mixture of openness, apathy and resistance. On the one hand, numerous child protection referrals have come into the system, with Co-ordinators recording 25 per cent of all conferences as child protection referrals. Particularly in the early days, difficult long standing child protection cases were referred to the FWC service for a 'fresh approach'. Some achieved positive outcomes while others did not. On the other hand, the fact that the child protection pilot project, designed to test out the value of having a FWC prior to or subsequent to a CPC, did not succeed suggests that the necessary will did not exist at management level to fully test out the model's potential. A Principal Social Worker expressed the view that if families were capable of coming up with solutions they would have done so long ago and that a CPC has more authority to make families take actions to protect their children than a FWC. Likewise some referrers noted that they would have difficulty with using the FWC in cases where there were significant child protection concerns. However, an illustration of the way in which FWC can complement the child protection system is the parent who said that 'the CPC named the solution but the FWC helped the family to work towards the solution'.

Recent research by the Mayo Children Act Services Manager (Whyte, 2005) into the role of FWC in the child protection system found that there was a fear among some professionals that FWC diluted multi-agency working. One Social Work Team Leader said she was not prepared to sign off on a plan as she did not want to shoulder the responsibility for it by herself. Participants felt that the role for FWC in the CPC system was after the CPC had occurred. Whyte found that once they saw the benefits that a FWC could bring, in terms of giving children more of a voice and raising awareness among the extended family about child protection concerns, professionals were open to use the FWC model and process in high threshold child protection cases.

This current study and Whyte's research reflect Marsh and Crow's (1998) finding that family welfare conference projects in the UK faced a number of challenges in trying to introduce the model into child protection procedures. Attempts to create a role for family welfare conferences (either prior to or subsequent to) child protection case conferences was found to be too demanding a task, for reasons such as resistance to the model from some; a reluctance to overturn existing procedures as part of a 'pilot' project; senior management support for the model was not always available; attempting to change high profile child protection policies and procedures could jeopardise the whole project. It was also felt that it might be more appropriate to prove the model on more 'straightforward' cases first. Marsh and Crow found that, once confidence in the model had been established, an increasing emphasis on child protection work was then developed.

One Co-ordinator argues that resources and capacity are a significant barrier to the development of an increased emphasis on child protection work. Another Co-ordinator believes that, following

difficulties in gaining acceptance for the model with high risk cases, there may be a need to find some middle ground for higher risk cases, ensuring that professionals communicate their concerns with families and let people know what the family plan could cover. While this may dilute the family led principles of the model, it may be preferable that some type of family led process exists than none at all.

For Child Care Managers and other research respondents, the key issue is to ensure that the principles of FWC permeate existing practices, particularly child protection conferences, rather than finding ways to use the FWC as a 'pocket of good practice' at higher levels of need. Judging by the findings of this research, it appears that families would welcome this. In a UK study by Brown (2002), few families who were in the case conference system opted for a Family Group Conference also, as they saw this as unnecessary duplication and felt they had limited power to influence the professional viewpoint. Were FWC principles to be reflected more in Child Protection Conferences and children in care reviews, it would lessen the need to offer a FWC as an additional service, which could be seen as somewhat duplicative. Notwithstanding this, this and other research has shown that families who have undergone a FWC either before or after CPC's or Children in Care reviews have found it beneficial.

Although the issue of **domestic violence** was not referred to by the majority of respondents, a small number of people had strong opinions regarding whether or not it is useful to bring together perpetrators and victims of domestic violence in the FWC process. A comment was made by one referrer that FWC is not a suitable forum for domestic violence cases, in that the perpetrator can use the process to exert control over the victim. Co-ordinators point out that fathers are still involved in children's lives and believe that there is no simple solution to this issue, but it is one that will require careful consideration in each case and learning from what has been experienced. This reflects the findings of Pennell (2004) who concluded that the conference is an opportunity to break the conspiracy of silence around domestic violence and reach consensus on how to move forward together. Three major projects have looked at the use of FGC's and domestic violence and their results have been encouraging (Inglis, 2004). Planning and implementation are key - Pennell advocates that there is a need to ask the survivor what they want, assess whether or not a FWC should be held, respect existing barring orders, encourage persons at risk to bring a support person to the conference and be prepared to postpone or cancel the FWC once it has started.

One Co-ordinator felt strongly that there is a need to face these issues head on – on the basis that children, in most cases, will continue to have an ongoing relationship with the abusing parent. Support services for domestic violence generally just work with victims - few services work with perpetrators. He suggests that in order to put in place a meaningful solution for children, there is a need to move from a situation where the perpetrator is always seen as the problem rather than

part of the solution. As this is difficult and risky work, it requires support from disciplines across the agency, a suggestion endorsed by Inglis (2004). Inglis suggests that FWC workers should be specifically trained around issues of domestic violence, including looking deeply at the practice issues of managing this safely. Regular peer support and supervision encourages healthy and safe practice and the use of a multi-agency group can encourage safe development of the work.

### **7.2.2 Where does the FWC 'fit' in the Child Care System?**

As noted in the Introduction, the FWC service in the HSEWA (Galway, Mayo and Roscommon) was developed in the absence of statutory guidelines regarding the role and place of FWC. In order to establish the service, staff engaged in a widespread promotional campaign to increase awareness of the model and made the pragmatic decision to work with those who were interested, to build up support and to develop the service from there. The service is now well established, with support from and good working relationships with key professionals. According to Brown (2003), FWC services that develop in the absence of a clear policy or legislative mandate, gain limited embeddedness in day-to-day practice. This reflects the situation in the HSE Western area, where, while popular and respected, it remains 'on the margins of practice' due to the fact that the number of FWC Co-ordinators is small and there is no official policy regarding its role or place. On the other hand, the fact that the service is not fully incorporated into the 'professionally dominated system' can be seen to have advantages (Brown, 2003, p.338).

It is important to note that, in contrast to Mayo and Galway, Roscommon stakeholders felt the service was well integrated into childcare services in their county. Some of the reasons given were that the Children Act Service Manager sits on the Child Protection Management Team and that the service is located in the same building as the Child Care Manager, Principal Social Worker and other services, including Psychology, and thus has a high visibility. It was also felt that because family support services are limited in the county, services such as FWC are valued.

How the FWC service has developed in the HSE Western area has been very dependent on the attitudes of social workers. While the HSE Western Area is different in that the service is open to referrers other than social work, social workers represent a key group of potential referrers, particularly in relation to higher threshold cases. For the period of this study, 61 per cent of all referrals were made by social workers. While all social work teams have made a referral to date, there are some individual social workers who have never made a referral, while others are consistent referrers, showing a willingness to explore alternative options for families. This is reflective of international research findings. For example, Sundell (2000) found in Sweden that the role of social workers and their attitude to it was crucial in determining the extent to which the model was used in practice, while Nixon (1998) found that despite attempts to embed Family Group Conferences into local practices and procedures in the UK, social workers maintained the

power to refer (or not) to the FGC Project. Social workers in Marsh and Crow's (1998) UK study acknowledged the model's difference, its potential for empowerment and its value in their work. Yet, a third of social workers chose not to use the model - it just did not seem appropriate for "their" families.

