An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

Family Welfare Conference (FWC) Service
Tusla – Child and Family Agency
2015

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CONTENTS

PREFACE

Tusla - Child and Family Agency was established in 2014 with a mission to ensure all children are safe and achieving their full potential. Tusla believes that families are the foundation of strong healthy communities, which allow children and young people to flourish. Thus, partnership and cooperation with families are essential to achieving Tusla's mission. *Pathways and Outcomes: A study of 335 referrals to the Family Welfare Conference (FWC) Service in Dublin, 2011 – 2013* demonstrates how we can work with families to secure better outcomes for children and young people.

Family welfare conferencing is a tool that harnesses the power of the extended family to create durable solutions for children and young people. Empowerment is key to the Family Welfare Conference (FWC) process. With the support of an independent facilitator, FWCs enable families to gain control, to make choices and to take ownership of a situation and its solutions. The approach recognises the centrality of parental and family relationships and informal support networks in promoting the welfare of children and ensuring their safety, while enabling the Agency to meet its statutory and co-ordination functions.

It is intended that these findings will inform planning for FWC service provision in the future. This study is an example of how collaborative research between Tusla and academic institutions can shape the development of the Agency's policy and practice to the benefit of children and families throughout the country. I commend Ms Hannaleena Ahonen, Service Leader of Family Welfare Conference Service with Tusla, Ms Colette McLoughlin, Tusla Area Manager for Dublin South East – Wicklow and Dr Valerie O'Brien at the School of Social Policy, Social Work and Social Justice in UCD for their excellent work on this report.

It is important for the Agency to build systematically on the existing evidence base of what works well in parenting and family support. This in-depth study of an existing service gives a clear example of how extended family can be mobilised and supported by the Agency to achieve better outcomes for children and young people.

Fred McBride

Chief Operating Officer
Tusla – Child and Family Agency

FOREWORD

Family Welfare Conferencing has been available in the Republic of Ireland for more than 15 years now, but remains a marginal activity, especially in the delivery of statutory care and protection services. Nonetheless, what this report illustrates is that the methodology works well and that expertise in coordinating conferences has developed in Ireland over those years, both of which position the Child and Family Agency to take the next major steps forward.

Conferencing methodologies seek a partnership approach between the statutory agency and the family system within which issues of care or protection of children have emerged. Over the last 25 years, we have learned a fundamental truth – that given respect, the right information, the opportunity and the support they need, family groups will move to protect and care for their relative children and do so in ways that continue to astound us. As such, conferencing is part of that worldwide movement towards what are known as 'participation societies'. Such societies place high value on citizen equality, collectivity, diversity, participation, ownership and responsibility – concepts that resonate with the core values of social work.

Consistent messages emerge from worldwide research and evaluation of conferencing methods:

- Families do like the approach and feel respected and valued.
- Families want to be involved and they volunteer their resources, which, with the addition of State assistance, creates a larger resource pool around each child.
- All cultures experience the process favourably.
- There are promising findings about safety, permanence and improved well-being for children.
- More fathers and male relatives engage with conferencing than with other professional processes.
- Children's participation is enhanced.
- Services can be organised more quickly.
- Working this way can be immensely satisfying for workers.

In New Zealand, it is not possible for the State to intervene in the lives of families (other than with emergency and temporary measures when there is immediate or imminent threat to safety) unless a family group conference has been held and this has been the case since 1989. This is a right that families have and is enshrined in law. This should have dispelled any notion that conferencing is a process too risky for statutory care or protection purposes. Alas, such beliefs continue to thrive in Western countries and power and authority continue to be exercised in ways that deny effective extended family involvement and participation. O'Brien and Ahonen, with the assistance of a research team, have here produced a report that will be of major importance in helping shape a more comprehensive approach to participatory practice if there is a will to do so. While conferencing is fundamentally a bottom-up process, the mandate for it must be top-down.

I long for the day when conferencing is no longer an optional extra that remains within the gift of the social worker or the agency, but is the way we all work. In that engagement dialogue that occurs with parents or immediate family, we would then hear the social worker saying: *'There are issues in relation to the care or protection of your child that we need to resolve with you. The way we do this, the only way we do this, is by means of a family welfare conference.'*

Mike Doolan

former Chief Social Worker for the
Children, Young Persons and
Their Families Agency in New Zealand

ACKNOWLEDGEMENTS

We would like to pay tribute to a number of people who have contributed to the completion of this work:

- To Colette McLoughlin of Tusla – Child and Family Agency for showing such leadership in commissioning this research report.
- To the staff in the FWC Service who have assisted us in every way in undertaking this very large scale and in-depth research. We believe that the quality and quantity of data which we have been able to access from the file audit is most remarkable. It is indeed a very positive reflection on the FWC Service staff, who have created it without knowing it would be subject to this kind of audit or intense study.
- To the former staff of the FWC Service who were involved in initiating the developments. In particular, we would like to thank Mr. John O'Riordan, Ms. Catrina Scanlan and the staff who have left, but whose work provided important information for this research.
- To the intern team of Dr. Nabil Alhouri, Robin Grace, Niamh Graham and Magdalena Michalewska, without their substantial help, this work would not have been completed.
- To the production team in Tusla who worked to bring the research report to publication.
- Finally, to those families and professionals whose information has provided a most comprehensive picture of the journey of families referred to the FWC Service through the process.

We think this study reinforces the place of FWC as a model to give effect to the aspirations of partnership working with families across the full range of settings. The detailed consideration and cross-data analysis presents a very real picture of what is working well and, perhaps, not so well. We believe this study will add greatly and in a most positive way to the place of FWC into the future and, while FWC is not suitable for all situations, this study can guide us towards optimal use of the FWC.

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EXECUTIVE SUMMARY:
FINDINGS, DISCUSSION AND RECOMMENDATIONS

Key findings arising from this in-depth study of the current Family Welfare Conference (FWC) Service are presented and discussed. They will assist Tusla – Child and Family Agency to incorporate the principles and methodology of family welfare conferencing more fully into its child protection and welfare system.

Links are made with Tusla's statutory responsibilities to provide an FWC service under the Children Act 2001. The possibilities of mainstreaming FWC as part of family support and general child protection and welfare services for the purpose of achieving 'joined-up' services are considered, where appropriate.

The challenges for Tusla, arising from major structural changes and system overload/ staff shortages, are acknowledged. However, the newness of the agency also provides an opportunity. The different considerations put forward in this overview are based on the understanding that many changes are being managed currently and solutions and plans have evolved to address a number of priority areas.

REVIEW OF AIMS AND METHODOLOGY OF STUDY

The study was commissioned jointly by the Child and Family Agency's Child Care Area Manager in Dublin South/Dublin South East/Wicklow Integrated Service Area, together with the Director of Policy and Strategy in the Child and Family Agency.

The aims of the study were threefold:

- To provide, through a file audit, a profile of the 335 cases referred to the FWC Service in the years 2011-2013[1] in the greater Dublin area;
- To capture outcomes arising in cases referred to the FWC Service;
- To use the findings to help in planning future FWC Service provision.

This summary presents findings on the initial total 335 families referred to the FWC Service and on the reducing number of cases that proceeded to the various stages of FWC, as outlined in Table 4.1 (repeated below from Chapter 4 of the main report).

A number of recommendations in relation to the third aim of the study are included here. These are made on the basis that, if implemented, they could impact significantly on outcomes. It is considered also that implementation of these recommendations should be relatively straightforward.

1 The 'population' for this study includes cases referred in the period January 2011 to December 2013 and where work on the case was completed by 1st May 2014.

STRENGTHS OF FWC

This study has served to illustrate the widely acknowledged strengths of the family welfare conferencing process. Many of its strengths, as identified in this study, indicate that participants have a high level of commitment to the ethos and value base of the FWC process. The positives that are identified include increased levels of partnership, family participation and transparency in decision-making. The study also provides evidence that FWC can help optimise family placement for children, tap into a family's ability to draw up a protective plan for their children and offer much from their own resources.

However, the future use of FWC should also take full account of the perceived weaknesses and barriers that may be impeding its successful introduction within the broader system. FWC is not a simple solution that will resolve complex situations quickly, but it does offer a model to put into practice the spirit of partnership and inclusivity to truly involve individuals and families in child protection and welfare work.

METHODOLOGY

A number of research techniques, combining quantitative and qualitative methods, were used in the study. The quantitative component consisted of a schedule of 340 data-gathering questions, devised by the Research Team. The qualitative component drew on observations made by the researchers when reading case files; from a focus group with three service coordinators; from open questions completed by the coordinators in respect of a sample of 73 cases; and from interviews conducted with the FWC Service's senior managers. A set of anonymous FWC evaluation/feedback forms, completed by the participants in FWCs prior to the study, were also accessed.

The FWC Service management and staff are to be commended for the standard of information contained in the individual files. This enabled an extensive file audit to be undertaken and, as a result, a profile of the service, the pathways of referrals and certain outcome data are now available.

STUDY LIMITATIONS

The general methodological challenges involved in outcomes studies and the specific limitations of this study are discussed in detail in Chapters 1 and 3. The dataset is limited predominantly to a case audit. Capturing data in respect of goals, concerns, categorisation of cases and change requires a level of interpretation. It was not possible to de-aggregate the file data per individual child. The outcomes are explicated only for those cases that got to a review stage (73 cases) and there is a lack of stakeholders' views, other than limited evaluation data collected as part of the individual FWCs.

KEY FINDINGS OF STUDY

This summary presents key findings on:

- Pathway of referrals and timeframes for the journey through the various stages of FWC;
- Reasons for referral and hoped for outcomes;
- Profile of children and young people and their level of engagement.

Process outcomes presented relate to:

- Family and professional attendance;
- Number of family plans and commitments made in the family plans;
- Follow-through on commitments;
- Whether goals set for the family welfare conference were achieved;
- Whether issues identified for the family welfare conference were addressed.

Outcomes relating to children/young people are presented on:

- Changes in concerns identified by the referrer;
- Changes in children/young people's placements;
- Legal procedures avoided;
- Changes in legal care status of children.

A summary of profiles of cases in respect of different categories is presented in Appendix 5.

Factors that relate to more positive outcomes are observed through:

- An examination of family empowerment, family motivation and relationships between family members and family and professionals;
- What works well and what works less well;
- The key issues that need to be addressed in respect of service delivery;
- Future research gaps.

Rate and categories of FWC referrals and their pathway through the FWC process

The 335 families, including 540 children and young people, who were referred to the FWC Service in Dublin between 2011 and 2013 comprise the population of this study. Referrals to the FWC Service are mainly made by the Child and Family Agency's[2] Social Work Departments. Out of the original cohort of 335 cases, 247 (or 73.7%) of initial referrals proceeded to a four-way referral meeting stage. 123 cases (or a little less than one third of the initial referrals) actually had a family welfare conference. 73 of these cases proceeded further, to the review stage (*see Table 4.1*).

2 Hereafter called 'the Agency'.

The referrals were analysed according to 'categorisation of cases' in use in the FWC Service in 2014. Using this classification system, child protection referrals accounted for the highest number of referrals in this study (29.0%); child welfare referrals accounted for 26.0% and alternative care for 20.6%. Statutory referrals made up 24.4% of the total and this included statutory Special Care Order (SCO) referrals (19.7%) and Section 77 referrals (4.7%).

Of the referrals that proceeded to FWC stage, child protection referrals accounted for the highest number of cases (35.8%). Proportionally, child welfare cases had less FWC meetings (25.2%), followed by alternative care cases (18.7%). A relatively small number of FWC meetings were statutory, with SCO comprising 12.2% of cases and Section 77 comprising 8.1%.

Table 4.1: Number of cases in different categories of referral at various stages of the FWC process

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
Referrals	**87**	**97**	**69**	**66**	**16**	**335**
Four-way referral meeting	64	76	50	43	14	247
Preparation	54	67	43	29	13	206
FWC	31	44	23	15	10	123
Review	20	29	12	5	7	73

Some observations can be made about the number of referrals received in the FWC Service. On the one hand, the number of referrals received is reflective of the number of staff in the service, i.e. staff in the service work to full capacity. On the other hand, the number of referrals received is not reflective of referrals and cases referred to the FWC Service by the Social Work Departments working on them. For example, in 2012, the 10 areas covered by the FWC Service received 9,669[3] child welfare and protection referrals, and had 2,117[4] children in care (Child and Family Agency, 2012). This means that only a small fraction of the cases that Social Work Departments worked on were referred to the FWC Service.

3 In 2012, the number of referrals to the FWC Service in the 10 areas under investigation were: Wicklow (911), North Dublin (1,815), Kildare/West Wicklow (1,791), Dun Laoghaire (444), Dublin West (693), Dublin South East (340), Dublin South City (564), Dublin North West (1,350), Dublin North Central (777) and Dublin South West (984), giving a total of 9,669 cases.

4 In 2012, the number of children in care in the 10 areas under investigation were: Wicklow (121), North Dublin (167), Kildare/West Wicklow (212), Dun Laoghaire (123), Dublin West (213), Dublin South East (102), Dublin South City (170), Dublin North West (413), Dublin North Central (356) and Dublin South West (240), giving a total of 2,117 cases.

Cases closed during the FWC process

The cases that closed during the FWC process did so for broadly similar reasons at different stages. These reasons included families did not wish to proceed; referrers did not follow up on decision to have an FWC; alternative actions were taken in cases instead of continuing to have an FWC and, often allied to this, there was a change in family circumstances which warranted a different plan.

The changes over the various phases were as follows:

- A little over one quarter of the referred cases (88 out of 335 referrals or 26.3%) did not proceed to the four-way referral meeting stage (*see Table 5.3*). The reasons for cases closing before the referral meeting include alternative action taken by referrer (36.6%); no response from the referrer after the referral (22.5%); family did not wish to proceed (18.3%); and family circumstances changed (14.1%) (*see Table 5.4*).
- A further 12.2% (41 cases) were closed following the referral meeting, but before any preparation work was done. The majority of these cases were closed because when the referrer contacted the parents following the referral meeting, they did not wish to proceed (53.8%). Other reasons included family circumstances changed (23.1%); alternative action taken by the referrer (15.4%); and lack of engagement from the referrer (7.7%) (*see Table 5.13*).
- Another 24.7% (83 cases) of the original cohort referred were closed after some preparation work was done, but before an FWC was held. Again, the majority of these cases were closed because when the coordinator contacted the parents, they did not wish to proceed (74.6%). Other reasons included alternative action was taken by the referrer (11.1%); family circumstances changed (11.1%); and lack of engagement from the referrer (3.2%) (*see Table 6.9*).

Following the FWC, 14.9% of cases (50 out of the 335 cases referred) were closed before a review meeting was held. In 28% of those cases, it was decided at the FWC that no review would be held. Other reasons included that the referrer did not wish to proceed with the review that had been agreed (16%) or family members did not wish to proceed with it (12%). In some cases, a review was not held because the plan had changed significantly (14%) (*see Table 8.2*). Usually, the decision not to proceed with a review reflected the current status of the case and there was agreement between both family and professionals on this. Even if there was no consensus, by its very nature an FWC cannot proceed without the stated agreement and cooperation of all parties. In cases that did not proceed, it was usual that other decision-making processes would continue.

Consent for the FWC

Consent issues present a significant challenge to cases proceeding to FWC. Parents may find it difficult to give consent to an FWC, given the circumstances they are in. They may not wish to involve extended family for a variety of reasons or they may give consent but with a certain level of ambivalence. Enabling informed consent to the FWC process is crucial. Consent to FWC is negotiated at different stages, initially by the referrer before the referral is made and

before the preparation begins, and then by the FWC coordinators when they begin preparation and meet with parents/guardians and other family members.

RECOMMENDATION

If a referral to the FWC Service is being considered, the process by which family members consent to the referral needs consideration. A multi-pronged approach is needed that takes account of the complexity of the cases, the nature of the relationship between family and professionals, the literacy and cognitive abilities of the parent or parents, and the situation of the child/young person. It is important that family are given clear information about the process at different stages (i.e. by the referrer pre-referral and before work is commenced, and by the FWC coordinator when they meet the family members) so that informed consent can be given. The information provided needs to include what the FWC process is, as well as why and how Tusla – Child and Family Agency thinks it might be useful or needed at this time. It may be beneficial to establish a facility for a person not associated with the case, but who has a good understanding of FWC, to provide opportunity for and to aid discussion of the options with the family.

Assessment

Many of the cases featured in this study are complex and dynamic. There is a core need for thorough and competent assessment of what is occurring and what interventions and changes are needed. The reasons for the fall off of numbers through the process, in addition to changing consents, included lack of follow up to referrals by referrers as well as changed case direction and family circumstances. This provides further evidence of the complexity of the cases and the challenges involved in conducting robust, comprehensive and reliable assessments by Social Work Departments. This, in turn, has implications for improving assessments and supervision processes and practices in general. However, there are initiatives in place in the Agency to address this aspect.

In respect of the FWC Service and assessment, consideration needs to be focused on how an FWC might be useful. Decision-making, accountability and the use of the FWC process at different junctures could be greatly enhanced through the insertion of specific reference to this option in the Agency's Standard Business Processes.

RECOMMENDATION

A set of policy statements and practice guidance to aid appraisal of the FWC option needs to be developed to guide what cases to refer at the different junctures of current business processes. Data on the reasons why FWC is not considered useful need to be collated, analysed and utilised in system reviews.

Timeframes of the FWC process and preparation

Specific information about case allocation was available in 311 (92%) of the 335 referrals in this study. On confirmation of the referral, if it is a statutory referral (either SCO or Section 77) or if there is no waiting list, the case is allocated to an FWC coordinator. Otherwise, cases are prioritised and placed on a waiting list and allocated when a coordinator is available to work on the case.

The study showed there was a swift allocation and response to all of the statutory referrals. Three quarters of the referrals were allocated within a month and the remaining one quarter took between one and three months to be allocated (*see Table 5.2*). Some of the factors identified as impacting on the delayed case allocation include the decrease in FWC Service staffing levels; delays in processing cases in the referring service; the referrer taking alternative action; or changes to family circumstances.

The timeframes between the referral and closure points of the 73 cases that had a review meeting are outlined in Table 9.1. Out of the 73 cases that had an FWC and a review meeting, 11% were completed within four months. A further 19.1% were completed within four to six months. The majority of cases (60.3%) were completed within six to 12 months. A small number of cases took longer than 12 months to complete (9.6%).

RECOMMENDATION

Quick allocation of cases to FWC coordinators is necessary to ensure that the process can be of most benefit. It is also advantageous when the referrer engages with the process in full to avoid delays. It is known that the cases in the system are complex and it is not uncommon for processes and factors to give rise to rapid change in circumstances. Thus, there is a need to ensure that throughput of referrals and the capacity to respond are closely aligned.

Preparation

Preparation is seen as key to the FWC process (*see Table 6.2*). The average number of family members contacted in cases that had an FWC was 7.6 (*see Table 6.3*) and the average number of professionals contacted was 4.5 (*see Table 6.5*). Of the cases that had an FWC, the coordinators spent between 21 and 35 hours working on the case. Of the cases that had reviews, in 61% of these the coordinators spent between 36 and 50 hours working on the case. Generally, child protection cases took the largest number of hours (*see Table 6.2*).

Referrer's report for the FWC and hoped-for outcomes

As part of the FWC process, a four-way referral meeting is held. This is usually attended by the manager of the FWC Service, the coordinator, the referrer and the team leader/manager. A 'referrer's report' outlining the agenda for the FWC is agreed and summarised. At the four-way meeting, the goal(s) for the FWC are established, as well as the concerns of the referrer for the child or children. The bottom line in the case, which involves determining what is likely to occur from the Agency's perspective if change is not forthcoming, is established.

Goals identified for the FWC

Goals were identified for 207 out of 247 cases that proceeded to a four-way meeting. It is normal that a case contains multiple goals. At the time of the referral meeting, the most frequently appearing goals were to identify support[5] (41.5%); to maintain the child in the family with supports (30.9%); to maintain the child in the care of the mother/father with supports (22.2%); and to identify possible family placement (19.8%) (*see Table 5.7*). Other goals included making a long-term plan for a child, identifying a back up plan or a shared care plan. The goals for the cohort of cases that had a FWC are similar to those identified for all cases that had a referral meeting (*see Table 7.12*).

Concerns

Neglect was the most frequently stated concern across all categories of referral for the 335 families in the study, appearing in 91.6% of the cases referred to the FWC Service. Physical abuse was noted in 12.8% of all cases and was found in more than a half (57.6%) of the statutory SCO cases (*see Table 4.14*).

Bottom lines

Approximately two thirds (61.8%) of the 175 cases had a bottom line identified at the time of referral (*see Table 5.9*). 63.9% of the cohort of cases that had a bottom line proceeded to a FWC. By comparison, 52.2% of cases that did not have a bottom line specified proceeded to a FWC. Thus, having a bottom line identified seems to enhance the proportion of cases going to FWC in child welfare and alternative care cases. In welfare cases, 68% of cases that had a bottom line went to FWC, compared to 39.1% of cases that did not have one. In alternative care cases, 63.2% of cases that had a bottom line proceeded to FWC, compared to 36.8% of those that did not have one. Child protection cases were most likely to have a bottom line identified out of the non-statutory cases (77% of child protection cases had a bottom line). Child protection cases were also most likely out of the non-statutory cases to proceed to FWC (63.8% of child protection cases referred had an FWC).

5 'Identify supports' was generally a secondary goal for FWCs.

RECOMMENDATION

The establishment and communication of a 'bottom line' (what is likely to occur if change is not forthcoming) is likely to enhance the assessment of a case and the actions needed to address the concerns. All referrers' reports should contain this appraisal and should outline either what needs to happen so that the case can be closed by the Social Work Department or what other steps the Social Work Department is likely to take should the concerns not be addressed. However, referrers need background information explaining the importance of the bottom-line and its usefulness to case management.

Children and young people involved in the referrals

The ages of children and young people referred to the FWC Service are presented in Table 4.7. The majority of children and young people were aged 13 or older (44.3%), with 57.8% males and 41.7% females (*see Figure 4.7 and Table 4.8*). All of the children and young people in the Section 77 cases were males. Most of the children (73.5%) were in the care of their families at the time of referral, 23.6% were in the formal care of the State and 2.8% were in other forms of care (*see Table 4.9*). In relation to where the children were placed at the time of referral, most children were living at home with their mothers (35%), followed by children living at home with their mothers and fathers (16.1%). A further 13.3% were living with a maternal family member, while 4.8% of the children were living with their fathers (*see Figure 4.8*).

The majority of children and young people were engaged in education according to their age (*see Table 4.12*), with 31.9% attending primary school and 27.8% secondary school. 12.6% of children were too young for education and 8.1% did not engage in education.

Meetings with children and young people and their participation in the FWC and reviews

There were a total of 353 children and young people within the 206 families that reached the FWC preparation stage. Information was available about meetings for 352 children and young people (99.7%). Table 6.5 outlines data on 133 children and young people met by the FWC coordinators, according to referral type and whether these cases proceeded to an FWC or not. Six out of 10 children and young people (60.7%) were met in cases that proceeded to have an FWC meeting. Of the children who were not met, a little over half were not met due to their young age and another quarter were not met since they chose not to engage with the FWC process (*see Table 6.7*).

Coordinators undertake a specific and comprehensive assessment about the advisability of the children and young people attending an FWC. Of the 133 that were met, 80 were invited to the subsequent conference. Of those, 51 attended the meeting (34 in full and 17 partially) and the majority (86.3%) of them were over 13 years of age. All the young people involved in both types of the statutory referrals (SCO and Section 77) and who took part in a FWC were also over 13 years (*see Table 7.7*), while a small percentage of the children and young people (13.7%) attending and involved in the child welfare, child protection and alternative care referrals were aged between seven and 12 years.

If children are unable or choose not to attend the FWC, they are encouraged to nominate someone to represent their views and wishes (*see Table* 7.8). Coordinators regularly brought children and young person's views to the meeting (26.3%). Children and young people gave their views themselves in 14.3% of the cases, with a support person in 8.8% of cases. In a small number of cases, their views were brought by family members (1.8%). However, in 43.3% of the cases, the specific views of the child or young person were not brought into the conference. This was due to either the child's young age, or to the fact that they had not been met because of a lack of permission from the parents to involve the child or the referrer, or lack of engagement on the part of the child or young person. These are common factors that impact on participation of children across the different stages of the FWC process.

Of the 140 children and young people involved in the 73 cases that had a review meeting, 45 had been invited to the FWC and 32 of them actually attended the conference. A total of 35 children and young people were invited to the review stage meeting and 24 (68.6%) of them attended (*see Table 8.9*). The reason the views of the children and young people were not heard at the review are similar to those for the FWC meeting – i.e. the child's young age or the lack of opportunity offered to meet the child, either arising from the parents or the young person withholding consent, or both (*see Section 7.1.7*).

RECOMMENDATIONS

There is evidence that much effort is made to engage the children in the FWC process and the reasons for their non-engagement have been evidenced. Nonetheless, the limited availability of 'independent' advocates is an issue and yet it needs to be taken into account that a person previously unknown to the child may not be in the child's best interests.

Furthermore, it can be an additional challenge if the child/young person is not known to many services at the point of referral. Additional research is needed to explore if widening the definition of 'advocate' would enhance participation of young people in the FWC process.As a general rule of thumb, in international practice an 'advocate' for the child is someone who is known to the child and who will either help the child to express their wishes and/or ensure that the child's wishes are taken into account in decision-making. However, if the person in this role also has a key role in the overall case or is key to the plan that needs to be made, this potentially poses a threat to the role of the 'independent advocate' and an alternative person should be found.

There is evidence that when the child is present at the FWC meeting, or their views are specifically presented, attendees are better enabled to construct plans to address their needs. Attendance at the meeting per se is not always in the child's best interests, but it is recommended that every effort should be made to ensure the child's views are presented at the meeting. While the referring social workers currently work closely with FWC coordinators, greater attention to the issues associated with child participation, advocacy and enabling the child's voice to be heard (even if they do not attend) may bring about beneficial change.

Process outcomes

Attendance

Attendance at the FWCs in this study averaged 10.6 people, comprising 5.5 family members and 5.1 professionals (*see Table 7.5*). In non-statutory cases (welfare, protection and alternative care), the average number of family members in attendance was 6.7, compared to 3.7 in statutory cases (SCO and S. 77). An average of 1.8 people were invited to the FWC who did not attend.

Family plans made and agreed at FWCs

Of the 123 families that had a FWC, 95.9% (118 cases) made a family plan. All these plans were subsequently approved by the Social Work Department (*see Section 7.3.3*).

Actions/agreements/supports identified

The family plans contained, on average, 19.06 supports/agreements/actions. These were made by the children and young people, by family members and by professionals or services. Analysis of the family plans revealed a range of different types of actions/agreements/supports. Agreements made by various extended family members frequently included action aimed at contacting and supporting the child, parents/carers and/or one another. Extended family members also frequently offered practical help in caring for the children/young people. This involved dropping and collecting them from school, making medical and professional appointments, and providing respite for parents during weekdays and weekends. Agreements also included identification of family placements for the children/young people and making recommendations about formal care (e.g. young people being received into special care).

Family feedback forms highlighted that for some family members who were willing to engage in the FWC process and offer support to the child/young person or carer, they had previously been unable to find a way to implement the structured changes and/or cooperate more fully with other family members in a harmonious way.

Who made commitments

Of the family members attending FWC meetings:

- When mothers were present at conferences (104 cases out of 123 FWCs), they were most likely (92.3% of cases) to make commitments as part of family plans, particularly in non-statutory referrals. The commitments made related to addressing the issues that had led to the Agency having concerns about the children.
- Maternal family members (present in 103 cases) made commitments in 88.3% of cases, followed closely by fathers (present in 71 cases) who made commitments in 81.7% of cases. Fathers were least likely to make commitments in alternative care cases (61.5%).
- Paternal family members made commitments in 74.5% of cases and were least likely to make commitments in child welfare and statutory cases.
- Significant others who attended made commitments in 36.7% of cases.
  Details of commitments made can be found in Table 7.14 and Figure 7.1. Commitments made by professionals are outlined in Figure 7.3.

Specific commitments were made by 66 children and young people who were involved in making the family plan (*see Table 7.16)*. The actions/agreements/supports involving the children and/or young people directly were viewed as a 'high commitment' in 56.1% of cases and as a 'medium commitment' in 24.2% of cases. In 19.7% of cases, 'no commitment' was made.

How many cases had reviews and attendance at meetings

Of the 123 cases that had a conference, 59% proceeded to review (73 cases). The average number of people attending review meetings was 9.1, with an average of 4.7 family members and 4.4 professionals (*see Table 8.7a*).

Family members followed through actions they committed to (some or all) in between 92.9% and 79.4% of cases (*see Table 8.17a*). Maternal family members were most likely to follow through on all the commitments they had made (81.8% of cases), followed closely by fathers (80%). Mothers were most likely to follow through their commitments partially (25.6%) or not at all (20.6%).

The follow-through at the review stage of the 49 young people who had committed to specific actions as part of the FWC plan was 67.3% followed through fully, 24.5% partially and 4 young people (4.2%) did not follow through at all (*see Table 8.20*).

There were some differences between the follow-through on commitments made by family members depending on the category of the case (*see Table 8.18*). While the percentage of no follow-through was quite consistent (about 10% in all categories of cases, except in S. 77 cases), commitments were more likely to be fully followed through in child protection cases (78.2%), alternative care cases (76.3%) and statutory SCO cases (87.5%), compared to child welfare (51.8%) and S. 77 cases (57.1%).

Table 8.20a outlines the follow-through on actions agreed for professionals. It was unlikely that professionals did not follow through on their commitments (4.3%, n=10). However, whenever it did occur, the reasons may have included waiting lists in a service; lack of engagement by children and young people, parents or family members; or changes in family circumstances. The specifics concerning data on this aspect were not available in a format that enabled analysis with a sufficient level of reliability.

RECOMMENDATIONS

The study shows that there were relatively high levels of follow-through on commitments made. However, it is recommended that the costs for parents/carers need to be kept to the fore, especially where their involvement and input in the situation induces high levels of stress. Supports for parents/carers need careful consideration, to enable them in turn to provide the agreed supports to the children and members of their extended families. It is suggested that consideration is needed of the processes that enable family members to offer supports. Currently, the FWC coordinator focuses on the sustainability of family offers at the 'agreeing the plan' stage of the FWC. However, it would be beneficial to identify actions that may be useful or available to address shortcomings if the offers made are proving too much. Further development of a range of circular and future-orientated questions drawn from the systemic field may be helpful to build on the expertise already developed by the FWC coordinators.

Secondly, as part of the plan, it is recommended that designated personnel involved in the case actively follow-up with family members who offered inputs. This in many cases is done by a named family member who acts as the 'monitor' of the family plan. If inability/lack of commitment to action is evident, this information needs to be fed back speedily to key people involved in the case. While there is evidence that this feedback does occur in part, situations where lack of coordination and communication occurred were also evident. The FWC coordinator has no part to play at this stage and this work remains the responsibility of the key personnel involved in the case.

Thirdly, it is proposed that the commitments made by parents to mitigate the issues giving rise to the Agency's concerns should have more specific appraisal at an assessment level. If advocates are present to support parents, they may have a role in helping the parents to further appraise the actions agreed. If help is needed to facilitate/enable these plans to have optimum chance of succeeding, this needs to be actioned very specifically. This may be an area of work that should continue as part of the general support services that parents are receiving.

Were goals achieved?

The achievement of goals was considered and evidenced in the 73 cases that went to review. In 89.9% of the cases, the goals were achieved (either partially or in full) across all categories (*see Table 8.22*). Numerically, the goals were achieved fully in 80.5% (41) of child protection cases, in 84.6% (11) of alternative care cases and in 61.2% (19) of the child welfare cases. **This high level of achievement of goals is a great success story for the FWC Service and this outcome is to be applauded.**

The impetus to reach goal resolution seems to be connected with finding stability for the child and preventing the child entering care, or enabling them to leave if already in care. The

numbers where the goals were not achieved at all were very small and while the percentage looks high in respect of SCO (22%) and S. 77 cases (10%), the total numbers in these categories were 9 and 10 respectively. Thus, caution is needed when assertions are made regarding differences in goal achievement across categories. More specific outcomes are discussed below.

Changes in concerns

The situation regarding the concerns identified for the child at the time of referral had improved (overall or somewhat) in 90.4% of cases by the time of the review meeting (*see Table 9.2*). The concerns were most likely to have improved 'overall' in alternative care (75%), statutory SCO cases (80%) and child protection cases (62%). The concerns were most likely to have been improved 'somewhat' in child welfare cases (60%).

New concerns and cases with no concerns remaining

There were some cases where new concerns were identified at the time of the review (*see Table 9.3*). New concerns were most likely to be identified in child welfare cases (in 55% of cases, compared to 38.4% of cases on average). There were some cases where it was stated at the review that no concerns remained (*see Table 9.4*). This was most likely to occur in statutory cases (60% of SCO cases) and in 50% of alternative care cases.

Outcomes relating to children/young people

Maintaining children in the care of their families and identifying family placements
The placements status of children and young people referred to the FWC Service, by different category of referral, before and after the FWC process are outlined in Table 9.4. When looking at children's placements before and after FWC, it is important to relate this information to the goal set for the FWC. In 50.7% of cases, the goal was to maintain the child in the care of the family (parents or extended family) or to identify an extended family placement (formal or informal arrangement). The findings show that, over all the categories, there was a small decrease in children living with parents. There was no change in the total numbers of children cared for within the extended family, but there were changes in who the children were living with. There was a 20% increase in the number of children in non-relative foster care or residential care. This increase was mainly in statutory cases.
In summary, a small number of children are moving from parental care, but many are being cared for within the wider family. While there are moves to non-family placements in foster or residential care (mainly in statutory cases), families are involved with the decision. Furthermore, the changes are shown to be linked in many instances to the goal set at the time of the referral. An examination of the individual categories of referrals showed the following trends in respect of the movements:

- In the child welfare category, the percentage of children and young people's placements with parents and with family did not change markedly before and after the FWC. Changes occurred for two of the 34 children, and both of these children were maintained within the care of the family circle, albeit on an informal basis.
- In child protection cases, nine of the 45 children were no longer in the care of their

parents following a FWC and, while there was an increase in the number of children living with extended family members, six (8%) had been placed in non-kinship care (included both foster care and a detention centre). The change in placement in this category corresponds with the goals set since most of these cases had the goal of identifying or maintaining a family placement. Hence, they can be categorised as having been successful in achieving the goal.

- In alternative care cases, there was a decrease in the number of children living in non-kinship care (from 52.6% to 31.6%) and an increase in children living at home (from 0% to 31.6%).

Changes in care status of children following a FWC

While fewer children were living at home with parents at the time of the review than were at the time of referral (*see Figure 9.1)*, private family placements are identified as a result of a FWC and less children are in care following an FWC. It is important to note that the goal for a number of conferences was to identify the most appropriate placement for a child within the family and, in some cases, this did not include parents. Hence, the fact that less children are living at home with parents as a result would be a successful outcome of an FWC in those cases.

At the time of review, the care status of the 24 children who were in care at the time of referral is outlined in Figure 9.1. It shows that, following the FWC, 46% (n=11) of children and young people remained in care, while 54% (n=13) were no longer in care. Most of these children (33%, n=8) were returned to their parents' care and 21% (n=5) were in a private family arrangement.

RECOMMENDATIONS

It is recommended that the pathways and decision-making processes whereby some children enter informal family care while others enter formal family care (relative/kinship) should receive careful consideration. There is ample evidence that families involved in both types of care have high support needs and every effort needs to be made therefore to ensure that such help is provided for both.

It is also recommended that supervision of the placements is considered to ensure that the needs of the child are being met. While this is straightforward when a formal placement is set up, the emphasis on evaluating the child's needs is more difficult when informal processes are agreed as part of the plans.

Changing the course of legal proceedings

Family welfare conferencing has the potential to enable appropriate solutions to be formulated in respect of the child and thus legal proceedings may be avoided. The data in this study show that cases were diverted from a course of legal proceedings towards more positive outcomes. As part of the study, 16 cases with 40 children were identified where the children were on the brink of being received into care when the referral to FWC was made. These were child protection cases and carried a bottom line which stated that if the FWC process was unable to

devise a plan to address the concerns, the Social Work Department would initiate proceedings to take the child into care and to source a formal care placement. Of the 40 children who were involved in these 16 cases, 22 were under the age of seven, 14 were aged between seven and 13 years and four were over the age of 14. In each of these cases, a family plan was made that prevented the child or children from being received into care and allowed them to remain in the care of their families.

The benefits of preventing children from coming into care are immense. While the less tangible benefits for the children who were safely maintained in their families are not easily enumerated, some value can be placed on the financial savings gained from preventing children going into care. It can be argued that, should these children have been received into care, a number of them would have been subject to a Care Order. For example, in December 2012 out of the 6,332 children in care, 42% of children were in care under a voluntary care arrangement, 46% were in care under a full Care Order, 9% were in care under an Interim Care Order and 3% under other type of Court orders (Child and Family Agency, 2012). Cases generally go through two years of having Interim Care Orders before a Full Care Order is put in place. Even where children enter care through a voluntary arrangement, events may arise that lead to judicial proceedings being taken to safeguard the child.

It is estimated that a minimum of €21,500 of direct legal costs is saved typically on preventing a child being received into care (that is excluding other costs which may be attached to Care Order applications, including Counsel fees, Guardian ad Litem (GAL) fees, GAL legal fees, possible private clinical assessments, care placement costs once a child is received into care). In a recent report on child care cases that go through the Courts[6] , it was observed that 70% of children were represented by a GAL (Coulter, 2013, p. 21). To give an indication of the costs involved, the Health Service Executive (HSE) paid a total of €7,178,045 for the GAL Service in 2013. In addition, the GAL legal fees paid by the HSE in 2013 came to €4,859,064[7]. Furthermore, direct costs from care placements vary from €325 for a weekly foster payment for a child under 12 years of age, to €4,426 for a weekly payment for a residential care placement[8]. Some private residential placements are reported to cost up to €14,000 per week[9]. The type and length of placements vary depending on the needs and age of the child.

Eleven other cases were referred to the FWC Service in the study period that were also child protection cases which had a bottom line of social workers continuing to make plans for the children, including finding formal care placements for the children should families not be in a position to do so. Six of those 11 cases did not proceed to review because family could not be identified or parents did not consent to the FWC. The remaining five cases had an FWC and a plan was made. However, while the children were maintained at home in some cases for a period after the FWC, some ended by coming into the care of the State. In some cases, these children were maintained in relative care and in others in non-relative placements.

6 Data were collected for 333 cases over an 8-month period between December 2012 and July 2013.
7 Government of Ireland (2014) Written Answers 1st July 2014. See https://www.kildarestreet.com/wrans/?id=2014-07-01a.1583
8 See http://www.ifca.ie/news/october-2011-pre-budget-submission-2012/
9 Shanahan (2010) reported in the Irish Examiner. See http://www.irishexaminer.com/ireland/health/14k-a-week-to-keep-a-child-in-care-139937.html

Factors that relate to more positive outcomes

Cases closed by the referrer at the end of the FWC process

In cases where a marked reduction or amelioration of concerns is observed, the Social Work Department may close the case. There were six families where this decision was made after the review, which included seven children in total. These were analysed to capture the factors that may have contributed to the positive change. The individual cases differed in terms of the family composition, age and gender of the children and young people, as well as in concerns (*see details in Section 9.2.3*).

Some important factors that were found to be associated with the successful conclusion to cases include:

- Accurate appraisal of the problem;
- Appropriate solutions identified for the problem and deemed so by extended family (e.g. change in relation to parental practices, personal circumstance or environment was not forced if it was unlikely; rather, the solution that worked was the removal of the child/young person from the harmful effects of the situation);
- Professional and family support that targeted the core of the problem (e.g. past trauma, difficult relationships, addictions);
- Acknowledgment of difficulties from the parties involved and willingness to engage with supports;
- Appropriate distribution of family support that lessened the load of parental duties and allowed change to happen.

What works well and what works less well in conferencing

There are a number of complex factors that are seen to determine the outcome of a case. Some factors contribute towards a successful outcome from an FWC, while others get in the way of successful outcomes. Some have the potential to do either, depending on the circumstances. These factors can be external and situational, relating to the process of FWC and the performance and cooperation of the professionals and services involved, or to those concerning the family's internal motivation, resources and determination to carry out the plan. Based on the FWC coordinators' questionnaires, the following factors were identified as playing a key role in determining outcomes of conferencing:

- **Family's involvement in making commitments** and their determination to follow through on the agreements made in the plan for the sake of the child/young person, despite obstacles such as family conflict.
- The **presence at the meeting of the children and young people** referred to the FWC Service and hearing of their voices.
- A significant factor in determining family involvement and support offered at the FWC relates to the **resources at the disposal of individual family members**. Such resources were connected with housing and availability of accommodation; time; financial circumstances; physical and mental health; and established commitments in work or other areas of life.

- More positive outcomes were linked with **referrers being more open to sharing power with the family and adopting a generally supportive attitude**. When this happened, family members were more likely to trust the professional's intentions, as well as their opinions.
- FWC coordinators felt that good outcomes were more likely to be achieved when **family plans are realistic** in terms of what they are trying to achieve. There is a need to ensure that commitments being proposed are agreed as generally feasible by all present.
- FWC coordinators identified that some of the difficulties in conferencing were associated with lower levels of **cooperation between themselves and referrers**. Although they understood that slower response or follow through was related to multiple demands occurring in the wider work context, coordinators stressed that slow responses and failure to follow through could militate against the development of more positive working relationships with families and hinder positive outcomes.
- The potential of the FWC process to contribute to a **greater sense of empowerment of those families involved in the child protection and welfare system**. For the FWC coordinators, enhanced empowerment was connected with many different processes including facilitating all participants to have their voice heard; family members accepting that they were needed if change was to be effective; family members taking the power and believing that they could help to change the situation; and that change had a better chance of working if there was collective and inclusive decision-making.
- FWC gives an opportunity for participants to f**orge and foster more harmonious relationships** when faced with the difficulties of making safe plans for children.
- Partnership and cooperation were seen a**s more challenging when family members displayed poor communication patterns**, were not honest about their situation or their willingness to commit, or were reluctant to discuss or reveal any other relevant issues for fear of confrontation.
- Conferences were also **more difficult to manage where there was a lot of blame, grief or unresolved issues** from the past and when family members wanted to use the FWC as a forum for pointing the finger rather than finding the solution. Complicated family dynamics, high levels of intra-familial conflict and family members not being able to set aside their differences to focus on the purpose of the meetings were all recognised by the FWC coordinators as factors hampering positive outcomes of FWC meetings.
- There was a significant level of evidence from the FWC coordinators that **families and professionals working in partnership** impacted on families' opinions and attitudes towards the social services. The coordinators find that, over time, a change in attitude and openness from the family members towards the services involved can be observed and, in turn, family members became more trusting and cooperative. There was also evidence that the FWC process had an impact in the reverse direction, where the coordinators felt that over time the professionals gained more insight into the problems the family members were facing.

ENHANCING THE USE OF FWC

In this section, ideas are presented that may assist Tusla – Child and Family Agency to incorporate the principles and methodology of family welfare conferencing more fully into its child protection and welfare system.

Concepts underpinning the FWC process

The following are key concepts underpinning the FWC process and inform the proposal contained in the following sections. They are seen as fitting with the philosophy and provisions laid down in the Child and Family Agency Act 2013.

- The positioning of FWC as a complementary and process-enhancing approach within the professional and professional/family decision-making process is key to the fit between the FWC Service and the child protection and welfare system.
- Recognition of the different legislative, procedural and 'best practice' bases from which FWC can operate. Distinction needs to be drawn between processes that are derived from legislation (e.g. directed by Courts), procedure (e.g. child protection conference) and best practice (e.g. supervision).
- FWC is only one of a number of decision-making processes operating in the child protection and welfare system. Findings arising from the implementation of *Children First* relating to referrals, assessment, child protection notification and case conferences are key. Fitting FWC with the Agency's Standard Business Processes offers potential where they can be linked.
- There is a desire and preference for greater child-centred and parental involvement, enshrined in both legislative and policy initiatives, and FWC offers a tool to enable both to happen.
- There is a desire for efficient use of limited resources and consistent provision of quality services, to be achieved by developing services based on readily understood approaches, methods and techniques.

Activating FWC within the Agency

Five different routes from various points in the child protection and welfare system to a FWC service were identified by O'Brien (2002). These were based on different legislative (e.g. reviews), procedural (e.g. child protection conference) and 'best practice' (e.g. supervision/ consultation of case) bases from which FWC can operate.

- **Route 1** is where it is clear from the start that the referral is of a child welfare or family support nature (procedural and/or best practice basis). These cases lie outside the child protection system and are cases where a child has unmet needs requiring Social Work intervention, but the child is not at ongoing risk of significant harm.
- **Routes 2-4** are where the referral contains a recognised child protection concern, where the child is at ongoing risk of significant harm. The decision to refer to the FWC Service may be made at three points within the child protection system – professional strategy meeting; case manager; or case conference.
- **Route 5** is where the Court directs, or the Agency's application for a Special Care Order prompts, the referral (legislative basis).

A key distinction between the provision of FWC services in child welfare and in child protection is the probability that the complexity of the family problems suggests substantial prior involvement with the statutory services. Depending on this experience, the impact of the FWC may be diminished. This can result from aN FWC being introduced at the end of many other processes, while it may be introduced at an earlier stage in the statutory interventions. Nevertheless, the referral for aN FWC will be one route into the conferencing system provided by the Agency. As such, it will also intersect with the child protection system and therefore there are implications for how FWC fits with the child protection system. (It will also have implications for the care system and the regulations that govern that sphere, but that is beyond the scope of this project to consider.) The developmental work undertaken by O'Brien (2002) as part of a demonstration project should be reviewed in light of recent developments in the wider field. It may offer some potential for enhanced practices.

Service delivery

Each of the five different components required to successfully implement an FWC service are considered below.

Fit with existing policies and procedures

The question arises as to what extent FWC fits with the philosophical basis and organisational ethos of the Agency. While there are lots of areas of fit, aspects that are at variance need consideration.

While the Agency's Standard Business Processes have clearly delineated the place of FWC in decision-making, the need for more policy and practice guidance for front-line workers and managers is an issue, as is following this up with reviews of what is occurring. This work should focus on the question of how the values and processes of FWC fit with child protection and welfare structures, and vice versa.

FWC has been shown to have potential across all categories, but the numbers involved are very small when the overall activity of the Agency is considered. Consideration needs to be given to why this model of work is not more mainstreamed and what would assist in making it so.

Referral criteria for provision of FWC coordinator's service

It is essential to have clear statements as to who and in what type of situations families can be referred to the FWC Service. There is no simple template for this since the FWC Service has to take account of particular legislative, political, social, cultural and organisational considerations. The legislative requirements mean that statutory referrals are outside the control of the Agency.

As described in the report, major work has been carried out on the FWC referral process and on the four-way referral meeting introduced as part of the process. This has been useful in delineating the issues involved. This study has shown the various categories, with the time

lines involved. There is evidence that overall benefits and good outcomes are being achieved across a range of categories. As a process, it can be concluded that FWC is under-utilised in the Agency in relation to non-statutory cases.

In particular, in child welfare cases FWC could be used as a way of making family support plans. In the low welfare category, cases could be targeted where the parents/carers are actively looking for supports and are motivated. In the high welfare category, cases could be targeted by offering the family a referral to FWC as a way to address the concerns before a child protection conference is convened.

There are a number of situations in child protection that could benefit from greater consideration of the FWC approach. In the case of a child being taken into care, for example, the family could be given an opportunity to resolve the concerns and/or to find alternative care within the family. Where children are already on the child protection register and there are regular child protection conference reviews, families could be given an opportunity to address the concerns so that the child would not need to remain on the register. If a decision is being made to remove a child from the parents' care, the family could be given an opportunity to find alternative care (informal/formal depending on the case).

Similarly in alternative care situations, there are also a number of cases that could be assisted by the FWC approach. For example, a family could be asked if they can offer an alternative to non-relative foster care/residential care (either formally or informally). In cases where children have been in relative foster care and the family want to take full responsibility for the child and to remove the child from State care, the family could be given an opportunity to care for a child informally. Sufficient supports, however, need to be in place to ensure the needs of the child are met and the carers are not overburdened. Where a child is being re-united with the family, the broader family could come together to make a support plan. There were examples of many such cases in the present study, but the numbers are extremely small when overall case activity in the Agency is considered.

Management structures

The Agency needs to clearly articulate and define an explicit set of aims and objectives for the future development of the FWC Service that is consistent with the current legislation, as well as the provision of future policy and legislative developments and best practice aspirations. Perhaps the greatest challenge is the additional demands put on staff in providing a child protection and welfare system.

It is important to consider how FWCs can be funded, given the increased demands on an already over-burdened system in terms of workload, time, Court work, travel costs and administration. A degree of flexibility is essential in the funding of FWCs. A specific budget will continue to be needed to meet the core running costs of FWC, as a well as a flexible budget to assist in the organisational demands of the FWC Service.

Key issues to drive this development will be:

- How best to set up structures that retain the importance of the principles and values of the FWC model;
- What practical services need to be incorporated;
- If there is a service manager, what reporting relationships are required and how does this position fit in the overall service structure of the Agency;
- Key to this issue is whether the coordination service should continue to be centralised or located within teams;
- What structures need to be put in place to ensure practice development and consistency of practice between different FWC services nationally;
- Provision of coordination service.

The delivery model of the FWC Service has been in operation since the pilot project was commenced in 1999. The decline in resources in the FWC Service (to the point where there is only one manager and two full time staff) seriously impacts on the levels of service that can be provided. This study has shown that the service currently responds within a good time period, but there is a tipping point that, if reached, will have significant implications.

Another crucial factor is the independent positioning of the FWC coordinator (*see Chapter 2*). The coordinator is not the case manager of the case and, by implication, this strengthens the role of the existing social worker/case manager as an essential contributor of information and specialist knowledge. FWC coordinators are involved in multiple tasks, from the point of referral to the completion of the FWC and the review (if one is scheduled). They need to facilitate multiple and sometimes opposing views, be capable of resolving conflict, building consensus and relationships, and careful handling of the emotional content of an FWC. Thus, the neutral and ethical position of the FWC coordinator is a key consideration. His or her non-directive position needs to be negotiated with and agreed by the family members and professionals involved. Formal supervision allows debriefing after an FWC and is seen as essential.

Key future questions are:

- Should FWC coordination be a central separate service or a localised part of the team?
- What status does the work have within the overall service?
- What is the required skill set and what are the best backgrounds to provide this skill set?

Many FWC coordinators in Ireland come from a social work background. But in many other services and jurisdictions, they come from wider professional and community backgrounds. Detailed knowledge and experience of child protection and welfare is needed and if the professional base of the FWC coordinator is to be broadened, how this knowledge base is best acquired needs to be considered.

Other crucial issues to consider are the location of the service (caution is required if services are localised without adequate planning and implementation) and how consistency in practice can be ensured nationally.

Training required

As well as having detailed practice guidance/policy documents for referrers, it is essential to have training and awareness building of the benefits and potentially appropriate application of FWC. To date, the FWC Service has been involved in ongoing training of teams. However, the varied and overall low level of referrals raises questions as to the effectiveness of this model. The following are seen as key questions to guide future training:

- What is the difference between information giving and training?
- How to ensure follow up to training since once-off training is less likely to promote change?
- How can training on FWC be integrated into other training initiatives currently in the Agency?
- What should be the role of staff of the FWC Service in training?
- What promotional strategy has been useful to date and what needs to change?
- What is the potential of social media?

Service evaluation

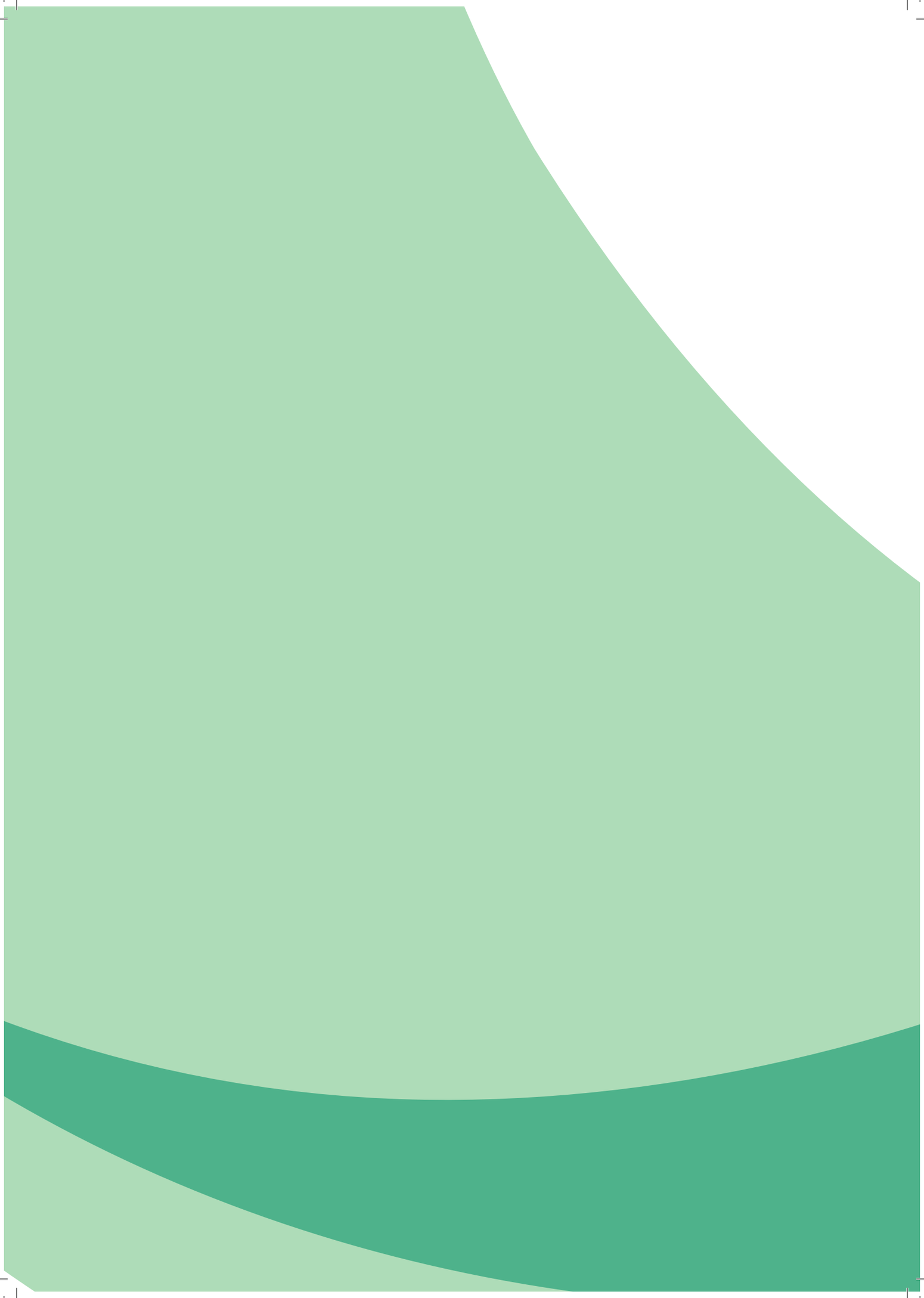
Evaluation is key to informing evidence based service development and future practice, and good information systems are vital. The FWC Service is perhaps one of the most researched services in the country (*see Chapter 2*) and this study is testament to the service's openness to evaluation. The level of information available for research has proved to be of great quality and detail. However, it is necessary to ensure that appropriate data are collected on a day-to-day basis, which can be used more easily to identify trends. More robust methods of analysis may also need to be considered.

