

New approaches to child protection meetings

Bronwen Elliott, Patricia Kiely and Sue Tolley

While participation of parents in case planning in child protection is widely accepted as desirable, in practice both workers and parents are often left frustrated by the outcomes of child protection meetings. Two models of managing the decision making process are reviewed, Looking After Children (LAC) and Family Decision Making (FDM). Approaches to preparation, planning and management of conflict are highlighted. Strategies for facilitating parental participation are identified and can be applied more broadly to child protection meetings, to encourage more effective outcomes.

We acknowledge the contribution of the families who shared their stories with us whilst we were preparing this

Bronwen Elliott provides training, evaluation and program support services to government and non-government agencies, and has a particular interest in mobilising the strengths of families and agencies in partnership.

Patricia Kiely is the Manager of the Family Work Program at Uniting Care Burnside. This program provides family counselling, group work, Family Decision Making for disadvantaged families, and professional training throughout New South Wales.

Sue Tolley is the Director of Barnardos Auburn Children's Family Centre, a service which offers a range of practical support interventions to families under stress whose children are particularly vulnerable whilst ever these stresses remain or escalate.

In a recent article Karen Healy (1998) highlights the challenges faced by child protection workers seeking to engage in participatory practice with families. She notes the tensions that exist between facilitating the participation of parents in decision making, and ensuring the safety of children. Healy argues that neither child protection workers nor families are well served by models of participation which have little relevance to the reality of child protection work. Healy concludes that:

it is time for those of us who work, whether as researchers, theorists or practitioners in this field, to cultivate models of participation that struggle with, rather than retreat from, the specificities of child protection (Healy, 1998, p.912).

One aspect of practice where workers face challenges in facilitating participation is the child protection planning meeting. Both workers and parents report approaching case planning meetings fearful about what will occur (Farmer & Owen, 1995). Meetings are often marked by experiences of uncertainty, with participants finding themselves unprepared. Fear and anxiety can rapidly take over the meeting as a result. Participants can feel let down and angry when an event which they hope will resolve their concerns focuses on collecting information. When the content of discussion is analysed, often too much time is spent describing the current or past family situation, leaving insufficient time and attention to finding solutions and making decisions (Farmer & Owen, 1995). Participants report leaving conferences without

effective resolution of conflict, and without any sense of achievement.

This article details participation strategies being implemented by Barnardos and Burnside in NSW and ACT. By drawing on the experience of practitioners who have used Looking After Children (LAC) or Family Decision Making (FDM) in a child protection context, it is possible to identify ways in which participatory practice can be promoted more generally. A number of clients who had experienced older styles of case conferences were interviewed by the authors of this article as a way of exploring parents' ideas about making case planning meetings more effective. Their experience supported conclusions that can be drawn from reviewing the LAC and FDM models. Effective participation can be enhanced by following some basic strategies. These include consideration of the best time for the meeting for everyone, arranging an appropriate venue and child care, ensuring prior knowledge of agenda purpose, stating each party's 'bottom line' and allowing permission to disagree and have each other's view recorded.

The LAC program was developed in the UK in response to the realisation of the failings of their substitute care system. Research findings demonstrated in particular the long term consequences of inadequate educational and health services received by children cared for by the Government rather than by their family (Heath, Colton & Aldgate, 1994; Stein & Carey, 1986). Similar findings have been reported in Australia (Cashmore & Paxton, 1995). The LAC program is being implemented by

various agencies in NSW and ACT, and has also been used in Victoria. LAC provides a holistic approach to developing plans and recording decisions for children and young people in care. Regular meetings are integral to this approach.

FDM originated in New Zealand with the development of the Family Group Conference (Ryburn & Atherton, 1996). FDM has been implemented in various states in Australia (Ban, 1993). In New South Wales, Burnside family group conferences have been formally conducted over five years and evaluated independently (with more than 30 families). Although two quite different approaches, both these processes provide avenues for effective involvement of parents and significant people in the life of the child or young person. This article suggests that practices associated with these models can be used more generally in child protection meetings to invite more effective participation for all those involved.

