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Barnardos Family Welfare Conference Service
South Tipperary

Evaluation Report

Table of Contents

| | Page No. |
|--|-----------|
| Chapter One Introduction and Context | 3 |
| 1.0 Introduction | 4 |
| 1.1 The FWC Model | 4-5 |
| 1.2 Evaluation Studies | 5 |
| 1.2.1 Outcome Studies | 5-6 |
| 1.2.2 Implementation Issues | 6 |
| 1.2.3 Process Issues | 6-7 |
| 1.2.4 Children's Participation in Family Group Conferences | 7 |
| 1.2.5 Irish Research into Family Welfare Conferencing | 7-8 |
| 1.3 Legislative and Policy Context of Family Welfare Conferencing in Ireland | 8-9 |
| 1.4 Background to the Service | 9-10 |
| 1.5 Methodology | 10-11 |
| 1.5.1 Case Profiles | 11-12 |
| 1.5.2 Research with Other Stakeholders | 12 |
| 1.6 Service Statistics | 12 |
| 1.6.1 Number and Source of Referrals | 12-14 |
| 1.6.2 Number of Hours per Conference and Case | 14-15 |
| 1.6.3 Geographical Location of Service Users | 16 |
| 1.7 Overview of the Report | 16 |
| Chapter Two Case Profiles | 17 |
| 2.0 Introduction | 18 |
| 2.1 Overview of Reasons for Referral | 18-19 |
| 2.2 Profiles of Cases Relating to Children in Care | 20-28 |
| 2.3 Profiles of Cases Relating to Young People at Risk | 29-42 |
| 2.4 Analysis and Discussion | 43-45 |
| Chapter Three Thematic Analysis of Stakeholders Perspectives | 47 |
| 3.0 Introduction | 48 |
| 3.1 Strengths of the FWC Model | 48-50 |
| 3.2 Development of the Service to Date | 50-51 |
| 3.3 Implementation and Sustainability of Plans | 51-53 |
| 3.4 Children and Young People's Participation | 53-54 |
| 3.5 Supporting Mothers and Fathers | 54-55 |
| 3.6 Referral Issues | 55-57 |
| 3.7 Special Care Orders | 57-59 |
| 3.8 Role and Function of the Advisory Group | 59-60 |
| 3.9 Training and Support for Advocates and Information Givers | 60-62 |
| 3.10 Summary | 62 |
| Chapter Four Summary and Recommendations | 63 |
| 4.0 Introduction | 64 |
| 4.1 The Impact of the Service on Children in Care and Other Children Receiving the Service | 64-65 |
| 4.2 Factors Contributing to the Sustainability or Otherwise of FWC Plans | 65-66 |
| 4.3 Issues Emerging from Stakeholders Perspectives | 66 |
| 4.4 Recommendations | 66-67 |

| | | Page No. |
|----------------|--|-----------------|
| | Appendices | 69 |
| Appendix One | Bibliography | 70-71 |
| Appendix Two | Family Information Leaflet and Consent Form | 72-74 |
| Appendix Three | Young Person Consent Leaflet and Consent Form | 75-77 |
| Appendix Four | Triangular Assessment of Outcomes: Key Questions | 78-79 |
| Appendix Five | Questionnaire for Advocates | 80-81 |
| Appendix Six | AG Members Interview Questions | 82 |
| Appendix Seven | Co-ordinators Interview Questions | 83-84 |

| | | |
|---------|--|----|
| | List of Tables | |
| Table 1 | Stakeholder Input Received for Each Case Profile | 12 |
| Table 2 | Reason for Referral | 19 |
| Table 3 | Overview of Outcomes Across the 13 Profiles | 44 |

| | | |
|----------|---|----|
| | List of Figures | |
| Figure 1 | Source of All Referrals from March 2006 to the End of August 2007 | 13 |
| Figure 2 | Maximum, Minimum and Average Number of Hours per Initial Conference | 14 |
| Figure 3 | Maximum, Minimum and Average Number of Hours that Co-ordinators Spend on Each Conference Case | 15 |
| Figure 4 | Locations of Families Taking Part in Conferences | 16 |



Chapter One

Introduction and Context

1.0 Introduction

The Barnardos Family Welfare Conference (FWC) service in South Tipperary was established in 2006. The service aims to improve the welfare of children and young people in South Tipperary through use of the FWC model. It operates under the remit of the Children Act 2001 as well as other policy and legislation emphasising the need for community and family based supports for young people at risk. This evaluation study was undertaken in order to provide feedback to stakeholders regarding how the service is operating and to examine the perspectives of people involved regarding its value and operation. It examines the outcomes from family conferences for young people and identifies areas of strength and potential improvement for the service.

This introductory chapter describes the FWC model and summarises key findings from international and Irish studies of its implementation. The policy and legislative context for the service is described and a brief background to the development of the service in South Tipperary is given. Finally, the methodology for the study is outlined and the chapter concludes with a brief analysis of statistics in relation to the service outputs.

1.1 The FWC Model

Family Group Conferences¹ (FGC) 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. A participatory approach to child care planning, the model places the family at the centre of decision-making in relation to its children and young people. The FGC model emphasises the role of kin networks in the care and support of children.

The FWC service is aimed at children and young people where there is a concern about their welfare. Such concerns could include difficulties at home, anti-social behaviour, not going to school or emotional difficulties. A FWC is a special meeting which brings together family members, who can include grandparents, uncles and aunts and other people that are significant to the child. The meeting is convened and chaired by an independent Co-ordinator. The meeting regarding the child/children's welfare also involves professionals; their job is to outline their concerns to the meeting rather than coming up with the answers. When the family has heard the concerns, it meets privately to come up with a plan to address them. The Co-ordinator then goes through the plan with the family to make sure that it meets all the concerns raised by the professionals.

Once a family engages with the FWC process, the Co-ordinator works with the child and the family to identify the family network and who they feel should be invited. A date, time and venue for the meeting are agreed. All invitees are notified and met with prior to the FWC in order to ensure they are clear on the focus of the meeting and their role in the process. Because the meeting can be daunting for the young people and their parents and they may find it difficult to take part fully, advocates are often used to support them through the process and ensure their voices are heard. The advocates' role is to help prepare the young person or adult for the FWC, help them to explore any difficulties or fears they may have and to support them to take part in the meeting.

¹ Family group conferences is the international term used but the model is called family welfare conferences under the Irish legislation

There are three stages to the conference:

Stage One: Information Giving

This part of the meeting is facilitated by the FWC Co-ordinator and is attended by the family, the referrer and advocates. In addition, relevant professionals are invited to provide information regarding what the concerns are in relation to the child or young person and why the meeting is being held – these people are known as ‘Information Givers’. The invited information-givers also present their knowledge and expertise to assist the family in devising a plan. This stage of the FWC process is focused on providing families with as much information as necessary for them to address the key concerns for the child and come up with a family plan.

Stage Two: Private Time

The Co-ordinator and professionals withdraw at the second stage of the meeting, leaving the family to meet in private and develop a plan that addresses the concerns for the child/young person. Advocates generally stay during private family time. Private family time is both a unique and integral characteristic of the FWC model. It is an important principle in FWC’s that the family have time to talk among themselves without staff from agencies being present. The family is free to meet for as long as they wish in private. The Co-ordinator is available during this time should the family need clarification or additional information.

Stage Three: Agreeing and Recording the Family Plan

Once the family has finished working on their plan, the Co-ordinator re-joins the meeting along with the referrer and her/his line manager. Good practice indicates that where the referrer is happy with the plan it should be agreed in principle, even if there is need for agreement or negotiation of resources or other issues outside the meeting. The only reason for not agreeing the plan is when it puts the child/young person at risk of harm. This needs to be outlined to the family clearly and immediately and an opportunity given to address concerns there and then so that the family can develop another plan. It is important at this point that a clear timescale for the plan and the names of those responsible for any tasks are clarified. A review FWC is recommended and a date set to meet again, usually for six to eight later. This is called the FWC review meeting.

1.2 Evaluation Studies

International evaluation studies of the FGC model show that there is a perception that the outcomes of conferences are generally good and the model is accepted and welcomed by families and professionals.

1.2.1 Outcome Studies

It is difficult to evaluate FGC using randomised control trials (considered the ‘gold standard’ in evaluation research) due to the problems of having a control group (Crampton, 2006). The studies of FGC’s that have examined outcomes have produced mixed results. For example:

- Pennell and Burford (2000) used a matched comparison group methodology with 32 families in Newfoundland and Labrador. They found that FGC families had fewer child protection events than comparison cases.
- Crampton (2003) in Michigan found that children placed through the model were less likely to have additional contact with child protection services, moved less, were less likely to be in an institutional setting and more likely to be with family foster carers.
- Sundell and Vinnerljung’s (2004) Swedish study compared FWC outcomes to those of traditional child protection services after three years. They did not find evidence of long-term positive outcomes from the FGC model and suggest that, while plans formulated by family might be correct in theory, the implementation of the plan may be

ineffective due to the poor quality of services provided and because the extended family may not have lived up to their part of the agreement. They raise the question of whether child welfare attempts to mobilise informal networks of children at risk can make a lasting difference.

- The Centre for Social Services Research (2004) in California – using a randomised control trial methodology found that FGC improved collaboration between service providers and family members in the first phase of contact but FGC could not sustain and support change beyond the conference plan. They found no significant difference between control and treatment groups in relation to substantiated maltreatment, number of placement moves or exit from services.

1.2.2 Implementation Issues

Some of the key challenges of the FWC model relate to its role within a bureaucratic child care system. While in New Zealand FGC is mandatory in all child welfare and youth justice cases, in other countries its development has been patchy – with the result that it remains ‘on the margins of practice’ (Brown, 2003, p.338). There is a concern that FWC could be confined to being a ‘pocket of good practice’ rather than a set of values and principles that should inform all work with children and families (Lupton, 1998, Nixon, 2002). The attitude of professionals, particularly social workers has impacted on the extent to which the model has become accepted. Sundell et al (2001) found that, though social workers were broadly supportive of the model, concern for their professional accountability often overrode their wish to use the model. Connolly (2006) found that social workers can be left exposed, particularly if they don’t believe in the decisions of their predecessors or line management. She also found that where professionals are in conflict with each other, it can serve to detract from the family-led process.

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. 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.

1.2.3 Process Issues

Process issues in relation to the model include 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. Holland and O’Neill summarise some of the key issues as:

- The reproduction and reinforcement of family power imbalances during private family time (such as gender and age).
- The child may be the negative focus of the meeting.
- The family may be viewed as a single unit for intervention, downplaying the contradictory wishes of family members.
- The state agenda may be about pushing obligatory self-reliance on families and reducing state intervention.
- Lack of professional support following a FGC and unwillingness to commit the resources required.
- A risk of professional domination and manipulation.

Holland et al (2005) explored whether the attempt by FGC's to democratise professional – family relationships might also have the potential to promote and model democracy within family relationships. There were some positive findings – most families and professionals were happy with this form of decision making. Children, father figures and other extended family were also more involved in decision making. However, they found that while children felt listened to, they did not necessarily feel influential in family meetings.

1.2.4 Children's Participation in FGC's

Children are placed at the centre of the FGC model but there are concerns regarding the participation of children in the process. Despite the rhetoric of children's rights, some argue that children are given choices, but by adults in an adult dominated forum. There are also concerns that children may feel vulnerable in an emotionally charged situation. They may witness distressing arguments and hear upsetting details. There is also a risk that children's voices will not be heard and that they may feel trapped by the official status being given to the authority of the family (Holland and O'Neill, 2006).

However, research with children indicates that they find the FGC process to be positive. There has been an emphasis on providing space for children to participate, using advocates. Holland et al (2005) found that, though many children reported an improvement in family relationships, process was as important as outcome for children and young people. For young people, seeing family members and having the opportunity to confront people was one of the most important aspects of the process. They found that children were more comfortable discussing family matters with professionals absent. The authors deduce that, for young people, meeting their emotional needs is as important as having their rights upheld in interventions of this nature.

1.2.5 Irish Research into Family Welfare Conferencing

An evaluation of the first Irish three-year pilot of the FGC model (O'Brien, 2000) found that the model represents an effective means to include and facilitate families in planning for, and thereby strengthening their capacities to provide for and manage their children. O'Brien felt that 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. A pilot project was subsequently implemented by the MWHB in 2001 to examine the applicability of FGC's 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. In 2001, The North Western Health Board initiated a pilot project, with a FGC Manager and two part-time Co-ordinators. Cullen (2003) found that, of the 25 families who participated in conferences, six 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.

Over the past few years, research has been undertaken in the west of Ireland and in Wexford. An evaluation of the FWC Service in the Health Service Executive (HSE) western area (Brady, 2006) found that, interviewed a year or more after their initial conferences, four families identified very positive outcomes from their conference, five identified some positive outcomes, while four felt that the process did not alter the outcomes of their situation.

The factors that contributed to success were deemed to be:

- family motivation and willingness to buy-in to the process

- intervention where needs are high but before the risk is particularly acute and,
- having a good family network with 'quality rather than quantity' support.

Successful outcomes also required realistic expectations on the parts of all involved, a belief in the values of the model and a follow-through on commitments made in the plan. The study found that the model is widely endorsed by stakeholders as being a respectful and empowering means of working with families.

Research into the Wexford FWC Service by Nucleus (Kemp, 2005) suggested that the model has played a key role in relation to children in care in:

- improving the chances of a family based placement being secured,
- facilitating improved relationships and contact arrangements during a placement,
- improving stability and assisting the process of returning a child to his or her family.

The study recommended that the service be more targeted at specific welfare and protection situations, including children in care, where there is an increased potential to positively influence the outcomes for the child. However, making FWC a default option for children in care was not a favoured option at that stage. In both the Wexford and Western studies, issues of partnership with Social Work (SW) and child care services were deemed to be critical.

1.3 Legislative and Policy Context of Family Welfare Conferencing in Ireland

The Children Act, 2001 provided a new framework for the development of the juvenile justice system in Ireland. The central thrust of the Act was to move the juvenile justice and child welfare systems from residential and custodial care to care in the community. 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.

The Act makes provision for three types of FWC.

- Under Part 2 of the Act, which commenced in September 2004, the HSE is obliged to convene a FWC 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 FWC 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.
- 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 Gardaí.
- 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 FWC's 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).

This report relates to the first type of conference described above, which is provided by Barnardos on behalf of the HSE. In many HSE regions, the FWC services were developed

on a best practice basis prior to the enactment of the legislation. They generally operate with a wider remit for the care and protection of children and young people than specified in the Children Act.

FWC services tend to adhere to the principles of family support and form part of the increased infrastructure of community based preventative services developed over the past decade, in keeping with the provisions of the 1991 *Child Care Act*, the *Commission on the Family*, the *National Children's Strategy* and *Children First: National Guidelines for the Protection and Welfare of Children* (1999). Such policy and legislation affirms the statutory responsibility of the HSE to provide support services for the families of children who may be at risk of abuse or neglect. 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 FWC model 'may be a useful mechanism' for drawing up a family support plan (Department of Health and Children, 1999, p. 62). In late 2007, the Office of the Minister for Children published the *Agenda for Children's Services* which stresses the importance of a needs led approach in which the voice of the service user is central. It advocates that formal services need to work with informal networks in communities in order to effectively protect children.

1.4 Background to the Service

The Barnardos FWC service in South Tipperary is provided on a three year pilot basis to meet the HSE's statutory responsibilities to introduce and provide a conferencing service under the provisions of the Children Act 2001. The service should be consistent with the requirements of the legislation, the principles of conferencing as set out in the proposal document and the HSE's policies and procedures.

While the HSE would not be directly involved in providing the service, they would work creatively with Barnardos to investigate ways of integrating service delivery with other types of family conferences being developed in the Community Care area. Barnardos was required to negotiate boundary issues in complex inter-agency and multi-disciplinary work, service a multi-disciplinary and multi-agency Advisory Group (AG) and provide briefings and reviews of progress on a routine basis. The Service Level Agreement (SLA) states that Barnardos will develop a detailed referral mechanism in the first six months of operation and identify the core target population for the service.

The SLA with the HSE states that the FWC will:

- Provide 20 conferences and five reviews per annum (10 in year one). The targets assumed that three to five referrals do not proceed to conference.
- Maintain a minimum of 60 per cent total referral and acceptance rate from the HSE SW department.
- Will aim for less than 50 per cent refusal rate ² of families referred by the SW department, other than when current quantum is at capacity in keeping with this agreement.
- Ensure that when a referral is received, it must be accepted or denied within five working days. When a referral is accepted, the family must be engaged with within five working days.

² Refusal - when a family who meets the general referral criteria is refused a service other than when service is operating at full capacity

The service agreement states that these targets are to be discussed and negotiated and that further targets in relation to completed conferences, plans and satisfaction ratings by families could be agreed.

The service proposal refers to the learning from the Wexford FWC project and how it is important to 'cultivate the best strategic environment' for the service to perform effectively. It stated that a replication of the Wexford conditions in South Tipperary would go a long way to improving successful outcomes. Partnership with the community care team was deemed to be 'absolutely critical', its absence would act to reduce productivity and value. Non-completion of conferences and inappropriate referrals were also low in Wexford, a factor that is also considered to be due to the strategic environment. The Wexford experience was that the model was capable of

- a. improving the quality of family networks for children remaining in care
- b. providing alternative arrangements for children allowing them to leave both residential and foster care placements

The service was designed with a clear brief from the Child Care Manager to target children in priority groups. Accordingly, the minimum childcare dataset for South Tipperary 2002 and 2003 were used as the evidence base. The service proposal (Redmond and Cullen, 2005) outlined how the conference model could be used as a way of 'testing the placement arrangements and care plan for each child or young person in residential care'. This could be done by:

- Making FWC a default option where care is being considered to allow all options to be considered
- Making FWC a default option in the initial reviews or ongoing reviews of children in care (considering that FWC may not be an option where there is an emergency care placement but FWC could be used within their first three months of a care placement to avoid 'drift' into long term residential care placements).

An AG was established to provide strategic support and guidance on the development of the service and to facilitate wider acceptance of the FWC model. This feature was incorporated based on the learning of the Wexford service. The AG met monthly for the first six months and bi-monthly thereafter.

The Project Leader (PL) commenced employment in March 2006, the FWC Co-ordinator in April 2006 and the Administrator in May 2006. The initial phase of the project involved a broad public relations initiative to promote the service. In 2006, 18 presentations were made to 264 people in a variety of locations and promotional literature was designed.

1.5 Methodology

As the FWC service in South Tipperary is in an early stage of development, a formative evaluation design was deemed to be most appropriate. Formative evaluations are used to provide information that will help to change or improve an existing programme or policy as it is being introduced (Ritchie and Lewis, 2003).