SUMMARY

It is hoped that this detailed report of the evaluation of the current FWC Service will go towards informing the future development of policy and practice in Tusla – Child and Family Agency, as legislated for in the Children Act 2001 and as part of the commitment to partnership working that is core to the Agency's mission.

As a tool and model, FWC undoubtedly will continue to evolve. It is hoped that this study's findings and the recommendations contained herein will continue to unlock the model's potential and professionals' commitment to this way of working with families.

The FWC model remains one practical way of joining the family and Agency systems to ensure that children are afforded the best possible outcomes.

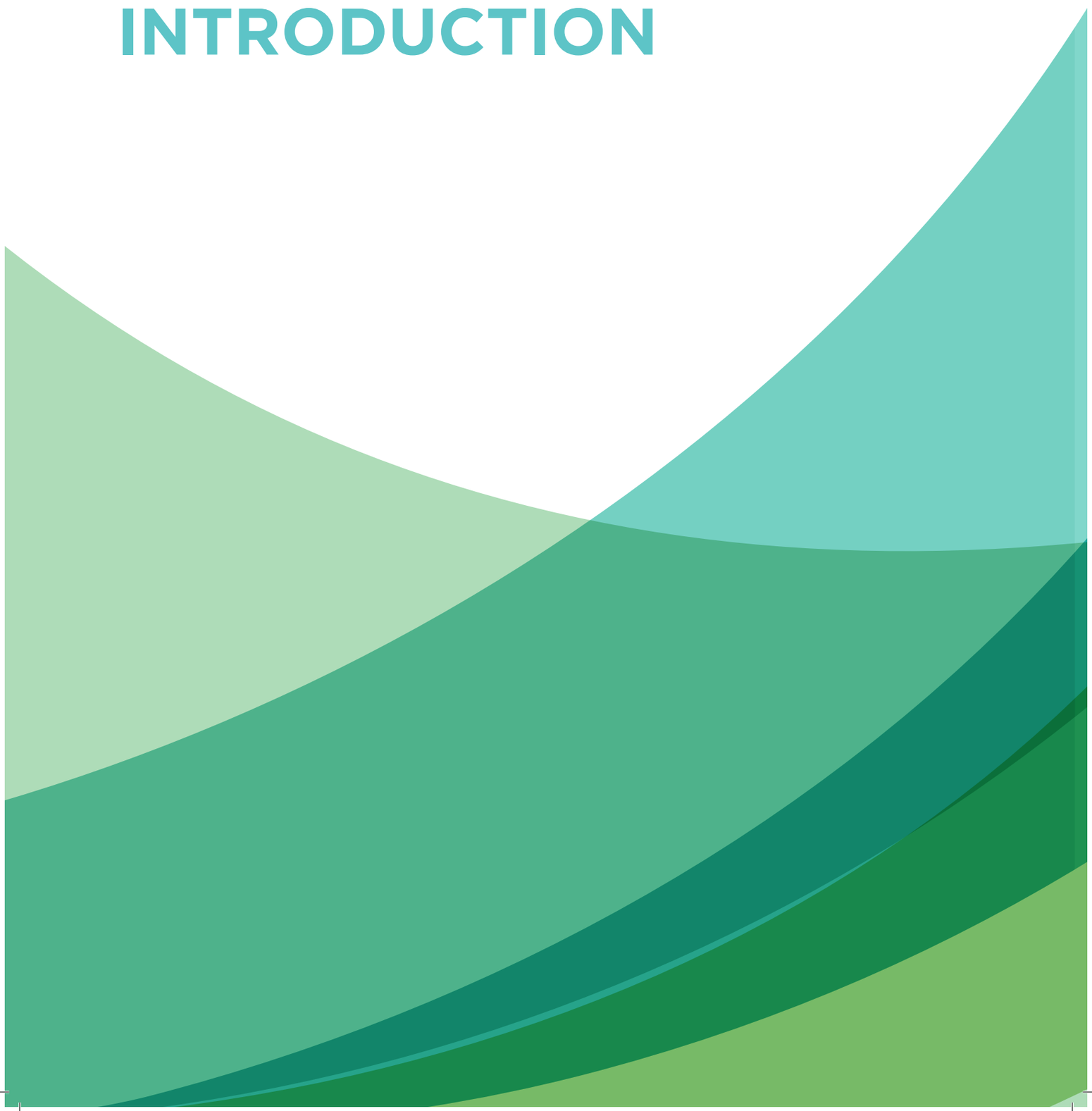


PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

CHAPTER 1:
INTRODUCTION



1. INTRODUCTION

This chapter gives background information about the present study, as well as about family welfare conferencing in general and the Family Welfare Conference (FWC) Service in Dublin in particular. It describes briefly the history of the FWC Service and outlines current arrangements of service provision. It illustrates the process of conferencing and the types of referrals received. The FWC Service is situated in the context of child protection and welfare services and in relation to legislation, policies and practice guidelines for FWC work. The key principles and elements of FWC are described.

1.1 PURPOSE OF STUDY

The aims of the study were threefold:

- To provide, through a file audit, a profile of the 335 cases referred to the FWC Service in the years 2011-2013[10] in the greater Dublin area;
- To capture outcomes arising in cases referred to the FWC Service;
- To use the findings to help in planning future FWC Service provision.

The study was commissioned in 2013 jointly by the Child and Family Agency Area Manager in Dublin South/Dublin South East/Wicklow, together with the Director of Policy and Strategy in the Child and Family Agency.

The study is based on the following rationale:

1. Evidence about the results the FWC Service is obtaining would provide greater information about the type of referrals that are associated with improved outcomes.
2. Information from this study could be used to ensure the FWC Service is evidence-informed in its future direction and is working efficiently.
3. The study could help the FWC Service in prioritising cases and targeting those referrals where FWC can have the most impact.
4. The study could be used to educate practitioners/educators/decision-makers about the benefits and challenges of FWC and how it can improve outcomes for children. This could also guide future development of FWC services in Ireland.
5. The study could assist in identifying aspects/processes in current conferencing practice that contribute to effective working, as well as what is working less well.
6. The information obtained in the study can provide a basis for devising a future research agenda, including further work with the findings of the file audit.

10 The 'population' for this study includes cases referred in the period January 2011 to December 2013 and where work on the case was completed by 1st May 2014.

While this study focuses on outcomes, it is not possible to examine outcomes without considering the process of conferencing and how it is working. In considering outcomes, the study closely examines the status of cases in the child protection and welfare system – i.e. child welfare, child protection, alternative care and statutory referrals (Special Care Order (SCO) referrals and Section 77 referrals) – and if there are differences in relation to outcomes for these cases. In effect, the study charts the 'pathways' for the different categories of referral.

1.1.1 Research questions

The study seeks to answer the following specific research questions:

- What is the profile of children and families for whom referrals are made to the FWC Service?
- How do the referred cases move through the FWC process?
- What is the nature of the referrals received by the FWC Service?
- How do referrals fit within various categories?
- What are the outcomes obtained from the referrals?
- What are the factors that contribute towards differing outcomes?
- What changes could enhance service provision?

1.1.2 Methodology

The methodology used in this study incorporates a number of research techniques, including a file audit of 335 cases referred to the FWC Service in 2011-2013. The file audit involved completing a schedule for each of the cases referred to the FWC Service. Qualitative aspects of the study and data are based on focus groups interviews and questionnaires completed by four FWC coordinators and a number of interviews conducted with expert personnel involved in service provision. Feedback forms, completed by participants in a small number of FWCs and collected prior to the study, were analysed for the purpose of identifying general trends.

1.2 INTRODUCTION TO FAMILY WELFARE CONFERENCING

An FWC, known internationally as a family group conference (FGC), is a joint family and professional decision-making model that provides for the involvement of extended family in planning for the care, protection and welfare of a child or young person in need. The FWC (similar to the FGC) is based on principles of partnership and empowerment of families, and fits with the increased emphasis on strengths based approaches for working with families. Conferencing offers a model to put into practice the spirit of partnership and inclusivity, which can involve individuals and families in child protection and welfare work. It also enables children's participation in decision-making (O'Brien, 2012).

The terms 'family welfare conference', 'conferencing' and 'family group conference' are used interchangeably in this report. This section of the report places FWC in its international context,

while exploring also how it emerged in Ireland. It also sets out the policy and legislative basis for FWC and places it in the context of child protection and welfare services in Ireland.

1.2.1 International context for conferencing

The FWC practice model used in the child protection and welfare system in Ireland is strongly aligned to the principles and processes contained in the New Zealand model of family group conferencing (FGC). The FGC originated in New Zealand as part of their Children, Young Person and Families Act 1989 (Government of New Zealand, 1989). That legislation enables children and families to participate in decision-making processes in the child welfare system. This development arose in response to concerns about over-representation of Maori children and families in their child welfare system. It sought to bridge the lack of knowledge about how best to address specific needs and issues that faced Maori children when in need of care and protection (Doolan, 2011). The model is seen as simple in so far as it is a timelimited process, with a clear delineation of steps. These steps involve a referral stage, a preparation process and a meeting that is divided into three phases: information sharing, private family time, and presentation and discussion of the family plan. The independence of the FGC coordinator is seen as a key aspect of the New Zealand model. The family plan, which is aimed at addressing the issues that led to the referral, is accepted by the agency unless there are indications that it puts the child at further risk. The benefits of working in this way are manifold and have been shown to result in positive outcomes for both children and families.

Many countries have incorporated FGC/FWC into their child protection and welfare systems as a result of the New Zealand experience. However, few countries have embedded the detail of the decision-making model in their legislation. Where it has been provided for, the legislation is usually less detailed in respect of the scope or the principles and less central to decision-making in child welfare, protection and juvenile justice systems when compared with New Zealand's original legislation (Connolly, 2004 and 2009; Nixon *et al*, 2005).

1.2.2 Emergence of FGC in Ireland

In Ireland, the FGC (it became known later as FWC in Irish legislation) was introduced as part of the child protection and welfare system in the late 1990s. It was first piloted and evaluated in the Dublin region in 1999 in a child welfare context (O'Brien, 2001). This was followed in 2000 with a second pilot project in North Tipperary, aimed at demonstrating the potential of conferencing within the child protection system (O'Brien, 2002).

At the same time, conferencing was also piloted as part of a juvenile justice diversion scheme (O'Dwyer, 2001). The interest in conferencing within the justice sphere led to it being provided for in the Children Act 2001, primarily with a juvenile justice orientation. However, it also provided for children who are in need of special care and protection within the child welfare context (SCOs). In 2004, a further regulatory framework was added in the form of the Children (Family Welfare Conference) Regulations (Department of Health and Children, 2004), which gave more detailed guidance in relation to running conferences. FWC services have been the subject of multiple evaluations since their inception in Ireland (O'Brien, 2012).

Currently, FWC services are provided nationwide in Ireland. These are structured primarily on the original Health Board boundaries (subsequently Health Service Executive (HSE) and currently Tusla – Child and Family Agency). Services in greater Dublin are aligned with the area of the former Eastern Regional Health Authority. Some FWC services nationally are provided directly by the Child and Family Agency (the Agency), while some are contracted out to external providers, for example, Barnardos (HSE, 2011a).

Within the Children Act 2001, there is provision for three different types of 'conferencing', i.e. 'family welfare conferencing' (Section 7, includes SCO referrals and Section 77 referrals), 'conferencing' (Section 29) and 'family conferencing' (Section 79). Section 77 provides for the Children's Court, where it believes it may be appropriate and practicable, to adjourn criminal proceedings against a young person and to direct the HSE (now the Child and Family Agency) to convene a 'family welfare conference' in respect of the young person. The Act also provides for the holding of a 'family welfare conference' if the child welfare agency decides that an application to the Court is warranted to provide a secure placement for a young person who may be at risk of harm and needs such security for their own protection (Section 23A inserted into the Child Care Act 1991). Under Section 29 of the Children Act 2001, An Garda Síochána (the police service) is enabled to divert any young person from Court proceedings to a range of programmes, including 'conferencing'. Section 79 of the Children Act 2001 also enables a Judge to adjourn proceedings against a child who has been charged with committing a crime and to ask the Probation Service to convene a 'family conference'.

1.3 PROCESS OF FAMILY WELFARE CONFERENCING

Once a referral is received by the FWC Service, the process leading to an FWC involves consultation with and preparation of all family and professional participants to achieve an optimum result from bringing together children/young people, extended family members and professionals. The intention is to address a significant concern or concerns in what are frequently difficult and stressful circumstances in which the family find themselves (Child and Family Agency, 2012). The FWC model facilitates extended family networks to come together and empowers them to devise family plans that seek to address safety concerns and other issues. The process is facilitated by an independent FWC coordinator.

The FWC process can be described as having four stages:

1. **Referral stage:** When a referral is received by the FWC Service, it is reviewed and acknowledged and allocated if it is a statutory referral. If there is a waiting list, the referral is prioritised based on agreed criteria and added to the waiting list. When a case is allocated, a four-way referral meeting is held, which is attended by the FWC coordinator to whom the case is allocated, the FWC Service manager, the referrer and his or her line manager. The purpose of this meeting is to explore the basis and parameters of the FWC. An agenda for the FWC is agreed and the referrer's report for the FWC is completed. Following this meeting, the referrer shares this report with the parents and guardians and seeks their agreement to use the report as a basis for proceeding with a FWC.

2. **Preparation stage:** The preparation stage involves the assigned FWC coordinator meeting with and preparing the intended participants for the FWC. This requires a significant time commitment and input from the coordinator. The coordinator's role is to develop trust and meaningful relationships with immediate and extended family members with a view to achieving an understanding and acceptance of the concerns and what is required from each party. The preparation stage is also significant in motivating the family to change the circumstances in which they find themselves (Child and Family Agency, 2012).
3. **The Conference:** A meeting, known as the family welfare conference, is then convened to devise a plan that will be agreed by all family members and the referrers. The meeting consists of three main stages: 'information giving', followed by 'private family time' and finally 'agreeing the family plan'.
    i. The 'information giving' is a stage in which family members, referrers and professionals share information and opinions and voices are heard regarding the situation.
    ii. The family then proceed to the next phase, 'private family time', where they draw up their plan with the view of addressing the concerns and issues raised and taking into account the information shared in the previous stage.
    iii. Finally, the family return to the meeting for the 'agreeing the family plan' stage, during which the referrer considers the actions and agreements proposed by the family, clarifies aspects and, where appropriate, makes suggestions. The family plan then becomes the framework in which family members and professionals can work together to ensure the care, protection and welfare of the child or young person.

Following the conference, the overall case management responsibility remains with the referral agency.

4. **FWC review meeting:** As per best practice, all participants at FWCs are offered an opportunity to come back and review the plan made. However, it is up to the participants to agree whether a review meeting should be held. The timing of such a meeting is usually agreed at the FWC and the same people who attended the conference are invited to participate. The purpose of the review meeting is to examine which aspects of the family plan are, or are not, working and to make any changes deemed necessary. The status of concerns held by the referrer are also discussed.

1.4 CURRENT PROVISION OF FWC SERVICE

The focus of this study is the FWC Service provided by Tusla – Child and Family Agency for the geographical area of Dublin, Wicklow and Kildare. This area had a population of 1.6 million at the time of the 2011 Census. The Child and Family Agency was created as a standalone agency at the beginning of 2014 to provide child and family services in Ireland. The FWC Service discussed here provides a service to five of the Agency's 17 Integrated Service Areas (ISA). These are:

- **Dublin North City** – Dublin North Central and Dublin North West (except Dublin 15) (previously LHO 7 and parts of 6 in the HSE);
- **Dublin North** – Dublin North and Dublin North West (Dublin 15 only) (previously LHO 8 and parts of 6 in the HSE);
- **Dublin South East/Wicklow** – Dublin South, Dublin South East and Wicklow (previously LHO 1, 2 and 10 in the HSE);
- **Dublin South City/Dublin West** – Dublin South City and Dublin West (previously LHO 3 and 5 in the HSE);
- **Kildare/West Wicklow/Dublin South West** – Dublin South West, Kildare and West Wicklow (previously LHO 4 and 9 in the HSE).

The FWC Service examined in this study has been managed and administered in Dublin South/Dublin South East/Wicklow ISA. The service is provided by three full-time and one half-time coordinators and an administrative staff person who works two days per week. All the staff in the team are experienced coordinators, with the longest serving staff member having started work in the team in 2001 and the newest having started in 2009. Nonetheless, there were significant changes in the team within the study period of 2011-2013. For example, the re-structuring of HSE management in 2012 saw major changes which impacted on the FWC Service. A long-standing FWC Service Leader and manager retired. As a consequence, one of the coordinators has been acting in the position of Service Leader since February 2012. This has had an impact on the activity level of the service. In 2013, one of the coordinators was on extended leave for 10 months, which left two full time and one half time coordinators, with part-time administrative support and with one person acting as the manager, to provide the service. The service provided by the reduced staff complement is affected also since they now cover a large geographical area with fewer staff, with the result that a considerable portion of their working week is spent travelling.

Prior to 2009, the FWC managers from across the country met a number of times each year to coordinate policy and practice. However, this has not been possible since that time because of financial constraints (HSE, 2011a). This situation was of concern to FWC Service managers and coordinators, and a representative group of FWC managers met on a number of occasions in 2011 to discuss the development of FWC services. In 2012, a 'special interest' group of FWC managers held regular teleconferences to discuss the further development of FWC services, including national business processes for FWC (Child and Family Agency, 2012). Arising from this work, in 2013 the group initially met with Gordon Jeyes, Chief Executive of the Child and Family Agency, and later with Paul Harrison, Director of Policy and Strategy in the Child

and Family Agency. A 'position paper' on the fit of FWC within the National Service Delivery Framework was tabled and, following these meetings, it was agreed that:

1. A 'scoping' exercise regarding FWC services in Ireland would be completed;
2. FWC would be written into the Agency's National Service Delivery Framework;
3. There would be a national plan for FWC.

Following completion of the FWC National Business Process pilots in Donegal, Kerry and Galway, a national workshop for all FWC staff was held in October 2013, with a view to finalising FWC business processes and to look at their implementation nationally. At the time of writing, FWC business processes have been finalised; however, FWC services are awaiting a national plan and local implementation plans.

1.4.1 Types of referrals received in FWC Service

The referrals received within the FWC Service in Dublin can be divided into two main categories – statutory and non-statutory referrals.

Statutory referrals

The statutory referrals are mandated through the Children Act 2001 and are prioritised within the service. The Act, as previously highlighted, identifies two types of referrals:

Special Care – Section 7(1)(b) of the Children Act 2001 states that:

'Where, it appears to a health board that a child who resides or is found in its area may require special care or protection which the child is unlikely to receive unless a Court makes an order in respect of him or her under Part IVA (inserted by this Act) of the Act of 1991'.

In these referrals, the purpose of the FWC is to decide if the young person is in need of special care or protection which he or she is unlikely to receive unless a Special Care Order is made.

Section 77(1) of the Children Act 2001 states that:

'Where, in any proceedings in which a child is charged with an offence, it appears to the Court that it may be appropriate for a care order or a supervision order to be made under the Act of 1991 with respect to the child, the Court may, of its own motion or on the application of any person – (a) adjourn the proceedings and direct the health board for the area in which the child is for the time being residing to convene a family welfare conference in respect of the child'.

In these referrals, the Child and Family Agency is directed by the Children's Court to make a referral to the FWC Service under Section 77 of the Children Act 2001 to convene an FWC in respect of a specific child. The purpose of the FWC in these cases is to address the protection and welfare concerns that may have an impact on the young person's offending behaviour.

Non-statutory referrals

However, the majority of referrals received into the FWC Service are non-statutory and are received from the Social Work Departments in the Child and Family Agency. These non-statutory referrals can be divided into three further sub-categories, including:

- family support/child welfare;
- child protection;
- alternative care.

These referrals are made when a social worker believes it would be in the best interests of the child to bring his or her family together with the professionals to make a plan for his or her safe care. The purpose of the FWC could be to support the child or young person and his or her carers at home or, among others, to identify potential placements within the broader family. These three sub-category descriptions are explained in greater detail in Chapter 3.

1.5 LEGISLATIVE AND POLICY FRAMEWORK FOR FWC IN IRELAND

In addition to the Children Act 2001, there are a number of additional pieces of legislation as well as policy documents and practice guidelines that impact on the work of FWC in Ireland. Some of these are intended specifically to guide the work of FWC, some guide the child protection and welfare work of the Child and Family Agency and others assist staff in working with children and young people in general. The following sub-sections highlight key documents and policy for each of the three levels, i.e. general work with children and young people, the work of the Agency, and specific work in FWC.

1.5.1 Working with children and young people

According to An Taoiseach, a top priority for the current Government is ensuring that the State serves and protects its children and young people (DCYA, 2014). In 2011, the Department of Children and Youth Affairs was established with, for the first time in the history of the State, a full Cabinet Minister appointed to the Children and Youth Affairs portfolio. The Children's Referendum brought forward by the Government was approved by a majority of voters in November 2012. This was based on a wording that proposed the incorporation of specific children's rights into the Constitution of Ireland. From 1 January 2014, a new Child and Family Agency was established, putting the protection and welfare of all children at the centre of its work (DCYA, 2014, p. 18). The Department of Children and Youth Affair's national policy document entitled *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020* declares its vision is:

> *'...[F]or Ireland to be one of the best small countries in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future'.*

The DCYA framework, *Better Outcomes, Brighter Futures*, aims to implement strategies of supporting children and young people to ensure better outcomes for them. Five national outcomes are defined and categorised into five domains, where all children and young people:

1. **Are active and healthy, with positive physical and mental well-being**, where they are facilitated to learn how to make positive health choices, create healthy and nurturing relationships and enjoy leisure time by engaging in play, arts, sports and culture;
2. A**re achieving their full potential in all areas of learning and development**, where they have the opportunities to learn and develop from birth, to engage and achieve in education, and to have a positive social and emotional well-being;
3. **Are safe and protected from harm,** where they are able to grow up in a stable, secure and caring home environment, protected from abuse, neglect, exploitation, bullying and discrimination;
4. **Have economic security and opportunity**, where they can live in sustainable communities that offer opportunities for growth and protection from poverty and social exclusion;
5. **Are connected, respected and contributing to their world**, where children and young have a sense of identity and grow up to be socially and environmentally aware citizens, respectful of others and the law.

This approach to developmental outcomes is in harmony with a rights based approach to supporting families and protecting children under the United Nations Convention on the Rights of the Child (UN, 1989) and further detailed in General Comment 13 of the UN Committee on the Rights of the Child (Child and Family Agency, 2013a).

A number of cross-cutting themes have been identified and prioritised as a means of delivering better outcomes for children and young people, and so increasing the number of children and young people who achieve across the five specified national outcomes. These are termed 'transformational goals' and include (DCYA, 2014, p. 23):

- Supporting parents;
- Earlier intervention and prevention;
- A culture that listens to and involves children and young people;
- Ensuring quality services that are outcomes-driven, effective, efficient and trusted;
- Effective transitions, to be strengthened at key developmental stages of a child's life and between child and adult services;
- Cross-Government and interagency collaboration and coordination.

The Child and Family Agency has been assigned responsibility to implement a number of the outcomes, as well as the transformational goals set in the national policy framework. The Agency is responsible for improving well-being and outcomes for children through its child protection and welfare system (Child and Family Agency, 2014a).

The assigned responsibility requires the Agency to:

- Work towards rebalancing resources to place a greater emphasis on prevention and earlier intervention (G5) (DCYA, 2014, p. 30);
- Provide and commission both universal and targeted, evidence-informed parenting supports and ensure early identification of 'at risk' children and families to strengthen families and reduce the incidences of children coming into, and remaining in, care (G7) (DCYA, 2014, p. 30);
- Strengthen participation in decision-making for health and well-being at community level (G16) (DCYA, 2014, p. 32);
- Facilitate children and young people in care to have meaningful participation in their care planning and decision-making (G19) (DCYA, 2014, p.32);
- Continue to improve the quality and timeliness of services for children and young people, ensuring that State-funded programmes and services are outcomes focused and can clearly demonstrate that they improve outcomes (G25) (DCYA, 2014, p. 34).

1.5.2 Child protection and welfare in the Child and Family Agency

The legislative framework for Irish child protection and welfare services is contained principally in the Child Care Act 1991, which obliges the Health Board (subsequently the Health Service Executive and now Tusla – Child and Family Agency) to promote the welfare of children who are not receiving adequate care and protection. Details of how children should be protected are outlined in *Children First: National Guidance for the Protection and Welfare of Children* (DCYA, 2011) and the accompanying *Child Protection and Welfare Practice Handbook* (HSE, 2011b). The Child and Family Agency Act 2013 was enacted in that year and Tusla – Child and Family Agency was created in January 2014 to support and promote the development, protection and welfare of children and to support and encourage the effective functioning of families (Section 8.1 of Act).

The Child and Family Agency outlines how it plans to provide its child protection and welfare services through its National Service Delivery Framework (Child and Family Agency, 2013a). The implementation of its plans are at different stages in different areas of the country. The general approach is for a twin-track response to cases, using area-based approaches to prevention, partnership and family support, as well as a differential response approach with the objective of maintaining focus on child safety while, at the same time, adopting a strengths-based approach focused on the needs of the family as a whole (Child and Family Agency, 2013a, p. 2). There will be a single point of entry in each of the Agency's Integrated Service Areas for cases where there are concerns for a child's welfare. With the help of the *Threshold of Need Guidance for Practitioners in Tusla Social Work Services* (Child and Family Agency, 2014b), practitioners and managers will assess the child's level of need and the types of services required. A collaborative network of community, voluntary and statutory providers will be created as part of Local Area Pathways (LAPs) to operate a case coordination process for families with additional need, but who do not meet the threshold for referral to the Agency's Social Work Department (Child and Family Agency, 2014b). Meitheal, the national practice model for all agencies working with children, young people and their families, was

created within this context (Child and Family Agency, 2013b). As a standardised approach, Meitheal aims to ensure that children and families receive support and help in an integrated and coordinated way, by bringing families together with local and community supports.

Cases that meet the threshold for social work services are seen to have either a 'high need' or 'acute need'. Cases that have 'high need' are seen to require specialist support. These children are potentially at risk of developing acute/complex needs if they do not receive statutory intervention (Child and Family Agency, 2013a). The concern in these cases is categorised as **child welfare** and the Social Work Department will provide services by means of a Family Support Plan (HSE Children and Families Social Services, 2009). Cases that are categorised as having an 'acute need' refer to children experiencing significant harm and as **child protection** cases require statutory intervention, such as child protection planning at a child protection conference or legal intervention. The children in these cases may also need to come into care, either on a voluntary basis or by way of Court Order (Child and Family Agency, 2013a).

The Agency's Standard Business Processes project has been ongoing simultaneously, with the goal of creating an integrated child protection and welfare system, with standard operating procedures accompanied by forms and guidance (HSE Children and Families Social Services, 2009). While FWC is part of this project, it is understood that there are no plans currently to implement the section relevant to FWC (Section 13). However, the Standard Business Processes include FWC as an option at different stages of the child protection and welfare system.

1.5.3 Legislation, regulations and guidelines for FWC process

As noted above, the Children Act 2001 contains provisions for FWC (SCO and Section 77). This Act also inserts a section to the Child Care Act 1991 (Section 23A, Part 3 of the Children Act 2001) in relation to children who are in need of special care or protection. In 2004, the Children (Family Welfare Conference) Regulations were enacted to give guidance in relation to operating conferences (Department of Health and Children, 2004). These regulations set out the procedures to be used, attendance at FWC and records to be kept.

Guidelines for different stages of the FWC process, *Practice Guidelines for FGC Process*, were published in 2002 by the then Mid-Western Health Board (O'Brien and Lynch, 2002). Other local practice guidelines have been developed for use by FWC coordinators in different services, include *Practice Guidelines for FWC coordinators working in the HSE Dublin Mid-Leinster and Dublin North East* (FWC, 2012).

Guidance is given in relation to the 'key elements' of FWC, which are the factors that separate the method from different decision-making tools used in the child protection and welfare system (such as the Meitheal process; formulation of family support plans; Child Protection Conferences). These are outlined below.

KEY ELEMENTS OF FWC

- The term 'family' is interpreted widely and includes relatives, friends and other significant people.
- An independent coordinator facilitates the involvement of the child, family network and professionals in the FWC process.
- The family should always have private family time at the FWC to produce their plans for the child or young person.
- The FWC plan should be agreed and resourced unless it places the child at risk of significant harm.
- Agencies that work with families need to share some of their power if they are to work in realistic partnerships.
- In order to make good decisions, families need clear information and to have their own knowledge, skills and values respected.

Considering the principles and key elements of the model, FWC represents a major departure for dealing with family crises since it recognises the crucial significance of the family in relation to securing positive outcomes for children (O'Brien, 2012).

1.6 OUTCOME AND EVIDENCE-BASED MOVEMENTS AND CONFERENCING

When international research for FGC is examined, the earlier research focused predominantly on the practical application of the model, the experiences of different stakeholders involved and the implementation issues involved. There has been more recent work conducted in relation to researching FGC and its outcomes. The outcomes of the model can be examined against two questions:

- Is the wider family enabled to be fully involved in decision-making and planning for children by using FGC as a tool for implementing the principles of partnership, participation and empowerment? (Brown, 2003; Barnsdale and Walker, 2007)
- Does FGC achieve better outcomes for children as identified by the Government of the State? (Marsh and Walsh, 2007; *see also Irish Government's outcomes identified in Section 1.5.1*)

Brady (2009, p. 5) argues that there is a perception that the outcomes of conferences are generally good and the model is accepted and welcomed by families and professionals. The impact of conferencing is well evidenced in the literature and it was captured in the Wexford Family Welfare Conference Project Evaluation (Kemp, 2007, p. 2):

> *'Research to date has identified that there is significant added value to the process of enabling and facilitating families to make informed decisions about their children. The FWC is considered to be more respectful and enabling of families, it enhances family participation, mobilises family support, and has been linked to the increased use of kinship care. On the down side, there are concerns about how best to locate the model with the*

child welfare systems, the fragility of the buy in from practitioners, and the sense that as a model it remains on the periphery of statutory child care services. There is also a need for more research into the longer term outcomes for children who have had a FWC.'

At a national level, the present study has come about partly in response to this call for more research into outcomes in order to examine the effectiveness of the FWC model. However, it is also a study that is shaped by developments in the wider, evidence based movement and an agenda that calls for greater attention to outcomes in service delivery. The present study builds on a small number of studies that capture outcome data. The methodological challenge of capturing outcomes involved in this kind of study are seen in the work of previous researchers and, in the main, arise from the following:

- The complexity of the cases indicates that many of the families may also be involved in other services' decision-making;
- Differences in child welfare systems and the extent to which conferencing services were available or were permitted to be used for certain categories of cases in the system;
- The ethical and pragmatic issues involved in setting up control studies.

While being cognisant of the barriers, the research field has responded by distinguishing between **process studies** and **outcome studies**. The latter aim to capture specific outcomes associated with the model, such as different stages issues/general implementation issues. Process studies are generally more method related. Outcome studies focus more on the results that are demonstrable as a result of utilising conferencing as a model of intervention. Given that the attractiveness of FGC rests on the assumption that enhancing family participation in decision-making leads to better outcomes, it remains important to hold participation as a superlative goal, while attempting to explicate outcomes. Thus, a focus on method related outcomes, as well as specific outcomes achieved in relation to expressed concern, is crucial. This distinction will be shown to be useful in addressing the general methodological deficits in outcome research and is especially useful in a file audit study, where data limitations are inherent in the work.

The outcome studies undertaken have examined aspects that are:

1. **Method related**, such as
   - Family coming together;
   - Did the conference take place and was a plan made;
   - The creation of the family plan (Holland *et al*, 2005);
   - Was there a review (Kemp, 2007; Brady and Canavan, 2009);
   - Implementation of plans (Huntsman, 2006; Barnsdale and Walker, 2007);
   - Any changes in relationships or family dynamics that may result (Boxall *et al*, 2012);
   - Family members' experience of being listened to and FGC improving communication.

2. **Outcomes that address specifics concerning the child or young person.** Although there is no unified definition of 'outcomes vis-à-vis concerns' in the literature, these studies generally evaluate:
   - Children's placements post-conference (e.g. numbers of children who have remained with parents or in kinship care, or were returned to kinship or parents' care and the stability of those placements) (Barnsdale and Walker, 2007; Brandon et al, 2008; Kiely and Bussey, 2001);
   - If children were protected from abuse and neglect (Berzin *et al*, 2008; Huntsman, 2006; Sundell and Vinnerljung, 2004).

Drawing on the above definitions and findings from previous evaluation studies, the present study examines process outcomes in terms of:

- Family and professional attendance;
- Number of family plans and commitments made in the family plan;
- Follow through on commitments;
- Whether goals set for the conference were achieved;
- Whether issues identified for the conference were addressed.

Outcomes relating to children/young people were measured, based on:

- Changes in concerns identified by the referrer;
- Changes in children/young people's placements;
- Legal procedures avoided;
- Changes in legal care status of children;
- When are positive outcomes more likely or when are FWC less likely to yield results is observed through:
  - what works well and what works less well;
  - an examination of family empowerment, family motivation and relationships between family members and family and professionals.

The limitations in respect of the methodology used in this study are discussed in detail in Chapter 3.

1.7 STRUCTURE OF REPORT

This report is structured to present its findings according to the process of FWC – from referral stage through to review – and also by the categories of referrals received. Focusing on these two pathways enables an analysis of outcomes based on the data that were available in the files and provides an opportunity to examine aspects of the processes involved. It also enables the changing profile and concerns relating to the children and family involved at the different stages to be examined. Following this Introductory chapter, the report is structured as follows:

- **Chapter 2** presents the literature review and discusses evaluation and outcome studies conducted both in Ireland and internationally, synthesising key findings. It also explores the effectiveness of FWC as a means of widening family and children's participation and enhancing outcomes in child welfare, child protection and care planning.
- **Chapter 3** outlines the methodology used for the study.
- **Chapter 4** provides biographical information about the children and families referred to the FWC Service.
- **Chapters 5, 6, 7 and 8** present findings in relation to the four stages of the FWC process, i.e. Referral (Chapter 5), Preparation (Chapter 6), FWC meeting (Chapter 7) and FWC Review (Chapter 8). The following issues are addressed within each of these chapters:
  - an analysis of cases that did not proceed to the next stage;
  - findings in relation to the process of FWC;
  - children's and young people's participation;
  - a description of the kind of outcomes identified at each stage;
  - an analysis of what works well and what works less well during each stage of the process, by comparing some of the key findings in relation to best practice guidelines and practice experience.
- **Chapter 9** presents findings in relation to the separate categories of referrals – child welfare, child protection, alternative care and statutory (SCO and Section 77). Cases are discussed and synthesised and key practice implications are considered.

PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

CHAPTER 2:
LITERATURE REVIEW

2. LITERATURE REVIEW

The FWC model, its principles, key elements, its evolution within an Irish context and an overview of the 'outcomes' debate were introduced in Chapter 1. In this chapter[11] , the FWC model is examined from the perspective of partnership and participation. Its effectiveness as a means of widening families' and children's participation and enhancing outcomes in child welfare, child protection and care planning is explored. The focus will be predominantly on how and if FWC can be used as a tool to educate, empower and enable families to protect and care for children and young people. An overview of Irish research is given and this is examined against known international trends.

2.1. PARTNERSHIP/PARTICIPATION

Partnership is defined in the Oxford Dictionary as 'an association of two or more people as partners', working towards a common goal. In family welfare conferencing, the partnership is between State agencies and families, and the goal is the safety and well-being of children and young people. Participation is key to achieving and maintaining a partnership between the various parties. Partnership and participation are key aspects of Irish policy. *Better Outcomes, Brighter Futures* note that *'for services to be high quality and effective, they … must be rooted in and work in partnership with the community, and have a strong commitment to participation and actively engage with children, young people and families'* (DCYA, 2014, p. 33).

FWC provides a way in which State agencies can build positive relationships with children and their families, bridge the gaps in cultural practices and empower participants to become actively involved in keeping children safe. It is a method of resolving, or attempting to resolve, family issues in relation to child protection and welfare (Hudson *et al*, 1996; Hassall, 1996; Lupton and Stevens, 1998; Burford and Hudson, 2000; Huntsman, 2006; Doolan, 2011). In this capacity, it brings together the family, child and professionals to meet and develop a plan for future action (Nixon *et al*, 2005). Therefore, according to Connolly (2007, p. 9), the FGC[12] is intended to 'empower families to look after their own children and to be the ones who decide what is best for them'. Bartlett (2007, p. 15) concurs with this statement, adding that '*the people with the greatest motivation to lead children to a better future are their families, and therefore in all circumstances those families should have the maximum opportunity to determine the course of their children's future*'. In this context, Olson (2009) states that the FGC maximises family engagement in child welfare cases by prioritising families' roles in discussions and decisions. Holland *et al* (2005) and Kiely (2005) further suggest that when individuals and families are empowered, agencies and families work together more effectively,

11 This chapter is largely based on the research work conducted by O'Brien (2012), Barber (2013) and O'Brien and Barber (forthcoming). The assistance of the Research Team as part of this project is also acknowledged.
12 In international literature, family welfare conferencing (FWC), the term used in Ireland, is known as family group conferencing (FGC).

which supports the impression that FGCs might have a meaningful role in contributing to the overall well-being of those involved.

The use of FGC to address difficulties facing children, young people and their families has widened considerably in the past decade (Olson, 2009; Devaney and Byrne, 2015). This is supported by Nixon *et al* (2005), who argue that the FGC process, and its many elaborations, has been increasingly used in a wide range of jurisdictions and communities as an approach to problem-solving and decision-making. Holland *et al* (2005) and Huntsman (2006) concur with this statement by arguing that the FGC process is an effective method in mobilising family involvement, child welfare and reducing repeat offending. According to Berzin *et al* (2008), despite the fact that there are number of different models of FGC, the majority of FGC models share the following basic principles, which, in summary, include:

- **Collaboration between families and agency supports in child welfare decision-making and service provision in order to enhance the role of families in the welfare of children** (Pennell and Burford, 1994; Ban, 1996; Graber *et al*, 1996; Hassall, 1996; Maluccio and Daly, 2000; Brady, 2006; Olson,2009; Doolan, 2014);
- **Respect for the family's community and culture** (Ryburn, 1993; Pennell and Burford, 1994; Maluccio and Daly, 2000; McDonald and Associates, 2000; Moore and McDonald, 2000; Doolan, 2011; Morris and Connolly, 2012);
- **Children's right to a voice in decision-making and to safety** (Pennell and Burford, 1994; Hassall, 1996; Immarigeon, 1996; Maluccio and Daly, 2000; Moore and McDonald, 2000; Doolan and Phillips, 2000; Doolan *et al*, 2005; Taylor, 2012; Watchel, 2012);
- **Empowerment of families to formulate their own workable family plans** (Ryburn, 1993; Ban, 1996; Maluccio and Daly, 2000; McDonald and Associates, 2000; Moore and McDonald, 2000; Murray *et al*, 2001; Brady, 2006; Morris and Connolly, 2012; O'Brien, 2012);
- **Mobilisation of increased family support, including extended family and community resources** (Ban, 1996; Graber *et al*, 1996; Maluccio and Daly, 2000; McDonald and Associates, 2000; Huntsman,2006; Clarijs and Malmberg, 2012; Morris and Connolly, 2012).

The original FGC model developed in New Zealand, as described in Chapter 1, has been adapted for application within different jurisdictions in relation to a variety of issues at different points in relevant child welfare and juvenile justice systems (Barnsdale and Walker, 2007). However, although supporting this statement, Dyson (2007, p. 4) contributes a cautionary note, stating that *'the FGC is a tool that can be adjusted to suit many different countries, but its success ultimately relies on the practical application of appropriate legislation, and careful and skilled administration by social workers, coordinators and others working in the social services sector*'.

2.1.2 Principles

The values of FWC are simple and, when implemented in an appropriate manner, they are very effective. The principles of FWC, as outlined in Chapter 1, are internationally recognised and adhere to values and practices that empower and enable children/young people and birth and extended family members to come together with professionals to devise and implement a plan that keeps the child/young person safe. Sundell and Vinnerljung (2004) argue that when families are involved in the decision-making process and there is a focus on a strengths based approach, solutions are more appropriate and are better than those posed by professionals alone.

2.2 APPLICATION OF FWC MODEL

The FWC model is seen as simple in so far as it is a time-limited process with a clear delineation of steps. These involve a referral stage, a preparation process and a meeting that is divided into three phases: information sharing, private family time and presentation and discussion of the family plan which is aimed at addressing the issues that led to the referral. The independence of the FWC coordinator is seen as a key aspect (Doolan, 2004; Connolly, 2004 and 2009; Scanlan, 2012).

2.3 EVALUATION OF FWC IN AN IRISH CONTEXT

Several small, yet comprehensive studies have been used to evaluate family welfare conferencing services provided directly by the HSE (O'Brien, 2001 and 2002; O'Sullivan *et al*, 2001; Brady, 2006) and services contracted out by the HSE to Barnardos (Craven, 2003; Kemp, 2007; Brady and Canavan, 2009). These studies provide rich data, especially in terms of insights into the processes involved, and utilise a range of methodologies, principally qualitative in orientation. The evaluation of conferencing services provided by An Garda Síochána (the police) and the Probation Service has been the subject of limited research, including a study conducted by O'Dwyer (2001) on the juvenile justice service and FWC, and Burke (2006) in relation to the probation service. O'Brien (2012, p. 87) argues that the *'failure to conduct a national level evaluation of the FWC Service since its inception is a major constraint*'. The need for such a study was recognised by the Conferencing Implementation Group set up under the Children Act 2001, but there has been no progress on this call.

2.3.1 O'Brien (2001) Eastern Health Board (EHB) First Pilot Study

A three year pilot project was initiated in the then Eastern Health Board to establish if the use of FWC could:

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

The evaluation report of Phase 1 of this study related to 19 referrals and 10 conferences. The evaluation concluded that FWCs were an effective means to include and facilitate families in planning for and thereby strengthening their capacities to provide for and manage their children. It showed that families were willing to be involved and were capable of coming up with acceptable plans, which would suggest that the FWC process required little adaptation for use in an Irish context. However, it concluded that a challenge arising was to find the fit between the model and the context in which it was applied.

2.3.2 O'Brien (2002) Mid-Western Health Board (MWHB) FGC and Child Protection Pilot Study

Arising from the findings of the first pilot study (O'Brien, 2001), a further pilot study was implemented by the Mid-Western Health Board in 2001 to examine the applicability of a FWC model of intervention as a means of improving the management of child protection concerns in that region. The evaluation again provided evidence that the FWC process was capable of optimising family placement for children and tapping into the family's ability to draw up a protective plan for their children. A robust typology was developed, detailing how FWC could be positioned as a complementary approach within the child protection and welfare system. However, these recommendations failed to gain any significant momentum at that time. Five different routes from various points in the system to a conference service were presented:

- **Route 1** is where it is clear from the start that the referral is of a child welfare or family support nature (procedural and/or best practice basis). These cases lie outside the child protection system.
- **Routes 2-4** is where the referral contains a recognised child protection concern. The decision to refer to the FWC may be made at three points within the child protection system: professional strategy meeting; case manager; or case conference.
- **Route 5** is where the Court directs, or the Agency's application for a Special Care Order prompts, the referral (legislative basis).

2.3.3 Kemp (2007) Wexford Family Welfare Conference Project, Evaluation

This evaluation was undertaken into a FWC Service contracted out by the HSE to Barnardos in Co. Wexford. According to Kemp (2007, p. 10), the evaluation process in this study adopted *'a very different approach from previous evaluation report formats, moving away from a statistically based review and seeking to go behind the facts and figures, to unwrap the core ingredients, essence and effectiveness of the Project's work'*. In this regard, Kemp was seeking to isolate what was working well and to highlight areas where development and/or improvements could increase the effectiveness of FWC within the project in question.

According to findings from Kemp's study, the FWC services should be targeted more at specific protection and welfare situations, where there is an increased potential for the FWC process to positively influence the outcomes for the child and also to have a more central role in supporting and influencing social work practice. He specified that FWC should be targeted particularly for preventing children entering care, supporting a placement and reuniting

children who are in care with their families.
Kemp concluded in his evaluation that the problematic nature of assigning or ascribing specific outcomes to the FWC was clear – FWC contributed to the increased potential for the child to be safer or better protected, but it was unreliable to state that having a FWC increased the safety of the child in its own right. Issues such as improved protection, increased safety and improvements in welfare were perceived as important, but not necessarily solely attributed to the presence of an FWC.

2.3.4 Brady and Canavan (2009), Barnardos Family Welfare Conference Service, South Tipperary, Evaluation

Brady and Canavan (2009) evaluated a total of 14 cases in a three year FWC pilot project run by Barnardos in South Tipperary. In the evaluation, five of the cases related to children in care and the remaining nine cases related to children and young people at risk and therefore deemed to be at the lower end of child protection. The five case cases relating to children in care showed that positive outcomes had been brought about by the FWC intervention, including:

- Some of the children left State care to return to the care of their parent or another family member;
- Increased contact between the young person and his or her extended family;
- Improved communication;
- Joint working between the family and the young person, which included the wishes of the young person being taken into account;
- Enhanced understanding between young people and their parents of the difficulties they faced;
- Joint decisions being reached regarding care arrangements.

According to Brady and Canavan, these outcomes demonstrate that care outcomes do not necessarily have to mean that the young person leaves care, but that they are supported to have their needs met more effectively by their family and/or care system.

Of the nine cases relating to children and young people at risk, Brady and Canavan outline that two of the cases were rated as being successful in achieving their outcomes, three were somewhat successful and four were deemed as not being successful. In analysing these cases, they suggest that the limited success of the cases was a consequence of the *'intervention coming too late for the young person'*. Thus the FWC process was unable to reverse the *'patterns that had been established'* by the participants and all that could be expected from the FWC is that it would be a catalyst for change. In this context, the authors pose the question as to why outcomes are better in cases relating to children in care? They suggest from their research that families are sometimes willing to put in extra effort when children are in care. 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 ... and gives them power over decision-making'* (Brady and Canavan, 2009, p. 65).

2.3.5 O'Brien (2012): The Place of Family Group Conferencing in Child Welfare in the Republic of Ireland

O'Brien's (2012) study provided an overview of the practice of FWC in the Republic of Ireland through a literature review and a series of interviews with key players on what has been occurring within the child welfare arena. The Irish legislation, policy and practice developments were reviewed against international trends. Doolan's (2004) conceptual framework for analysing the provision of conferencing was used to aid and structure this examination and presentation. Doolan's framework distinguishes between legislative, procedural, and 'best practice' elements, and uses the differences between 'mandate', 'strategy' and 'fit with other agency processes' to identify key implementation issues.

An outline of developments in Ireland in respect of conferencing and, in particular, within the child welfare field was presented. Similar to international trends, it has been found that the FWC is not a simple solution that will resolve a complex issue quickly, but it does offer a model to put into practice the spirit of partnership and inclusivity which can involve individuals and families in child protection and welfare work. It represents a major new departure for dealing with family crises since it recognises the crucial significance of the family in relation to securing positive outcomes for their children. Family strengths, knowledge and resources are utilised to make decisions, both to protect the child and maximise opportunities for ongoing family commitment and involvement in the life of the child.

The conferencing model's values and principles fit with the way many professionals wish to work with families. There has been an increased emphasis within many professions on the need to engage in more participatory practice with families and to be aware of the impact of 'expert identities' to this process. It has been found that the introduction of FWC practice, regardless of the commitment to this decision-making model, requires a major shift in both professional thinking and practice. For a process that is simple in essence, it presents major challenges to implement. Fundamental, perhaps, is the realisation that **conferencing is not a professional framework that families attend, but rather a family process that professionals support.**

Inherent in this realisation is the challenge of sharing power and responsibilities, and how best to find ways to deal with many of the practical and emotional impacts on all parties involved arising from this way of working. The questions remain of how best to find a fit between existing decision-making processes and this way of working, and what changes to mandate and strategic direction are needed if the key questions identified are to be addressed.

The harnessing and implementation of FWC remains a major challenge for child welfare, but the many benefits connected to building better relationships remain core. The conferencing approach generally strengthens relationships within and between family members and with the statutory services. It helps the family to work with the statutory services, sharing responsibility and risks, while also identifying supports. It helps promote self-determination in family decision-making to its fullest extent, while enabling the statutory services to discharge/share their duties. Where there has been a history of acrimony between State

agencies and families, convening an FWC can offer an alternative way of working. O'Brien (2012, p. 67) discussed how FWCs were incorporated in the system and stated:

> *'While [FWC] has been used in child protection cases through the pilot set up to examine and progress the application (O'Brien, 2002), other research has shown that it is the "lower end" (i.e. least serious) of child protection cases that are referred into the service (Kemp, 2007). Even if cases contain elements of child protection, it is generally described as a family support case at the outset and not described as child protection (Brady and Canavan, 2009).'*

Standard Business Processes system

A number of opportunities and constraints were presented by O'Brien (2012, p. 69) in the provision of services within the child welfare system that could change this trajectory. Key questions relate to the extent:

> *'... new business processes/procedures would afford opportunities for the further development of conferencing or will opportunities be more constrained, as a result? Within the business processes, conferencing has been clearly identified at different junctures in the child welfare system as one of a number of options that may be utilised ... These processes provide for family welfare conferences as one of a number of options at key junctures within the child welfare and the child protection system. In theory, there is provision for the FWC Service to be used at the "assessment stages", as part of a "strategic meeting" set up to discuss a case, as part of "family support plan", as part of "case conference" or when child protection plans needs to be reviewed or if a child is being "discharged from care".'*

However, within the Agency's current Standard Business Processes system, there is limited provision for accounting for why this option was activated (or not activated) and, secondly, what the consequences of a particular action may be for both the service and/or the individual case. However, it is early days in this new system. Development is to be welcomed since conferencing up to this point has played little role within the Irish child protection system and has remained peripheral.

Why the limited progress?

The most obvious factor for the limited progress, according to O'Brien (2012), was perhaps the enormity of the rapid organisational changes that occurred at so many levels of the child protection system in the years 2009-2012. Career opening and movement became a feature of the changes and many of the original 'champions' involved in the FWC developments moved within the system, resulting in the potential of conferencing being lost.

The irony, however, was that the legislative provisions of the Children Act 2001 and the 2004 Children (Family Welfare Conference) Regulations (Department of Health and Children, 2004) enabled a national FWC Service to be set up. However, the service was dispersed and was not central to many of the other developments and changes occurring in the child protection and welfare system. Staff numbers in the FWC Service remained small and the primary focus was on setting up a service that could respond to the HSE's statutory responsibilities. Also, the number of referrals remained lower than anticipated and in this

context the people involved placed much energy into convincing colleagues of the potential of the conferencing practice. This is shown as follows (O'Brien, 2012, p. 191):

> *'They report that they work continuously to increase referral rates, to obtain referrals of a type that fit best to conferencing strengths, to explain outcome information from cases that are multi-faceted and are simultaneously engaged with many other interventions and to educate the professionals and senior managers on the processes and principles inherent to the conferencing model. For many service managers, the continued frustration at its peripheral position within child welfare has perhaps been the most difficult to endure. However, there is evidence that many of these difficulties remain, albeit at different levels, even when implementing this decision-making model across systems where it has been established for longer than in Ireland.'*

O'Brien (*ibid*, pp. 190-91) concludes by saying that:

> *'The major changes currently underway will have a major impact on what the future holds for conferencing within a procedural-driven child protection system. Time will tell if this will enable conferencing to occupy a more central role than it currently does in the system. In the meantime, many aspects identified by the research in respect of conferencing and child protection will need to be incorporated more systematically into care planning. It is crucial to see conferencing as an ongoing process, and not as a single event. This may imply having a number of conferences until such time as a safe care and protection plan can be put in place for the child. This will have major implications, undoubtedly, as the fit between the FGC and other decision-making structures in child protection will have to be very carefully considered. The risk-averse aspect of current child protection practice, combined with the current focus on standardised practice, may provide limited possibilities for innovation and family empowerment in decision-making.'*

Hope for the future

On the other hand, O'Brien (2012) suggests that slower development has allowed innovations to occur outside a tight legislative and procedural frame. Staying true to the core features of the model, including the independence of coordinators, good preparation, private family time and acceptance of family plans, are all considered important. Organisational commitment to the process (as exemplified by paying coordinators and service managers at high rates, commensurate with others senior post-holders) has been welcomed, although the lack of a senior manager mandated to drive the service development at national level has had an impact. It was suggested that (*ibid*, pp. 191-92):

> *'The more recent appointment of a manager to drive the place of FWC as part of the business processes will help hopefully to redress this. This addition to the changes in structure may also give fresh direction and momentum to the family group conference service managers group. The need to enable this group to function more purposefully has been recognised in the latest strategic plan of the HSE Child and Family Services (HSE, 2012). Inconsistency in participation in the national group, a level of confusion regarding mandate and accountability structures, limited provision for collating and sharing innovation, having limited structures to capture complex data activity on a national level and failure to develop national solutions for implementation challenges, have been some*

of the frustrations/features/experiences of this group. The abolition of the conferencing implementation structure provided for as part of the 2001 legislation and the varying levels of buy-in to conferencing at regional level have militated against developments occurring. Also, the lack of provision for service managers meeting/working as a coherent group in recent years, arising predominantly from cost-cutting and an imposition on travel ban outside of their own geographical areas, has impacted. Video-conferencing has limitations. Recent moves within the HSE to re-activate this group has been seen as positive for realising the potential of conferencing (HSE, 2012).'

Overview of research in Ireland

O'Brien (2012, p. 187) concluded that:

'Although some of the individual regional services have had their own service evaluated, the failure to conduct a national-level evaluation of the FWC Service since its inception is a major constraint. Any such evaluation would need a detailed analysis of conference referrals/activity against other variables in the child welfare system, such as the total number of referrals into the child welfare system, the number of children in the care system, the demarcation of these cases within child protection and child welfare categories, the pathways of these cases through the system in terms of interventions, the progression of these cases through specific regulatory junctures, i.e. placement decision-making, care planning and the extent to which informal kinship placements are being encouraged.'

The present study goes some way to address many of these issues, although the need for a national study remains.

2.4 KEY ISSUES ARISING AT DIFFERENT STAGES OF FWC

Boxall *et al* (2012, p. 3) stress that whenever concerns are raised in relation to the welfare of a child, it is imperative that dialogue occurs with the child's family. Typically, this dialogue tends to occur with the child's parents and the statutory agency, thus ignoring or not recognising the importance of other family members in the life of the household in question. Mirsky (2003) and Morris and Connolly (2012) state that the FGC process cannot be effective unless the affected family unit is surrounded and supported by its kin network, including important child and family friends, arguing that a conference of officials with the family household cannot be described as an FGC.