Up to now, FWC Co-ordinators have had to work with whoever chose to work with them. Referrers have been the 'gatekeepers' of the service and there is no overall mandate or guidelines in place regarding what cases should be referred. Social work team leaders and principals feel that there should be greater clarity and direction in relation to the use of FWCs in all cases, but particularly in relation to children in care reviews and child protection conferences. Marsh and Crow (1998) report that some UK authorities have set criteria for referral, while others leave it up to the social worker. Comparison of data from both types of referral process indicates that set criteria and accompanying compulsory referral increased the proportion of social workers referring from 60 to 80 per cent. Social workers reported that using the set criteria was more acceptable if they had been involved in devising it. While it resulted in the involvement of some 'unsuitable' families in the process, social workers felt it also included families that they would not have thought of as suitable, but who managed the process quite well. Now that the potential applicability of the model has been tested and found to be useful in the HSE Western area, there is a willingness on the part of social work team leaders and principals to consolidate the place of the FWC in the system and create clearer guidelines regarding how and where it should be used. Marsh and Crow's research findings suggest that these guidelines should be drawn up with social work teams and FWC staff and have the sanction of senior management.

As well as having guidelines in place for how FWC can be used, it is important to consider the barriers that prevent social workers from referring. Some social workers have said that it is a good thing that the FWC process is time consuming but that they may not refer if they do not have the time to keep with the family throughout because of pressures on their workloads. A small number of social work team leaders and principals said that out of hours working was a difficulty for social workers. One social work team leader said that he had no ideological problems with the model but that the FWC services' lack of capacity to take on referrals was preventing his team from making referrals. Another social worker team leader said that social workers initially feared having 'the responsibility but not the control' in relation to child protection cases but that this fear has lessened over time. This reflects the findings of Sundell et al (2001) who found that social workers may be enthusiastic about FGC's but in complex cases of child protection, concern for their professional accountability may override their wish to use the model. They argue that policy makers must offer a clear commitment to safeguard individual social workers against scapegoating, for example, if FGC plans fail. Also, if the model was given greater sanction in legislation and properly resourced,

professionals may be in a better position to act on their belief that the model is a key to more effective partnership between families and the state in child protection.

### **7.3 Process and Practice Issues**

Particular features and themes emerged in relation to the FWC process and these are now explored. Firstly, themes of child-centred practice, communication and independence are discussed. Secondly, issues related to the implementation and monitoring of family plans and resourcing of the service were raised throughout the research. Thirdly, the question raised in international research regarding whether a family empowerment model can function successfully in a bureaucratic system is discussed in the context of this service. Finally, given that the FWC model is based on ecological and social support theory some attention is given to an assessment of evidence regarding how social support was facilitated in this context.

#### **7.3.1 Are Family Plans Implemented?**

As is the case in other areas, family plans in the HSEWA are composed of a mix of traditional services and family commitments. Traditional services, typically seen in care plans, include mental health services, substance abuse treatment, behavioural interventions and housing resources. More family specific strategies include providing transportation, financial assistance, supervised visits, emotional support, contributing to home improvements and help with school tuition (Shore et al, 2001). In relation to plan implementation, this study found that referrers do not believe that families fully implemented their plans but over half believe that professionals fully implemented their commitments. This is borne out to some degree by the family interviews, which indicated that plans were mostly partly implemented. Marsh and Crow (1998) argue that we should not focus on whether the details of the plan were carried out as specified but on whether the overall intent of the plan was adhered to (i.e. to keep the child at home). This is because family circumstances change and evolve over time and because there is no evidence that every detail of child protection conference plans are implemented, it would be unfair to expect family plans to be implemented in their totality.

In New Zealand, the conference decisions are binding upon statutory bodies but there is a risk, in countries where this is not the case, that family decisions may be ignored, over-ridden or that resources will not be made available (Swain and Ban, 1997). We saw in this research that CASMs and Co-ordinators were disappointed at the failure of some professional services to follow up on commitments made in the plan in a timely fashion. Co-ordinators feel strongly that there should be some mechanism to ensure that services are delivered on – they feel that it is pointless for one part of the HSE to go through this process of family decision making, if at the end of it, another part of the agency does not follow up in relation to their needs. They believe that it indicates the need for a higher-level commitment to the co-ordination of plans. One Principal Social Worker, who did

not agree that FWC could make a difference, attributed this to the fact that the Co-ordinator has no authority whereas a Child Protection Conference chairperson has. Swain and Ban (1997) argue that if family decision-making is to really change power relationships between families and statutory agencies, commitments made at the FGC must be met and the supports required to ensure the best care arrangements for the child must be available.

### **7.3.2 Are there Adequate Procedures for Monitoring and Review of Family Plans?**

How plans are monitored can have an effect on their implementation, but just 38% of referrers feel that adequate procedures are in place for monitoring of family plans. Comments made by referrers indicate that there is confusion regarding whose role it is to monitor the plan. There is an assumption that the referrer will stay involved but some do not want to or feel unable. In general, the nature of the case tends to dictate how closely it is monitored – if it is a higher risk case, a social worker will generally stay involved, whereas family members are more likely to be given responsibility for monitoring where risk is deemed to be lower. Referrers have said that it is possible to challenge a service provider who has not delivered, but that it is more difficult to challenge a family member. Co-ordinators and others question whether their assuming a role as monitor would compromise their independence. Some felt it may be useful to have a designated person to oversee the monitoring of family plans, or that this role be undertaken by the CASM.

Another grey area is the degree of commitment expected from families following the initial conference. While families currently have the option of choosing if they want to have a review, a number of referrers made the point that families should have to buy in from beginning to end, and that the review should be mandatory. Overall, there appears to be support for a longer and more structured process, to which families should commit, in the belief that it will lead to better use of resources. Were this to be the case, it has implications for the capacity of the service on the basis that reviews take time and resources.

### **7.3.3 What Themes Emerged as being of Particular Importance?**

One of the core principles of the FWC process is **child centredness**; with children and young people being supported to communicate in ways that suits them. Feedback from families suggests that the children and young people and their needs were central to the entire process. The fact that the Co-ordinators had the skills to communicate with children was crucial to this principle being realised in practice - one parent said that it made a difference that the Co-ordinator was young, trendy and child friendly, while another said that the Co-ordinator was able to talk to her kids and they trusted her. This reflects the findings of Ferguson and O'Reilly (2001) that children are more likely to engage with a service they perceive to be 'cool'.