LOOKING AFTER CHILDREN

WHAT IS LOOKING AFTER CHILDREN

Looking After Children (LAC) is a systematic approach to planning for children who, for any reason, can no longer be looked after by their own family. It is supported by well researched tools for assessment and record keeping. LAC is an attempt to respond to the numerous research findings that indicate children in the substitute care system are likely to be looked after poorly. Ad hoc decision making can result in children drifting in care, with little, if any, systematic attention being given to important details about the child's life.

The LAC process engages the child, their family and workers to plan together, ensures that important information is gathered and recorded, and leads to detailed systematic review and planning of the child's placement and care experience. Comprehensive monitoring, planning and decision processes aim to afford children in care the maximum opportunity for meeting their true potential.

What difference does LAC make to the meeting process?

LAC uses meetings to confirm plans with all relevant persons. Meetings provide for formal review of different stages of the total care process. LAC therefore is very prescriptive about the preparation of meetings - who should attend, how the agenda is decided, what records of meetings are kept and how they are distributed. The use of consultation papers for parents, children or young persons, and carers ensures that all these parties participate in preparing the agenda for meetings. The final agenda is circulated prior to the meeting to avoid any surprises and to allow all participants time to prepare their thoughts on issues that will be discussed

The distribution of the consultation papers and other material ensures that participants have a good deal of information prior to meetings. This facilitates the systematic identification of matters where decisions are needed, or intervention needs to be planned, so that nothing is overlooked. This also allows the focus of meetings to move from information sharing through issue identification, decision making and then finally to the development of a plan.

What difference does LAC make to the development of a plan?

LAC leads to the consideration of the full range of issues that affects a child/young person. Health, education, recreational interests, and contacts with family and friends all need attention and possible action between meetings. LAC separates clearly the overarching plan for the child (ie, the reason why they are in care) from the day to day arrangements and actions required. LAC may be used where children are in either temporary or permanent care arrangements. LAC supports the restoration process by ensuring that the planning is comprehensive, and that the focus remains on the needs of the child.

Children, family and carers are routinely involved in the formulation of care plans and review decisions. Their participation does not assume that all parties will agree with all aspects of a plan. All parties are asked to sign off on the details of the care plan and review decisions and to indicate at this point whether they agree or disagree.

Allowing parents the opportunity to disagree and to state why, is regarded as a matter of natural justice. Many children as they grow up want to see their records. It is believed that children are entitled to know how and why decisions were made about them. Another important aspect of the development of the plan is that responsibility for each action is stated explicitly. Each party is therefore accountable for carrying out designated tasks. All parties' performance can be readily reviewed.

How can LAC make a difference to the way conflict is recognised and addressed?

LAC makes practice transparent. As far as possible all participants, especially parents, know what will be discussed at the meeting, and should not be taken by surprise when various issues are raised. The LAC process ensures that potential conflict can be acknowledged and addressed sensitively prior to meetings if necessary. The more people understand about a situation, the less stressful they are likely to find it, and the better able they are to contribute to discussion.

Conflict can be fuelled not only by differences of opinion, but also where parents feel that they are being ignored, not respected, not understood and that they are powerless. The LAC process makes serious efforts to minimise such feelings. LAC recognises the importance of having experienced and skilful persons acting as meeting facilitators or chairpersons since there can be no guarantee that meetings will not provoke conflict.

FAMILY DECISION MAKING

WHAT IS FAMILY DECISION MAKING?

Family Decision Making (FDM) is a way of working with families where there are serious concerns about the care and protection of children. It aims to share power regarding the development of a plan for the child's care and well being, between the child, immediate and wider family, statutory authorities and other professionals. This plan is reviewed periodically to ensure that it continues to address the care and

protection concerns. The process recognises and respects the family's strengths and cultural context, and emphasises a clear understanding of community concerns about the child. The focus of FDM is on the family group conference where a plan is developed to address children's needs.

What difference does FDM make to the meeting process?