The literature clearly supports the idea that the 'purest' form of the FGC is the one consisting of *'four distinct but related stages: preparation, information giving, private family time and, finally, the plan and agreement stage'* (Frost *et al*, 2012, p. 88). Olson (2009) goes further and states that if the FGC is to maintain the original effectiveness seen in the New Zealand programmes, then it is imperative that these elements or stages are maintained. Furthermore, Morris and Burford (2009) argue that stating the key principles is helpful in providing clarity about what a family has actually experienced, so that misleading assumptions are not made about the participatory nature of the process.

2.4.1 Preparation and role of independent coordinator

That preparation is a 'cornerstone of best practice' within the FWC process is reiterated throughout the literature and seen as key to engaging participants in decision-making and helping attendees to understand what the issues and concerns are in relation to the safety of the child/young person. Preparation ensures that everyone is aware of what is being asked of them and facilitates them to understand their role in the decision-making process and the plan (Barnsdale and Walker, 2007). This way of working with families and children enables a greater partnership between the stakeholders to form before the FWC meeting. Merkel-Holguin *et al* (2003) found that when comprehensive preparation is carried out, there is a significant link to positive outcomes.

This recognises the significant imbalance in the power relationship between those with statutory powers and authority and those who are subject to them. Doolan (2011) argues that it is difficult to have effective dialogue or to formulate a long term plan for children under these circumstances because people subject to authority and intervention can react with hostility, on the one hand, or passive resistance, on the other. These reactions can result in professionals making inaccurate judgements, believing that families or parents are uncooperative, unwilling to care or uninterested in their children. Research undertaken by Doolan (2004) in kinship care has shown how such judgements are sometimes generalised to whole family systems, which can result in them been discounted as potential carers or protective agents for children requiring care.

It can be argued that, when participants are adequately and properly prepared for the FWC meeting, everyone is clear about the goal and their role in achieving it. Furthermore, it is also important to prepare professional contributors since there may be a change in professionals' values, from 'the expert' in relation to specific social problems to facilitating change through empowering family members to take the lead (Barnsdale and Walker, 2007; Frost *et al*, 2012). Barnsdale and Walker (2007) argued that while the time spent on preparing participants varied across jurisdictions, the quality of the preparation (whether participants felt adequately prepared or not) had a profound effect on attendance, cooperation of those making the plan and on the overall outcomes of the process. Furthermore, Merkel-Holguin *et al* (2003) found that when family members are invited and adequately prepared for the FWC, they attend in greater numbers and are more engaged in the decision-making process. This is in line with Bowser's (1999) findings, which highlighted that when family members were prepared properly they responded positively and showed signs of cooperation and engagement in the process. One could argue that this is an indication of partnership at the preparation stage.

Moreover, Frost *et al* (2012) argue that the way in which participants are prepared should be taken into account, in that the use of 'professional jargon' can have an adverse effect on family members and emphasise a power imbalance where family members do not understand what is being asked of them, which is vital for them to make a plan. This power imbalance is a delicate issue to deal with, in that it exists because of the gap in knowledge between the professional and the family and the social position of each and in an arena where knowledge is power – i.e. the professional (the knowledge holder) has the upper hand. In this way, *'families may be coerced into the preferred outcome of the professionals' (ibid).*

The power imbalance can be limited by the use of an independent FWC coordinator. It has been argued, again by Frost *et al* (2012), that coordinators should be properly trained in the FWC process and its theoretical underpinnings so that they can play an objective role, ensuring that all parties have their views heard and respected. Moreover, Connolly (2006) presents the argument that conferences should be 'family-led', which can sometimes be very difficult since the coordinator must encourage professionals to relinquish control while at the same time facilitating the family to engage in the planning and decision-making.

Doolan (2011, p. 8) clearly states that by ensuring FGCs are convened and managed by an independent coordinator, *'the inherent (but not deliberate) oppressiveness of professional systems'* is recognised and thus there is *'a commitment to fair process that enables conversations with family groups about their children to happen safely, from the family's perspective'*. The independence of the FWC coordinator is vital in contributing to building a relationship with the families they work with and many of the skills of a coordinator are seen in how they communicate, facilitate and mediate proceedings, before and during the meeting (Frost *et al*, 2012). The importance of the role of the coordinator continues into the next stage, the FWC meeting itself, facilitating proceedings on the day.

2.4.2 Information giving at FWC meeting

The independence of the FWC coordinator helps ensure impartiality throughout the meeting, as well as making sure that all parties have their views heard and respected (Frost *et al*, 2012). This way of working maintains the cooperation from stakeholders that is generated in the preparation stage (*see above*) and builds on the partnership between family members and professionals. The coordinator facilitates the dynamic nature of the FWC process and keeps a check on the changing role of the professional, *'from expert to partner'* (*ibid*), and the family and family/professional dynamics. Furthermore, the coordinator keeps the meeting focused on the goals and issues set at the referral stage, while making sure that participants cooperate and work in partnership with each other in order to achieve the goals.

The literature places a strong emphasis on the location used for the conference meeting. According to Helland (2005), it should take place in a community setting, in a place that is comfortable for the family and where there is ample space for people to be accommodated to deal with the different stages, including the need for some participants to take time out and for refreshments to be served, etc.

2.4.3 Private family time

This stage of the FWC process is the main area where the family are empowered to become part of the decision-making process. Using the information provided at the FWC meeting (*see above*), the family needs to keep the concerns and issues in mind and work to make a plan that will keep the child/young person safe, meet the child's/young person's needs and address the specific concerns of the referral agency. While the professionals and coordinators generally withdraw for private family time, Brady (2009, p. 5) suggests that:

'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 FWCs 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 coordinator is available during this time should the family need clarification or additional information.'

In this respect, Olson (2009) concurs – that within the FGC philosophies, it is important that the family have private time away from the professionals to collaborate and develop their plan. Families have information and knowledge which belongs to them and which is not readily accessible by professionals. In the event where family members may have been unwilling or reluctant to partake, ask questions or fully participate in the conference, this time provides them with an opportunity to have realistic discussions about the strengths and weaknesses of the parents, alternative caregivers or the child's needs. Doolan (2011) argues that private time in the FGC is not an option provided by professionals, but rather is a right that is exercised by the family group. Olson (2009, p. 1) states that *'families that have been adequately prepared by the coordinator and the facilitator are usually able to draft a plan that the professionals will approve'*.

2.4.4 Agreeing the family plan

Olson (2009, p. 61) outlines that *'families should be encouraged to produce a plan that will address the professionals' concerns, protect the child's safety now and in the future, and move the child out of the system in a timely manner*'. To this end, the family plan should be detailed, with specific proposals to address concerns raised in the information stage. Agreeing the family plan further solidifies the empowerment of the family and enables them to have the confidence to implement the agreements and commitments. This is of great importance since the plan will deal with the concerns and issues raised in the information giving stage and due to the fact that the family have proposed the plan, it will be appropriate to the needs of the child and the family.

Brady (2009, p. 5) describes this stage of the FWC process as follows:

'Once the family has finished working on their plan, the coordinator rejoins 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.'

According to several studies, it is imperative that once a conference has reached consensus, the statutory agency should support and give effect to that decision (Brady, 2006; Huntsman, 2006; Morris and Connolly, 2012). This commitment signals trust in family groups and trust in the process from which the plan has emerged (Hayes, 2000).

2.5 OUTCOMES OF FWC PROCESS

The methodological challenges in measuring outcomes have been presented in Chapter 1 (*see Section 1.6*). Here, specific process outcomes are explicated and used to examine the extent to which FWC practice facilitates the families participating in partnership with State agencies. Each specific process is discussed in turn. With regards to quantifying outcomes for the FGC process, Crampton (2007, p. 203) suggests that *'while child welfare practitioners are eagerly implementing the FGC model, researchers are more cautious'*. In this context, Whittaker (1999, p. xv) poses the question: *'Will family group conferencing meet the ultimate test of empirical validation in rigorous studies with appropriate controls?'* However, Barth (1999, p. 248), although an advocate for rigorous clinical trials, concedes that *'the assumptions of family group conferencing are so compelling that variations on this practice will undoubtedly continue to develop without evaluation endorsements'*.

Historically, Crampton (2007) states that a 'lack of theory' concerning how the FGC process can improve the situation for children within the child protection and welfare system has resulted in a limited amount of information with regard to FGC outcomes. The possible reluctance by countries to undertake outcomes research overlooks the importance and value of long term outcome studies which examine the qualitative and enduring nature of decisions that critically impact the lives of children and families involved in the FGC process (Morris and Connolly, 2012). According to Berzin *et al* (2008), research on FGC has mainly been limited to process evaluations and studies of client satisfaction.

2.5.1 Process outcomes: Communication

In order to exchange information between professionals and families, there needs to be dialogue and cooperation between the parties. The literature shows that FGCs have played an important role in improving communications within families and between families and practitioners. Huntsman (2006) found that FGC led to enhanced communications for family participants, resulting in improved communications within their family and reduced family conflict after the conference, and also that children were safer as a result of participation. Furthermore, Huntsman suggests that there is a reasonable amount of evidence suggesting that communication between families and child protection agencies improved following a FGC, as also shown by the work of Pennell and Burford (1994), McDonald and Associates (2000), Vesneski and Kemp (2000) and Berzin *et al* (2008).

2.5.2 Process outcomes: Family Plans

The literature provides overwhelming evidence that FGCs lead to increased participation and empowerment. But according to Holland *et al* (2005), it is hard to know if the enthusiasm relates to the extent a plan is formulated or not. The literature does not readily distinguish between outcomes from FGCs that result in a plan and those that do not succeed in constructing a plan. The following is an overview of what the literature says about family plans.

Plans: Formulation and implementation

Brady (2006, p. 151) found that plans were composed of a mix of traditional services and family commitments. Traditional services, typically seen in care plans, include mental health services, substance abuse treatment, behavioural interventions and housing resources. More family specific strategies include providing transportation, financial assistance, supervised visits, emotional support, contributing to home improvements and help with school tuition (Shore *et al*, 2001). This indicates the level of support and guidance for professionals, but more importantly it shows how both traditional and family supports are needed in tandem in order for plans to guarantee the level of care needed to create a safety plan.

Huntsman (2006, p. 11) found that non-implementation of plans was attributed in about half the cases to a failure on the part of either family members or child protection professionals and other agencies to provide resources agreed to or promised during the conference. Responsibility for this non-delivery seems to have been equally ascribed to family members and the professionals. It was suggested that too many or too few options about services may be presented by the professionals in the conference: offering too many may inhibit family members from coming up with their own solutions and offering too few may leave them feeling unable to cope. In cases where parents had agreed to undergo treatment for substance abuse, for example, several parents denied accusations that they were not trying to carry out their part of the plan, saying they had not been able to gain access to an appropriate service in their area.

Placements in extended family and increased child placement

Findings from a number of studies suggest that FGC supports beneficial outcomes for children and families, including reduced time spent in out-of-home placements, increased stability of placements and improved child safety in placements (Pennell and Burford, 1994 and 2000; McDonald and Associates, 2000; Vesneski and Kemp, 2000). There is a considerable accumulation of evidence that children in need of care away from parents are placed in relatives' homes more often when there is a family group or welfare conference (Trotter, 2002; Sundell, 2000; Kiely, 2005; Mandell *et al*, 2001; Crampton, 2004 and 2007; Shore *et al*, 2001; Worrall, 2001; Gill *et al*, 2003; Marsh and Crow, 1998). The resources issues involved (see above) are core and there is ample research that points to the fact that all too frequently family members are not being resourced adequately when they step in to care for the children.

Improved family and family/professional relationships

The literature shows that FGCs have played an important role in improving communications within families and between families and practitioners. Huntsman (2006) found that FGC led to enhanced communications for family participants, resulting in improved communications within their family and reduced family conflict after the conference, and also that children were safer as a result of participation. Also, Huntsman (2006) suggests that there is a reasonable amount of evidence suggesting that communication between families and child protection agencies improved following aN FGC (Pennell and Burford, 1994; McDonald and Associates, 2000; Vesneski and Kemp, 2000; Berzin *et al*, 2008). This is supported by Kiely (2005), who suggested that following an FGC there was increased consultation and a more inclusive way of working between families and agency staff.

While there is evidence that the FGC can generally lead to improvements in family relationships for a myriad of reasons (such as it provides an opportunity for family members to get reconnected), a focus on children's needs can help to provide a level of distance from past family animosities and the process enables families to get a more open view of what has been occurring and thus the past tendencies of blaming and secrecy can be avoided. Some concerns in the literature relate to the processes that can occur during private family time. There is no doubt that an FGC can be stressful and emotional for families, but it is perhaps the circumstances that the family members find themselves in rather than the FGC process itself that is partly the issue. Helland (2005) suggests that due to the limited research findings in this area, there is a need for this aspect of the process to be further explored. However, conducting research on 'private family time' is difficult given the inherent reserved aspect of this stage of the process.

There is ample evidence that family participants generally welcome FWC as a way of working. For those with previous experience of the child welfare system, they are cautiously optimistic but hesitant to get too excited too quickly (Helland, 2005). Kemp's (2007, p. 132) evaluation study outlines the main issues at stake:

> *'Whilst the FWC does not have any mandate or stated claim in being able to positively influence the client–professional relationship, the feedback from the contributors would indicate that one of the latent consequences of the process was that relationships, at worse, did not dis-improve, and at best, made a real difference to the post-conference working relationship. There is evidence that the relationship that clients have with professionals is a significant predictor of family engagement, openness to resolving the problems, and in being willing to share concerns more readily with the professional. All of these are positive, protective factors in working with vulnerable children and their families, and the FWC appears to be having a positive influence on these issues in Wexford.'*

2.6 KEY ISSUES

2.6.1 Involvement of children

Children are and must be seen as active in the construction and determination of their own social lives, the lives of those around them and of the societies in which they live. They are not just passive subjects of social structures and processes (James and Prout, 1990). Participation can be defined as *'interaction, belonging and integration into and influence on society'*. It also relates to issues of power and empowerment. Meaningful participation has been linked to empowerment because children who are empowered have the necessary information and feel like they have the power to have their views heard. The child protection system is now attempting to empower children more by giving them a voice. The recent *National Strategy on Children and Young People's Participation in Decision-making* (DCYA, 2015) sets out the Government's commitment to Article 12 (often called the Participation Article) of the UN Convention on the Rights of the Child. Children should have the choice to participate in the decision-making process and, if they decide to, then there are different levels of participation. However, their age, maturity and capacity does need to be considered since child participation

is such a complex area in child protection in comparison to others, such as education or health (Sanders and Mace, 2006). Shier (2001) identifies five levels of participation in his work, namely:

- Children are listened to;
- Children are encouraged to express their views;
- Children's views are taken into account;
- Children are involved in decision-making processes;
- Children share power in and responsibility for decision-making.

It is noted that children need information about contexts and procedures in order to decide if they find the situation safe, meaningful and worth participating in before being able to participate in processes affecting them (Polkki *et al*, 2012).

Studies by Merkel-Holguin *et al* (2003) and Helland (2005) show that children's involvement and participation in the FWC process varies considerably. The literature reveals divergent views on the desirability of children attending the conference meeting, but generally it is weighted in favour of their participation. Huntsman (2006) outlined that some adults believed that children should be excluded from conferences, stating that the process was too much of a responsibility for them to endure. However, he also states that for some adults, *'the presence of children, even very young children, was important as a reminder of the purpose of the meeting'*. In relation to children's participation in the process, Nixon *et al* (2005) state that children attended more FGCs in greater numbers and participate more extensively when compared to more professionally led decision-making processes. Bell and Wilson's (2006) study determines that if care and attention is not paid to how children will actively participate in an FGC, it may adversely impact on them.

There are several studies, according to Helland (2005, p. 17), that *'purport children's happiness with the FGC process'*, while there are *'equal numbers that purport children's dissatisfaction'*. The reasons for happiness are associated with being asked for their views, being listened to and seeing their family members in one place. Those children that did not like it felt inhibited talking in front of their family, lacked confidence, did not understand what was happening, felt overwhelmed with the use of jargon and felt that adults did not always listen. Helland concludes that while they attend more than in traditional decision-making processes, children's participation rates in FWC still remain too low.

A growing number of researchers (Horan and Dalrymple, 2003; Bell and Wilson, 2003; Holland *et al*, 2005) recommend the greater use of an advocate to facilitate increased child participation. The independence of the advocate is stressed and preferably it should be someone known to the child. An advocate can ensure more child-friendly processes are used, such as name tags and facilitating them to go to a separate space if they wish. If children cannot attend the FWC, there needs to be formal input of their views into the process through an advocate of some sort.

2.6.2 Mandate

Frost *et al* (2012) state that since the introduction of the FGC process in New Zealand in 1989, a number of countries have introduced legislative mandates prescribing the use of the FGC model. These include Northern Ireland, some territories in Australia and Ireland. Doolan (2004) argues that obtaining a legislative mandate is a crucial step in 'mainstreaming' FGC. Doolan (1999) further argues that in the absence of this, the methodology vacuum may be filled by patchy implementation and service delivery, and structures may be overly influenced by professionalism, and hence differ from the intended aims of the approach. However, Barnsdale and Walker (2007) outline that, in spite of a lack of a legal mandate, FGC has been introduced via procedural systems and best practice recommendations relatively successfully in Australia, Israel, the Netherlands, the Nordic countries, South Africa, Thailand, the UK and the USA.

The failure by authorities to properly endorse and resource FGC is criticised by Marsh and Crow (1998), Sundell (2000) and Brown (2003). They suggest that this lack of commitment to FGC may contribute to the contradictory attitudes that exist towards FGC, resulting in a failure to maintain the initial momentum and bring the model into mainstream practice. Barnsdale and Walker (2007) argue that providing a legislative mandate for FGC would circumvent some of these problems by requiring that the model be applied under certain circumstances. However, they concede that in the absence of such a mandate, a clear policy commitment to FGC (or a pilot thereof) may help to encourage its use and demonstrate its efficacy. However, Doolan (2004) considers that successful implementation by either of these means could require a deconstruction of the child protection discourse, a deconstruction of the dominant process and wider structural change so that the initiative becomes seen as the preferred way of working.

2.7 SUMMARY

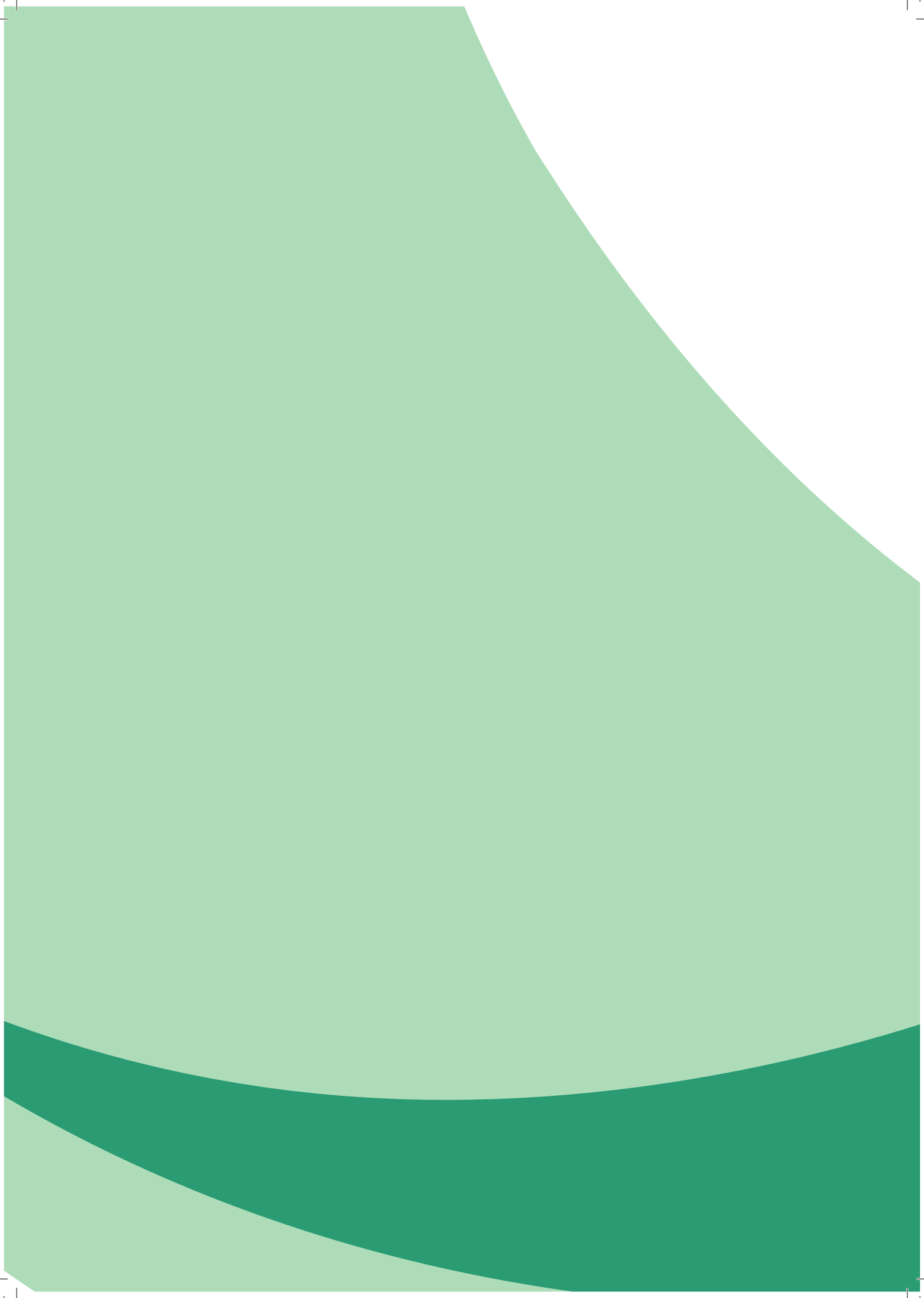
This chapter has outlined the literature previously written in relation to family welfare conferencing, focusing on the benefits of the principles of increased partnership between State agencies and families in decision-making forums regarding the protection and welfare of children. The benefits of the FWC process have been outlined in terms of educating children and families, and enabling families to create positive, safe and supportive environments in which children can grow up.

The way in which FWC practice fits with changing values and policies in Irish society has been discussed. Although there are some barriers to the implementation of plans, this chapter has shown that, overall, FWC practice and values can contribute a great deal to the protection and welfare of children and young people in Ireland.

The literature also provides evidence of the positive impact of FGC for child protection and welfare in jurisdictions other than Ireland and the fact that FGC is increasingly being used as an integral part of family casework. Studies reviewed show the importance of the

underpinning principles for FGC and the importance of these principles in establishing good-quality FGC processes, aimed at building relationships and communications within families and between families and professionals, and in building family support networks. In addition, overall, the literature points to the largely positive impact that FGC can play in reducing time spent in out-of-home placement, increased placement stability, improved child safety, greater reductions in incidences of abuse and neglect, and improved collaboration between family members and service providers.

However, it is also evident that although generally reporting positive outcomes, a number of studies have some limitations, pointing to the need for more detailed research and robust evaluation of outcomes, and the further development of theoretical and methodological underpinnings.



PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

CHAPTER 3:
METHODOLOGY

3. METHODOLOGY

This chapter outlines and discusses the research design used in this audit study of files associated with the FWC Service. It explains how the methodology was structured to capture data at different stages of the FWC process. The goal of the research was to capture both formative and summative data in respect of the 335 referrals made to the FWC Service during 2011-2013[13] and the 123 conferences and 73 reviews completed in that three year period. This chapter also discusses the complexities involved in collecting and analysing information in respect of a dataset that needed to be recalibrated for each of the four stages of the FWC process. The survey instruments developed, and the analysis conducted to capture descriptive and outcome data, are presented. Finally, as with all studies of this kind, the limitations of the study are discussed.

3.1 AIMS OF STUDY

The aims of the study were threefold:

- To provide, through a file audit, a profile of the 335 cases referred to the FWC Service in the years 2011-2013 in the greater Dublin area;
- To capture outcomes arising in cases referred to the FWC Service;
- To use the findings to help in planning future FWC Service provision.

3.2 THE 'POPULATION' OF THE STUDY

The 'population' for this study are the cases referred to the FWC Service in the HSE (now part of the Child and Family Agency) covering Dublin, Kildare and Wicklow in the period January 2011 to December 2013, and where work on the case was completed by the 1 May 2014. (19 referrals from 2013 and two cases from 2012 were not included in the study as they were still open to the service on 1 May 2014.) The sample consists, therefore, of 335 families, with 540 children involved. The terms 'referral' and 'case' are used throughout this study as synonyms for families referred to the service. Summary data on the referrals are presented in Table 3.1.

13 The 'population' for this study includes cases referred in the period January 2011 to December 2013 and where work on the case was completed by 1st May 2014.

Table 3.1: Number of families and their children referred during 2011-2013 and number of families and their children included in this FWC study

Year of referral	No. of families referred to FWC Service	No. of families included in study	No. of children included in study
2011	132	132	204
2012	114	112	188
2013	110	91	148
Total	**356**	**335**	**540**

3.3 TIMEFRAME FOR THE STUDY

This study was commenced in January 2014 with research instrument development. Data collection began also in January 2014 and ended in May 2014. Data analysis was completed in July 2014 and drafting the report was completed in September 2014.

3.4 RESEARCH METHODS

A number of research techniques, combining quantitative and qualitative methods, were used in the study:

- The quantitative component consisted of a schedule of 340 data-gathering questions, devised by the Research Team;
- The qualitative component drew on observations made from the researchers' reading of the case files; from a focus group with three FWC coordinators; from open questions completed by the FWC coordinators in respect of a sample of 73 cases; and from interviews conducted with the FWC Service's previous managers. A set of anonymous FWC evaluation/feedback forms for the timeframe involved, completed by the participants in FWCs prior to the study, were also accessed.

3.5 ETHICS

The ethics framework governing research undertaken at University College, Dublin (UCD) was adhered to at all stages of this study process. This study fits the criteria for exemption from full UCD ethical approval on the basis that it involves a 'file audit' and no direct contact was made with people that could be deemed as vulnerable. Nonetheless, safeguards are required when auditing files that contain highly sensitive and confidential information, and this was prioritised from the outset, with the following steps taken. Confidentiality agreements were signed by all members of the Research Team with the researchers Dr. Valerie O'Brien, UCD, and Ms. Hannaleena Ahonen, Tusla – Child and Family Agency. Training was provided in

relation to research ethics and reflexivity, and the importance of utilising support structures provided when working with sensitive and emotionally challenging case material. Files were accessed within the Child and Family Agency's offices only. Information on individuals was made fully anonymous following the data collection stage. All electronic material was encrypted and stored securely.

In relation to the qualitative element, consents were obtained in respect of the FWC coordinators and Child and Family Agency service managers who participated in the focus groups and the 'expert' interviews. It was agreed that no source of individual data elements would be identifiable so that confidentiality was ensured. The possibility of withdrawing from participation in the study was offered up to the point when data analysis was undertaken. The draft report was shared with the FWC coordinators as the research neared completion, with the aim of seeking their expert views on the processes and outcomes identified by the study.

3.6 THE QUANTITATIVE STUDY

3.6.1 Method and data sources

A research instrument (schedule) comprising 340 questions was developed by the Research Team at the initial stage of the study. The schedule was designed to capture factual and subjective/interpretative data contained in the files of cases referred to the FWC Service. The specific data sources in the files are outlined below. The schedule used questions based either on pre-existing categories (e.g. gender is 1 = male or 2 = female) or a specific number was required (e.g. age at a time of referral). Cases progressed to different stages and this had to be factored into the schedule design also. A series of scales were devised to enable an assessment of the outcomes to be made by the Research Team. Guidance for completion of the schedule was developed also at the instrument development stage. This stage involved an iterative process and development continued during the data collection stage.

The schedule was devised to capture data from a range of sources. The data, which include the creator of the source where possible, are:

- **Referral Form**, filled out by the referrer;
- **Referrer's Report for the family welfare conference**, completed by the referrer following the referral meeting;
- **Family Plan**, as recorded by the FWC coordinator following a family welfare conference;
- **Review Notes**, as recorded by the FWC coordinator following an FWC review;
- **Other information available**, including case notes, correspondence, children and young people's work sheets, etc.;
- **Children and young people's form**, as completed by the FWC coordinator at the time of closing the case;
- **Closing sheet**, completed by the FWC coordinator at the time of closing the case.

The trajectory of the study's 335 cases is significant and the study population changes as cases referred to the FWC Service proceeded through different stages, from initial referral to cases being closed. The five stages are (1) referral; (2) four-way referral meeting; (3) preparation; (4) family welfare conference (FWC); and (5) review meeting.

Table 3.2 presents data on the changes in study population and the numbers progressing through the FWC stages, and gives information on both numbers of families and their children. This information emerged as a result of data analysis and was not available to the Agency prior to the commencement of the study. A summary of this table is also presented at the beginning of each of the chapters detailing the study's findings (i.e. Chapters 5-8) to remind the reader of the sample under consideration at that particular stage.

Table 3.2: All study cases as they proceeded to each stage of the FWC process

	Total no. of referrals	% of total referrals	No. of children	% of total no. of children
Referrals received	335	100%	540	100%
Cases closed before a referral meeting	88	26.3%	123	22.8%
Cases that had a referral meeting	247	73.7%	417	77.2%
Cases that had a referral meeting, but were closed before preparatory work started	41	12.2%	60	11.1%
Cases that proceeded to preparation stage, but were closed before a FWC	83	24.8%	135	25%
Cases that proceeded to FWC	123	36.7%	222	41.1%
Cases that had a review meeting	73	21.8%	143	26.5%

3.6.2 Categories and pathways of cases

Referrals to the FWC Service come mainly from the Social Work Department in the Child and Family Agency, although some are directed by the Courts (SCOs and Section 77 referrals). It was considered appropriate to categorise the cases based on categories and pathway descriptions utilised by the child protection and welfare system. These categories are:

- Child welfare;
- Child protection;
- Alternative care;
- Statutory (SCO);
- Statutory (Section 77).

The decision to use these categories is central to the analysis of the data. It is necessary to provide the background to this decision and why and how it was taken by the Research Team. In the initial stages of the study, the category information relied solely on that chosen by the professional at the referral stage. The category was presented on the referral form under a question entitled 'Criteria of referral' and a number of predetermined categories were available. The choice of category was based on the referrer's professional appraisal of the case.

A decision was made at an early point during the analysis stage to re-examine the categorisation selection made by the professionals. It was considered that differences in definitions used, as well as changes in organisation structures and team cultures over the three year period involved, may have accounted for noticeable differences in categorisation usage over time. It also became apparent that the 'Criteria of referral' question on the referral form did not necessarily reflect where the case's position (pathway) in the child protection and welfare system. A clearer categorisation framework, with specific definitions and a focus on pathways through the system, was needed if outcomes were to be extracted and appraised with a greater level of reliability.

It was agreed that the current FWC Service Leader would review all the cases and re-categorise them. This appraisal was based on definitions of child welfare and child protection categorisation as outlined in the *Child Protection and Welfare Practice Handbook* (HSE, 2011b), on a reading of the information available in the files and on her first-hand knowledge of many cases, based on her experience of being both a FWC coordinator and the current FWC Service Leader. The Research Team was involved in ongoing discussions of the conceptual framework throughout this period and were consulted regularly when issues emerged in the re-classification process. It is considered that the clearer definitions and re-categorisation process resulted in a more robust and coherent baseline dataset. This approach also expands the analysis options available to the Research Team and enhances the reliability of the findings.

The definitions and information used to categorise the cases for the purpose of this study are described below.

Child welfare

These cases were based on the definition outlined in the *Child Protection and Welfare Practice Handbook* (HSE, 2011b, p. 6):

> *'a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may not require a child protection response'.*

Further factors used in arriving at a 'child welfare' classification were based on the following case knowledge and professional judgement:

- Lack of evidence of formal child protection procedures;
- Where there were no formal Agency supports provided to the family in place, for example, where there was no family support plan, child protection plan, or formal supports provided by the Agency, like family support worker or child care worker;

- Where there was no 'bottom line' indicated by the Agency for the FWC;
- Where there was a lack of 'significant harm' to the child.

In this study, 87 cases out of the 335 were deemed to be within the 'child welfare' category.

Child protection

Cases were categorised as 'child protection' by using the definition outlined in the Child Protection and Welfare Practice Handbook (HSE, 2011b, p. 5):

> *'when there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually or emotionally abused or neglected … and where this has led to or is likely to lead to significant harm.'*

Factors used as indicators that the case was in the 'child protection' category included existence of formal child protection procedures, significant harm, significant formal supports and 'bottom-lines' outlining that the alternative to a family plan is taking the child into care.

In this study, 97 cases out of the 335 were deemed to be within the 'child protection' category.

Alternative care

This category describes cases where the child was already in the care of the State – either through a Court Order or voluntary agreement – and was placed in one of a range of settings, including relative foster care placement, general foster care placement or residential care.

In this study, 69 cases out of the 335 were deemed to be within the 'alternative care' category.

Statutory SCO

This category relates to referrals made under Section 7 of the Children Act 2001 as SCO referrals, where it is deemed that the child poses a serious risk to themselves or others and where the child may or not be in the care of the State, but the child is at risk of significant harm.

In this study, 66 cases out of the 335 were in the 'Statutory Special Care Order' (SCO) category.

Statutory Section 77 referral

This category arises where the Child and Family Agency is directed by the Children's Court to make a referral to the FWC Service under Section 77 of the Children Act 2001 to convene a family welfare conference in respect of a child.

In this study, 16 cases out of the 335 were in the 'Statutory Section 77' (S. 77) referral category.

Table 3.3 outlines how cases in each category proceeded through different stages in the FWC process, giving the numbers and percentages of totals in each category.

Table 3.3: Categories of referrals and how they proceeded through the different stages of the FWC process

	No. of referrals	Total % of referrals (N=335)	% that had a four-way referral meeting (N=247)	% that had a FWC (N=123)	% that had a review (N=73)
Child welfare	87	26%	73.6%	35.6%	23%
Child protection	97	29%	78.4%	45.4%	30%
Alternative care	69	20.5%	72.5%	33.3%	7.4%
Statutory SCO	66	19.7%	65.2%	22.7%	7.6%
Statutory S. 77	16	4.8%	87.5%	62.5%	43.8%
Total	**335**	**100%**	**73.7%**	**36.7%**	**21.8%**

3.6.3 Data collection instrument: The schedule

The schedule comprises eight sections of information in respect of the child or children and their family, and is based on general information available on file. Sections 1 and 6 of the schedule provide information on individual children and the remaining sections gather information per family. The individual sections and the datasets the section contains are as follows:

- Section 1 outlines biographical data on each one of the referred children (child profile) and is taken from the 'referral form'.
- Section 2 contains information about the family (family profile) and information regarding risk factors, categories of concerns, goals and issues to be addressed. This is taken from the 'referral form' and the 'referrer's report'.
- Section 3 captures information about the timeframes in the case and the work completed by the FWC coordinator and is obtained from the 'closing sheet'. This form is filled out by the allocated FWC coordinator.
- Section 4 captures information about the FWC meeting and the family plan made, including information about attendees, actions and agreements made. This is retrieved from copies of the 'family plan'.

- Section 5 captures review meeting information, including information about attendees, review of actions, evaluation of goals, issues to be addressed and concerns.
- Section 6 comprises information about the child/young person's involvement in the FWC process (preparation, participation, views and feedback) and is collected from the 'Child/ Young Person Form', which is filled out by the FWC coordinator, irrespective of the stage that the case progressed to.
- Section 7 relates to those cases that had second and third conferences.
- Section 8 relates to cases that had second and third reviews.

The completion of the various sections was dependent on the stage that the referral progressed to. For example, cases that did not progress to FWC had Sections 1, 2 and 3 completed, and cases that had a FWC but no review had Sections 1, 2, 3, 4, 5 and 6 completed.

3.6.4 The Research Team and data collection

Four researchers participated in extracting the information from the files in the study. The cases were read thoroughly and all available information related to the individual case was input into the schedule, as described in Section 3.6.3.

3.6.5 Key concepts in the schedule

A small number of specific concepts contained in the schedule were identified from an early stage as being core to the objective of tracking outcomes. While 'concept definition' was commenced at the outset, clarification was needed as specific issues emerged. The final 'concept definitions' used in the study are as follows:

Concerns

Concerns identified by the referrer were categorised by the Research Team under four categories of child abuse, as outlined in the *Child Protection and Welfare Practice Handbook* (HSE, 2011b, pp. 10-19), namely: emotional abuse, sexual abuse, physical abuse and neglect. Neglect includes inadequate supervision, emotional neglect, educational neglect, physical neglect, medical neglect, homelessness and newborns addicted to drugs.

Goal for the FWC

This identifies what the FWC is trying to achieve as recorded by the referrer at the time of the referral/referral meeting. Goals for the FWC were categorised by the Research Team according to 'frequently appearing goals'. These include:

- 'Make a long-term plan for the child' (could be with parents, family members or non-relative carers);
- 'Maintain child in the care of the mother/father with supports' (child is already with mother/father and the aim of the FWC is to maintain them there);
- 'Identify supports' (goal for the FWC is to identify what supports are available for a child and carer);
- 'Identify family placement' (goal is to find a family placement for the child);

- 'Seek to return child to the care of mother/father' (child is currently being cared for by relative or non-relative carers);
- 'Shared care placement' (goal is to identify and arrange a shared care placement between parents and extended family);
- 'Back-up plan' (a secondary goal of identifying a backup plan to keep the child safe if the current safeguarding plan in place does not work or if the carer is not in a position to care for the child).

Issues to be addressed by the family at the FWC

This pertains to matters the referrer asks the family to specifically address when constructing their family plan. This is generally communicated to the family during the preparation stage and at the FWC meeting. Issues to be addressed are part of the referrer's report and are seen as information that connects both to the goal and the concerns, and there is, therefore, a level of overlap in the information on the file. This information was categorised by the Research Team according to 'frequently appearing issues' and includes:

- 'Family to make a plan for the child's care';
- 'To identify supports for the subject';
- 'How can family work together/address conflict';
- 'To identify supports for a parent to address their difficulties';
- 'Plan regarding education';
- 'To identify safety person and/or backup plan'.

Bottom line

This describes an action that is likely to be taken should a family plan not be made or should the family plan not address the relevant concerns identified. 'Bottom lines' are identified in the referrer's report.

Risk factors

Risk factors are features of the child's circumstances that are known to be associated with heightened risk to safety, health, development and welfare (HSE, 2011b, p. 59). The risk factors used in the schedule are divided into two sections:

- Risk factors that contribute to concerns can broadly be grouped in four domains: parent or caregiver factors; family factors; child factors; and environmental factors (HSE, 2011b, p. 59). These were assessed by the researchers from the information regarding the concerns and were retrieved from the referral form and four-way meeting report, if one took place.
- Vulnerability/risk factors were used as a way of identifying risks within cases which added to and/or illustrated the concerns further. The factors that were considered included family that is homeless; child with a disability; child with a mental health problem; child substance misuse; child who is pregnant; child who is homeless; domestic and/or sexual violence; parental mental health problem; parental substance misuse; parental intellectual disability; unknown male partners; and poverty and social exclusion (HSE, 2011b; DCYA, 2011).

Risk factors were captured from the referral form, from the referrer's report and from additional background information that might have been part of the file, for example, social work reports.

Commitment

Commitment refers to the specific actions aimed at addressing goals and issues and agreed as part of the family plan and committed to by family members and professionals. Commitments were divided into 'high', 'medium' and 'no commitment' made. 'High commitments' were defined to include commitments made that were important in the context of the plan and required a high level of responsibility or action to be taken in addressing the concerns and issues stated during the referral process. 'Medium commitments' were defined to include commitments that were seen to require a level of action or commitment that would not require enormous effort, but would nonetheless have an impact of the concerns. 'No commitment' referred to nominal or nil actions.

3.6.6 Increasing the reliability of data collected from files

Consideration was given to ensuring appropriate levels of consistency in recording the information to be collected from the files. Initially, the schedule was piloted on 20 randomly selected cases. It was adapted further before it was used to ensure that the information collected corresponded with the information available. As is common in general service delivery, the FWC file structures were not designed for the purpose of research. Thus the task involved appraising and extracting the available information while being conscious that certain information gaps existed. The issues arising from incomplete data are discussed later, both in Section 3.9 below on the study's limitations and in the report's Executive Summary.

Continuous checks were made during the process of collecting the data to ensure the reliability of the data collected from the files. Following the main data collection stage, 10 cases were selected randomly, five which had an FWC and the other five did not. Each of these 10 cases was read and assessed individually by the four researchers and the quantitative and qualitative schedule/instruments were completed. The intent was to examine both the reliability of general factual data collected and to appraise judgements used in use of outcome measures developed.

The results were then analysed to take into account misinterpretation and differences in judgement. Some further adjustments were made to concept definitions to ensure greater reliability of data. As an example, a lack of consistency was noted about SCO referrals. It was decided that since these referrals were made under specified statutory provision, an active legislative process was in place (even though the case had not necessarily been in Court yet). A clearer definition was used to take account of possible double counting and the cases were re-categorised.

A high level of agreement was found in the 'factual' information, such as the number of attendees or the length of time between different stages. A level of inconsistency was noted in some factual data and all files were re-checked regarding the age of the child, legal issues, reason for referral and timeframe.

A level of difference was also found in data that depended on interpretation of file information. The five areas where this arose are described below, the implications for the analysis and findings are indicated and the mitigation factors applied are given.

In the referral report stage:

- **Factors that contribute to the concerns:** The parent/caregiver and child factors were recorded consistently, while family and environmental factors were not consistently identified by the four researchers. However, as this gives information about the biographical data of families referred, it does not have significance in relation to outcomes or categories used.
- **Issues to be addressed by the family at the FWC:** Differences were noted in recording two issues: 'Family to make a plan for the child's care' and 'To identify supports for the subject'. The differences among the researchers was due to the fact that although these two issues were present in each case, they were not always stated clearly. This inconsistency is considered to be of little relevance for overall findings since issues are used in the report to give a closer perspective of the stated goal and/or concerns.

In the FWC stage:

- **The level of commitment (high/medium/none):** There were differences recorded by the researchers in actions in the family plan for the child/young person, family centre, and educational supports. Interpretation of the role of child/young person is dependent on their age, which caused lack of consistency. Some researchers, for example, considered a 10 year old child's commitment to go to school every day and write his/her homework as a significant/high commitment, while others saw this action as normal/medium action/behaviour and not significant.
- **The number of actions:** The family plan contains a number of actions the attendees agree to undertake. These actions are presented in the family plan. However, there was a level of difference in the numbers of actions identified. This was expected since there is no template used in the file. The base data is recorded sometimes per action and sometimes per category, and then itemised on the family plan. The analysis of this aspect of the plan and the relationship to outcomes was not dependent on the collation of numbers of actions recorded.

In the review stage:

- **The presence of new concerns:** The interpretation of the presence of new concerns after the FWC conference was not always clear. Some concerns may have been considered new, although they were within the same category of initial concerns. For example, a mother's drug misuse is a concern at the referral stage, and at the review it is noted the mother is not attending her addiction therapy. This may have been viewed as the same concern since the mother still has an addiction problem or recorded as a new concern because it was not an initial concern from the referrer.

While there were differences in interpreting some of the data available on the files, there was a close level of agreement in relation to questions aimed at capturing outcome data at review stage.

3.6.7 Analysis of data

The information derived through the schedule was coded and entered into the Statistical Package for the Social Sciences Software (IBM SPSS Statistics v.20). Data analysis was then performed to obtain descriptive information about the cases. Frequencies, percentages and cross-tabulation were mainly used for nominal data (e.g. care status, placement). Range, mean, standard deviation and comparison between means (t-test) for scale data (e.g. number of attendees) were conducted. It was from the initial data description that the decisions were then made to do further analysis by categories and model pathways, including a focus on comparative trends.

3.7 THE QUALITATIVE STUDY

The qualitative part of the study aimed to augment the quantitative data obtained through the file analysis. It was based on five datasets and consisted of:

1. **A questionnaire,** based on 14 open ended questions, was filled in by the researchers in respect of individual cases, following the completion of the quantitative data schedule. The questions were devised to collect information that was not captured by the quantitative schedule. Information specifically targeted included the researchers' views of the child's involvement in the process, the nature of agreements made in the family plan and processes in the case that do not fit the 'normal' process.
2. **A focus group** involving three FWC coordinators currently working in the FWC Service aimed to explore their views on issues and themes arising in relation to service delivery. The meeting lasted two hours and was guided by a semi-structured schedule. The focus group session was recorded and the conversation transcribed.
3. **An FWC coordinator's questionnaire** was devised by the Research Team and included 13 qualitative questions aimed at capturing the four coordinators' views of outcomes reached in respect of a sample of cases (73 questionnaires). The cases were randomly selected based on the referrals that had a FWC (N=123). The resource implication was the main factor in restricting this aspect to 73 out of the 123 cases.
4. **Pre-existing feedback forms** were collected by the FWC Service as part of ongoing evaluation of the service (n=96 feedback forms). The information was gathered from feedback forms completed by professionals (62) and family members (34) who had attended an FWC. These feedback forms were anonymous and individual conferences were not identifiable.
5. **Feedback from the FWC coordinators** working in the FWC Service about the initial findings of this report. The preliminary findings were shared with the three coordinators working in the service. They were given an opportunity to provide feedback in relation to reliability and to comment on issues that may not have been presented in the draft report.

6. **Four 'expert' interviews** were conducted with Agency staff who had worked closely with the FWC Service at both a practice and managerial level.

3.8 MEASURING THE OUTCOME

The outcome data in this study on cases referred to the FWC Service are measured along the timeline (formative) as well as at the end point of the process (summative). However, as discussed in the literature review (*see Chapter 2*), it is extremely difficult to isolate the effects of FWC from the influence of other services and decision-making tools, which are typically offered alongside this intervention. In addition, achieving consensus on the aims of conferencing and measuring the associated outputs are problematic. Some outcome indicators may be captured at various stages of the FWC process (e.g. changes in communication), while others may be measurable only at specific stages (e.g. examination of change in the concerns at the time of the review of the family plan).

This study obtained information about the population of children and families involved through different stages of the process, i.e. referral stage, preparation stage, FWC and review meetings.

Drawing on the above, this study examined process outcomes in terms of:

- Family and professional attendance;
- Number of family plans made;
- Commitments made in the family plans;
- Follow through on the family plans.

Outcomes relating to the children/young people were measured based on:

- Changes in children's/young people's placements and care status;
- Changes in concerns identified by the referrer;
- Changes in the relationships resulting from the meetings;
- Changes in legal issues;
- Cases closed to the Social Work Departments at the end of the FWC process.

In the report, processes and outcomes are explored through different stages of the FWC process, each of which is described briefly below.

Referral stage

Many of the key indicators of outcomes were identified at the referral stage (247 cases). These included identifying current concerns the referrer held on behalf of the child or children in the case and the goal for the FWC; related to both concerns and goal were the issues the family were asked to address as part of their family plan. Changes in relation to these factors, or if they were achieved, were observed at a later stage in the cases that proceeded to both FWC and review stages.

Preparation stage

The goal of the preparation is to engage the wider family. The preparation stage itself can be regarded as a positive outcome because it raises awareness of the concerns and issues with the family members. Outcomes at this stage can be viewed at a number of levels, e.g. engagement by family; the work done to raise awareness regarding the nature of the concerns and issues and more general goals. Examining how many family members and professionals were contacted and engaged by the FWC coordinator and the hours spent on a case (this information was available only for 2011 cases) gives an indication of the work done during the preparation stage. 83 cases had preparatory work done, but did not proceed to FWC, while 123 cases had completed preparatory work and proceeded on to an FWC meeting.

FWC meeting

Following a FWC meeting (123 cases), a number of different factors were observed that demonstrate 'method related outcomes'. These include:

- Measuring the **instance of meetings**, e.g. in how many cases did the meeting take place?
- Looking at the **level of engagement** by family and professionals at the FWC, e.g. out of the people who were invited, who and how many people attended the FWC (including the child/young person)?
- Measuring if **FWC meetings led to family plans** being made and being agreed, e.g. how many family plans were made and agreed by the family and referrers?
- Measuring **efficiency of family plans**, e.g. the number of commitments made in the plan; who made commitments as part of the family plan (families or professionals and which family members and which professionals/services); what kinds of commitments were made (actions, agreements, etc.); and what level of commitment was made (high/medium/low, no commitment)?

Review meeting

Following a review meeting (73 cases), a number of different indicators were analysed to observe changes and processes that have taken place by the time the FWC process is completed. These include:

- Have the concerns identified by the referrer at the time of referral improved, stayed the same or deteriorated at the final review?
- Have the goal or goals for the FWC been achieved at the final review?
- Have the specific issues to be addressed by the family in the family plan been addressed at the time of the final review?

A number of different indicators of improved outcomes for children were analysed in relation to changes observed at the end point of the process (summative). These include:

- Changes in relationships among family members;
- Children being cared for by their families. This aspect can be further divided into:
  - children being maintained in the care of their parent/s by paying attention to parenting

capacity or to issues that gave rise to reduced parenting capacity or through increased supports identified for the parent(s) and/or child or children;
  - children being maintained in the care of their families; or
  - family placements being identified.
- Formal State care being avoided;
- Children being returned to their family from formal State care;
- Legal procedures being avoided (e.g. care proceedings being avoided or Orders agreed leading to less arduous legal proceedings).

As well as observing indicators of outcomes at each stage of the FWC process, the study examined results from cohorts of cases based on where they are situated in the child protection and welfare system. Categorising data in this way allowed the study to examine any specific outcomes in relation to each pathway (e.g. if child welfare/child protection/alternative care/statutory cases are linked to any specific types of results).

3.8.1 Capturing outcome data at review stage

Three specific questions were devised as part of the quantitative schedule, which aimed to capture outcome data for cases that went through all stages of FWC Service, from referral to review (n=73 cases). The questions were devised to capture the extent to which the goals, issues to be addressed in the family plan and concerns were achieved in each case. The answers utilised a scale from 0-10, with 0 indicating low achievement and 10 optimum achievement (*see Table 3.4*). The two aspects are:

- **Goals:** A scale between 0-10 was used to assess the level to which the goals had been achieved, with 0 indicating low achievement and 10 optimum achievement.
- **Concerns:** A scale between 0-10 was used to assess the level by which the concerns had been improved, with 0 indicating deterioration and 10 significant improvements.

Table 3.4: Illustration of the measure of outcomes at the final review for goals and concerns

Goals	**0** Not achieved	**5** Partially achieved	**10** Fully achieved
Concerns	**0** Deteriorated	**5** Partially improved	**10** Fully improved

3.9 LIMITATIONS OF STUDY

Like all studies, this one has limitations which the reader should bear in mind. This is a study designed to capture both outcome and process data. The research challenges faced were compounded because, while aiming to capture outcome data, the study was reliant on existing datasets contained in files. Nonetheless, the files contained rich data and have enabled certain trends to be observed and conclusions to be drawn. This analysis has been enriched through combining it with access to FWC coordinators' knowledge of individual cases and their general experience of the FWC Service. The limitations associated with studies such as this are described below.

Conducting a file audit has limitations in that the information contained in the files was not recorded for research purposes in general, or specifically for the purposes of this study. The major limitation is that some key information was not available. This includes comparison with non-FWC families, the comprehensive views of referrers and family members involved, an examination of outcomes over a set period of time, as would be required to conduct detailed outcome appraisal. Secondly, capturing certain data in respect of goals, concerns, issues to be addressed, and change requires a level of interpretation of data that has been collected for different purposes (e.g. the coordinators' closing summary). The development of an inter-rater reliability tool helped to both identify and address data collection variations.

The study consisted of 335 referrals, which included a population of 335 families and 540 children. Some of the data in the schedule were recorded according to family unit, as per referrals sent to the service, and some was recorded as per the child who was the subject of the referral. The software used to analyse the findings did not allow for cross-tabulations of the two sets of data (i.e. data recorded per child and data recorded per family). As a result, the distinction between information relating to children, or to family, needs to be borne in mind when reading the report. The decision to collect data in this way was made on the basis that some data were recorded per child (age, gender, educational status, placement, etc.), while information used to delineate risk factors, issues to be addressed, etc. were generally recorded in the files per family. While it would have been possible to de-aggregate aspects of the family data per child, resources and time limitations prevented this. Furthermore, de-aggregation would have relied on a high level of interpretation of file information and thus reliability may have been impacted.

Lack of other stakeholders' perspectives is another limitation of this study. Information was drawn from file data and coordinators' perspectives only. A level of stakeholders' perspectives was available through the evaluation data obtained by the FWC Service following each conference. However, the low response rate meant that this dataset can only give a partial view of stakeholders' experiences. Time and resource constraints were major considerations in the decision not to include stakeholders in this study. However, the study provides an overview perspective and the findings can be used at a later date to generate specific areas of inquiry.

It is unknown what definitions of 'child protection', 'child welfare' and 'children in care' the referring social workers would have used when identifying the 'criteria of referral' at the time of referral. There have been changes over the three year period of the study and we are moving into the future with clearer definitions and separation being formed between 'child welfare' and 'child protection'. Also, there were differences in detail of information provided on the referral form and the referrer's report, and also in respect of what the coordinator recorded on the file. The variation in classifications used was addressed by the principal investigator from UCD and the FWC Service agreeing on the terms to be used and re-categorising all cases according to this schema (*as outlined in Section 3.6.2 above*).

The change in concerns is drawn predominantly at the stage of conference review and this only provides a snap-shot view at a point in time. Outcome research is enhanced if there is a comparison group and there is an opportunity in the methodology to examine outcomes over different timeframes. Neither of these options was possible in this instance and the potential consequence of this is noted.

The FWC coordinators' questionnaire was designed to elicit the views of those working in the service. The information sought to obtain both their own views and their understanding of other participants' perspectives in relation to broad processes, including changes in family relationships and changes in attitudes. There was limited opportunity to obtain other participants' perspectives besides analysing the evaluation sheets previously obtained. Thus, while using circular questioning to obtain another's perspective is useful in part, it also carries a level of limitation. However, all the coordinators involved in answering the questionnaires have worked in the FWC Service for a significant amount of time (five to 12 years) and have a substantial knowledge and experience of the FWC process. Given this experience, the lack of coordinator data in respect of all 73 cases that went to review is a limitation. However, when sampling for 73 cases, the fact that only 73 cases went to review was not known since this finding only emerged as part of the analysis. In the final instance, only 20 of the cases were part of the two populations. Collecting data on the outstanding 53 cases would be important, but time constraints prevented it happening as part of this study.

PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

CHAPTER 4:
PROFILE OF THE CHILDREN AND FAMILIES REFERRED TO THE FWC SERVICE

4. PROFILE OF THE CHILDREN AND FAMILIES REFERRED TO THE FWC SERVICE

This chapter presents information on the 335 families and the 540 associated children who are the subject of this study on the FWC Service, including the available biographical information about the children and young people and their families, the reasons why the families were referred to the FWC Service and the concerns the referrer had about the family and the children/young people at this point. Table 4.1 shows the number of cases involved by category of referral at each of the five stages of the FWC process. (This information is also included at the beginning of Chapters 5-8 to enable details relating to the stage under review (pathways) to be seen in the overall context of the study population and the categories used.)