Co-ordinators feel that the child centred approach leads to better outcomes for children - one Co-ordinator made the point that even small things that kids say, for example who they would like to pick them up, can make a big difference. In a context of conflict, focusing on children has been seen to be a powerful way of moving the agenda on. For example, the separated parents interviewed found that this was what they needed to overcome their differences. One Child Care Manager made the point that even if a child does come into care, s/he will have a better understanding of why as a result of this process. The child and family centred approach is also considered useful for work with culturally diverse groups.

The theme of **communication** and language consistently emerged as a crucial issue from a number of perspectives. Firstly, families were facilitated to communicate with each other openly and honestly to the best of their ability, which was highlighted by all stakeholders an important first step in the process of finding solutions. The second aspect relates to communication between service providers. The FWC model facilitates communication between service providers and co-ordinates their intervention around the self-identified needs of the family. The third aspect relates to communication between service providers and families. One of the principles of the FWC model is clear, jargon-free communication. Families benefited from being told in simple language what the concerns of professionals were and were more likely to engage with services when helped to understand what they could do for them. Where there was a pattern of conflict between families and key service providers, the Co-ordinators' independence meant that they could 'firmly but gently' facilitate honest communication between families and professionals, which again was a necessary precursor to more effective meeting of family needs. Co-ordinators feel strongly that honest communication between all parties can be a powerful means of making progress towards addressing children's needs.

The findings of the research suggest that all stakeholders are satisfied that the Co-ordinator is **independent** and consider this an important feature of the model. The tensions that emerge between Co-ordinator and social workers, were seen by many as positive as it indicated that the professional agenda was not being allowed to dominate.

#### **7.3.4 Is it Possible to have an Empowering Model Located in a Bureaucratic System?**

One of the key questions in implementation is - can professional decision making models and family decision making models co-exist? In the HSE Western area, a 'twin-track' approach exists, whereby existing models of professional intervention have been maintained alongside family centred approach. Pennell (1999) argues that, in such a context, FWC can face a 'push' away from its core principles and 'pulls' towards systemic goals of maintaining control, meeting regulations and avoiding litigation. There is also a danger that the empowerment principles underpinning FGC's may be reduced, and could be viewed as a tool or gizmo that is 'used on'

families, rather than a set of values and principles that should inform all work with children and families (Lupton, 1998, Nixon, 2002). This concern was expressed by Co-ordinators who fear that some referrers use the service as a means of 'off-loading' their cases, rather than because of their commitment to a family centred process. They have experienced tensions whereby referrers assume that the Co-ordinators, as fellow professionals, will concur with their assessment of what the family should do. Co-ordinators said that they have to constantly reflect on their role to ensure that their independence is maintained. In addition, the commitment to family led models of decision making require investment and significant change is unlikely to happen in this regard with just one Co-ordinator in each county.

Pennell (1999) contends that the FGC's should not be restricted to officially mandated areas – rather, the model should be about partnership building to resolve concerns. She found that families felt betrayed when their cases were closed once the crises were over, but before all actions addressing their concerns were complete. This clash was seen in the comment of one referrer who felt uncomfortable that the FWC focus was too wide – it focused on issues that were outside his area of expertise. Some families in this study indicated that they wanted more reviews and a longer process, and felt let-down when the process ended abruptly. This indicates that the FWC model is too broad for some professionals but too constrained for some families.

The experience of a small number of families in this study was that they participated in the FWC process but their plans were frustrated by the rigidity of state policy. Education provision for an out of school teenager and housing provision for an asylum seeking family were two examples. As a result, the needs of these families were not addressed by the FWC process, illustrating that there are limits to the degree to which family 'empowerment' models can bring about desired changes.

### **7.3.5 Does the Family Welfare Conference Model Facilitate the Emergence of Social Support?**

Many occurrences of child maltreatment can be traced either directly or indirectly to lack of social support in the parent's environment (Lugtig and Fuchs, 1992). Thompson (1995) identified the functions of social support as:

- a. *Emotional sustenance*: The sense that one is not alone and that others are 'on your side' in coping with stress can enhance confidence and provide outlets for the release of tension and anxiety.
- b. *Counselling, advice and guidance*: Support can provide the recipient with guided direction in challenging life events.
- c. *Access to information, services and material resources*: Support agents can act as brokers between the recipient and others who can provide tangible aid.

- d. *Skill acquisition*: Social network members may assist in personal or job related skills, parenting or financial planning.

FWC attempts to increase the level of social support given to children and families, in the belief that such support can help the family to overcome difficulties. Braithwaite (2001) contends that an infrastructure that fosters the emergence of social support is likely to enrich civil society, as it educates young people in how to seek and give support. In what ways did the FWC process impact on the social support of children and families in this study?

According to respondents, there were no examples of where new supporters have emerged. Rather, where support improved, it was a case of existing support being increased or used more effectively. A variety of respondents said that the process can raise awareness of difficulties that other family members were not aware of, or give them a better understanding of issues. This was borne out by the experience of the separated parent who said that the FWC helped her estranged husband to have a greater understanding of what she was going through and that he was more supportive as a result. The public display of commitment and concern was considered important by some family respondents. One father talked about the power of having agreements witnessed by his family and friends – for him, it made the commitments made more concrete. The parents of a young person experiencing psychological difficulties said the conference showed their son that people loved him – he could see that people were making an effort and as a result he has been more responsive to them. The carer of a child whose Mother has a drink problem said that the FWC gave her daughter strength to enter addiction treatment, which she probably would not have done otherwise.

It was also identified that the process can encourage existing supporters to formalise their commitment. There is evidence that the FWC service has worked hard at involving absent fathers and pushing out the boundaries in terms of how fathers can be included. The involvement of absent fathers was found to be a crucial form of support for the young people involved. Where young people do not have many male role models in their lives, the presence of their father, an uncle or another male figure was said to make a difference in terms of their engagement with the process.

While mobilising the support of family and friends is central to the FWC process, the importance of professionals as key helpers was clearly seen in the family interviews. Family members referred to relationships with public health nurses, psychologists, teachers and social workers, among others, as being very important to them. While these relationships often pre-dated the FWC, many families were put in contact with professional supporters as a result of their conference.

A number of factors were identified that work against the potential of FWC to mobilise social support. Some families do not want to involve supporters, while families in most need can have

complicated and damaged relationships. Furthermore, support can only be mobilised if the networks exist and some networks are very small. In some cases, verbal commitments of support by the network members were not delivered. A minority of respondents felt that FWC was unlikely to mobilise social support because people who wanted to help would have done so before the problem reached its current state. The point was also made that it may not be as valuable to bring in families and friends from afar who will not be there to offer practical support on an ongoing basis.

Finally, it must be remembered that the type of social support offered must be related to needs. For example, while the Mother whose son was out of school valued the emotional support she got from family and friends through the conference, her core need related to practical, tangible support in the form of an educational placement for her son - which the FWC process was unable to meet. The same applies to the asylum seeking family in need of housing and income support. It is important to question at all times whether families are being pushed into taking responsibility for problems which they are ill-equipped to deal with (Thomas, 2000). The 'empowerment' of families to make decisions about the care and welfare of troubled and troublesome children and young people is one of the core objectives of the FGC model. While empowerment can mean shifting power from the state to families, encouraging participation, building capacity and encouraging self-efficacy, it can also be seen as an opportunity to 'squeeze' resources out of families (Jackson and Morris, 1999).

