Findings and lessons from the evaluation of the NSW Family Group Conferencing pilot program

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Child Aware approaches conference

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Background

• Implemented by NSW FACS February-March 2011
• Implemented in response to Special Commission of Inquiry into Child Protective Services in NSW
• FGC operating in NSW since 1990s
• First time that FGC had been formally adopted by FACS
Key features of the FGC pilot program

- Implemented in 11 CSCs – 8 metro, 3 regional
- Consensual process
- Matters could not be referred if they were the subject of current Children’s Court proceedings
- Referrals were internally generated
- Facilitators were contracted by FACS but were NOT child protection workers
- Program underpinned by the UnitingCare Burnside model of FGC
Key differences between the FGC program and traditional child protection decision-making processes

• Family-centred process
• Community Services takes a ‘back-seat’ role
• Less formal and more flexible
• Community based facilities
• Attendance and contribution of the child/young person
• Facilitated by a neutral third party
Evaluation methodology

Process and outcome evaluation

- Interviews with parents and family members
- Consultation with key stakeholders
- Online survey of professionals involved in the program
- Conference observations
- Case summaries
- Review of good practice
- Analysis of administrative data
Referral of matters to FGC

- 59 referrals during the evaluation period (lower than anticipated)
- 44% of referrals involved ATSI families
- Each CSC that participated in the project made at least one referral to the program during the evaluation period
- 29 referrals (49%) proceeded to conference
Why were referrals lower than anticipated?

- FACS staff not confident referring matters
  - Lack of clarity around referral processes
  - Difficulty identifying suitable matters
- Family resistance to participation in FGC
- Lack of project knowledge
- Restrictive eligibility criteria – particularly an issue with the change from ROH to ROSH
- Timeliness of referral processes
- Narrow referral pathways
Reason attributed to the failure of referrals to proceed to conference (%)

- Family/young person did not consent: 40%
- Family/matter determined to be unsuitable: 35%
- Family circumstances changed: 13%
- Family agreed to suitable plan: 9%
- Other: 4%
Conferences held as part of the FGC project

• Conference preparation extensive, onerous and important
• Matters took 11 weeks to proceed to conference
• 45% of conferences involved ATSI families
• FGC processes more culturally appropriate than traditional case planning processes
• High levels of satisfaction with Facilitators and conference processes
• Family Time identified as important but, processes were seen as problematic in some cases
• All conferences involved some discussion around identifying supports for the family
Development, implementation and review of Family Plans

- 90% of conferences resulted in the development of a FP
- All FPs were accepted by FACS
- High levels of satisfaction with the content of FPs

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<thead>
<tr>
<th>Survey respondents who said ‘yes’ to the following statements</th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>Do you think the Family Plan had realistic goals and identified course of action?</td>
<td>18</td>
<td>100</td>
</tr>
<tr>
<td>Do you think the Family Plan met the 'bottom lines' identified by Community Services?</td>
<td>17</td>
<td>94</td>
</tr>
<tr>
<td>Do you think the Family Plan reflects the best interests of the child/ren?</td>
<td>16</td>
<td>89</td>
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Source: AIC FGC participant online survey data February 2012 [computer file]
Review of Family Plans

Proportion of actions identified in FPs that were partially or fully implemented by time of review

- 50% or less: 34%
- 51-60%: 22%
- 61-70%: 11%
- 71-80%: 11%
- 81% or more: 22%

FP goals that were achieved at time of review

- 1 goal: 33%
- 2 goals: 56%
- 3 goals: 11%
Impact of the FGC program on care and protection outcomes

• FGC families were no worse or better off in relation to:
  - substantiated reports
  - applications to initiate care proceedings
  - placement outcomes

• Higher proportion of FGC children were subject of a ROSH report following the reference date (75 cf 46%)

• Median number of days from reference date to first ROSH report was lower for FGC children (101 cf 262 days)
Caveats to keep in mind…

- Small sample size
- Limited follow up period
- Implementation challenges:
  - Lack of consistent and ongoing training for CS staff
  - Lack of clear understanding and agreement on ‘suitable’ FGC matters
  - Lack of clear understanding about who was responsible for Family Plans
Concluding remarks regarding the evaluation

• Number of positive findings but also identified a series of implementation issues
• Outcome evaluation findings did not provide a clear indication as to the impact of the program
• However…FGC was the only form of formalised ADR available to families who were not involved in the Children’s Court
• FGC is an important opportunity to resolve child protection matters and build support networks for families
• 19 recommendations for improving the implementation and operation of the program
Key lessons for the implementation and management of FGC programs

1. Build understanding of and support for FGC among professionals through ongoing training and education
   - Stakeholder uptake is important for any new program
   - Training and education was lacking in the FGC program
   - Lack of knowledge had implications for the referral of matters

2. Integrate FGC into traditional child protection decision-making processes
   - Lack of understanding among FACS staff as to where FGC ‘fit in’ with their everyday work
   - Family Plans – inform the case plan, implemented and monitored alongside case plans or prioritised?
   - Need to review options for integrating FGC into child protection processes prior to implementing the program
3. Ensure that Facilitators are perceived as neutral and external to the statutory child protection agency
   - Key principle for effective FGC is that Facilitators are perceived as neutral
   - Trust the Facilitator → Trust the process
   - Key strength of the program was that Facilitators were not FACS staff

4. Consider the appropriateness of involving Facilitators in the referral process at an earlier stage
   - Caseworker tasked with seeking consent of the family to participate in FGC, not the Facilitator
   - Main barrier for matters proceeding to conference was that the family did not consent
   - Facilitators very effective at securing the support and trust of families
5. Establish a clear understanding regarding ‘suitable matters’ among professionals

- Lack of consensus between FACS and Facilitators re. suitability of matters referred after final orders had been made
- May discourage professionals from making referrals
- Need for clear communication regarding the suitability of matters between professionals at the outset of the program

6. Acknowledge that FGC is not a panacea, but a way of moving forward

- Unrealistic to believe that FGC will resolve all the issues
- FGC about laying groundwork for future action, developing relationships and support networks
- Need to set realistic goals and manage the expectations of participants
Report available at www.aic.gov.au
Thank you!

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