Table 4.1: Number of cases in different categories of referral at various stages of the FWC process

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
Referrals	**87**	**97**	**69**	**66**	**16**	**335**
Four-way referral meeting	64	76	50	43	14	247
Preparation	54	67	43	29	13	206
FWC	31	44	23	15	10	123
Review	20	29	12	5	7	73

4.1 FWC SERVICE

4.1.1 FWC Service area

The FWC Service covered by this research was established under the former Eastern Health Board and provides a service to all of Dublin, Wicklow and Kildare. Under the Health Service Executive structure, the FWC Service covered one to 10 LHO areas, which were part of Dublin Mid-Leinster and Dublin North East regions. Since the beginning of 2014, following the establishment of the Child and Family Agency, the FWC Service now covers five of the 17 national ISA. The areas now covered are Dublin North City; Dublin North; Dublin South/ Dublin South East/Wicklow; Dublin South City/Dublin West; and Kildare/West Wicklow/ Dublin South West.

4.1.2 Referrals made to FWC Service

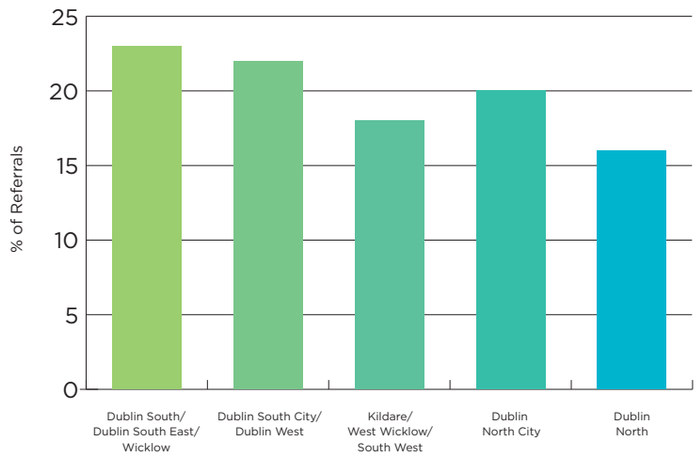
The Social Work Departments in the HSE (now the Child and Family Agency) referred 98.8% (331) of the families in this study to the FWC Service. The remaining 1.2% (4) came from services in the community. A snap-shot of the referral rate per LHO area is presented in Figure 4.1. Referral rates per national ISA are presented in Figure 4.2.

As can be seen, the highest number of referrals at LHO level came from Dublin South West (14.6%) and Dublin North Central (14.3%), with the lowest number of referrals coming from Kildare/West Wicklow (4.8%). However, referral rates per area need to be considered according to case activity levels within each area, and if more specific use of the service within areas was required. In this instance, the study did not have access to this level of data.

Figure 4.1: Percentage of referrals according to HSE LHO Areas (n=335)

The referral rate per ISA shows a different trend of referrals than the data using LHO areas. Figure 4.2 shows the highest percentage of referrals came from the Dublin South City/Dublin West ISA. The lowest percentage of referrals came from the Dublin North ISA. However, all five areas were relatively similar in referral frequency.

Figure 4.2: Percentage of referrals according to Tusla's ISAs (n=335)



4.1.3 Sources of information about families and children

All data shown in this chapter was collected from information available in the referral form and from the referrer's report. The referral form is filled in by the referrer when making a referral. SCO referral forms differ from the standard referral forms used. The referrer's report was written up following a four-way referral meeting with both the referring service and the FWC Service and generally follows a set template.

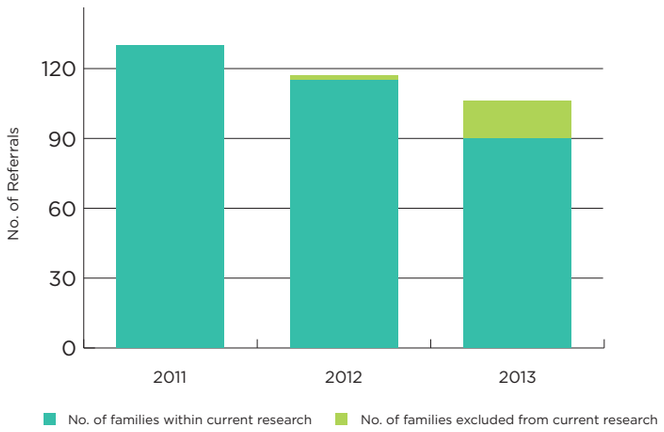
4.2 PROFILE OF THE FAMILIES REFERRED

This section of the report presents a profile of the families referred to the FWC Service, including the number of children and families referred and family compositions, areas where referrals came from, length of time the families are known to the referring agency and any legal proceedings ongoing in the cases.

4.2.1 The number of families referred to FWC Service

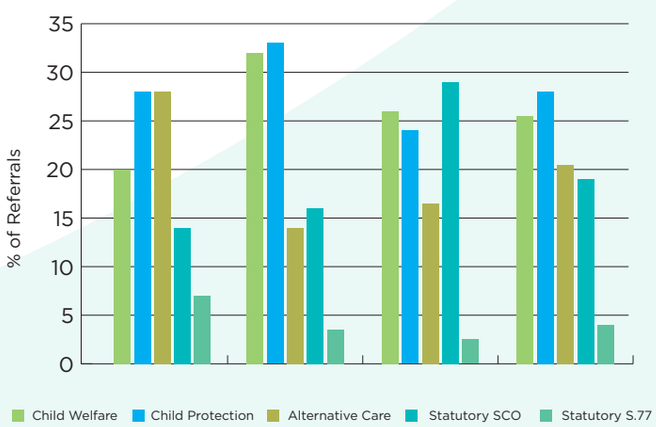
A total of 355 families were referred to the FWC Service in the study period – January 2011 to December 2013. Referrals consisted of 132 families in 2011, 112 families in 2012 and 91 families in 2013 (*see Figure 4.3*). However, 335 of those families are included in the population for this research. The final population used within the research includes cases referred to the FWC Service between 2011 and 2013 that were brought to a conclusion by 1st May 2014. Thus 91 out of 110 cases received in 2013 and 112 referrals out of 114 in 2012 were included in the final sample.

Figure 4.3: Number of families referred and those used within current research, 2011-2013 (n=335)



In relation to the categories of referrals, Figure 4.4 shows that child protection cases accounted for the highest number of referrals in this study. However, this fluctuated over the three years. There were an equal number of alternative care and child protection referrals in 2011. In 2013, SCO referrals represented the highest number of referrals received. However, 19 of the total cases referred in 2013 were excluded from the research since they did not fit the study criteria, so there is a need for caution in respect of comparing referral rates. Of the 19 cases excluded, nine were child welfare, eight were child protection, one was an SCO and one was an alternative care referral. Including these referrals, child welfare had the largest percentage of referrals in 2013, accounting for 33% of the total referrals in that year.

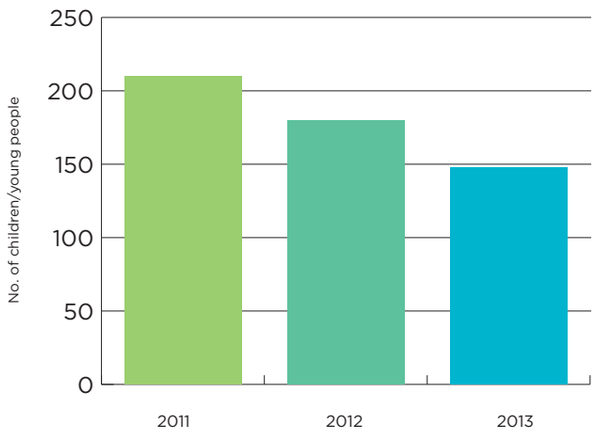
Figure 4.4: Percentage of referrals per category of referral, 2011-2013 (n=335)



4.2.2 Number of children and young people referred to FWC Service

A total of 540 children and young people were included in the 335 referrals that constitute the sample for this study. In 2011, 204 children and young people were involved in the referrals, 188 in 2012 and 148 in 2013 (*see Figure 4.5).*

Figure 4.5: Number of children and young people in the sample per year (n=540)



The number of children involved in referrals is shown in Table 4.2 according to the category of referral. As can be seen, referrals for one child/young person accounted for 66% of the total number of referrals to the FWC Service in this study. This percentage differed across the categories of referral. All statutory referrals (SCO and Section 77) were for one child, except for one Section 77 referral which included the siblings of the child/young person who was directed by the Court to have an FWC. Referrals containing more than one child were seen more often in child protection, child welfare and alternative care referrals, with referrals of up to six children seen in child protection cases (2.1%).

Table 4.2: Percentage of children and young people in referrals according to category of referral

No. of children in referral	Child welfare (n=87)	Child protection (n=97)	Alternative care (n=69)	Statutory SCO (n=66)	Statutory S. 77 (n=16)	Total no. of referrals (N=335)
1	52.9%	44.3%	73.9%	100%	93.8%	66%
2	23%	23.7%	17.4%	–	6.2%	16.7%
3	14.9%	15.4%	8.7%	–	–	10.1%
4	6.9%	9.3%	–	–	–	4.5%
5	2.3%	5.2%	–	–	–	2.1%
6	–	2.1%	–	–	–	0.6%
Total %	100%	100%	100%	100%	100%	100%

4.2.3 Composition of families referred to FWC Service

There were a total of 1,090 children within the 335 families referred, including the 540 children who were the focus of the referrals. Although there was a high percentage of single child referrals (66%), only 27% of the children within single child referrals were from one child families. Table 4.3 shows the average family composition within the research population. Section 77 referrals had the highest mean number of children within the family, while SCO referrals had the highest mean number of children over the age of 18 in the family.

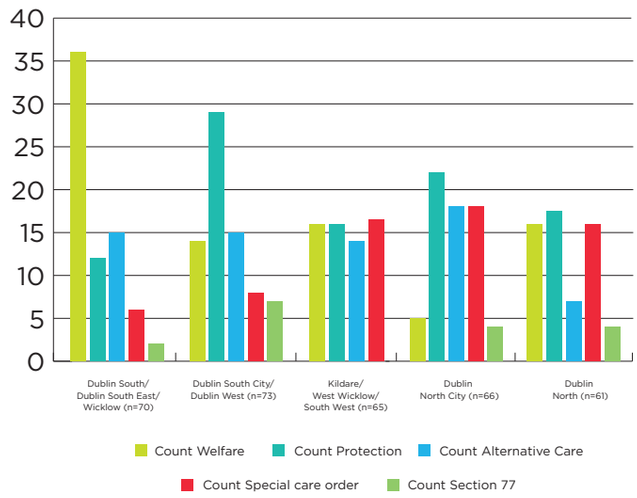
Table 4.3: Composition of families referred to FWC Service

Family composition	Range and Mean	Child welfare (n=87)	Child protection (n=97)	Alternative care (n=69)	Statutory SCO (n=66)	Statutory S. 77 (n=16)	Total no. of referrals (N=335)
No. of children in the family	Range	1-10	1-7	1-9	1-11	1-9	1-11
	Mean	2.86	3.14	3.20	3.74	4.25	3.25
No. of children over 18	Range	0-6	0-4	0-7	0-11	0-3	0-7
	Mean	0.45	0.46	0.78	0.98	0.75	0.64
No. of children under 18	Range	1-6	1-7	0-7	0-7	1-9	0-9
	Mean	2.41	2.62	2.26	0.98	3.31	2.54

4.2.4 Areas that made referrals to FWC Service

Figure 4.6 shows that when referrals are categorised by type of cases referred, the highest number of referrals received were child welfare referrals from the ISA of Dublin South/Dublin South East/Wicklow (36). Dublin North City was least likely to make referrals involving child welfare cases (5). Child protection referrals were highest in the ISA of Dublin South City/ Dublin West (29) and ranged from 12-15 between the other ISAs. The number of Section 77 referrals was consistently low, with none from the ISA of Kildare/West Wicklow/Dublin South West.

Figure 4.6: Number of referrals in ISAs per category of referral (n=335)



4.2.5 Legal proceedings at the time of referral

Legal proceedings were defined as the family being involved in Court proceedings at the time of referral. Table 4.4 shows that 34% of families had ongoing legal issues at the time of referral. The highest of these was for SCO referrals (these, by definition, were considered to have legal proceedings status). Other proceedings included private family matters (e.g. custody and access issues) as well as matters involving the State (e.g. Care Order applications and juvenile justice matters arising as part of the Section 77 referrals).

Table 4.4: Legal proceedings at the time of referral, by category of referral

Category of referral	% with custody and access issues	% with Care Order applications	% with Statutory S. 77 legal proceedings	% with Statutory SCO legal proceedings	Total % with ongoing legal proceedings
Child welfare (n=87)	6.9%	2.3%	–	–	9.2%
Child protection (n=97)	4.1%	2.1%	–	–	6.2%
Alternative care (n=69)	–	26.1%	–	–	26.1%
Statutory SCO (n=66)	–	–	–	100%	100%
Statutory S. 77 (n=16)	–	–	100%	–	100%
Total % of referrals (n=335)	3%	6.6%	4.8%	19.7%	34%

4.2.6 Child and Family Agency's length of involvement with families

Two sets of information were collected in relation to families' involvement with the Child and Family Agency. The first looks at the point when families first became known to the Agency and the second looks at when the most current referral was opened in the Agency.

The point when families first became known to the Agency is presented in Table 4.5 in relation to the different referral types. This refers to data in respect of 84.2% of the sample only since data for 53 families (15.8%) were not known. The majority of families referred to the FWC Service had first become known to the referring service between one and five years prior to being referred (123 families, 37.3%). The number of families who first became known to the Child and Family Agency over five years prior to FWC referral was almost as high, at 32% (107 families).

Table 4.5: When families first became known to the Child and Family Agency according to category of referral

Category of referral	<1 year	1-5 years	>5 years	Not known	Not relevant*	Total
Child welfare (n=87)	25.3%	41.5%	26.4%	5.7%	1.1%	100%
Child protection (n=97)	14.4%	46.4%	35.1%	4.1%	–	100%
Alternative care (n=69)	11.6%	36.2%	43.5%	8.7%	–	100%
Statutory SCO (n=66)**	4.5%	21.2%	19.8%	54.5%	–	100%
Statutory S. 77 (n=16)	12.5%	31.3%	43.7%	12.5%	–	100%
Total % of referrals (n=335)	14.6%	37.3%	32%	15.8%	0.3%	100%

* One family in child welfare was referred by another agency.

** This information is not given in the referral form as standard practice.

Information about the length of time the most current case was open in the referring agency was given in 34.7% of all referrals. Table 4.6 shows that there was a large gap in the data, with 65.3% of the whole sample not having this information. This gap is because this information is not given in the referral form. From those cases where information was available, the majority were open less than a year at the time of referral.

Table 4.6: Length of time the current case was open at time of referral

	<1 year	1-5 years	>5 years	Not known	Total
Child welfare (n=87)	41.4%	5.7%	1.2%	51.7%	100%
Child protection (n=97)	27.8%	11.4%	-	60.8%	100%
Alternative care (n=69)	20.4%	4.3%	1.4%	73.9%	100%
Statutory SCO (n=66)	12.2%	3%	3%	81.8%	100%
Statutory S. 77 (n=16)	31.2%	6.3%	-	62.5%	100%
Total % of referrals (n=335)	26.9%	6.6%	1.2%	65.3%	100%

4.3 VIGNETTES DESCRIBING DIFFERENT CATEGORIES OF REFERRALS

Families who experience a wide range of issues and concerns are referred to the FWC Service. Examples are given below of different kinds of referrals within the five categories of child welfare, child protection, alternative care, statutory SCO and statutory Section 77 referrals. In order to protect the confidentiality of families who have been involved with the FWC Service, the vignettes are composites, using information from a number of family situations and fictional names. The vignettes are intended to highlight some of the typical issues facing the families and children who are the subjects of this study.

4.3.1 Vignette of Child Welfare referral

Family A

This family was referred to the FWC Service in early 2012. Tara is the mother of four children: Seán (aged 14), Michelle (aged 11), Conor (aged nine) and Kate (aged five). When the children's father passed away in 2008, Tara found it difficult to cope on her own and struggled with her mental health. The children's care was affected negatively due to this.

Although Tara was a loving mother, she continued to struggle with life and the difficulties primarily associated with her mental health. There were some days when she could not get out of bed and, as a result, the children missed school. The children's clothes were unclean and the house untidy. Seán (14) took on a parenting role and did his best to maintain the home and tried to get his siblings to school.

An FWC was needed to construct a plan to ensure that the children's needs were met and that Tara, the mother, had more supports available to her.

4.3.2 Vignette of Child Protection referral

Family B

Family B was referred to the FWC Service in 2011. Sarah has two children: Aoife (aged seven) and Aidan (aged one). Sarah had a history of drug use and had struggled with this addiction since before Aoife was born. Although she had not used drugs while pregnant with Aidan, there were concerns about her current drug use. The children's father was actively using drugs and had not seen either of the children since shortly after Aidan's birth.

The Social Work Department had concerns on a number of levels. There was a concern that the children may be exposed to Sarah's drug use. Aidan's development was impaired due to a lack of stimulation and warmth from Sarah. Aoife was often absent from school. Although Sarah had a large extended family, there was little contact with them.

Sarah was aware that the Social Work Department had concerns about her care of her children and a child protection conference had been held. An FWC was needed to put a safety plan in place to ensure that the children's needs were met.

4.3.3 Vignette of Alternative Care referral

Family C

Family C was referred to the FWC Service in 2012. James and Anita have two children: Ciara (aged 16) and Thomas (aged 11). Both children were admitted into the care of the Child and Family Agency five years previously due to James' drug addiction. The children had been regularly exposed to his drug misuse and were generally neglected. Anita, the children's mother, had not been involved with James or the children for a period prior to the children being taken into care. Due to the maternal and paternal disagreements about who should care for the children, a family placement was not considered appropriate at the time that the admission to care occurred. Therefore, the children were placed with non-relative foster carers.

James had been clean from drugs and alcohol for just under two years and wanted the children to be returned to his care. The Social Work Department were open to this option provided that certain safeguards, supports and a realistic transition plan could be put in place. An FWC was deemed an appropriate mechanism to aid with the decision-making and to identify supports for both the children and their father within their maternal and paternal families.

4.3.4 Vignette of statutory Special Care Order (SCO) referral

Family D

Mary (aged 16) was referred to the FWC Service in 2013. Her parents, Maggie and Neal, had three children: Ronan (aged 21), Jake (aged 19) and Mary (aged 16). Although this was the first referral to the FWC Service, Family D had been known to the Child and Family Agency for nearly 20 years. All three children had spent time in the care of the State during their childhood and the older children had also spent time in a juvenile detention centre. Mary was the last of the children to be in the care of the State. At the time of referral, she was living in a residential care unit.

Prior to being taken into care, Mary, along with her siblings, were exposed to domestic violence and drug misuse within the home. The children were chronically neglected by their parents and often physically abused. Mary had a history of behavioural and emotional problems. She struggled with her mental health and had been self-harming. She had been absconding from her residential care unit and putting herself at risk through misusing drugs and alcohol with other teenagers. It was not known where she stayed when she absconded.

A statutory FWC was required due to the Child and Family Agency's decision to apply for an SCO. The Agency was also hoping that the FWC could identify adequate supports for Mary to offset the risks associated with her behaviour. The Agency was open to the possibility that the FWC might enable the SCO application to be diverted, provided that a suitable family placement could be found in the extended family.

4.3.5 Vignette of statutory Section 77 referral

Family E

Family E was referred to the FWC Service in 2011. Mark (aged 16) and his family were not known to the Child and Family Agency prior to the request from the Children's Court to hold a family welfare conference (FWC). While Mark nominally lived with his father, John, they had a difficult relationship due to John's drinking problem. Mark often stayed with his sister Orla (aged 24) or with his brother Dave (aged 21). Mark's family found it hard to keep track of his whereabouts since there was no structure to which days he stayed in the various homes. Mark was often out of the house, engaging in criminal activity, and had not been attending his secondary school for some time. He had come in contact with the Gardaí in relation to a number of criminal offences.

An FWC referral was made following a request from the Children's Court. The FWC was required to address Mark's unstable living arrangements and to identify a suitable living environment for him. An FWC was also needed to address his lack of engagement with his secondary school and to identify supports to enable him to return to education.

4.4 CHILDREN AND YOUNG PEOPLE WHO ARE REFERRED TO FWC SERVICE

This section describes the demographics of the population of children referred to the FWC Service. It looks at the ages and gender of the children and young people, as well as their care status and placements at the time of referral and educational status.

4.4.1 Age and gender of children and young people at time of referral

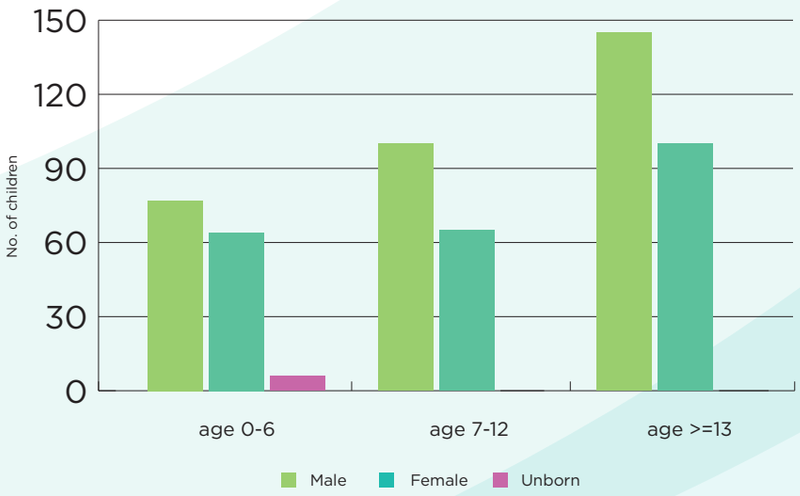
Within the population of 335 families in this study, there were 540 children who were subject to a referral. Information on the children's age are presented in three age groups (nought to six, seven to 12 and 13 or over). Table 4.7 shows that the largest cohort of children (44%) in the study comprised children/young people in the 13 or over age group (n=239). This is followed by almost 30% in the seven to 12 age group (n=158). Children aged six and under constituted 26.5% (n=143) of the children referred.

Table 4.7: Children and young people within each age group

Age group	No. of children/young people	% of children/young people
0-6	143	26.5%
7-12	158	29.6%
13 or over	239	44.3%
Total	540	100%

More males (57.8%) are contained in the sample than females (41.7%) (*see Figure 4.7*). There were also three cases of children referred to the FWC Service who had not yet been born at the time of referral (0.6%). The proportion of males was higher within each age group, especially in the 13 or over age group.

Figure 4.7: Gender and age groups of children and young people (n=540)



The gender difference was seen predominantly within the statutory referrals, with 100% of Section 77 referrals and 69.7% of SCO referrals being males. Table 4.8 gives further detail of the ages and genders of the children and young people involved in statutory referrals (SCO and Section 77). Most statutory referrals were for 15 and 16 year olds, with 29.3% and 32.9% respectively.

Table 4.8: Statutory referrals by age and gender of children and young people

	Age 12	Age 13	Age 14	Age 15	Age 16	Age 17	% Male	% Female
Statutory SCO (n=66)	3%	1.5%	16.7%	28.8%	36.4%	13.6%	69.7%	30.3%
Statutory S. 77 (n=16)	–	12.5%	–	31.3%	18.7%	37.5%	100%	–
Total % of statutory referrals (n= 82)	2.4%	3.7%	13.4%	29.3%	32.9%	18.3%	75.6%	24.4%

4.4.2 Care status/placement of children and young people at time of referral

Table 4.9 provides a breakdown of the care status of the children/young people at the time of referral, i.e. whether they were living in the care of their families or whether they were in the care of the State. Most of the children (73.5%) were in the care of their families at the time of referral. A total of 58.5% of children and young people referred were living at home with their mother and/or father at the time of referral, while 14.1% were living in a private family arrangement. Nearly one-quarter of the children (23.6%) were in alternative care and a small number (2.8%) were in other forms of care (e.g. a detention centre or homeless accommodation).

Table 4.9: Care status of children and young people at the time of referral

Care status at the time of referral	No. of children	% of children
At home (with mother and/or father)	316	58.5%
In a private family arrangement	76	14.1%
In shared care of family members	5	0.9%
Total in the care of the family	**397**	**73.5%**
In care (voluntary)	46	8.5%
In care (Care Order)	31	5.7%
In care (not known if voluntary or Care Order)*	51	9.4%
Total in alternative care	**128**	**23.6%**
In detention of the criminal justice system	5	0.9%
Other	10	1.9%
Total in other forms of care	**15**	**2.8%**
Total children	540	100%

* In some cases, the information about whether the child was in voluntary care or in care with a Care Order was not available. This information is more likely to be missing in cases that were closed before the four-way referral meeting.

In relation to the population of children in alternative care, their placements at the time of referral are outlined in Table 4.10. Performance indicators in respect of use of different placement options for children in care were set in the Review of Adequacy Report for HSE Children and Family Services (HSE, 2011a, p. 61). The targets used as performance indicators included for at least 60% of children to be placed in non-relative foster care; 30% to be placed in relative foster care; and no more than 7% to be placed in residential care. For the relevant cohort in this study (n=128 children), 49.8% of those in State care were in residential care at the time of referral. The high percentage relative to the performance indicators may be accounted for by the high percentage of over 13 year olds in the sample (66.4%). Out of the study population, 30.5% of the children were in non-relative foster care, which was half of the target set by the HSE (now the Child and Family Agency).

Table 4.10: Placements of children in alternative care at time of referral

	Placement of children in care	No. of children	% of children
Residential care unit		51	49.8%
High support unit		9	7%
In special care		1	0.8%
Non-relative foster care		39	30.5%
Relative foster care	With maternal family	9	7%
	With paternal family	7	5.5%
	With a sibling	3	2.3%
Total relative foster care		19	14.8
With both parents		1	0.8%
Currently with mother		2	1.6%
Other		4	3.1%
Not known		2	1.6%
Total		**128**	**100%**

In the current sample, some children and young people who are referred to the FWC Service are in care but may be living with a family member instead of with their foster carers or in their residential care unit placement. This may be because the current placement for the child/young person has broken down or the child/young person is absconding.

4.4.3 Placements of children and young people at time of referral

As outlined in Figure 4.8, the highest percentage of children and young people in the study were living in a lone parent household, with 35% living with their mothers and 4.8% living with their fathers. A total of 16.1% of the children were living with two parents. A further 13.3% were living with a maternal family member, while 2.4% of the children were living with a paternal family member. The profile of the types of households that the children referred live in shows a difference when compared to the general population of children in Ireland. For example, according to the 2011 Census, approximately one in six children in Ireland were living in a lone parent household, which equates to 18.3% of the total child population (DCYA, 2012, p. 19). In this study, 39.8% of the children were living as part of a single parent household.

Figure 4.8: Percentage of placements of children and young people at time of referral (n=540)

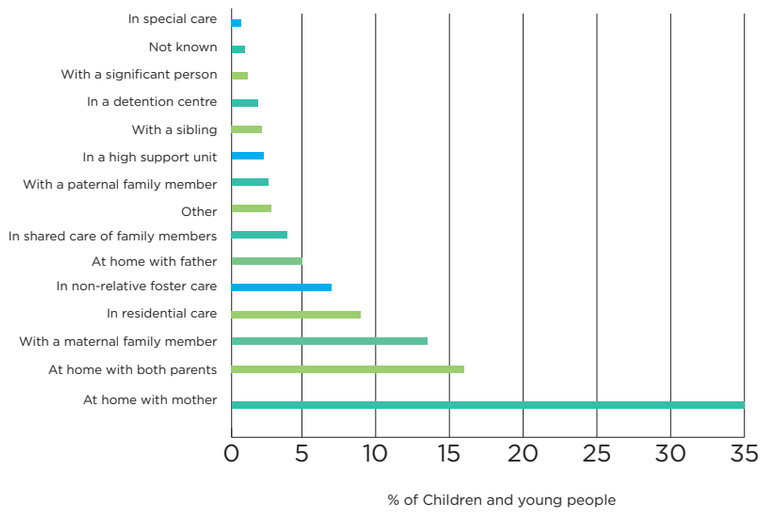


Table 4.11 presents further statistical analysis about the distribution of children and young people divided by age living in a lone-parent household. Children and young people in the age group sevent to 12 years constituted the highest percentage living in a lone parent household (43.6%).

Table 4.11: Breakdown of lone-parent households by age group of children and young people

Age group	% living with mother	% living with father	Total % of children in lone-parent household
0-6 (n=143)	32.2%	4.2%	36.4%
7-12 (n=158)	37.3%	6.3%	43.6%
13 or over (n=239)	35.1%	4.2%	39.3%
Total no. of children (n=540)	35%	4.8%	39.8%

4.4.4 Education of children and young people at time of referral

The majority of the children in the study were engaged in education at the time of referral, with the highest percentage in primary school (31.9%). Table 4.12 provides a summary of the percentages of children's education level according to the three age groups. The educational status of 16.7% of the young people aged 13 or over was not known. On closer examination, it is likely that this gap in information is associated with the high percentage of this age cohort involved in SCO referrals since this information is not requested in the SCO referral form. There were 36 children in this age group with an unknown school setting and 25 of these were SCO referrals (69.4%).

Table 4.12: Education of children and young people at the time of referral

Education level at time of referral	% of 0-6 age group (n= 143)	% of 7-12 age group (n=158)	% of 13 or over age group (n=239)	Total % of children (N=540)
Too young for education	47.6%	n/a	n/a	12.6%
Montessori/pre-school	17.5%	0.6%*	n/a	4.8%
Primary school	29.4%	81%	0.8%*	31.9%
Secondary school	n/a	15.2%	52.7%	27.8%
Home tuition	–	0.6%	1.3%	0.7%
Vocational course	n/a	n/a	6.7%	3%
Other	0.7%	0.6%	3.8%	2%
Not known	4.2%	1.9%	16.7%	9.1%
Not engaged in education	0.7%	–	18%	8.1%
Total	100%	100%	100%	100%

n/a = not applicable

* These children were at these education levels due to specific needs.

A number of children were not engaged in education at the time of referral, as shown in Table 4.13. It is worth noting that 16 young people aged between 13 and 15 were out of education, despite this being under the minimum legal age for leaving school. Higher numbers of young people aged 16 (28% of 16 year olds) and 17 (27.8% of 17 year olds) were not engaged in education. Within the overall population of young people, SCO referrals had the highest frequency of disengaged children and young people (41.8%).

Table 4.13: Children and young people aged 13-17 not engaged in education, by category of referral

Category of referral	Age 13	Age 14	Age 15	Age 16	Age 17	Total no. of children	Total % of children not engaged in education (n=43)
Child welfare	2	1	1	2	2	8	18.6%
Child protection	–	–	1	3	2	6	14%
Alternative care	–	1	1	2	2	6	14%
Statutory SCO	–	2	4	9	3	18	41.8%
Statutory S. 77	2	–	1	1	1	5	11.6%
Total no. of children	**4**	**4**	**8**	**17**	**10**	**43**	**100%**

4.5 A PROFILE OF REASONS FOR REFERRING FAMILIES

This section gives further information in relation to the families referred to the FWC Service. It outlines the types of concerns (neglect, physical abuse, emotional abuse and sexual abuse) that are present in the families referred. It also identifies factors that are seen as contributing to these concerns and it presents vulnerability/risk factors that are seen as contributing to the concerns about the children's situations (see definitions used in Chapter 3).

4.5.1 Concerns

According to the *Review of Adequacy Report for HSE Children and Family Services* (HSE, 2011a, p. 36), neglect was the most frequently occurring reason provided for child protection and welfare reports received in 2011. This pattern is also evident within this study, with some form of neglect being reported for 91.6% of all families referred to the FWC Service. Table 4.14 shows the different types of concerns that underpinned the cases. More than one type of concern could have been identified in each case, with the data depending on the concerns recorded in the referral form.

Table 4.14: Concerns, by category of referrals

Category of referral Concerns	Child welfare (n=87)	Child protection (n=97)	Alternative care (n=69)	Statutory SCO (n=66)	Statutory S. 77 (n=16)	Total (n=335)
Neglect	95.4%	96.9%	85.5%	86.4%	87.5%	91.6%
Emotional abuse	10.3%	17%	14.5%	4.5%	–	11.3%
Physical abuse	10.3%	15.5%	17.4%	57.6%	12.5%	12.8%
Sexual abuse	11.1%	3.1%	2.9%	1.5%	–	2.1%

4.5.2 Vulnerability and risk factors

Different risk factors were reported as observed in the study population. The association between these factors and concerns are not known, but the information, nonetheless, provides a picture of the complexity involved in the referrals. Parental substance misuse was the most frequently occurring risk factor. This was present in 37.6% of the cases, as shown in Table 4.15. It was observed as present in all categories, albeit at different rates. Child substance misuse was also high, with 24.2% of referrals identifying this as a risk factor. This risk was highest among the statutory (SCO and Section 77) referrals. Cases in the child welfare and protection categories were more likely to identify parental mental health and parental substance misuse issues as risk factors.

Table 4.15: Risk factors identified at the referral stage according to category of referral

Category of referral Risk factors	Child welfare (n=87)	Child protection (n=97)	Alternative care (n=69)	Statutory SCO (n=66)	Statutory S. 77 (n=16)	Total % of families (N=335)
Child intellectual disability	5.7%	11.3%	2.9%	1.5%	–	5.7%
Child mental health	18.4%	14.4 5	20.3%	40.9%	31.3%	22.7%
Child substance misuse	16.1%	10.3%	11.6%	60.6%	56.3%	24.2%
Child who is pregnant	2.3%	–	1.4%	–	–	1%
Child who is homeless	1.1%	1%	–	3%	–	1.2%
Parent with diagnosed intellectual disability	–	8.2%	1.4%	–	–	2.7%
Parental mental health	28.7%	36.1%	14.5%	6.1%	18.8%	23%
Parental substance misuse	46%	51.5%	33.3%	12.1%	31.3%	37.6%
Unknown male partners	2.3%	6.2%	1.4%	–	–	2.7%
Poverty and social exclusion	4.6%	5.2%	1.4%	1.5%	6.3%	3.6%
Family that is homeless	5.7%	–	1%	1.5%	12.5%	2.7%

4.5.3 Factors that contribute to the concerns

The factors contributing to concerns were attributed to four broad categories – parent/caregiver factors, child factors, environmental factors and family factors (*see Chapter 3, Methodology for definitions*). Table 4.16 shows that parent/caregiver was the most frequently occurring factor (82.7%) contributing to concerns and was highest in child protection referrals (95.9%). While child factors typically contributed to concerns (61.8%), this factor was highest within the statutory SCO and S. 77 referrals, where the issue generally was a young person's behaviour putting them at risk, with this factor occurring in 100% of these referral types.

Table 4.16: Factors that contribute to concerns, by category of referral

Category of referral Factors that contribute to concerns	Child welfare (n=87)	Child protection (n=97)	Alternative care (n=69)	Statutory SCO (n=66)	Statutory S. 77 (n=16)	Total % of families (N=335)
Parent/caregiver factors	92%	95.9%	82.6%	57.6%	56.3%	82.7%
Family factors*	51.7%	50.5%	47.8%	43.9%	25%	47.8%
Environmental factors*	21.8%	27.8%	29%	25.8%	12.5%	25.4%
Child factors	41.4%	50.5%	58%	100%	100%	61.8%

* A level of discrepancy was evident among the researchers in the allocation of these factors when reliability was checked, as highlighted in Chapter 3 on Methodology.

4.6 SUMMARY

This chapter has provided an overview profile of the families referred to the FWC Service at a particular point in time. The concerns arising for these families and children and young people, along with biographical data of the children and young people, were outlined. It is hoped that the presentation of this information will give the reader a clear picture of the different kinds of families referred to the FWC Service and the problems that are occurring within these families when they are referred.

These factors provide important baseline data from which the pathways through the FWC process can be understood and the specific outcome data explained. Also, this background information assists the reader to understand how the FWC Service may help these families and their children and young people. The vignettes of the different referral types are intended to show how the FWC Service may help families at different points in time, from child welfare to special care.

Chapter 5 will continue this level of analysis through the next stage of the FWC process, i.e. the referral procedure, which follows the cases in this study from the point of receiving a referral to case allocation.

4.7 ISSUES ARISING FROM DATA CONNECTED WITH THIS PART OF THE STUDY

In the final section of this chapter, a number of issues are identified as arising from consideration of the data and information presented in the earlier sections. The issues identified are reviewed through a dual lens of 'What works well' and 'What works less well', using the information available about the profile of the children and families referred.

ISSUE: Information available to the FWC Service

An FWC coordinator needs to keep a record in relation to each child in respect of whom an FWC has been convened (Regulation 8(1), Children (Fmaily Welfare Conference) Regulations 2004).

What works well

- When reliable and consistent information is available about the referrals, children and families at the time of referral. This is helpful in gaining an understanding of the family's circumstances at the referral meeting. This is an advantage during preparation and helps to identify how the child's needs can best be met through FWC.

What works less well

- FWC has been included in the Agency's Standard Business Processes project, which should ensure consistency of information collected nationally. However, successful implementation will require education of practitioners in relation to using the forms. At the time of writing, there were no plans to implement this.

ISSUE: Collating data and service management information

What works well

- It is beneficial for the FWC Service to collect data about the children and families who are subject to a FWC referral. This can inform the service about trends in referrals, where they are coming from, the kinds of issues arising, etc. This should guide future practice and enhance collaborative practice with the referring areas.

What works less well

- Data need to be collated regularly and collected in a format that makes it easy for staff to do. Trends should be reviewed and the information/evidence used to inform practice.

ISSUE: Differences in rates of referral from Agency areas and kinds of cases referred

The findings show that there were notable differences in the referral rates between the HSE's LHO areas which the FWC Service covers. However, when referrals are examined according to the larger ISAs of the Child and Family Agency, the differences even out.

What works well

- The FWC coordinators' practice experience is that an increasing number of cases are referred to the FWC Service as a recommendation of a Child Protection Conference.
- The coordinators' practice experience is that, irrespective of how long a family has been known to the referring agency, an indicator of the success of a FWC is the extent to which the family has been involved in the case to date.
- It is the coordinators' experience that despite vulnerabilities and past history of concerns present in many cases, families show that they have the ability to make rational and sound decisions about their future and the future of the children involved and to make safe plans for their children.

What works less well

- The coordinators' practice experience is that rate of referral relies heavily on 'champions' who use the service regularly and on individual workers' knowledge and experience of FWC, i.e. if they have had a good experience, they are more likely to refer similar types of cases again. While it is positive that there are practitioners who embrace this way of working, there is a lack of consistency in relation to what cases are referred and when referrals are made. This seemingly random referral rate does not fit with the FWC principles, whereby children have the right to have their families fully involved in planning for their future and their views to be heard when decisions are being made about them.
- It can be seen as a historical limitation that referrals are received only from the Social Work teams of the Child and Family Agency. In most other FWC services in Ireland, referrals are open to other State and community services, such as schools, and in some cases to self-referrals.

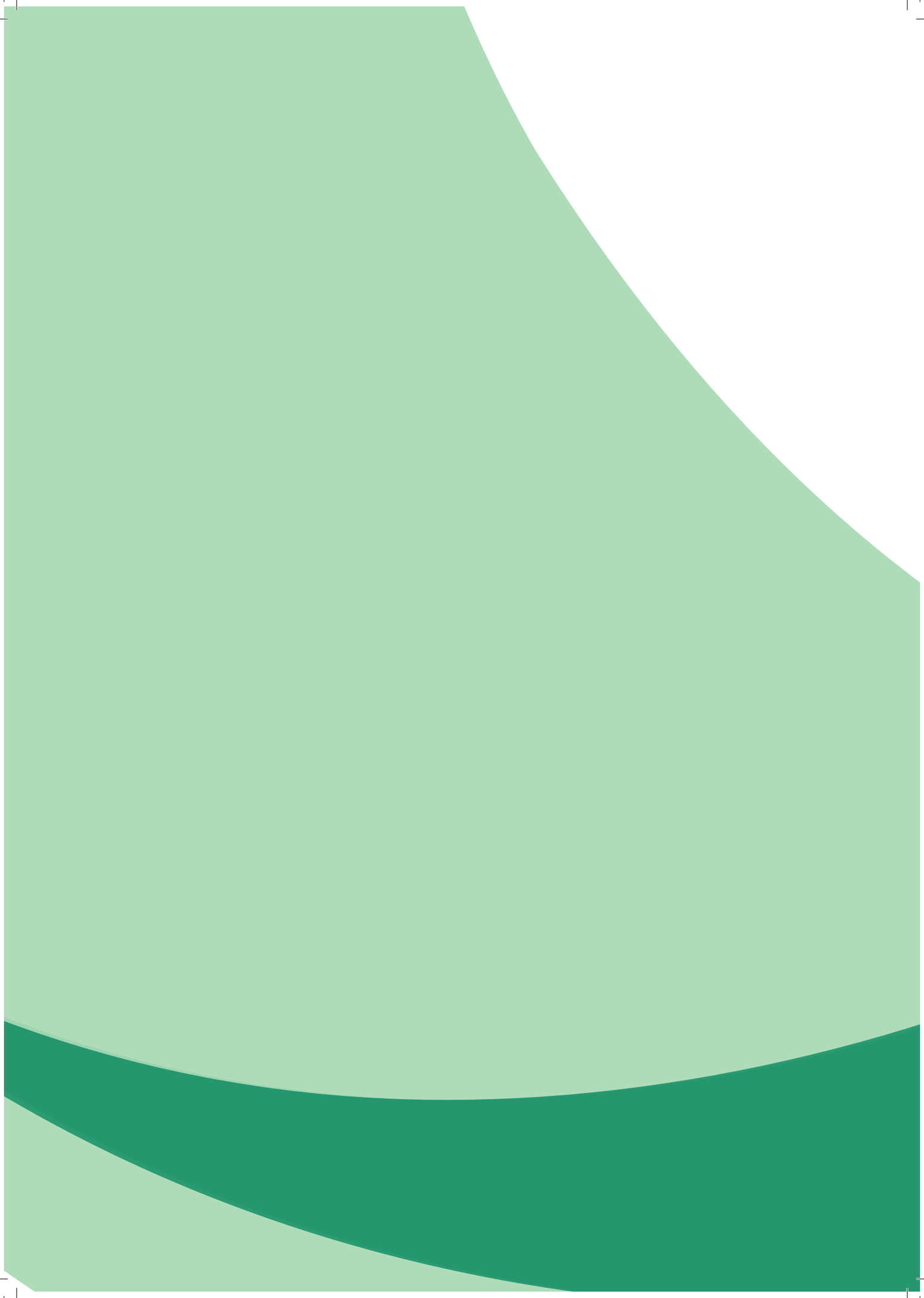
ISSUE: Where FWC stands in relation to other decision-making forums

What works well

- It works well when participants see FWC as an alternative to fighting things out in Court.

What works less well

- It is the experience of FWC coordinators that when cases are in Court simultaneously (either in a care matter or private family matter), FWC can be particularly challenging because people are engaged frequently in an adversarial system in Court and this can transfer into the FWC.



PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

CHAPTER 5:
THE REFERRAL AND FOUR-WAY MEETING

5. THE REFERRAL AND FOUR-WAY REFERRAL MEETING

This chapter presents information in respect of the study sample from the time of referral up to the beginning of preparation work. It includes information about cases received by the FWC Service and allocated to a coordinator and where a four-way referral meeting takes place. This four-way meeting is held between the referrer and his or her line manager, the allocated coordinator and the FWC Service manager. Following the referral meeting, the referrer completes his or her report for the FWC and shares it with the parents or guardians. When they have considered it and agreed with the FWC going ahead, the process moves on to the next stage of detailed preparation(*see Chapter 6*). The reasons why families did not proceed to the four-way referral meeting stage or to preparation are examined.

The stage in the FWC process under consideration here includes three sub-stages: (1) referral to allocation, (2) allocation to four-way referral meeting and (3) four-way referral meeting to case ready to proceed to preparation stage. Table 5.1 outlines the sample used within this chapter (335 families).

Table 5.1: Number of cases in different categories of referral that proceeded to four-way referral stage

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
Referrals	87	97	69	66	16	**335**
Four-way referral meeting	64	76	50	43	14	**247**
Preparation	54	67	43	29	13	**206**
FWC	31	44	23	15	10	**123**
Review	20	29	12	5	7	**73**

5.1 PROCESS OF REFERRAL

5.1.1 Case allocation after receiving a referral

As outlined in Chapter 4, referrals to the FWC Service are mainly made by Social Work Departments in the Child and Family Agency, although they can be made by different institutions. On confirmation of the referral, if it is a statutory referral (either SCO or Section 77) or if there is no waiting list, the case is allocated to aN FWC coordinator. Otherwise, cases are prioritised and placed on a waiting list and allocated when a coordinator is available to work on the case. Specific information about case allocation was available in 92% (311) of the 335 referrals in this study. The data concerning the timeframe within which cases were allocated are presented in Table 5.2.

Table 5.2: Time from receiving referral to case allocation to a FWC coordinator

Category of referral	Child welfare (n=77)	Child protection (n=91)	Alternative Care (n=63)	Statutory SCO (n=64)	Statutory S. 77 (n=16)	Total (n=311)
1-7 days	16.9%	36.2%	31.7%	96.8%	100%	46.3%
8-14 days	6.5%	11%	4.8%	–	–	5.8%
15-21 days	10.4%	11%	14.3%	–	–	8.7%
22-31 days	16.9%	9.9%	11.1%	1.6%	–	9.6%
Total up to 4 weeks	50.7%	68.1%	61.9%	98.4%	100%	70.4%
1-3 months	39%	24.2%	33.3%	1.6%	–	23.8%
>3-6 months	5.2%	2.2%	1.6%	–	–	2.3%
>6-12 months	–	1.1%	–	–	–	0.3%
Total from 1-12 months	44.2%	27.5%	34.9%	1.6%	-	26.4%
Closed before allocation	5.1%	4.4%	3.2%	–	–	3.2%
Total	100%	100%	100%	100%	100%	100%

Table 5.2 shows that 100% of the total number of statutory referrals were allocated within a week. This highlights the importance associated with speedy response to these statutory referrals. In other cases, the rates of allocation within one week were lower, with 36.2% for child protection cases, 31.7% for alternative care cases and 16.9% for child welfare cases. Nonetheless, the data show that 50.7% of child welfare cases, 68.1% of child protection cases and 61.9% of alternative care cases are allocated within a month from receiving the referral.

Some of the factors identified as impacting on the delayed case allocation[14] include the decrease in staffing levels in the FWC Service, delays in case processing in the referring service, the referrer taking alternative action or changes to family circumstances. Once a case is allocated, a four-way referral meeting is arranged.

14 Case allocation took 1-12 months in 26.4% of cases.

5.2 CASES CLOSED BEFORE FOUR-WAY REFERRAL MEETING

5.2.1 Cases that did not have a four-way referral meeting

Overall, 26.3% of referred cases did not proceed to the four-way referral meeting stage. However, this number varies across the categories of referral. Table 5.3 shows that statutory Section 77 referrals had the lowest number of cases (12.5%, 2 cases) that did not proceed to the four-way referral meeting, with SCO cases having the highest number of cases not proceeding to the four-way referral meeting (34.8%).

Table 5.3: Cases that had a four-way referral meeting and ones that did not

Category of referral	Child welfare (n=87)	Child protection (n=97)	Alternative Care (n=69)	Statutory SCO (n=66)	Statutory S. 77 (n=16)	Total (n=335)
Proceeded to four-way referral meeting	73.6%	78.4%	72.5%	65.2%	87.5 5	73.7%
Did not proceed to four-way referral meeting	26.4%	21.6%	27.5%	34.8%	12.5%	26.3%
Total	100%	100%	100%	100%	100%	100%

5.2.2 Reasons why cases did not proceed to four-way referral meeting

Information about cases that did not proceed to a four-way referral meeting was available for 71 of the 88 cases (80.7%). The reasons for the change are presented in Table 5.4. As can be seen, there was no further response from the referrer following receipt of the referral in 22.5% of cases so the case was closed by the FWC Service. This occurred mainly in child welfare cases (38.1%). Alternative action was taken by the referrer in 36.6% of referrals, so again the cases were closed by the FWC Service. This ranged from 23.8% in child welfare cases to 53.4% in alternative care cases.

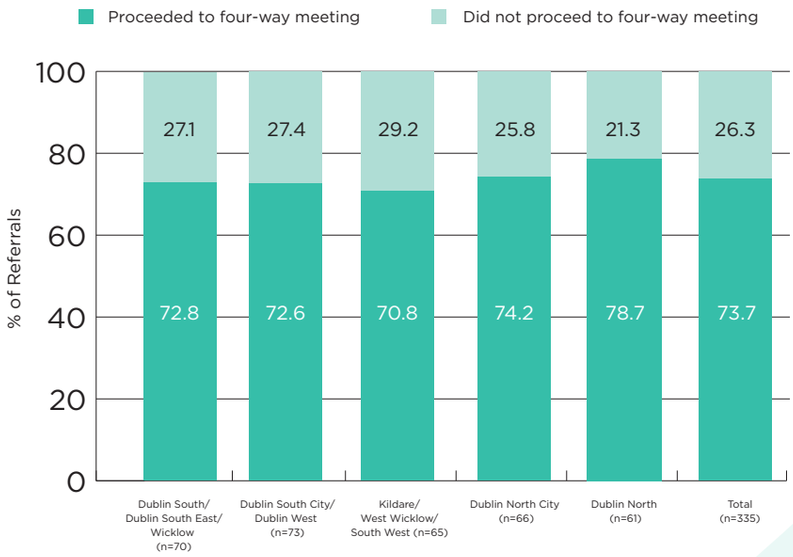
Table 5.4: Reasons why four-way referral meeting did not take place

Category of referral	Child welfare (n=21)	Child protection (n=18)	Alternative care (n=15)	Statutory SCO (n=15)	Statutory S. 77 (n=2)	Total (n=71)
No response from referrer after the referral	38.1%	27.8%	13.3%	6.7%	–	22.5%
Alternative action taken by referrer	23.8%	27.8%	53.4%	46.6%	50%	36.6%
Family circumstances changed	14.3%	11.1%	13.3%	20%	–	14.1%
Parents did not wish to proceed	9.5%	33.3%	13.3%	13.3%	50%	18.3%
Not in child's best interests to proceed	–	–	–	6.7%	–	1.4%
Referrer did not wish to proceed (reasons not known)	14.3%	–	6.7%	6.7%	–	7.1%
Total	100%	100%	100%	100%	100%	100%

5.2.3 Integrated Service Areas of families at this stage

As shown in Figure 5.1, the highest percentage of cases that proceeded to a four-way referral meeting was within the ISA of Dublin North, with 78.7% of their referrals proceeding to a referral meeting. The lowest was within the ISA of Kildare/West Wicklow/Dublin South West, with 70.8% of their referrals proceeding to a four-way referral meeting.

Figure 5.1: Percentage of cases within each ISA that did not proceed to a four-way referral meeting (n=335)



5.3 THE FOUR-WAY REFERRAL MEETING

5.3.1 Introduction

The four-way referral meeting is held following a referral to the FWC Service. The meeting includes the FWC coordinator and FWC Service manager, the referrer and his or her line manager/team leader. This meeting is conducted in order to identify goals for the FWC, to discuss the concerns held by the referrer, to identify the issues for the family to address at the FWC meeting and, lastly, to determine a 'bottom line' in respect of action that may be taken if a family plan is not made. This information is included in the referrer's report for the FWC and is constructed in such a way that it can be shared explicitly with the family members at the preparation and FWC stages.

The following sections explore goals set for FWCs, issues to be addressed by the family in the family plan and 'bottom lines' established. Table 5.5 highlights the number of families (247) across the categories of referral that were included within this stage of the FWC process.

Table 5.5: Number of referrals in different categories that proceeded to four-way referral stage

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
Referrals	87	97	69	66	16	335
Four-way referral meeting	64	76	50	43	14	247
Preparation	54	67	43	29	13	206
FWC	31	44	23	15	10	123
Review	20	29	12	5	7	73

5.3.2 Time between case allocation and four-way referral meeting

Information about the time it took from case allocation to an FWC coordinator to a four-way-referral meeting taking place was available for 98.4% of cases that had a referral meeting (i.e. 243 out of 247 cases). Table 5.6 gives a breakdown across the categories of referral for the length of time from case allocation to the referral meeting taking place. As can be seen, Section 77 referrals proceeded quickest to four-way referral meetings, with 85.8% of these cases having a referral meeting within one week of case allocation. Only 10.3% of cases had a four-way meeting over four weeks following allocation.

Table 5.6: Time between case allocation and four-way referral meeting taking place

Category of referral	Child welfare (n=64)	Child protection (n=72)	Alternative care (n=50)	Statutory SCO (n=43)	Statutory S. 77 (n=14)	Total (n=243)
1-7 days	37.6%	51.4%	40%	74.5%	85.8%	51.4%
8-14 days	32.8%	31.9%	26%	18.6%	7.1%	27.2%
15-21 days	10.9%	2.8%	10%	2.3%	–	6.2%
22-31 days	7.8%	4.2%	4%	2.3%	7.1%	4.9%
Total up to 4 weeks	**89.1%**	**90.3%**	**80%**	**97.7%**	**100%**	**89.7%**
1-3 months	7.8%	9.7%	20%	2.3%	–	9.5%
>3-6 months	3.1%	–	–	–	–	0.8%
Total from 1-6 months	**10.9%**	**9.7%**	**20%**	**2.3%**	**–**	**10.3%**
Total	100%	100%	100%	100%	100%	100%

5.3.3 Goals for the FWC

Goals for the FWC are identified by the referrer and specify what he or she wants to achieve by seeking the convening of an FWC. Typically, goals identified by referrers included:

- To make a safe plan for the child/young person's care;
- To keep the child/young person in his or her current placement with parent(s) and/or family member(s);
- To find a family placement;
- To identify supports or to come up with a back-up plan.

Goals were specified in 207 of the 247 cases that had a four-way referral meeting. (The cases that did not have a specified goal were mainly those that did not proceed to the next stage; in most of these instances, no referrer's report was completed.) Of the 207 cases that had a goal specified, 59.5% had one goal identified, while 40.5% had more than one goal. The different goals identified by the referrer at the four-way referral meeting are presented in Table 5.7. While this table divides the goals according to category of referral, it does not include data about the care status or placement of the children/young people at the time of referral (i.e. whether they are with parents or in informal/formal care of the family or in non-relative foster placements). For example, in the 1.8% of child welfare cases where the goal was to 'seek to return the child to the care of the mother and/or father, these children/young people were likely to be in a private family arrangement at the time of referral.

Table 5.7: Goals identified at the four-way referral meeting for the FWC

Category of referral	Child welfare (n=57)	Child protection (n=69)	Alternative Care (n=46)	Statutory SCO** (n=24)	Statutory S. 77 (n=11)	Total % of goals (n=207)
Make a long-term plan for the child	10.5%	21.7%	30.4%	12.5%	–	18.4%
Maintain the child in the care of the mother/father with supports	31.6%	31.9%	8.7%	4.2%	9.1%	22.2%
Maintain the child in the care of family with supports	33.3%	33.3%	30.4%	12.5%	45.5%	30.9%
Shared care placement	3.5%	1.4%	–	–	–	1.4%
Identify supports*	40.4%	36.2%	37%	58.3%	63.6%	41.5%
Identify family placement	8.8%	21.7%	17.4%	45.8%	18.2%	19.8%
Seek to return child to the care of mother/father	1.8%	1.4%	6.5%	–	–	2.4%
Seek to return child to the care of family	–	–	10.9%	33.3%	9.%	6.8%
Back up plan	8.8%	1.4%	–	–	–	2.9%

* A level of discrepancy was noted between researchers for this goal when reliability was checked (*see Chapter 3: Methodology*).
** While the goal of SCO is always to avoid special care, the family placement options considered vary.