## Chapter Eight

### ***Conclusion and Recommendations***

The family welfare conference model embodies the desire to achieve a 'balance' between the protection of children and more inclusive and collaborative practices with families by giving responsibility and support to the family group to respond to its difficulties (Morris and Maxwell, 1993). This New Zealand model was incorporated into Irish legislation through the Children Act 2001, which requires the HSE to convene a family welfare conference to make arrangements for the care and protection of children and young people in specific circumstances. The FWC model was developed in the HSEWA family support services in 2002 with a remit broader than that dictated by the legislation. The service invited referrals from within and outside the HSE and aimed to test the model across the child care domains of alternative care, child protection and family support. This research was undertaken to assess the perspectives of stakeholders in relation to the model and to make recommendations for its future development.

This research has shown that, overall, the FWC model has been well received by both professionals and families. Since the service was first established in 2002, it has gained a broad-based understanding and acceptance. FWC principles are widely supported and endorsed as being respectful and effective in work with families. Its child centred approach, emphasis on clear communication and independence were particularly noted by stakeholders. The FWC model has been found to complement existing services, is seen as a resource by professional workers and its added value lies in the fact that it offers a time-intensive service underpinned by principles associated with good practice in child and family services. Co-ordinators were considered skilled and competent by all stakeholders. Families appreciated that the service allowed them to feel 'in control', met their self-defined needs and built on their strengths, factors that have been identified as important by families in other studies (Ghate and Hazel, 2002; Riordan, 2001). The model does not work for all families but the majority of stakeholders feel that it can result in positive outcomes for families who commit to the process. The majority of families interviewed for this study said that they derived benefits from the process, ranging from minor to significant. Apart from its direct impact on families who have taken part, the service has modelled good practice in working with families. Stakeholders said that they have become more aware of the need to adhere to such principles in their own work.

While there is broad support for the model, a small minority of professionals remain unconvinced that the FWC model has sufficient added value to merit greater consolidation in the system. Critics argue that extended family members who are willing to help would have offered such support before now and that families that come to the attention of social work services are damaged and unlikely to progress significantly as a result of a simple process such as FWC. The view was also

expressed that, because participation in a FWC is voluntary for families, the service does not have to work with the most unco-operative families, so while outcomes might be good, they are unrepresentative of the reality of working with the totality of families in the child care system.

To date, conferences have been held across a wide range of contexts and settings and there is a broad understanding of the conditions and contexts in which the model works best. The consensus among stakeholders is that the model is most effective in early intervention and, while there is a broad openness to the model's use in child protection and alternative care cases, core staff feel that it is currently under-utilised in these arenas. The service has developed to the extent that there is now broad support for the consolidation of the service within the range of HSE child and family services and a number of stakeholders fear that the service will be marginal and directionless unless guidelines are developed to provide greater specificity to its role. Some believe the emphasis should be on ensuring the FWC model is used more across the three domains of family support, child protection and alternative care. Others believe that energy should be directed to ensuring that the principles of the FWC model permeate the overall child care system rather than remain a 'pocket' of good practice. On the other hand, a minority feel that the child care system is fine as it is and there is no need to 'fix what is not broken'. The challenge will be to find a way to accommodate these perspectives.

Factors that were seen to constrain use of the FWC model in child protection cases include concern for professional accountability, fear that FWC dilutes inter-disciplinary working, capacity issues and perception of duplication of existing statutory processes. While difficult, these issues are not unsolvable – if the will is there to extend the principles of the model, it is within the power of the system to find a middle ground. International research findings in relation to FGC illustrate that these tensions and difficulties are part of the normal life course of the FWC model in countries where the model does not have an explicit role in legislation, but that they can be addressed.

Some potential areas of improvement were identified in relation to the service. Monitoring procedures for family plans were found to be unclear, with evidence of confusion regarding whose role it is to monitor and some resistance among referrers and Co-ordinators to taking a monitoring role. The outcome appears to be that some plans may not be monitored if the referrer is busy or if a family member does not follow up on an assigned monitoring role. Respondents feel that this needs to be addressed, as monitoring is not just about checking in to see what is done, but it can motivate families to keep focused and support them to deal with unprecedented changes that might affect the original plan. Improved monitoring procedures are likely to assuage some of the concerns of social workers regarding accountability of family plans. Enhanced monitoring procedures should be sensitive enough to uphold the principles of family empowerment central to the model, while ensuring greater implementation of plans. Possible solutions include ensuring

clarity among stakeholders regarding roles and allocating responsibility for follow up to designated person.

An issue linked to the area of monitoring is that of assessing outcomes. There is currently no process in place to assess whether plans have been implemented or whether the issues were addressed in any way. There was support for the development of a more systematic way of assessing outcomes. This does not need to be complex – even a three way process between the Co-ordinator, family and referrer to record key outcomes would be an improvement. An aggregate assessment of outcomes on a periodic basis could be used for management and information purposes.

It is important to ensure that referrals are appropriate and that the FWC is not offered to families as a last resort or as a substitute for a service that is clearly needed, but unavailable. In such cases, there is a risk that the empowerment principles of the model are used to burden families with problems for which they are unable to find solutions. Some family feedback suggests that the solution to their needs was beyond their control and unlikely to be found within their own resources. Another issue emerging from the research is the need for continued development of family support services – family interviews highlight that families were in need of support and value it when they get it. Families said they would like more supports for parents in general.

The importance of resourcing of family plans emerged strongly from referrers. The outcomes of the FWC process are limited if services identified are not provided to families. Issues that affect plans include waiting lists for vital health and psychological services for children and young people. Proper timing and sequencing of such interventions is considered to have an effect on the overall impact of the family plan. In order to fully deliver on the commitment made to families through offering them a FWC, Co-ordinators felt that the HSE should commit to resourcing the plans that emerge. The point was made that participatory processes are not cheap. Resourcing of the service itself was found to be a significant issue in Galway, where just one Co-ordinator post was found to be greatly inadequate to meet the demands for the service.

The style of working of the professional is now well recognised as a key factor in the success of interventions (Katz, 2003). The comment by one Child Care Manager that the FWC model 'captures the relationships you know are effective' sums up the importance of the style of work adopted in working with families. This view was endorsed by family members, who referred to the approach of Co-ordinators as very appropriate. From a management perspective, how staff are supported to work effectively is a key factor, given the centrality of 'human performance' in working with families. Because there is just one Co-ordinator in place in each county, isolation can be an issue. An enhanced support structure is worthy of consideration, particularly if the service was to

expand. The need for ongoing professional training for Co-ordinators, Social Workers, other referrers and their supervisors has been identified as critical in New Zealand in terms of supporting personnel to meet the challenges presented by family conferencing, while avoiding a 'drift' towards a professionally dominated system<sup>11</sup>. Evidence presented in this report suggests that such training would be welcomed by stakeholders and could provide an arena through which emerging difficulties could be addressed.

