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Report on the Implementation of Family Group Conferencing with Aboriginal Families in alice springs

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Executive Summary

With funding from the Transforming Alice Springs initiative, the Department for Children and Families (DCF) have established family group conferencing (FGC) for families of Aboriginal children where abuse and neglect has been substantiated to reduce the need for child protection matters to be determined through court processes. The project operates in Alice Springs and is being adapted from New Zealand and Australian models. The model aims to put decision making around child protection concerns in the hands of the child's immediate and extended family, providing resources for the implementation of a Partnership Plan with the family.

The initial pilot of the FGC model in Alice Springs was a collaborative project between the then Northern Territory Families and Children (NTFC) and the Community Justice Centre (CJC), with the former agency responsible for project management and facilitation of FGC processes within NTFC, and CJC responsible for the delivery of FGCs to families in the child protection system. At this time, Menzies School of Health Research's Child Protection Research Program was engaged to conduct an evaluation of this model of FGC. The role of the Menzies evaluation team was later changed to include the provision of support in the implementation of a different model of conferencing, in which the Department of Children and Families delivered FGCs in Alice Springs. This report describes the role of Menzies throughout this process and reports on the implementation of FGC in both of these models, with a particular focus on implementation of the current FGC model in Alice Springs. The report has been collated using information collected during the course of Menzies' involvement with the FGC pilot including minutes of meetings, referral and conference data, survey and focus group information, implementation support activities, and program materials.

After a slow beginning, the Family Group Conferencing Pilot in Alice Springs has developed momentum with a fully staffed team receiving 28 referrals to the program between October 2011 and April 2012. Sixteen conferences have been convened involving 97 family members of Aboriginal children. In addition, the DCF staff and the implementation team have developed a number of resources (forms, templates, training modules, DVD, manual and implementation tools) to support the continued roll out of the program in Alice Springs and more broadly across the NT.

The implementation of the current FGC model, based in DCF, has been facilitated by a number of factors:

- the commitment of the FGC Care and Protection Policy Division to high quality standards and delivering a service to families
- the development of an implementation support team with a concentrated focus on implementation drivers and strong project planning to drive the program forward
- the recruitment of a high calibre team of Aboriginal and non-Aboriginal staff to the FGC unit with knowledge, skills, experience and networks to deliver FGCs to a high standard and in a timely fashion
- the role of administrative support in setting up systems and processes to improve workflow and accountability
- the support of the funding body, the Alice Springs Transformation Plan, and project management staff with a commitment to providing family decision-making in Alice Springs

This pilot of FGC has provided evidence that FGCs can be convened in a timely fashion with Aboriginal families in Alice Springs. Anecdotal feedback from participants has highlighted the high levels of satisfaction with conferences convened to date and the potential transformative power of FGCs. Of key concern is securing ongoing funding of the program which will allow for the evaluation of outcomes from FGC processes, and of situating the program so that it maintains its independence from other units with DCF.

To avoid distortions of the model which may reduce its potential effectiveness it is essential that any NT-wide roll out of FGC includes sustained, centralised implementation monitoring and support mechanisms (e.g., through a DCF Divisional Branch with NT-wide oversight and service capacity) which utilise the policy, practice and implementation expertise garnered through this pilot program.

Chapter 1. Background

Aims and purpose of the report

With funding from the Transforming Alice Springs initiative, the Department for Children and Families (DCF) have established Family Group Conferencing (FGC) for families of Aboriginal children where abuse and neglect has been substantiated to reduce the need for child protection matters to be determined through court processes. The project operates in Alice Springs and is being adapted from New Zealand and Australian models. The model aims to put decision making around child protection concerns in the hands of the child's immediate and extended family, providing resources for the implementation of a Partnership Plan with the family.

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Background

The Northern Territory has seen substantial increases in child protection notifications and *investigations* over the past five years.[1] In 2009-10 the Alice Springs Regional Office of the Northern Territory Families and Children (now DCF) received over 1500 notifications (approximately 25% of the total number of notifications in NT) of child protection concerns.[2] Of the 4,718 individual children who were the subject of a notification in the NT in 2009-10, over three quarters were Aboriginal children, by far the largest proportion of children in any Australian jurisdiction.[2] The NT also had the highest rate of children on care and protection orders in Australia (9.2 per 1,000 children compared to the national average of 7.0 per 1,000 children).

As with other jurisdictions in Australia, the demand for services for vulnerable and at risk children and young people is far outstripping service provision. Child protection services are overwhelmed with practitioners managing high, complex caseloads, spending excessive time in court or completing paperwork rather than actively working with children and their families.[2] There are also concerns about the removal of Aboriginal children from their families and communities, and the absence of family-based or community-based approaches for responding to abuse and neglect and preventing future harm.

FGC, *originating* in New Zealand, was developed as a family decision-making model to promote the wellbeing and safety of children involved with the child protection system.[3] FGC aims to empower families by increasing the capacity of the family, family groups and their community to make choices, in partnership with the statutory organisation, and transform these choices into action to keep children safe and promote their wellbeing. The FGC model, in itself, aims to redress the power imbalance in child protection matters by providing an alternative forum where families are active participants in the decision-making process. FGC principles are based on collective responsibility, mutual responsibility and shared interest. The process emphasises the importance of kinship, extended family and community connections in finding solutions and implementing plans that support the safety and wellbeing of the child.