5.3.4 Issues to be addressed in the family plan

The issues identified at the four-way referral meeting are key to what the family needs to discuss during private family time, the stage when they formulate the family plan. Providing the family with clear information before the FWC gives them time to consider possible solutions and actions that can be included in the family plan. The clarification of the issues also assists all the participants involved – the FWC coordinator, referrers, professionals and family members – to work towards achieving the goal stated for the FWC.

Out of 247 cases that had a four-way referral meeting, information about the issues to be addressed was available for 80.2% (198 cases) of the case files. (In 49 cases, the referrer's report was not completed in full or not at all as these did not proceed to FWC.) The number of issues that families had to address ranged from one to nine, with an average of 4.2 issues. Table 5.8 shows that 75.8% of the referrals contained 'to identify support for the child' as an issue to be addressed by the family. This issue was highest within statutory SCO referrals (95.2%). The issue 'to identify supports for parent to address their difficulties' was highest in child welfare referrals (53.6%) and lowest in SCO referrals (4.8%). However, 95.2% of the children and young people within the SCO referrals were in care at the time of referral and the focus was mainly on the child's needs.

Table 5.8: Issues identified at four-way referral meeting that were to be addressed at the FWC

Category of referral	Child welfare (n=56)	Child protection (n=67)	Alternative Care (n=44)	Statutory SCO (n=21)	Statutory S. 77 (n=10)	Total % of issues (n=198)
Family to make a plan for the child's care*	58.9%	58.2%	56.8%	57.1%	30%	56.6%
Identifying support for the child*	76.8%	67.2%	72.7%	95.2%	100%	75.8%
Family to work together to address conflict	44.6%	26.9%	34.1%	9.5%	40%	32.3%
Identifying supports for a carer	66.1%	71.6%	45.5%	28.6%	60%	59.1%
Plan regarding education	19.6%	28.4%	25%	33.3%	60%	27.3%
To identify supports for parent to address their difficulties	53.6%	34.3%	27.3%	4.8%	10%	33.8%
To identify safety person and/or back-up plan	5.4%	6%	2.3%	–	–	4%

* There was a level of discrepancy between researchers for this goal when the reliability was checked (*see Chapter 3: Methodology*).

5.3.5 'Bottom line' if concerns are not addressed

The 'bottom line' in respect of action that may be taken if a family plan is not made is outlined by the referrer in his or her report following discussion at the four-way referral meeting. This is then discussed with family members at the preparation stage so that they can fully understand the current situation from the perspective of the referring agency. The bottom line is intended as a way of informing the family members of the actions that professionals may be required to take if the concerns identified are not addressed or resolved through the FWC process.

Table 5.9 outlines the differences across categories of referral and those that had and did not have a bottom line identified in relation to progression of the case to the next stage. As can be seen, from the cases with a bottom line identified, 63.9% proceeded to a FWC. This was lower with cases that did not have a bottom line, with 52.2% proceeding to a FWC. SCO referrals had the highest percentages of cases with a bottom line (85%).

Table 5.9: Differences between cases with and without a 'bottom-line' and progression to FWC

Category of referral	Child welfare (n=48)	Child protection (n=58)	Alternative care (n=38)	Statutory SCO (n=20)	Statutory S. 77 (n=11)	Total (n=175)
Total no. of cases	48	58	38	20	11	175
% proceeded to FWC	54.2%	63.8%	50%	60%	90.9%	59.4%
% did not proceed	45.8%	36.2%	50%	40%	9.1%	40.6%
Bottom line identified	52.2%	77.6%	50%	85%	18.2%	61.8%
% proceeded to FWC	68%	64.4%	63.2%	58.8%	50%	63.9%
% did not proceed	32%	35.6%	36.8%	41.2%	50%	36.1%
No bottom line identified	47.8%	22.4%	50%	15%	81.8%	38.2%
% proceeded to FWC	39.1%	61.5%	36.8%	66.7%	100%	52.2%
% did not proceed	60.9%	38.5%	63.2%	33.3%	–	47.8%

A bottom line was identified in 108 out of the 175 cases (61.7%), with the remaining 67 cases (38.2%) having no bottom line specified. Table 5.10 lists the different bottom lines seen within referrals. Information is also provided on how cases with different bottom lines went on to have an FWC meeting. According to this table, 60% of child protection referrals with a bottom line identified had a bottom line for a 'child to be taken into care' as opposed to 42.6% of all cases. From these child protection cases, 77.8% proceeded to an FWC, as opposed to 69.6% of all cases. Perhaps when the risk for the child is seen as high and family members understand the severity of the situation, there is greater motivation to proceed to an FWC.

Table 5.10: Bottom line decided at four-way referral meeting, by category of referral and progression to FWC stage

Category of referral	Child welfare (n=25)	Child protection (n=45)	Alternative care (n=19)	Statutory SCO (n=17)	Statutory S. 77 (n=2)	Total (n=105)
Proceed with a Child Protection Conference	60%	15.6%	15.8%	–	–	23.1%
% proceeded to FWC	60%	57.1%	66.7%	–	–	60%
% did not proceed	40%	42.9%	33.3%	–	–	40%
Proceed with a Supervision Order	4%	4.4%				2.8%
% proceeded to FWC	100%	50%	–	–	–	66.7%
% did not proceed	–	50%	–	–	–	33.3%
Proceed with a Child Protection Conference and a Supervision Order	4%	–	–	–	–	0.9%
% proceeded to FWC	100%	–	–	–	–	100%
% did not proceed	–	–	–	–	–	–
Child to be taken into care	12%	60%	31.6%	52.9%	50%	42.6%
% proceeded to FWC	66.7%	77.8%	50%	55.6%	100%	69.6%
% did not proceed	33.3%	22.2%	50%	44.4%	–	30.4%
Seek alternative placement for a child/young person	–	4.4%	36.8%	47.1%	–	15.7%
% proceeded to FWC	–	50%	71.4%	62.5%	–	64.7%
% did not proceed	–	50%	28.6%	37.5%	–	35.3%
Continue monitoring the case	20%	15.6%	10.5%	-	50%	13.9%
% proceeded to FWC	80%	28.6%	50%	–	–	46.7%
% did not proceed	20%	71.4%	50%	–	100%	53.3%
Social Work Department will close the case if concerns are addressed	–	–	5.3%	–	–	0.9%
% proceeded to FWC	–	–	100%	–	–	100%
% did not proceed	–	–	–	–	–	–

5.3.6 Time between four-way referral meeting and case ready to proceed

Following a four-way referral meeting, the referrer is required to complete the referrer's report for the FWC and share this with the parents to ensure that they agree with it and give consent to proceeding with an FWC. The time interval between four-way referral meetings and the case being ready to proceed to the FWC meeting is shown in Table 5.11. From the 247 cases that had a four-way referral meeting, data were available in 83.8% of cases (207). Cases ready to proceed in one week were highest in SCO referrals (87.9%) and Section 77 cases (76.9%). In comparison, the rate for child welfare cases was 40.7% and 48.5% for child protection cases for the same time period, so it is clear that the statutory cases have been given priority. Delays at this point can be indicative of the high level of work the referrer has to carry out or that

there are issues around contacting parents or getting their consent to proceed to an FWC. Out of all cases, 87.5% were ready to proceed to the FWC meeting within four weeks of the referral meeting taking place.

Table 5.11: Time from four-way referral meeting to case ready to proceed, by referral type

Category of referral	Child welfare (n=54)	Child protection (n=66)	Alternative Care (n= 41)	Statutory SCO (n=33)	Statutory S. 77 (n=13)	Total % of cases (n=207)
1 week	40.7%	48.5%	36.9%	87.9%	76.9%	52.2%
2 weeks	20.4%	22.7%	19.5%	6.1%	7.7%	17.9%
3 weeks	14.8%	7.6%	14.6%	3%	7.7%	10.2%
4 weeks	11.1%	7.6%	9.8%	–	–	7.2%
Total up to 4 weeks	87%	86.4%	80.8%	97%	92.3%	87.5%
1-3 months	11.1%	9.1%	19.2%	3%	7.7%	10.6%
>3-6 months	1.9%	3.0%	–	–	–	1.4%
>12 months	–	1.5%	–	–	–	0.5%
Total 1-12 months	13%	13.6%	19.2%	3%	7.7%	12.5%
Total % of cases	100%	100%	100%	100%	100%	100%

5.4 CASES CLOSED AFTER FOUR-WAY REFERRAL MEETING, BEFORE PREPARATION STAGE

5.4.1 Cases closed

Of the 247 cases that had a referral meeting, 41 cases (16.6%) did not proceed to the preparation stage. Table 5.12 shows that 34.1% (14 cases) of these were SCO referrals.

Table 5.12: Cases closed after four-way referral meeting before preparation, by category of referral

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total no. of cases
No. of cases	10	9	7	14	1	41
% of cases	24.4%	22%	17.1%	34.1%	2.4%	100%

5.4.2 Reasons cases closed

Information explaining why cases did not continue to the FWC stage was available for 63.4% of the cases that had a four-way referral meeting and where no further preparation was undertaken before the case was closed. The reasons for case closure are presented in Table 5.13. As can be seen, 'parents not wishing to proceed' is the most frequent reason cited for a lack of progression, which was seen in 53.8% of all cases. This trend was highest in SCO

referrals (77.8%). FWC coordinators explained this as follows:

> *'Sometimes referrers may not get full consent before they send in the referral and perhaps this occurs because parents do not get enough information about what an FWC is or sometimes the parents may say "Yes" initially as they feel they have limited power to say "No" and then when we meet them and say it is a voluntary process ... that is when they say "No".'*

A 'change in family circumstances' was seen in 50% of child welfare cases and a 'lack of engagement from the referrer' was the reason for a lack of progression in 100% of alternative care cases.

Table 5.13: Reasons for case not proceeding to preparation stage following four-way referral meeting

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total no. of cases
When referrer contacted parents they did not wish to proceed	37.5%	66.6%	–	77.8%	–	53.8%
Alternative action taken by the referrer	12.5%	16.7%	–	22.2%	–	15.4%
Family circumstances changed	50%	16.7%	–	–	100%	23.1%
Lack of engagement from the referrer	–	–	100%	–	–	7.7%
Total %	100%	100%	100%	100%	100%	100%

5.5 SUMMARY

This chapter has provided an overview of the work that typically occurs following receipt of a referral to the FWC Service. Further information is given on the types of cases referred to the FWC Service, those that were closed following allocation and those that proceeded to a four-way referral meeting. The goals, issues and bottom lines identified for the cases are presented. This aspect needs to be read in conjunction with concerns, issues, vulnerability and risk factors discussed in Chapter 4. The combined data provide a greater level of understanding of the position of families at the time of referral. The decisions made at the four-way referral meeting give a structure to what is discussed when a case reaches an FWC meeting. They also give objectives or goals for families to aim for when forming a family plan for the child/young person at the FWC, whether the goal is for a child in alternative care to make a transition back home or for a young person to find a new placement within the family due to the breakdown of a current living arrangement.

5.6 ISSUES ARISING FROM DATA CONNECTED WITH THIS PART OF THE STUDY

In the final section of this chapter, a number of issues are identified as arising from consideration of the data and information presented in the earlier sections. The issues identified are reviewed through a dual lens of 'What works well' and 'What works less well', using the information available about the stage between referral and preparation.

ISSUE: Timeframe for case allocation

What works well

- When statutory referrals were allocated within one week of receiving a referral. Swift allocation means that, having become involved, family members are not waiting prolonged periods to have an FWC and also that the concerns for the child/young person are not continued for longer than necessary.

ISSUE: When should a case be referred to FWC?

What works well

- When there is clarity about the benchmarks that are used to guide which cases, and when are referred to FWC to allow families an opportunity to be part of decision-making in relation to their children.
- When simpler solutions (e.g. single worker support) have failed to resolve the problems.
- When there are difficulties or issues present that indicate the benefits of having an independent FWC coordinator facilitate a family meeting (e.g. when there are relationship difficulties either between family members or between the referrer and the family).
- When the referrer would like to mobilise the family network in order for them to address the concerns.

What works less well

- There is no clear policy or practice guidance for referrers in the Social Work Departments in the Child and Family Agency about what cases they should be referring to FWC, although FWC is recognised in, for example, the HSE's *Child Protection and Welfare Practice Handbook* (HSE, 2011b) and is included in the HSE's *Social Work Department's Business Processes* (HSE Children and Families Social Services, 2009).

ISSUE: Timeframes at the referral stage

What works less well

- Most cases are time-sensitive, therefore sitting on a waiting list does not work because concerns need to be addressed and if the FWC process does not address those concerns, alternative action will most likely need to be taken. If no action is taken, there is potential for the situation to get worse for the children and the family.
- If there is a shortage of staff in the FWC team and this has a negative impact on the productivity of the service.
- If, following a referral meeting, there are delays on the part of the referrer in completing the referrer's report and sharing it with the parents, there will be delays in the FWC coordinator starting preparation.
- Valuable opportunities may be missed when a family decides not to proceed with FWC. Further research is needed to explore if this issue/decision is associated more with an ongoing mistrust the family feel towards social services or in a relationship that may be centred on conflict and animosity.

ISSUE: Four-way referral meeting to identify a goal for the FWC and issues to be addressed at the FWC

What works well

- When families are given clear information about family welfare conferencing and the aim of the FWC meeting through the referrer's report (Barnardos, Family Rights Group and NCH, 2002).
- The referrer's report provides an opportunity to safely balance partnership and parental responsibility, while also protecting the child from possible further risk by clearly defining the terms for the FWC (Netcare).
- If the referrer's line manager attends and is in support of the goal and the bottom-line for the conference since it is essential that they give clear approval for the plan, unless it places a child at risk (O'Brien and Lynch, 2002).
- When there is clarity about where the FWC will fit in relation to other decision-making processes (e.g. child protection conference, legal proceedings and statutory child-in-care reviews). There is a need to ensure that FGC plans for the child inform and 'dovetail' with other decision-making forums (O'Brien and Lynch, 2002).
- When there is clarity about the terms of the FCW, i.e. what are the referrer's goals for the FWC, what are the current concerns and what issues the referrer would like the family to address in the family plan. This provides the mandate and impetus for the family and professionals to come together (O'Brien and Lynch, 2002).
- Then the four-way referral meeting has a clear mandate vis à vis the purpose of the conference, which takes account of the referring agency's overall statutory responsibilities in the case (O'Brien and Lynch, 2002).

What works less well

- If there is limited clarity about concerns. It is important that the four-way referral meeting is not used to assess concerns (O'Brien and Lynch, 2002). If this occurs, it is an indication that while work is still needed for managing the case, a FWC is not the right context for doing it.

ISSUE: Consent from parents and guardians to hold a FWC

Following a four-way referral meeting, the referrer needs to share his or her agenda for the FWC with the parents/guardians and get their consent to proceed with this agenda and with a FWC.

What works well

- If there are difficulties in getting consent, it is important that the referrer gives accurate information about FWC and about the idea of broadening participation and family circle (O'Brien and Lynch, 2002).

ISSUE: Cases closed before preparation can begin

There were 88 cases that were closed before the preparation stage began. Out of the 247 cases that had a four-way meeting, there were 41 that were closed before preparation could begin. This is 16.6% of the sample that had a four-way meeting.

What works well

- When there is a clear commitment from the referrer to the FWC process and it is prioritised.

What works less well

- If there is a lack of communication from the referrer A number of cases are closed before preparation begins due to this. It is important to acknowledge that most of the referrers are social workers in the Child and Family Agency and work under conditions where priorities can change very quickly.
- Some cases are closed before preparation can begin because while they were on the waiting list in the FWC Service, the circumstances changed or other interventions were put in place and FWC was no longer needed.
- One of the biggest reasons why cases do not proceed past the referral stage is that parents or guardians do not give consent or withdraw consent to having a FWC. In this study, 53.8% of families did not want to proceed after a four-way meeting. After referral, the highest reason for a case not proceeding was alternative action taken by the referrer.

- Many cases are closed before an FWC can be held due to changes in family circumstances. It is important to acknowledge the vulnerability of many of the families and children that the FWC Service works with. Issues that arise in the families can often lead to delays in the process or to cases being closed. Some of the issues that can impact the process are addictions, mental health difficulties, high risk behaviour and bereavement.
- After a referral, the highest reason for cases not proceeding to a four-way referral meeting was alternative action taken (36.6%), followed by no response from the referrer (22.5%) and family not wishing to proceed (18.3%).

PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

CHAPTER 6:
PREPARATION STAGE

6. PREPARATION STAGE

This chapter examines the 206 families who proceeded to the preparation stage of the FWC process. It is at this stage that the FWC coordinator makes contact with family members and professionals to organise the FWC meeting. The various inputs undertaken by the FWC coordinator at the preparation stage are examined, including contacts made with family members, professionals and family visits. This work all occurs following the four-way referral meeting (*see Chapter 5*). Details of the typical hours spent working on a case are also discussed, along with the coordinators' views on the benefits of the preparation stage. Table 6.1 outlines the sample used within this chapter (206 families).

This information is presented against a backdrop in which studies show that the role of the independent FWC coordinator is critical to achieving success in conferencing (Barnsdale and Walker, 2007; Boxall *et al*, 2012; Mandell *et al*, 2001;). Boxall *et al* (2012) found that the coordinators were highly skilled in engaging a range of parents, children and young people, and extended family members, including families with pre-existing negative perceptions towards social services. It was also found that the positioning of the coordinator was an important strength of the FWC programme and that families were more willing to engage with the FWC Service because of the perceived independence of the coordinators.

Table 6.1: Number of cases in different categories of referral that proceeded to preparation stage

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total no. of cases
Referrals	87	97	69	66	16	335
Four-way referral meeting	64	76	50	43	14	247
Preparation	54	67	43	29	13	206
FWC	31	44	23	15	10	123
Review	20	29	12	5	7	73

6.1 PREPARATION STAGE PROCESS

6.1.1 Time spent working on preparation stage

The available data give some indication about the level of work that goes into cases, particularly at the preparation stage since this is generally the most time consuming part of the process. Preparation requires a significant input from the FWC coordinator in relation to

negotiating consent, access and clarifying issues to be discussed. The hours coordinators spent working on specific cases were recorded for the cohort of 104 cases worked on 2011 (*see Table 6.2*). The data reflect the variation of progress across the different stages of the FWC process, from those that reached preparation but did not have an FWC meeting, to those that had an FWC but no review meeting, and those that had a review meeting. Generally, those cases that reached preparation stage had less than 10 hours or 10-20 hours worked on by the FWC Service. When a case had an FWC meeting, this raised the hours involved to 21-35. Cases that went through the full process (to review meeting) had 36-50 hours of work by a coordinator. There are differences also across the different referral categories for these stages, with highest number of hours worked within child protection and alternative care cases.

The hours spent working on a case are seen to vary depending on the number of children involved, the speed with which the case proceeds, the number of home visits carried out to family members and the number of family members who are willing to be involved in the FWC process. Furthermore, cases can take longer if there are issues arising during preparation, such as inter-personal conflict or resistance to the process.

Table 6.2: Hours spent working on cases by FWC coordinator across different stages of the FWC process (104 cases in 2011)

Category of referral		Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
No. of cases in each category of referral (preparation, no FWC)		5	8	8	5	2	28
Total hours worked on case	<10	20%	12.5%	50%	80%	100%	42.9%
	10-20	80%	75%	12.5%	20%	–	42.9%
	21-35	–	12.5%	25%	–	–	10.6%
	36-50	–	–	12.5%	–	–	3.6%
No. of cases in each category of referral (FWC, no review)		2	4	5	7	3	21
Total hours worked on case	10-20	50%	–	–	71.4%	–	28.6%
	21-35	–	–	60%	28.6%	100%	38.1%
	36-50	50%	75%	20%	–	–	23.8%
	66-80	–	25%	20%	–	–	9.5%
No. of cases in each category of referral (FWC and review)		4	7	4	2	1	18
Total hours worked on case	10-20	25%	–	–	–	–	5.6%
	21-35	75%	–	–	–	–	16.7%
	36-50	–	71.4%	75%	100%	100%	61%
	51-65	–	28.6%	25%	–	–	16.7%

Total no. of cases in each category of referral (all stages)		17	32	28	19	8	104
Total hours worked on case	<10	35.3%	40.6%	53.6%	47.4%	50%	45.2%
	10-20	41.2%	21.9%	3.6%	31.6%	–	20.2%
	21-35	17.6%	3.1%	17.8%	10.5%	37.5%	13.5%
	36-50	5.9%	25%	17.8%	10.5%	12.5%	16.3%
	51-65	–	6.3%	3.6%	–	–	2.9%
	66-80	–	3.1%	3.6%	–	–	1.9%

6.1.2 Preparation stage

During the preparation stage, the FWC coordinator begins by contacting the parents and/or guardians and key family members/carers. 'Family members contacted' refers to when a coordinator makes contact with individual family members over the telephone. On the other hand, 'family visits' are when a coordinator arranges a meeting with a family member. While some home visits are to meet one family member, it may also be the case that multiple family members are met in a single home visit. The visits arranged by the coordinator have several aims: to explain the process of an FWC; to share the referring agency's concerns in respect of the child/young person; to ensure the family have clarity regarding the agency's role and responsibility; and to consult the family on their understanding of the child's/young person's situation and encourage them to start thinking of solutions that may be helpful.

While the referrer can suggest people who could be invited to the FWC, usually it is the parent(s) and/or guardian(s) who identify and give consent to other family members and professionals being contacted. This work is carried out together with the child or young person, where appropriate.

6.1.3 Contact made with family and professionals during preparation stage

In the present study, preparation commenced with 206 referrals following the four-way referral meetings. However, 83 of these referrals did not proceed to FWC and a number of explanations were found for this change, which are discussed in Section 6.3.1 below. Table 6.3 outlines information in respect of family members contacted by the FWC coordinator during preparation and indicates the different profile of cases that proceeded to FWC and those that did not. The average number of family members contacted in cases that had an FWC was 7.6, while the average in cases where some level of preparation was done but there was no FWC was 2.7 family members.

Table 6.3: Number of family members contacted during preparation, including cases that proceeded and did not proceed to FWC stage, by category of referral

Category of referral		Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
No. of cases in each category of referral (FWC)		31	44	23	15	10	123
Proceeded to FWC stage	Range	3-15	2-14	3-21	2-9	3-10	2-21
	Mean	7.5	8.6	8.2	5.5	6	7.6
No. of cases in each category of referral (no FWC)		23	23	20	14	3	83
Did not proceed to FWC stage	Range	1-6	1-7	1-11	1-3	1-3	1-11
	Mean	2.5	2.7	3.6	1.9	2	2.7

Table 6.4 analyses the available information on the number of family visits carried out during preparation, between those cases that proceeded to an FWC meeting and those that did not (as distinct from the family contact outlined above). Information was available for 111 cases that went to FWC (90.2%). This information does not give details on how many family members were seen during each home visit. While the length of a family visit varies, generally the duration ranges from 45 minutes to three hours (not including the coordinator's travelling time). The average number of family visits for cases that proceeded to FWC was 7.6, compared to 1.9 for cases that did not have an FWC.

Table 6.4: Number of family visits during preparation stage, including cases that proceeded and did not proceed to FWC stage, by category of referral

Category of referral		Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
No. of cases in each category of referral (FWC)		27	39	22	14	9	111
Proceeded to FWC stage	Range	4-15	4-14	3-13	1-10	3-10	1-15
	Mean	7.6	8.9	7.4	4.9	6.6	7.6
No. of cases in each category of referral (no FWC)		23	23	20	14	3	83
Did not proceed to FWC stage	Range	0-5	0-7	0-9	0-3	0-1	0-9
	Mean	1.5	2.4	2.6	0.9	0.7	1.9

By contacting and visiting family members, the FWC coordinator creates an opportunity to build trust and rapport, and to create an inclusive relationship with all involved. This part of the FWC process enables families to have their say regarding what is occurring within their family. It enables family members to ask questions, give opinions and discuss in a general

way the concerns prior to the FWC. It provides for all involved to feel included in the process, while also allowing the family members to understand the reasons why an FWC is needed. In many instances, family members may be unaware of the current concerns or the specificity of the concerns in respect of the children and young people.

The range of professionals contacted begins with zero since in some cases no other professionals besides the referring service professionals are contacted due to case closure or because they are not required for an FWC. As seen in Table 6.5, for those cases that had an FWC (123 cases), an average of 4.5 professionals were contacted during preparation (there was one case where no additional professionals were contacted). In those cases where no FWC was held but some level of preparation was completed (83 cases), an average of 1.4 professionals were contacted (there was a total of 27 cases where no other professionals were contacted except the professionals from the referring service).

Table 6.5: Number of professionals contacted during preparation stage, including cases that proceeded and did not proceed to FWC stage, by category of referral

Category of referral		Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
No. of cases in each category of referral (FWC)		31	44	23	15	10	123
Proceeded to FWC stage	Range	0-16	1-10	1-14	1-9	1-16	0-16
	Mean	4	5	4.2	3.8	5.2	4.5
No. of cases in each category of referral (no FWC)		23	23	20	14	3	83
Did not proceed to FWC stage	Range	0-4	0-6	0-5	0-3	0-3	0-6
	Mean	1.1	1.4	1.7	1.2	1	1.4

6.2 CHILDREN AND YOUNG PEOPLE

6.2.1 Children and young people met by FWC coordinator

It is viewed as best practice to meet with children and young people as part of the FWC process, where deemed appropriate. The decision is taken by the FWC coordinator if the child /young person is met (or at least if efforts are made to meet with him or her). The coordinator makes an assessment about whether and to what extent the child/young person should be part of the FWC process based on what is in his or her best interests. This assessment includes the child's age and level of maturity, their vulnerabilities, the views of the parents/carers and referrers, and the child's own wishes, where appropriate. Following that assessment, the FWC coordinator decides whether he or she will meet with the child, whether the child should be invited to the FWC, and how their views are best heard (either directly or through an advocate).

There were a total of 353 children and young people within the 206 families who reached the preparation stage. Information about whether these children and young people were met was known for 352 of them (99.7%). Table 6.6 provides data on the children and young people met by the FWC coordinator, according to category of referral, and whether these cases proceeded to an FWC or not. The children and young people in cases that proceeded to an FWC meeting were met in 60.7% of cases, whereas 17.3% were met in cases that were closed before an FWC.

Table 6.6: Children/young people met by the FWC coordinator during preparation stage

Category of referral		Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
No. of children/young people in each category of referral (no FWC)		39	52	25	14	3	133
Preparation, but no FWC	Met by coordinator	17.9%	9.6%	36%	7.1%	33.3%	17.3%
	Not met by coordinator	82.1%	90.4%	64%	92.9%	66.7%	82.7%
No. of children/young people in each category of referral (FWC)		60	97	37	15	10	219
Proceeded to FWC	Met by coordinator	61.7%	58.8%	56.8%	53.3%	100%	60.7%
	Not met by coordinator	38.3%	41.3%	43.2%	46.7%	–	39.3%

6.2.2 Reasons why children/young people were not met by the FWC coordinator

Of the 195 children and young people who were not met by the FWC coordinator during the preparation stage, information as to why this happened, as recorded by the coordinators, was available for 183 of them (93.8%). The data are divided between children and young people who went on to have an FWC meeting and those who did not because their cases were closed during preparation (*see Table 6.7*). Of the children and young people involved in cases that closed before an FWC, the majority (93.5%) were not met because the case was closed during preparation before the child or young person was met. For those cases that had an FWC, most (58.7%) were not met due to the age of the children (deemed to be too young). A significant proportion (22.7%) were not met because the child or young person did not engage with the process. Children and young people were least likely to engage in statutory SCO cases (57.1%) and in child welfare cases (31.8%). Of those cases that had an FWC, 8.3% had a support person or advocate acting on behalf of the child/young person, which may also account for why the they were not met by the coordinator.

Table 6.7: Reasons why children/young people did not meet FWC coordinator

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
No. of children/young people (no FWC)	32	46	16	11	2	108
Case did not proceed to FWC	96.9%	95.7%	93.9%	83.3%	50%	93.5%
Not met due to child's young age	3.1%	4.3%	–	–	–	2.8%
Efforts made, but child did not engage	–	–	6.3%	–	50%	1.9%
Not in child's best interests to meet	–	–	–	8.3%	–	0.9%
Coordinator had no agreement from parent/carer	–	–	–	8.3%	–	0.9%
No. of children/young people (FWC)	22	33	13	7	–	75
Not met due to child's young age	59.2%	66.7%	69.2%	–	–	58.7%
Efforts made, but child did not engage	31.8%	12.1%	15.4%	57.1%	–	22.7%
Not in child's best interests to meet	4.5%	–	15.4%	42.9%	–	8%
Not met because of assessment of level of maturity or ability	4.5%	–	–	–	–	1.3%
Coordinator had no agreement from parent/carer	–	21.2%	–	–	–	9.3%

6.3 CASES CLOSED DURING PREPARATION STAGE

Of the 206 cases that reached preparation stage, 83 (40.3%) did not proceed to an FWC meeting. The spread of the cases closed is presented across referral category in Table 6.8.

Table 6.8: Cases closed during preparation (no FWC), by category of referral

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total no. of cases
No. of cases	23	23	20	14	3	83
% of cases	27.7%	27.7%	24.1%	16.9%	3.6%	100%

6.3.1 Reasons why cases did not proceed after a referral meeting and preparation

Information on the reasons why the cases were closed during the preparation stage is available for 62 (75.9%) of the 83 cases and the results are presented in Table 6.9. When the FWC coordinator contacted the parents/carers, the family chose not to proceed in 74.6% of cases. This number varied across referral categories, with families not wishing to proceed in 50% of Section 77 cases and in 83.4% of child welfare cases. This raises a question regarding how and why the families change their commitment to having an FWC. It is usual that, following the

referral meeting, the referrer once again asks the family if they wish to re-commit to the process.

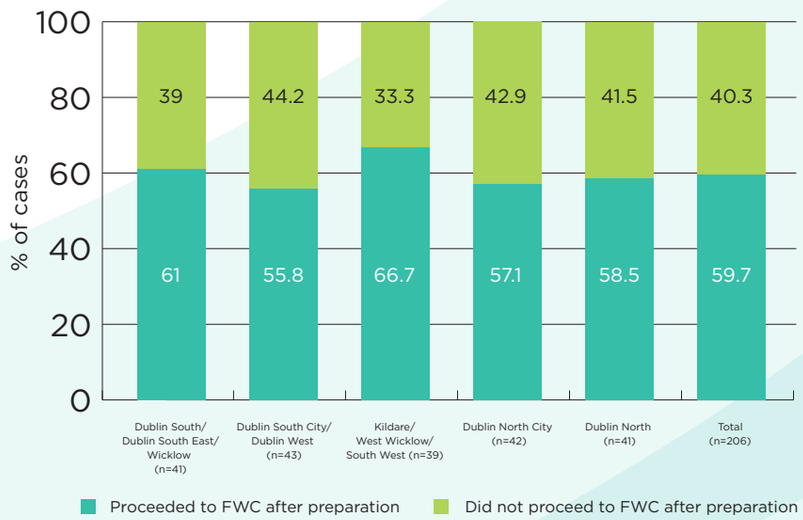
Table 6.9: Reasons for lack of case progression after four-way referral meeting and preparation

Category of referral	Child welfare (n=18)	Child protection (n=21)	Alternative care (n=11)	Statutory SCO (n=11)	Statutory S. 77 (n=2)	Total (n=63)
When FWC coordinator contacted parents, they did not wish to proceed	83.3%	76.2%	54.5%	81.8%	50%	74.6%
Alternative action taken by referrer	5.6%	19%	27.3%	18.2%	50%	11.1%
Family circumstances changed	11.1%	–	9.1%	–	–	11.1%
Lack of engagement from Social Work Department	–	4.8%	9.1%	–	–	3.2%
Total %	100%	100%	100%	100%	100%	100%

6.3.2 Integrated Service Areas of those that did not proceed past preparation

Geographically, the highest number of cases that were closed at the preparation stage were from the ISA of Dublin South City/Dublin West, with 44.2% of cases in this area not proceeding to a FWC meeting. The ISA of Kildare/West Wicklow/Dublin South West had the highest percentage of cases (66.7%) proceeding to a FWC meeting (*see Figure 6.1*).

Figure 6.1 Percentage of cases within each Integrated Service Area that did and did not proceed to FWC following preparation stage (n=206)



6.4 OUTCOMES AT PREPARATION

This section contains information about the benefits of the preparation stage of the FWC process. The work carried out by the FWC coordinator is used to empower and inform all family members involved to take responsibility and help the children and young people within referrals. The views of FWC coordinators are presented, along with findings from previous research to help create a clearer understanding of the advantages of this stage of the process.

6.4.1 Benefits of the preparation stage

According to Barnsdale and Walker (2007), there is a link between positive outcomes in FWC meetings and the preparation stage. Preparing family members creates an atmosphere of understanding and safety, while promoting family leadership (Merkel-Holguin, 2003). Preparing professionals is also said to help with the success of a case and is seen as a significant predictor of positive outcomes.

During the preparation stage, the FWC coordinator's role is to gather information, build positive relationships and guide both families and professionals through the FWC process. This process requires all involved to form positive relationships with each other, maintain transparency and encourage openness and honesty (Adams and Chandler, 2002; Boxall *et al*, 2012; Healy *et al*, 2012). This is all carried out while keeping the focus of the FWC on the needs of the child and young person.

By having the time to build a rapport with all involved during preparation, the FWC coordinator assists a family in the decision-making process. The coordinator is able to gain an understanding of the family's situation at a point in time and understand how to facilitate the family to make a plan for the child/young person's care. The preparation stage is also an opportunity for the coordinator to gain an insight into how the family members communicate with each other and to identify any relationships that may contribute to the progress of the FWC process, as well as those that would have a negative influence on progress (Olson, 2009).

Preparation allows the coordinator to discuss the concerns surrounding a child/young person with all family members in a transparent way, so that all involved are hearing the same concerns, issues, goals and bottom lines (*see Chapters 4 and 5*) regarding the children and young people. Having all family members being told the same information means that everything discussed during the meeting is already known, leaving no one in the dark about the purpose of holding a conference. As one coordinator observed:

> *'It's a very transparent process. There's no hidden agenda in it. The conversation you're having with the mum is the same conversation, more or less, you're having with an aunt or the granny, and I think that's really good … There's no secrecy.'*

One of the key roles of the coordinator is to ensure that all family members who wish to participate are prepared about what is involved in the process of the FWC meeting and to inform each member of what is expected from them at the meeting (Boxall *et al*, 2012, p. 21). By giving all involved time to think about how to help the children and young people in their

family, it means the family are given power in how to deal with the situation and motivation to make a family plan to help. By contacting and visiting family members, the coordinator is creating the opportunity to build trust and rapport, and create an inclusive relationship with those involved.

Marsh and Crow (1998) talked about the skills required from a coordinator. They said communication skills were important, particularly negotiation and mediation, along with the abilities to engage people, clarify and shape information. Skills in organising events, experience in group work, professional networking and a belief in the FWC model were also valuable.

6.5 SUMMARY

This chapter has presented information on the preparation stage of the FWC process, including the role of the FWC coordinator in contacting family members and professionals to try and arrange an FWC meeting and meeting with the children and young people involved; the reasons why cases were closed at this stage; and the benefits of this stage in helping build relationships with the families involved. All of the preparation work is carried out by the coordinators sometimes in less than a week in order to maintain both momentum and the inclusive nature of the FWC Service, and to expand the net of resources to extended family members for both the families and the children/young people.

6.6 ISSUES ARISING FROM DATA CONNECTED WITH THIS PART OF THE STUDY

In the final section of this chapter, a number of issues are identified as arising from consideration of the data and information presented in the earlier sections. The issues identified are reviewed through the dual lens of 'What works well' and 'What works less well', using information available from findings on the preparation stage of the FWC process.

ISSUE: Preparing family network

'It is important to have full and accurate information about who is in the child's network. The FWC coordinator should clearly map the networks available (both formal and informal). The term 'family' is interpreted widely and includes relatives, friends and other significant people in the child's/young person's life. Family members and significant others are contacted by the coordinator, who will let them know what the meeting is about and discuss any worries or concerns they may have' (Barnardos, Family Rights Group and NCH, 2002).

What works well

- When information about professionals and family and significant others involved with the child/young person is available to the FWC coordinator.
- When the family buys in to the process and is ready to proceed.
- When coordinators regularly negotiate access to family members and work on getting them on board to help with the family plan.
- When an independent coordinator facilitates the involvement of the child, family network and professionals in the FWC process.
- When the coordinator makes efforts to determine interested parties, e.g. genograms, and to identify natural supports and networks of the child and parents (O'Brien and Lynch, 2002).
- When members of the family get involved who have not been actively involved up to now.
- Can be an opportunity for paternal family to get involved in a structured way, even when the father is not actively involved.
- Gives an opportunity for all relevant and engaged professionals and family members to discuss issues and concerns.

What works less well

- When access to family network is curtailed or limited by parents or guardians.
- When there is a very limited family network.
- If the preparation process is hampered by difficult individual circumstances of family members, by difficult relationships within the family or between family and professionals.
- If is no clarity about people who have to be excluded and why – this should be used as a last resort and identified as early as possible (O'Brien and Lynch, 2002).
- If permission is not forthcoming to contact other family members, consider the legal status, reasons for care and length of time care is needed, and emphasise the importance of child-centred decision-making (O'Brien and Lynch, 2002).

ISSUE: Professionals prepared

What works well

- When professionals are told about the principles and value base of meetings and they are clear about their purpose (to share concerns, not solutions) (O'Brien and Lynch, 2002).
- When professionals are prepared about the process and they are clear about their role and agree with the agenda set for the FWC meeting.

What works less well

- If professionals are not prepared, they may argue over the process and family issues get lost (O'Brien and Lynch, 2002).
- If there are more professionals than family at the FWC meeting.

ISSUE: Length of time of preparation

What works well

- If there is a level of flexibility for preparation and length of time used for it (e.g. if cases can be prepared quickly when needed, if referrers make themselves available for meetings at a time that suits the family, if time is given for cases that need longer time for preparation due to number of people involved or complexity of issues involved).
- When haste is not allowed to keep key people away (O'Brien and Lynch, 2002).

What works less well

- When there are delays and cancelled meetings.
- When family does not agree with concerns or agenda set for the FWC or where there are unresolved family disagreements over who should attend the meeting.
- If family issues get in the way of the FWC going ahead.
- If there is a lack of professional engagement is an aspect of this stage. A delay in response from the referring agency as to whether to proceed may be a reason why families disengage. The coordinator has to wait to hear from the referrer as to whether contacting the family can begin. This can often mean waiting a long period of time following a referral meeting before preparation can begin. This delay may result in family members becoming disinterested in progressing due to a delay in professional help.

ISSUE: Addressing issues arising before FWC

'*Seriousness of abuse/neglect and child's situation; depth of any expressed anger; unresolved issues; resistance to involvement – to be addressed before FWC*' (O'Brien and Lynch, 2002).

ISSUE: Preparing children/young people

What works well

There are a number of issues arising in relation to preparing children and young people for the FWC meeting. These include issues around:

- Permission to contact child/young person;
- The child/young person's engagement;
- Who is the best person to prepare the child/young person;
- The assessment of the age and level of maturity of the child/young person;
- Managing the child/young person's expectations for change;
- Sharing of appropriate level of information with the child/young person;
- Level of assessment required.

In a lot of SCO cases, the young person is not met because of:

- Safety reasons;
- The young person is in such a bad place that introducing another professional would not be of benefit;
- The more extreme the child's situation, the less they seem to be met by coordinator.

ISSUE: Cases closed before FWC

What works less well

- If family members don't want to proceed; this was the main reason for case closure before a FWC meeting took place.
- When there is no consent from parents and there is a question of overriding parents' consent – sometimes this in the child's best interests, but the impact on relationships may still be difficult.
- If there is no immediate agreement about FWC, that reasonable efforts are made to keep trying, e.g. pay attention to continuum between taking measures and cooperation, use family members who have shown interest (O'Brien and Lynch, 2002).

PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

CHAPTER 7:
FAMILY WELFARE CONFERENCES

7. FAMILY WELFARE CONFERENCES

Previous chapters have examined the findings from the analysis of 335 referrals made to the FWC Service (*see Chapter 5*) and the 247 cases that progressed to the preparation stage (*see Chapter 6*). This chapter examines the data on the 123 cases involving 218 children and young persons that proceeded to an FWC. The chapter is divided into two sections: the first provides an overview of the FWC process and the second looks at specific outcomes from the 123 conference meetings convened. This comprised 49.8% of all referrals that had a four-way referral meeting and 36.7% of the initial number of referrals. Table 7.1 outlines the sample used within this chapter (123 cases).

Table 7.1: Number of cases in different categories of referral that proceeded to FWC stage

Category of referral	Child welfare		Child protection		Alternative care		Statutory SCO		Statutory S. 77		Total	
	%	N	%	N	%	N	%	N	%	N	%	N
Referrals	100	87	100	97	100	69	100	66	100	16	100	335
Four-way referral meeting	73.6	64	78.4	76	72.5	50	65.2	43	87.5	14	73.7	247
FWC	48.4	31	57.9	44	46	23	34.9	15	71.4	10	49.8	123
Review	64.5	20	65.9	29	52.2	12	33.3	5	70	7	59.3	73

7.1 OVERVIEW OF THE FWC PROCESS

An FWC meeting takes place in a neutral venue and is organised and facilitated by a FWC coordinator, who invites all the participants to the meeting. The meeting is divided into three stages, namely: 'information giving', 'private family time' and 'agreeing the family plan'. Each stage occupies a distinct part of the meeting. This section presents descriptive data about the meetings, venues used, associated costs, number and duration of conferences. It further describes the different phases of the conference and the attendance trends of family members and professionals.

7.1.1 Number and duration of FWC meetings

The number of conferences held for each category of referral and their duration are presented in Table 7.2a. Generally, cases have one FWC meeting (93.5% of cases) A small number of cases had more than one FWC meeting in situations where, for example, different plans were required for different stages of a reunification process. Six cases had two meetings (5.7%) and one case had three meetings.

FWC meetings lasted between one hour 30 minutes and six hours, with three to six hours being the average time for 75.9% of the child welfare cases, 81.4% of child protection cases, 56.6% of alternative care cases and 70% of statutory Section 77 cases. In contrast, 100% of the statutory SCO cases were completed in less than three hours. The length of the meetings varies according to individual families and their circumstances. FWC coordinators consider that flexibility is important and sufficient time is given to complete each stage.

Table 7.2a: Number and duration of FWC meetings

Category of referral	Child welfare (n=29)	Child protection (n=43)	Alternative care (n=23)	Statutory SCO (n=15)	Statutory S. 77 (n=10)	Total (n=120)*
Number of FWC						
One FWC	97%	88.6%	91.3%	100%	100%	93.5%
Two FWC	3%	9.1%	8.7%	–	–	5.7%
Three FWC	–	2.3%	–	–	–	0.8%
Duration of FWC*						
Less than 1.5 hours	–	–	–	60%	–	0.8%
1.5-3 hours	20.7%	16.3%	30.4%	40%	20%	27.5%
3-6 hours	75.9%	81.4%	56.6%	–	70%	66.7%
over 6 hours	3.4%	2.3%	3%	–	10%	5%

* Data on length of time of conferences were available for 97.6% of the cases.

7.1.2 Length of different parts of the FWC

As outlined in Table 7.2b, the length of time for 'information giving' was less than one hour 30 minutes in most cases (56.4%). Similarly, 'private family time' was completed within one hour 30 minutes in most cases (65.3%) and the 'agreeing family plan' stage was completed in most cases (91.5%) within one hour 30 minutes.

Table 7.2b: Length of parts of the FWC meeting

Category of referral	Child welfare	Child protection	Alternative care	Statutory SCO	Statutory S. 77	Total
Less than 1.5 hours	47.1%	60%	33.3%	75%	66.7%	56.4%
1.5-2.5 hours	47%	40%	58.4%	25%	33.3%	40.7%
2.5-3.5vhours	5.9%	–	8.3%	–	–	2.8%
No. of cases	17	15	12	8	3	55
Private family time						
Less than 1.5 hours	58.9%	80%	54.5%	100%	33.3%	65.3%
1.5-2.5 hours	35.3%	20%	27.3%	–	66.7%	29.9%
2.5-3.5 hours	5.8%	–	18.2%	–	–	4.8%

No. of cases	17	15	11	8	3	54
Agreeing family plan						
Less than 1.5 hours	100%	100%	91%	100%	66.7%	91.5%
1.5 -2.5 hours	–	–	9%	–	33.3%	8.5%
No. of cases	17	14	11	8	3	53

7.1.3 Venues used for the FWC

The venues chosen to facilitate extended FWC meetings are important in terms of providing for confidentiality and neutrality, as well as the general well-being of those attending. They also need to be flexible enough to ensure that the private family time can occur with ease.

One of the key strengths of family welfare conferencing is its neutrality. The literature in Chapter 2 shows that a neutral venue for the FWC is one way of putting this principle into practice. An FWC coordinator generally consults the family and the child or young person, where appropriate, about their venue preference, while also ensuring that the venue is both suitable (considering the length of the meeting as well as how many people will attend) and that it offers privacy. From the early 2000s, the FWC Service aimed to use more neutral spaces like community centres and hotels rather than using the Child and Family Agency's offices or HSE buildings or facilities. As part of the ongoing cost containment measures in the public services, however, the FWC coordinators now aim to use free-of-charge venues where suitable ones are available and strive to achieve value for money if paid venues have to be used. Thus, the data show that there has been a shift in venues used between 2011 and 2013 (*see Table 7.3*).

In 2011, hotels were used for FWC meetings in 59.2% of cases and by 2013 this had reduced to 3.7%. There has been an increase in the use of community venues, from 35.1% in 2011 to 70.4% in 2013, achieved by the coordinators' cost-cutting efforts. However, the coordinators spend additional time identifying venues (preferably ones that are free) and if not possible, bargaining for better rates for other venues. The cost-cutting also involves less costly refreshments, etc. While direct costs have been reduced, according to the coordinators this is taking up more of their time and is a cost that needs to be factored into overall FWC Service expenditure. The wide dispersal of the conferences in the region means that this aspect has to be repeated over and over again.

Table 7.3: Venues for FWC meetings, by year

	2011 (n=54)		2012 (n=42)		2013 (n=27)		Total (n=123)	
	%	N	%	N	%	N	%	N
HSE venue	5.6	3	14.2	6	25.9	7	13	16
Hotel	59.3	32	28.6	12	3.7	1	36.6	45
Community venue	35.1	19	57.1	24	70.4	19	54.4	62

7.1.4 Direct cost of convening FWC meetings

The direct costs of convening an FWC meeting include venue hire and refreshments and other miscellaneous expenses (*see Table 7.4*). Costs have been reducing in line with the changed use of venues (see above). For example, 48.8% of meetings in 2011 fell in the range of €100-200 and this percentage fell to 11.8% in 2013, with considerable savings.

Table 7.4: Direct costs of convening FWC meetings

	2011 (n=41)		2012 (n=27)		2013 (n=17)		Total (n=85)*	
	%	N	%	N	%	N	%	N
€0	9.8	4	22.2	6	23.5	4	16.4	14
€1-49	7.3	3	22.2	6	47.1	8	22.3	19
€50-99	19.5	8	29.7	8	17.6	3	22.3	19
€100-200	48.8	20	22.2	6	11.8	2	33	28
€over 200	14.6	6	3.7	1	–	–	8.3	7

* The costs are available for 69% (85 cases) of the 123 cases that proceeded to FWC and include expenditure in respect of venue hire and provision of refreshments.

7.1.5 Attendance at FWC meetings

Table 7.5 presents a detailed breakdown of data regarding the people that were both invited and attended FWC meetings, including family members who were identified and contacted during preparation. The average number of people who attended child welfare, child protection and alternative care conferences was 11.8. In the statutory SCO cases, the average number was lower, at 8.5. On average, conferences were attended by greater numbers of family members compared to professionals[15], except in Special Care Order cases where the number averaged 3.2 for family members and 4.7 for professionals. Similarly, in Section 77 cases, 4.2 family members attended compared to 5.9 professionals.

15 The FWC coordinators are counted as professionals attending the FWC meeting.

Table 7.5: Attendance at FWC meetings

Category of referral	Child Welfare (n=31)	Child protection (n=44)	Alternative care (n=23)	Statutory SCO (n=15)	Statutory S. 77 (n=10)	Total (n=123)
Average no. of people attending FWC	11.6	11.9	11.8	8.5	9.4	10.6
Average no. of family members at FWC	6.6	6.8	6.8	3.2	4.2	5.5
Average no. of professionals at FWC*	4.8	5.11	4.9	4.7	5.9	5.1
Average no. of people invited, but did not attend	1.4	2.1	2.1	2.6	1.1	2
Average no. of family members invited, but did not attend	1	1.7	1.7	1.8	0.8	1.4
Average no. of professionals invited, but did not attend	0.3	0.4	0.3	0.8	0.3	0.4
Average no. of professional reports read out	0.8	0	0	0.1	0	0.25
Percentage of cases where family members and professionals were present						
Mother present (n=113)	96.7%	95.1%	100%	84.6%	77.8%	93.8%
Father present (n=87)	64%	80%	46.7%	62.5%	66.7%	66.7%
Maternal family present** (n=122)	87.1%	93%	78.3%	40%	60%	79.5%
Paternal family present (n=120)	48.4%	48.8%	43.5%	13.3%	10%	40%
Significant other (n=118)	45.2%	40%	31.8%	46.7%	30%	36.4%
Referrer present (n=122)	96.8%	100%	95.7%	100%	80%	96.8%
Referrer's line manager present (n=122)	83.8%	95.3%	95.7%	80%	90%	99.1%
Guardian ad Litem present (n=122)	0%	2.3%	34.8%	20%	0%	9.8%
Advocate/support person present*** (n=122)	32.3%	37.2%	39.1%	20%	30%	33.6%

* The number of professionals includes the FWC coordinator.
** The exact number of maternal and parental members present varied.
*** The advocate/support person present could have been there for a child or young person, or for a family member.

A number of trends regarding attendance by parents and extended family emerge from the data. Mothers show a high level of attendance, with 93.8% out of the 113 mothers identified attending[16]. Their attendance was slightly lower in statutory cases: 84.6% (11 out of 15 cases) in SCO cases and 77.8% (7 out of 10 cases) in Section 77 referrals. Fathers were present or identifiable in the child's life in 71% of the cases (87 of the 123 cases) and chose to attend the conference in 66.7% (58 cases) of the cases. They averaged 80% (24 cases) attendance in the child protection cases and their attendance was lowest in the alternative care cases (46.7%). Maternal family members attended conferences in 79.5% (97 cases) of the cases on

16 While every effort is made to engage with mothers and fathers and they are encouraged to attend the FWC, sometimes parents choose not to attend or are not in a position to attend. The decision in these cases was to proceed without parent/s present in order to address concerns/meet child's needs.

average. They were present in 93% of child protection cases (40 cases) and in 40% (six cases) of SCO cases. Paternal family showed a lower frequency of attendance when compared to the maternal family and were present in less than half of the conferences (40%, 120 cases). The lowest turnout in paternal family was observed in SCO cases with 13.3% (two out of 15 cases) and in statutory Section 77 cases with a 10% presence (one out of 10 cases).

As per FWC Service protocols, the referrer and/or his or her line manager were present at the FWC meetings. The referrer was present in over 95% of cases (118 cases), except in the statutory Section 77, where it fell to 80%. The referrer's line manager was present in 99.1% of cases. A GAL attended in 9.8% (12 cases) of the cases across all categories of referral and was present in 34.8% (eight cases) of the cases that were categorised as alternative care. The use of advocates was highest among the alternative care cases (39.1%) and lowest in SCO cases (20%).

7.1.6 Participation of children and young people

FWC coordinators undertake a specific assessment about the advisability of children and young people attending an FWC. They take into consideration what is in the child's best interests and their age and level of maturity, vulnerabilities, their views and the views of their parents or carers, as well as the views of the referrer and whether or not they were met in the preparation stage, prior to the FWC meeting. Chapter 6 discusses the coordinators' meetings with children before the FWC and the reasons why they were or were not met. Out of a total of 219 children and young people, 133 were met by coordinators and of these, 80 were invited to the subsequent meeting. Of those, 51 attended (34 in full and 17 partially). The children have the right, and are encouraged, where relevant, to appoint a support person or an advocate to represent and support them and express their views at the FWC. A support person/advocate may act as the person who brings the child's/young person's views to the meeting.

Data on the presentation of children's and young people's views and their attendance at FWC meetings are presented in Tables 7.6-7.8. Of the children and young people who were invited to a FWC, 63.8% (51) attended (*see Table 7.6*). In 33.3% of those, 17 children and young people were present only for a part of the conference. The highest number attended in the statutory Section 77 cases, with 100% attendance. In contrast, only 60% attended the FWCs on statutory SCOs and 53.3% in the alternative care cases.

Table 7.6: Attendance of children and young people at FWC meetings

Category of referral	Child welfare (n*=25)	Child protection (n=21)	Alternative care (n=15)	Statutory SCO (n=10)	Statutory S. 77 (n=9)	Total (n=80)
No. attending FWC	14	14	8	6	9	51
% attendance at FWC	56%	66.7%	53.3%	60%	100%	63.8%

* n numbers correspond to the number of children and young people invited to the FWC in each category of referral.

Table 7.7 outlines the ages of the children or young people who attended FWCs. The majority (86.3%) in all cases were over 13 years of age. All the young people involved in both types of statutory referrals and who took part in the FWC were over 13 years of age, while a small percentage (13.7%) attending and involved in the child welfare, child protection and alternative care referrals were in the age group seven to 12 years.

Table 7.7: Ages of children and young people attending FWCs across different age groups

Category of referral	Child welfare (n*=14)		Child protection (n=14)		Alternative care (n=8)		Statutory SCO (n=6)		Statutory S. 77 (n=9)		Total (n=51)	
Age group	%	N	%	N	%	N	%	N	%	N	%	N
0-6 years	–	–	–	–	–	–	–	–	–	–	–	–
7-12 years	21.4	3	21.4	3	12.5	1	–	–	–	–	13.7	7
13 years or over	78.6	11	78.6	11	87.5	7	100	6	100	9	86.3	44
Total	100	14	100	14	100	8	100	6	100	9	100	51

* n numbers refer to the number of children and young people in each category of referral who attended the FWC

The FWC coordinators, in their questionnaire, reported that the children's/young people's participation in an FWC was an important component of a successful case. They considered that the FWC gave an opportunity for many young people to be active participants in the planning of their own care and future. They also believed that the young people's participation at the meeting, even though stressful at times and requiring adequate supports, can make it clear to them that their wider family do care for them. One of the coordinators gave an example:

> *'Young person's name] was very vulnerable, went missing before her views were heard. At the end of the process, the young person was impressed … that family showed how much they cared.'*

When asked about what worked or did not work in a case, one of the coordinators replied:

> *'What didn't work was that the young person had a very significant mental health issue and therefore she found it difficult to engage with the FWC process. It was very stressful for her, leading up to the FWC, and her anxiety prevented her at times from engaging with the family plan.'*

For this young person and many others, the idea of coming together, meeting other family members and sharing their feelings and views in an open forum seemed to be overwhelming, given the nature of the personal issues involved. Thus, the type of intervention used in each case needs to be tailored to suit the individual needs and abilities of each child or young person.