The child's immediate family members (and, where age appropriate, the child/young person) are asked whom they would like to attend the meeting from their wider family, support networks and professionals who may be able to offer relevant supports or services. The statutory authority's concerns about the safety of the child, the kinds of decisions to be made and the desired outcomes are stated clearly to everyone from the beginning of the process. All formal assessments need to be undertaken and discussed with the family prior to the meeting so family members have time to digest the implications and consider their options.

A neutral facilitator organises and chairs the meeting. This means the family can use the facilitator as a sounding board prior to the day of the family group conference without fear that their comments will be held against them. The facilitator keeps the family informed throughout the process of organising the meeting. As well as sending out invitations, the facilitator briefs those invited to the meeting about the meeting process, and identifies any issues that may need to be addressed before the meeting takes place. Meeting preparation also includes organising child care and arranging a convenient time and venue where family members feel comfortable. At times this is the family home. An advocate or support person for any family member may also be arranged. Food fitting with the family's cultural background is provided, and is important in setting the

There are three stages to FDM. During the first stage the statutory authority staff and other professionals present information explaining their concerns about the care and protection of the child, and the supports that they may be able to offer to the family. The facilitator ensures that information is

presented in a way that the family can understand, using everyday language and avoiding jargon. The presentation includes an acknowledgment of the family's struggles and their strengths. Family members and other professionals are encouraged to ask questions of workers sharing information which means that professionals need to be able to explain their ideas clearly. The tone of the meeting is relaxed and respectful.

... LAC and FDM increase the accountability of all participants, including parents, for the decisions which have been made.

In stage two, the family has time alone to look at key questions which the faciltator has prepared. These questions cover the concerns which have been raised in stage one, and which will need to be addressed by the plan which the family is then given time to create together.

In the final stage the family calls back the statutory workers and the facilitator to discuss the plan and to check that all the care and protection needs of the child have been addressed, that responsibilities are clearly allocated, and that everyone agrees. The statutory authority is responsible for ratifying the plan in relation to the child protection issues and identified needs. The whole process takes 4-5 hours.

What difference does FDM make to the development of a plan?

The meeting process emphasises that this is the family's meeting, and the family's plan. Everything is planned around the family, and discussion between workers alone is not encouraged. Because so much time is spent in preparation with the family prior to the day of the conference, family members are able to identify concerns and questions in advance, and are well informed about the relevant concerns and the available supports when they start working on the plan.

The whole process uses language accessible to the family, and values the family's knowledge and expertise. By the time the relevant information has been shared during the first stage of the meeting, the needs of all the parties will have been identified and can be taken into consideration.

Most significantly the family is trusted to develop the plan, and it is set out in their own words. The plan may be time limited so the family can work with what family members feel is possible in the immediate future. As long as the child's care and protection needs are met, any option can be considered, so the family can be creative and think laterally. At the same time it is important that no one in the family is under pressure to do something they feel they cannot manage. The family knows before they start what support they can expect from agencies, and this is built into the plan.

How can FDM make a difference to the way conflict is recognised and addressed before and during the meeting?

Because of the emphasis on preparation, it is expected that most potential conflict will be identified and explored by the facilitator from the beginning of the process. By visiting family members before the meeting the facilitator can identify conflicting or covert agendas, and develop an understanding of the way the family works. By modelling open communication and building trust with the family and in the FDM process, the facilitator sets the stage for effective identification and resolution of conflict.

The family members are encouraged to put aside their adult conflicts during the meeting so that the focus of the meeting is on the child's needs, and so that all family resources are potentially available for the child. The facilitator's role is to make sure everyone has a say and feels safe.

IMPLICATIONS OF LAC AND FDM FOR CHILD PROTECTION MEETINGS

LAC and FDM are particular approaches which require access to resources and agency commitment. Nevertheless strategies used in these

models can be implemented by anyone with responsibility for running child protection meetings.

Key practices which make a difference to the effectiveness of child protection meetings include a strong focus on the following areas.

Preparation and planning

The experience of LAC and FDM suggests that good preparation is essential for effective meetings. This means identifying clearly the purpose of the meeting, inviting relevant participants and encouraging them to come prepared. Good preparation also means that potential sources of conflict are often identified beforehand and addressed.