When the final sections of the Children Act are implemented in the near future, it is likely that the capacity of FWC will be absorbed to a much greater degree in meeting its statutory requirements. To date, just one family welfare conference has been convened under Section 7 of the Act, but it is envisaged that considerably more referrals will be made in the future under this and Section 77 of the Act. In this context, capacity issues may have significant implications for the role of FWC in early intervention. In addition, there is a risk that pressure to complete conferences within designated timeframes will lead to pressure to compromise or dilute some of the FWC core principles. Management should endeavour to ensure that the ethos and principles of the model are protected.

## **Recommendations**

- It is recommended that the Family Welfare Conference service be continued and developed.
- A pro-active strategy for the family welfare conference service in the region should be developed. All stakeholders should play a role in developing a vision, aims and objectives for the service. The perspectives of stakeholders regarding various aspects of the model, as outlined in this research, could be used as an agenda for discussion and action in developing a strategy. It is important that the strategy upholds the core principles of the FWC model. Given that regional boundaries for the health service have changed since the FWC service was established, it would be important to work with stakeholders across the new HSE West Region to develop a regional strategy for the FWC service, linking with the HSE at national level.
- The strategy should look at how the service can best meet its statutory requirements while offering and developing an early intervention service and a role in relation to child protection and children in care. Following from this, guidelines for HSE staff regarding referral should be developed.
- It would also be important to examine how the service could be marketed, particularly in terms of early intervention.
- In line with the participatory ethos of the FWC model, it would be valuable to develop mechanisms to facilitate service users' input into strategy and service development.

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<sup>11</sup> Prof. Robyn Munford, Personal communication, April 2006.

- Operational aspects of the service, such as staff support, team-working and professional training, in addition to targets and resourcing, could be reviewed and enhanced in line with strategic priorities.
- Models of staff support, training and supervision developed in New Zealand specifically in relation to the FGC model could be incorporated into professional training programmes in Ireland.
- There is a need for an improved monitoring and review process for family plans. Families and professional staff should be in no doubt as to who is responsible for monitoring of the family plan. As mentioned in the report, a three-way assessment between the family, the referrer and the Co-ordinator regarding what has been achieved from the FWC intervention would be valuable as a means of providing closure to the process, assessing outcomes and informing future service provision (for the family, the FWC service and the HSE).

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## **Appendix 1**

### **Questionnaire for Referrers with Experience of a Family Welfare Conference**

27<sup>th</sup> May 2005

Dear Referrer

The Family Welfare Conference Service is currently being evaluated by the HSE / NUI, Galway Child & Family Research and Policy Unit. As someone who has referred families to the Family Welfare Conference service, your experiences and perceptions of the service are very important in helping us to evaluate the service. For this reason, I would be grateful if you would take the time to complete the enclosed questionnaire.

The questionnaire does not require you to put your name to it - is completely anonymous and it will not be possible to attribute responses to any individual.

Please return the questionnaire to me by post by **July 4<sup>th</sup> 2005** in the envelop provided.

If there is any part of the questionnaire that is unclear or if you have any questions regarding the evaluation, please do not hesitate to contact me on the number or email address provided below. If I am unavailable, please contact John Canavan on 091-495397.

Once again, I ask you to please take the time to complete this questionnaire as your opinions of the service are important. Thank you for your co-operation.

Kind Regards

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Bernadine Brady  
Researcher, Child and Family Research and Policy Unit  
Department of Political Science and Sociology  
NUI, Galway  
Ph: 091 493522  
[bernadine.brady@nuigalway.ie](mailto:bernadine.brady@nuigalway.ie)



## QUESTIONNAIRE FOR FAMILY WELFARE CONFERENCE SERVICE REFERRERS

### INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

To ensure the research is of value, we ask you to make an attempt to answer all questions to the best of your ability. If you are unclear regarding any aspect of the questionnaire, please contact us for clarification.

The term *FWC* refers to the Family Welfare Conference Service.

After most questions, there is a space for 'comment' which you may use to make additional remarks.

Please make use of the space at the end of the questionnaire to make known your comments regarding the programme. Feel free to use additional paper if required. We are interested to hear what you have to say.

We ask you not to make any reference to your name or the names of others. All questionnaires are anonymous and comments will not be attributable to any individual.

The questionnaire should take approximately 30 minutes to complete.

On completion, please place questionnaire in the envelope provided and return to us by July 4<sup>th</sup> 2005.

Thank you for your co-operation.

**Part One**

**General Information**

1. For what type of organisation do you work?  
(Please tick only one)

- The HSE
- Community based family / adolescent support project (non-HSE)
- National voluntary organisation
- Local community or voluntary organisation
- School or education / training body
- Other, please specify: \_\_\_\_\_

2. What is your job title?  
(Please tick only one)

- Social Worker
- Social Work Team leader
- Public Health Nurse
- Psychologist
- Project Worker
- Project Leader
- Teacher
- Home school liaison officer
- Headmaster
- Other, please specify: \_\_\_\_\_

3. How did you hear about the Family Welfare Conference service?

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4. To date, how many families have you referred to the FWC service?

- |                                |                                      |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> One   | <input type="checkbox"/> Four        |
| <input type="checkbox"/> Two   | <input type="checkbox"/> Five        |
| <input type="checkbox"/> Three | <input type="checkbox"/> Six or more |

4A. Of the families you have referred, how many:

Have taken part in a family welfare conference? \_\_\_\_\_  
Are awaiting service? \_\_\_\_\_  
Referrals were terminated prior to conference? \_\_\_\_\_

## Part Two

### Your Experience of the Family Welfare Conference Process

5. What were the main motivating factors in your decision(s) to refer to the FWC service?

---

6. Listed below are some of the key features and principles of the Family Welfare Conference model. Can you please rate how important you feel each of these features is in terms of supporting good outcomes from the process?

*Values on scale*  
 1= not important  
 2 = not that important  
 3 = somewhat important  
 4 = important  
 5 = very important

Clarity between referrer and Co-ordinator regarding purpose of referral	1	2	3	4	5
Voluntary participation by the family	1	2	3	4	5
Co-ordinator has good understanding of family issues	1	2	3	4	5
Good preparation of the family for the conference	1	2	3	4	5
Flexible timing of meeting to suit the family	1	2	3	4	5
Family choice of venue	1	2	3	4	5
Provision of refreshments	1	2	3	4	5
Information giving by professionals at meeting	1	2	3	4	5
Private family time at the meeting	1	2	3	4	5
Ensuring all family members voices are heard	1	2	3	4	5
Family ownership of plan	1	2	3	4	5
Review of plan by family	1	2	3	4	5
Co-ordinator is <i>independent</i>	1	2	3	4	5
The interests of the child are paramount	1	2	3	4	5
The family is treated respectfully	1	2	3	4	5

Comment: \_\_\_\_\_

7. From your experience of the service to date, were the following features and principles of the Family Welfare Conference model realised in practice?