The Family Group Conferencing Pilot in Alice Springs represents the implementation of a key section of the *Care and Protection of Children Act 2007. Division 6 s48-49.* This section relates to Chief Executive Officer (CEO, NT DCF) arranged mediation conferences as a model of decision making in child protection proceedings. A Mediation Conference is a service that the Department of Children and Families *may* offer Families for a protected child. The object of a Mediation Conference is *"to ensure that, as far as possible, the wellbeing of a child is safeguarded through agreements between the parents of the child and other interested parties".* A Mediation Conference can be convened if (*Care and Protection of Children Act 2007 s 49)*:

a) *concerns have been raised about the wellbeing of the child; and*

b) *the CEO reasonably believes the conference may address those concerns; and*

c) *the parents of the child are willing to participate in the conference.*

The purpose of the Mediation Conference is very broad and ranges from making arrangements for a child:

- when a notification has been substantiated (child remains at home with child protection intervention);
- when an order is being considered;
- when an order is already in place (but there are still decisions to be made);
- when a child is in foster care (short or long term) but a family placement is being considered;
- when an order is being discharged; and
- when an older child is leaving care and will be living independently.

In December 2009, funding of $969,000 was secured through the Alice Springs Transformation Plan to establish a pilot of an Indigenous Mediation Conference Service for 30 months in Alice Springs, using a Family Group Conferencing (FGC) model. In this context, a Family Group Conference (FGC) is a family decision making model between the family, family group, their community and the statutory agency with an independent facilitator.

Family group conferencing includes a number of well-defined phases: the referral of families, the preparation phase, the different stages of the conference (information sharing, private family time, agreeing the plan) and, plan implementation and review. In this model, a successful conference

results in a Partnership Agreement that must ensure the care and protection of the child, that is an agreement between the parents and other "interested parties", and that must always include DCF. The Partnership Agreement is then incorporated into the child's case plan or care plan.

Since its inception, FGC has been developed and implemented in a number of Australian jurisdictions *and* internationally [4-6]. The FGC model (and associated models of family decision-making) has spread widely because of the ideological appeal of family decision-making models. This includes the promotion of families' rights to participate in decision-making about their children, and children's rights to have involvement with their family,[6-8] the congruence of the model with the Aboriginal Child Placement Principle[1], participant satisfaction with the elements of the model, and the perceived adaptability of the model to different contexts.[5]

To date, most of the research on family group conferencing has focused on the process of the conferences rather than on long term outcomes.[9] Process evaluations have focused on examining the main phases of family group conferencing as well as characteristics of participants and concerns, and participants' experiences of and satisfaction with conferencing.[10] Despite the variability in design and methodology of these evaluations, all show family satisfaction with the conferencing process, that conferencing generally results in the development of an accepted plan for the child's care and safety, and limitations in the implementation of plans with poor resourcing and monitoring of plan implementation being seen as partly responsible.[8] What is less clear is how family group conferencing relates to longer term outcomes for children and young people and of the optimal models of conferencing for the families of Aboriginal children and young people.

The Role of Menzies School of Health Research

The Child Protection Research Program at Menzies School of Health Research was formally contracted by NTFC (now DCF) in October 2010 to develop an evaluation framework to assess the delivery and outcomes of the pilot of FGC in Alice Springs. The evaluation team worked closely with DCF and the Advisory Group to develop a formative evaluation strategy which was approved by the Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research and the Central Australian Human Research Ethics Committee. The evaluation team also developed a successful submission to the Australian Research Council (ARC) Linkage Project scheme in November 2010 to further examine the provision of implementation support for families and workers to optimize outcomes for children and families involved in Family Group Conferencing.

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[1] The Aboriginal Child Placement Principle (ACPP) is documented in the *Care and Protection of Children Act 2007*, which legally requires DCF to place Aboriginal children in the care of Aboriginal people wherever possible. Equally as important, it upholds the rights of the child's family and community to have some control and influence in decisions being made about their children. The ACPP prioritises the placement options that should be explored when an Aboriginal or Torres Strait Islander child is placed in care. They are in order of priority as follows:

- with a member of the child or young person's family
- with a member of the child or young person's community or language group
- with an Aboriginal person or Torres Strait Islander person that does not have a familial or kinship relationship to the child.

If a child cannot be placed with any of the above people, alternate placement choices can be made. Other options then include placing the child with a carer who is not Aboriginal but is considered by the CEO to be capable of promoting the child's ongoing affiliation with the culture of the child's community (and, if possible, ongoing contact with the child's family).
Wherever possible, Aboriginal or Torres Strait Islander children should be placed with carers who live in close proximity to the child's family and/or community.

A two stage evaluation process was proposed for the evaluation of FGC in Alice Springs by Menzies:

- stage 1: (November 2010-October 2011) This phase of the evaluation project will use a participatory action research framework to inform optimal service development, giving Aboriginal families a voice to highlight what works well and what can be done differently to support them and their communities to raise healthy, strong children. This stage would also assist in the design of Stage 2 including the acceptability of measures and methods.
- stage 2: (July 2011-June 2013) This phase includes a quasi-experimental, multiple group comparison mixed method design to compare the process and outcomes of the family group conferencing model with existing case planning methods. This stage is dependent on the funding provided by the Australian Research Council Linkage Scheme, made possible with DCF's commitment to provide additional funding as a requirement of the grant.

By March 2011, conditional ethics approvals had been obtained from both ethics committees for the first stage of the research. Due to delays in the pilot project, in June 2011 DCM requested that the evaluation team change their role significantly from evaluators of the pilot to providing implementation support for the project. During this period, the funding arrangements for the project changed, with DCF, rather than CJC, becoming the agency responsible for delivering the service to families. This document is a report on the implementation of the pilot of FGC in Alice Springs, rather than an evaluation of the initiative. The role of Menzies in providing implementation support will be described in more detail later in this report.

Chapter 2. The Initial Phase of the Family Group Conferencing Pilot Model in Alice Springs

While this report predominantly focuses on the implementation of the model since Menzies has been engaged in the role of providing implementation support, this section provides a brief description of the initial implementation of the model before this time. For additional detail on this, see the 12 Month Progress Report on the Project Management Plan submitted to the Executive Director of the Alice Springs Transformation Plan, which was prepared by Elizabeth Flynn, Coordinator of Family Group Conferencing and Project Manager, DCF in April 2011.