The aims of the study are:

- To identify the various stakeholders' views and experiences of the service.
- To identify the impact of the FWC service on children in care and other children receiving the service.
- To assess what factors contribute to the sustainability or otherwise of FWC plans.
- To identify the issues emerging from the work of the service.

An Evaluation Sub-Committee was formed to liaise with the research team regarding the research process. It was agreed by the Evaluation Sub-Committee that resources would be prioritised on gaining the perspectives of children and families. Thus, face-to-face interviews were conducted with family members and Co-ordinators, while telephone interviews or questionnaires were used with other stakeholders. It was agreed that the evaluation would be concise and focus on outcomes and the key issues deemed to be important by stakeholders. As the service is at an early stage of development, the focus is on outcomes for the children and families taking part, rather than an assessment of the impact of the service on local child care service caseloads.

The methodological stance adopted by the research team emphasises the critical importance of the respondent's own interpretations of the relevant research issues and accepts that different vantage points will yield different types of understanding. We believe that the impact of an intervention such as this is diverse and multi-faceted and by capturing diverse perspectives, we can attempt to convey that reality in as full a way as possible (Snape and Spencer, 2005). The research team strived to be as neutral as possible in the collection, interpretation and presentation of data. In interpreting the accounts of respondents, we adhere as closely as possible to their accounts but acknowledge the value of synthesising and comparing accounts and of placing their accounts in a broader context. In the analysis, we seek to show how interpretations offered by the research relate specifically to the data provided by participants.

Ethical approval for the study was granted by the NUI, Galway ethics committee. The research adopted the ethical stance of informed consent, doing no harm and confidentiality. Copies of the consent materials are provided in Appendix two.

The research commenced in October 2007 and a draft report was completed in April 2008. The research team was greatly assisted by the staff of Barnardos, particularly the Administrator, in organising and scheduling the fieldwork. This support was invaluable in terms of enabling the research to be completed within the specified timeframe.

1.5.1 Case Profiles

In order to examine outcomes from the service in a meaningful way, it was decided to look in detail at all conferences held from the start of the service up to August 2007. The perspectives of family members, the referrer and Co-ordinator were sought in order to provide as full a picture of the intervention as possible and to add breadth and depth to our analysis. In total, 18 conferences had been held and, of these, 13 families gave active consent to take part in the study. The consent sought related to permission to speak to the referrer and Co-ordinator about their conference and to speak to family members.

For the 13 families who gave consent, all children and young people were asked to take part, as well as other key players such as parents or foster parents. In addition, interviews were sought with the referrer and Co-ordinator. In some cases, all three stakeholder groups took part, while in others the perspectives of just one or two groups could be attained. A full outline is provided in Table 1. The perspectives of family members were gained for 10 cases. In four of these, two or more family members took part in interviews—overall, 16 family members took part in interviews, including three young people. Considerably more young people and parents had indicated their willingness to initially take part but opted out at a later stage. Co-ordinator perspectives were gained for all cases, while referrer perspectives proved more difficult, with just four of the 14 referrers taking part in interviews. Numerous attempts were made to contact referrers but to no avail. Some had moved post or did not have time to commit to the interview. All interviews were transcribed in full.

Table 1: Stakeholders Inputs Received for Each Case Profile

| No. | Family member | Co-ordinator | Referrer |
|-----|---------------|--------------|----------|
| 1 | No | Yes | Yes |
| 2 | Yes (2) | Yes | No |
| 3 | Yes (2) | Yes | No |
| 4 | Yes | Yes | No |
| 5 | No | Yes | No |
| 6 | Yes (3) | Yes | No |
| 7 | No | Yes | No |
| 8 | Yes | Yes | No |
| 9 | Yes (2) | Yes | Yes |
| 10 | Yes | Yes | Yes |
| 11 | Yes (2) | Yes | Yes |
| 12 | Yes | Yes | No |
| 13 | Yes | Yes | Yes |

1.5.2 Research with Other Stakeholders

Face to face interviews were held with the PL and FWC Co-ordinator regarding the overall service, as well as interviews relating to the case profiles described above. Telephone interviews were held with 11 members of the AG. In order to get an insight into the experiences and perspectives of advocates, questionnaires were sent to 22 people who had acted as advocates during a FWC. Eleven advocates responded to the questionnaire, three of whom had been advocate for a parent and eight for a young person. For all, this was their first time to act as an advocate and all but one person knew the parent or young person previously. Some of the capacities in which advocates knew the parent or young person included family support worker, teacher and foster parent.

A short questionnaire was distributed to members of the SW team to get their perspectives of the service. Three responses were received, all of whom were family support workers. The researcher undertook a telephone interview with a Social Work Team Leader (SWTL) and social worker, while the perspectives of other social workers were also gained through referrer interviews and AG interviews.

1.6 Service Statistics

1.6.1 Number and Source of Referrals

Referrals can come to the Barnardos FWC Project through a number of channels, as detailed in the 'Information for Referrers' booklet:

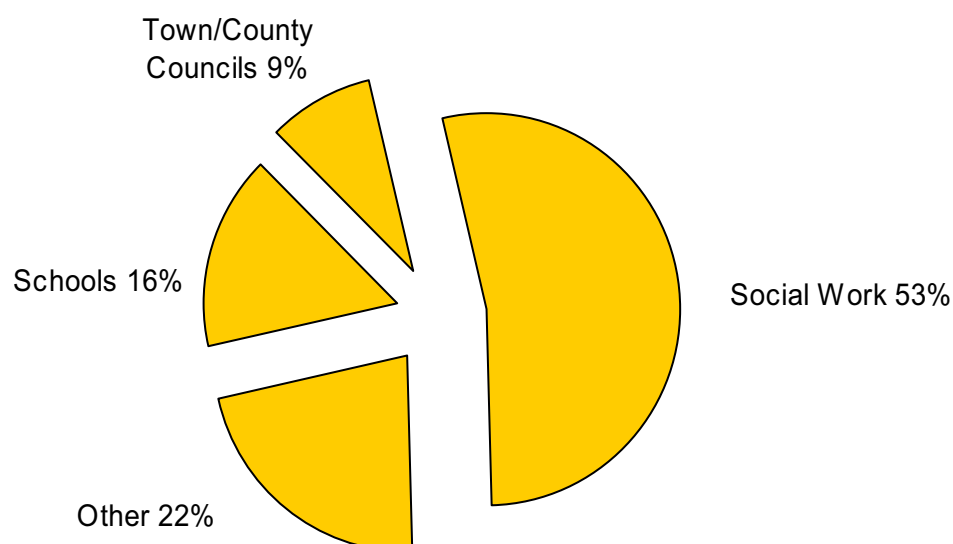
1. Where a HSE professional, with the informed consent of the child or young person and her/his family, makes a referral to the FWC Service. In such instances the purpose of a FWC is to address matters of a child protection and/or child welfare nature. While referrers are encouraged to consult with the child/young person prior to making the referral, the child by virtue of their age does not have a role of veto in whether the

referral will proceed or not. This is particularly true in situations where the child is too young to comprehend the process, or where the child's mental or learning capacity limits their understanding.

2. Where the HSE is of the view that a child/young person requires special care and protection, which he/she is unlikely to receive unless a Special Care Order is made (Part 2 Section 8, Children Act 2001). In this instance the family must be offered a FWC prior to the application for a Special Care Order.
3. Where the HSE is directed by the Children's Court (Section 77, Children Act 2001) to convene a FWC where it considers that a child or young person on criminal charges may be in need of Special Care and Protection.
4. Families can refer to the FWC service directly.
5. Referral can come to the FWC service through a variety of other sources, e.g. schools, community groups, Gardaí, youth projects, etc.

A total of 32 cases were referred from the start of the service up to the end of August 2007. As Figure 1 below illustrates, 17 referrals were received from SW services, representing 53 per cent of the total. Schools were the next largest referrer group, with five referrals from different schools. Town and county councils made three referrals while a range of organisations represented in the 'other' category all made one referral each during this period. These were Child and Adult Psychiatry, Juvenile Liaison Officer, General Practitioner, Psychologist, Self-referral, Community Based Drugs Initiative and Community Mental Health Nursing.

Figure 1: Source of All Referrals from March 2006 to End of August 2007 (n=32)

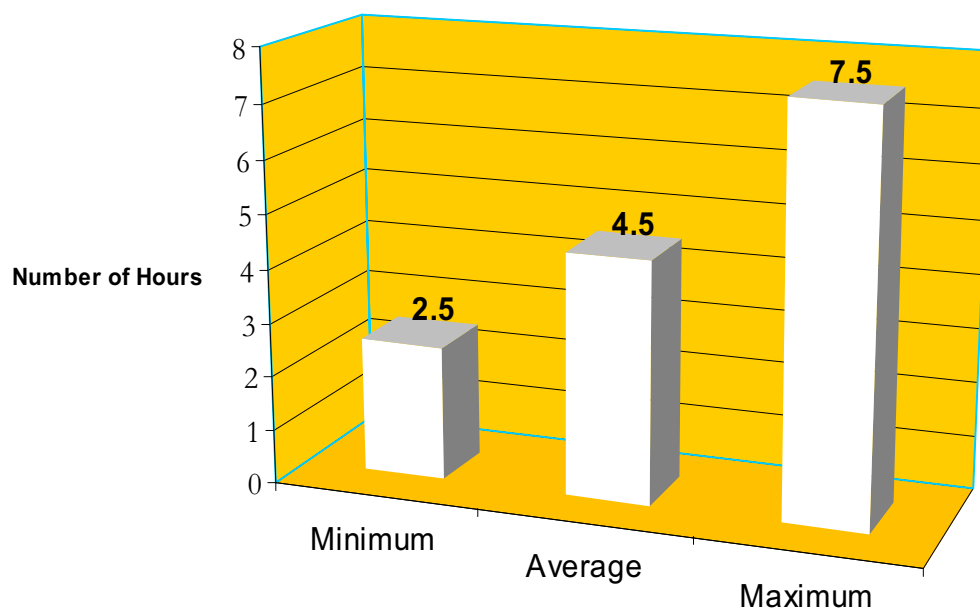


At the time of analysis in August 2007, fourteen of these referrals had not proceeded to conference. Of these, nine were on a waiting list or being processed, in four cases the family did not engage with the service and in one case, the referral was withdrawn. Eighteen initial conferences and seventeen review conferences had taken place. Targets set in the service level agreement were that, following a six month lead-in period, 20 conferences and five reviews would be held per annum. Given that the PL started work with the service in March 2005, the FWC Co-ordinator in April 2005 and the Administrator in May 2005, the service was well ahead of reaching its targets set in the service agreement. The Service Level Agreement also requires a minimum of 60 per cent total referral and acceptance rate from the HSE SW department and less than 50 per cent refusal rate of families referred by the SW department, other than when current quantum is at capacity in keeping with this agreement. According to these figures, the referral rate from SW, at 53 per cent is slightly below the target. The proportion of conferences held that were SW referred cases was ten out of eighteen - at 55 per cent, this is just one referral below target.

According to statistics for 2007, 12 females and 26 males were referred to the project, over half of whom were in the 14 -18 year age group.

1.6.2 Number of Hours per Conference and Case

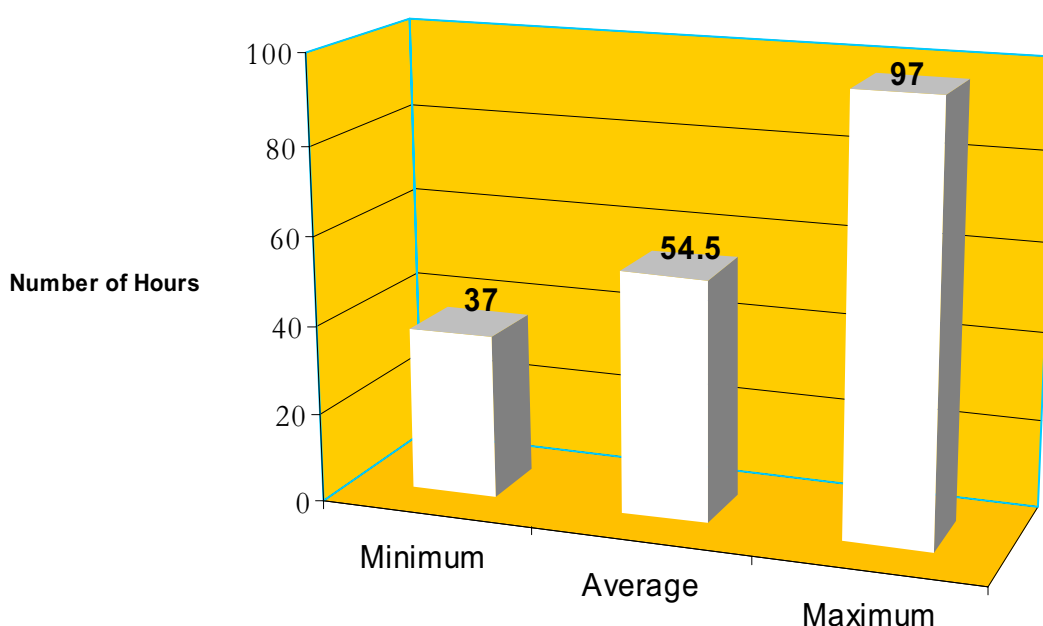
Figure 2: Maximum, Minimum and Average Number of Hours per Initial Conference



As illustrated in Figure 2, of the eighteen conferences that took place, the FWC meeting lasted an average of four hours, 30 minutes, ranging from two hours, 45 minutes to seven hours, 30 minutes. The review meetings last an average of two hours, ranging from 40 minutes to three hours 45 minutes. On average, six family members attend the FWC meetings and four attend the review meeting. Those attending conferences include children/young people, siblings, mothers/stepmothers, fathers/stepfathers, other relatives, family friends, professional advocates, referrers, information givers and other professionals.

The total hours spent on a FWC case by the Co-ordinator averages at 54 hours, 30 minutes, ranging from 37 hours to 97 hours. Most cases just involve one review meeting, but in two cases, two review meetings were held.

Figure 3: Maximum, Minimum and Average Number of Hours that Co-ordinators Spend on Each FWC Case

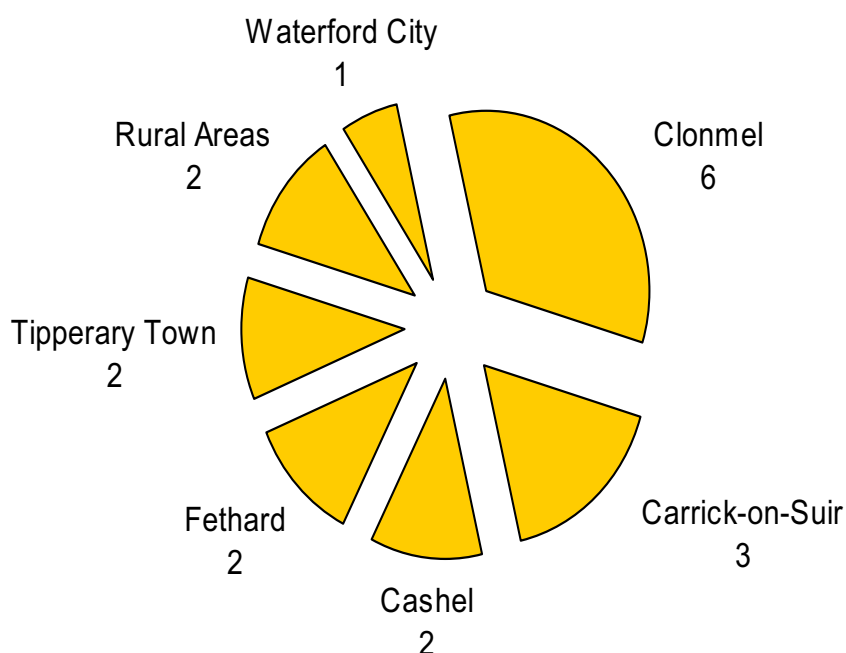


³ As there is no FWC service in Waterford City, Barnardos made an agreement with the HSE that referrals for Special Care Order Family Welfare Conferences mandated under the Children Act would be accepted by the South Tipperary service.

1.6.3 Geographical Location of Service Users

Of the families who took part in conferences, six were from Clonmel, three were from Carrick, two were from Fethard, two were from Cashel, two were from Tipperary town, and one each were from Waterford City³ and two small villages in South Tipperary (not named to protect confidentiality).

Figure 4: Locations of Families Taking Part in Conferences



1.7 Overview of the Report

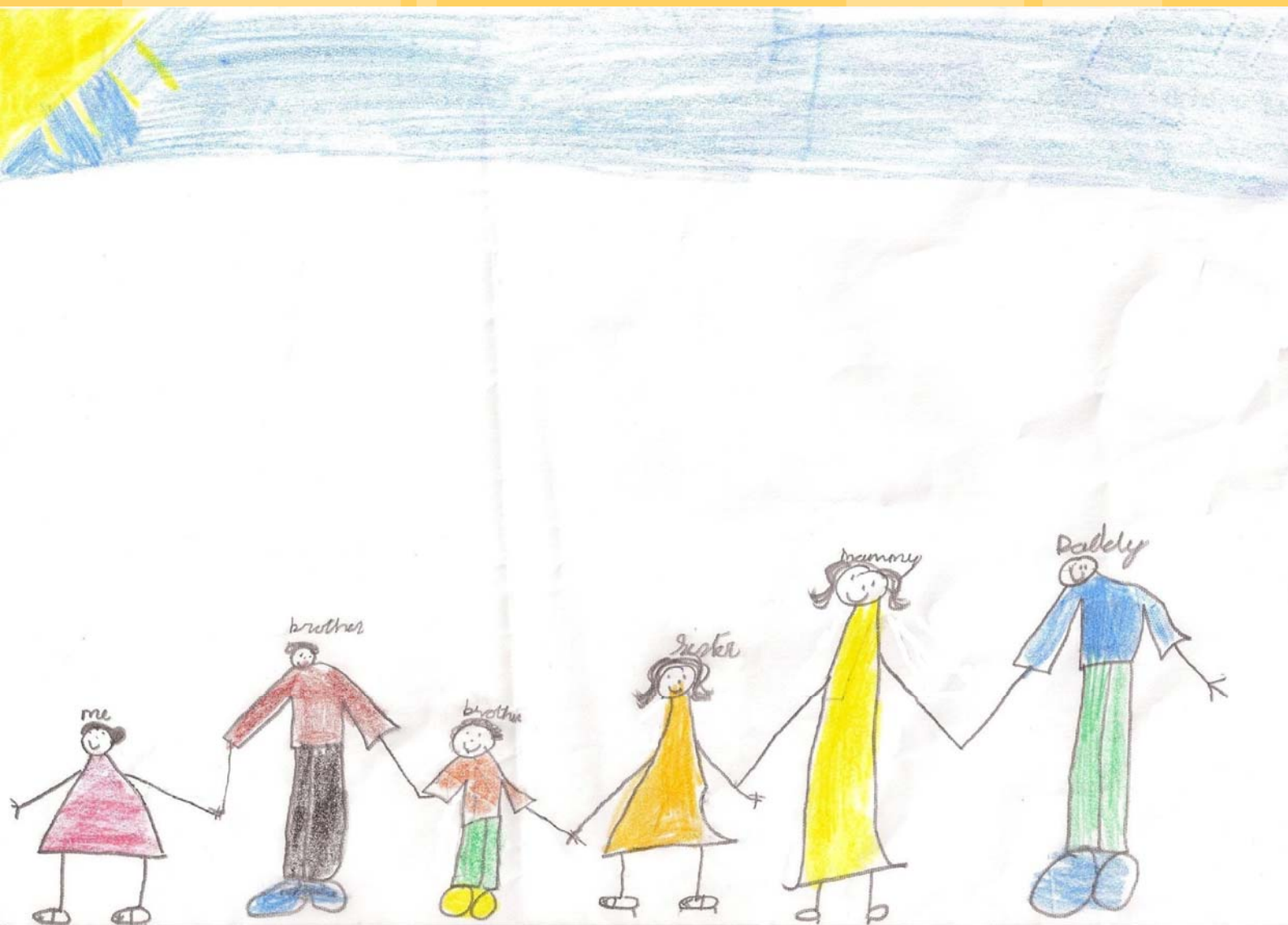
This introductory chapter has described the FWC model and outlined some key findings from research into its application with families in Ireland and throughout the world. The origins and early development of the South Tipperary service were recounted, and the service was placed in its legislative and policy context. The aims of this study and the methodology used to achieve them were outlined. Finally, a brief overview of statistics related to the service up to the end of August 2007 was provided.