Clarity between referrer and Co-ordinator regarding purpose of referral  Yes  No  Unsure

Voluntary participation by the family  Yes  No  Unsure

Co-ordinator has good understanding of family issues  Yes  No  Unsure

Good preparation of the family for the conference  Yes  No  Unsure

Flexible timing of meeting to suit the family  Yes  No  Unsure

Family choice of venue  Yes  No  Unsure

Provision of refreshments  Yes  No  Unsure

Information giving by professionals at meeting  Yes  No  Unsure

Private family time at the meeting  Yes  No  Unsure

Ensuring all family members voices are heard  Yes  No  Unsure

Family ownership of plan  Yes  No  Unsure

Review of plan by family  Yes  No  Unsure

Co-ordinator is *independent*  Yes  No  Unsure

The interests of the child are paramount  Yes  No  Unsure

The family is treated respectfully  Yes  No  Unsure

Please feel free to comment on any of the above:

---

8. Do you believe that the family plan(s):

a. focused on the issues about which the family were meeting?  
 Yes  No  Unsure

b. were achievable?  
 Yes  No  Unsure

Comment:

---

9. To the best of your knowledge;

a. To what degree were items in the family plan(s) requiring action *by professionals* implemented? *(please circle)*

Fully implemented          Partly implemented          Not implemented          Unsure

Comment: \_\_\_\_\_

b. To what degree were items in the family plan(s) requiring action *by family members* implemented? *(please circle)*

Fully implemented    Partly implemented    Not implemented    Unsure

Comment: \_\_\_\_\_

10. Do you believe that adequate procedures are in place for monitoring the implementation of the family plans?

Yes     No     Unsure

Comment: \_\_\_\_\_

11. Do you believe there is adequate resourcing for family plans?

Yes     No     Unsure

Comment: \_\_\_\_\_

12. Were you clear regarding your role in the process?

Yes     No     Unsure

Comment: \_\_\_\_\_

13. Did you personally experience any difficulties in terms of your role in the process?

Yes     No     Unsure

14. In your opinion;

Comment: \_\_\_\_\_

(a) How would the family needs have been addressed if there had not been a FWC?

(b) How did the FWC process differ to this approach?

15. In your opinion, has the family welfare conference helped the family (or families) in addressing the issues for which they were referred?

Yes     No     Unsure

If yes, how?  
If no, why not?

---

16. Can you identify up to three positive outcomes for the family (or families) as a result of their participation in the Family Welfare Conference?

---

17. In your opinion, have there been any negative consequences for the family (or families) as a result of their participation in the process?

Yes    No    Unsure

If yes, please give details:

---

18. Overall, do you feel that their families' participation in a family welfare conference was beneficial for the children concerned?

Yes    No    Unsure

Comment:

---

### Part Three

#### Assessing the FWC Service

19. What do you believe are the strengths, if any, of the family welfare conference service?

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20. What do you believe are the weaknesses, if any, of the family welfare conference service?

21. Have you recommended the service to other colleagues?

Yes    No    Unsure

22. From your experience of the service to date, for what types of children's needs or issues do you feel a family meeting would be most helpful?

---

23. Please outline any recommendations or suggestions you may have regarding the future of the service.

---

24. Please feel free to make additional comments below about any aspect of the model and / or service.

**Thank you very much for completing this questionnaire. Please return in the envelope provided at your earliest convenience.**

## Appendix 2

### Questionnaire for Referrers without Experience of a Family Welfare Conference

27th May 2005

Dear Referrer

The Family Welfare Conference Service is currently being evaluated by the HSE / NUI, Galway Child & Family Research and Policy Unit. As someone who has referred families to the Family Welfare Conference service, your experiences and perceptions of the service are very important in helping us to evaluate the service. For this reason, I would be grateful if you would take the time to complete the enclosed questionnaire.

I am aware that one or more referrals you made did not proceed to have a conference and that your experience of the service may be limited. Nonetheless, any perceptions or opinions you have regarding the service are of value to us.

The questionnaire does not require you to put your name to it - is completely anonymous and it will not be possible to attribute responses to any individual.

Please return the questionnaire to me by post no later than **July 4<sup>th</sup> 2005** in the addressed envelope provided.

If there is any part of the questionnaire that is unclear or if you have any questions regarding the evaluation, please do not hesitate to contact me on the number or email address provided below. If I am unavailable, please contact John Canavan on 091-775312.

Once again, I ask you to please take the time to complete this questionnaire as your opinions of the service are important. Thank you for your cooperation.

Kind Regards

---

Bernadine Brady  
Researcher, Child and Family Research and Policy Unit  
Department of Political Science and Sociology  
NUI, Galway  
Ph: 091 493522  
[bernadine.brady@nuigalway.ie](mailto:bernadine.brady@nuigalway.ie)

## QUESTIONNAIRE FOR FAMILY WELFARE CONFERENCE SERVICE REFERRERS

### INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

This questionnaire is designed for people who made a referral to the FWC service but the family or families concerned did not proceed to have a conference. A separate questionnaire has been sent to referrers who have experienced a family welfare conference.

To ensure the research is of value, we ask you to make an attempt to answer all questions to the best of your ability. If you are unclear regarding any aspect of the questionnaire, please contact us for clarification. If there are questions that you do feel you cannot answer due to insufficient experience of the service, please highlight this on the questionnaire.

The term *FWC* refers to the Family Welfare Conference Service.

After most questions, there is a space for 'comment' which you may use to make additional remarks.

Please make use of the space at the end of the questionnaire to make known your comments regarding the programme. Feel free to use additional paper if required. We are interested to hear what you have to say.

We ask you not to make any reference to your name or the names of others. All questionnaires are anonymous and comments will not be attributable to any individual.

The questionnaire should take 15 to 20 minutes to complete.

On completion, please place questionnaire in the envelope provided and return to us by July 4<sup>th</sup> 2005.

Thank you for your co-operation

1. For what type of organisation do you work?  
(Please tick only one)

- The HSE
- Community based family / adolescent support project (non-HSE)
- National voluntary organisation
- Local community or voluntary organisation
- School or education / training body
- Other, please specify: \_\_\_\_\_

2. What is your job title?  
(Please tick only one)

- Social Worker
- Social Work Team leader
- Public Health Nurse
- Psychologist
- Project Worker
- Project Leader
- Teacher

- Home school liaison officer
- Headmaster
- Other, please specify: \_\_\_\_\_

3. How did you hear about the Family Welfare Conference service?

---

4. To date, how many families have you referred to the FWC service?

- One                       Four
- Two                       Five
- Three                     Six or more

4A. Of the families you have referred, how many:

- Have taken part in a family welfare conference? \_\_\_\_\_
- Are awaiting service? \_\_\_\_\_
- Referrals were terminated prior to conference? \_\_\_\_\_

5. What was your motivation for referring to the FWC service?

---

6. Why did this referral not proceed to have a family conference?

---

7. Ultimately, who made the decision not to proceed?

---

8. Do you feel that this decision was the right one?

- Yes                       No                       Unsure

9. Would you consider referring other families to the FWC service in the future?

- Yes                       No                       Unsure

10. What do you believe are the strengths, if any, of the family welfare conference service?

---

11. What do you believe are the weaknesses, if any, of the family welfare conference service?

---

12. From your experience of the service to date, for what types of children's needs or issues do you feel a family meeting would be most helpful?