The initial service configuration

Initially the model for the FGC pilot in Alice Springs included a Coordinator from the then NTFC (now Department of Children and Families; DCF) and an Aboriginal Convenor from the Community Justice Centre. The Community Justice Centre operates under 2005 Legislation which describes its role in terms of mediating, a code of conduct and confidentiality which supported the implementation of FGC as the mediation model in the NT. In this phase, it was noted that the FGC Coordinator, NTFC Caseworkers and CJC Convenors were primarily responsible for FGC implementation.

An MOU between CJC and then NTFC was signed which identified the respective roles of staff involved in the pilot.

The role of the CJC Convenor was described as:

- ensuring the family understand the purpose of the conference;
- negotiating the time, the place of the conference and who should be invited invitees;
- facilitating the conference (FGC model); and
- writing up the Partnership Agreement

The role of the FGC Coordinator was described as training, educating, supervising and liaising with DCF caseworkers, team leaders and the managers on:

- the application of FGC principles;
- appropriate referrals;
- presentations at conference;
- implementation of Partnership Agreements;
- resources; and
- the Coordinator also attends the Mediation Conference.

In addition, the Convenor and Coordinator may work together on training, home visits, evaluation, complaints and meetings with other professionals.

It is also important to note that the FGC Coordinator based with NTFC had been working for 18 months prior to receiving the funding from the Alice Springs Transformation Plan, studying different family decision making and conferencing models for their applicability in the NT context. Through

her work, the funding allocation from the Alice Springs Transformation Plan and NTFC was achieved, the model of family group conferencing was identified and the Alice Springs FGC Advisory Group was established.

Regulations for CEO-ordered mediation conferences were gazetted on the 12th May 2010, however there were significant delays in obtaining a commencement date which was not gazetted until the 18th August.

In order to facilitate children's participation in FGCs, potential child advocates were engaged and trained in September 2010 by practitioners with extensive experience as Child Advocates from other jurisdictions. There was positive evaluation feedback from this training and requests for further training were made.

In December 2010, NTFC provided additional funding for an administrative position to support the FGC pilot in Alice Springs. This role of this position included preparing FGC materials including forms, templates, reports, and providing administrative systems support to the project.

Other personnel, such as co-convenors, cultural brokers and a consultant to provide professional support for the convenor were engaged throughout this phase of the pilot. The role of the cultural broker was deemed particularly important by the Aboriginal Convenor because of the role of language, knowledge of the community, knowledge of government systems and the ability to walk in both Aboriginal and non-Aboriginal worlds. In Central Australia there are 13 different languages and families involved with the child protection system may speak English as their fourth or fifth language. The words commonly used with families such as "engagement", "attachment", "protection", may not have any meaning for clients or may have different meanings.

In addition, the NTFC/DCF Remote Aboriginal Family & Community Program (RAFCP) were engaged where available to assist with the FGC process, e.g. transport of family members to conferences, delivering documents and messages to family members in communities. RAFC workers are also accredited interpreters.

Over a four month period, a consultant provided weekly supervision with the Convenor and assisted in preparation for conference, providing observation and feedback, preparing scripts to assist in the convening of conferences and assisting with questionnaires for meetings with family and DCF workers. Reports were provided to the FGC team and the funding body about this work.

Other professional development activities in this initial phase of the pilot included attendance at meetings, and conferences (including as presenters) such as:

- meetings with Victorian Courts and Tribunal Unit with Justice;
- meetings with Victorian Legal Aid Dispute Management Centre (including 2 Victorian DHS workers);
- meetings with Paul Bann who has published many article on Family Group Conferencing; and the President of the Children's Court and one of the Mediators to find out more about what they did for Court Ordered Mediation;

- attendance at the National Mediation Conference, held in Adelaide 6th to 10th September 2010, at which the Convenor presented retired Judge Albie Sachs with a traditional painting about community engagement in the mediation process;
- meeting with Judge McEwan from the Children's Court in Adelaide; and
- symposium presentations at the AIJA Child Protection in Australia and New Zealand Conference in Brisbane in May 2011
    - A model for Mediation Conferences for Aboriginal Child Protection Matters in the NT (Maureen Abbott and Elizabeth Flynn);
    - Wetyeke Ketyeyeka Ngketa: hearing Children's' Voices (Deborah Noll, CAALAS); and
    - Learning by Doing: Evaluating the FGC Pilot in Alice Springs (Fiona Arney and Kate McGuinness).

The role of the Advisory Group

The initial implementation of FGC in Alice Springs was supported by an Advisory Group which included representatives from community controlled organisations (Central Australian Aboriginal Congress and Tangentyere Council, Central Australian Aboriginal Legal Aid Service) and other NGOs (Relationships Australia, Anglicare, CatholicCare, NT Legal Aid Committee) from Alice Springs, as well as the funding partner (DCM, auspicing the Alice Springs Transformation Plan), the project partners (the former NTFC and CJC), the evaluation team (Menzies School of Health Research) and the NT Children's Commissioner. The Advisory Group was supported by terms of reference and convened monthly from June 2010 to August 2011, with David Ross from DCF as Chair.

The terms of reference described the role of the Advisory Group as:

a. providing advice on key issues arising from the implementation and running of the mediation conference service;
b. assisting in the evaluation of the program;
c. providing a forum for developing an understanding of the projects processes, activities and outcomes; and building collaboration processes;
d. promoting best practice through critical reflection as a way of problem solving and promoting best practice;
e. being an active participant in the design conduct of the project; and
f. supporting the community engagement process.

Members of the Advisory Group also formed a subcommittee to support practice in the FGC model through practice group meetings in which advice and support was given to the Convenor. A member of the Advisory Group also presented with project staff and the evaluation team at the Australian Institute of Judicial Administration Conference in May 2011 (described above).

A review of the Advisory Group was conducted in May/June of 2011 and is described later in this report.