In Chapter Two, thirteen case profiles describe in detail the context and outcomes relating to fourteen conferences⁴ held in the early phase of the service. The chapter concludes with an analysis of the outcomes across all profiles.

Chapter Three consists of a thematic analysis of stakeholders' perspectives, focusing on the perceived strengths of the model, the development of the service to date, the participation of children and young people, support for parents, referral issues, the role and functioning of the AG, special care orders and other issues.

Chapter Four summarises the key findings from earlier chapters and makes a series of recommendations for the future development of the service.

⁴One family had two family welfare conferences, both of which are described under one profile. Hence, the report contains 13 profiles with descriptions of 14 FWC cases.



Chapter Two

Case Profiles

2.0 Introduction

As described in the methodology section, an in-depth study was taken of fourteen conferences held from the start of the service in May 2006 up to the end of August 2007. This section provides profiles of each of the conferences.

In writing the case profiles, attempts were made to describe what happened in summary form and to highlight outcomes identified from the process. At the end of each profile, the outcomes identified are summarised and there is an assessment of the degree to which the conference achieved its desired outcome. In making this assessment, the focus is on the core reason for referral and whether there has been an improvement in relation to it. At the end of the chapter, there is a summary of outcomes across the 13 profiles. However, because the FWC usually addresses a wide variety of issues, all of which may not be captured under an assessment of the 'core reason for referral', further analysis is undertaken at the end of the chapter regarding broader outcomes.

This case profile approach was chosen to provide a more detailed narrative summary and analysis of the nature of referrals, interventions and outcomes associated with the service. While it enables greater specificity and transparency in identifying outcomes than would otherwise be the case, the approach carries the following limitations:

- The outcomes described are those reported to be in place at the time of the interview.⁵ This is based on the best available information. Interviews with family members were valuable in providing up to date reports on outcomes from the process. In those profiles that just have Co-ordinator and / or referrer perspectives, it has generally been some time since the conference happened and so the outcomes reported may have changed.
- It is also worth noting that the perspectives of different family members regarding outcomes differs, with different family members emphasising different outcomes.
- In addition, family members may have omitted to refer to particular outcomes.

Names, genders, location and other details have been changed to protect anonymity. There is some variation in the lengths of case profiles, which can be attributed to the depth of analysis engaged in by stakeholders as part of the research. In some cases, short accounts were given or the reasons for particular outcomes were deemed to be straight-forward, while in others, more detailed assessments were made and the dynamics may have been more complex. Most of the conferences had taken place 6 months to a year before the interview was completed.

2.1 Overview of Reasons for Referral

Two main themes can be used to categorise the core reason for referral. Of the thirteen cases, five relate to children in care. The reasons for referral relate to efforts to make contact between the young person and his / her family members, including parents, siblings and extended family. It also includes plans to facilitate a return home from care for children. Two cases were also referred to make a plan in advance of a possible special care order application. Eight of the profiles relate broadly to risk behaviour, school attendance and participation and general well-being of a young person. The referrals for children in care generally also include a focus on the behaviour, schooling and well-being of the young person.

⁵ Interviews took place between November 2007 and February 2008.

Table 2: Reasons for Referral

| Reason for Referral | Number of cases | Profile numbers |
|--|------------------------|------------------------|
| <i>Children and young people in care</i> – includes improving contact with family, plans to return home, special care orders All referred by social work (5) | 5 | 1-5 |
| <i>Young people at risk</i> – includes school attendance, risk behaviour and general well-being Referred by school (2), child psychiatry (1), child psychology (1), Juvenile Liaison Officer (1), self-referral (1), town council (1) and social work (1) | 9 | 2, 6-13 |

2.2 Profile of Cases Relating to Children in Care

No. 1 *This profile is based on the perspectives of the referrer and the Co-ordinator.*

Sister and brother, Celine (16) and Francis (13) were in residential and foster care respectively. Their mother had ongoing mental health difficulties which limited her ability to care for the children. They were referred by their Social Worker to the FWC service to plan for their return home to their mother's care and to explore the possibility of wider support and contact options for them within the family. Both Celine and Francis and their mother wanted them to return home but social work services felt that the mother needed professional support to ensure she was in a position to be able to take on the two children. Their mother was reluctant to engage with psychiatric or social work services. There was a broad extended family and older siblings which the children did not have much contact with – it was hoped that a support network for the children could be developed from within the family.

This was a tense case, with a lot of difficult dynamics between the family and the HSE. The family was deeply resistant to social work and it took some time before they began to engage with Barnardos. The referrer's report had to be negotiated with the mother and the HSE before it was agreed. The social worker was subject to a lot of criticism on the part of the family.

There was a good attendance at the conference. The family had put a lot of work into detailing what they would like to happen. A comprehensive plan was made relating to increased access between the mother and children, Celine returning to school and contact with other family members. Ground rules were agreed to support the mother in managing the children when they stayed with her.

At the review, there was significant progress evident. The children's behaviour had improved and there was much greater access between them and their mother. They had more time together without social worker involvement and communication between the children and between them and their mother had improved. There was more contact with the wider family. One of the children had moved from a high support to a less intensive care arrangement. Changes were made to the plan at the review meeting to make it more detailed and practical. The mother was open to using services because she had seen for herself how they would be of benefit to her. At the review meeting, a psychiatrist gave an input which was felt to be very useful in terms of educating the children about their mother's condition.

The Co-ordinator feels that, by the review stage, the children were getting some of what they wanted so they were more open to the process. They had vented their anger with the services at the first meeting and were ready to work on the details by the time the review meeting happened. Progress had been made which the family were encouraged by. Although none of the family members took part in interviews, it appears that Francis has returned to live with his mother.

The referrer said that she had worked with the family for three years and felt that their original plan at the FWC was somewhat of a 'wish list', which she felt they were unlikely to implement due to their history of non-compliance with services. She said she was prepared to go with it however, rather than 'add more negativity to it'. However, she said that 'a lot of it worked because we put the effort and the work into it, and I have to give credit to both children and to Mum. Other parts of it didn't work'. She believes that 'Mum was heard and what she wanted for her children was certainly heard' and her children got a better understanding of her illness. It gave Celine and Francis a solid goal to work towards. As a result, Mum went to court and asked for a shared care arrangement, which 'she would never have done

before'. Asked what the family would have done if there had not been a conference, the referrer replied;

'I think they would have just gone on the way they were. It gave them a voice, I think it actually let the children see that Mum was there fighting for them, and that she did care. Now the younger one Francis knew that, but Celine wondered about that, I'd say on many occasions. What Mum said wasn't always what she did. I think it cemented them as a family. I do feel that. They were able to be there as a family.'

She found the initial family meeting very difficult – social work came under such attack from the family, it was like a 'firing squad'. She believes that there should be meetings with all family members present to get these issues out of their system before they meet to come up with a plan. However, she thinks that the reason it worked is because the family were given power rather than having social workers making decisions for them. Because of the public commitments they made at the conference, the family had to keep their side of the bargain. as the following quote illustrates.

'a lot of ... the stuff is done 'to them'. This is not done 'to them', this is alongside them, with them, with their input. Sometimes some of the things they want is impossible but it's no harm to know them, and it's no harm for them to voice them. I think that's the great aspect of it, that it empowers families, while they may not be able to get everything they certainly can work towards things'.

Outcomes

- Increased contact between the mother and children and between them and the extended family. As a result, Francis eventually returned to live with his mother.
 - Better engagement by the family with services.
 - Better understanding by the children of their mother's psychiatric illness.
- Improved behaviour on the parts of Celine and Francis.

Critical factors

- Family were very wary of HSE so engaging with a non-HSE service made a difference.
- Openness of social work to the process, despite intense criticism from the family.
- The mother and children wanted to live together – the conference gave them the mechanism to translate this wish into a reality.
- Detailed preparatory work, as well as the FWC and review meeting, helped the family to work through the issues.
- The family were given space to make their own plan – they had the power to make decisions. As a result, they eventually came to see the need for the services they had initially resisted.

Did this conference achieve its desired outcome?

Yes, the objectives of exploring wider support and contact options and of planning for their return home to their mother's care were realised.

No.2 *This profile is based on the perspectives of Paula, her mother and the Co-ordinator.*

Note: This profile relates to two conferences. Paula's conference relates to a child/young person in care, while Dylan's relates to a child /young person at risk.

The case of Dylan (16) and Paula (13) was referred to Barnardos by a social worker in order to try to achieve some stability in care placements for the two young people. Dylan was living independently but it was feared that his living situation was unsafe. Paula was in foster care but there was a risk that the placement would break down. Dylan and Paula's parents were separated and their siblings were in family foster care. The core reason for the referral was to increase the contact between Paula and her parents and extended family and to ensure a more stable placement for Dylan.

The children's mother engaged well with the process. The father was reluctant to engage with the mother, was disillusioned as a result of his previous experiences of social services and had a conflictual relationship with Dylan in particular. The maternal grandmother was also a key player and she was also reluctant to engage with the children's mother. Paula, her mother and grandmother all attended the initial family meeting. Dylan and their father did not attend.

By the time the meeting happened, Paula had left her foster family and was living with her siblings in family foster care. The social workers had been concerned that the family foster carer would be over-burdened by having Paula as well as her siblings. The meeting then focused on how the carer and this placement could be supported. It also focused on how she could keep in contact with her family and become involved in constructive activities, supported with her schooling, etc. The family plan made for Paula included school-based counselling, encouraging contact between the school and her parents, pastimes, rules regarding going out in the evenings, etc. Plans were also included for respite care and family support for the family carer. Despite the fact that the mother and grandmother were not talking to each other, they managed to make a plan that they were happy with.

By the time of the review, Paula's foster care placement was stable and she had settled in well. Reports from the school indicated that she was getting on well at school. However, there had been a lot of conflict between her foster carer, grandmother and mother. There was a breakdown in the relationship between Paula and her mother and so the issue of access had not really been considered since the initial meeting. Paula stated at the review meeting that she did not want to have regular access with her. Paula's case was closed at this stage.

Dylan attended the review meeting and it was treated as a planning meeting for him. The father also attended. A plan was made regarding getting health care for Dylan, linking him in with drug misuse counsellor and engaging with a youth training service. He said he was not willing to attend counselling but did attend some of the meetings arranged for him with other services. Not long after the conference, however, the links between Dylan and his mother and grandmother broke down and he was unwilling to engage with any services. The case was eventually closed as Dylan refused to engage and no review meeting took place.

The Co-ordinator believes that the outcomes of the process were good for Paula. There was a value in bringing family and the relevant professionals together to agree a plan for Paula's future. The fact that the school vice-principal was there and made a positive report about Paula, boosted Paula's confidence and emphasised to the family the importance of school for Paula. The HSE provided family support to the family foster carer which enabled the care placement to work for Paula and her younger siblings. The commitment and strength of the family foster carer was also critical. Unfortunately the process did not result in positive outcomes for Dylan.

Paula said that she found the meeting good because *'before we done that like, there was no rules, no nothing, before we done that, I got stressed out about it'*. She said that before the meeting, things were more hit and miss. She said that the meeting was the first time her family had sat down and had a discussion. Asked what agreements were in the plan, she mentioned horse riding, pocket money, curfews and attendance at a disco, all of which *'went through'*. She said that sleep-overs at her granny's went through until her mother put a stop to it. She said that keeping to the plan *'was hard'* because other people felt that they were *'the boss'* and that they could *'change the plan'*. *'she thinks because like, the meeting and the review are over, so it's back to normal now'*. Paula said that she had an advocate who helped her to have her say but *'nobody took notice'*. She said that they might have another conference because *'there's loads of problems in the house'*. This time round, *'my counsellor said she would go in and get my point across this time'*. Asked if having the meeting made her life a bit easier and helped her to see more of her family, she said that it did. In response to a question regarding whether she would recommend it to other young people, she said sometimes and it could work well for *'children in foster care and all that, living a hard life'*. Asked how she found the Barnardos staff to deal with, she said they were *'lovely'*.

Her mother said she was initially worried at the prospect of having the conference because she had not seen eye to eye with her ex-husband for two years but she was prepared to do it *'if it got the lads any better'*. She described the family relations as a 'mess' with lots of arguments and people not talking to each other. She saw the meeting as a way of showing to the children that their family cared about them... *'they knew they weren't just being dumped and nobody cared less, as they all seem to think at the time'*. She found it valuable that the children knew the adults in the family could communicate about them, even though they were not talking to each other. Given the level of inter-family conflict, the Mother found it useful to have an advocate to keep the discussion focused on the present and on the children, rather than bringing up old hurts. However, she said that she was unwell at the time and felt that there was pressure on her from the family to commit to things that she was not able to. She is in better form now and feels she would be in a better position to commit if it happened today.

As a result, she said that she didn't take the children as much as she was supposed to at the beginning. But she said that the contact between the children and their father, grandmother and herself is still ongoing as a result of the conference. The family foster carer knows she can contact her, the children's father or grandmother if she needs support, whereas before *'it was kind of all left on her'*. Asked what would have happened if there had not been a conference, she said she *'dreads to think'* and believes the children *'would definitely be in proper foster care'* because the family carer would not have coped with the pressure. She said that the family foster carer is still under a lot of pressure.

The mother said that the fact that the service was so flexible was important. They arranged for her and her husband to attend the meeting at different times because they could not be in the same room.

'They kind of walked around everyone, the fact that me and my husband wouldn't even sit in the same room, they made two separate meals, the same with my mother like, they were prepared to do three separate, you know. If time was an issue they'd change it.'

Outcomes:

- Family foster care placement for Paula supported and stabilised.
- Greater contact between Paula and her family members.
- Co-ordinated support for Paula between school and family.

Less successful:

- Unfortunately for Dylan there were no outcomes evident from the process.
- The placement for Paula is working but still fragile.

Critical factors:

- The process worked flexibly around conflict between family members to enable agreements to be reached.
- There was a need for an ongoing process rather than a 'quick fix'.
- By focusing on the needs of the children, the family were enabled to overcome personal difficulties to some degree.
- The use of advocates helped vulnerable family members to be heard, although Paula said that she was not listened to by her family.
- The process may have been too late for Dylan.

Did this conference achieve its desired outcome?

Paula's conference: **Yes**, the objectives of increasing the support for Paula from her wider family and of supporting her case placement were realised. Her school situation also improved.

Dylan's conference: **No**, the objective of securing a more stable placement for Dylan

No. 3 *This profile is based on the perspectives of James, his foster mother and the Co-ordinator.*

A referral was made to Barnardos by social work on behalf of two children - James (aged 7) and Sean (aged 12) who were in foster care. Sean was with family foster care with an aunt and James was in HSE foster care. Their parents were separated and their mother was admitted to hospital on a long-term basis. The reason for the referral was to ensure that James maintained contact with his family and to support the aunt in providing foster care to Sean – it was hoped that other family members could be drawn in to support her in caring for Sean.

The father did not engage with the FWC process. His mother and sisters were not involved in James' and Sean's lives but were willing to engage with the process. Sean had started secondary school and was not getting on very well. He was attending a very large school and the perception was that he was 'getting lost' and at risk of getting involved in anti-social behaviour.

The conference was well attended by the father's and mother's side, as well as Sean, James, their mother and foster carers. The plan included regular contact between Sean and James and their paternal and maternal relations. It was also planned that a school based guidance counsellor would link in with Sean and his foster carer in relation to his school participation. Recreational activities for Sean were also included. The father's side of the family agreed to become involved in the children's lives. At the review, it was reported that the conference opened up a very positive relationship between James and his paternal aunt, who had not been in his life before. The school reported a great improvement in Sean's schooling.

James's foster mother said that initially the conference seemed like a great idea and the aunts '*promised the sun, moon and stars*'. She feels that the maternal aunts have not kept their commitments but that one paternal aunt has been brilliant and '*kept her word 100%*' regarding taking James out every week. The foster parent feels that James should have more contact with his mother and siblings. She feels that overall, it was great that the father's side got to know about James and got involved with him, but the links with the mother, siblings and maternal side of the family are not strong.

James said that the conference was good because everyone was there and since the meeting he sees more of his aunts. Asked if he found it easy to talk at the meeting, he said that he did.

Outcomes:

- The father's side of the family were made aware of Sean and James and facilitated to become involved in their lives.
- A paternal aunt maintained contact with James on a very regular basis.
- Sean was engaging better with the school and supports were put in place by the school to keep him on board. He joined a leisure centre and was attending regularly.

Less successful:

- Apart from some sporadic involvement, the maternal side did not follow up on commitments made under the plan.
- Contact between James and Sean and with their mother and other siblings was not frequent.

Critical factors:

- The willingness of the father's family to engage with the children.
- Proactive foster carers with an interest in maintaining family bonds.

Did this conference achieve its desired outcome?