7.1.7 Children's/young people's views brought to FWC

According to the current legislation and best practice protocol, children's and young people's views should be presented at the FWC, where appropriate (Child Care Act 1991; DCYA, 2011). Even if the child or young person is not present at the meeting, his or her views can be brought to it. As noted in Chapter 6, when the FWC coordinator meets the child during the preparation stage, their views are discussed and it is agreed with them if they will bring their own views to the FWC or if someone else should do it. The person bringing the child's views should be, as far as possible, independent and have a relationship with the child; it can be someone from the child's own network or a person introduced to the child for the purpose of the FWC. If such a person cannot be found, the FWC coordinator will bring the child's views to the FWC meeting, particularly when there are no formal supports engaged with the child (like a child care worker, a key worker or a project worker). In general, family members who attend the FWC are there to make and agree the family plan and so it can be difficult for them to hold dual roles at the meeting. It is to be noted that there is a gap in the services provided by the FWC Services for independent advocates who can help a child or young person get their views heard or who can speak for them if needed.

As seen in Table 7.8, FWC coordinators regularly brought children's and young people's views to FWC meetings (26.3%). Children and young people gave their views themselves in 14.3% of the cases and with the assistance of a support person in 8.8% of cases. In a small number of cases, their views were brought to the meeting by family members (1.8%). In 43.3% of the cases, the views of the child or young person were not brought to the meeting due to the child's young age or because they had not been met by the coordinator (due to a lack of permission from the parents to involve the child or a lack of engagement on the part of the child or young person – *see Section 6.2.2, Table 6.7*).

Table 7.8: Views of children and young person brought to FWC meetings

Category of referral	Child welfare (n=59)		Child protection (n=96)		Alternative care (n=37)		Statutory SCO (n=15)		Statutory S. 77 (n=10)		Total (n*=217)	
	%	N	%	N	%	N	%	N	%	N	%	N
Family member	–	–	4.2	4	–	–	–	–	–	–	1.8	4
FWC coordinator	25.4	15	28.1	27	27	10	13.3	2	30	3	26.3	57
Advocate/support person	8.6	5	6.2	6	13.5	5	40	6	50	5	14.3	31
Child/young person brought his or her own views	44	11	4.2	4	13.5	5	40	6	50	5	14.3	31
Views not brought**	18.6	26	49	47	40.6	15	40	6	–	–	43.3	94
Other	1.7	1	–	–	2.7	1	–	–	–	–	0.9	2
Not known	1.7	1	8.3	8	2.7	1	–	–	–	–	4.6	10
Overall views brought	54.3	32	42.7	41	56.7	21	60	9	100	10	52	113

* Information about the way children/young people's views were brought to the FWC meeting was available in 98.6% of the cases (N=220).
** Reasons why these children and young people were not met prior to FWC are outlined in Section 6.2.2 (Table 6.7.)

It has been recognised that children and young people may require support to negotiate and manage their involvement in conferencing (Holland and O'Neill, 2006; Horan and Dalrymple, 2003; Barnsdale and Walker, 2007) and for this reason using advocates has become a common practice in many countries (e.g. Heino, 2009; Horan and Dalrymple, 2003). In Ireland, there is very limited access to advocacy services for children and young people, particularly if they are not in care. The organisation EPIC ('Empowering People in Care') provides independent advocacy services for children and young people in care or with care experience. However, the child or young person may choose anyone that they like as their advocate to attend the conference with and/or for them, and in the majority of cases where the child was met by the coordinator, they were given an opportunity to do so. In 36 of the cases in this study, an advocate/support person was used to support the child or young person through the FWC process and/or to help deliver their views. Table 7.9 shows who took on the role of advocate/support person at FWCs.

Table 7.9: Advocates/support people to present children/young person's views at FWC meetings

	No. of children	% of children
Person from formal advocacy support service	4	11.1%
Informal support service	4	11.1%
Family member	2	5.6%
Friend	1	2.8%
Key worker in residential care unit	7	19.4%
Extern/YAP project worker	5	13.9%
Key worker from a community service	12	33.3%
Person from child's school	1	2.8%
Total	36	100%

If the use of advocates is considered by children's age groups (*see Table 7.10*), it can be seen that no advocates were used for children under the age of six and the use of advocates increased from 41.7% for seven to 12 year olds (n=15) to 58.3% for over 13 year olds (n=21). Children who were at home at the time of referral and those who were in care had an equal number of support people and advocates used.

Table 7.10: Age group and advocate/support person used for children/young people at FWCs

Age group of child/young person	7-12 years (n=15)		13 years or over (n=21)		Total (n=36)	
	%	N	%	N	%	N
Person from formal advocacy support service	20.3	3	4.8	1	11.1	4
Informal support service	13.3	2	9.5	2	11.1	4
Family member	13.3	2	–	–	5.6	2
Friend	–	–	4.8	1	2.8	1
Key worker in residential care unit	–	–	33.3	7	19.4	7
Extern/YAP project worker	–	–	23.8	5	13.9	5
Key worker from a community service	53.4	8	19	4	33.3	12
Person from child's school	–	–	4.8	1	2.8	1
Total % of children with a support person/advocate	41.7	15	58.3	21	100	36

It is the view of FWC coordinators that it is of considerable benefit to the FWC meeting when children and young people's views are brought to the conference, as will be discussed in Chapter 9. The above findings show a trend where younger children's views and also a considerable proportion of the older groups' views are not brought to the meeting, either by themselves or by another person. While the reasons for this are outlined in Chapter 6 and above, it is important that the FWC Service continues to evaluate the practice around children's involvement.

7.2 ASPECTS OF INFORMATION GIVING AND PRIVATE FAMILY TIME

In this chapter so far, information has been presented regarding attendance, length of time of the different stages of the FWC meeting and the participation of children/young people. A number of aspects of the 'information giving' and 'private family time' stages of the conference are now provided, before the 'family plans' that emerged in the study are discussed in Section 7.3.

7.2.1 'Information giving' as a forum for participation and partnership

The 'information giving' stage of the FWC meeting provides an opportunity for family members to hear the referring agency's issues and concerns about the child and relevant information regarding the potential and limits of agency assistance and interventions (*see Chapter 2*). The FWC coordinator, as part of the conferencing process, strives to ensure that information is presented by the professionals in a comprehensive, clear and encompassing manner. This orientation facilitates family members to be informed and helps with the construction of the family plan during the 'private family time' stage and in later decision-making.

In practice, the information giving stage can be dynamic and the facilitation, mediation and chairing skills of the coordinator are important. In chairing/facilitating, the coordinator is mindful of the multiple inter-actional processes, relationship dynamics and understandings or misunderstandings that may be present in the room. In the preparation stage, the coordinator has been privy to multiple conversations with various parties and is therefore aware of the intricacies that may be present in the relational field. One coordinator in the study noted that:

> *'The family welfare conference meetings are an opportunity for communication and information sharing, where family members and children are encouraged to be open and honest, and many issues that families present, together with concerns, are talked about in a straightforward, but respectful, sensitive and neutral manner.'*

Such conditions, according to the coordinators, are *'conducive to building a solid foundation for making thoughtful decisions'*. One coordinator recalled that what helps, from her experience, is *'straight talking, openness and honesty and coordinators not having an agenda really worked … this was replicated in the FWC meetings by family'*.

Coordinators stressed that in order to ensure good outcomes from the meetings, it was important that there was truthfulness about the concerns, that conversations about parenting capacity and any limitations were open, but respectful and compassionate. In this way, the participants showed more willingness to acknowledge the situation and keep up with the main trajectory of the meeting.

7.2.2 Benefits of 'private family time'

Private family time is a central component of the FWC model, as discussed in Chapters 1 and 2. An important theme running through the professional and family feedback forms revealed that *'the private family time was a very worthwhile part of the conference as sometimes people find it difficult to be honest when others are present'*.

Appreciation for this part of the process was also seen in the family members' feedback forms, with 77.4% (n=28) agreeing that *'it was good to have private family time at the FWC'*. One family member even seemed surprised by this part of the process, saying that the professionals *'even gave us time to ourselves'*.

Overall, 90.9% of family members felt that they had a chance to say what they wanted to during the FWC meeting. They also felt that their opinions were listened to in 87.9% of feedback forms. These findings fit with the strong research evidence associated with FWC as a tool enabling more inclusive experiences for family members when working with professionals in child welfare, as outlined in Chapter 2.

7.3 OUTCOMES OF FWC: CONTENT AND ANALYSIS OF FAMILY PLANS MADE IN FWC

This section examines the family plans made at FWC meetings and includes the number of plans designed, as well as a description of the types of commitments made and who

committed to them. In this study, the construction of the family plan is seen as an outcome in its own right. In Chapters 8 and 9, the plans are tracked over time, with an examination of the specifics of actions agreed, the impact of the actions on the initial concerns and, in particular, the outcomes in relation to children's and young people's placements, changes in concerns and relationships.

Specific conference outcomes that are presented below include the content and analysis of the plans made in the 123 cases that had an FWC. As part of background information, the specific goals for the 123 conferences are summarised. It is against these that the conference plans are best considered. These data were previously presented in Chapter 5, but as part of total referrals made to the FWC Service.

7.3.1 Goals for the FWC

While overall goals were presented for all referrals that had a four-way referral meeting in Chapter 5 (*see Section 5.3.3*), here we consider the specific goals identified for the 123 families that proceeded to a FWC meeting. The cases that had an FWC had an average number of 1.53 goals (*see Table 7.12*). The goals for the cohort of cases that had an FWC are similar to those identified for all cases that had a four-way referral meeting.

Table 7.12: Goals agreed at referral stage for the FWC meeting

Category of referral	Child welfare (n=31)		Child protection (n=42)		Alternative care (n=23)		Statutory SCO (n=15)		Statutory S. 77 (n=10)		Total (n=123)		Goals in four-way referral meeting cases (n=207)	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Make a plan for the child/young person	9.7	3	20.5	9	26.1	6	13.3	2	–	–	16.3	20	18.4	38
Maintain child/ young person in the care of mother and/or father with supports	29	9	27.3	12	13	3	6.7	1	10	1	21.1	26	22.2	46
Maintain child/ young person in the care of the family with supports	38.7	12	36.4	16	30.4	7	13.3	2	40	5	34.1	42	30.9	64
Identify supports	54.8	16	34.1	15	28.1	6	66.7	10	60	6	43.1	53	41.5	86
Identify family placement	16.1	5	27.3	12	30.4	7	46.7	7	10	1	26	31	19.8	41
Return child/young person to care of parent/s	–	–	2.3	1	4.3	1	–	–	–	–	1.6	2	2.4	5
Seek to return child/young person to the care of family	–	–	–	–	17.4	4	33.3	5	10	1	8.1	10	6.8	14
Shared care placement	6.5	2	2.3	1	–	–	–	–	–	–	2.4	3	6.8	3

7.3.2 Issues to be addressed by family at the FWC

Table 7.13 summarises the different issues, linked to the goals and concerns, that families who had an FWC were asked to address at the meeting (n=118), which were similar to the issues identified for all the cases that had a four-way referral meeting (n=198). The most frequently occurring issue to be addressed at the FWC was to 'identify supports for the child/young person' across all categories of referral (78%), except in the child protection cases. 'Family to make a plan for the child/young person's care' was the second most frequently occurring issue on the FWC agenda, identified in 58.5% of cases. These issues were similar to those identified in the sample of referrals that proceeded to a four-way referral meeting (*see Table 5.8*).

Table 7.13: Issues that were to be addressed at FWC meeting

Category of referral	Child welfare (n=30)		Child protection (n=43)		Alternative care (n=23)		Statutory SCO (n=13)		Statutory S. 77 (n=9)		Total (n=118)		Total (n=198)	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Family to make a plan for the child/young person's care	56.7	17	65.1	28	56.5	13	61.5	8	30.3	3	58.5	69	56.6	112
Identify supports for the child/young person	80	24	69.8	30	69.6	16	100	13	100	9	78	92	75.8	150
Develop an educational plan*	10	3	37.2	16	17.4	4	23.1	3	66.7	6	27.1	32	27.3	54
Family to find a way to address a conflict	36.7	11	25.6	11	39.1	9	7.7	1	30.3	3	35	35	32.3	64
Identify supports for carer	63.3	19	67.4	29	56.5	13	30.8	4	66.7	6	60.2	71	59.1	117
Identify birth parent supports to address difficulties	60	18	32.6	14	26.1	6	7.7	1	-	-	33.1	39	33.8	67
Identify safety person and/or back-up plan	6.7	2	9.3	4	4.3	1	–	–	–	–	5.9	7	4	8

* An educational plan in the context of FWC usually includes identifying family supports for the child or young person to ensure that they attend school and that any difficulties are addressed.

7.3.3 Actions, agreements and supports in family plans

Of the 123 families that had an FWC, 118 (95.9%) made a family plan and these were all subsequently approved by the Social Work Department. For the five cases (4.1%) where no family plan was made, three were child welfare referrals and two were child protection referrals[17].

17 In the 3 child welfare cases, the reason why no family plan was made was because (1) only the mother attended the meeting; (2) no family members attended on the day; and (3) the mother did not attend the meeting and other family members felt that could not make a plan without her. In both child protection cases, the reason why no family plan was made was because the family felt they could not offer the supports needed for the child. In cases where no plan is made, the referrer considers what further action to take, if any.

All of the family plans made were read by the researchers in conjunction with the case files. Each plan contained a number of actions agreed, supports identified and agreements made. These actions, supports and agreements were enumerated and the person responsible for delivering the action was identified (as either mother, father, maternal family member, paternal family member, significant other, professional or a service).

It is important to note that some of the actions and agreements made as part of family plans are commitments made by the key people, such as the child or young person themselves and the parents and/or carers, and it is they who decide whether they will follow through on them or not. Other actions and agreements are more like supports offered by, for example, services and extended family members. Whether these are followed up depends on two things: firstly, whether the person or service offering the supports follows through on the action and, secondly, whether the key family members accept and avail of the support.

In this study, an average family plan contained 19.06 actions/agreements/supports. These were made by the children and young people, by parents, by extended family members or by professionals or services. An analysis of the family plans revealed a range of different types of actions/agreements/supports made:

- **Extended family members:** Agreements made by various extended family members frequently included action aimed at having contact with and supporting the child, parents/carers and/or one another. They also frequently offered practical help in caring for the child/young person (e.g. dropping and collecting them from school, making medical and professional appointments, providing respite for parents during weekdays and weekends). Agreements also included identification of family placements for the child/young person and formalised agreements regarding formal care (e.g. decision to look for 'special care' as a care option for the young person). Family feedback forms highlighted that, for some family members who were willing to engage in the process of conferencing and offer support to the child/young person or carer, they had previously been unable to find a way to implement the structured changes and/or to cooperate more fully with other family members in a harmonious way.
- **Parents:** Parents were usually involved in actions where they agreed to engage with services to deal with the issues that underpinned the family situation. These regularly included addiction, counselling and mental health services, or other relevant supports. Parenting courses and family support were also offered and agreed to, and parents regularly committed as part of the plan to work towards improving their relationships with children/spouse/partner or other family members. In cases where parents were not caring for their children, clear access plans were drawn up, detailing hours and place of meeting with the child.
- **Children/young people:** Actions in respect of children/young people could be divided into those where other people's actions were aimed at ameliorating their situation and those where they committed to specific actions themselves. This was particularly the case when it involved young people presenting with challenging behaviours. Actions in the family plan often included abiding by clearly written rules concerning behaviour, leisure time, peer group and education, and how these were going to be enforced. Young

people were to engage with Youthreach or services like YAP or Extern, which offer one-to-one support and counselling. It is important to note that some of these actions were clearly agreed with the young person, whereas in other cases, particularly when the young person was not engaging with the conference, these actions were agreed by adults because they considered them to be in the young person's best interests.

- **Professionals or services:** Financial supports were often agreed and included making applications to the Department of Social Protection, City Councils or accessing the Child and Family Agency's budget to finance purchase of necessary furniture or clothing for children/young people and to organise leisure time and activities for them.

7.3.4 Levels of commitment made by family members and services

A distinction was made between 'high commitment', 'medium commitment' and 'no commitment' to reflect the varied levels of commitment made in the actions/agreements/supports contained in each family plan (*see Section 3.6.5*). These were analysed according to various categories: mother, father, maternal family members, paternal family members, significant others, as well as defined professionals and services. While there are a number of limitations regarding weighting actions, nonetheless, a typology was identified to appraise the extent to which actions agreed by an individual family member or professional was likely to impact on the overall goal or general issues in each FWC. Two vignettes are presented below with examples of what each classification (high/medium/no commitment) might contain. (The details presented in the examples are based on real situations and were drawn from a number of cases; all personal details have been changed, including names, ages, years and gender.) A commitment in the family plan by a family member or a professional that did not entail a high input in terms of time and resources, but would nonetheless have an impact on the concerns was termed a 'medium commitment'.

Example of a 'high commitment' made by the maternal family and a 'medium commitment' made by mother, paternal family, Social Work Department and young person

Family A

Brian is a 15 year old young person whose risk taking behaviour has resulted in his mother stating that she may not be able to continue to care for him. The goal of the FWC was to maintain Brian in the care of his family. At the meeting, the family acknowledged the stress the mother was under and agreed that help was required. The family formulated the following actions. They constructed a set of explicit rules that they expected Brian to adhere to and the mother to enforce. Brian's maternal aunt, Clare, offered Brian accommodation at weekends with her family, provided that he did not break the agreed rules. Brian's two paternal uncles, Stephen and Paul, offered to take him out during the week. It was agreed that the Social Work Department would refer Brian to Youthreach and would also refer him and his mother for counselling. The mother, the aunt and both uncles also agreed to put money together to buy Brian a bike so that he could attend his football training.

Example of a 'medium commitment' made by social workers and a 'medium commitment' by maternal family

Family B

Deirdre has two children, Isla (9 months) and Finn (6). She was feeling burdened in the previous year, following the loss of her job. Her mental health deteriorated, she generally found it difficult to care for her two children and she was struggling financially. The family had come to the attention of the Child and Family Agency following a referral from the school with concerns about Finn's unkempt appearance, general punctuality and concerns about his homework. At the FWC meeting, the family constructed a plan that contained the following actions. Deirdre's mother offered to take the children to her house two afternoons a week to relieve some of her daughter's stress. The Social Work Department acknowledged that extra financial aid was required to help support this family. An application for funding to assist with the children's summertime activities was made by the Social Work Department. Funding for a part-time crèche for Isla was also applied for to supplement the care offered by the grandmother. Deirdre did not have the financial means to pay for this level of support service.

7.3.5 Commitments made in family plans by family members

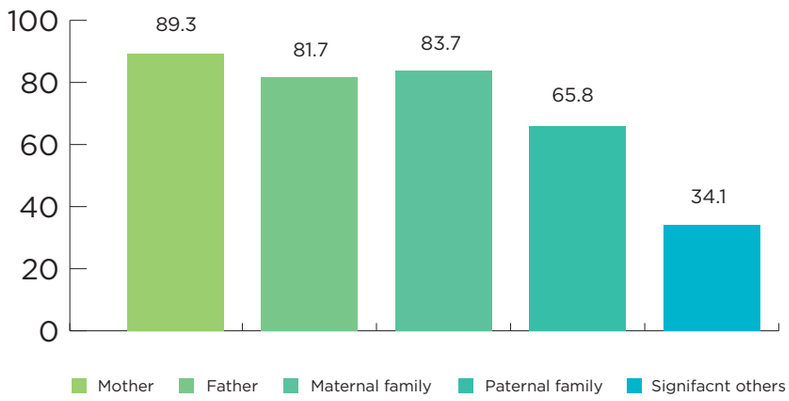
Table 7.14 details the number and level of commitment (high, medium or none) made by various family members as part of family plans made at FWCs by category of referral. As can be seen, when mothers were present (104 cases), they were most likely to make commitments as part of family plans (92.3% of cases), particularly in non-statutory referrals. Mothers were followed closely by maternal family members (present in 103 cases) who made commitments in 88.3% of cases, followed by fathers (present in 71 cases) who made commitments in 81.7% of cases. Fathers were least likely to make commitments in alternative care cases (61.5%). Paternal family members made commitments in 74.5% of cases and were least likely to make commitments in child welfare and statutory cases. Significant others made commitments in 36.7% of cases.

Table 7.14: Commitments made by family members in family plans at FWCs

	Referral type	No. of cases with 'high commitment' made	No. of cases with 'medium commitment' made	No. of cases with 'no commitment' made	Total no. of commitments made	% of overall commitments made within each category
Mother	Child welfare (n=28)	15	10	3	25	89.3%
	Child protection (n=38)	17	19	2	36	94.7%
	Alternative care (n=20)	7	13	-	20	100%
	Statutory SCO (n=11)	2	8	1	10	90.9%
	Statutory S. 77 (n=7)	2	3	2	5	71.4%
Total (n=104)		43 (41.3%)	53 (51%)	8 (7.7%)	96	92.3%
Father	Child welfare (n=17)	5	11	1	16	94.1%
	Child protection (n=27)	9	13	5	22	81.5%
	Alternative care (n=13)	2	6	5	8	61.5%
	Statutory SCO (n=7)	1	4	2	5	71.4%
	Statutory S. 77 (n=7)	2	5	-	7	100%
Total (n=71)		19 (26.7%)	39 (55%)	13 (18.3%)	58	81.7%
Maternal family	Child welfare (n=27)	15	10	2	25	92.6%
	Child protection (n=39)	27	8	4	35	89.7%
	Alternative care (n=20)	12	7	1	19	95%
	Statutory SCO (n=10)	1	6	3	7	70%
	Statutory S. 77 (n=7)	3	2	2	5	71.4%
Total (n=103)		58 (56.3%)	33 (32%)	12 (11.7%)	91	88.3%
Paternal family	Child welfare (n=16)	5	5	6	10	62.5%
	Child protection (n=21)	8	10	3	18	85.7%
	Alternative care (n=11)	4	6	1	10	90.9%
	Statutory SCO (n=5)	1	1	3	2	40%
	Statutory S. 77 (n=2)	–	1	1	1	50%
Total (n=55)		18 (32.7%)	23 (41.8%)	14 (25.5%)	41	74.5%
Significant others	Child welfare (n=26)	5	9	12	14	53.8%
	Child protection (n=35)	6	5	24	11	31.4%
	Alternative care (n=15)	3	3	9	6	40%
	Statutory SCO (n=13)	-	3	10	3	23%
	Statutory S. 77 (n=9)	1	1	7	2	22.2%
Total (n=98)		15 (15.3%)	21 (21.4%)	62 (63.3%)	36	36.7%

Figure 7.1 presents information about cases where commitments were made by mothers/fathers/maternal family members/paternal family members/significant others. The percentages are taken from the total number of cases that had the specific family member(s) present.

Figure 7.1: Family member/group of family members who made commitments in family plans (%)*

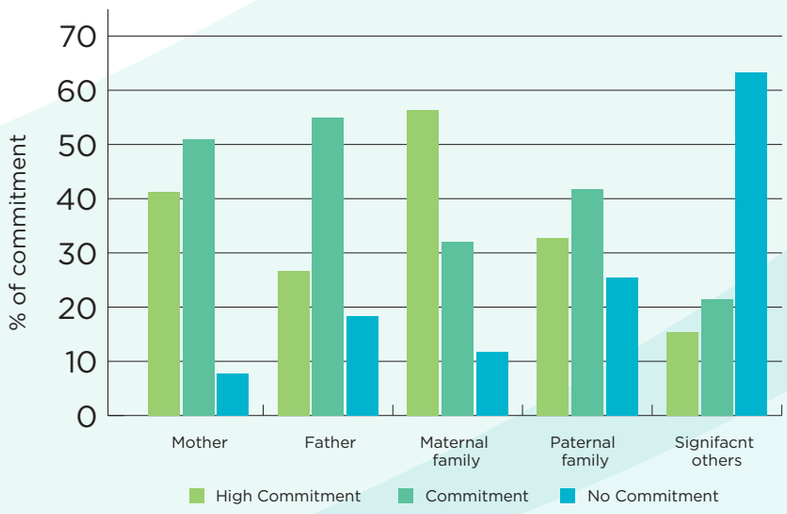


* Percentage is taken from the total number of cases that had a mother/father/maternal family member (1 or more)/paternal family member (1 or more)/significant other (1 or more) present at the FWC.

7.3.6 Level of commitments made by family members

As seen above in Table 7.14, family members made different levels of commitments ('high commitment', 'medium commitment' and 'no commitment') in family plans. Figure 7.2 illustrates this point, with maternal family members tending to make most of the 'high commitments' (56.3%, n=58), followed by mothers (41.3%, n=43) and paternal family members (32.7%, n=18). Fathers were least likely to make 'high commitments' (26.7%, n=19), together with significant others (15.5%, n=15).

Figure 7.2: Level of commitment by family members who attended FWC meetings (%)



7.3.7 Commitments made by professionals in family plans

All family plans made included some inputs from professionals and services. Two factors need to be taken into account in relation to data on professional inputs in family plans. Firstly, some of the services involved were new to the family, while in other cases the family had engaged with the services previously; it was not possible to identify these data in the plans. Secondly, while a service might be part of a family plan, whether the action in relation to it is followed up depends on the availability of the service (e.g. waiting lists) and whether the child/young person or family member in question chooses to engage with it.

Table 7.15 presents the details of input by individual professional services across all categories of referral and Figure 7.3 gives an indication of the percentage of cases that had different services involved. As can be seen, most family plans had some input by the Social Work Department (90.7%) (not surprising since they were the referrer in a high percentage of cases), followed by counselling (52.5%) and financial supports (46.6%). In 10.2% of cases, an Agency placement was identified as part of the plan.

Table 7.15: Commitments made by professionals/services in family plans made at FWCs

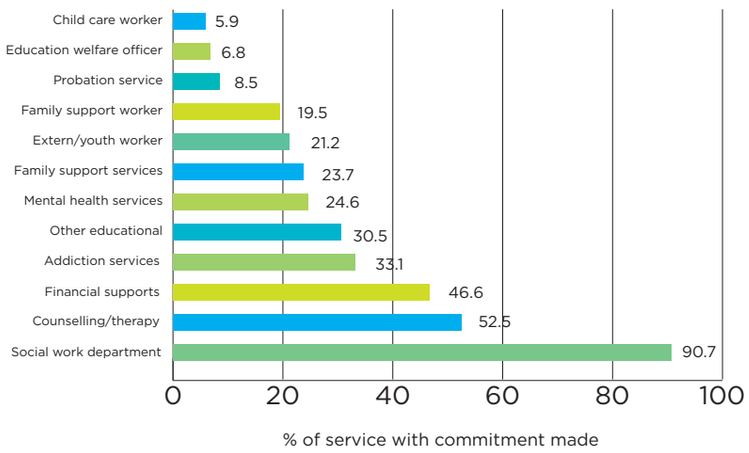
	Referral type	No. of cases with high commitment made	No. of cases with medium commitment made	No. of overall commitments made	% of overall commitments made within each category
Social Work Department	Child welfare (n=28)	4	18	22	78.6%
	Child protection (n=42)	3	39	42	100%
	Alternative care (n=23)	3	18	21	91.3%
	Statutory SCO (n=15)	5	7	12	80%
	Statutory S. 77 (n=10)	2	8	10	100%
Total (n=118)		17	90	107	90.7%
Child Care Worker	Child welfare (n=28)	–	3	3	10.7%
	Child protection (n=42)	1	1	2	4.8%
	Alternative care (n=23)	–	1	1	4.3%
	Statutory SCO (n=15)	–	–	–	0%
	Statutory S. 77 (n=10)	–	1	1	6.7%
Total (n=118)		1	6	7	5.9%
Educational Welfare Officer	Child welfare (n=28)	–	–	–	0%
	Child protection (n=42)	–	3	3	7.14%
	Alternative care (n=23)	–	1	1	4.3%
	Statutory SCO (n=15)	–	–	–	0%
	Statutory S. 77 (n=10)	1	3	4	26.7%
Total (n=118)		1	7	8	6.8%
Other educational supports	Child welfare (n=28)	-	8	8	28.6%
	Child protection (n=42)	1	12	13	31%
	Alternative care (n=23)	–	3	3	13%
	Statutory SCO (n=15)	–	3	3	20%
	Statutory S. 77 (n=10)	–	9	9	90%
Total (n=118)		1	35	36	30.5%

Family Support Worker	Child welfare (n=28)	–	5	5	17.9%
	Child protection (n=42)	3	12	15	35.7%
	Alternative care (n=23)	–	2	2	8.7%
	Statutory SCO (n=15)	–	1	1	6.7%
	Statutory S. 77 (n=10)	–	–	–	0%
Total (n=118)		3	20	23	19.5%
Family support services	Child welfare (n=28)	1	5	6	21.4%
	Child protection (n=42)	1	11	12	28.6%
	Alternative care (n=23)	–	7	7	30.4%
	Statutory SCO (n=15)	–	–	–	0%
	Statutory S. 77 (n=10)	–	3	3	30%
Total (n=118)		2	26	28	23.7%
Mental health services	Child welfare (n=28)	2	4	6	21.4%
	Child protection (n=42)	1	13	14	33.3%
	Alternative care (n=23)	–	3	3	13%
	Statutory SCO (n=15)	2	2	4	26.7%
	Statutory S. 77 (n=10)	–	2	2	20%
Total (n=118)		5	24	29	24.6%
Counselling/ therapy	Child welfare (n=28)	2	13	15	53.6%
	Child protection (n=42)	1	22	23	54.8%
	Alternative care (n=23)	–	10	10	43.5%
	Statutory SCO (n=15)	2	6	8	53.3%
	Statutory S. 77 (n=10)	–	6	6	60%
Total (n=118)		5	57	62	52.5%
Addiction services	Child welfare (n=28)	2	6	8	28.6%
	Child protection (n=42)	1	17	18	42.9%
	Alternative care (n=23)	1	2	3	13%
	Statutory SCO (n=15)	2	2	4	26.7%
	Statutory S. 77 (n=10)	1	5	6	60%
Total (n=118)		7	32	39	33.1%
Financial supports	Child welfare (n=28)	3	12	15	53.6%
	Child protection (n=42)	5	16	21	50%
	Alternative care (n=23)	1	8	9	39.1%
	Statutory SCO (n=15)	1	1	2	13.3%
	Statutory S. 77 (n=10)	2	6	8	80%
Total (n=118)		12	43	55	46.6%
Extern/ Youthreach	Child welfare (n=28)	–	5	5	17.9%
	Child protection (n=42)	4	7	11	26.2%
	Alternative care (n=23)	–	4	4	17.4%
	Statutory SCO (n=15)	–	4	4	26.7%
	Statutory S. 77 (n=10)	–	1	1	10%
Total (n=118)		4	21	25	21.2%

Probation Service	Child welfare (n=28)	–	1	1	3.6%
	Child protection (n=42)	1	–	1	2.4%
	Alternative care (n=23)	–	1	1	4.3%
	Statutory SCO (n=15)	–	–	–	0%
	Statutory S. 77 (n=10)	–	7	7	70%
Total (n=118)		1	9	10	8.5%
HSE placements	Child welfare (n=28)	–	–	–	0%
	Child protection (n=42)	–	2	2	4.8%
	Alternative care (n=23)	1	–	1	4.3%
	Statutory SCO (n=15)	6	3	9	60%
	Statutory S. 77 (n=10)	-	–	–	0%
Total (n=118)		7	5	12	10.2%

In relation to the categories of referrals outlined in Table 7.15, as would be expected, input from the Social Work Department was least likely in child welfare cases (78.6%) and educational supports (apart from Educational Welfare Officers) were least likely in alternative care cases (13%). Family support workers (35.7%,), addiction services (42.9%) and mental health supports (33.3%) were most likely in child protection cases. Financial supports identified were most common in child welfare cases (57.6%) and in child protection cases (50.0%). Agency placements were an issue in a very few family plans, except statutory SCOs where they were identified in 60% of the cases.

Figure 7.3 Services that were part of family plans (%) (N=118*)



* Percentage is taken from how many cases out of 118 had the particular service involved.

7.3.8 Inputs and commitments made by children/young people

Most of the family plans involved some actions/agreements/supports that directly involved the children and/or young people themselves (80.3% of 123 conferences). Table 7.16 shows the inputs made by children/young people in cases where they were part of the FWC (either by attending the meeting or because their views were brought to it). The actions/agreements/

supports involving the children/young people directly were viewed as 'high commitment' in 56.1% of the cases and as 'medium commitment' in 24.2% of cases, while in 19.7% of cases 'no commitment' was made. In relation to the categories of referrals, children's input into the family plan in statutory Section 77 cases (n=10) was likely to be considered as 'high commitment' in 100% of the cases, followed by child welfare cases where their input was considered as 'high commitment' in 64.3% of cases (n=9).

Table 7.16: Commitments made by children and young people across all categories of referral

Category of referral	Child welfare (n=14)	Child protection (n=19)	Alternative care (n=12)	Statutory SCO (n=11)	Statutory S. 77 (n=10)	Total (n=66)*
High commitment	64.3%	42.1%	41.7%	45.5%	100%	56.1%
Medium commitment	21.4%	26.3%	25%	45.5%	-	24.2%
No commitment	14.3%	31.6%	33.3%	9%	-	19.7%

* Of 123 conferences convened, 66 (53.7%) children/young people were involved in the making of the family plans.

7.4 SUMMARY

This chapter has examined the process and outcomes of the FWC. An analysis of the 123 cases that proceeded to conference in each of the categories of referral revealed details of the duration of the FWC meetings, their phases, venues and costs entailed, as well as the attendees at the meetings, the participation of children/young people, and the ways their views were presented at the meetings. The information is examined against a backdrop of the goals set for the FWC, where the three highest goals centred on 'identification of supports for the child/young person'; 'maintaining the child in the care of the family'; and 'identifying a family placement'.

Children/young people attended meetings in 66% of the case, with a higher number of young people attending conferences in the statutory Section 77 cases. For children/young people who did not bring their views to the meeting themselves or decided against participating, the FWC coordinator presented their opinions to the attending family members and professionals. One third of the children/young people did not have their views presented. In these cases, this finding may be accounted for by the young age of the child, the child/young person not engaging in the process or the parents not wishing to involve their child.

A focus on the formation of family plans at the FWC included a description of the extent of actions offered by family members and professionals. The actions were examined against the extent to which the commitments made in the family plan were likely to impact according to the researcher's assessment of the goals and issues of the case. This assessment comprised both commitments made to a set of actions and the extent to which actions would impact. A range between 'actions that were indicative of high commitment/impact, medium commitment/impact and no commitment/limited impact' was devised, and the limitations of this methodology were summarised.

The results show that families and professionals came together to identify supports in respect of the child/young person, birth parents and carers. Mothers and members of the maternal family showed a higher level of commitment compared to fathers and members of the paternal family. In terms of professional inputs, the family plans contained high levels of Social Work Department support, following by counselling/therapy, financial, addiction and mental health inputs. Agreements made in the family plans reflected the goals set for conferences. Whenever parents were not able to care for their children full time, extended family members offered a range of help including sharing the care responsibilities and making contact arrangements between children and their birth parents. Placements within families were identified and, where applicable, families made detailed plans about a structure, routine and rules by which all involved were to abide. With regard to participation by the children/young people themselves in the family plans, the majority of them (80.3%) were part of the actions agreed (those that were not part of the plans were largely under the age of 10). The type of agreements they made in the family plans involved structure and routine, adhering to rules and boundaries, and working on relationships with their parents.

7.5 ISSUES ARISING FROM DATA CONNECTED WITH THIS PART OF THE STUDY

In the final section of this chapter, a number of issues are identified as arising from consideration of the data and information presented in the earlier sections. The issues identified are reviewed through the dual lens of 'What works well' and 'What works less well', using information available from findings on the FWC meetings and family plans made.

ISSUE: Venues used for FWC meetings

'*The FWC takes place in an appropriate neutral venue, that is private and secure and where confidentiality is maintained. In as far as is reasonably practicable, the coordinator needs to consult the child in respect of whom the FWC is being convened and his or her parents or guardian in relation to the date, time and place at which the meeting is to be held*' (Regulations, 2004, Section 5(2)(a)).

What works well

- When the family and child/young person are part of decision-making about the FWC meeting (e.g. where and when it takes place).
- A neutral venue can be a very powerful tool in equalising power at the meeting.
- When professionals attending the meetings are willing and able to facilitate the family in relation to where and when the meeting takes place.
- If organisers are creative when identifying a venue for an FWC, while taking account of security, confidentiality and other considerations (O'Brien and Lynch, 2002).
- When the venues are suitable in a practical way for FWC meetings (e.g. taking into account the numbers attending, the length of the meetings, where no heavy lifting or set-up is required by the coordinator).

What works less well

- When there are no suitable, neutral and private venues available within the location requested by the family.
- Where access to rooms at the venue needs to be constantly negotiated or where access is based on goodwill and can be withdrawn at any stage.

ISSUE: Adults' attendance at FWC meetings

'*The FWC coordinator is responsible, after consulting with the child in question and his or her parents, for inviting relevant family members and professionals to the meeting*' (Regulations 2004, Section 5(2)(b)).

What works well

- When the views of people unable to attend are obtained and brought to the meeting, preferably not by the FWC coordinator (O'Brien and Lynch, 2002).
- When advocates and support people are used for vulnerable and/or disabled adults (particularly mothers and fathers).

What works less well

- When people who were not invited come to the meeting and who did not have any contact with the FWC coordinator prior to the event (during which time they could have been prepared for the meeting).
- When people use the meeting to bring up personal issues not directly related to the current issue, which may result in conflict occurring between family members.

ISSUE: Children and young people's attendance at FWC meetings

'*A child/young person should be invited to an FWC if deemed appropriate by the coordinator after consultation with the child, his or her parents or guardian and other relevant people*' (Family Welfare Conference Service, 2012).

What works well

- When children/young people are in attendance and given them an opportunity to be active participants in making plans for their own care.
- When children/young people are present, there can be a better buy-in on the family plan made on their behalf.
- The meeting itself can be a great opportunity for children/young people to meet their families.

What works less well

- When there are limited resources which make it difficult to support children/young people's attendance at FWC meetings.
- Due to their limited concentration span and to the highly sensitive and often contentious nature of issues discussed at the meeting, those children/young people attending FWC meetings require emotional support, someone to stay with them when they are not in the meeting and an appropriate space in which to spent time outside of the main meeting room. Furthermore, the child's age, level of maturity and nature of the issues involved in the case are critical factors determining whether a child or young person attends the meeting.
- When children or young people are exposed to conflict or aggression during the meeting.

ISSUE: Children's views being heard at FWC meetings

'*The coordinator and the participants in the family welfare conference shall, having regard to the rights and duties of parents, in as far as is reasonably practicable and subject to the obligation on the part of the health board to promote the health, safety, development and welfare of the child, give due consideration, having regard to his or her age and understanding, to the wishes of the child*' (Regulations, 2004, Section 4(d)).

What works well

- When the children/young people in question engage with the meeting and when their views are heard and inform decision-making in a meaningful way. This can be very powerful in helping a family to understand and acknowledge the present situation, and in getting them to focus on the needs of the child/young person.
- When independent advocates are present.

What works less well

- When there is limited access to independent advocates. Compared to the situation in many other countries (Heino, 2009), there is limited access in Ireland to independent advocates for children and young people who are subject to FWC.
- When children/young people do not engage with the FWC process, or have disengaged from all supports, this often means that their views are not obtained. Particular efforts and supports should be put in place to work with hard-to-reach young people.
- When the views of children/young people are not taken into account in a meaningful way or no changes happen, despite children/young people having expressed their views.
- While it is best practice to ask children/young people whether they would like to have an advocate or a support person with them at the FWC meeting, very few chose to do so. Also, due to lack of resources available, the child/young person might not be asked.

ISSUE: Information giving

According to Section 10.3 of the Children Act 2001, all relevant information needs to be shared with the family to allow them to make decisions. The information giving stage of the FWC meeting is chaired by the FWC coordinator. Professionals and services working with the family give information about the child/young person and about services, resources and supports available.

What works well

- When families have their own knowledge, skills and values respected (FWC Service, 2012).
- When self-determination for family decision-making is respected and when it is highlighted that the FWC meeting is the family's own meeting (O'Brien and Lynch, 2002).
- When family members are clear about what they are being asked to do, when the goals, concerns, and issues to be addressed by the FWC are well defined, and when constraints imposed by mandates of the Child and Family Agency are made plain (O'Brien and Lynch, 2002).
- When information givers are clear about their role at the meeting, i.e. providing information or advice (Regulations 2004, Section 6(1)).
- When families get a chance to share their views and concerns with the information givers and to ask them questions.

What works less well

- When there is a large number of information givers present or where there are more professionals in attendance than family members.

ISSUE: Private family time

'*Time is given for family to talk together and come up with a plan in private without the coordinator or referrer being present*' (Regulations, 2004, Section 7(3)). This plan should be agreed by the referrers unless it places the child or young person at risk of significant harm.

What works well

- When the family has been acknowledged as the decision-maker. It works better when there is a trust that the family are able to do it, despite difficulties and conflict that may be occurring within the family (O'Brien and Lynch, 2002).
- When all family members have been prepared so that they know what to expect from 'private family time' and also so that they have had time to think about what plans can be made.
- When family members have had an opportunity to share their views of the current situation during the earlier information-giving stage of the meeting. This allows them to move on to planning for the future during private family time.

What works less well

- When there are significant issues that prevent family members from being able to focus on the child's needs (e.g. conflict between family members or difficult personal circumstances of certain family members).

ISSUE: Family plans made

'*It is the coordinator's role to ensure that a record is kept of any decisions or recommendations made by the FWC and forward these on to all the participants of the conference*' (Regulations, 2004, Section 7(7)).

What works well

- When family plans are specific and each action or commitment is accompanied by who will do it, when will it be done and how is it to be resourced (O'Brien and Lynch, 2002).
- When there are no set ideas in advance about what the family plan should contain, allowing the family to make plans that work for them, taking into account their current circumstances, past history, people involved, etc.
- When family plans allow for differences in the individual needs, religion, ethnic and cultural background of the child and his or her parents or guardians.

What works less well

- When family plan has already been made or a plan is already in place and the FWC is used to put it down on paper or to identify supports for the plan made by the social workers.
- When there are restrictions on the length of time the FWC meeting can take, either external (e.g. restrictions on the availability of the venue) or internal (attendees are only available for a limited time).

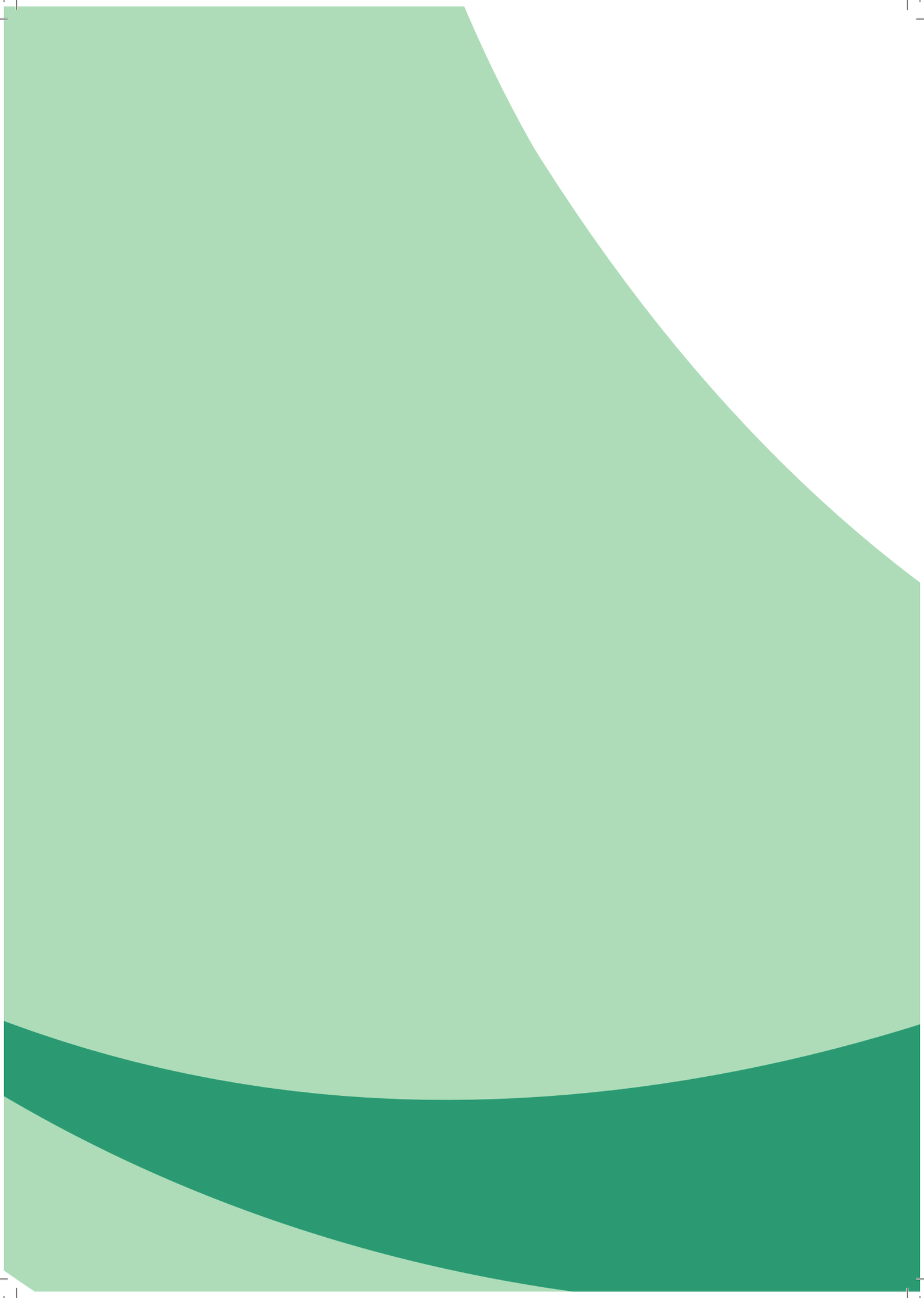
ISSUE: Implementation of family plans

What works well

- When the family plan is agreed and resourced, 'unless it places the child at risk of significant harm'. This is a key principle of the FWC Service and provides a key context marker for practice.
- When someone undertakes to monitor the implementation of the plan and he or she takes an active role in doing so.

What works less well

- When family members are not in a position to make commitments.



PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

CHAPTER 8:
THE REVIEW STAGE

8. THE REVIEW STAGE

This chapter presents two sets of findings. The first is in relation to the FWC review meeting and the general trends that influence case progression to this stage of the FWC process. These include timeframes for review meetings, venues and a profile of attendees. The second set of findings presents the outcomes as captured at review meetings. The information on outcomes is based on an examination of follow through of commitments made at FWC meetings. Outcomes are then examined in more detail against the goals and issues that brought the referral to the FWC Service in the first place.

The review provides an opportunity for family and professionals to meet and consider in detail if the family plan has been implemented and if its aim of addressing the concerns in respect of the child has been met. Through this examination, the referrer has the opportunity to share any new information in relation to the initial concerns and identify, from the Agency's perspective, any further issues that may need to be addressed. Some of these issues reflect the progress of implementation of the plan and general developments in the family's and child's situation and the extent to which the original plan has achieved the desired change, i.e. reducing concerns about the child/young person in question. During the review, the FWC coordinator goes through each decision and agreement made at the FWC and a discussion is held about how it has been followed through. The referrer's reasons for first convening an FWC and the concerns held at that time are reviewed to assess the level of improvement. The FWC coordinator makes a record of the review and circulates this document to all participants. If a new family plan was devised as part of the review, this is included in the report circulated.

FWC meetings were held for 123 cases and 59% of these proceeded to review (73 cases). Data on cases that had a review is presented in Table 8.1 by category of referral. While it is standard practice to offer reviews in all cases, reviews are not held as standard practice in statutory cases, only when clinically indicated. This is because the Children (Family Welfare Conference) Regulations 2004, which guide the statutory cases, do not provide for reviews. In the child protection category, 65.9% (n=29) of cases had a review, 64.5% (n=20) of child welfare cases and 52.2% (n=12) of alternative care cases. Of the 10 statutory Section 77 referrals that had an FWC, 70% (n=7) had a review and of the 15 SCO referrals, 33.3% (n=5) had a review. The reasons why 41% of the cases that had aN FWC did not proceed to review are presented in Section 8.1.1 below.

Table 8.1: Number of cases in different categories of referral that proceeded to review stage

Category of referral	Child welfare		Child protection		Alternative care		Statutory SCO		Statutory S. 77		Total	
	%	N	%	N	%	N	%	N	%	N	%	N
Referrals	100	87	100	97	100	69	100	66	100	16	100	335
Four-way referral meeting	73.6	64	78.4	76	72.5	50	65.2	43	87.5	14	73.7	247
FWC	48.4	31	57.9	44	46	23	34.9	15	71.4	10	49.8	123
Review	64.5	20	65.9	29	52.2	12	33.3	5	70	7	59.3	73

8.1 PROCESS OF THE REVIEW MEETING

This section provides process related results for the 73 reviews that were held, with details on the number, duration, venues, costs and attendees at review meetings. First, however, we start with an analysis and breakdown of the reasons why 50 cases did not proceed to review after the FWC.

8.1.1 Cases that did not proceed to review

Table 8.2 presents data on the 50 cases (41%) out of the total 123 cases that had aN FWC but did not proceed to the review stage. In 14 (28%) of these cases, it was decided by the participants at the FWC that no review would follow. In the remaining 36 cases (72%), the reasons not to proceed to review stage included the referrer did not wish to proceed (eight cases) or an earlier decision to hold a review was changed since the family plan made at the FWC had changed significantly (seven cases).

Table 8.2: Reasons why cases did not proceed to review

	% of cases	No. of cases
Decided at FWC that no review would be scheduled (many SCO cases)	28	14
Review agreed, but family members did not wish to proceed subsequently	12	6
Review agreed, but referrer did not wish to proceed	16	8
Plan working well so no review needed	4	2
No review as plan changed significantly	14	7
Not known	6	3
Other	20	10
Total	100	50

8.1.2 Period between FWC and review

It is normal practice for the date of the review meeting to be agreed by the participants at the FWC and is decided by the family and referrer on the basis of what is required in the particular case. Sometimes the planned date for the review is changed, brought forward or re-scheduled for an earlier or later date, depending on the family's circumstances and the particulars of the case.

The majority of the 73 cases in question had a review meeting within six months of the FWC (*see Table 8.3*). In 44 of the 73 cases (60.3%), reviews were held within three months or less from the date of the FWC. Child protection (41.4%), alternative care (33.4%) and statutory SCO referrals (40%) typically had a review set for three months after the FWC. Child welfare cases varied more across the different time intervals.

Table 8.3: Time between FWC and first review

Category of referral	Child welfare (n=20)		Child protection (n=29)		Alternative care (n=12)		Statutory SCO (n=5)		Statutory S. 77 (n=7)		Total (n=73)	
	%	N	%	N	%	N	%	N	%	N	%	N
1 month	5	1	3.4	1	8.3	1	20	1	–	–	5.5	4
2 months	20	4	20.7	6	8.3	1	20	1	28.6	2	19.2	14
3 months	25	5	41.1	12	33.4	4	40	2	42.9	3	35.6	26
4 months	20	4	13.8	4	25	3	20	1	28.6	2	19.2	14
5-6 months	20	4	17.2	5	25	3	–	–	–	–	16.4	12
6 to less than												
12 months	10	2	3.5	1	–	–	–	–	–	–	3	3

8.1.3 Number and duration of reviews

The number and duration of reviews are presented in Table 8.4. Of the cases that had a review, 71.2% (n=52) had one review, 17.7% (n=13) had two reviews, 8.2% (n=6) had three reviews and 2.7% (n=2) had four reviews. Child welfare cases were most likely to have more than one review (45% of cases, n=9). More than one review was held in 24.1% of child protection cases (n=7) and in 16.6% of alternative care cases (n=2). None of the SCO cases had more than one review meeting.

Data on the duration of the review meetings show that 41.1% (n=30) of the meetings lasted less than one hour 30 minutes. The majority of first review meetings (54.8%, n=40) were completed in one to three hours. Very few reviews lasted over three hours (2.7%, n=2). Welfare and alternative care cases tended to have longer reviews, with 75% (n=15) and 60.7% (n=17) of them respectively lasting for longer than one hour 30 minutes.

Table 8.4: Number and duration of cases that had a review

Category of referral	Child welfare (n=20)	Child protection (n=29)	Alternative care (n=12)	Statutory SCO (n=5)	Statutory S. 77 (n=7)	Total (n=73)
No. of reviews held						
1	55%	75.9%	83.4%	100%	57.1%	71.2%
2	30%	17.2%	8.3%	–	14.3%	17.9%
3	10%	6.9%	8.3%	–	14.3%	8.2%
4	5%	–	–	–	14.3%	2.7%
Duration of first review						
Less than 1.5 hours	25%	39.3%	50%	80%	57.1%	41.1%
1.5-3 hours	70%	57.1%	50%	20%	42.9%	56.2%
3-6 hours	5%	3.6%	–	–	–	2.7%

The specific reasons for holding multiple reviews are not known. A previous Irish study (Brady, 2006) noted that one review meeting may not always be adequate for families because there can be areas of concern that reemerge and families may need support or reassurance. Also, referrers sometimes request that more than one review takes place in order to give the family plan a chance and to monitor change. This could happen if the plan had not been working and further action was required. This demonstrates the flexibility of the FWC model with regard to its structure and how it can be adapted to suit the circumstances of individual cases.

8.1.4 Venues and costs of review meetings

Table 8.5 shows that HSE and community venues were increasingly used for review meetings over the three years covered by this study (2011-2013). Similar to venues for FWC meetings (*see Section 7.13*), a decrease in the use of hotels is evident, with no reviews being convened in hotels in 2013. Community venues were used in 54.8% (n=40) of the reviews over the three years. The rate for use of community venues had increased to 70% (n=12) in 2013, while the remainder of the review meetings took place in a HSE venue (e.g. premises of referring agency).