Program logic

To support the initial pilot of FGC in Alice Springs, a program logic (see Figure 1) was developed by the Menzies evaluation team through a literature review, meetings with FGC staff, a meeting of the Advisory Group held on 12th August 2010, and a review of program documentation. From these sources, it was possible to determine the target group, goals of the program, and short and long term outcomes. This was put into a logic framework which is intended to be a 'living document' which is reviewed after each stage of the evaluation process.

> *The logic model is a roadmap for program goals and objectives, but also serves as a framework for ongoing monitoring and continuous quality improvement….Once a logic model is established and put into action, continuous quality improvement efforts are necessary to test whether the logic model is working and if not, to identify what adaptations are needed…Utilising evaluation data to measure progress towards meeting goals as outlined in the program's logic model is an important and necessary step to ensure program improvement and sustainability.*[11]

The logic model emphasises key principles of the FGC process, as well as assumptions made about FGC which could be tested as part of the piloting of FGC with Aboriginal children and their families in Alice Springs. These included:

- that FGC processes will shift the balance of power to families and communities, and that families will feel listened to and respected, however this relies on the process being voluntary and professionals being supported by their organisations in respectful, flexible and trusting ways;[8] [12]
- family involvement may increase the social worker's capacity to implement plans in practice when there is a partnership approach adopted by professionals and families;[8]
- the engagement and facilitated participation of children in the FGC process signals that they are valued, important and are being listened to, but care must be taken to ensure that children's voices aren't lost in a process that involves many adults and that children's participation doesn't involve risks to their wellbeing;
- the strengths of having Aboriginal convenors are manyfold and include greater likelihood of locating and engaging extended family members, building trust, providing guidance on cultural and family customs, assisting in communicating concerns and outcomes needed for addressing the concerns (also in Aboriginal languages and Aboriginal English), providing an understanding of family dynamics, and an awareness of Aboriginal service providers;
- Partnership Agreements developed from FGC processes will be more comprehensive and more realistic than traditional case plans because more people contribute their perspectives and resources, and family members know whether relatives will deliver and family members can say whether something will work or not, however the quality of information sharing is crucial to the family's ability to develop appropriate plans which are acceptable to professionals;[13]
- the outcomes of a conference will depend on organisational system factors such as having the time for effective case planning and relationship building; and the autonomy of workers to make or endorse decisions made.[14] Organisational factors such as caseloads, time constraints and unsupportive work environments are barriers to participatory practices;

- FGCs may develop collective efficacy, provide social support/social capital[15] and collective accountability.[12] FGC processes may also in provide leverage and motivation for parents to seek help for long term problems such as substance use.[12] But it is important to note that the process might not work for parents who feel alienated from their families or who grew up in care and connections with extended family members are not strong; [12]
- FGC can lead to improvements in communication between families and child protection agencies[12], because families develop a greater understanding of their involvement in the process and reasons for child protection involvement. Provides additional insights into the risks that face a child and times when additional supervision or support might be necessary. Honest and transparent information sharing means that common understandings developed and misunderstandings addressed; and
- the potential effectiveness of FGCs will be affected by the degree to which Partnership Agreements are implemented – if this implementation is not supported and monitored, then this is likely to lead to adverse outcomes including re-notification and child removal. Results from FGCs will only be observed if there are high quality services and supports to refer families to.[7]