Yes, the objectives of increasing the support for James from his wider family were met. Sean and his carer received more support. Contact between the siblings and their mother is not strong however and requires follow-up.

No. 4 *This profile is based on the perspectives of the mother and the Co-ordinators.*

Mark is a 13 year old boy and second youngest of four children. At the time of referral Mark was in a residential care unit and was repeatedly absconding, hitchhiking back home, engaging in alcohol & drug abuse, hanging out with older youths and engaging in sexual activity. The case was referred by a Child Protection Social Worker as part of a process to apply for a Special Care Order for Mark.

The purpose of the meeting was for the family to develop a plan addressing the following:

- What can be done to keep Mark safe?
- What does Mark think can help to keep him safe?
- How can the wider family help?

The meeting was attended by Mark and his mother, father, siblings and an aunt and uncle. At the meeting, Mark and his family agreed that he was not ready to return home. He affirmed that he needed to go to a Special Care unit for his own best interests and his family supported this. It was recommended that the HSE proceed with the application for a Special Care Order and for a placement without delay. Mark agreed to continue to look for support from the professionals involved with him as long as needed.

By the time of the review a few months later, Mark was still absconding from the residential unit. However, he was working well with the professionals and was still committed to the idea of Special Care. The application process for a placement in a Special Care Unit was taking some time, so the review meeting focused on how his family could support him in a positive way while he was in the residential unit. His family agreed to give Mark their full support for his remaining time in the unit and to work co-operatively with the staff in the unit. They committed to talking frankly with Mark about the impact of his behaviour on them and to challenge him on this in a constructive way. He agreed to try and take responsibility for his own actions and to try and engage in positive activities that he'd enjoy.

Mark's mother feels that the meeting was a good idea. It was difficult but Mark got what he wanted. She feels that *'a lot of good came out of it'*.

Outcomes:

- Mark stated clearly that he wanted to go to the special care unit and his family respected his decision. A special care order was made as a result.

Less successful:

- There was a long delay in the HSE processing the order which was frustrating for Mark and his family.

Critical factors:

- Mark's advocate, a key worker from his residential home, supported him in identifying and articulating his wishes.
- The FWC forum gave Mark the safe space to voice opinions that were contrary to those of his family.

Did this conference achieve its desired outcome?

Yes, the objective of clarifying whether a special care order was needed was achieved. Mark was supported to identify the type of care he felt he needed and his family agreed with his decision.

No. 5 *This profile is based on the perspective of the Co-ordinator.*

Laura, a 16 year old girl had repeatedly absconded from her supported lodgings, was getting into trouble with the guards and was engaging in drink and drug use. The social work department referred her to Barnardos for a FWC as they felt that it may be necessary to apply for a Special Care Order to ensure her safety.

Laura's conference was well attended by her mother, siblings and aunts. At the meeting, it became clear that she wanted to return home to live with her mother and siblings and that her mother was open to having her back, provided she adhered to some ground rules. It was agreed that Laura would move home on a phased basis, she would link in with psychological services and the family would engage in family therapy. The plan looked at her peer group and the fact that her mother was concerned about her friends coming to the house. There were also plans for keeping Laura busy over the summer months when Youthreach was on summer break.

At the time of the review meeting a few months later, Laura had moved back home. Her mother was reasonably happy that she was adhering to the ground rules. There were no reports of recent involvement with the Gardaí and social services were happy with how things were going. Areas in need of improvement identified were her relationship with her brother in the home (which was a source of conflict) and the need for training and work for Laura. It was decided that the Special Care Order application would not be made.

Outcomes:

- Laura returned to live with her mother in the family home and the placement was stable at the time of the review.
- Laura's possible admission to special care was averted.

Critical factors:

- Laura and her mother both wished for her to come home. The FWC process gave them the structure to allow it to happen.

Did this conference achieve its desired outcome?

Yes, the objective of clarifying whether a special care order was needed was achieved. An alternative family-led solution was found.

2.3 Profiles of Cases Relating to Children and Young People at Risk

No. 6 *This profile is based on the perspective of Tony, his mother, father and the Co-ordinator.*

Two children, Anne (16) and Tony (10), live with their father. Their mother and a number of adult siblings live in the region. They were referred to the FWC service by a HSE social worker because there were concerns regarding Anne's school non-attendance and perceived risky behaviour. There were fears that tensions in the family were having an adverse effect on Tony. The reason for the referral was to try to involve the wider family in supporting the children.

The meeting was well attended by the mother and father, aunts and uncles, and all siblings. At the meeting, details were given regarding issues that some of the wider family had not been aware of. According to the Co-ordinator, this led to a lot of support for Anne. The family plan focused on various family members taking the young people out for recreation and holidays. Anne engaged very well, agreed to attend a psychologist and to go back to school. She agreed to ground rules regarding meeting up with friends and letting her parents know who she was with. There were details regarding how the father would engage with the children. The school was linked in with the meeting to inform them what Anne needed to do to get back to school.

At the review meeting, it was clear that the older siblings and wider family had become more involved with the children and their mother felt she had better communication with the children. Anne said she felt a better sense of freedom and was getting on better with her parents. There were less concerns about her engagement in risky behaviour and she had returned to school and had sat her exams. The social worker was trying to get counselling for her but there was a waiting list. Although many of the issues raised in the initial meeting had been addressed, a new set of issues emerged and a new plan was made to address them. It was highlighted that Tony's school attendance was quite poor. Some of the older siblings said that they would help out by linking in more with Tony.

The Co-ordinator believes that there were positive outcomes from the conference relating to Anne's school attendance, her behaviour and her relationship with her father. He feels that Anne appreciated that *'people were very much behind her and they wanted her safe'*. There was more support mobilised around Tony, whose needs could have been overlooked as a result of a focus on the older siblings. A HSE family support worker was involved and was very good at linking in with Barnardos and keeping them informed about where the plan may be falling down. For example, after the initial meeting, the FWC Co-ordinator was involved in making a link between the school and the family regarding Anne's attendance because no action had been taken. He arranged a meeting with the school and the family, from which the family linked in with the school completion Co-ordinator and Anne returned to school. This ongoing linking in helped the father in *'keeping up the momentum'* from the initial meeting.

The father felt that the conference was organised well and *'didn't do any harm'*. The mother felt that the conference was very painful and difficult because she had to face up to the details regarding her children and family. While a very difficult experience, she feels it was positive to get everything out into the open and would recommend it to other families. She feels that the wider family rowed in well in the initial stages but that this has fallen away a bit as time went on. She feels that there should be more support for parents in managing their children. She also feels that it would be useful to have more ongoing support and monitoring for the family plans.

However, she said that Anne returned to school and did very well in her Junior Cert. Tony is also doing a lot better at school since the meeting.

‘She wasn’t attending school and (Anne) was going away missing for weekends and everything, you know? It was very hard. I’d say there was a good result out of the meeting in general. ... She went back and turned everything inside out. Something came to a headTony) is doing extremely well in school, it may not be due to the meeting either but since certain issues have been diffused, things are improved if I can say.’

From Tony’s perspective, the conference was ‘*a life changing experience*’. He thought the meeting would just be about people sitting around talking but was surprised that things actually have happened as a result. He said that, as a result, the family are ‘*bonding better*’ and ‘*go more places together*’.

‘I thought it was just going to be some dumb thing, sitting around talking about how things could be better but it really opened my eyes when I went to that meeting and I ended up getting more freedom in life. Before I didn’t know where I was. I was in my own different world but now you know, I’m getting involved in things and I’m in school the whole time, it was life changing for me and most of the family.’

Tony said that he is not as bored as he was. He gave examples of how he goes to the cinema with his aunt, goes to the beach with his mother and visits his sister more. Another major outcome for Tony is that he has a better understanding of his family and feels that they have a better understanding of him.

‘I think I kind of stepped up from myself because I had to say things. Before I felt like I wasn’t being listened to by anybody. I thought it was just like, he’s only a little kid, he doesn’t know what he wants but like after that meeting everybody actually, I found out people do listen to me just they can’t be always there all the time to listen to me, understand like. My family are there for me but they can’t be there all the time.’

Tony feels that the things agreed at the meeting have lasted. At certain times ‘*they can kind of break up a tiny bit but, it has lasted, yeah.*’ For Tony, the academic side of school is not a problem and he is committed to doing well at school

‘...even when I had family problems before, I thought to myself I have to get into the books because my life will be nothing but hell if I don’t keep in the books and that’s what I’ve done. So far.’

Outcomes:

- Anne returned to school and was engaged in less risky behaviour.
- Tony’s school attendance improved and he is doing well at school.
- Greater support for the children from older siblings and wider family members.
- Better understanding and communication between family members.
- Tony sees that his family are there for him.

Less successful:

- Support from family members has lessened over time.
- Tony would still like to see more of his mother.

Critical factors:

- Openness between the family, though painful, led to greater support and understanding.
- The HSE family support worker played a critical role in maintaining an ongoing link with the family.
- The use of advocates helped mother and young people to participate -working with the Barnardos staff and his advocate made a big impression on Tony.
- Ongoing difficulties for the family, such as accommodation, can cause setbacks.

Did this conference achieve its desired outcome?

Yes, the objective of involving the wider family in supporting the father and children, with a view to addressing difficulties of schooling and risk behaviour, was achieved.

No. 7 *This profile is based on the perspective of the Co-ordinator.*

A family were referred by a tenant liaison officer from the local council regarding anti-social behaviour. The referral related specifically to three siblings – Laura (17), Mary (15) and Noreen (13). They lived with both parents. The aims were to put in place a plan to support the young people and discourage their anti-social behaviour and to support the parents with the management of their behaviour. Laura and Mary were out of school and, while Noreen was still at school and doing well, her attendance was poor. There was a lot of pressure on their mother as she had a large family. None of her own blood relatives were living locally. The father refused to engage with the process.

The conference was attended by the mother and the three girls, as well as the maternal grandmother, aunt and cousin. The plan centred upon activities for the girls and supports for their mother. It included:

- Linking Mary in with Youthreach.
- A family support worker to help Noreen with her homework.
- Recreational activities to keep the girls occupied over the summer months.
- A reward system for the children to encourage positive behaviour.
- Supports for the mother through family members, social work services and a local resource centre.

The Co-ordinator believes that the mother made a real effort but was under a lot of pressure. The family was dealing with a lot of disadvantage and, because the father did not engage, it fell to the mother to carry the responsibility of ensuring the plan was implemented. The Co-ordinator was conscious that it was a lot for her to deal with and that she did as well as she could. Without the engagement of the father, the process was made difficult because there was a risk that the positive messages being emphasised at the family meetings could be undermined.

Outcomes:

- Noreen was attending school consistently and doing well. Her mother was making a big effort to make sure that she attended.
- The mother linked in with the local resource centre and was receiving ongoing support.
- Following the conference, Laura left to live with her grandmother in Cork.

Less successful:

- There were still concerns regarding Mary and Noreen's engagement in anti-social behaviour.
- Mary started to go to Youthreach but dropped out after two months. Following the review meeting, she linked back in with Youthreach but it was unclear if she would continue to do so after the summer holidays.

Critical factors:

- Refusal of the father to engage put great responsibility on the mother's shoulders.
- Willingness of the mother to engage and do her best.
- Availability of local support services for the mother.
- Proactive approach by the local school to help Noreen to succeed at school.

Did this conference achieve its desired outcome?

No, while a plan was put in place to support the young people and discourage their anti-social behaviour and to support the parents with the management of their behaviour, the core issues persisted.

No. 8 *This profile is based on the perspectives of the mother and the Co-ordinator.*

Martin (aged 15) was referred by the child and adolescent psychiatry team. He was the youngest of three children and lived with his mother and older sister (16). His father had left home a few years earlier. Martin had a history of depression, had a lot of anger and resentment towards extended family members and was not attending school. He had become very withdrawn from his friends and family and was not taking part in any sports or recreational activity. He had been violent with family members on a number of occasions and had threatened suicide. The extended sides of the family did not have much contact due to events in the past. His mother also experienced depression. As he was due to turn 16, Martin would no longer be attending the child and adolescent psychiatry team. This team referred him in order to co-ordinate a family support network around Martin and his mother. Martin began attending adult psychiatric services around this time.

The family meeting was attended by Martin, his mother, sister, grandmother and some paternal uncles. More would have attended but Martin did not want them to. The meeting went well. The plan included:

- Martin would consider going back to school or training.
- He would stay for breaks with an uncle in Waterford and work with other uncles during the summer months.
- He would link in with community psychiatric services.
- The family would take part in family therapy.

By the time of the review meeting, Martin had continued seeing the psychiatrist, had done some work with his uncles and there was less tension at home. He had not made a decision regarding school or training and the referral to family therapy had not been pursued.

Martin's mother feels that the plan fell by the wayside to some extent due to Martin's lack of engagement but that *'good things came out of the meeting'*. She said that having the inputs from professionals at the meeting helped the uncles to understand what Martin was going through. She has more support from both sides of the family now and communication is better.

'It opened communications between everyone it was both sides. Both sides of the family, you know, his father's side as well and then whatever services that was involved, everyone was brought together and everyone was in the one room together...the schools too knew that Martin wasn't just left to his own devices, that I wasn't bothered sending him to school, that at least they knew that there was a problem there and you were doing something to help him... And then whatever other services that they could think of, that would be willing and able to help, that they brought as many services as they could together. So everyone was there. And for Martin himself then, he could see that people cared. And that they're willing to put in the time for him and taking off work and the whole lot, you know'.

Since the meeting, Martin's behaviour has been a cause for concern and she was frustrated by the lack of support services to help her to manage him. If she had not had the support of Martin's uncles nearby, she would have found it very difficult to cope. She found it hard to get the balance right between pushing Martin to take responsibility for his future but *'afraid to push him too much in case he'd do something'*.

Outcomes:

- Misunderstandings between the paternal and maternal side of the family were eased, which resulted in better communication. There was more support within the family for the mother.
- Martin's support network within the family was wider and more active – in particular his uncles were more involved in his life.
- His mother said that she discusses things with Martin more now, whereas before she would be 'treating him more like a child'.
- There was less tension at home for some time but tensions did re-emerge.

Less successful:

- Martin did not engage very well with the process and core problems regarding behaviour and schooling persisted.
- The family did not follow up on family therapy.

Critical factors:

- Martin's mother believes that his condition was worsened by the fact that he had to wait almost 2 years for an appointment for child psychiatric services, then was just starting to build up a relationship when the service ended when he reached 16 years. Although he was attending adult services, she felt it was not ideal for his age group. She believes that Martin was too ill to engage fully with the process. It may have been more successful if it had happened when he was younger.
- There was a large extended family living in the locality, who had Martin's best interests at heart.

Did this conference achieve its desired outcome?

Somewhat, the objective of co-ordinating a family support network around Martin and his mother was achieved but its impact on Martin's behaviour and well-being has not been strong.

No. 9 *This profile is based on the perspectives of Paul's mother, grandfather, referrer and Co-ordinator.*

Paul (17) was referred by a Juvenile Liaison Officer because he was consistently getting into trouble with the guards as a result of petty crime and anti-social behaviour. He was out of school and not involved in any work or training. Paul had a history of residential and foster care and was currently in the care of his grandfather. The family had had a lot of contact with services over the years and were sceptical regarding what could be achieved. Paul himself was difficult to engage in the process.

The meeting was very well attended by his immediate and extended family. A 'detailed, practical plan' was made regarding Paul's engagement with training, working with his uncle and doing a Safe Pass course. Ground rules were agreed regarding his home life. The family were open to anger management and there were plans for structured contact between Paul and his father and uncles. His mother said that it was good for them to be able to '*sit down and speak and it wasn't just one shouting at the other one*'.

By the review meeting three months later, Paul had not followed up on his commitments. He was still getting into trouble and had not done anything about going back to training. The family challenged him to take responsibility, drawing his attention to the fact that they were all there for him and willing to support him. Paul seemed to take on board what they were saying and they worked on another plan. Another review meeting was planned for a month later but the family cancelled it as they were '*fed up*' and felt that things were not changing. Paul was getting into more trouble with the law.

Outcomes:

- Despite a positive engagement by the family, there were no outcomes evident from the process for Paul, with the exception of getting his 'Safe Pass'.

Critical factors:

- The intervention came too late for Paul – it may have worked better when he was younger.
- Despite the family's initial reluctance to engage, they were very positive about the process and felt that they had made a good effort for Paul.
- There was a sense on the part of the respondents that Paul never really took the process seriously.

Did this conference achieve its desired outcome?

No, the objective of co-ordinating a family support network around Paul was achieved but it did not impact on his behaviour.

No. 10 *This profile is based on the perspective of the mother, referrer and, Co-ordinator.*

Claire (13) started secondary school and was getting on well until a medical condition caused her to miss a lot of time at school. She began to fall behind and was reluctant to go to school. She began seeing a counsellor at school. When the counsellor was going on leave, she referred Claire for a family conference because she wanted to put some supports in place to keep her at school and to help her general well-being. Claire's parents had separated and she was living with her Mum. Her Mum found it difficult to cope with Claire and has a difficult relationship with her Dad. Claire missed her older brother, who had recently moved away from home.

The family meeting was well attended and a good plan was made. Claire articulated that she would like to see more of her Dad and have more say in what they did together. Her Dad was at the meeting, and agreed to an overnight stay every fortnight and a day together every other Sunday. Claire agreed to take responsibility for taking her medication, rather than having her mother hassling her about it all the time. Claire and her mother were to visit a drugs worker.

From the mother's perspective, the plan was not implemented. She feels that Claire's Dad did not keep his commitments and just agreed so that he could get out of the room. Claire did not take more responsibility as she had promised. They did not attend the appointment with the drugs worker as her mother was sick. Claire was not interested in following up at a later date. Relations between Claire and her mother subsequently became very difficult and she spent a short period in emergency foster care.

The referrer found the process to be very positive. She feels it will be valuable to their counselling relationship to have seen Claire in this context. She felt that Claire got a lot out of it and was '*buzzing*' afterwards, but hoped that they were '*not setting her up for a fall*'. Because she went on leave soon afterwards, she was not aware of how the plan had been implemented. She feels that, even if the plan was not implemented, the process will have been valuable in terms of allowing Claire to be heard and making her face up to the fact that her father may not do what she hopes.

Outcomes:

- Claire had a chance to say what she wanted. There are no other evident outcomes from this conference.

Critical factors:

- Claire had a chance to be heard. Her mother and father both attended the meeting despite threatening that they would not turn up.
- Despite commitments made, the plan was not implemented.

Did this conference achieve its desired outcome?

No, the objective of co-ordinating a family support network around Claire was impeded by non-compliance with the family plan.