Families benefit from worker preparation because this reduces the possibility that they will be confronted during a meeting with totally new information. Parents are able to participate much more effectively if they have a clear understanding about why the meeting is being held. Even where they disagree with information that is presented to the meeting, having time to think beforehand will make it more likely they will hear what is said, and be able to express their point of view.

Clear information about children's needs and safety

Doubts are sometimes expressed that the presence of families at meetings may result in plans that do not adequately address the safety of children. However the experience of LAC and FDM demonstrates that it is possible to involve families in meetings in respectful ways without compromising child safety. When meetings are dominated by a fight between participants, it is harder for all participants to express and hear concerns. Meetings are less likely to become fights if all participants, including parents, are prepared, information is presented clearly, and they are treated with respect. Respect is encouraged through a focus on the child's needs and safety issues, rather than blame or judgement of parents.

Facilitation

Both LAC and FDM benefit from the presence of a facilitator whose role is to

ensure that adequate information is presented and everyone is heard, to summarise issues and to assist participants to develop their own plan. This can be a difficult role for a worker to play when they are also responsible for service delivery or management issues. While there may be practical barriers to routinely engaging an external or independent chair for child protection meetings, this strategy may be particularly valuable where there are concerns that conflict within the meeting will undermine the outcome.

Clear statements of reasons for decisions

LAC respects the right of both parents and children to be provided with clear written statements about decisions concerning them. Their agreement or disagreement is proactively sought (as previously described) since it is important information for the child to know now or later in life. In FDM parents and family create the action plan and therefore can ensure that the plan makes sense to them both. In both models workers also benefit from having to state their decisions in clear, simple language. Adopting this expectation would be a positive outcome for child protection practice in general. Hopefully children will also benefit in the future by being able to see on file not only what decisions were made, but also what the reasons were behind them.

Active involvement of parents in planning

Planning for parents is much less likely to be successful than planning with parents. LAC and FDM show that parents can contribute ideas to the planning process when space is made for them to do so. Like anyone, parents are more likely to follow through on a plan they have been involved in making than comply with directions given by someone else. This is particularly important when children are to remain in, or return to, their parents' care.

Accountability

By ensuring active participation by everyone who is responsible for implementing the plan, together with comprehensive documentation of the plan, LAC and FDM increase the accountability of all participants, including parents, for the decisions which have been made.

SO MUCH TO GAIN

This article identifies aspects of practice which are evident in LAC and FDM, but which can also be applied more broadly to child protection meetings conducted outside the LAC or FDM approaches. It is our experience that using these strategies ensures that family members are more likely to understand why concerns are held for the safety and well being of children. Because they have been involved in making plans, they are better able to understand and follow through on their commitments. These processes also ensure transparency in decision making, and greater accountability from service providers.

Given that most children for whom there are care and protection concerns will ultimately either remain in or return to the care of their families, it would seem that we have little to lose by taking steps to enhance participation by parents and therefore their commitment to plans developed at child protection meetings. On the other hand, there appears to be plenty to gain from drawing on strategies which are demonstrated in LAC and FDM.

REFERENCES

- Ban, P. (1993) 'Family Decision Making: The model as practised in New Zealand and its relevance in Australia', Australian Social Work, 46, 23-30.
- Cashmore, J. & Paxton, M. (1995) Wards

 Leaving Care A Longitudinal Study, NSW

 Department of Community Services.
- Farmer, E. & Owen, M. (1995) Child Protection Practice: Private Risks and Public Remedies, HMSO.
- Healy, K. (1998) 'Participation and Child Protection: The Importance of Context', British Journal of Social Work, 28, pp.897-
- Heath, A., Colton, M. & Aldgate, J. (1994) 'Failure to escape: A longitudinal study of foster children's educational attainments', British Journal of Social Work, 24, pp.241-
- Ryburn, M. & Atherton, C. (1996)'Family Group Conferences: partnership in practice', Adoption and Fostering, 20, pp.16-23.
- Stein, M. & Carey, K. (1986) Leaving Care, Oxford, Blackwell.