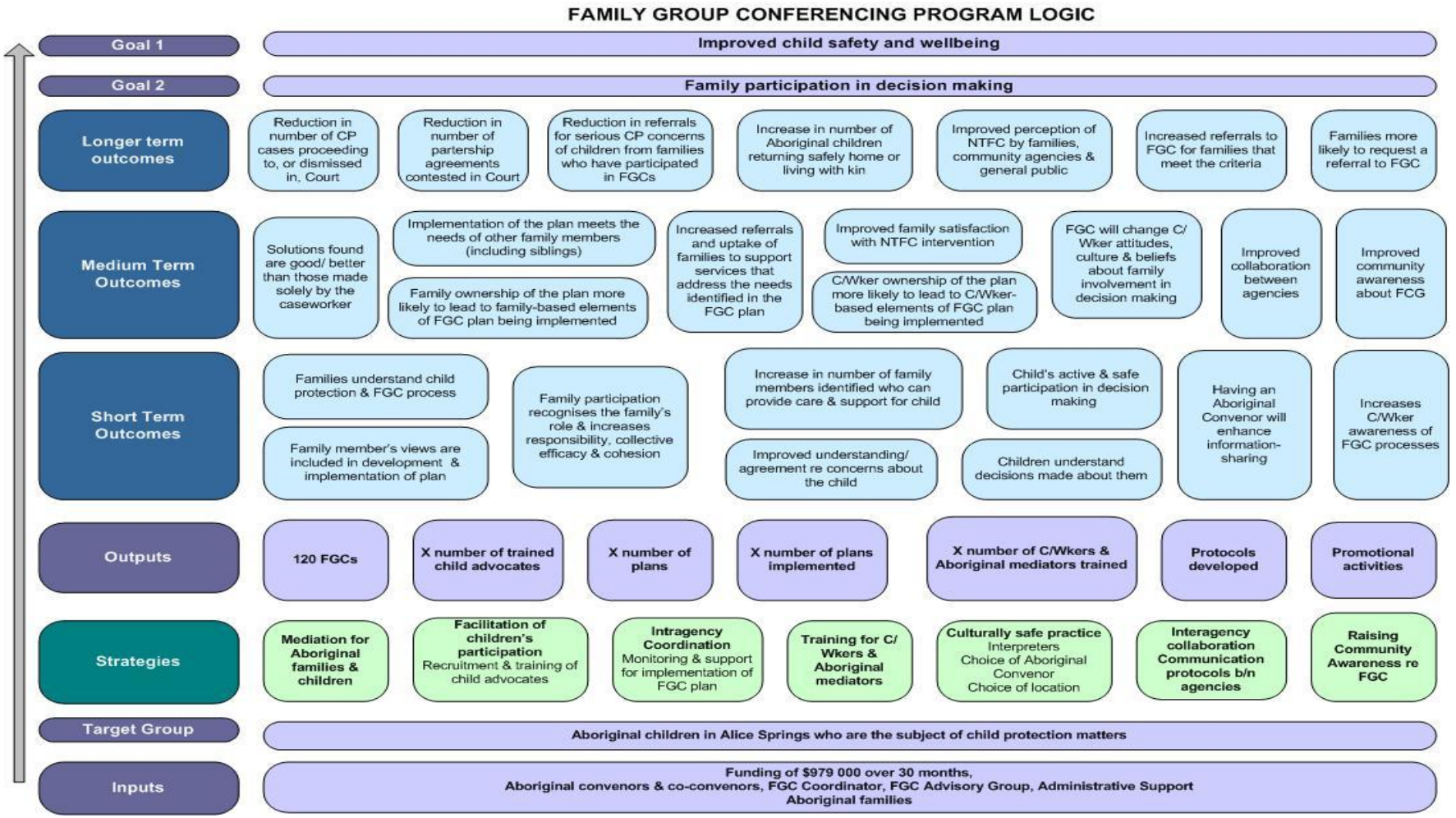


Figure 1. Program logic developed for the first phase of implementation of FGC in Alice Springs

Chapter 3. Implementation review

In reflections on the FGC process, FGC Convenor and Coordinator identified signs of positive participation for family members:

> *It was really good because the families would come to the meeting and they would be really keen in sitting down and listening to the Child Advocates for example, or other people who we invite to the meetings, to talk about the children and what's happening in their lives and how they're feeling and just to hear that, after having those children in care for a while, and just having the access visits while they're in foster care. They were really keen and the smiles on people's faces or sometimes we'd have photos of the children and be very child focused, so it's interesting times and very challenging for families…I think it brings back families to reality too, when we're in those meetings and of course we're not sitting down doing them in English, we talk a lot of language and because it's done in our own language that makes a lot of difference.* FGC Convenor

> ***That was really successful with the little girl. The Department started off, she hadn't been removed for long, like she'd had two other siblings that had been removed from birth and when you talk about success, it's about 'What do you mean by success?' The first time we met with them in a conference the mother was like that on the table and said nothing; the rest of the family pushed themselves up against the wall and were a bit hostile towards the Department, and after the third meeting...*** *Yeah, after the third meeting Mum was sitting up there with her hands folded and really taking everything in, or trying to take everything in and why I say that is, there is still language barriers there but she seemed to have come a long way from that very first meeting where she was sprawled over the table, to sitting up and listening to the caseworkers talking about the concerns and I think because she was more involved in the period before we had the meeting, the official meeting, she sort of had an understanding about what was happening and when I go out and I talk to families I really go through what these concerns are in language and really interpret it in real plain English. When we're talking about best practice and models and things like that we're looking at really simplifying the languages in, you know, the invite letters for example we send out. Working on the manual to make sure that the Aboriginal perspective on child rearing and that is going to be captured.* **FGC Coordinator** and FGC Convenor

> *And you know around language barrier too, the way I'll go and sit down and talk to families too, I will say, 'Okay then, Nana you wanted to be able to see your grandchildren every fortnight, it means that you're living in this little town camp over here, that's your accommodation and in town here is where the access is going to happen, so what you actually have to do is try and make those access visits on your payday which is every fortnight and on that particular day you will order yourself a taxi to pick you up from the town camp, and then you will go in to have your access visit over here with your grannies and then you get yourself home, instead of relying on other service providers'. So, it's about empowering family, making them face up to their responsibilities as well and not just waiting on someone else or other service providers to help people out to get them from A to B.* FGC Convenor

Implementation concerns

Concerns about the progress of the pilot project were raised by the funding body, DCF and CJC. In the seven month period between the commencement date in August 2010 and March 2011, only four referrals from DCF had been received by CJC. Conferences were convened for these referrals, and some conferences had progressed to review meetings, although dates for these meetings had been deferred. In February 2011 it was noted that the project was well under the set target with regards to conducted FGC meetings, and the option of employing an additional mediator was explored. Attempts were also made to increase the rate of referral from DCF, however without additional convenors there was fear of building expectations in caseworkers about conferencing that could not be met.

The literature has highlighted that FGC processes can at times receive a low rate of referrals because of time constraints (high workloads/turnover/training and new legislation), risk aversion, fear of increased workload and a lack of support for the process (distrust of family and fear of loss of power). Referrals are likely to increase over the life of the project, as confidence increases – enthusiasm for the project is related to referral, as are critical views of current approaches.[16]

The 12 month progress report prepared by DCF for the Alice Springs Transformation Plan highlighted delays in the process and proposed that the model take on a new configuration. To this end, the Menzies evaluation team was approached to facilitate a meeting in April 2011 between staff from DCM, DCF and CJC to review the impediments to progress, to determine a new model, and to assess the stages and drivers of implementation that may have led to delays in the initial phase and which could be rectified through intensive implementation support.

An agreement was reached to rework the funding model and put an urgent proposal to DCM/ASTP for consideration. The new proposal was to include: Staffing in the new proposal comprises of a Senior Convenor, a Convenor, an Aboriginal Co-Convenor and an Admin Support person. the proposal of a new project launch date of 01/07/2011; details of a clear project management plan; and an implementation team to drive and monitor the project.

In the first week of July 2011 DCM/ASTP announced that funding as it stands for the FGC project had been withdrawn. DCM varied the funding for the FGC project, with the project to be run as a separate unit within DCF.

During this period, Menzies was also asked to complete a review of the Advisory Group process to determine the strengths and weaknesses of the model and determine the next steps for the Group.