No. 11 *This profile is based on the perspectives of Jimmy, his father, the referrer and the Co-ordinator.*

Jimmy (13) was living with his father. His mother had left home a few years earlier. Jimmy was referred by a psychologist as a result of concerns for his care. It was felt that a FWC would be useful in drawing in more support from the family for Jimmy and helping his father to care for him. His personal hygiene and eating habits were poor and he was finding school challenging. Relations between his mother's side of the family and father's side were poor, with the result that Jimmy had little contact with his mother's family. It was hoped that the FWC could help to resolve this. In addition, Jimmy's father's job took him away from home quite a bit and he was involved in a new relationship. There had been social work involvement with the family in the past.

The meeting went well. Various maternal and paternal aunts and uncles offered to link in with Jimmy and look after him. The link with the psychology service had broken down so a re-referral was made.

At the review, it was clear that the plan had not really been implemented. Jimmy's father had a falling out with his brother, who was to be one of Jimmy's main supporters. The maternal side had not had as much input as had been hoped. On the positive side, Jimmy had made a good transition to secondary school and his personal hygiene was improving. The review meeting itself was very stormy but the relationship with the maternal side of the family was mended somewhat and another appointment was made with psychology. The family agreed to meet informally every 4-6 weeks to see how things were going with Jimmy.

Jimmy's father said that he did not think that anything came from the conference. The family members did not follow up on their commitments. According to the referrer, the family did not link back in with her. She feels that the process was useful in terms of highlighting how difficult the issues were for Jimmy. She feels however, that the reasons the FWC was called in the first place are still there and are still impacting on Jimmy.

Outcomes:

- Jimmy's personal hygiene improved and he was doing well at secondary school. It's difficult to say if this is directly related to the conference but it would certainly have emphasised the importance of these issues for him.

Critical factors:

- Jimmy and his Dad were engaged but not overly enthusiastic about the process.
- Jimmy's Dad fell out with a key family member living in the same estate soon after the initial meeting, which meant that he was not involved in Jimmy's life.

Did this conference achieve its desired outcome?

Somewhat, the objective of co-ordinating a family support network around Jimmy did not succeed due to family conflict. However, Jimmy's personal care and schooling had improved since the conference.

No. 12 *This profile is based on the perspective of the mother and the Co-ordinator.*

John, aged 15 years at the time of referral to FWC, is the eldest of three children. He lived at home with his mother and younger sisters. His father had died 12 years earlier. Several wider family members lived nearby. This was a self-referral and came as a result of John's mother seeking support from a Lone Parent's Group, who suggested that she contact the FWC service. John's mother was struggling with John's behaviour at home and felt the situation was out of control. He was drinking, aggressive at home and in constant arguments with family members. There was an underlying tension most of the time in the family home and John's younger sisters were being adversely affected. There were concerns that John was experimenting with illicit drugs and engaging in under-age sexual activity. In addition, the school situation was worrying from the point of view of John not completing school work.

John and several of his family, including his mother, eldest sister, grandmother, aunt, uncle and a cousin took part in the family meeting. The plan focused on agreeing boundaries and curfews for John, support for his school attendance and helping the family to work together better. By the time of the review meeting two months later, there was much less fighting and arguing at home and things were a lot calmer. John and his mother were talking more with each other and communicating better. All of the children were sticking to the curfew and John was doing really well in school. The rest of the review meeting concentrated on refining the ground rules and boundaries for John and his sisters at home and agreeing a rota for involving them in housework. The supports that the mother needed, specifically a parenting course were also discussed. John was going to link in with a teenage health programme and the family were to take part in family therapy.

The mother felt that most of the plan was followed up to the review stage but not long-term. She feels that John was more conscious of keeping to the plan while Barnardos were still involved with the family. She herself was supposed to do a parenting course but it didn't take place. She had not followed up on family therapy at that stage and felt that John probably would not take part in it. She would have liked to have more support for herself and felt that too much emphasis was placed on John and what he needed. She feels that the conference showed John *'that his behaviour was off the wall, that it can't continue'*. The mother refers back to the plan from time to time but John *'mightn't stick to it'*. She feels that the FWC service is useful because it *'made me see that there actually is kind of help out there'*. It taught her to *'talk more, communicate more, listen to each other, whereas I was just closing down, closing off to him totally'*. It made her aware that John is not always at fault, that she needs to listen to him more. Her advocate and the FWC Co-ordinator made her *'understand what it is like for teenagers like John in this day and age'*.

Outcomes:

- Improvement in communication and lessening of conflict in the home up to the review stage.
- Greater awareness of supports available for families.
- Greater awareness on John's part that his behaviour was unacceptable.

Less successful:

- The mother would like to access a parenting course and family therapy but this has not happened.
- John's behaviour is still a source of conflict at home.

Critical factors:

- The family engaged well and were ready to address the problems. The school was also concerned so there was a strong impetus for change.
- The Co-ordinator feels that this family would have benefited from follow-up family support to '*build on the foundations*' of the family meeting. This would have helped them to ensure that the actions agreed were followed up on.

Did this conference achieve its desired outcome?

Somewhat, the objective of improving John's behaviour and well-being has had some results but more follow up is needed.

No. 13 *This profile is based on the perspectives of the father, referrer and the Co-ordinator.*

Following a series of incidents outside the school, where Pat, aged 10, openly opposed his mother and did not want to go to school, the school principal suggested a referral to Barnardos. The school was concerned that Pat would end up missing a lot of school as a result of his reluctance to attend. Pat was second eldest of four children. When Barnardos met with the family, it emerged that the school refusal was just one manifestation of issues at home regarding conflict between Pat and his mother. It also emerged that the parents were on the verge of separating.

Initially Pat was reluctant to engage with the FWC staff. An advocate was chosen but after a number of attempts, Pat still would not open up. A breakthrough came when the advocate focused on the younger children, which encouraged Pat to come forward to link in with her. The parents engaged well in the preparatory work for the conference. According to the father, he agreed to the referral because he was willing to try anything to sort it out.

The meeting was attended by the child's father, mother, paternal aunts and uncles, paternal grandparents, maternal grandfather and maternal aunt. The Co-ordinator felt that the meeting went well; that *'there was a lot of goodwill'* at the meeting, but that, *'there were certainly underlying tensions'*. The mother's relationship with her in-laws had been difficult and she left the meeting at one stage. According to the Co-ordinator, a good plan was put together. The plan included weekly charts to ensure that Pat went to school, rewards for good behaviour, suggestions for the mother and father to work better together as parents and some actions to improve the links between home and the school. There were concerns expressed regarding Pat being allowed out late at night so there was an attempt to put some timeframes in place for him to adhere to. It was also hoped that Pat would link in with the local youth project.

Pat came to the FWC venue but would not come into the meeting. He listened to the conversation from outside the room, through an open door and relayed what he wanted in the plan through his advocate. There was some negotiation between Pat and his parents regarding what would go into the plan and, according to the Co-ordinator, Pat *'seemed to be quite okay with the plan'* but said that he *'didn't think his mother would be able to carry it through'*. Those present hoped that the fact that Pat said this at the meeting would be an incentive to the mother to implement the plan.

The father felt that the meeting was well organised, that the family took it seriously and that it was organised around the family's needs. He believes that the rest of the family took a lot from the meeting, tried to implement the plan but that Pat's mother did not want to know about it once the meeting was over. He feels that she agreed to the plan *'just to get out of the place'* but didn't follow it afterwards. According to the father, the mother admitted at the review meeting that she had not followed the plan.

The Co-ordinator reported that, by the review meeting, there had been some slight improvement in relation to school attendance but very little other progress was evident. Some underlying family tensions had come to the fore after the initial meeting and they were apparent at the review meeting, which resulted in some people leaving. It was decided that a second review meeting would be held, just involving Pat and his parents. By the time of the second review, things were going quite well. School attendance had improved and the parents were working together quite well to manage the children. Pat had started to link in with the local youth project. Pat's relationship with his mother improved somewhat but was still *'up and down'*.

Outcomes:

- Improved school attendance for Pat.
- Pat linked in with the local youth project.
- Parents working together more on consistent parenting.

Less successful:

- The father feels that the mother did not really engage with the process.
- Conflict between the parental and maternal side of the family impeded progress in the implementation of the plan.

Critical Factors:

- As this was one of the first FWCs held, the Barnardos staff had a bit more time to link in with the family and the school than they would have had as the service became busier. The Co-ordinator felt that it may have helped the family that they were there to check in and *'highlight any positive points that were happening'*. They were acknowledging the fact that, *'at the end of the day it was the mother who was getting the child up in the morning and getting him to school'*.
- The parents had bought into the process because they did want Pat to go to school. The process focused their minds on the need to work together on parenting and school attendance.
- Due to family conflict, the pragmatic decision was made to work with Pat and his parents on their own, which enabled some progress to be made.

Did this conference achieve its desired outcome?

Yes, while other issues emerged, the objective of supporting the parents to work both on their parenting and with Pat on his school attendance was realised.

2.4 Analysis and Discussion

Across the fourteen conferences, it appears from the information available that seven succeeded in achieving the desired outcome, three were somewhat successful and four did not achieve the desired outcome. This analysis focuses on the core reason for referral. The outcomes for the conferences relating to children in care show a higher rate of successful outcomes in relation to the core reason for referral than those relating to children at risk more generally. All five cases relating to young people in care achieved their desired outcomes. As indicated in the profiles, in many cases there are still issues that are outstanding and no situation can be described as 'perfect'; however, these outcomes are impressive. On the other hand, just two of nine cases relating to young people at risk were rated as successful in achieving their outcomes, three were somewhat successful and four were deemed to be not successful. In many of these cases, the analysis of those involved suggests that the intervention came too late for the young person and that the FWC process was unable to reverse the patterns that had been established. All that could be expected is that the FWC would be a catalyst for change.

However, the outcomes apparent from the process tend to be broader than those specified in the initial reason for referral. Further analysis of the case profiles highlights that outcomes can be grouped under seven headings.

- School attendance and participation.
- Better use of services.
- Improved communication and joint working within families.
- Better contact with the wider family.
- Children returning home from care.
- Less risky behaviour by the young person.
- No outcomes evident.

Table 3. provides an overview of the outcomes which were evident in each of the thirteen cases.

School attendance and engagement: A significant outcome across seven cases was an improvement in school attendance or engagement. Conferences for children and young people at risk tend to involve the school and facilitate better links between the family and the school. They also consider how the parents can support the child or young person to have better engagement. These endeavours appear to have yielded positive results in many cases. In a number of cases, young people who had been out of school actually returned to school and sat their exams. Given that school attendance is such a critical factor in promoting resilience and minimising risk for young people, these outcomes are very important (Gilligan, 2000). There were other cases where efforts to re-integrate young people into the education system were less successful. Once again, it appears that where these interventions took place with younger children, they were more successful. The attitude of the school appears to be critical. In many cases, the school was pro-active in encouraging the young person to overcome their difficulties and succeed at school.

Table 3: Overview of Outcomes Across the 13 Profiles

| | School attendance/ participation | Better use of services | Improved communication and joint working | Better contact with wider family | Children returning home from care | Less risky behaviour by young person | No outcomes evident |
|--------------------|-------------------------------------|---------------------------|---|-------------------------------------|--------------------------------------|--|------------------------|
| Children in Care | | | | | | | |
| No 1 | | ■ | ■ | ■ | ■ | | |
| No 2 (a) | ■ | | ■ | ■ | ■ | | |
| No 3 | ■ | | | ■ | | | |
| No 4 | | ■ | ■ | | | | |
| No 5 | | | | | ■ | ■ | |
| Children 'at risk' | | | | | | | |
| No 2 (b) | | | | | | | ■ |
| No 6 | ■ | | ■ | ■ | | ■ | |
| No 7 | ■ | ■ | | | | | |
| No 8 | | | ■ | ■ | | | |
| No 9 | | | | | | | ■ |
| No 10 | | | | | | | ■ |
| No 11 | ■ | | | | | | |
| No 12 | ■ | | ■ | | | | |
| No 13 | ■ | ■ | ■ | | | | |
| Overall | 7 | 4 | 7 | 5 | 3 | 2 | 3 |

Better engagement with services: A recurring theme across the profiles relates to uptake of professional services. In many cases, families agreed to access services such as counselling, family therapy or parenting but did not do so for a variety of reasons. The reasons for this are discussed further in the following section. In four of the thirteen cases, families did engage with services, which proved to be beneficial, but in some cases this engagement may have been minimal.

Improved communication and joint working: In seven of the thirteen profiles, participation in the family welfare conference resulted in improved co-operation, communication and joint working between family members. In these cases, the FWC forum facilitated greater understanding of the children or young people's needs and mobilised them to work together to meet these needs. In many of these cases, the issues that prompted the referral may not have been resolved but the family is functioning more effectively and better able to discuss issues that arise.

Increased contact with wider family: One of the key reasons for referral to the FWC service is to draw in support for the young person from their family and social network. In six cases, this has been an outcome. It has worked particularly well for children in care, where structures have been set up to facilitate access between the young person and his or her relatives. In one case of a young person at risk (No. 6), it has increased contact between a young person and his siblings and aunts, which has had a very strong impact on his general well-being. In another case, the extended family became much more involved in the life of the young person and his mother as a

result of the fact that misunderstandings were resolved through the conference and they became more aware of the seriousness of the situation. On the other hand, there are many examples of family members making commitments to become more involved but failing to do so. While disappointing for the children and young people, it at least clarifies where support is available within the family. In some cases, issues arose after the conference which overturned agreements made at the meeting, while some respondents spoke of being too unwell to commit to involvement in the young person's life.

Children returning home from care: As mentioned above, three of the thirteen cases resulted in children or young people leaving state care to return to the care of their parent or another family member. The FWC service played a key role in supporting this transition to take place. In one case, the young person had already moved from state to family foster care between the time the referral was made and the conference happened, but the plan focused on supporting the placement and her carer. In one case, a young man moved from supported lodgings to his family home, avoiding a special care order application. In a third case, the plan eventually allowed one of two sisters to leave care and return to a shared care arrangement with her mother. In these cases, the FWC model was effectively in tapping into the openness of family members to making the move and giving them the structure and support to enable it to happen.

Less risky behaviour by young person: In two cases, the FWC model appears to have been successful in reducing risky behaviour by a young person.

No outcomes evident: In three of the fourteen conferences, there were no outcomes apparent from the process. In one such case, it was felt that the young person did not engage and that the intervention came too late, in spite of the best efforts of all involved. The other case that failed to show outcomes related to the fact that the plan was not implemented by key family members.

Summary

This section has described in detail fourteen conferences held by the Barnardos FWC Service in South Tipperary in the first 18 months of its operation. Analysis of outcomes indicates that conferences relating to young people in care have been very successful, while conferences relating to young people at risk have been more mixed. In three of the fourteen conferences, no identifiable outcomes could be found, while in the remaining eleven, outcomes related to improved school engagement and participation, better family communication, increased contact between the young person and their wider family and less risky behaviour by the young person. Significantly, in three cases a young person was supported to move from state care to the care of a parent or family member.

In the next chapter, the perspectives of stakeholders regarding the service are discussed under a series of themes.





Chapter Three

Thematic Analysis of Stakeholders Perspectives

3.0 Introduction

As outlined in the methodology, the perspectives of a range of stakeholders, including staff, management, AG members, advocates, referrers, social workers and family members were sought as part of the study. This chapter examines the key themes and issues that emerged from an analysis of stakeholders perspectives. All respondents were positive about the attributes of the FWC model and how the service has developed to date. These aspects of their responses are discussed in the first two sections of the chapter, which then proceeds to examine some aspects of the service, including the participation of children and young people, sustainability and the implementation of plans, the role and functioning of the AG, referral issues, special care order conferences and training and support for advocates and information givers. Not all comments by stakeholders are discussed. The focus is on those issues that were raised by more than a small minority of respondents.

3.1 Strengths of the FWC Model

Asked about their overall assessment of the experience, all respondents said that they believe the FWC model is a useful process for addressing the needs of children and young people. All family members interviewed, even those for whom outcomes were not very strong from the process could see the value in having a family meeting. They welcomed the fact that it made the whole family face up to issues, that everybody's viewpoint was heard, that services were brought to meet the family and that it was run in a very respectful way.

'I think every family gets little upsets. It's the only thing that really opens peoples eyes, to face up to reality that what's really going on for different families in different areas. I would recommend it highly'. (Mother, No. 6)

'you got all the services together. You had everything in the one room. The more people you have together the better chance. What one person wouldn't think of, another person will. And it wasn't even down to all school; it was down to things that (son) would like to do himself and get interested in as pastimes as well, to get him out of himself. It wasn't just all about school and behaviour'. (Mother, No. 8)

All family members interviewed said that they were well prepared for the meeting, the communication was clear and the information provided was easy to understand. They felt that the ground rules were useful in terms of keeping the process safe and productive.

'There was a good atmosphere and the first thing that was pointed out was no one is to blame. If things go wrong in your life and your family, there's no point in blaming one and other, just talk it out and work it out and people be there to know how they could help (the children) and myself' (Mother, No. 6)

Many said that the process was very painful and difficult but they found it positive to get everything out into the open. Research by Connolly (2006) with families who have taken part in family meetings in New Zealand found that the open sharing of information and emotions are all critical to the building of family resilience. She believes that the FGC process is difficult but can strengthen family reliance and capacity to problem-solve – clear communication, honest sharing and expression of emotions are critically important to FGC practice. Co-ordinators in her study said that 'telling the truth' to families can be difficult and perceived as hurtful and intrusive, but they were often impressed by the family's response.

These issues were evident in the feedback from families, as the following quote illustrates;

‘....there was very serious issues opened up, the whole book was opened up. Things came up as regards what happened to my kids and different things which I wasn’t aware of. They were being kept from me and it was a very moving time for me.....Opened up the whole issues like family members and members of in laws and all that. It was very confidential. It’s hard, but there was no death involved, thanks be to God or terrible sickness but it was a lot of hurt’. (Mother, No. 6)

One referrer made the point that conferences are worth doing, even if the outcomes are not strong. ‘If people don’t do what they said they would, there is a need (for the young person) to face up to that reality. ..They are not as much in the dark. ...If the father did not keep his part of the plan, at least other people heard him committing and it’s not just the boy he is letting down’. As a counsellor, this referrer feels that the FWC fits in well with the counselling process as it enables her to see the young person in the context of their family dynamic, where they have to take responsibility. If commitments are not kept, she can work with the young person on dealing with it and addressing their anger. The model encourages the young person to take responsibility – ‘there is no place to hide, nobody could be blamed or scapegoated as they were there to defend themselves’ (Referrer, No. 10).

A family support worker made a similar point about the value to her of seeing the family dynamic in operation. She feels that it made her understanding of the family clearer.