---

13. How could the FWC Service be improved or developed?

---

14. Please feel free to make additional comments below and overleaf about any aspect of the service.

**Thank you very much for completing this questionnaire. Please return in the envelope provided at your earliest convenience.**

## **Appendix 3**

### **Family Interviews Introductory Script and Questions**

#### **Introductory Script**

**My name ....**

**These interviews are about....**

... whether family welfare conferences are a good idea. The main idea behind the research is to find out what families think of the service and if it is of value to them.

**They are being done because ...**

The FWC service was set up by the Western Health Board (now HSE) to see if it could help families to come together to discuss their needs and make decisions. The first three years of the project have just passed, so the HSE has now decided to check to see how the project has been getting on.

There may be small (or big!) things that it could do better but it won't know unless families tell them.

It should take less than an hour.

**The information ...**

... will be used to get an overall picture of families' views of the service. The way the information will be presented in the report will be general, for example, phrases like 'overall, families thought...' or 'one parent said that ...' will be used. No names will appear in the report so it will not be possible to identify individual families.

**In terms of confidentiality ...**

..., only I will know what you say and I won't discuss what you say to me with anybody. Your name or address will not be used in connection with this research.

**The interview.....**

...includes questions about your reasons for having a FWC, what you thought of the actual conference, if you had a review, and then overall, if it made a difference to you.

There are no right or wrong answers. Don't feel you have to be positive if you don't want to be. Please be as honest as possible.

If there is any question you don't want to answer – just let me know, there is no problem. I need to know about the conference itself, and not necessarily about the issues that led to it. If you want to tell me about them, that is fine, but there is no need to.

**Now that I have explained it ...**

If you are happy to continue and do an interview, I would like you to sign the form, which confirms that you agree to take part.

**Is it okay to use the tape-recorder?**

I am just using it as I won't be able to take everything down and want to make sure that I capture everything you say. Nobody else will listen to it and I will erase it when I am finished taking down notes. I might use some direct quotes but there won't be any names with them.

### Interview Questions

#### **1. Reasons for having a FWC**

- Can you remember roughly when it was that you had your FWC?
- Who suggested the idea of a FWC to you? Why did they suggest it (i.e. tease out what was happening at the time)
- What was your understanding of what it would involve?
- Did you have a choice about having it or not?
- What did you hope might happen as a result of the FWC?

#### **2. Pre-conference**

- What did you do before the conference? (prompt – pick people to invite, work with x on the format, pick the venue, etc)

#### **3. Conference**

- Who attended the conference? (Is there anybody you would have liked to be there who was not? Or anybody who was there who you didn't think should be?)
- Where did you have it? Did you have food? Do you remember if it lasted long?
- How did it go? (Did everyone take part, did anybody dominate too much, were there disagreements, was it hard to reach a decision?)
- Can you remember what decisions you came to?
- How did you feel during and after the conference?
- Did people follow up on the agreements? (Family members, services)

#### **4. Review**

- Did you have a review? If yes, how did it go, who attended, etc?
- If no, why not?

#### **5. General**

- Overall, do you think it made a difference to you and your family? (Why / why not)
- Would you say that the conference made things better, worse or the same?
- Is there anything that would have made the conference more successful?
- Did the Co-ordinator have a good approach?
- Compared to other services you have experience of (like health board, etc), was there anything different about the FWC service?
- Would you have one again?
- If you were to advise the HSE on this service, what would you say to them? (I.e. is it worth continuing? Should it be more widely available? Would the money be better spent in other ways?)
- Is there anything else you would like to say?

## **Appendix 4**

### **Interview Questions for Co-ordinators**

#### **1. Warm up**

- What attracted you to the post?
- What is your understanding of the original conception by the HSE regarding the role and place of FWC?
- What was your own vision for the service?

#### **2. Referrals**

- How was the FWC service marketed to potential referrers?
- How was it received?
- What factors influence referrals?
- On what basis or criteria are cases accepted or refused?
- Do you feel a FWC is suitable for all families? Please explain.
- Why do you think there are variations in referral rates between disciplines and counties?
- What are the blocks, impediments to referral?
- Why do you think alternative care referrals are not more common?
- Is the four way meeting useful?
- To what degree do referrers state the 'bottom line'?

#### **3. Pre-conference and Conference**

- When you meet families, do they have any understanding of what the FWC involves?
- What degree of direction is given to families regarding the plan?
- How do you assess the family and social networks? Do you use any tools, maps etc. with families?
- From your experience, how do power dynamics within families affect the process of conferences and family decision-making?
- How influential is the young person / child in the process?
- In general, do young people / children attend the conference?
- If there is conflict in the family over who should attend, how is this resolved?
- To what degree do the family plans have to be negotiated with professionals?
- Do information givers generally stay for the presentation of the plan?
- Do you have an idea in your head of what the plan should / will be before the conference?
- Are there many surprises in terms of what families come up with?

#### **4. Post-conference**

- In your experience, do family members / services generally do what they say they will do?
- Is there adequate resourcing for plans?
- Is there adequate follow up and monitoring of family plans?
- Do you have much contact with the referrer after the conference?
- Is the system right – e.g. should the FWC Co-ordinator be involved with the family for longer?
- Why are some plans not reviewed?
- In general, is one review enough?
- How should or could progress of plans be monitored? Do you have any way of measuring 'success' of a conference?
- Where some families have had two separate conferences, has that been useful?

#### **5. Place in the System**

- What is its place of the in the system, currently?
- What factors have influenced how its place has developed?
- Has it developed differently to how you had originally envisaged?
- Do you feel that it offers added value in the system? Why?

- What role does it have in terms of mainstream social work and child protection services? What role do you think it should have?
- What was the experience of the child protection pilot project?
- In your experience, to what degree do other HSE disciplines support the model in principle and in practice? (SW, PHN, FS, Psych)
- In your experience, to what degree do external professionals support the model in principle and in practice? (Voluntary organisations, gardai, schools)
- What are the barriers / opportunities to better linkages with social work services?
- What are the barriers / opportunities to better linkages with other disciplines?
- What are the barriers / opportunities to better linkages with external services?
- How can its place be further consolidated / integrated?