Advisory Group Review

The Menzies evaluation team contacted members of the FGC advisory group to arrange face to face audiotaped interviews to review the Advisory Group and the progress of the pilot. Interviews were arranged with 11 members of the advisory board in Alice Springs & 3 members in Darwin. The Alice Springs interviews were conducted aver a 2 day period and the Darwin interviews were conducted a week later. The confidential interviews focused on the role and functions of the Advisory Group, the provision of information for the meetings, the venue and attendance, the membership and chairing of the group, and participants thoughts about the progress of FGC and advisory group mechanisms to support model roll out across the Northern Territory.

Positive feedback about the Advisory Group process was received with regard to the high level of expertise the members bring to the meetings and their strong commitment toward the project. The advice provided by the Advisory Group members was seen as highly valuable, with the Advisory Group perceived as a panel of experts by project management. Most members valued the experience of being part of the Advisory Group, and appreciated the opportunity that regular meetings provided to discuss matters face to face. In particular the professionalism of the Chair and the role of the Administrative Officer were noted as key factors facilitating the smooth running of meetings, and members clearly identified improvement in processes put in place after the Administrate Officer commenced. With the exception of their community engagement function, which was limited by the slow progress of the pilot, members stated that they were able to carry out the functions as identified in the terms of reference, including providing support for the evaluation process.

In identifying what could be done differently, a number of members of the Advisory Group thought that more use could be made of the expertise within the group. This could be facilitated by Advisory Group meetings focusing on specific issues and proactive problem solving instead of project reporting or having an administrative focus. Examples of this were given in relation to subcommittees that were formed regarding the evaluation, the development of training for child advocates and the formation of a practice advice group. It was also noted that there should be regular involvement of DCF Operations staff to be able to facilitate the direct implementation of actions as a result of Advisory Group meetings. It was noted that group membership should also include an Aboriginal male representative.

This model of support for the model was considered appropriate for any rollout of the FGC model across the NT, with consideration of Advisory Groups in major centres in the Territory, with a central group which includes the Chairs of each local committee.

Shortly after this review, the Advisory Group was disbanded as the funding arrangements for the pilot changed. An implementation team which met more frequently (see below) was created to support the next phase of implementation, and individual members of the Advisory Group were consulted regarding specific matters relating to the next phase of implementation.

Stages and drivers model of implementation

One framework which is increasingly being utilised in a range of fields to better inform and plan implementation efforts is the "stages and drivers model" from the National Implementation Research Network in the US.[17] The model identifies that there are defined stages to the implementation process, each of which must be considered for successful and timely implementation. In each of these stages, the common factors which influence implementation across an organisation should be considered, understood and refined to drive the implementation process forward.

In brief, the stages of implementation outlined in this model include:

- **the exploration phase** – in which the best match between community need, strengths and preferences, desired outcomes, staff capabilities and evidence-informed program, policy and practice options is considered; as is the readiness of an organisation (and its staff) for change to a new way of working;
- **the installation phase** – in which the "drivers" of implementation are considered and put in place, and leadership prepares the organisation for the new way of working;
- **the initial implementation phase** - in which the new program, practice or policy is trialled with early adopters and potential issues are identified; implementation drivers are also adjusted in this phase; and
- **the full implementation phase** – in which the program, policy or practice becomes part of regular practice and is seen as "the way we do things around here"; continuous quality improvement systems are operating across the organisation to maintain high quality practice and inform about the outcomes of the new way of working.

The National Implementation Research Network[17] also identify that sustainability should be a consideration across the life of the implementation process, to guide long term improvements in outcomes for children and families. Innovation and adaptation are also important considerations, but must be done planfully in order to provide service improvements. As identified earlier, many adaptations or innovations occur without sufficient theoretical justification, or to suit organisational and economic requirements, rather than with a sound basis in evidence.

In child and family service delivery, programs are often funded over relatively short periods of time, and our outcomes evaluations are typically situated within the early phases of implementation when difficulties are most likely to occur. Funding incentives for services to be innovative also mean that sustainability of programs and practice is often not a focus of service delivery.

In addition to the stages of implementation, the implementation framework from the National Implementation Research Network outlines factors which drive implementation efforts forward, including those factors which support practitioner skills and capabilities in delivering evidence-informed services, and those organisational and systemic factors which provide supportive environments for these new ways of working.[17] The drivers include:

- **staff selection** - which includes recruitment and selection processes which are most likely to recruit staff from within and outside the organisation with skills and abilities to deliver the program or practice over the long term;
- **training** – which includes evidence-based methods to promote knowledge acquisition, skill development and enthusiasm and confidence in the new way of working;

- **coaching and supervision** – to ensure transfer of the skills developed in training in practice with families, and promote clinical practice and judgement;
- **performance evaluation and assessment** – which includes providing strengths-based feedback to practitioners about their performance with respect to the new practice or program, assists with measuring fidelity and informs the organisation about their selection, training and coaching processes;
- **data systems which support decision making** – this includes the development of data systems which can provide feedback to practitioners and management in real time about the progress of clients on key outcomes;
- **facilitative administration including adaptive leadership** – this includes management which supports the installation of the drivers across all aspects of the organisation, and the alignment of policies and procedures to the new way of working; and
- **systems intervention** – which includes leadership to support the new way of working across the various systems involved in the lives of children and families including service coordination, funding etc

The drivers work in an integrated fashion, and for effective implementation, should be based on a clear understanding of the features of the new practice, program or policy. Also stronger drivers are able to compensate for weaker ones.

Implementation team

To support the next iteration of the FGC pilot, an implementation team was established which included Menzies' implementation support members, DCF senior policy and operations staff, the Family Group Conferencing Coordinator, and later the Senior Convenor, and DCM Alice Springs Transformation Plan representatives.