‘I found the staff in Barnardos excellent. They were very respectful and dignified towards the client. I was engaged fully by the staff on what was happening for the family. I found the whole process very open and, as a family support worker, I feel I would have been working with the family for a great deal of time to find out the full dynamics of the family and the issues that they were encountering. But I felt the FWC gave myself and all involved a clearer understanding and made me aware of their needs and what supports were needed for the family’. (FSW1)

Advocates were also very positive about the FWC process. One advocate said that the meeting was tense but that the outcome was positive and that it ‘helps keep children out of care where the wider family can give support’ (No. 1). For another, the process has resulted in a ‘great improvement’ in the family (No. 2). Another said that the meeting was good for the young person involved as it showed that, contrary to his belief, people did care for him and wanted to help him. One advocate said she would recommend the process to other families as it is a ‘powerful tool for bringing a family’s resources together and moving the family forward’ (No. 7). Other respondents said that the meeting was good in terms of giving everybody an opportunity to speak up and that the ‘straight talk from all involved made progress easier’ (No. 11). One respondent was very positive about the process as the following quote illustrates.

‘I was amazed to watch the FWC meeting unfold and to see a family who are normally at logger-heads come up with a number of workable solutions to their problem. It seemed like an empowering position for the family and all the suggestions were very do-able. A safe forum for all the family members to speak and be heard may seem like a simple, logical thing, but it rarely happens in reality. Well done Barnardos.’ (Advocate No. 6)

Referrers and AG members all emphasised the ethos and value base of the model, in particular the fact that the family is empowered to make decisions.

'I think the strengths are, it does give the children a voice. It gives the family more power. It gives the family back their power. They are able to get together and put a plan in place. I think there is the strength in it. That it empowers the family. Because we were there making decisions for them all the time, I think it does help empower the family' (Referrer, No. 3).

Another referrer spoke of the value of having an outside agency to come in and help a family to come up with a plan.

'I think myself that they need an outside agency at times to come in and sit people down around the table and discuss what's going on and come up with a plan that's agreeable to all parties and I certainly think, you know, families are maybe a little embarrassed at times to look for help and it needs an outside agency to come in push these things, not so much push but, explain the availability, they don't know about the services you know what I mean. They don't know about the availability of that conference or that meeting and it certainly, I would be very supportive of it myself now' (Referrer, No. 9).

For the social work team, the FWC service is a 'very worthwhile' one. They believe that the fact that it is outside the HSE and managed by a voluntary organisation means that families see it 'in a different light'. They have had experience of conferences where families emerged from the process with a better understanding of their children and young people and the strategies needed to address their problems.

| Stakeholders Perceptions Regarding the Strengths of the Model |
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| Strengths based model, non-judgmental, non critical, respectful and empowering to families, especially those with a long history of association with social services |
| Focus on children's rights - child centred focus means the child does not get lost and sends a message to the child that they are important and the family is willing to spend time on them |
| Allows innovative plans to emerge |
| Harnesses the resources of the family and wider community, sharing responsibility. |
| Has the potential to be effective at the preventative and protective ends of the spectrum and is adaptable to family needs e.g. mental health, bereavement, |
| Encourages the young person to take responsibility and allows families to demonstrate their commitment to their children |
| Informs and educates families regarding services available and creates links |
| Designed to work according to family needs - such as timing of meetings, home visits, etc. |
| Helps build family resilience by providing a structured process to support openness and decision making |

While all stakeholders believe that the service has many strengths, it is also seen to have a number of weaknesses or challenges, which will be discussed throughout this chapter.

3.2 Development of the Service to Date

The sense from AG members was that the service has become well established and achieved a lot in a short space of time. There was strong praise for the staff and management of the Barnardos service. Many stakeholders referred to the fact that the Project Leader and Co-ordinator have great experience, energy, vision and commitment and work in a very strengths based, child focused manner. The Administrator was also seen to play a

crucial role and showed great alignment with the model, as seen in her making sure the room is right for meetings and other attention to detail. The service's commitment to learning and reflective practice was noted by a number of AG members. The consensus is that a professional, quality service has been established, with a commitment to reflective practice and continuous improvement of their work.

One member said that having Barnardos as lead agency with its strong ethos and a wealth of experience of the potential to support children and young people before they enter the child protection arena was invaluable. There is a perception that families appear to be more open to such a service in a voluntary organisation. Some of the key achievements mentioned regarding the development of the service to date included the following:

- Overcoming operational difficulties such as getting an office space for the service.
- The team did a lot of PR and spent time on getting the message across of how to make it easy for other services to link into FWC. It was felt that they had been very innovative and thorough and that the newsletter is a good idea. The launch was described as 'a fantastic PR exercise'. The FWC team has shown great openness and willingness to make themselves available to all services 'to tell us what they do'. As a consequence, the service has developed good working relationships across the catchment area.
- Referral procedures have been developed and communicated clearly.
- It was considered an achievement that the service managed to process the number of referrals they did to date, combined with the vast PR exercise they embarked upon.
- One AG member said that the service has acknowledged the role of the community and voluntary sector as having a role to play, not just in service delivery, but in policy formulation through involving them on the AG.

3.3 Implementation and Sustainability of Family Plans

'Once the plan was made, that people were going to help out (inaudible)...I think they did everything in their power to. But I did find that as time went on they kind of slip slid away. I suppose it's very hard to expect other people would come in to be bouncing around your family'. (Mother, No. 6)

There was a consensus across a range of stakeholders that, while the process can result in positive outcomes, there are clear issues relating to the implementation and sustainability of family plans. Family plans are rarely implemented fully and most respondents in this research indicated that the plan was 'partly implemented'. The Project Leader believes that there is a tendency to implement the core aspects of the plan and that the family are likely to 'revamp the plan to suit what the needs are at that point'. This reflects the findings from research in other areas that family plans are rarely fully implemented and that it is more useful to focus on whether there has been an improvement in relation to the core reason for the conference.

The Project Leader feels that the biggest weakness of the FWC model is around the implementation of the plan. Once the meeting is over, the plan is written up and sent to the family and the Co-ordinator moves on to work with the next family, just returning to do a review meeting a couple of months later. She believes that sustaining the energy that has been generated by families is a challenge. Some families need a longer-term process and are just starting to get to grips with issues when the process finishes. The view was also expressed that some families don't have the capacity to follow through on plans, especially if the intervention comes too late. The Co-ordinator said that, while they can provide encouragement and try to ensure that things committed to at the meeting actually move forward, 'it can very much depend on a family being proactive or not being proactive'. Members of the

social work team also highlighted the fact that, because it is not the role of the FWC Co-ordinator, the monitoring of plans can be weak and their implementation can be poor.

There was broad support for having support services to link in with families in certain cases to help the family deliver on the plan. One AG member said that, due to the lack of follow-up, there is a danger that FWC 'could become just another thing that happened in the families' history of intervention'. She is wary that referrals may happen because someone is not sure what to do for a family, but then they withdraw and nobody is responsible for the actions and the follow through. As a result, the plan can easily fall between stools which can be upsetting for the family. She believes that FWC is a good model but there should be support provided for the follow through of family plans. Likewise, another referrer made the following point;

'The reasons why we're involved with these families in the first place they are the most vulnerable. Those reasons don't go away when the FWC is finished. Those vulnerabilities are still there and while there might be a lot of resilience, sometimes it's not enough to kind keep the plan maintained. But I would really like to see more of a focus on early identification of difficulties and getting in there at a much earlier stage ...I'd like to see that developing and also maybe a more structured support system for the very vulnerable families. Psychology would have involvement with it'. (Referrer No. 11)

A member of the AG made the point that, if professionals themselves aren't behind the family plan there is a danger that lip service can be paid to the notion of children's rights amongst professionals. There is evidence across the range of profiles presented that the uptake of services in many cases was quite poor. Family therapy was not accessed in a number of cases and the take-up of parenting courses was also weak. The Project Leader believes that this could be due to the fact that families find it difficult to access such services and to find times that suit often very busy schedules.

'...it requires a lot from a family to go to get to a venue for a particular time and to get all of them together to get there. It's a big ask.....Whereas for example with our service we go to them, it's very much on their terms in a sense. We make it as easy as possible to engage. So many of the services that are on offer are not easy to engage with, that's the reality. So unless there's a lot of capacity there and a lot of commitment there and money and a car and whatever, especially if they're rurally based, it's very hard for a family to take up the services that are on offer'. (PL)

In the case of Martin, described in profile number 8, his mother said that the FWC Co-ordinator was great at bringing the services together but that she found it difficult to access them afterwards, as the following quote illustrates.

'[The Co-ordinator] did a great job. She gave what services was there and even what she could think of, and then they brought everything together, we probably would never have done ourselves. You try and access them yourself afterwards. I know even with this incident with [my son] trying to get on to services and stuff, it's impossible'.

The Co-ordinator also spoke of the need for follow up services when talking about the experience of Martin and his mother.

'the family obviously needed more than what we could offer. Again, it was a good decision-making forum for this young person but I think, if we had access to

something like family support as another hinge on what we do, that's where we would have targeted it. Even six months or a year could have made a big difference to the capacity of that family to cope' (PL)

By contrast, in one case, a HSE family support worker was involved with a family, and played a role in following up to ensure that commitments were kept. In this case, her ongoing involvement was critical in ensuring that a daughter returned to school.

'She was very, very important .. It was a case of just kind of pushing that to the point where they would actually at least link up with the school Co-ordinator themselves. She was able to set that meeting up and usually be there to encourage the mother to follow it through. And also, even in terms of identifying some of the issues for the review meeting, she was able to say there is a concern, particularly about the school' (Co-ordinator).

This case illustrated the benefits of having an experienced person on the ground to help families where there was a need to follow through on the plans they have made.

3.4 Children and Young People's Participation

The fact that the FWC process is very child centred is considered to be a major strength by all stakeholders. Barnardos enlists the help of advocates in all conferences to support young people to participate. The feedback from the children and young people interviewed indicates that they valued having an advocate. The testimony of Tony in profile number six illustrates the impact that a positive role model of the Barnardos staff and advocates can have when they take time to listen and talk to a young person.

'I had to get to know them for a while because you know, before this meeting I didn't really care about meeting anyone because I was so caught up in things. I didn't really care but they opened my eyes, let me see that I can get on better in life if I just get out there and do stuff and that's what I'm doing now. Happy that I'm doing it.'

The feedback of advocates was sought in relation to their role and how well they felt the voice of the parent or child was heard at the meeting. Their preparation involved meeting with the young person two to six times. The process of building trust with the young person was central to the process as the following quotes illustrate:

'I met with the Barnardos Co-ordinator twice to get background information about the child. I also spoke with her school principal, who was the referrer. I read all the preparation material from Barnardos and familiarised myself with these. I phoned her Mum to organise the initial visit. I met with the child on at least 5 occasions and we prepared for the meeting. Much of the prep work involved building trust with the child – which was challenging at times and helping her to understand my role as her advocate. It was a time consuming process as she found it difficult to engage with the process'. (Advocate No. 6)

'Attempting to reassure the young person that there was little to fear at the conference, it would be helpful for him in the long run. Also ascertaining his own needs so that they could be articulated at conference.' (Advocate No. 11)

All eleven respondents felt that their advocacy role helped the person to take part in the process. The majority of replies indicate that the advocates feel that the point of view of the parent or child was expressed clearly and heard by the other family members. A number of

respondents said that the person they were advocating for would not have attended or would not have spoken at the meeting if they had not been supporting them. For advocates such as the following, the process involved supporting the young person to communicate her point of view in a way that she was comfortable with.

‘This was a challenging situation as the child was very uncommunicative. She found it difficult to engage and to express her feelings and needs for a long time. She had a few points that she wanted to say and I communicated these for her at the meeting. She really engaged with the writing exercise where she responded to the proposed family plan in writing outside the meeting room’. (Advocate No.6).

This respondent also said that she felt the trust developed between her and the young person helped the young person to participate. As she worked in a youth work setting, her relationship with the young person continued after the meeting. She felt that the Barnardos staff were ‘extremely creative and facilitative in enabling this to happen at the meeting’. Another advocate referred to the fact that he was a stranger to the boy and that the young person had difficulty disclosing information about his family at first. The fact that young people developed close trusting relationships with their advocates and are supported in this way to express their feelings must also be considered a positive outcome of the process.

Advocates were asked if more could have been done to enable the participation of the person they were advocating for. Three of the eleven felt that nothing more could have been done, five were unsure and three felt that more could have been done. One respondent felt that more preparatory work could have been done with the extended family (aunts, uncles) and in terms of enabling the parent to recognise his/her own ‘faults’ (Advocate No. 4). One respondent felt that other adults could be more open and flexible in hearing the needs of the child.

‘I’m not sure how this could be done. The child did get bored during the information time and did not understand some of the content. Games were provided and food too and this was helpful. Not sure if anything else could get this particular child to participate. The adults need to be able to respond creatively to the child and to be open and flexible to hearing their needs.’ (Advocate No. 6)

The Co-ordinator made the point that, in some cases, there is a need for sanctions as well as rewards for good behaviour. Young people have ‘started to push the limits’ after conferences which the process does not have a mechanism to deal with. One parent felt that the lack of sanctions for her daughter’s negative behaviour was a weak point in the process.

‘It was all about what (daughter) wanted. I know Barnardos deals with the children but at the same time it felt like as if (daughter) was given, it’s ok for me to be playing up and acting the way I am. She was running away and you know and things like that and wasn’t accepting that if she done something wrong that she should be punished for it. I felt we weren’t asked what we would expect. All I wanted was that she obeyed the rules of the house and show some respect to other members. She expected that from us but she didn’t want to give anything back in return. I felt we didn’t get the chance to put that across at the meeting’ (Mother, No. 10).

3.5 Supporting Mothers and Fathers

As well as being very focused on allowing the young person to participate, the service is pro-active regarding the inclusion of both parents. In every case, the staff work creatively with resident and non-resident parents and support them to participate as best they can.

This is a critical aspect of the service, as for many young people, the involvement of an estranged parent is very meaningful for them. The process can be valuable in supporting non-resident parents to identify and follow up on a role in their children's lives. Again advocates are provided to support vulnerable or volatile parents, particularly mothers, where necessary. One advocate when asked if she felt her role enabled the parent to participate replied:

'She would not have attended the FWC without the support of an advocate. The advocate was the voice for the parent due to low self esteem, mental health state and the nature of her addiction. Being present with her gave her some confidence to speak out on a few occasions'. (Advocate No. 1)

The value of having advocates was spoken of by one mother.

'Me and my mother hadn't spoken in two years. It's always been like that, I left home when I was only fifteen/sixteen and she hates me with a vengeance so I knew I was going to get roasted so it was handy for (Advocate) to say, look, stop, we're not talking about the past, we're dealing with today. (Mother, No. 2)

While the inclusive nature of the FWC is one of its key strengths, a concern was expressed by social work staff that it may be inappropriate in some cases to invite participation from parents who are very unwell. An example was given of a case which was attended by a parent with severe mental health difficulties. The parent became very distressed at the meeting and the child was very upset. They believe that situations such as this one should be considered carefully and that, if a situation does arise, 'there is a need to step in quickly'.

Throughout the process, an explicit effort is made to provide support for the main carer, in the recognition that they are usually on the front-line and under severe pressure to cope with their troubled or troublesome young people. However, often times the main carer does not access the support or family members may not follow through with commitments. These quotes below from two different mothers show that some parents felt that the child centred process left them feeling somewhat isolated.

'I'd say it helped me to some degree, but didn't give me all the answers. I suppose when you're looking at it, (Co-ordinator) couldn't do any more than she actually done. But yet I thought what support was there for me? I just felt like, do they not look at the parents' needs?' (Mother, No. 12).

'it should be emphasised that the mother does get support. Not for self pity but she does need a lot, she does need it. It's got lonely moments and there's a lot of ... gaps there you know. But then that's only coming from me maybe.' (Mother, No. 7)

One advocate feels that the FWC process should be about the whole family rather than 'singling out one particular person who may feel victimised' (No. 4). Again, this points to the need for follow-up support services that can take up where the FWC service finishes and link in with parents on an ongoing basis if needed.

3.6 Referral Issues

Two key issues emerged from the research in relation to referral issues. Firstly, there is the issue of the source of referrals (the agencies who have made referrals to the service). Secondly, issues regarding the expectations of the role of referrers were raised.

(A) Source of Referrals

A recurring theme in studies examining implementation of the FWC model is the pivotal role that social workers play in influencing the degree to which the model becomes embedded as a service option in day to day practice with children and families involved with social services (Marsh and Crow, 1998; Sundell and Vunnerljung, 2001; Brady, 2006). These concerns were also evident in this research, with a concern on the part of the Barnardos staff that the level of referrals from social work (both child protection and children in care) are not as strong as they would like and the perceived need for greater partnership with the social work team. This is critical for Barnardos and the HSE to ensure that children and young people who would benefit from the model are referred and to ensure that it meets its targets under the service level agreement.

The experience of individual social workers in relation to the service will exert a strong influence on the rate of referrals from their team. A key issue that emerged for social workers in relation to the service was the degree of negativity that they can face during family meetings. One referrer, who is a social worker, said that she came under intense criticism from the family, which was difficult to take with the other information givers present. Another respondent, a social work team leader, said that her team had experienced some 'very upsetting' family meetings, during which the HSE came under verbal attack from families. They were 'unsure how to react' and concerned for their protection if such a situation arose again. These concerns were discussed with Barnardos at the time and the social work team subsequently made more referrals to the service. One social worker feels that there should be a pre-meeting with all the family members present to enable them to get these issues out of their system before the actual conference where the plan is made. The point was also made that it would be valuable to have a designated chairperson (even if there are two facilitators) so that all present are clear of who is in charge if a difficult situation arises.

Another issue raised by members of the social work service relates to the agreement and implementation of family plans. At the family meeting, the family devises the plan during family time and presents it to the professionals. Social workers said that they have had occasions where they felt that the plan was a 'wish list' and, based on their knowledge of the family, would not be implemented. There have been aspects of plans that they felt were inappropriate. However, the social worker was inhibited about voicing her concerns because she feared it would be perceived as negativity on the part of social work towards the family, which could possibly lead to further conflict. The social worker team leader interviewed felt that it would be valuable for the social worker to see the plan and have time to consider it in advance of discussing it with the family. A HSE family support worker, who is a member of the social work team, said that while her experience of the model was positive, the fact that a lot of the recommendations are not followed through by the family may stop her from referring, as it can be quite difficult for families.

In general, social workers involved in the research were positive about the model and the service, but one said that 'the jury is still out' and they are still learning about how best to work with the FWC service. They felt that the FWC service has been very open and willing to work through these issues with them and progress has been made. The SWTL made the point that they are still learning about how best to refer and would welcome clearer guidance regarding what is or is not a suitable referral.