## **6. Operational Issues**

- Is the service operating to full capacity? Is further capacity needed? If yes, how best could that capacity be developed?
- Are adequate policies and procedures in place?
- Is the service equally accessible to rural and urban areas? Is it properly distributed on geographical grounds (i.e. Galway is so big)?
- Should the FWC be placed in the HSE or in a voluntary organisation? What are the benefits / disadvantages of both situations?
- Is the training, support and supervision you receive(d) adequate?

## **7. General**

- What do you believe to be the most important skills in working with families?
- What has been your key learning in terms of co-ordinating conferences since you started the job?
- What do you find most challenging about the job?
- What do you find most rewarding?
- What, in your opinion, were the two most successful cases you worked with?
- What, in your opinion, were the two least successful cases you worked with to date?
- In general terms, what factors influence success in a case?
- In general terms, what factors work against success in a case?
- Do you believe that FWC's really mobilise social support?
- Does the support last in the short, medium and long terms?
- How do formal and informal services feature, as well as family members in offering support?
- To what extent are the empowerment principles achieved within a bureaucratic system?
- Are the best interests of the child always central?

## **8. Future Development**

- What are the strengths of the service?
- What are the weaknesses of the service?
- What opportunities and threats do you see for the service?
- If you had to make 3 recommendations for how the service is developed into the future, what would you say?

Any additional comments or points that you feel are important but have not been covered in this interview.

## **Appendix 5**

### **Interview Questions for Children Act Service Managers**

- What is your understanding of the original conception by the HSE regarding the role and place of FWC?
- What was your own vision for the service?
- What factors do you think influence referrals?
- Do you feel a FWC is suitable for all families? Please explain.
- Why do you think there are variations in referral rates between disciplines and counties?
- What are the blocks, impediments to referral?
- Is the four way meeting useful?
- To what degree do referrers state the 'bottom line'?

### **Post-conference**

- Is there adequate resourcing for plans?
- Is there adequate follow up and monitoring of family plans?
- How should or could progress of plans be monitored?
- Is the system right – e.g. should the FWC Co-ordinator be involved with the family for longer?
- Why are some plans not reviewed?
- In general, is one review enough?
- In your experience, do family members / services generally do what they say they will do?

### **General**

- What has been your key learning?
- What do you believe to be the most important skills in working with families?
- In general terms, what factors influence success in a case?
- In general terms, what factors work against success in a case?
- Do you believe that FWC's really mobilise social support?
- Does the support last in the short, medium and long terms?
- How do formal and informal services feature, as well as family members in offering support?
- To what extent are the empowerment principles achieved within a bureaucratic system?

### **Place in the System**

- What is its place in the system, currently?
- What factors have influenced how its place has developed?
- Has it developed differently to how you had originally envisaged?
- Do you feel that it offers added value in the system? Why?
- What is your opinion of the child protection pilot project?
- In your experience, to what degree do other HSE disciplines support the model in principle and in practice? (SW, PHN, FS, Psych)
- In your experience, to what degree do external professionals support the model in principle and in practice? (Voluntary organisations, gardai, schools)
- What are the barriers / opportunities to better linkages with social work services?
- What are the barriers / opportunities to better linkages with other disciplines?
- What are the barriers / opportunities to better linkages with external services?
- How can its place be further consolidated / integrated?

**Operational Issues**

- Is the service operating to full capacity? Is further capacity needed? If yes, how best could that capacity be developed?
- Are adequate policies and procedures in place?
- Is the service equally accessible to rural and urban areas? Is it properly distributed on geographical grounds (i.e. Galway is so big)?
- Should the FWC be placed in the HB or in a voluntary organisation? What are the benefits / disadvantages of both situations?

**Future Development**

- What are the strengths of the service?
- What are the weaknesses of the service?
- What opportunities and threats do you see for the service?
- If you had to make 3 recommendations for how the service is developed into the future, what would you say?

Any additional comments or points that you feel are important but have not been covered in this interview.

## **Appendix 6**

### **Interview Questions for Child Care Managers**

#### **General questions**

- What is your understanding of the original conception by the HSE regarding the role and place of FWC?
- What was your own vision for the service?
- Has it developed differently to how you had originally envisaged?

#### **Evaluation of the Model**

- Overall, what is your opinion of the model?
- What are its strengths and weaknesses?
- Do you feel a FWC is suitable for all families? What families is it especially suitable for – i.e. what level of risk?
- Do you believe that FWCs really mobilise social support? Does the support last in the short, medium and long terms?
- Can the empowerment principles be realised within a bureaucratic system?

#### **Where it Fits**

- What is its place in the system, currently?
- Do you feel that it offers added value in the system? Why?
- Can it be used for high-risk child protection cases?
- What factors have influenced how its place has developed?
- In your experience, do various disciplines and professions support the model in principle and in practice?
- Does the service have enough capacity?

#### **Plans**

- Is there adequate follow up and monitoring of family plans?
- Is there adequate resourcing for plans?
- How should or could progress of plans be monitored?
- Is the system right – e.g. should the FWC Co-ordinator be involved with the family for longer?

#### **Future Development**

- What opportunities and threats do you see for the service?
- How can its place be further consolidated / integrated?
- If you had to make 3 recommendations for how the service is developed into the future, what would they be?

Any additional comments or points that you feel are important but have not been covered in this interview.

## **Appendix 7**

### **Interview Questions for Principal Social Workers and Team Leaders**

#### **Experience of it to Date**

- Have you had direct experience of the model?
- Have people in your team referred to the service?
- What was your experience / your team's experience in relation to the model?

#### **Where it Fits**

- What is its place in the system, currently?
- Do you feel that it offers added value in the system?
- Do you feel a FWC is suitable for all families? What families is it especially suitable for – i.e. what level of risk? Can it be used for high-risk child protection cases?
- Do you consider referral for a FWC for all cases that come to your team?
- What factors encourage referrals or deter referrals from social workers?
- What factors have influenced how its place has developed?
- In your experience, do various disciplines and professions support the model in principle and in practice?
- Does the service have enough capacity?
- Has it developed differently to how you had originally envisaged?

#### **Plans**

- Is there adequate follow up and monitoring of family plans?
- Is there adequate resourcing for plans?
- How should or could progress of plans be monitored?
- Is the system right – e.g. should the FWC Co-ordinator be involved with the family for longer?

#### **Evaluation of the Model**

- Overall, what is your opinion of the model?
- What are its strengths and weaknesses?
- Do you believe that FWCs really mobilise social support? Does the support last in the short, medium and long terms?
- Can the empowerment principles the FWC aspires to be realised within a bureaucratic system?
- Does it make a difference that the Co-ordinator is perceived as independent by families?

#### **Future Development**

- What opportunities and threats do you see for the service?
- How can its place be further consolidated / integrated?
- If you had to make 3 recommendations for how the service is developed into the future, what would they be?

Any additional comments or points that you feel are important but have not been covered in this interview.