The implementation team has set terms of reference (see Appendix 1) with its purpose defined as:

> *The purpose of the Implementation Team is to serve as a focused, accountable structure for driving and supporting the implementation of the FGC Pilot. The Implementation Team will identify and monitor key responsibilities for program delivery. The team will make recommendations and carry out actions to assist the project to meet its targets and to ensure that FGC is delivered in a manner that is consistent with its core principles. In addition, the purpose of the Implementation Team is to inform the broader roll-out of the FGC model across the Northern Territory through development of policies and guidelines that will be tested in the Pilot phase.*

The implementation team had scheduled weekly meetings in 2011, with these becoming fortnightly in 2012 after the full staffing of the FGC Unit. The implementation team meetings were initially chaired by Menzies representatives, but in 2012 DCF took over the chairing of these meetings. The meetings are guided by an updated project plan which identified key milestones against the identified drivers of implementation.

The implementation team have undertaken activities such as stages and drivers analysis, recruitment, training, data system scoping, developing child advocacy strategies, program reviews, assessment of staff attitudes, project planning and the development and review of program materials. This report is also an output of these implementation activities.

Analysis of stages and drivers for the FGC pilot in Alice Springs

An analysis of the project's implementation identified that the FGC pilot had had a lengthy and detailed "exploration phase" with 18 months prior to funding being spent in identifying potential models which could support family decision making in child protection. The analysis also identified that the project had not had a focused "installation phase" instead progressing to initial implementation and experiencing considerable delays and difficulties in the process. A recommendation was made by the Menzies team to return to the installation phase and focus on preparing the drivers of implementation to be able to commence the project in a timely way.

To inform this, an analysis of the performance and systems drivers was conducted with both DCF, CJC and DCM staff completing a form requesting information about the responsibilities and importance of each driver (see Appendix 2). This work was later followed up with individual meetings with DCF staff after the funding arrangements changed.

The results of this analysis identified the following:

- **staff selection and recruitment** was highlighted as essential for the success of the project and an urgent priority. Involvement of members of the implementation team in selection processes (including interview panels) for CJC (convenors) and DCF positions (DCF liaison, admin staff) was considered necessary to promote the team based nature of the work and confidence in the skills and qualities of staff. Clarity of staff roles and functions (particularly DCF staff) was identified as a key element;
- **training for staff** was identified by most as having a high priority and was seen as essential for capacity building and promoting best practice. Adequate training was also seen as promoting confidence about the program in staff convening FGCs and in those making referrals to the program. It was suggested that training packages be created for convenors regarding the conferencing process and child protection matters. This should include the ability to take part in DCF training regarding child protection and to observe and form networks with FGC initiatives specifically being delivered with Aboriginal families in other jurisdictions. The training package should be evidence based and include training to competencies. Training for child advocates should also be provided so that a group of child advocates is available for the conferences;
- The **coaching and supervision of FGC staff** was identified as having both monitoring and supervisory functions, a quality assurance component, as well as identifying any further training or program needs for staff. It would promote high quality in conferences, referral systems, and representation at the conference itself;
- **progress and fidelity data**: The need for quantitative and qualitative data was highlighted, as well as continuing and developing monitoring and feedback systems that were already in place. Implementation team meetings were seen as a way to gather this information in a systematic way. With this element it was emphasised that a problem solving approach needs to be taken, using implementation team meetings as a forum to problem solve issues as they arise. Data to support decision making would be useful for the implementation but it was unclear whether DCF IT systems could support this (e.g., Microsoft Access software is not supported under DCF's IT support contract, and making changes to the CCIS system for a pilot project was not feasible); and
- **systems issues:** The lack of referrals to the program was the result of systemic and individual practice factors. High workloads and staff turnover have made it difficult to embed FGCs as a regular part of practice, and while practitioners could identify suitable cases, there was a

failure to convert these cases into referrals to the FGC team. Further delays in the implementation of the program had been the result of burdensome and convoluted recruitment processes and delays in receiving feedback in a timely fashion from other divisions within DCF. A communication and training strategy within DCF operational and policy units would be necessary to identify the importance of FGC and its potential benefits for clients and caseworkers.

As described, a project plan for the new phase of FGC was then developed from the analysis and from conversations with project staff. The project plan identifies the key drivers highlighted and progress against actions relating to these drivers being recorded. The reporting format is shown in Appendix 3, and this was provided to implementation team members before each weekly meeting. The reporting format has since changed with only current actions being recorded on the project plan.

A survey of staff attitudes to FGC was also undertaken by the Menzies team in the early life of the new model of FGC (see Appendix 4). This survey was designed to ascertain if any barriers to referrals to the program were likely to emerge on the basis of ideological views about the involvement of families, or if barriers were more likely to relate to systemic factors (high workloads and turnover etc). The results of the survey demonstrated that of the 14 respondents who completed the survey, most but not all had favourable attitudes towards family decision making. In particular, 12 respondents (85.6%) agreed or strongly agreed that *"FGC is a useful method to solve problems in situations where children may be maltreated",* 11 participants (78.6%) agreed or agreed strongly that "*a family's problems can be solved through the help of relatives*" and the same proportion agreed or strongly agreed that "*FGC is a means to increase adult's self confidence as parents".* Respondents were more equivocal about the family making decisions about who should participate in the FGC (35.7% of respondents agreeing with this statement), and whether convenors should be independent of the child protection system (only 6 participants agreed or strongly agreed that they should be, 4 were undecided and 4 disagreed with this statement).

As part of their implementation support activities, the Menzies team also collated potential data items which could inform the operations of FGC, assist in reporting, monitoring and evaluation, and provide information to assist in the future roll out of the model. The list of 80 potential data items is shown in Appendix 4, and is currently in the process of being refined to a list of "essential data items" by implementation team members. Given the limitations of data support systems in DCF currently, the implementation support team have not been able to create a database for recording this information. For the purposes of this report we have relied upon information provided in Excel spreadsheet format by the FGC Unit. These data are presented in the next chapter.