International research demonstrates that actually increasing referrals from social work services to FWC services requires a positive action approach on the part of management in the social work and child care services (Sundell and Vunnerljung, 2001). While social work service is represented on the AG, a more one-to-one form of engagement may be more suitable. The SWTL interviewed felt however that, rather than a formalised engagement,

experience of using the model is the best way of developing relationships and allowing issues to be worked through as they emerge. A social worker represented on the AG expressed the view that, in order for the FWC model to become more consolidated, it would be useful to have more education and training about the model for social workers in addition to management guidelines regarding the cases where FWC should be considered.

On the positive side, a smaller flow of referrals from social work has given Barnardos the opportunity to cultivate relationships with schools and other potential sources of early intervention referrals, thus providing an opportunity to test the model in a variety of settings. Members of the AG are anxious that the service maintains a focus on early intervention and some were concerned that the service will become swamped by special care order applications or meeting HSE requirements more generally. From the data presented in Chapters One and Two, this concern does not appear to be warranted as a wide range of referrals have been received and processed from other organisations. The risk of the service casting its net too wide was raised by one member, who made the point that the FWC is vulnerable as it is so dependent on other services and that having such a broad target group may be unhelpful in terms of its functioning.

(B) The role of referrers

In other studies of FWC in Ireland, there is evidence of tensions between the FWC services and referrers in terms of mutual expectations regarding their level of involvement (Brady, 2006). Similar issues were voiced by some stakeholders in this research, though this theme did not emerge very strongly. There were no issues raised by social work in relation to this aspect of the process. The SWTL said that the referral report is not difficult for them to do as they have all the information needed and that involvement in the FWC process does not involve too much additional work. However, there can be difficulties associated with receiving referrals from professionals whose work is structured in a different way to those employed in social services. Teachers can also experience problems with attending meetings due to timetabling and will not be involved with the family over the summer holidays. Attendance at family conferences can be difficult for many professionals due to the fact that the meetings can last for a long time, thus making it difficult to agree other appointments or personal commitments on the same day. One referrer, a General Practitioner, could not take part in an evaluation interview but sent a letter outlining her experience. She feels that the service is a very worthwhile one but said she would be reluctant to refer to the service again or to recommend it to her colleagues for a number of reasons. The service has expectations from referrers that they will have time to meet Barnardos staff to agree the referral, write the report, provide information and supporting documents, attend the conference and review and provide follow up support to the family. She said that it 'was simply not possible' for her to spend such time on one patient. She said she sees the role of the GP as picking up on problems, discussing them with families, negotiating a referral to an appropriate service and remaining available for support and medical advice. She also made the point that the referral meeting should happen with the family present as she was aware that she could not breach confidentiality during this meeting.

3.7 Special Care Orders

Special care units have been defined as 'intensive highly specialist facilities where young people ...are held in a secure care placement, with the explicit objective of providing a stabilising period of short-term care which enables a young person to return to less intensive care as soon as possible' (SRSB, 2005). Special care orders can be applied for young people 'where the child's behaviour poses a real and substantial risk to his or her safety, development or welfare' (Children Act, 2001, section 23B). To be eligible for admission to special care, the young person must be aged 11-17 at admission, their behaviour should pose a

substantial threat to the safety or development of him/herself or others. They should have a history of absconding. The decision to apply for special care should happen only when other non-special care options have been exhausted and it is based on the child's needs. According to a SRSB report, 'it is well understood by social work practitioners and their managers that special care is at a polar end of a resource continuum, to be used sparingly and when all other options have failed' (p.12).

As outlined in Chapter One, under the Children Act legislation, the HSE is obliged to convene a 'FWC' before applying for a special care order for a child, to see if the family can offer any alternative. If the family comes up with an alternative, the social work team make a decision whether or not it is feasible. They may accept the family plan or decide to proceed with the special care order application if they feel the alternative is not a robust one.

Conferences convened in advance of potential applications for a special care order are different to regular conferences. The referral comes from a HSE social worker, usually as a result of a case conference decision to investigate options regarding a special care order. The referral comes on a special care order referral form. An exchange meeting is held as it would be for a normal referral, but the conference must be held within 28 calendar days of the exchange meeting. As with all cases, Barnardos asks that the referring social workers and his or her line manager come to the exchange meeting, to the conference and to the review meeting.

Three special care order family conferences were held by this service, all of which were felt to result in positive outcomes. Two of these conferences were described in the case profiles.

1. In one case, the conference process worked very well in that the young person's advocate worked with him to clarify his needs and these were stated clearly and were heard by his family. He expressed a wish to go to a special care unit and his family agreed to support him with that and to support him when he came out, possibly in terms of a shared care placement. In this case, the decision to proceed with the special care order application was made in August, but by the following October, the order was still nowhere near completion. This was very frustrating for the young person, the family, the FWC staff and the residential care staff. According to the Project Leader, this caused a bit of difficulty at the review meeting because people were venting their anger with this situation. They used the review meeting to renew commitments made at the initial meeting.
 'they spent the time again and re-committed to the whole idea of him going to the special care unit and re-committed to working, trying to work proactively with the professionals.... there had been some blips and difficulties ... But in theory they committed to encouraging (young person) to make good choices ... So they were giving him all the good messages, positive messages'
2. In another case, the family came up with an alternative solution to special care. The young person returned home to the care of his father. In this case, the social workers made the special care order application just in case the situation did not work out, as they knew it would take a long time. However, it was withdrawn when they were satisfied that the young person's situation was stable.
3. In a third case, which was not profiled in this research as the family did not give consent, the family also came up with an alternative solution, which was deemed to be acceptable by social work.

While all three cases have resulted in positive outcomes, the project leader feels there are a number of 'grey areas' regarding this aspect of their work. According to the FWC model, participation is voluntary and, if a family do not consent to participate in the FWC, it does

not happen. However, under the statutory guidelines, the service is mandated to convene a conference. The Project Leader is of the opinion that it would be challenging and difficult for them to organise a conference if the family have indicated that they will not take part. This issue is a source of debate among FWC Co-ordinators nationally, with some feeling that they would go ahead and organise the meeting, thus fulfilling their statutory duty even if the family don't turn up. Others feel it goes against the values of the FWC model to do so.

Another issue relates to the holding of review meetings. Again, this is a core feature of the FWC model but it is not required under the Children Act. Anecdotal evidence suggests that some FWC services are not holding review meetings for SCO conferences. The policy of the Barnardos FWC Project in South Tipperary is always to offer a review meeting in the special care order conferences. The Project Leader believes that offering a review meeting is very valuable as it gives a chance to see how things are working out, tweak the plan where necessary and give credit to all involved, particularly where the family has come up with an alternative which is working.

'Where the family came up with an alternative and they came back again a month or six weeks later, clearly that alternative was working out really well, so it was an opportunity to applaud that family, give good feedback and tweak it. And also to give that positive feedback to the young lad involved.' (PL)

The Project's experience to date, therefore, has been that it is important to hold on to the core values and principles of the FWC model when holding conferences mandated under the legislation. The process can allow viable alternatives to emerge, enable young people to articulate their needs and, even where a special care order application is to be made, can co-ordinate a family support network around the young person attending the special care unit and even look towards potential options for when they leave the unit. Should a narrow interpretation of the legislation prevail, focusing solely on statutory requirements, there is a risk that opportunities to promote the best interests of the child will be missed. It is unfortunate, however, that procedural delays in the processing of special care orders can undermine the momentum and energy created through family meetings and create uncertainty for vulnerable young people and their families.

3.8 Role and Functioning of the AG

The AG was convened to provide strategic support and guidance on the development of the FWC service and to facilitate wider awareness of the FWC model and its promotion. From the interviews with members of the AG, a number of issues in relation to its role, membership and attendance were articulated. Overall, some members felt that the group is working well apart from erratic attendance, but the majority of respondents questioned if it has a clear role and is working effectively.

A key tension appears to be in terms of finding a role for the group which will enable it to develop a momentum and clear *raison d'être*. A number of people mentioned that the group has been convened to advise rather than to manage, a balance that can be difficult to accept, as the following quote illustrates.

'The AG is not active enough. A lot of decisions are made by management in the HSE and Barnardos so I wonder why I am sitting there. I'm not 100% sure of the role of the AG. At one meeting there was a very healthy discussion about the review of the FWC. They seem to chat about the practical rather than the management. Maybe that in itself is the benefit of the AG everyone has different strengths. A lot of members don't come to meetings and maybe when they are all there, there is too many of them'. (AG6)

Another respondent said she is unclear regarding how much impact the AG can have given that they are removed from direct implementation of plans or input to solutions. Instead, they have spent a lot of time discussing the evaluation and launch which are not her area of expertise. Another member said that it's not within the remit of the AG to challenge the percentage of the service's clients who have to be HSE referrals, which she feels is wrong. Many of the members said that they can see the reason for having the group from a PR point of view and to get the perspectives of different members. One person feels that the PR role was very much needed in the early days of the service but that it may be now time for a change in this role.

'There has been a shift in where the AG is at. Initially, it was very important and very active in terms of setting up and promoting the service. The service has taken off and is well managed by the staff – The AG ... maybe needs to have a more managerial role'. (AG7)

In relation to the composition of the group, there was a strong sense from AG members that the mix of agencies represented is very important in making sure the project stays relevant to the particular needs of South Tipperary. A number of members said that the range of organisations represented are the 'right' ones and most articulated what their own organisation can bring to the table. For example, a representative of a youth project said she works directly with young people and families, is very positive toward the model and would bring that positivism with her to the meeting. Likewise, representatives from residential care and domestic violence services can see clear reasons why their service should be represented. A minority of respondents felt that there was no clear need for them to be on the group and that their expertise would possibly be better tapped into on a 'needs only basis'. For Barnardos, there is a challenge in ensuring that relevant organisations are represented but that the group does not become too big or unworkable. For example, it's difficult to get school representatives from all of the schools – trying to get geographical as well as representative spread – without creating too large of a group. Furthermore, it is difficult to ensure that the people on the AG are actually those who are 'on the ground' with families. One member made the comment that there are 'probably people on the AG who will never come across a family in FWC'. One respondent feels that there should be more representatives from the community and voluntary sector while another mentioned the JLO and ethnic minority representatives.

Possibly as a result of the above factors, attendance has been poor which makes it difficult to develop a good group dynamic. Many of the members interviewed said that they have missed a lot of meetings. One school representative said that she finds it difficult to attend due to the times of meetings. Also, the schools based role hasn't developed that way so she feels a bit removed from the AG.

In relation to options for addressing these issues, one person made the suggestion that a bi-annual AG meeting and then sub teams of the AG may result in better attendance.

3.9 Training and Support for Advocates and Information Givers

The FWC Project does not employ or pay advocates – other organisations, such as youth services, schools and residential care services, are willing to allow staff members time to act as advocates, which is a very valuable resource to the service. According to the Project Leader, having an advocate involved means the young person or parent is much better prepared for the meeting than time would otherwise allow. In terms of support for advocates, a number of advocates referred very positively to the support they received from Barnardos staff, using terms such as 'excellent support was given by the staff in a very professional

way' (No. 1), 'always at the end of the phone to advise and support me' (No. 6), '100% supportive of my role and any assistance needed was given' (No. 11). However, a number of respondents mentioned that a course on advocacy would be useful or even a meeting of advocates to clarify goals and share experiences with a view to improving their practice. One respondent said that the role of advocate should be clarified explicitly to each advocate.

The responses of two advocates regarding what they perceived their role to be highlighted that advocates have, on some occasions, taken actions that are not in keeping with the role of an advocate in the FWC model. These respondents reported that their role involved chairing the conference.

'Intermediary at "Family Time". In a sense chairing the discussion, taking notes and moving the process in the agreed direction. Also contributed to the overall conference on behalf of young person'. (Advocate No. 11)

'I also chaired and minuted "private time"the "private time" could have been disastrous if I hadn't interjected and took charge. If I didn't take over it would have been over in 15 minutes.' (Advocate No. 4)

Another respondent reported that a second advocate present at her meeting took on a facilitator role and found herself also taking on such a role, while another said that she found it difficult to be an advocate rather than a chairperson.

'It was difficult to be an advocate rather than a chairperson during the family private time. Also found it difficult being an outsider in a family discussion'. (Advocate No. 8)

'It was a good experience however I did find the other advocate at the FWC took on a facilitator role during the family time and as a result I also partially found I was playing a facilitator role which I know was not appropriate. I did feel the plan was a good one though despite this'. (Advocate No. 7)

Concerns regarding the roles of advocates were also raised by social workers. The point was made that it can be inappropriate for a person involved with the family on a professional basis, for example as a family support worker, to act as an advocate and then go back into the family and resume their 'normal' role. They also felt that some advocates had acted inappropriately during private family time by taking on the role of chair. They feel that it would be preferable to choose outside advocates who don't have a pre-existing relationship with the family.

The flexible, family centred model can be challenging for advocates for practical and philosophical reasons. The fact that the meeting ran over time was problematic for one respondent as it left her late for work. This person also felt that 'most of my job involved childminding' (Advocate No. 5). Another respondent who had acted as a parent advocate said she was 'shocked' (No. 2) to hear some of the details that emerged in the course of the meeting, highlighting the fact that advocates are privy to very private family information. One respondent (No. 4) felt strongly that the private family time needs to be more structured with a designated chairperson and that the meeting should be about the family and not just the young people. Given the wide range of experiences of advocates, it is important that training is provided to ensure that the core values of the model are not diluted in any way.

One AG member who had acted as an information giver at a family meeting made the point that it takes skill to get the pitch of information giving right to keep it as simple and as

straightforward as possible. She felt that, because there are so many family members, it can be difficult to meet the needs of everyone. This point was also made by a referrer, who emphasised the importance of speaking to the young person rather than to the whole group.

‘The input on drugs awareness was fantastic. She had eye contact with (young person) all the time. You could see she was making the kind of contact with him that he could respond to and would consider accessing her service. She spoke at his level, was fantastic. Another input ... was very useful but it was targeted at the whole group rather than at (young person). It’s important for info givers to be aware who they are targeting – if they speak to the whole group, they may lose the young person. You can end up speaking into a vacuum’.

3.10 Summary

This chapter has discussed key themes articulated by stakeholders who took part in this research. There is strong support for the principles of the model and a general perception that Barnardos has provided a quality service that is now well-established. A key issue identified is that of implementation of family plans and it is believed that there is a need for follow up services in some cases to support families with the implementation of family plans.

The child or young person is considered central to the FWC process and feedback suggests that this is welcomed and that the use of advocates has been very positive in supporting young people’s participation. However, a number of parents feel that the child centred process does not allow enough focus on the needs of the parent. While the emphasis on support for young people is welcomed, the point was made that there is a need for sanctions for young people who do not keep their commitments under the plan. Training and support for advocates to ensure that the principles of the model are upheld is felt to be important.

Members of the AG feel that it is not functioning optimally but consider it to be a good forum with a range of relevant organisations available to advise on the development of the service. There is also a need for more targeted engagement with social work and HSE child care services more generally. With regard to family conferences for special care orders, three held to date have resulted in positive outcomes and the Barnardos experience points to the advantages that accrue from remaining true to the principles of the model when it is used in this context.

Before



After



Chapter Four

Summary and Recommendations

4.0 Introduction

This section summarises the key findings outlined in the report thus far and makes a series of recommendations for the future development of the service.

4.1 The Impact of the Service on Children in Care and Other Children Receiving the Service

This research examined five cases relating to **children in care**. All five case profiles showed that positive outcomes had been brought about by the FWC intervention. In three cases, children or young people left state care to return to the care of their parent or another family member. Three of the five cases resulted in increased contact between the young person and his or her extended family. Other outcomes related to improved communication and joint working between the family and the young person, which included the wishes of the young person being taken on board, enhanced understanding between young people and their parents of the difficulties they faced and joint decisions being reached regarding care arrangements. For example, in one case regarding a potential application for a special care order, the conference served to allow the young person to vocalise his wish to go to the special care unit, a wish that was taken on board by the family at the meeting. Therefore, to be considered positive, care outcomes do not necessarily have to mean that the young person leaves care – it can be that they are supported to have their needs met more effectively by their family and / or care system. As well as contact and care outcomes, there was evidence of an improvement in school engagement for the young person in two cases. Though issues still undoubtedly remain for these young people and their families, these outcomes are very impressive.

Nine cases relating to **children and young people at risk** were examined. Just two of nine cases relating to young people at risk were rated as successful in achieving their outcomes, three were somewhat successful and four were deemed to be not successful.

In addition to an assessment of progress in relation to the core reason for referral, in chapter two, the outcomes achieved across all fourteen profiles were described. Outcomes related to school attendance and participation were realised in seven cases, and seven cases showed improvements in family communication and joint working. In five cases, there was evidence of better contact between the children / young people and wider family, while in four cases, the family made better use of services than they had previously. In three cases, children were supported to make the transition from state to family care. Less risk behaviour by the young person was an outcome in two cases, while in three cases, no outcomes were reported.

The question arises, why are outcomes better in cases relating to children in care? The Project Leader explained that families are sometimes willing to put in extra effort when children are in care. She believes that it is taken seriously and that the approach can be seen as refreshing for families with experience of the child protection and care systems.

“In general, families seem to want things to be better for their children whether they are in care or not”.... In the cases where they are in care the families have been prepared to offer that bit more in terms of either contact, renewing contact, putting contact options in place or offering care placements... There has been significant concern among the family for young people” (PL).

The Project Leader’s analysis appears to be confirmed by the cases examined for this study. Extended family members were willing to put in extra effort to make and maintain contact with young people (although some did not follow up on commitments). In addition, families with children in care can often be ‘worn out’ from dealing with services and appear

to respond well to the fact that the service is a fresh approach, run by a voluntary organisation and gives them power over decision-making. The detailed preparatory work and use of advocates also appears to be effective in terms of supporting the young person and family to work through the issues. In some cases, it is seen as their 'last shot' at doing their best for the young person and they are willing to go for it. In the case of Paula in profile No. 2, the flexible child centred process enabled the family decision to be reached in spite of deep rifts between family members. Another critical factor identified in the profiles is the role of a pro-family foster carer or residential care worker in supporting the child in care throughout the process.

In the two cases that were successful for children and young people at risk, the critical factors included a willingness on the part of a parent to resolve the issues. In one case, the presence of a strong family network was an advantage, while in the other case, it was a hindrance due to conflict. Cases that were not successful shared the characteristic that the young person experienced multiple disadvantages and the intervention may have come too late. Conflicts between family members following family meetings is not uncommon and can impede the progress made at the conference. Follow through on professional services is often poor and it appears that follow-up services could play a role in some cases to support the capacity of families to overcome difficulties in the implementation of the family plan.