Table 8.5: Venues for review meetings

	2011 (n=31)		2012 (n=25)		2013 (n=17)		Total (n=73)	
	%	N	%	N	%	N	%	N
HSE venue	6.5	2	32	8	29.4	5	20.5	15
Hotel	41.9	13	20	5	–	–	24.7	18
Community venue	51.6	16	48	12	70.6	12	54.8	40
Total	100	31	100	25	100	17	100	73

Information on the direct costs of holding reviews (e.g. room hire and refreshments) were available for 57.5% (n=42) of the cases (*see Table 8.6*). These were found to be considerably lower than those involved in hosting a FWC (*see Section 7.14*). Of the 42 cases where data were available, 40.4% (n=17) of review meetings entailed no cost and 54.8% (n=23) cost less than €100. Similar to FWC meetings, the direct costs for hosting the reviews decreased over the three years: in 2011, 52.6% (n=10) of review meetings cost more than €50; in 2012, this number had decreased to 9% (n=1); and in 2013, no review meetings cost over €50. There was a decrease in the use of no cost venues between 2012 and 2013. One of the reasons for this could be that the FWC coordinators were able to use venues for free as a favour initially, but this was not sustainable in the longer term.

Table 8.6: Direct costs of convening a review

	2011 (n=19)		2012 (n=11)		2013 (n=12)		Total (n=42)	
	%	N	%	N	%	N	%	N
€0	31.6	6	72.7	8	25	3	40.4	17
€1-€49	15.8	3	18.3	2	75	9	33.4	14
€50-€99	42.1	8	9	1	–	–	21.4	9
€100-€200	10.5	2	–	–	–	–	4.8	2

8.1.5 Attendance at reviews

It is general practice that those who attended the FWC are invited to the review. Table 8.7a shows that an average of 9.1 people attended review meetings, compared to an average of 10.6 at FWC meetings (*see Table 7.5*).

Table 8.7a: Attendance at review meetings (average)

Category of referral	Child welfare (n=20)	Child protection (n=29)	Alternative care (n=12)	Statutory SCO (n=5)	Statutory S. 77 (n=7)	Total (n=73)
Average no. of people attending review	8.6	9.8	11.1	8	8.1	9.1
Average no. of family members at review	4.7	5.7	5.4	4.2	3.7	4.7
Average no. of professionals at review*	4.4	4	5.3	3.8	4.3	4.4
Average no. of people invited, but did not attend	2.8	2.6	3.1	2.6	3.6	2.9

* The number of professionals at review includes the FWC coordinator.

Table 8.7b shows the frequency with which family members, professionals and others attended review meetings. It can be see that of the family members, mothers attended most often (in 90.7% of cases), followed by fathers (in 75.2% of cases) and maternal family (in

72.6% of cases). Paternal family members (attended in 42.5% of cases) and significant others (attended in 28.8% of cases) were least likely to attend. Out of professionals, referrers were present in 71.4% of cases and their line managers were present in 57.1% of cases.

Table 8.7b: Attendance at review meetings (frequency)

Category of referral	Child welfare		Child protection		Alternative care		Statutory SCO		Statutory S. 77		Total	
	%	N	%	N	%	N	%	N	%	N	%	N
Mother (n*=65)	100	19	88.9	25	72.7	8	66.7	2	100	5	90.7	59
Father (n*=53)	61.5	8	81	17	50	5	100	3	83.3	5	75.1	38
Maternal family (n*=73)	75	15	86.2	25	75	9	20	1	42.9	3	72.6	53
Paternal family (n*=73)	35	7	51.7	15	54.5	6	40	2	14.3	1	42.5	31
Significant others (n*=73)	26.3	5	35.7	10	36.4	4	20	1	14.3	1	28.8	21
FWC coordinators present (n=73)	100	20	100	29	100	12	100	5	100	7	100	73
Referrers present (n=73)	100	20	100	29	100	12	100	5	71.4	5	97.3	71
Referrer's line manager present (n=73)	60	12	58.6	17	91.7	11	60	3	57.1	4	64.4	47
Guardian ad Litem present (n=73)	–	–	3.4	1	33.3	4	40	2	–	–	9.6	7
Advocate/support person present (n=73)	25	5	39	9	41.6	5	20	1	14.3	1	28.8	21

* n numbers in brackets correspond to the number of family members identified during preparation of FWC.

8.1.6 Children and young people who were invited and attended reviews

Findings in relation to the 73 reviews held involving 140 children and young people of various ages are provided in Table 8.8. There were some differences between the ages of all the children referred (*see Table 4.7*) and those who had a review meeting. Of all children referred, 44.3% were over the age of 13 and there was a similar proportion of children from the other age groups (26.5% were aged six and under, while 29.6% were aged seven to 12 years). Of the children and young people who were the subject of a review, the age breakdown was almost equally distributed.

Table 8.8: Ages of the 140 children/young people who had a review meeting (73 families)

Category of referral	Child welfare (n=34)		Child protection (n=75)		Alternative care (n=19)		Statutory SCO (n=5)		Statutory S. 77 (n=7)		Total (n*=140)	
	%	N	%	N	%	N	%	N	%	N	%	N
Age 0-6	32.4	11	37.3	28	21.1	4	–	–	-	–	30.7	43
Age 7-12	35.2	12	37.3	28	57.8	11	–	–	–	–	36.4	51
Age 13-17	32.4	11	25.4	19	21.1	4	100	5	100	7	32.9	46

* n number corresponds to the number of children and young people involved in the 73 reviews.

Invitations to children and young people to attend the review meeting usually depended on whether they had been invited to the FWC meeting and if they attended. Of the 140 children/young people involved in the 73 cases that had a review meeting, 45 had been invited to their FWC and 32 had attended[18]. A total of 35 children/young people were invited to their review and 24 (68.6%) attended (*see Table 8.9*).

Table 8.9: Children/young people invited to review meetings

Category of referral	Child welfare (n=13)		Child protection (n=14)		Alternative care (n=8)		Statutory SCO (n=6)		Statutory S. 77 (n=9)		Total (n*=51)	
	%	N	%	N	%	N	%	N	%	N	%	N
First review												
Children/young people invited to review	69.2	9	64.3	9	75	6	66.7	4	85.7	7	68.6	35
Children/young people who attended review**	66.7	6	75	6	50	3	75	3	85.7	6	47	24
Second review												
Children/young people invited to second review	38.5	5	14.3	2	–	–	–	–	33.3	3	19.6	10
Children/young people who attended second review*	100	5	100	2	–	–	–	–	100	3	100	10
Third review												
Children/young people invited to third review	5	1	–	–	–	–	–	–	28.6	2	11.8	3
Children/young people who attended third review*	–	–	–	–	–	–	–	–	50	1	33.3	1

* n numbers correspond to the number of children/young people in each category invited to an FWC and whose cases proceeded to review.
** Percentage was calculated based on the number of children and young people who were invited to review.

18 See Section 6.2.2 for reasons why FWC coordinator did not meet with children/young people.

All of the children/young people who attended review meetings were aged seven to 17 years. Table 8.10 presents the breakdown of ages of children/young people attending reviews according to categories of referral. As can be seen, all young people in the alternative care cases and statutory referrals (both SCO and Section 77) were aged 13 or older. Only in the child welfare and child protection categories were a proportion of children aged between seven to 12 years (two cases). No children younger than seven years old attended a review meeting.

Table 8.10: Ages of children/young people who attended review meetings

Category of referral	Child welfare (n=6)		Child protection (n=6)		Alternative care (n=3)		Statutory SCO (n=3)		Statutory S. 77 (n=6)		Total (n=24*)	
	%	N	%	N	%	N	%	N	%	N	%	N
Age 0-6	–	–	–	–	–	–	–	–	–	–	–	–
Age 7-12	16.7	1	16.7	1	–	–	–	–	–	–	11.1	2
Age 13-17	82.3	5	83.3	5	100	3	100	3	100	6	88.9	22

* n number corresponds to the number of children/young people who attended the review.

8.1.7 Children's/young people's views brought to review meeting

There are several ways in which a child's or young person's views can be brought to the review meeting, including the children and young people themselves presenting their views directly or they can have a family member, advocate or FWC coordinator deliver their views *(see Chapter 7 for detailed discussion on the issue of representation of children's views at the FWC*). Table 8.11 outlines how the views of children/young people were brought to review meetings. This information was available for 83 of the 140 children/young people involved in the 73 reviews. Overall, in 72.3% (n=60) of the cases, the children's/young people's s views were presented at the review meeting. Of the 60 cases where their views were heard, in 24.1% (n=20) of cases children/young people presented their views themselves, followed by 15.7% (n=13) of cases where a family member brought their views to the meeting and 14.5% (n=12) of cases where the FWC coordinator presented their views. In 27.7% (n=23) of cases, their views were not heard at the review meeting for reasons similar to those pertaining to the FWC (*see Section 7.1.7*).

Table 8.11: Children/young people's views brought to review meetings

Category of referral	Child welfare (n=24)		Child protection (n=34)		Alternative care (n=15)		Statutory SCO (n=4)		Statutory S. 77 (n=6)		Total (n*=83)	
	%	N	%	N	%	N	%	N	%	N	%	N
Family member	29.2	7	14.7	5	6.7	1	–	–	–	–	15.7	13
Social worker	8.3	2	-	-	6.7	1	25	1	–	–	4.8	4
FWC coordinator	-	-	14.7	5	33.3	5	–	–	33.3	2	14.5	12
Advocate/support person	20.8	5	5.9	2	20	3	–	–	16.7	1	13.2	11
Child/young person attended the meeting	25	6	14.7	5	20	3	75	3	50	3	24.1	20
Views not brought	16.7	4	50	17	13.3	2	–	–	–	–	27.7	23
Overall views brought	83.3	20	50	17	86.7	13	100	4	100	6	72.3	60

* Data were available for 61.4% of children and young people involved in reviews.

Table 8.12 examines how children's/young people's views were brought to the review meeting according to their age. This information was available for 83 of the 140 children and young people involved in the 73 review meetings (61.4%). There is a link between the child's/young person's age and whether their views were brought to the review. Of the 27.7% (n=23) of the children whose views were not brought to the review, three quarters of them were aged six years or younger (n=8), while 24.3% (n=9) were aged between seven and 12 years and 17.1% (n=6) were aged 13-17.

Table 8.12: Children/young people's views brought to review meeting according to age

Category of referral	Age 0-6 (n=11)		Age 7-12 (n=37)		Age 13-17 (n=35)		Total (n=83)	
	%	N	%	N	%	N	%	N
Family member	9.1	1	18.9	7	14.3	5	15.7	13
Social worker	-	-	8.1	3	2.9	1	4.8	4
FWC coordinator	18.2	2	21.6	8	5.7	2	14.5	12
Advocate/support person	–	–	21.6	8	8.6	3	13.3	11
Child/young person brought their own views	–	–	5.4	2	51.4	18	24.1	20
Views not brought	72.7	8	24.3	9	17.1	6	27.7	23
Overall views brought	27.3	3	75.6	28	82.9	29	72.3	60

* Data were available in 64.4% of cases that had a review.

8.1.8 Areas of families throughout the FWC and review process

Table 8.13 shows the number of cases and respective percentages that had an FWC and review in relation to the ISAs from which the referrals came. This information is presented in the overall trajectory of the cases referred. Cases that proceeded to an FWC from the total number of 335 families had equal distribution across the five ISA areas. 66.7% (n=16) and 64% (n=16) of cases from Dublin South City/Dublin West and Dublin North City respectively proceeded to review, while 54.2% of the cases in Kildare/West Wicklow/Dublin South West (n =13) did so.

Table 8.13: ISAs of families throughout the FWC and review process

ISAs	No. of referrals	% that had a FWC	No. of cases that had a FWC	% of FWC that had a review	No. of cases that had a review
Dublin North City	70	35.7	25	64	16
Dublin North	73	32.9	24	58.3	14
Dublin South/Dublin South East/Wicklow	65	40	26	53.8	14
Dublin South City/Dublin West	66	36.4	24	66.7	16
Kildare/West Wicklow/Dublin South West	61	39.3	24	54.2	13
Total	335	36.7%	123	59.3%	73

8.2 OUTCOMES AT THE TIME OF THE FWC REVIEW

The first section of this chapter has described the number, duration, venues and costs of reviews, as well as giving information on adult attendees at reviews, children and young people's attendance, their ages and presentation of their views. The following section focuses on the outcomes of reviews, seen as the follow through on commitments made by family and professionals, the attainment of goals identified for the conference and whether the issues to be addressed in the family plan were resolved.

8.2.1 Outcomes of review

The commitments made in the family plans, described in Chapter 7, are key to enabling the desired change in the parents' or family's situation to occur. An evaluation of the follow through on the commitments made in a family plan by both family members and professionals gives an indication of the extent to which the family plan was implemented. It may also help the referrer, as part of the ongoing assessment processes, to appraise the family's motivation and capacity to care and to be involved with the children and young people referred to the FWC Service.

Consideration of outcomes is facilitated by summarising the goals set for those FWCs that proceeded to review (*see Table 8.14*). The issues that the family were asked to address at

the FWC meeting for the referrals that had a review are also examined (*see Table 8.15*). A discussion of parental capacity is an important contextual issue in any consideration of change, commitment and outcomes achieved or realisable.

8.2.2 Goals in FWCs that proceeded to review

The 73 cases examined at review contained an average of 1.53 goals per case. As seen in Table 8.14, the most frequently appearing goals were to 'identify supports' in 42.5% (n=31) of the cases, 'maintain the child in the care of the family with supports' in 35.6% (n=26) and 'maintain the child in the care of the mother/father' in 24.7% (n=18). In cases where there was a single goal, the highest frequency was observed for the goal to 'maintain the child in the care of the family with supports' (20.5%, n=15). The goal to 'identify supports' was a singular goal in 6.8% of the cases, whereas in 30.1% of the cases it was a secondary goal.

Table 8.14: Goals for FWCs that proceeded to review*

Category of referral	Child welfare (n=20)		Child protection (n=29)		Alternative care (n=12)		Statutory SCO (n=5)		Statutory S. 77 (n=7)		Total (N=73)	
	%	N	%	N	%	N	%	N	%	N	%	N
Make a long-term plan for the child	10	2	27.6	8	25	3	40	2	–	–	20.5	15
Maintain child in the care of mother/father with supports	35	7	24.1	7	16.7	2	20	1	14.3	1	24.7	18
Maintain child in the care of family with supports	40	8	41.4	12	25	3	–	–	42.9	3	35.6	26
Identify supports	50	10	31.3	9	25	3	80	4	45.5	5	42.5	31
Identify family placement	20	4	20.7	6	8.3	1	80	4	14.3	1	21.9	16
Seek to return child to the care of mother/father	–	–	3.4	1	–	–	–	–	–	–	1.4	1
Seek to return child to the care of family	–	–	–	–	25	–	–	–	14.3	1	5.5	4

* Multiple goals were identified for many FWCs.

By comparison, in the total number of overall referrals (335), to 'identify supports' was a goal in 41.5% (n=86) of the cases, to 'maintain the child in the care of the family with supports' in 30.9% (n=64) of the cases and to 'maintain the child in the care of the mother/father with supports' in 22.2% (n=46) of the cases. The most frequently appearing single goal was to 'maintain the child in the care of the family with supports' (17.4%), followed by 'maintain the child in the care of the mother/father with supports' in 13% of the cases and 'identify supports' in 11.6% of all referrals (see Table 5.7).

8.2.3 Issues to be addressed by family in cases that proceeded to review

In the 73 cases that proceeded to review, the families were asked to address certain issues at the FWC meetings (see Table 8.15). There were, on average, 4.24 issues per FWC. The most frequently appearing issues that families were asked to address included 'to identify supports for the child/young person' in 72.6% of the cases (n=53), to 'identify supports for a carer' in 64.4% (n=47) and to 'make a long-term plan for the child's care' in 61.6% (n=45).

Table 8.15: Issues to be addressed at FWCs that proceeded to review

Category of referral	Child welfare (n=20)		Child protection (n=29)		Alternative care (n=12)		Statutory SCO (n=5)		Statutory S. 77 (n=7)		Total (N=73)	
	%	N	%	N	%	N	%	N	%	N	%	N
Family to make a long-term plan for the child's care	65	13	69	20	50	6	60	3	42.8	3	61.6	45
To identify supports for the child/young person	80	16	58.6	17	75	9	80	4	100	7	72.6	53
How can family work together to address conflict	35	7	24.1	7	41.7	5	–	–	42.8	3	30.1	22
Identify supports for a carer	70	14	65.5	19	66.7	8	20	1	71.4	5	64.4	47
Identify supports for parent to address their difficulties	70	14	31	9	16.7	2	–	–	–	–	34.2	25
Make a plan regarding education	10	2	34.4	10	25	3	20	1	71.4	5	28.8	21

* Multiple issues apply in each case.

The outcomes in relation to achievement of goals and successfully addressing issues are discussed further in Sections 8.2.6 and 8.2.7 below. However, prior to this discussion, a summary of commitments made as part of the family plan, agreed at the FWC stage, are presented in Tables 8.16a-e.

8.2.4 Commitments offered by family and follow-through

In the 73 cases that had an FWC review, family commitments were recorded as commitments made by a total of five groups: (1) mother; (2) father; (3) maternal family members; (4) paternal family members and (5) significant others, as outlined in Chapter 7. However, caution is needed when interpreting the results, set out in Tables 8.16a-e, due to a small sample size (especially in the statutory SCO cases) and the relatively small number of fathers and paternal family members who attended reviews.

The statutory referrals had the highest number of commitments made across the participating groups. However, it should be noted that the number of statutory cases examined were low and therefore the percentages should be interpreted with caution.

Table 8.16a: Commitments made by MOTHERS in the family plans of 73 cases with review

Mother	Child welfare (n=19)	Child protection (n=27)	Alternative care (n=11)	Statutory SCO (n=2)	Statutory S. 77 (n=5)	Total (n=64)
% of cases	89.5%	96.3%	100%	50%	100%	79.3%
No. of cases	17	26	11	1	5	60

Table 8.16b: Commitments made by FATHERS in the family plans of 73 cases with review

Father	Child welfare (n=12)	Child protection (n=21)	Alternative care (n=10)	Statutory SCO (n=3)	Statutory S. 77 (n=6)	Total (n=52)
% of cases	91.7%	81%	60%	100%	100%	82.7%
No. of cases	11	17	6	3	6	43

Table 8.16c: Commitments made by MATERNAL FAMILY in the family plans of 73 cases with review

Maternal family*	Child welfare (n=19)	Child protection (n=27)	Alternative care (n=10)	Statutory SCO (n=2)	Statutory S. 77 (n=4)	Total (n=62)
% of cases	94.7%	88.9%	90%	100%	100%	92%
No. of cases	18	24	9	2	4	57

* These numbers refer to the number of cases that had some maternal family members present at the review meeting. Numbers of maternal family members present in each case varied.

Table 8.16d: Commitments made by PATERNAL FAMILY in the family plans of 73 cases with review

Paternal family*	Child welfare (n=11)	Child protection (n=15)	Alternative care (n=7)	Statutory SCO (n=2)	Statutory S. 77 (n=1)	Total (n=36)
% of cases	63.6%	86.7%	85.7%	100%	100%	80.5%
No. of cases	7	13	6	2	1	29

* These numbers refer to the number of cases that had some paternal family members present at the review meeting. Numbers of paternal family members present in each case varied.

Table 8.16e: Commitments made by SIGNIFICANT OTHERS in the family plans of 73 cases with review

Significant others*	Child welfare (n=17)	Child protection (n=24)	Alternative care (n=10)	Statutory SCO (n=5)	Statutory S. 77 (n=6)	Total (n=62)
% of cases	59%	29.2%	60%	20%	16.7%	40.3%
No. of cases	10	7	6	1	1	25

* These numbers refer to the number of cases that had some maternal/paternal family present at the review meeting. Numbers of maternal and paternal family members present in each case varied.

Table 8.17a shows follow through of actions by different groups of family members. Overall, actions were followed through in full on 69.5% (n=141) of all commitments they made, 18.2% of commitments were followed through partially (n=37) and 12.3% (n=25) were not followed through. Specifically, mothers had a lower rate of full follow through on commitments (53.5%, n=31), compared to 70% in fathers (n=28)[19]. Partial follow through by mothers was observed in 25.9% (n=15) of the cases, while it was 20% (n=8) in the cases where fathers contributed to the family plan. Maternal family showed the highest follow through on commitments, in 81.8% (n=45) of the cases, while paternal family followed through in 71.4% (n=20) of cases. Mothers also showed the highest level of lack of follow through (20.6%, n=12), followed by fathers (10%, n=4).

Details of follow through by different groups of family members according to referral type are provided in Appendix 1 (*see Table 8.17b*).

Table 8.17a: Summary of follow-through on actions by family members at review

	Full follow through		Partial follow through		No follow through		Total	
	%	N	%	N	%	N	%	N
Mother	53.5	31	25.9	15	20.6	12	100	58
Father	70	28	20	8	10	4	100	40
Significant others*	74	17	17.4	4	8.7	2	100	23
Maternal family	81.8	45	9.1	5	9.1	5	100	55
Paternal family	71.4	20	17.9	5	7.1	2	100	28
Total actions by family members	69.5	141	18.2	37	12.3	25	100	203

* 'Significant others' included individual family members' partners or family friends.

Table 8.18 outlines the follow through in total of commitments made in the family plans across all categories of referral. The follow through varied across all categories of referral. Family members in the child welfare and statutory Section 77 referrals showed the lowest levels of full follow through at 51.8% (n=29) and 57.1% (n=8) respectively, while the highest level was observed for the statutory SCO cases, at 87.5% (n=7). In statutory Section 77 cases, 28.6% (n=4) of commitments were not followed through.

19 A possible reason for the lower rate of maternal follow through of commitments could be linked to the finding that most of the children referred were living in single-parent households headed by mothers and parental factors were a big contributing factor to concerns in many cases (as outlined in Chapter 4). It is these concerns that led to having aN FWC in the first place and generally the aim of FWC is to mobilise family support, not just change parenting.

Table 8.18: Commitments made and follow-through by family members across different categories of referral

Category of referral	Child welfare (n=56)		Child protection (n=87)**		Alternative care (n=38)		Statutory SCO (n=8)		Statutory S. 77 (n=14)		Total (n*=203)	
	%	N	%	N	%	N	%	N	%	N	%	N
Fully followed through	51.8	29	78.2	68	76.3	29	87.5	7	57.1	8	69.5	141
Partially followed through	37.5	21	9.2	8	13.2	5	12.5	1	14.3	2	18.2	37
Did not follow through	10.7	6	12.6	11	10.5	4	–	–	28.6	4	12.3	25
Total	100	56	100	87	100	38	100	8	100	14	100	203

* n numbers refer to the groups of family members, whose actions made in the family plans were evaluated for 73 reviews.

** In one child protection case, the follow through was not evaluated due to alternative action having been taken.

In order to understand poorer levels of follow through in some cases, the nature of some commitments must be considered. For parents/carers who commit to address their addiction or engage with mental health services, the process of change may be lengthy and trying. Consistency in follow through may also be affected in cases where a pattern of behaviour or conflict is targeted in the action plan. Moreover, some plans may lack realistic and achievable actions, and rely on agreements from family members who cannot deliver on their commitment or whose personal situation changes and affects the family plan and the remaining contributors.

In cases where the commitments made by parents or carers entail changes in parenting practices, the FWC may have a limited impact on making this change happen. The term 'parental capacity' refers to the ability to parent in a 'good enough' manner in the long term. Key areas of parenting capacity are basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, and stability (HSE, 2011b). In many FWC cases, the referrer identifies areas of parenting in which the parents are not performing to a satisfactory level. The purpose of the FWC is generally aimed at supporting parents to address the parenting issues and/or to offer supports to minimise the impact of limited parenting capacity on children. Parents generally need assistance and the FWC process taps into extended family and professional supports to bridge the gaps. When support is sourced and specific actions are implemented to address the parenting issues, the parental practices are then monitored over time to see whether their capacity has increased sufficiently to eliminate the concerns that the referrer had identified.

8.2.4 Follow through by professionals

In order to fully understand the effectiveness of family plans, professional follow through on commitments must also be examined. In this study, professionals and services were part of family plans at different levels. Their commitments are outlined in Section 7.3.7 and summarised below in Table 8.19. The greatest inputs came from the Social Work Department, followed by counselling/therapy, financial, educational, addiction supports and family support services.

Table 8.19: Summary of professionals/services who made commitments in the family plans

Category of referral	Child welfare (n=20)		Child protection (n=29)		Alternative care (n=12)		Statutory SCO (n=5)		Statutory S. 77 (n=7)		Total (N=73)	
	%	N	%	N	%	N	%	N	%	N	%	N
Social Work Department	85	17	100	29	100	12	100	5	100	7	95.9	70
Counselling/ therapy	50	10	55.2	16	45.5	5	40	2	42.9	3	49.3	36
Financial supports	55	11	51.7	15	33.3	4	20	1	71.4	5	49.3	36
Educational supports	40	8	41.3	12	25	3	20	1	100	7	42.5	31
Addiction services	30	6	41.4	12	16.7	2	20	1	57.1	4	34.2	25
Family support services	20	4	37.9	11	41.7	5	–	–	42.9	3	31.5	23

Of professional actions promised, 78.2% (n=179) were delivered in full, 17.5% (n=40) were partially delivered and 4.3% (n=10), were not followed through (*see Table 8.20a*). The Social Work Department, family support services and mental health services had the highest follow through in full of 92.5% (62 cases), 89.5% (16 cases) and 80% (17 cases) respectively. Details of follow through by professionals according to referral type are provided in Appendix 2 (*see Table 8.20b*).

Table 8.20a: Summary of follow-through on actions by professionals at review

	Full follow through		Partial follow through		No follow through		Total	
	%	N	%	N	%	N	%	N
Social Work Department	92.5	62	7.5	5	–	–	100	67
Addiction services	76.2	16	14.3	3	9.5	2	100	21
Counselling/therapy	74.2	23	22.6	7	3.2	1	100	31
Mental health services	80	16	10	2	10	2	100	20
Family Support Worker	71.4	15	23.8	5	4.8	1	100	21
Family support services	89.5	17	5.25	1	5.25	1	100	19
Financial supports	53.3	16	40	12	6.7	2	100	30
Probation Service	66.7	2	–	–	33.3	1	100	3
Extern youth worker	70.6	12	29.4	5	–	–	100	17
Educational supports	64	16	20	5	16	4	100	25
Total actions by professionals	78.2	179	17.5	40	4.3	10	100	229

It was unlikely that professionals did not follow through on their commitments (4.3%, n=10). However, whenever it did occur, the reasons may have included waiting lists in a service, lack of engagement by children and young people, parents or family members, or changes in family circumstances. The specifics concerning this aspect were not available in a format that enabled it to be analysed with a sufficient level of reliability.

8.2.5 Follow-through by children and young people

Details of the ages of children/young people attending the FWC and the commitments they made as part of the family plans can be found in Chapter 7 (*see Sections 7.1.5-7.1.7 and 7.3.5*). The commitments made were further assessed at the review stage. A total of 49 children/young people made commitments in the 73 cases that had a review. Out of actions related to children and young people, 67.3% (n=33) were followed through in full, 24.5% (n=12) partially and 8.2% (n=4) were not followed through (*see Table 8.21*). Across the different categories of referral, the highest levels of follow through by children or young people were observed in the child protection cases, with 76.5% (n=13) of follow through in full; statutory SCO cases, with 75% (n=4); and alternative care cases, 71.4% (n=7). The statutory Section 77 cases had the lowest rate of full follow through (57.1%, n=4) and the highest rate of lack of follow through (28.6%, n=2).

Table 8.21: Follow-through by children/young people across all categories of referral

Category of referral	Child welfare (n=14)		Child protection (n=17)		Alternative care (n=7)		Statutory SCO (n=4)		Statutory S. 77 (n=7)		Total (n=49)		Mean age	Age range
	%	N	%	N	%	N	%	N	%	N	%	N		
Fully followed through	57.1	8	76.5	13	71.4	5	75	3	57.1	4	67.3	33	13.6	8-17
Partially followed through	35.8	5	23.5	4	14.3	1	25	1	14.3	1	24.5	12	13.8	6-16
Did not follow through	7.1	1	–	–	14.3	1	–	–	28.6	2	8.2	4	13.7	12-15
Total	100	14	100	17	100	7	100	4	100	7	100	49	13.7	6-17

8.2.6 Achievement of goals for FWC

The goals central to the 73 cases that progressed to review and the levels of achievement are summarised in Tables 8.22 and 8.23a. Of identified goals across all categories of referral, 70.6% (n=77) were fully achieved as measured at the time of review (*see Chapter 3 for information on how the scale was developed*), 14.7% (n=16) were partially achieved and 10.1% (n=11) were not achieved (*see Table 8.22*). The highest level of goal attainment was observed in alternative care (84.6%, n=11) and child protection cases (80.5%, n=33), while the lowest was noted in child welfare cases (61.2%, n=19). Goals were not achieved in 22.2% (n=2) of the statutory SCO cases and in 12.9% (n=4) of child welfare cases. The child protection cases showed the lowest level of non-achievement of goals (7.3%, n=3).

Table 8.22: Achievement of goals across different categories of referral

Category of referral	Child welfare (n=31)		Child protection (n=41)		Alternative care (n=13)		Statutory SCO (n=9)		Statutory S. 77 (n=10)		Total (n=104)	
	%	N	%	N	%	N	%	N	%	N	%	N
Fully achieved	61.2	19	80.5	33	84.6	11	77.8	7	70	7	70.6	77
Partly achieved	25.9	8	12.2	5	7.7	1	–	–	20	2	14.7	16
Not achieved*	12.9	4	7.3	3	7.7	1	22.2	2	10	1	10.1	11

* There were five cases, for which one of their goal had an alternative action taken, because the family's circumstances changed significantly. These were excluded from analysis.

Tables 8.23a and 8.24 present a summary of the level of achievement of goals in the 73 cases that had a review (further details are provided in Appendix 3, Table 8.23b). The goal to 'identify supports' was achieved in full in 80% (n=12) of cases. 'Make a long-term plan for the child/young person' was achieved in 73.4% of cases (n=11), except in the child welfare cases where, in both cases involved, the goal was not achieved. (Caution is necessary while interpreting this latter result due to the small number of cases in this category.) Conferences were successful in the goal to 'maintain the child/young person in the care of mother/father with supports' in all types of referrals, except in child protection cases where the lowest frequency of attainment of this goal was noted. On the other hand, conferences convened in the child protection cases had the best potential to 'maintain the child/young person in the care of family with supports' (*for more detail, see Table 8.23b in Appendix 3*). The goal to 'identify family placement' was successfully achieved in all types of referrals, except in SCO cases where it was not achieved at all.

Table 8.23a: Summary of achievement of goals

	Fully achieved		Partially achieved		Not achieved		Total	
	N	%	N	%	N	%	N	%
Make a long-term plan for the child/young person	73.4	11	13.3	2	13.3	2	100	15
Maintain the child/young person in the care of mother/father with supports	70.6	12	23.5	4	5.9	1	100	17
Maintain the child/young person in the care of family with supports	77	20	15.4	4	7.7	2	100	26
Identify supports	80	24	16.7	5	3.3	1	100	30
Identify family placement	72.7	8	–	–	27.3	3	100	11
Seek to return the child/young person to the care of mother/father	–	–	–	–	100	1	100	1
Seek to return the child/young person to the care of family	50	2	25	1	25	1	100	4
Total goals	74	77	15.4	16	10.6	11	100	104

Table 8.24: Achievement of individual goals at the end of the review

	% of goals achieved	No. of cases where goal achieved	No. of cases where goal set for an FWC
Make a long-term plan for the child/young person	73.4%	11	15
Maintain the child/young person in the care of mother/father with supports	70.6%	12	17
Maintain the child/young person in the care of family with supports	77%	20	26
Identify supports	80%	24	30
Identify family placement	50%	8	11
Seek to return the child/young person to the care of mother/father	–	1	1
Seek to return the child/young person to the care of family	50%	2	4

8.2.7 Addressing issues identified for the FWC

The accomplishment of specific issues according to categories of referral is presented in Table 8.25. Overall, 65.9% (n=141) of the specific issues were accomplished, 27.1% (n=58) were partially accomplished and 7% (n=15) of issues were not accomplished. The findings indicate that the child protection, alternative care and statutory SCO cases had the highest level of issues addressed, at around 80%. The issues were accomplished in 42.6% (n=30) of child welfare cases and in 47.8% (n=11) of statutory Section 77 cases. Child protection and welfare had unresolved issues (5.9%, n=4 and 7.5%, n=6 respectively) while conferences convened for Section 77 cases did not accomplish issues in 21.7% (n=5) of cases.

Table 8.25: Accomplishment of issues across all categories of referral

Category of referral	Child welfare (n=68)		Child protection (n=80)		Alternative care (n=33)		Statutory SCO (n=9)		Statutory S. 77 (n=23)		Total (n=214)	
	%	N	%	N	%	N	%	N	%	N	%	N
Accomplished	42.6	30	81.3	65	84.9	28	77.8	7	47.8	11	65.9	141
Partly accomplished	51.5	35	11.2	9	15.1	5	22.2	2	30.5	7	27.1	58
Not accomplished	5.9	4	7.5	6	–	–	–	–	21.7	5	7	15

FWC meetings and the chance to review progress showed a good potential of addressing the issues of identifying supports for the children/young people across all types of referral. The issue of the family working together to address a conflict had the lowest accomplishment level in the child welfare referrals and issues in these cases relating to identifying supports for the carer/placement and for the parent to address their difficulties were the least successful across all categories of referral. Plans regarding education were not achieved in 60% (n=3) of Section 77 referrals.

With respect to the individual issues, family plans examined in the 73 cases that had a review helped to 'identify supports for the child/young person' in 83% (n=44) of cases (*see Table 8.26a*). Addressing 'how family can work together to address a conflict' and 'identifying supports for a carer/placement' were accomplished fully in 63.3% (n=14) and 62.5% (n=30) of cases respectively. The issue of 'identifying supports for parent/carer to address their difficulties' had the lowest level of accomplishment, at 25% (n=6). Details of accomplishment of issues across all categories of referral are provided in Appendix 4 (*see Table 8.26b*).

Table 8.26a: Summary of accomplishment of issues identified for the FWC in the 73 cases that proceeded to review

	Fully achieved		Partially achieved		Not achieved		Total	
	%	N	%	N	%	N	%	N
Family to make a plan for child/ young person's care	73.3	33	24.4	11	2.2	1	100	45
Identify supports for a carer/ placement	62.5	30	31.2	15	6.3	3	100	48
Identify supports for the child/ young person	83	44	15.1	8	1.9	1	100	53
Identify supports for parent/carer to address their difficulties	41.7	10	33.3	8	25	6	100	24
How family can work together to address a conflict	63.6	14	36.4	8	–	–	100	22
Plan regarding education	45.5	10	36.4	8	18.2	4	100	22
Total % of issues	65.9	141	27.1	58	7	15	100	214

8.3 SUMMARY

This chapter has examined findings in relation to the review stage of the FWC process. First, the review process was outlined, followed by information on the number and duration of reviews, typical venues chosen for meetings and the costs involved, together was the number of people attending the reviews. It was found that fewer people attended the review, in general, compared to the FWC. Mothers and fathers showed a relatively high frequency of attendance, followed by members of the maternal family and lastly the paternal family. Children/young people were invited in 68.6% of the cases. However, this low rate was related to the young age of some of the children. All of the young people in the statutory cases attended their review. With regard to the presentation of the children's/young people's views, in 72.3% of cases their views were brought to the meeting. In the statutory cases, the young people presented their views themselves.

Analysis of the follow through on commitments made in family plans revealed that mothers achieved the lowest level of full follow through and the highest level of not keeping commitments. In comparison, fathers and members of the maternal family were more consistent in this regard. Full follow through by professionals was observed in 78.2% of the

cases and the children/young people themselves were found to have followed through in full in 67.3% of the cases. The commitment by children/young people was related to their age.

Overall, the supports provided and the realisation of the commitments made in the family plans resulted in 74% of the cases having their goals achieved and with 65.9% of the issues identified in the FWC successfully addressed.

8.4 ISSUES ARISING FROM DATA CONNECTED WITH THIS PART OF THE STUDY

In the final section of this chapter, a number of issues are identified as arising from consideration of the data and information presented in the earlier sections. The issues identified are reviewed through a dual lens of 'What works well' and 'What works less well', using information available from findings on the review stage of the FWC process.

ISSUE: Number and timeframe for reviews

What works well

- When a review is called if the family plan is not working, requires updating or if anyone has new concerns to highlight.
- When there is flexibility on how many reviews can be held i.e. in cases where FWC is part of an ongoing process (e.g. making family re-unification plans), or because the plan has not been working or has not been fully implemented, or because review meetings can be an appropriate tool to monitor progress in the case.
- When review meetings are seen as a motivating factor for family members and professionals to follow through on commitments made.
- When sufficient time (tailored to the agreements made) is given following an FWC to allow for changes to take place.

What works less well

- When there is a lack of clarity about how a FWC review fits in with other mechanisms to monitor concerns.
- It is the experience of FWC coordinators that sometimes people who have not followed through on their commitments are less likely to attend a review meeting.
- When communication and support of services breaks down or deteriorates.

ISSUE: Children's and young people's attendance and views being heard at review

What works well

- When children/young people attends reviews and give their views directly.
- If the children/young people do not attend, that their views are presented, either by an advocate or the FWC coordinator.

ISSUE: Monitoring of family plan

While generally the referrer continues to work with the family, generally a family member takes on the responsibility of monitoring the family plan.

What works well

- When family members are aware of the importance of acting as monitors of a family plan so that they feel a sense of ownership and also a sense of responsibility.
- When one family member with enough confidence and willingness is selected to monitor the plan and tell the FWC coordinator if significant deviations occur.

ISSUE: Number and duration of reviews

What works well

- Generally more reviews mean a better chance to evaluate the effectiveness of the family plan and the family's capabilities and willingness to make it happen.

ISSUE: Time between FWC and review

What works well

- When enough time is allowed for changes to take place, but not too much time is allowed in case the family plan loses momentum or family members lose some of their willingness to take action.

ISSUE: Venues

What works well

- When the venue is respectable, comfortable, private and safe for family members and for professionals.

ISSUE: Child/young person invited

What works well:

- If the child/young person is invited provided the meeting or people gathered do not cause aggravation or stress for the child/young person.

ISSUE: Action/follow through by child/young person

What works well:

- If the actions for young person are made by him or herself, and not in their absence since they are less likely to follow through.

What works less well

- If the young person shows disturbance in emotion and behaviour and is unwilling to engage from the start.
- If a placement is sought within the family for a young person contingent on them changing their entire behaviour, which is unrealistic.
- If young person is exhibiting aggressive behaviour and poor self-control. Family members might not know how to respond and correct such behaviours and are apprehensive of taking them on.

ISSUE: Issues addressed

What works well:

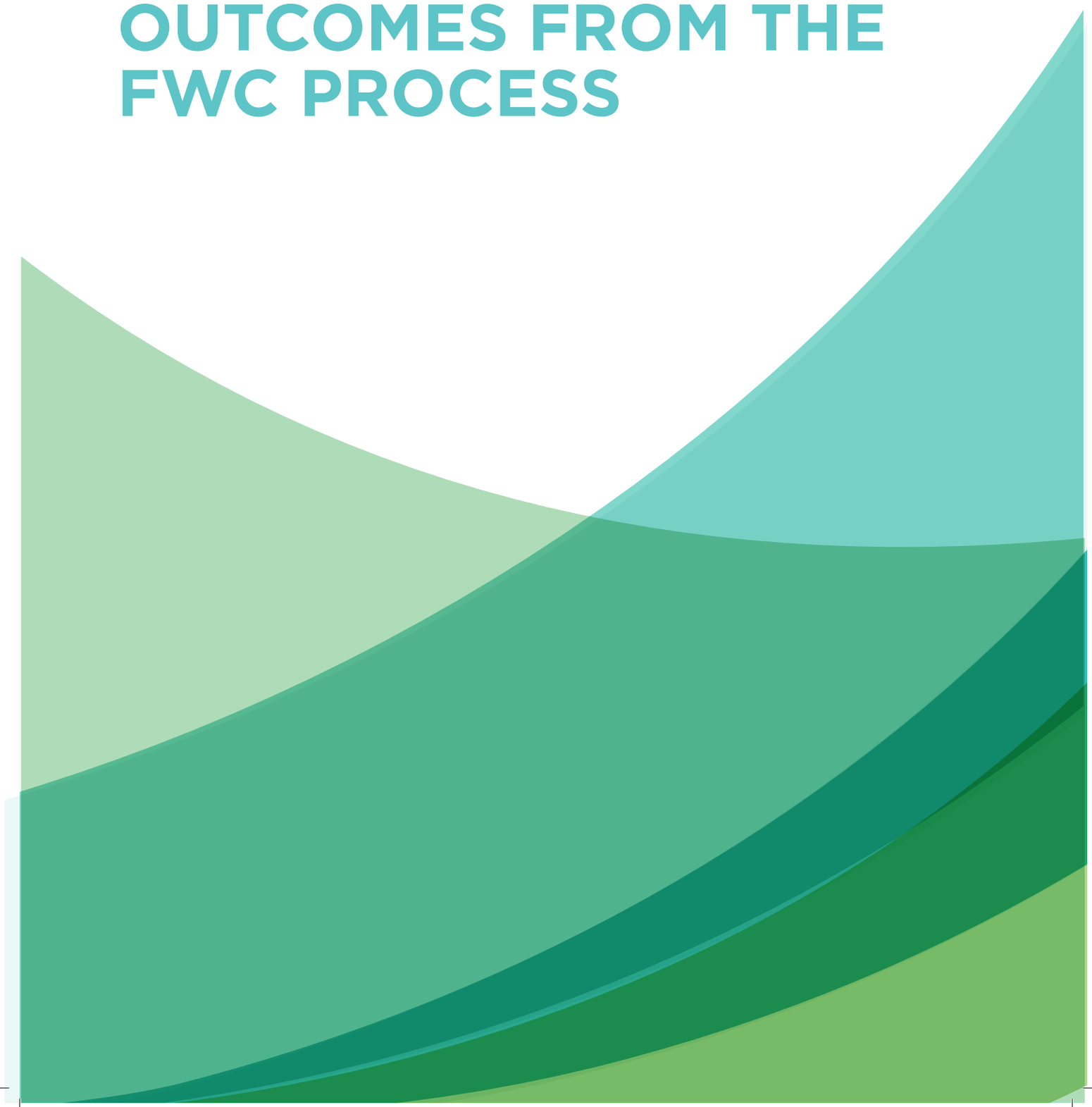
- If the issues are relevant and clear to all parties involved
- If the issues are realistic and take into account personal capabilities and family situation.

PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

CHAPTER 9:
OUTCOMES FROM THE FWC PROCESS



9. OUTCOMES FROM THE FWC PROCESS

The previous chapters have focused on the FWC process and the pathways that the cases took through referral, preparation, conference and review stages. Process and implementation related outcomes were also discussed, such as when family plans were made, when commitments made in the family plan were followed through and when goals were achieved.

This chapter focuses on outcomes from the FWC process. The first section examines whether the children/young people's safety and well-being were improved for the 73 cases that had a FWC review. It looks at changes in concerns following the FWC process, if the children/young people were being maintained with family or had extended family placements following a conference. Further, changes in the legal status of the children/young people are considered, as are cases where legal proceedings were involved. While outcomes were achieved in the remaining 50 cases that had an FWC but no review, it was not possible to capture this data through the file audit. Nonetheless, the outcome data obtained from this cohort show interesting trends and point to possibilities for the future.

The second section of the chapter outlines circumstances in which positive outcomes are more or less likely to occur. Family motivation, empowerment and building relationships are the key themes here. The chapter closes by drawing on the experiences of service users and professionals with family welfare conferencing and is based on evaluation data obtained through the FWC Service, as outlined in Chapter 3.

9.1 TIMEFRAMES BETWEEN REFERRAL AND CLOSURE

The timeframes between referral and closure point of the 73 cases are outlined in Table 9.1.

Table 9.1: Time between case referred to the FWC Service and case closed

Time between referral and case closes	% of cases	No. of cases
1 – less than 2 months	1.4%	1
2 – less than 3 months	1.4%	1
3 – less than 4 months	8.2%	6
4 – less than 6 months	19.1%	14
6 – less than 12 months	60.3%	44
12 months plus	9.6%	7
Total	100%	73

9.2 CHANGES IN CONCERNS

Concerns relate to the child's/young person's situation that were identified at the time of referral and were targeted for change[20], as reflected in the goals set for the FWC meeting. The outcome in relation to concerns is assessed on the basis that the meeting, family plan and the resulting actions and agreements contributed to a change in the situation. Changes in concerns were captured by analysing the information contained in the review of the family plan in each case. This was achieved by assessing the degree to which the initial identified concerns improved, deteriorated or did not change. The number of concerns identified in the 73 cases that proceeded to review was 6.2 per case on average.

9.2.1 Changes in status of concerns

Table 9.2 illustrates the status of concerns at the final review according to the category of referral. In 54.8% (n=40) of cases that had a review, the situation in relation to the initial concerns 'improved overall'. A further 35.6% (n=26) of cases 'somewhat improved', but a level of concerns remained. In three cases, there was 'no change' in concerns (4.1%) and in two cases the concerns 'deteriorated' (2.7%).

- With cases in the child welfare category, concerns in 30% (n=6) of cases 'improved overall' and were 'somewhat improved' in 60% (n=12) of cases, while there was 'no change' in a small percentage of cases (5%, n=1) or the concerns 'deteriorated' (5%, n=1).
- Child protection cases showed a different trend, where concerns in 58.6% (n=17) of cases 'improved overall' and were 'somewhat improved' in 31% (n=9) of cases. There was 'no change' in the concerns in a small portion of cases (3.4%, n=1).
- In alternative care cases, concerns were 'improved overall' in 75% (n=9) of cases and 'somewhat improved' in 16.7% (n=2) of cases, with 8.3%, (n=1) being 'somewhat deteriorated'.
- The sample sizes were relatively small for the statutory cases, but it can be observed that it was twice as likely in statutory SCO cases that the concerns were 'improved overall' (80%, n=4) compared to the Section 77 cases (42.9%, n=3).

Table 9.2: Status of concerns at the final review, by category of referral

Category of referral	Child welfare (n=20)		Child protection (n=29)		Alternative care (n=12)		Statutory SCO (n=5)		Statutory S. 77 (n=7)		Total (n=73)	
	%	N	%	N	%	N	%	N	%	N	%	N
Improved overall	30	6	58.6	17	75	9	80	4	42.9	3	54.8	40
Somewhat improved	60	12	31	9	16.7	2	20	1	28.6	2	35.6	26
No change	5	1	3.4	1	8.3	1	–	-	14.3	1	4.1	3
Somewhat deteriorated	–	–	–	–	8.3	1	–	–	–	–	1.4	1
Deteriorated	5	1	3.4	1	–	–	–	–	14.3	1	2.7	2
Changed significantly*	–	–	3.4	1	–	–	–	–	–	–	1.4	1

* This case was unusual as the situation in the case changed so that the original concerns could not be assessed.

20 It is very important to note that not all concerns were targeted for change as part of the conference , e.g. ameliorating addiction is not going to be addressed as a major issue by FWC.

9.2.2 Cases with no concerns remaining

There were some cases where all the concerns had been addressed by the end of the FWC process (35.6% of cases, n=26) (*see Table 9.3*). Of the non-statutory cases, there were higher percentages of alternative care and child protection cases where all concerns had been addressed, with 50% (n=6) and 44.8% (n=13) of cases respectively. In child welfare cases, the figures were lower, with all concerns addressed in 15% (n=3) of cases.

Table 9.3: Cases with no concerns remaining at the time of review, by category of referral

Category of referral	Child welfare (n=20)		Child protection (n=29)		Alternative care (n=12)		Statutory SCO (n=5)		Statutory S. 77 (n=7)		Total (n=73)	
	%	N	%	N	%	N	%	N	%	N	%	N
Cases with no concerns remaining	15	3	44.8	13	50	6	60	3	14.3	1	35.6	26

9.2.3 Cases closed by Social Work Department following FWC process

In cases where a marked reduction or amelioration of concerns is observed, the Social Work Department may close the case. Six family cases (involving seven children in total) where this decision was made after the review were analysed to capture the factors that may have contributed to the change. The age range of the children/young people varied from six months to 17 years, and included three males and four females. The initial concerns relating to these cases varied and included:

- A difficult relationship between parent and child;
- A young person with risky and challenging behaviours, associating with inappropriate peer groups, engaging in criminal activity and substance misuse;
- Domestic violence;
- Parents struggling to manage their children's behaviours and to enforce consistent rules and boundaries;
- Impact of parent's mental health problem on parenting;
- Impact of parental addictions on children.

Individual plans were made by the families and actions agreed to address the above concerns. Examples include:

- In Case A, despite attempts to maintain the young person's placement with the parent, it became clear at the time of the FWC that the best decision was for the parent and the young person to live apart. A family placement was identified and this triggered a positive change in the young person's behaviour. The young person recognised the impact of his past experiences on his parent's life and, with the support of his 'new' family placement, started making decisions that had the potential to create more positive outcomes. As a result of this change of placement, the boy's relationship with his parent also improved considerably.

- In Case B, the supports introduced by the FWC re-established a mother's contact with family members, who provided her with a respite option and help with household chores that she could not cope with. The family, mother and the young person cooperated to make the plan work, a routine was established for the young person, and boundaries and behaviour management strategies were devised and adhered to. The key component that triggered change was the removal of the young person from a harmful peer environment and the mother spending more time with the young person. The family's support lessened the mother's load and the freed up time was spent on rebuilding the child–parent relationship. A new rule game was established, with a focus on more open communication and strategies to flag problems earlier.
- In Case C, the FWC provided a forum for the parent and young person to address some of their issues and as a result both recognised that they needed to work on their relationship for things to improve. This worked particularly well for the young person, who remained committed with the services to the extent that his criminal record was struck out.
- In Case D, as a result of the family plan made, a young person who was in non-relative foster care was re-united with an extended family member and the Interim Care Order was dispensed with. This allowed the young person to be cared for and supported by their family. Supports were also identified for the parents, who were in rehab, and for the carers.

Some important factors that were found to be associated with these successful cases include:

- Accurate appraisal of the problem;
- Appropriate solutions identified for the problem and deemed so by extended family, e.g. change in relation to ongoing and deeply embedded parental practices; personal circumstance or environment was not forced if it was unlikely to be achieved, rather, it is deemed more advantageous to work to obtain solutions that fit with the specific situation, such as the removal of the child/young person from the harmful effects of the situation;
- Professional and family support that targeted the core of the problem, e.g. past trauma, difficult relationships, addictions;
- Acknowledgment from the parties involved of difficulties and willingness to engage with supports;
- Appropriate distribution of family support that lessened the load of parental duties and allowed change to happen.

While the above examples give information about cases that were closed by the Social Work Department at the end of the FWC process, they also highlight other positive outcomes reached, including identifying kinship placements for children and maintaining children in the care of their families through the FWC process.

9.3 MAINTAINING CHILDREN IN THE CARE OF THEIR FAMILIES AND IDENTIFYING FAMILY PLACEMENTS

It is generally accepted that it is in the best interests of children and young people to be brought up in their own families (Child Care Act 1991; UN, 1989). In situations where it is not in the child's or young person's best interests to remain in the care of their parents, efforts should always be made to maintain them in the care of their extended family, where possible. This study focused on examining the decisions made to maintain the child or young person in the care of their family. The placement status for the children involved up to the review stage (n=128) and for those involved in the statutory referrals that had an FWC but no review (n=25) were combined to examine the placement changes that had occurred as part of the FWC process. The placement outcomes were considered against the placement status at the time of referral. The type of family plan made and the extent to which it was implemented was central to this analysis.

Table 9.4 outlines the placements status of children and young people referred to the FWC Service, by different categories of referral, before and after the FWC process[21]. The findings in relation to placement changes show that, over all the categories, there was a 6% decrease in children living with parents; there was no change in the total number of children cared for within the extended family, but there were changes in who the children were living with in some instances. There was a 20% increase in the number of children in non-relative foster care or in residential care (State). This was largely associated with young people involved in statutory SCO cases.

In summary, a small number of children are moving from parental care, many are being cared for within the wider family and while there are moves to non-family placements in foster or residential care, family are involved with the decision. Furthermore, the changes are shown to be linked in many instances to the goal set at the time of the referral. An examination of the individual categories of referral show the following trends in respect of the movements:

- In the child welfare category, the percentage of children's and young people's placements with parents and with family did not change markedly before and after the FWC. Changes occurred for two of the 34 children and both of these were maintained within the care of the family circle, albeit on an informal basis.
- In the child protection category, nine of the 45 children were no longer in their parents' care following a FWC and, while there was an increase in the number of children living with extended family members, six (8%) had been placed in non-kinship care (included both foster care and a detention centre). The change in placement in this category largely corresponds with the goals set since all of these cases had the goal of identifying or maintaining a family placement. Hence, they could be seen as having been successful in achieving the goal.

21 It is very important to observe changes in placements alongside the goal(s) set for the FWC. For example, in cases where the goal was to 'identify a family placement with extended family', a successful outcome would be that the child is being cared for by members of the extended family.

- In the alternative care category, there was an increase in children and young people living in the care of their parents at the end of the FWC process (31.6%, n=8). This corresponds with a decrease in non-kinship placements in this category, particularly residential care. The finding for this category of referral shows a trend of children being re-united with their families following a FWC.
- In the statutory SCO category, a decrease in placements with parents was noted and simultaneously there was an increase in non-kinship placements, from 60% (n=9) at the time of referral to 86.7%, (n=13) after the FWC. Such a result indicates that the process of conferencing may be less effective in identifying family placements in cases where a young person exhibits highly risky behaviours and may be already in need of specialised services. Family members would not be expected to have the capacity to contain some of the risky behaviours and, for this reason, placements with extended family members in this group of referrals were absent. These findings correspond with the findings of a 2009 study, *Tracing and tracking of children subject to Special Care Order Application* (Brierley, 2010). In that study, 18 out of 50 social work respondents said that they found FWC useful at an earlier stage of intervention, but believed that an SCO was a measure of last resort and that all options within the family and extended family would have been exhausted normally at this stage.
- In the statutory Section 77 category, the numbers are small. Following the FWC, five young people were still living with their parents. There was a decrease in family placements, from four to two young people.