4.2 Factors Contributing to the Sustainability or Otherwise of FWC Plans

The feedback from family members, referrers and Co-ordinators suggests that most family meetings go very well and are perceived as positive by those involved. Of interest is what happens next - why are some family plans successfully implemented and others are not? There is a perception that the momentum for the family plan can fade away gradually, especially after the review meeting. A number of key issues may detract from the sustainability of family plans.

- People may feel that they no longer have to be accountable for their commitments as there will not be a family forum at which they can be challenged regarding their actions. One young person said that her carer 'thinks she can do what she likes now that the plan and review are over'.
- Another key issue is lack of follow through with services. Families, for whatever reason, often do not follow through with services identified in the plan as necessary. Some stakeholders feel that many vulnerable families do not have the capacity to do so and would benefit from follow-up support to provide a gentle 'push' where needed.
- Another issue identified above is that of recurring family conflicts which get out of hand once the intervention is over. Again, follow up support could also play a role in trouble-shooting regarding issues that emerge and ensure that the plan is kept on track.
- Where some improvement occurs in the situation following the conference, the family may become complacent regarding the seriousness of issues and no longer feel that the plan is needed.
- Some family members simply do not adhere to the commitments they made under the plan. Some respondents referred to people who came to meetings and made great promises that they did not keep. Others mentioned parents who just agreed to things 'to get out of the room' but never intended to keep their commitments. One parent said that she was very vulnerable at the time of the meeting and felt under pressure by her daughter's advocate to agree to things she was not fit for. As a result she did not deliver fully on her commitments.

The factors that appear to be associated with greater sustainability of family plans are the 'flip-side' of the issues that detract from it. Plans appear to have a greater chance of sustainability where the conference process taps into latent support in the child / young person's social ecology and family members actively follow up on commitments made.

However, it is difficult to predict what family members will stay committed as no clear pattern is evident from the case profiles. Some families needed a longer process and where this was provided, it often proved positive. Furthermore, cases in which there was follow up support available for the family to help them to implement their plans yielded positive results. In order to examine this issue in more detail, it would be valuable to undertake a prospective tracking study that examines what happens to family plans from the conference onwards.

4.3 Issues emerging

This research has highlighted that the FWC service is well-established and well respected by a range of stakeholders, including children and young people, parents, advocates, referrers and AG members. There is strong support for the FWC model, particularly its strengths based approach, focus on children and young people, its flexibility and ability to act as a catalyst for the emergence of effective and innovative solutions. It does not work for every family or in every situation, but where it does work, the outcomes can be very far reaching for children, young people and families. The commitment on the part of Barnardos staff and management to reflective practice and continued improvement as a core principle of their work is evident in the quality service that has been developed.

In addition to evidence related to outcomes and sustainability of plans, as discussed above, a set of key themes emerged from the research. The central role of children and young people and the commitment to ensuring that their voices are heard, is a particularly strong feature of the service. The use of advocates has been very positive in terms of supporting the participation of children and young people. The service also goes to great lengths to facilitate the inclusion of parents, both resident and non-resident and advocates were also provided for vulnerable adults, which also enabled their participation. In cases where there was conflict between family members, the service worked flexibly around these tensions and kept all parties focused on the rights and needs of the child, which worked very well in many cases. Conferences held in relation to Special Care Orders have highlighted that the principles and values of the model can be useful in enabling alternative solutions to emerge or to allow the family to engage with the possibility of special care in a meaningful way.

A key issue related to implementation relates to the role of the AG. There was a consensus among members that its purpose and composition needs to be re-visited at this stage of the project development. There is a need for a more formalised engagement with social work services to develop and maintain a mutually complementary way of working and to ensure a flow of referrals from social work to the FWC service. A need for training and support for advocates and information givers was also identified.

4.4 Recommendations

Future of the service: The service has developed well and has demonstrated positive outcomes, particularly in relation to children in care. It should be continued.

Focus of intervention: On the basis of the analysis in this report, children in care and early intervention cases appear to offer the greatest likelihood of successful outcomes. However, positive outcomes can emerge in unexpected areas so each case should be taken on its individual merits. The service has become more aware of what is likely to work well as they have gained in experience. Given the positive school related outcomes, there is scope to engage in early intervention through schools. The expertise of the AG could be harnessed to support this to happen.

Implementation of plans: One weakness in the model is the implementation of family plans. While it is not the role of the FWC service to implement plans, the possibility of recruiting a part-time worker to provide follow up support services should be investigated. In the Clonmel RAPID area, the new Springboard service can potentially work with the FWC service in a mutually complementary way. Given the feedback from family support workers and advocates regarding how the FWC model enhanced their work, there is potential for joint working between the FWC service and youth / child care / family support workers in other agencies. In addition, it would be valuable to engage in prospective research to track the implementation of family plans from the conference stage onwards. The findings of such research would be valuable in terms of informing strategies to enhance the sustainability of plans.

Role of referrers: The Project clearly sets out its expectations from referrers in the 'information for referrers' pack. Given that some referrers are unable to commit to an ongoing role with the family, as outlined in this report, it is worth considering the fact that referrals from some sources may not be appropriate.

AG: There is a need to reassess what the service needs from the AG and to re-structure the group to foster a greater sense of belonging and allow people's expertise to be used productively. Working through sub-groups may be a good way of making use of expertise and working in a more targeted way.

Develop partnership with the Social Work team. To ensure that service agreement targets are met on an ongoing basis, it is important that the HSE social work services take a proactive role in relation to the use of the FWC model and ensure a regular flow of referrals to the FWC service. While there has been a good initial flow of referrals from social work, there is potential for more from both child protection and children in care. While positive working relationships have emerged, it would be valuable, in the light of this review, for Barnardos and the HSE to consider more formalised structures for interaction in order to ensure that the model is used in an optimum way for children and young people.

Children's participation: It is important that the service continues to hold onto the child's voice at the centre of the process and continue to be a strong advocate for children. The service should continue to reflect on how children and young people can participate fully.

Reflective practice: The Barnardos team is committed to reflective practice and it is recommended that they continue this and share practice with other services. The independent role of the service and its fresh approach must be protected. Reflective practice is particularly important to ensure that the practice retains its core values particularly in relation to new areas of work, such as special care order conferences.





Appendices

Appendix One

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Appendix Two

Family Information Leaflet and Consent Form



Can we learn from your experience of having a family welfare conference?

Information for Families about the Family Welfare Conference study



What is this research about?

It is about family welfare conferences. Family welfare conferences are a new way of working with families in Ireland. The main idea behind the research is to find out if people who have taken part in them think they are useful.

Why is it being done?

It is being done because Barnardos wants to make sure that it is doing its job for children and families as best it can. They believe that finding out what people think of family conferences will help them make sure that their services are helpful. If they are not, they will do something else that is more valuable to people.

Why am I being asked to take part?

Because you are a member of one of the families who have had a family meeting, we want to learn from you. The researcher would like to talk to people from all the families who have taken part in a conference so far.

Who is doing the research?

Bernadine Brady and John Canavan will be doing the research. They work for the university in Galway and Barnardos have asked them to do the research. They may have another person helping them to do the research too.

What exactly will the research involve?

It will involve one interview with you about your views of the conference, including for example what you thought of the conference overall, your preparation for the conference and what has happened since. It shouldn't take more than one hour. We can meet you wherever you like.

Ideally we would like to talk to a child or young person and an adult (e.g. parent/guardian or grand-parent) from each family.

We will also talk to the person who co-ordinated your conference (probably Margaret or Ruairi) and the person who referred you. We would like your permission to talk to them about your conference.

What will happen to the information from the interviews?

The information from all the families will be put together to get an overall picture of people's views of conferences. This will then become part of a bigger report that will also have the views of other people, such as the people who referred you. The way the information will be presented in the report will be general, for example, phrases like 'overall, parents thought...' or 'one parent said that ...' will be used. No names will appear in the report.

Will people know what I have said?

Only the researchers will know what you say and he or she won't discuss what you say with anybody.

Any information we get will not have any names written on it and will be kept in a locked filing cabinet. If we wish to use the information for any other purpose, we will ask you first.

Some short stories may be written in the report to show why a family had a conference and what they gained from it. In these cases, the details of the family are changed a lot to make sure that people reading the report won't be able to guess who they are.

Why should I take part?

This research is an opportunity for you to give your view. In the future, we hope that what we find from the research will help us to support families better.

Do I have a choice?

Yes. Your involvement in the research is completely voluntary. You are entitled to decide not to take part at any time.

If you have any questions, please feel free to talk to the staff of the FWC service, Margaret or Ruairi or phone Bernadine from the research team on 091-495759.



CONSENT FORM (Adult)

Please tick

- ☐ I have read the information sheet for families in relation to the FWC Evaluation.
- ☐ I understand the information provided and have had enough time to consider this information.
- ☐ I know that my participation is voluntary and that I can withdraw at any time.
- ☐ I agree to take part in an interview.
- ☐ I agree to allow the research team to ask the referrer and FWC Co-ordinator about my conference.

Name: _____

Date: _____

Appendix Three

Young Person Consent Leaflet and Consent Form



Can we learn from your experience of having a family welfare conference?

*Information for children and young people about the
Family Welfare Conference study*



What is this research about?

We want to find out if people like you who have taken part in family meetings think they are useful.

Why is it being done?

It is being done because Barnardos wants to make sure that it is doing its job for children and families as best it can. They want to make sure that their services are helpful.

Why am I being asked to take part?

Because you have had a family meeting, we want to learn from you.

Who is doing the research?

Bernadine Brady and John Canavan will be doing the research. They work for the university in Galway. They may have another person helping them to do the research too.

What exactly will the research involve?

They would like to talk to you about the family meeting and what has happened since. It should just take a half hour or less. We can meet you wherever you like.

What will happen to the information?

The information from all the people we talk to will be put together to get an overall picture of people's opinions. We will write a report saying things like, 'overall, parents thought...' or 'one young person said that ...'. No names will be given.



Will people know what I have said?

Only the researchers will know what you say and they won't discuss what you say with anybody. Any information we get will not have any names written on it.

Some short stories may be written in the report to show why a family had a conference and what they gained from it. The details of the family are changed a lot to make sure that people reading the report won't be able to guess who they are.

Why should I take part?

This research is a chance for you to give your view. In the future, we hope that what we find from the research will help us to support children and young people better.

Do I have a choice?

Yes. You don't have to take part if you don't want to. You can change your mind at any time.

If you have any questions, please feel free to talk to the staff of the FWC service, Margaret or Ruairi or phone Bernadine from the research team on 091-495759.

CONSENT FORM (child/young person)

Family Welfare Conference Study



I agree to take part in the research project



I will meet and talk with the research team



I know my name will not be used in the report



I know I can stop at any time

Signed: _____ Young Person

Signed: _____ Parent/Guardian

Appendix Four

Triangular Assessment of Outcomes: Key questions

| | Co-ordinator | Referrer | Family |
|----------------------------|--|--|--|
| <i>Reason for referral</i> | Reason for referral? The bottom line? | Nature of your involvement with the family? Reason for referral? What made you choose FWC? The bottom line? | What was your understanding of why you were referred? Why did you decide to take part? What would happen if you didn't have a FWC? |
| <i>Pre-conference</i> | Nature of the prep work? Significant players? Family engage? Attitude of child/young person? Difficulties or challenges emerging? | Your role in the prep work? Significant players? Family engage? Attitude of child/young person? Difficulties or challenges emerging? | What happened at the planning stage? Who was involved? Were you involved/interested in the planning of the FWC? Any difficulties or challenges emerging at this stage? |
| <i>Conference</i> | Who was there? General atmosphere? Issues arising? Good discussion? What was in the family plan? General sense after the meeting? Difference advocate made? | Who was there? General atmosphere? Issues arising? Good discussion? What was in the family plan? General sense after the meeting? Difference advocate made? | Who was there? General atmosphere? Issues arising? Good discussion? What was in the family plan? General sense after the meeting? Difference advocate made? |
| <i>Post-conference</i> | What happened then? Was plan implemented? Did family members/profs do what they said? What resources were required/were they available? Was there enough monitoring? | What happened then? Was plan implemented? Did family members/profs do what they said? What resources were required/were they available? Was there enough monitoring? | What happened then? Was plan implemented? Did family members/profs do what they said? What resources were required/were they available? Was there enough monitoring? |

| | Co-ordinator | Referrer | Family |
|----------------------------|---|---|---|
| <i>Review</i> | What had happened? How had things moved on? Who was there? What was agreed? General sense compared to at the first meeting? | What had happened? How had things moved on? Who was there? What was agreed? General sense compared to at the first meeting? | What had happened? How had things moved on? Who was there? What was agreed? General sense compared to at the first meeting? |
| <i>Outcomes</i> | Did the FWC help the family? Positive outcomes from the process? Any negative consequences? Did the plan last? What would have happened if there was not a FWC? How did it differ? Change in agency involvement with the family? Why did it work/not work? Any other comments | Did the FWC help the family? Positive outcomes from the process? Any negative consequences? Did the plan last? What would have happened if there was not a FWC? How did it differ? Change in agency involvement with the family? Why did it work/not work? Any other comments | Did the FWC help the family? Positive outcomes from the process? Any negative consequences? Did the plan last? What would have happened if there was not a FWC? How did it differ? Change in agency involvement with the family? Why did it work/not work? Any other comments |
| <i>The service overall</i> | | Strengths, weakness of the service? Any issues emerging? Experience of dealing with staff? Should the service continue? Would you recommend it to others? Recommendations for the future? | Strengths, weakness of the service? Any issues emerging? Experience of dealing with staff? Should the service continue? Would you recommend it to others? Recommendations for the future? |

Appendix Five

Questionnaire for Advocates



Barnardos FWC Service
Questionnaire for Advocates for Children/Young People

1. Was this your first time to act as an advocate at a Family Welfare Conference?

☐ Yes ☐ No

Comment:

2. Did you know the child / young person prior to becoming their advocate?

☐ Yes ☐ No

If yes, in what context:

3. How many times did you meet with the child/young person as part of your preparation work prior to the family meeting?

4. What did your preparation work for the meeting involve?

5. What did your role at the meeting involve?

6. What was your overall assessment of the experience?

7. In your opinion, was the voice of the child/young person heard at the family meeting?

☐ Yes ☐ No ☐ Unsure

Please explain:

8. Do you believe that your role as advocate helped the child/young person to take part in the process?

☐ Yes ☐ No ☐ Unsure

Please explain:

9. Was there anything additional that could have been done to enable the participation of the child/young person in the process?

☐ Yes ☐ No ☐ Unsure

Please explain:

10. Do you believe that the FWC model is a useful process for addressing the needs of children and young people?

☐ Yes ☐ No ☐ Unsure

Please explain:

11. Is there anything the FWC service could do to better support the work of advocates?

☐ Yes ☐ No ☐ Unsure

Please explain:

12. Would you recommend the FWC service to a parent or young person/child?

☐ Yes ☐ No ☐ Unsure

13. Please use the space provided for any additional comments

Thank you very much for completing this questionnaire. Please return to the research team in the envelope provided.

Appendix Six

Interview Questions for AG Members

- Overall, what is your opinion of the FWC model?
- In your opinion, how has the service developed to date? Do you believe the service is of value for families in South Tipperary?
- What added value does the service bring to the existing range of services for children and families?
- What have been the key achievements of the service to date?
- Have you had direct experience of the model?
- Have people in your organisation referred to the service? If yes, what has been your experience?
- Has your organisation been involved in implementing family plans arising from a FWC? If yes, what has been your experience?

- What do you see as the role of the AG? How is it functioning / fulfilling its role?
- What do you bring to the AG?
- Is it relevant to the needs of the service? Are the right organisations represented? Are there ways in which it could work better?

- What are the strengths, opportunities, weaknesses and threats of the service?
- How can the service be further consolidated / integrated?
- If you had to make 3 recommendations for how the service is developed into the future, what would they be?

Are there any additional comments or points that you feel are important but have not been covered in this interview?

Appendix Seven

Interview Questions for FWC Co-ordinators

1. Introduction

- What attracted you to the post? What was your background?
- Can you talk me through some of the types of cases you have had to date
- 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?
- The service has been targeted at children in care. How has this worked out to date? What types of cases have you had and how have they worked out? What has been the learning to date in relation to FWC and children in care?
- What role does it have in terms of social work and child protection services? What role do you think it should have?
- What role does it have in terms of prevention? What role do you think it should have?

2. Referrals

- How was the FWC service received when you marketed to potential referrers?
- Can you talk me through your referral process?
- 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.
- Are there variations in referral rates between disciplines and teams?
- 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, are plans implemented? Are plans sustainable in the short, medium and long terms? How do formal and informal services feature, as well as family members in offering support?
- Do you believe that FWC's mobilise social support? Does the support last in the short, medium and long terms?
- Is there adequate resourcing for plans?
- Is there adequate follow up and monitoring of family plans?
- Is the system right – e.g. should the FWC Co-ordinator be involved with the family for longer?
- In general, is one review enough?
- Do you have any way of measuring 'success' of a conference?

5. Operational Issues

- Is the service operating to full capacity? Are targets realistic?
- Are adequate policies and procedures in place?
- Is the service equally accessible to rural and urban areas?
- What are the benefits / disadvantages of FWC being placed in a voluntary organisation?
- Is the training, support and supervision you receive(d) adequate?
- In your experience, to what degree do 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? (Vol orgs, gardaí, schools)
- What are the barriers / opportunities to better linkages with social work services/other disciplines / external services?
- Do you feel that FWC service offers added value in the system?

6. 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?
- In general terms, what factors influence success in a case?
- In general terms, what factors work against success in a case?
- Can empowerment principles be achieved within a bureaucratic system?
- Are the best interests of the child always central?
- What do you find most challenging about the job?
- What do you find most rewarding?

7. 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?

For further information about
Barnardos Family Welfare Confer-
ence Service in South Tipperary
please check out
www.barnardos.ie
or contact:

Barnardos
Family Welfare Conference Service
South Tipperary
Unit 5, Hughes Mill
Suir Island, Clonmel
Co. Tipperary

T 353 52 617 0665
E info@southtipp.barnardos.ie

or contact our national office:

Barnardos
Christchurch Square
Dublin 8

T 353 1 453 0355
E info@barnardos.ie

Registered Charity 6015

Barnardos' vision is an Ireland
where childhood is valued and all
children and young people are
cherished equally.

Barnardos' mission is to challenge
and support families, communities,
society and government to make
Ireland the best place in the world
to be a child, focusing specifically
on children and young people
whose well-being is under threat.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