Table 9.4: Summary of placements of children and young people referred to FWC Service across categories of referral

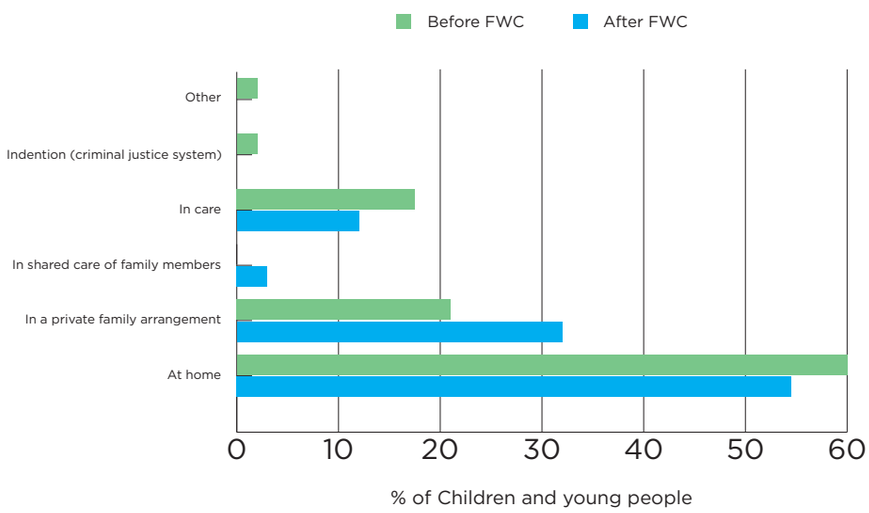
Category of referral	Child welfare (n=34)		Child protection (n=75)		Alternative care (n=19)		Statutory SCO (n=15)		Statutory S. 77 (n=10)		Total (N=153)	
	%	N	%	N	%	N	%	N	%	N	%	N
Total at home at time of referral	70.6	24	60	45	–	–	26.7	4	50	5	51.8	78
Total at home after FWC	67.6	23	45.3	34	31.6	6	6.7	1	50	5	45.1	69
Total with family at time of referral	23.4	8	40	30	42.1	8	6.7	1	40	4	33.3	51
Total with family after FWC	29.4	10	42.7	32	36.8	7	–	–	20	2	33.3	51
Total in non-kinship care at time of referral	3	1	–	–	52.6	10	60	9	10	1	13.7	21
Total in non-kinship care after FWC	–	–	8	6	31.6	6	86.7	13	20	2	18	27
Total other at time of referral	3	1	–	–	5.3	1	6.7	1	–	–	2	3
Total other after FWC	3	1	4	3	–	–	6.7	1	10	1	4	6

Thus, overall the process of FWC shows the potential to maintain children and young people in the care of their parents and families.

9.4 CHANGES IN THE LEGAL CARE STATUS OF CHILDREN FOLLOWING THE FWC PROCESS

While specific changes in placements were tracked and presented in Section 9.3 above, this section presents information about changes in the legal care status of children after the FWC process (*see Figures 9.1 and 9.1a*). This examination is set against the trend outlined in Chapter 4, in that many cases referred to FWC involve children who are in the care of the State. The purpose of the referral is often to support the current kinship or non-kinship placement, and/or to identify an appropriate formal kinship placement for the child, if possible. Figure 9.1 shows the care status, before and after an FWC, of the children/young people involved in the 73 reviews. While the number of children/young people in the care of their parents decreased[22], the number of private family arrangements increased by 10% (n=14). The percentage of children/young people who were in care at the time of referral (17.2%, n=24) decreased following the FWC, to 12.1% (n=17).

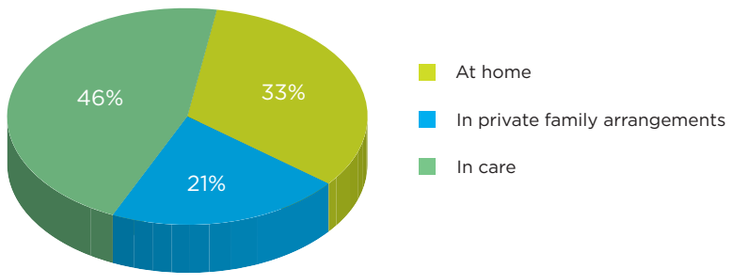
Figure 9.1: Placements of children/young people before and after a FWC (N=140)



The placement status of the 24 children/young people in care at the time of referral is outlined at the point of review in Table 9.7. Figure 9.1a shows that following the FWC, 46% (n=11) of the children/young people remained in care, while 54% (n=13) were cared for at home (33%, n=8) and 21% (n=5) were in a private family arrangement.

22 It is important to note that for a number of conferences the goal was to identify the most appropriate placement for a child within the family and in some cases this did not include parents. Hence the fact that less children are living at home with parents as a result would be a successful outcome of a FWC in those cases.

Figure 9.1a: Care status of 24 children/young people who were in care at the time of referral following FWC and review



Further analysis reveals that, of the 24 children and young people, 19 were in alternative care, including 10 in non-relative foster care, and five were in special care (*see Table 9.7*). Following the FWC conference, 12 children/young people from the alternative care cohort were found placements at home and with family. One young person in the SCO referral category was removed from care.

Table 9.7: Care status of 24 children/young people who were in care at the time of referral following the FWC

Care status at last review	Alternative care	SCO	Total
At home	7	1	8
Private family arrangement	5	–	5
In care	7	4	11
Total	19	5	24

The following case study demonstrates how an FWC can help identify a family placement for a child and, in this case, allow the child to be removed from State care.

Case Study 9.1

Ciara and her two children, Keith (aged seven) and Julie (aged five), were originally from south Dublin. In 2010, two years prior to the holding of the FWC, the children were removed from their mother's care on the grounds of neglect. Ciara had given birth to Keith when she was 16 years old and to Julie when she was 18. The children's father had a history of being abusive towards Ciara and they frequently misused drugs. The concerns relating to the children's neglect and impact of the abuse led to the children being placed in non-relative foster care. The children's father was absent from their lives at that time and his whereabouts were unknown. Ciara was encouraged to engage with addiction services when the children were received into care.

Keith and Julie remained in foster care for two years and, while re-unification had been the main aim of the care plan, a decision had been made that longer term care was now indicated. The children had been placed initially in a short-term foster placement and the current carers were not in a position to continue caring for them in the long term. For this reason, a FWC

was convened to explore possible family placements for the children. Family members did not want the children in non-relative foster care. They wanted to get involved and made a plan at the FWC for one member to care for the children with the help of other family members.

Following the FWC meeting, the family member offering the placement for the children was assessed for suitability as an informal carer*, provided the decision to permit the child to be returned to the extended family was accepted by the Child and Family Agency and the birth mother. On satisfactory completion of the assessment, the children went to live with their maternal grandmother on an informal basis.

At the review meeting, a detailed access plan for Ciara, who was in rehab at the time, was put forward: a safe contact plan was devised and a more long-term plan was made stipulating what Ciara needed to do to have the children returned to her care.

* Relatives can apply for guardianship allowance in these instances. However, the criteria are tightly defined and it is unlikely in this instance that the grandmother would be eligible for payment. This highlights the major financial consequences faced by many families if they choose to become informal relative carers.

9.5 CHANGING THE COURSE OF LEGAL PROCEEDINGS

The above sections show that the FWC process was successful in re-uniting children or young people with their birth parents or with members of the extended family and thus how they were diverted from State care. The extent to which FWC also has potential to assist children and young people in avoiding State care, and involvement in legal proceedings, is now explored.

Where a child or young person has been identified as in need of care and protection by the statutory authorities, the aim is generally to avoid initiating legal proceedings, if possible. This is usually achieved by giving birth parents the opportunity to address the concerns first. If a child or young person cannot remain in his or her parents' care, attempts are usually made at negotiating an informal kinship placement. If informal care is not feasible and the Agency has determined that alternative care is warranted, every effort is made to obtain parental cooperation to allow the child to enter care with their agreement and without resorting to Court proceedings. This is referred to as 'voluntary care' or 'accommodated'.

This is a difficult time for families. Breakdown can occur in professional and birth parent relationships, and the case may thus be propelled into costly, lengthy and painful legal proceedings. FWC has the potential to enable solutions to be formulated by involving the wider family in respect of the child and thus legal proceedings may be avoided.

As part of the study, 16 cases with 40 children were identified where the children were on the brink of being received into care when the referral to FWC was made. All cases contained a bottom line that stipulated that if the FWC process was unable to devise a plan to address the concerns, the Social Work Department would initiate proceedings to take the child into care and would need to source a formal care placement. Of the 40 children who were involved in these 16

cases, 22 were under the age of seven, 14 were between seven and 13 years of age and four were over 14. In each of these cases, a family plan was made that prevented the child or children from being received into care and allowed them to remain in the care of their families.

The value of preventing children from coming into care is immense. It is impossible to calculate the benefits to the children who were safely maintained in their families. Some value can be put into the savings from preventing children from going into care. It can be argued that should these children have been received into care, a number of them would have been subject to a Care Order. For example, in December 2012 out of the 6,332 children in care, 42% were in care under a voluntary[23] care arrangement, 46% were in care under a full Care Order, 9% were in care under an Interim Care Order and 3% under other type of orders (Child and Family Agency, 2012). Before a full Care Order is put in place, cases generally go through two years of having Interim Care Orders. It is estimated that a minimum of €21,500 of direct costs is saved on legal costs by preventing a child being received into care. This figure excludes other costs possibly attached to Care Order applications, such as Counsel fees, GAL fees, GAL legal fees, possible private clinical assessments and care placement costs once a child is received into care.

The average GAL fees between January 2001 and June 2003 were €11,311 referred by the Court in the then Eastern Regional Health Authority (McQuillan *et al*, 2004, p. 44). The cost nationally of the GAL service for that 30 month period between 2001 and June 2003 was €1,312,307 (ibid). In a recent report on child care cases that go through the Courts[24], it was observed that 70% of children were represented by GAL (Coulter, 2013, p. 21).To give an indication of the costs involved, costs of the GAL service in 2013 to the HSE totalled €7,178,045. The GAL legal fees in 2013 totalled €4,859,064 (Government of Ireland, 2014). Direct costs from care placements vary from €325 for a weekly foster payment for under 12 year olds, to €4,426 for a weekly payment for residential care placements (IFCA, 2012). Some private residential placements are reported to cost up to nearly €14,000 per week (Shanahan, 2010). The type and length of placements vary depending on the needs and age of the child.

There were 11 other cases that were referred to the FWC Service in the study period that had the same bottom line – that admission to care was strongly indicated if a family plan was not devised at the FWC to address the concerns. Six of these cases did not proceed because no family members could be identified or parents did not consent to the FWC. Five of the 11 cases had an FWC and a family plan was made; however, while in some cases the children were maintained at home for a period after the FWC, they ended coming into the care of the State (in some cases, they were maintained in relative care and in others in non-relative placements).

23 Entry to care with the cooperation of parents (i.e. voluntary care or accommodation) is a dynamic process and even if children enter care in this way, events may arise that lead to judicial action being taken to safeguard the child.
24 Data were collected for 333 cases over an 8-month period between December 2012 and July 2013.

9.6 ACHIEVING POSITIVE OUTCOMES FROM CONFERENCING

There are a number of complex factors that determine the outcome of a case. Some of the factors add to a successful outcome from an FWC, others get in the way of successful outcomes and yet others have the potential to do both depending on the circumstances. These factors can be external and situational, relating to the process of FWC and the performance and cooperation of the professionals and services involved. Others concern the family's internal motivation, resources and determination to carry out the family plan.

In the discussion that follows, a number of factors and how they contribute to or impede positive outcomes are discussed within the overall framework of 'what works well' and 'what works less well' in relation to conferencing. The information was derived from the FWC coordinators' questionnaires and from analysis of the family plans.

9.7 DISCUSSION OF FACTORS THAT SHAPE OUTCOMES

9.7.1 Family motivation

A number of family related issues were seen by the FWC coordinators to be important contributors to positive outcomes. It was their view that high motivation would result in greater support being offered and a willingness to follow through on commitments made. Often the success of a case depended on identifying a number of key family members who would make commitments in the family plan and would have the determination to follow through on these for the sake of the child/young person, despite obstacles such as family conflict. These factors were associated with better outcomes in general, but they were central for children and young people who were to be received into care formally or where an informal placement in the extended family was deemed the best option.

9.7.2 Involvement of children and young people

The presence of the children and young people referred to the FWC Service at meetings and hearing their voices has an enormous impact on the participants, according to the FWC coordinators. Case Study 9.2 shows the processes associated with positive outcomes.

Case Study 9.2

In this case, the goal was to engage family assistance to enable a Care Order for a young person to be revoked. Hearing the young person's own views had a positive impact on the dynamics at the FWC meeting. It facilitated a focus on the young person and the family members heard at first hand the expressed wishes and feelings of the young person. The young person's level of involvement with and commitment to enabling a solution to be found in the FWC was also important. This led to a plan whereby, with assistance, the goal set for the case was realised.

9.7.3 Family resources

A significant factor in determining family involvement and support offered at the FWC relates to the resources at the disposal of individual family members. Such resources were connected with housing and availability of accommodation, time, financial circumstances, physical and mental health, and established commitments in work or other areas of life. While family resources were significant in many categories as a determination of what a family could offer, it was especially influential in a number of child welfare cases.[25] In several instances, considerable support was needed for the parent/carer to stabilise the child at home. If the family network had limited resources at its disposal, it often resulted in the required support not being sourced and, even if it was sourced, it was not always maintained for as long as the birth family needed it.

9.7.4 Relationship between referrer, family and FWC coordinator

FWC coordinators generally felt that commitment and follow through from professionals was also essential to positive outcomes. The commitments were needed at both a relational and resource level. The coordinators noted that where referrers worked in partnership with families through being generally cooperative and sharing power and responsibilities, this practice helped to strengthen and generate more positive relationships between them and families, leading to better outcomes for the child/young person. A positive attitude in the professional helped the more sceptical family members participating in the process to overcome their resistance and furthered greater openness in discussions, thereby enabling higher levels of trust and mutual respect to be built. More positive outcomes were linked to referrers being more open to sharing power with the family and adopting a generally supportive attitude. When this happened, family members were more likely to trust the professional's intentions, as well as their opinions.

The most detailed family plan, even when linked to a high level of family concern or shared family/professional concern, may fail if the family or professional does not deliver what was agreed. This happens when individual capabilities and resources of birth parents and family members are not assessed adequately. FWC coordinators felt that good outcomes were more likely to be achieved when family plans are realistic in terms of what they are trying to achieve. There is a need to ensure that commitments being proposed are agreed to as generally feasible by all present. For some families, their relationship with the referrer remained strained

throughout the process, with the result that some of them withdrew from participation. When asked what did not work for them, some families mentioned in their feedback forms that they were unhappy with their communication with the Social Work Department. Others reported being dissatisfied with the level of professional follow through. As family members, they felt they had been left burdened and unsupported largely by the professionals.

The FWC coordinators identified that some of the difficulties in conferencing were associated with lower level of cooperation between themselves and the referrers. They felt this may be

25 The data on child welfare cases showed that there was a significant decrease in the numbers involved in the pathway from referral to FWC and review. Therefore, this finding is in respect of the small number of such cases that got to review.

related to delays in the allocation of social workers or to changes of social workers during the process. In such cases, the scheduling of meetings and the continuity and pace of the process were affected. This generally led to further delays. The coordinators also noted setbacks in the delivery of agreements on the part of the referring body. Although they understood that slower response or follow through was related to multiple demands occurring in the wider work context, they stressed that slow responses and failure to follow through could militate against the development of more positive working relationships with families and therefore hinder positive outcomes.

9.7.5 Family empowerment

The potential of the FWC process to contribute to a greater sense of empowerment of those families involved in the child protection and welfare system has been a strong feature of research, as indicated in Chapter 2. It was shown that a sense of increased empowerment is associated with various factors, such as the referrer sharing the decision-making power with the family members and each participant being heard and their opinions respected and taken on board.

This trend is also evident in this study and the coordinators state that many families were empowered by the FWC. For the coordinators, enhanced empowerment was connected with many different processes, including facilitating all participants to have their voice heard; family members accepting that they were needed if change was to be effective; family members taking the power and believing that they could help to change the situation; and family members understanding that change had a better chance of working if there was collective and inclusive decision-making. Prior to the holding of the FWC, family members were often unaware of the extent of the parents'/carers' struggle and the children's situation. The meetings facilitated a flow of information, which often resulted in family members assuming the responsibilities for the child's care and volunteering support for the parent/carer or the child/young person. The FWC coordinators observed that in cases where the level of decisions to be made was high in respect of child protection and welfare and where the bottom line included the possibility of taking the child/young person into State care if action was not taken to ameliorate the situation, many family members found the intervention to be a 'wake up' call. In the FWC, they learnt the gravity of the concerns and this propelled and motivated them to act.

In contrast, according to the coordinators, those families that showed little willingness to engage with the FWC process were at times dismissive of the concerns or were confused by the Agency's depiction of them. The coordinators' experience was that such families were less likely to be empowered by the FWC process. Similarly, families that were of the view that they would be given any real power in decision-making by the professionals were also unlikely to commit to the process. Some families, due to their past history with the Agency, were not convinced that the FWC process would be any different to other interventions. For other families, however, there was a change in attitude despite an initial reluctance to trust (*see Section 9.7.7*).

9.7.6 Relationship between family members

The process of FWC brings many benefits that are evidenced through the realisation of FWC goals, such as finding a family placement for the child or identifying supports for the parent or changing the legal care status of a child. However, the FWC process also has the potential to bring about more than these immediate and generally welcomed effects. It has been shown that FWC is a tool that enables professionals, acting on behalf of the Agency, to put partnership into practice. FWC gives an opportunity for participants to forge and foster more harmonious relationships when faced with the difficulties of making safe plans for children. The core impetus of the FWC is to make better decisions about the well-being of children/young people and this is achieved by broadening and deepening the participation of family members and professionals in the process. The FWC process creates an opportunity for the adults, both family members and professionals, to address certain relationships issues and, where they are addressed, the resolutions can have positive implications, enhancing outcomes for the children/young people at the centre of the case. The following case study shows the positive impact that FWC can have on the relationships between family members.

Case Study 9.3

Cathy (aged 17), Sean (aged five) and Tommy (aged four) were referred to the FWC Service. Their mother had died three years previously and their father, Mike, had been their sole carer since then. However, Mike struggled at times to parent the children and there were difficulties in the relationships between Cathy and her father, and between Mike and his sisters, who were a great support to the children. The relationships deteriorated so much that Cathy left the house and went to live with her elderly grandmother, Una, and the paternal aunts stopped visiting the house. The Social Work Department became increasingly concerned about Mike's coping ability and capacity to care for Sean and Tommy. The social workers had previously attempted to organise family meetings to facilitate better family communication, but with no success.

As the situation deteriorated, a referral was made to the FWC Service and the goals were to identify an appropriate placement for Cathy and to identify supports for the father in his care of Sean and Tommy. During preparation, the coordinator contacted two maternal uncles who together with their wives were willing to get more involved. One of the paternal aunts, together with the maternal grandmother, also wished to attend the FWC meeting. While Cathy was resistant initially to being involved, she wanted to help her brothers and so she attended the meeting.

During the meeting, Cathy stated that she was happy living with her grandmother, Una, and that they got along well. Una confirmed that when under her care, Cathy seemed to be less troubled and angry. Following the family plan, it was agreed that Cathy would remain with her grandmother, she and Mike would engage in counselling, and that Mike would attend a Family Centre to improve his general parenting skills and, in particular, to focus on parenting a 17 year old. Cathy agreed to visit her dad and siblings every day. In return for the help she was receiving from her family, Cathy agreed that she would like to contribute to housekeeping by cleaning the kitchen and the bathroom every three days. In addition, financial assistance was sourced for Una to buy a bed and a desk for Cathy and to assist her with travelling costs.

These expenses were partly covered by the two uncles and it was agreed that the FWC fund would be accessed if the costs of the furniture could not be covered in other ways.
The family met again after three months for the review meeting. All members who attended were clear that since Cathy moved to live with her grandmother, her relationship with her dad had greatly improved. Cathy visited her dad and her siblings every day and there had been occasions when both Cathy and her dad had gone out together for lunch. They both reported that they were getting on much better and were able to have conversations without aggravating each other. It was agreed that Cathy would remain living with Una for the foreseeable future and the case was closed in the Social Work Department since it was deemed there were no ongoing concerns.

While the above case study had a positive outcome, there are other instances where high levels of family conflict, animosity and fear of confrontation between different family members hinder positive outcomes and lead to poorer attendance and lower commitment to the family plan. Partnership and cooperation were seen as more challenging when family members displayed poor communication patterns, were not honest about their situation or their willingness to commit, or were reluctant to discuss or reveal any other relevant issues for fear of confrontation. Conferences were also more difficult to manage when there was a lot of blame, grief or unresolved issues from the past and when family members wanted to use the FWC as a forum for 'pointing fingers' rather than finding solutions. Complicated family dynamics, a high level of intra-familial conflict and family members not being able to set aside their differences to focus on the purpose of the FWC meeting were all recognised by the FWC coordinators as factors hampering positive outcomes in the FWC process.

In a small number of cases, the FWC coordinators noted that relationships within the family remained the same, sometimes deteriorated further and on rare occasions there was evidence that relationship dissolution occurred. Examples include a young person realising that one parent, due to personal difficulties, could not provide reliable and consistent support despite several trials. In another case, a mother attempted to improve her relationships with the grandmother, with no success. It should be stressed that the outcomes of relationship dissolution was evaluated at the time of last contact with the family members and it is unknown whether it was a permanent effect.

However, the coordinators were of the view that even when limited change occurred, the decision to hold an FWC was sometimes still seen as the right choice. The complex factors involved in making the decision to utilise FWC as a tool, where it is clear that other interventions are also needed in a case, is highlighted in the following comment from one of the FWC coordinators: '*I'm not sure that [the FWC] was the most appropriate tool, but it was definitely a very beneficial intervention. I think the most appropriate tool would have been family therapy, but in order to get the family to a point where they would be open to considering it, they needed to have several conversations to address certain issues and the FWC provided that forum.*'

When asked about how successful the outcome in this case had been, the coordinator commented: '*No, I don't think it was the best outcome as they still have a lot of work to do as a family, but they are definitely on the right road, with the right focus.*'

9.7.7 Relationship between family and professionals

There was a significant level of evidence from the FWC coordinators that families and professionals working in partnership impacted on families' opinions and attitudes towards the social services. This was also seen in Section 9.7.4 above, where the relationship between family members, referrers and coordinators was discussed. In the coordinators' experience, a change in attitude and openness from the family members towards the services involved can be observed over time and, in turn, family members became more trusting and cooperative with the services and each other. There was also evidence of a positive impact in the opposite direction, with the professionals involved gaining more insights into the problems faced by family members over time.

In line with the findings reported in the literature, the coordinators reported that some families who were referred to the FWC Service were reluctant to trust and engage initially with professionals in the service, but they later acknowledged the benefits of everyone coming together. Both families and professionals alike observed that when successful, the interaction brought more unity and bridged the gap between the parents and the social workers. As one coordinator commented: '*The social workers had a very empowering way of working with families … I do believe that through this process the family saw the social workers were very respectful and wanted to give parents a chance.*'

9.8 OPINIONS OF PROFESSIONALS AND FAMILIES ON THE FWC SERVICE

When professionals were asked what were the most useful aspects of the FWC process for them (in an open-ended question on 'what worked well' and 'what worked less well'), they listed the following benefits: bringing the family together facilitated discussion and working out what was and what was not possible to do in the circumstances; the coordinator acting as an objective voice; hearing children's views; including all voices in drawing up a clear family plan; and keeping an eye on the child's safety. Comments from professionals also included their views on how to improve the FWC Service. They identified in particular the need for frequent follow up; greater inclusion of paternal family members; more resources; shorter waiting lists; and a better way of managing tensions in relationships.

When family members were asked through the feedback forms what made a difference to them in terms of their relationship with the FWC coordinators, they reported that generally they found the coordinators to be 'non-judgemental', 'extremely helpful' and 'inspired trust to the family (*sic*)'. They perceived the coordinators as 'patient' and 'skilled at keeping control at the table when difficult decisions were made'. Overall, they considered the coordinators akin to composers in that they worked with everyone in the system in the whole process of conferencing. As a result of the process, family members reported that they became more confident in their ability to look after the children and to make decisions about their care. A marked difference was observed by some as a result of the process, seen in the following typical comment: '*[The FWC] brought us all together around a table, which would never have happened otherwise*'.

Family members frequently discussed their participation and involvement as a positive outcome of taking part in an FWC. The process gave family members 'the opportunity to commit or not commit'. It was also noted that, as meetings take place every few months, this allowed for family members to come back together and those who came back were seen as those who were 'committed to making sure the child/young person was safe'.

The majority of family members (89.7%, n=34) agreed that the FWC process allowed for the extended family to get more involved with the child/young person and the family. Family members who gave feedback indicated that they were all happy that they had agreed to attend the FWC meeting, with 96.8% of them agreeing that they would recommend an FWC to other families. The sentiment was summed up by one family member who stated that the FWC was '*a very good service … and would be helpful to other people in the same situation*'.

When asked what the FWC had achieved, some family members responded with comments that suggest they had a feeling of enhanced security and that the children/young people were looked after, and that the child was 'back where she belongs', within the family. They also thought that sometimes the family plan established actions that needed to be formalised – or as one family member put it, 'made it set in stone'.

Comments were also made about the positivity, calm and professional atmosphere of the meetings. In commenting on the outcome for their family of the FWC process, one family member stated that '*it left a feeling of solidarity for all members of the family and gave the family a support network that might never have come about unless facilitated by FWC*'.

Families also felt that the FWC process allowed for further understanding of the needs of the child or family. One family member discussed how the FWC process took the pressure off the grandparents caring for the child/young person as more family members became involved. The structure put in place during the FWC in the form of the family plan was seen as an achievement by family members. It was the small things that made a difference. In one plan, for example, it was the explicit agreement about the child's schedule, and where and when they would be with different parents (parents were separated), that proved hugely helpful.

Overall, it was clear from the family feedback that there was a sense of empowerment felt through the FWC process: '*I feel the FWC helped to a better all-round understanding of the family situation. The FWC coordinator was non-judgemental, extremely helpful and inspired trust to (sic) the family*'. The way in which the FWC process allows for all extended family members to have a say in how a child/young person will be cared for seems to empower individuals. The FWC process 'trusts' the family to make a plan for a child's/young person's care. This trust gives family members a feeling of confidence, which they may not have felt prior to the meeting. They also observed a broad change in relationships. Family members acknowledged that the process had brought clarification, explained the situation and in one instance allowed for handing over the children without aggravation. Families often reported the resulting feelings of 'solidarity', of 'family being a network of support' and of 'the process completing the family'.

The family feedback forms the FWC Service received contained many comments expressing gratitude and how pleased and happy family members were with the service. Some comments also covered small practical details of the meetings, like being provided with tea and sandwiches. Family members were generally very pleased and commended the FWC coordinators on their work, on their non-judgmental approach and on the way in which the FWC meetings were delivered, as well as comments on how the coordinators kept control of the table and mediated well between family members.

One particular family discussed a case where stress was pervasive and the risk of Court proceedings was high. A family member noted, 'It was the FWC coordinator who helped build trust and communication and should be commended on her abilities and professionalism'. The same family member further emphasised: 'I appreciate the work FWC has done on behalf of this family, as previously being down this road with the HSE was not a good experience. I think FWC should be compulsory where there is a concern for a child's safety.'

These findings are in line with the report by Buckley *et al* (2008) on *Service users' perceptions of the Irish Child Protection System*. Although the number of family members in this study who had participated in FWC was small (three out of the 54 adult participants), all were satisfied with the results of the FWC approach and spoke in positive terms about their experience. In a comparison between a FWC and a case conference, one of the people interviewed stated:

> *'... at a case conference, you have got everybody there and they are telling you about your life and what you have to do and what needs to be done ... Where with the other meeting [i.e. FWC], you've got everybody in the room again, but you can say what you want to say and what you feel is right and if you want to try it a different way, you can do it that way ... We could all decide when to do it and where we wanted it and who we wanted there and who we didn't want there, you know ... it's so much better'*
>
> (Buckley, 2008, p. 42)

This quote emphasises the value FWC places on each participant's views and the decision about the people participating. However, it is important to note that some service users commented about the final decision made at the FWC, with one person expressing her dissatisfaction thus: '*I ended up having a row with them and said:"As usual, it's dumped back on me". I'm the one who is here trying to sort out where they are going to go'* (ibid).

This last quote may demonstrate that a family's resources and willingness to engage with the FWC process vary and although most families are pleased with the outcome of the meeting, for a number of families the intervention fails to provide a satisfactory solution (Kemp, 2007; Sundell and Vinnerljung, 2004) or at least not a satisfactory solution for everyone.

9.9 SUMMARY

This chapter has presented information in relation to outcomes – seen as changes in children's and young people's placements, how well concerns were dealt with and the legal status of cases. Factors associated with outcomes were outlined and included a discussion about changes in relationships resulting from the FWC process. Lastly, the service users' opinions of the FWC Service and their experience with conferencing were presented.

The findings indicate that the FWC process has the potential to realise the goals identified by the referrer and maintain the children/young people in the care of their parents or families. Also, the intervention showed positive results in terms of finding family placements for children/young people in formal, non-kinship care. However, this effect was not observed in the statutory referrals, in which no noticeable shifts in placements were noted pre- and post-conference.

The potential is also noted that, as a result of the FWC process, concerns identified in relation to the children/young people improve, as do the relationships between family members and between families and professionals. This is further evidenced by the opinions of the service users themselves, who report having found the intervention beneficial in many domains.

PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

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PATHWAYS AND OUTCOMES:

A STUDY OF 335 REFERRALS TO THE FAMILY WELFARE CONFERENCE (FWC) SERVICE IN DUBLIN,

2011 – 2013

APPENDICES

APPENDIX 1: FOLLOW THROUGH OF ACTIONSBY FAMILY MEMBERS NOTED AT THE REVIEW STAGE

Table 8.17b: Follow through of actions by family members noted at the review stage

Family commitments	Referral type	Fully followed through	Partly followed through	Not followed through*	Total
Total number of actions by family members		141	37	25	203
Total % of actions by family members		69.5%	18.2%	12.3%	100%
Mother	Child welfare (n=20)	6 (35.3%)	9 (53%)	2 (11.7%)	29.3% (17)
	Child protection (n=29)	15 (60%)	3 (12%)	7 (28%)	43.1% (25)
	Alternative care (n=12)	7 (63.6%)	2 (18.2%)	2 (18.2%)	19% (11)
	Statutory SCO (n=5)	1 (100%)	–	–	1.7% (1)
	Statutory S. 77 (n=7)	2 (50%)	1 (25%)	1 (25%)	6.9% (4)
Total (n=73)		31 (53.5%)	15 (25.9%)	12 (20.6%)	58 (100%)
Father	Child welfare (n=20)	4 (40%)	5 (50%)	1 (10%)	25% (10)
	Child protection (n=29)	15 (88.2%)	1 (5.9%)	1 (5.9%)	42.5% (17)
	Alternative care (n=12)	5 (83.3%)	1 (16.7%)	–	15% (6)
	Statutory SCO (n=5)	2 (100%)	–	–	5% (2)
	Statutory S. 77 (n=7)	2 (40%)	1 (20%)	2 (40%)	12.5% (5)
Total (n=73)		28 (80%)	8 (20%)	4 (10%)	40 (100%)
Significant others	Child welfare (n=20)	5 (45.5%)	2 (18.2%)	1 (9.1%)	34.8% (8)
	Child protection (n=29)	7 (87.5%)	–	1 (12.5%)	34.8% (8)
	Alternative care (n=12)	5 (83.3%)	1 (16.7%)	–	26.1% (6)
	Statutory SCO (n=5)	–	1 (100%)	–	4.3% (1)
	Statutory S. 77 (n=7)	–	–	–	0
Total (n=73)		17 (74%)	4 (17.4%)	2 (8.7%)	23
Maternal family	Child welfare (n=20)	11 (68.8%)	3 (18.7%)	2 (12.5%)	29.1% (16)
	Child protection (n=29)	22 (91.7%)	1 (4.2%)	1 (4.1%)	43.6% (24)
	Alternative care (n=12)	7 (77.8%)	1 (11.1%)	1 (11.1%)	16.4% (9)
	Statutory SCO (n=5)	2 (100%)	–	–	3.6% (2)
	Statutory S. 77 (n=7)	3 (75%)	–	1 (25%)	7.3% (4)
Total (n=73)		45 (81.8%)	5	5 (9.1%)	55 (9.1%)

Paternal family	Child welfare (n=20)	3 (60%)	2 (40%)	–	17.9% (5)
	Child protection (n=29)	9 (64.4%)	3 (21.4%)	1 (7.1%)	50% (13)
	Alternative care (n=12)	5 (83.3%)	–	1 (16.7%)	21.4% (6)
	Statutory SCO (n=5)	2 (100%)	–	–	7.1% (2)
	Statutory S. 77 (n=7)	1 (100%)	–	–	3.6% (1)
Total (n=73)		20 (71.4%)	5 (17.9%)	2 (7.1%)	28

* In one case the situation of the family changed markedly and therefore was excluded from analysis.

APPENDIX 2: FOLLOW THROUGH OF PROFESSIONAL ACTIONS/ SUPPORTS AT THE FINAL REVIEW

Table 8.20b: Follow-through of professional actions/supports at the final review

Professional commitments	Referral type	Fully followed through	Partly followed through	Not followed through	Total
Total no. of actions by professionals		179	40	10	229
Total % of actions by professionals		78.2%	17.5%	4.3%	100%
Social Work Department	Child welfare (n=20)	14 (87.5%)	2 (12.5%)	–	16
	Child protection (n=29)	26 (96.3%)	1 (3.7%)	–	27
	Alternative care (n=12)	11 (91.7%)	1 (8.3%)	–	12
	Statutory SCO (n=5)	4 (80%)	1 (20%)	–	5
	Statutory S. 77 (n=7)	7 (100%)	–	–	7
Total (n=73)		**62 (92.5%)**	**5 (7.5%)**	**0**	**67**
Addiction services	Child welfare (n=20)	5 (100%)	–	–	5
	Child protection (n=29)	5 (55.6%)	3 (33.3%)	1 (11.1%)	9
	Alternative care (n=12)	2 (100%)		–	2
	Statutory SCO (n=5)	1 (100%)	–	–	1
	Statutory S. 77 (n=7)	3 (75%)	–	1 (25%)	4
Total (n=73)		**16 (76.2%)**	**3 (14.3%)**	**2 (9.5%)**	**21**
Counselling/ therapy	Child welfare (n=20)	8 (88.9%)	–	1(11.1%)	9
	Child protection (n=29)	7 (58.3%)	5 (41.7%)	–	12
	Alternative care (n=12)	4 (80%)	1 (20%)	–	5
	Statutory SCO (n=5)	3 (100%)	–	–	3
	Statutory S. 77 (n=7)	1 (50%)	1 (50%)	–	2
Total		**23 (74.2%)**	**7 (22.6%)**	**1 (3.2%)**	**31**
Mental health services	Child welfare (n=20)	3 (75%)	–	1 (25%)	4
	Child protection (n=29)	9 (90%)	1 (10%)	–	10
	Alternative care (n=12)	3 (75%)	1 (25%)	–	4
	Statutory SCO (n=5)	1 (100%)	–	–	1
	Statutory S. 77 (n=7)	–	–	1 (100%)	1

Total (n=73)		**16 (80%)**	**2 (10%)**	**2 (10%)**	**20**
Family support worker	Child welfare (n=20)	3 (60%)	1 (20%)	1 (20%)	5
	Child protection (n=29)	11 (78.6%)	3 (21.4%)	–	14
	Alternative care (n=12)	1 (50%)	1 (50%)	–	2
	Statutory SCO (n=5)	–	–	–	0
	Statutory S. 77 (n=7)	–	–	–	0
Total (n=73)		**15 (71.4%)**	**5 (23.8%)**	**1 (4.8%)**	**21**
Family support services	Child welfare (n=20)	3 (100%)	–	–	3
	Child protection (n=29)	6 (75%)	1 (12.5%)	1 (12.5%)	8
	Alternative care (n=12)	5 (100%)	–	–	5
	Statutory SCO (n=5)	–	–	–	0
	Statutory S. 77 (n=7)	3 (100%)	–	–	3
Total (n=73)		**17 (89.5%)**	**1 (5.25%)**	**1 (5.25%)**	**19 (5.25%)**
Financial supports	Child welfare (n=20)	3 (37.5%)	5 (62.5%)	–	8
	Child protection (n=29)	9 (64.3%)	4 (25.6%)	1 (7.1%)	14
	Alternative care (n=12)	3 (75%)	1 (25%)	–	4
	Statutory SCO (n=5)	–	1 (100%)	–	1
	Statutory S. 77 (n=7)	1 (33.4%)	1 (33.4%)	1 (33.3%)	3 (33.3)
Total (n=73)		**16 (53.3%)**	**12 (40%)**	**2 (6.7%)**	**30**
Probation service	Child welfare (n=20)	–	–	–	0
	Child protection (n=29)	–	–	1 (100%)	1
	Alternative care (n=12)	–	–	–	0
	Statutory SCO (n=5)	2 (100%)	–	–	2
	Statutory S. 77 (n=7)	–	–	–	0
Total		**2 (66.7%)**	**0**	**1 (33.3%)**	**3**
Extern/youth worker	Child welfare (n=20)	4 (80%)	1 (20%)	–	5
	Child protection (n=29)	7 (77.8%)	2 (22.2%)	–	9
	Alternative care (n=12)	1 (100%)	–	–	1
	Statutory SCO (n=5)	–	1 (100%)	–	1
	Statutory S. 77 (n=7)	–	1 (100%)	–	1
Total		**12 (70.6%)**	**5 (29.4%)**	**0**	**17**

APPENDIX 3: GOALS AND WHETHER THEY WERE ACHIEVED AT THE END OF THE REVIEW STAGE

Table 8.23b: Goals and whether they were achieved at the end of the review stage

Goal	Referral type	Achieved	Partially achieved	Not achieved	Total
Total number of goals		**77**	**16**	**11**	**104**
Total % of goals		**74%**	**15.4%**	**10.6%**	**100**
Make a long-term plan for the child	Child welfare (n=20)	–	–	2 (100%)	2
	Child protection (n=29)	6 (75%)	2 (25%)	–	8
	Alternative care (n=12)	3 (100%)	–	–	3
	Statutory SCO (n=5)	2 (100%)	–	–	2
	Statutory S. 77 (n=7)	–	–	–	0
Total (n=73)		**11 (73.4%)**	**2 (13.3%)**	**2 (13.3%)**	**15 (100%)**
Maintain the child in the care of the mother/ father with supports	Child welfare (n=20)	5 (71.4%)	2 (28.6%)	–	7
	Child protection (n=29)	3 (42.9%)	2 (28.6%)	1 (14.3%)	6
	Alternative care (n=12)	2 (100%)	–	–	2
	Statutory SCO (n=5)	1 (100%)	–	–	1
	Statutory S. 77 (n=7)	1 (100%)	–	–	1
Total (n=73)		**12 (70.6%)**	**4 (23.5%)**	**1 (5.9%)**	**17 (100%)**
Maintain the child in the care of the family with supports	Child welfare (n=20)	4 (50%)	3 (37.5%)	1 (12.5%)	8
	Child protection (n=29)	12 (92.3%)	–	1 (7.7%)	13
	Alternative care (n=12)	2 (66.7%)	–	–	2
	Statutory SCO (n=5)	0	–	–	0
	Statutory S. 77 (n=7)	2 (66.7%)	1 (33.3%)	–	3
Total (n=73)		**20 (77%)**	**4 (15.4%)**	**2 (7.7%)**	**26**
Identify supports	Child welfare (n=20)	7 (70%)	3 (30%)	–	10
	Child protection (n=29)	8 (88.9%)	1 (11.1%)	–	9
	Alternative care (n=12)	2 (100%)	–	–	2
	Statutory SCO (n=5)	4 (100%)	–	–	4
	Statutory S. 77 (n=7)	3 (60%)	1 (20%)	1 (20%)	5
Total (n=73)		**24 (80%)**	**5 (16.7%)**	**1 (3.3%)**	**30**

Identify family placement	Child welfare (n=20)	3 (75%)	–	1 (25%)	4
	Child protection (n=29)	4 (80%)	–	–	4
	Alternative care (n=12)	1 (100%)	–	–	1
	Statutory SCO (n=5)	–	–	2 (50%)	2
	Statutory S. 77 (n=7)	–	–	-	0
Total (n=73)		**8 (72.7%)**	**0**	**3 (27.3%)**	**11**
Seek to return the child to the care of the mother/ father	Child welfare (n=20)	–	–	–	0
	Child protection (n=29)	–	–	1 (100%)	1
	Alternative care (n=12)	–	–	–	0
	Statutory SCO (n=5)	–	–	–	0
	Statutory S. 77 (n=7)	–	–	–	0
Total (n=73)		**0**	**0**	**1 (100%)**	**1**
Seek to return the child to the care of the family	Child welfare (n=20)	–	–	–	0
	Child protection (n=29)	–	–	–	0
	Alternative care (n=12)	1 (33.4%)	1 (33.3%)	1 (33.3%)	3
	Statutory SCO (n=5)	–	–	–	0
	Statutory S. 77 (n=7)	1 (100%)	–	–	1
Total (n=73)		**2 (50%)**	**1 (25%)**	**1(25%)**	**4**

APPENDIX 4: ISSUES AND THE EXTENT TO WHICH THEY WERE ACCOMPLISHED AT THE REVIEW STAGE

Table 8.26b: Issues and the extent to which they were accomplished at the review stage

Issue	Referral type	Accomplished	Partially accomplished	Not accomplished	Total
Total number of issues		**141**	**58**	**15**	**214**
Total % of issues		**65.9%**	**27.1%**	**7%**	**100**
Family to make a plan for the child's care	Child welfare (n=20)	6 (46.2%)	6 (46.1%)	1(7.3%)	13 (28.9%)
	Child protection (n=29)	17 (81%)	3 (14.3%)	–	20 (44.4%)
	Alternative care (n=12)	6 (100%)	0	–	6 (13.3%)
	Statutory SCO (n=5)	3 (100%)	0	–	3 (6.7%)
	Statutory S. 77 (n=7)	1 (33.3%)	2 (66.7%)	–	3 (6.7%)
Total (n=73)		**33 (73.3%)**	**11 (24.4%)**	**1 (2.2%)**	**45 (100%)**
To identify supports for a carer/ placement	Child welfare (n=20)	5 (31.3%)	10 (62.5%)	1 (6.2%)	16 (33.3%)
	Child protection (n=29)	16 (88.9%)	1 (5.6%)	1 (5.5%)	18 (37.5%)
	Alternative care (n=12)	7 (87.5%)	1 (12.5)	–	8 (16.7%)
	Statutory SCO (n=5)	0	1 (100%)	–	1 (2.1%)
	Statutory S. 77 (n=7)	2 (40%)	2 (40%)	1 (20%)	5 (10.4%)
Total (n=73)		**30 (62.5%)**	**15 (31.2%)**	**3 (6.3%)**	**48 (100%)**
To identify supports for the child/ young person	Child welfare (n=20)	11 (68.8%)	5 (31.2%)	–	16 (30.2%)
	Child protection (n=29)	15 (88.2%)	2 (11.8%)	–	17 (32.1%)
	Alternative care (n=12)	9 (100%)	–	–	9 (17%)
	Statutory SCO (n=5)	4 (100%)	–	–	4 (7.5%)
	Statutory S. 77 (n=7)	5 (71.4%)	1 (14.3%)	1 (14.3%)	5 (13.2%)
Total (n=73		**44 (83%)**	**8 (15.1%)**	**1 (1.9%)**	**53 (100%)**
To identify supports for a parent to address their difficulties	Child welfare (n=20)	4 (30.8%)	7 (53.8%)	2 (15.4%)	13 (54.1%)
	Child protection (n=29)	5 (55.6%)	-	4 (44.4%)	9 (37.5%)
	Alternative care (n=12)	1 (50%)	1 (50%)	–	2 (8.3%)
	Statutory SCO (n=5)	–	–	–	0
	Statutory S. 77 (n=7)	–	–	–	0

Total (n=73)		**10 (41.7%)**	**8 (33.3%)**	**6 (25%)**	**24 (100%)**
How family can work together/ address conflict	Child welfare (n=20)	2 (25.6%)	5 (71.4%)	–	7 (31.8%)
	Child protection (n=29)	6 (85.7%)	1 (14.3%)	–	7 (31.8%)
	Alternative care (n=12)	4 (80%)	1 (20%)	–	5 (22.7%)
	Statutory SCO (n=5)	0	-	–	0
	Statutory S. 77 (n=7)	2 (66.7%)	1 (33.3%)	–	3 (13.6%)
Total (n=73)		**14 (63.6%)**	**8 (36.4%)**	**0**	**22 (100%)**
Plan regarding education	Child welfare (n=20)	2	2 (50%)	–	4 (18.2%)
	Child protection (n=29)	6 (66.7%)	2 (22.2%)	1 (11.1%)	7 (40.9%)
	Alternative care (n=12)	1 (33.3%)	2 (66.7%)	–	3 (13.6%)
	Statutory SCO (n=5)	–	1 (100%)	–	1 (4.5%)
	Statutory S. 77 (n=7)	1 (20%)	1 (20%)	3 (60%)	5 (22.7%)
Total (n=73)		**10 (45.5%)**	**8 (36.4%)**	**4 (18.2%)**	**22 (100%)**

APPENDIX 5: SUMMARY PROFILE OF CASES IN THE FIVE REFERRAL CATEGORIES: CHILD WELFARE, CHILD PROTECTION, ALTERNATIVE CARE, STATUTORY SPECIAL CARE ORDERS AND STATUTORY SECTION 77 CASES

87 Child Welfare cases through FWC process

- Out of 335 families involved in this study, 87 (150 children and young people) were referred to the FWC Service with the category of child welfare (see Table 7.1). Of those, 73.5% proceeded to a four-way referral meeting (n=64), 48.4% (n=31) of families proceeded to the stage of a FWC following the referral meeting, with 64.5% (n=20) meeting again for review.
- The ages and gender of children referred in the child welfare category were spread evenly.
- The average number of children in the family in the child welfare referrals was 2.86. This number was the lowest across all categories of referral (*see Table 4.3*).
- The majority of families in child welfare cases had been known to the referring service for one to five years prior to the referral to the FWC Service.
- In child welfare cases, child factors contributed to concerns in 41.4% of cases, compared to the overall population in 61.8% of cases (*see Table 4.16*).
- The two most frequently observed risk factors were parental substance misuse (46% in child welfare cases and 37.6% in overall population), and parental mental health (28.7% of child welfare cases and 23% in overall population) (*see Table 4.15*).
- The goals for welfare cases included '*identify supports*' (40.4%), '*maintain the child/young person in the care of the family*' (33.3%) and '*maintain the child/young person in the care of the mother/father*' (31.6%).
- Fathers made commitments in a greater proportion of cases than anyone else, but also in more cases than in other categories (94.1% in child welfare cases, compared to 81.7% in overall population of cases with a FWC). Maternal family members were more likely to make commitments than mothers (92.6% of maternal family members and 89.3% of mothers who attended the FWC) (*see Table 7.14*).
- The most frequently used professional inputs included the Social Work Department, counselling/therapy. These were core supports across all categories of referrals. Other common inputs in the child welfare referrals were financial, educational and addiction services (*see Table 7.15*).
- The achievement of goals in child welfare cases was the lowest among all types of referrals, with 61.2% for goals in child welfare cases being achieved, compared to 70.6% in all cases that had a review meeting (*see Table 8.22*).
- Family follow through on commitments made in the family plan for child welfare cases was the lowest.
- Rates of professional follow through for child welfare cases were 78.2%. This was found

across all categories of referral (*see Table 8.20a*).

- Child welfare referrals noted the lowest rate of follow through by children and young people, 57.1% (n=8).
- The child welfare referrals had the lowest proportion of cases where the concerns improved overall (30%) and noted the highest number of new concerns arising (55% of cases) (*see Table 9.3*).

97 Child Protection referrals through FWC process

- Child protection referrals consisted of 97 cases (204 children and young people), which constituted 29% of the total number of families referred (335) (*see Table 7.1*). Case progression to a four-way referral meeting was 78.3% (76 cases). 57.9% (44 cases) had an FWC and 65.9% (29 cases) of those referrals also has a review meeting.
- The highest number of children were within the 0 to six age band and an equal distribution of children and young people aged 7-12 and over 13 (36.3% each)
- High number of families had been known to the referring service for 1-5 years (46.4%), with a considerable proportion known for over five years (35.1%) (*see Table 4.5*).
- The average number of children in the family was 3.2 (*see Table 4.3*), a number similar to alternative care referrals and smaller than in the statutory cases.
- The average number of concerns noted in this category of referral was 4.61, with the majority of concerns falling into the category of neglect (*see Table 4.14*).
- Factors contributing to concerns were mainly parent/caregiver in 95.9% of child protection cases, compared to 82.7% in the overall population (*see Table 4.16*).
- There was a high number of parental substance misuse (51.5%) and parental mental health issues (36.1%) identified as risk factors (*see Table 4.15*).
- The goals in the child protection referrals were evenly distributed, with a higher frequency of the goal to '*maintain the child/young person in the care of the family*' (36.4%) set for the FWC meeting (*see Table 7.12*).
- High number of mothers (71.4%) and maternal family (77.1%) offered support. Fathers offered support in 81.7% of the cases, although they were present at the FWC in 57.7% of the cases.
- Professional inputs included a high frequency of supports from the Social Work Department and counselling/therapy services (*see Tables 7.14 and 7.15*).
- Goals and issues set for the FWC meeting had the highest rate of achievement (80.5%, n=33), after the alternative care cases (81.3%, n=65).
- Family follow through on actions agreed at the FWC was the second highest (after the Special Care Order category of referral), with 78.2% (n=68) of the actions agreed.
- A high rate of professional follow through, common to all categories, was also noted (*see Table 8.18*).
- Children and young people had the highest follow through in full across all categories of referral (76.5%, n=13).
- The concerns were improved in 62% (n=18) of the cases, while 28% of the cases had new concerns identified at the end of the process (*see Tables 9.2 and 9.3*).

69 Alternative Care cases through FWC process

- There were 69 families referred to the FWC Service in the alternative care category. 72.5% (n=50) of cases progressed to a four-way referral meeting. 46% of those (n=23) had a FWC and a further 52.2% (n=12) proceeded to a review meeting (*see Table 7.1*).
- The children and young people were males in 58.5% of the cases.
- 30.8% of the children and young people were in primary school at the time of referral and 28.7% were in secondary school (*see Tables 10.1 and 10.2*).
- The majority of families were already known to the referring service, some for over five years (43.5%) and some for one to five years (36.2%) (*see Table 4.5*).
- The average number of children in the family was 3 (*see Table 4.3*).
- Concerns were in the category of neglect (85.5%), with the parent/caregiver as the most frequently mentioned factor contributing to concerns.
- Parental substance misuse (33.3%) and child mental health (20.3%) were common risk factors (*see Tables 4.14-4.16*).
- There was a high proportion of the goal to '*identify family placement*' set for the FWC meeting (*see Table 7.12*).
- Mothers and maternal family members showed the highest frequency of making commitments in the family plan. Similarly, the Social Work Department, counselling/ therapy and financial supports were often used to support the family.
- An increase by 31.6% of total placements was observed for placements with parents (*see Table 9.5a*). The number of children and young people remaining with extended family was similar to that at the time of referral. A decrease by 20.8% was observed for the non-kinship placements – the highest among all categories of referral.
- The achievement of goals and issues for the FWC meeting was the highest of all referral categories, with 84.6% for the goals (*see Table 8.22*) and 84.9% for the issues (*see Table 8.25*).
- Family and professional follow through had a high level, with 76.3% and 78.2% respectively (*see Table 8.18*).
- The rate of full follow through by children and young people was high, at 71.4% (n=5).
- The concerns were noted to improve in 75% of the cases (*see Table 9.2*), with 41.7% having new concerns identified (*see Table 9.3*).

66 statutory SCO cases through FWC process

- There were 66 cases of young people being referred to the FWC Service with a possible SCO application. This number comprised 19.7% of all referrals. 43 cases proceeded to a four-way referral meeting, accounting for 65.2% of all SCO referrals (*see Table 7.1*). This group of referrals showed the poorest case progression, with only 34.9% (15 cases) proceeding to a FWC. A very small proportion of those (33.3%, 5 cases) had a further review meeting.
- The children/young people in these cases were mainly over 13 years of age (97%, n=64), with the majority in the age range of 15-16 years.

- 22.7% (n=15) of the young people were in secondary school and 27.3% (n=18) did not pursue education.
- In one fifth of the cases (21.2%), families had been known to the referring service for one to five years and a similar profile had been known for over 5 years (19.6%) (*see Table 4.5*).
- The average number of children/young people in the family was 4.6 (*see Table 4.3*).
- As in the other types of referrals, the concerns mainly involved neglect. Child factors appear as significant risk factors in SCO referrals (*see Table 4.15*). For example, in SCO referrals, child mental health is a risk factor in 40.9% of cases compared to 22.7% in all cases on average. Similarly, in SCO referrals, child substance misuse was a risk factor in 60.6% of cases compared to 24.2% in all cases on average.
- Some commonly mentioned risk factors were child substance misuse (60.6% in SCO cases, but 24.2% across all categories overall) and child mental health (40.9% in SCO cases, but 22.7% across all categories overall) (*see Table 4.15*).
- The goals for FWC meetings concerned '*identify supports*', '*find a placement within the family*' or '*return the young person to the care of their mother/father*' (*see Table 5.7*).
- In terms of input to family plans, mothers and young people themselves were noted to make the most considerable commitments (unlike in the previous 3 categories of referral, where mothers and maternal family showed the highest levels of commitment).
- Again, the Social Work Department and counselling/therapy were among the most frequently used professional services. In addition, the HSE services were often mobilised as support.
- Goals (77.8%) and issues (77.8%) for the FWC had relatively good rates of achievement (*see Tables 8.22 and 8.25*).
- The family members' follow through was the highest among all types of referrals, with 87.5% (n=7) of cases noting a full follow through on commitments.
- Children and young people followed through in full in 75% (n=3) of cases, being the second highest category after child protection.
- Concerns improved in 80% (n=4) of the SCO cases and new concerns arose in 20% (n=1) of the cases, which was the lowest proportion of new concerns noted for all types of referral (*see Tables 9.2 and 9.3*).

16 statutory Section 77 cases through FWC process

- There were 16 cases referred to the FWC Service with a Section 77 Court Order. This number constituted 4.8% of all referrals. Of those, 87.5% (14 cases) proceeded to a four-way referral meeting. 71.4% (10 cases) had an FWC and 70% (7 cases) had a review (*see Table 7.1*). This category of referral had the highest level of case progression through the different stages of the FWC process across all categories of referral.
- All the young people referred to the FWC Service in Section 77 cases were male.
- The families in these referrals had generally been known to the referring service for over five years (*see Table 4.5*).
- With regards to the placement, the young people were living at home in 58.8% of the

cases and in non-kinship care in 29.4%. This category of referral had the highest average number of children in the family, at 4.25 *(see Table 4.3)*.

- The average number of concerns was the lowest across all types of referral, at 3.8 (see Table 10.4), falling mostly in the category of neglect (87.5%). Child factors were predominant as factors contributing to concerns, with child substance misuse (56.3%) and child mental health being the most frequent risk factors (31.3%) (*see Table 4.15*).
- The goals for this type of referral aimed to *'identify supports'* and '*maintain the young people in the care of family'*.
- Among the most committed to the family plan were the fathers and young people themselves.
- The professional inputs were similar to previous categories and included probation services as a frequently appearing input.
- Family follow through was as low (57.1%, n=8) as in the child welfare referrals and the lowest among all types of cases.
- Professional follow through was quite high.
- As in the child welfare cases, the young people involved in these referrals had a 57.1% (n=4) rate of follow-through in full, the lowest across all categories of referral.
- The concerns improved in 42.9% of Section 77 cases, a proportion greater than the child welfare referrals but lower than child protection, alternative care and the statutory SCO cases.
- Similarly, the rate of new concerns being identified in this group was relatively high (42.9%), with only the child welfare referrals having more cases with arising new concerns (*see Tables 9.2 and 9.3*).

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