Chapter 4. The Alice Springs Family Group Conferencing Model in Alice Springs

The following description of the current Alice Springs Family Group Conferencing Model has been developed from a number of sources, including the program resources and materials (DVD, convenor's guide, pamphlet for families), and meetings and conversations with FGC and other DCF staff in Alice Springs. The model is closely based on the New Zealand FGC model with adaptations made for the NT legislative context and for working with Aboriginal families in Central Australia. For more information about the principles, practice and processes of the model, please refer to the Convenor's Guide developed for this project.

The FGC Unit staff

Recruited in September/October 2011, the FGC Unit now consists of a Senior Convenor, a Convenor, Aboriginal Co-Convenor and an Administrative Officer. While the people occupying the positions have changed to cover staff leave arrangements and the departure of the previous administrative officer, the staffing configuration has remained the same since October 2011. It should be noted that the role of the Administrative Officer in the Unit has been specifically configured to provide support in conference logistics and operations and as such is not a general administrative position.

The NT *Care and Protection of Children* (Mediation Conferences) Regulation 11 states that "a person may be appointed as a convenor if the person":

a) is accredited to act as a mediator under the Australian Mediator Accreditation System; or

b) has experience relevant to convening a mediation conference

The high calibre team has included staff with extensive experience in mediation, child protection, family support and family group conferencing child advocacy, and includes Aboriginal and non-Aboriginal staff with extensive family and professional connections in Central Australia. All convenors in the Unit have attained mediation accreditation, for some staff this accreditation was achieved during the course of their employment with the FGC Unit.

With FGCs the relationship between the statutory system and families should be characterised by exchange, negotiation and consensus.[18] The convenor operates between the statutory and family system – harnessing their perspectives and encouraging collaboration. FGCs value the experience and commitment of families, while attempting to harness the knowledge and skills of mandated professionals.

In addition to accreditation and experience, the FGC Unit convenors and co-convenors have demonstrated skills and abilities required to engage with families in sensitive, difficult and often lengthy conversations. The skilled FGC team are also able to:

- be up front and honest;
- support all participants fairly and be in a space that can present as unbiased; but

- recognise that their position may place them in positions of internal personal or professional conflict and that this may require removing themselves from the process;
- search for points of agreement between people who may have had conflictual relationships;
- read non-verbal communication during the process (understanding what the family might be saying without saying it);
- be alert about what signals are being picked up, and checking that what needs to be said and that people in the room are hearing each other (clarity in what is being said);
- demonstrate fairness and neutrality and help families determine what needs to happen to get the best for those children; and
- get behind someone's position in a situation and apply communication skills to help someone move to a shared position

The senior convenor is responsible for the day to day running of the FGC Unit and for clinical and administrative supervision of the other staff in the team. The senior convenor has responsibilities and delegations to be able to: receive and allocate referrals, appoint convenors, ensure cultural safety for staff and clients, prepare and convene the more complex mediation conferences, engagement and training of child advocates, and budget management for the project.

The role of the Aboriginal co-convenor is to assist the senior convenor and convenor in all tasks relating to the preparation and convening of conferences. The Aboriginal co-convenor also advises on cultural issues where necessary. The Aboriginal co-convenor may co-convene conferences with the senior convenor or convenor if the senior convenor considers this person to have the necessary skills and attributes to do so.

The referral and consent phase

The purpose of this phase is to gain a clear picture of what is happening for the child, the concerns to be addressed, the decisions to be made, details of the family and who will be participating from the Department. Obtaining a good referral, means there is less need to meet during the preparation phase.

Before commencing a referral to the FGC Unit, caseworkers discuss with the senior convenor and their team leader the appropriateness of the referral. Caseworkers are also responsible for speaking to the parents/primary caregivers about the purpose of the conference and to see if the family would like to take part. The caseworker completes a referral, including copies of any DVOs or other orders, and then sends it to their team leader to ensure the information in the referral is appropriate for enabling a conference to proceed (e.g., family and professional information is included; the purpose, concerns and possible outcomes are clearly documented) and that this information has been provided to the parents (Part 3 of the referral). These referrals are then forwarded to the FGC Unit, who meet to discuss and plan for the referral. There may be feedback provided to the referrer about the suitability of the referral for a conference and about the completeness of the referral.

Once a referral has been accepted by the FGC Unit, the senior convenor will appoint a convenor and notify the caseworker to that extent. It should be noted that parents have the right to determine

whether or not they want to participate in a conference and they also are given, as per the legislation, the right to approve or not of the appointed convenor.

Preparation phase

Preparation time helps participants understand their roles as decision makers, creates an atmosphere of safety and understanding and promotes family leadership, and prepares all parties for the conference.[8] This phase is crucial to the success of the conference, and usually takes much longer than the conference itself. During this phase, the convenor builds relationships and trust with the various parties likely to attend or be represented at the conference.

This time is specifically to connect with as many family members as possible; to ensure family understand the purpose and process of the conference; ensure there is clarity about the concerns to be addressed at the conference; and for the convenor to work out with the family who are the appropriate people to attend and when and where the conference is be held. Further it is time for the convenor to build professional relationships with DCF staff and other service providers and to ensure all professionals are clear about their roles and responsibilities at the conference.

In preparing all participants for the conference process, the convenor will discuss the concerns and make sure these are understood (even if they are not agreed with), explain the stages of the conference itself and the role of the family members, caseworkers, children/child advocate and of other parties within it. This also includes ground rules about expectations of respect and reciprocity for all parties, and information about how to present at a conference. Participants in the conference are also informed that the outcomes of the conference are negotiable, but the concerns about the children are not (how they're interpreted and presented to all parties may be a negotiated process).

The convenor may consider excluding a person or persons from the conference if the purpose for their participation is unclear or if they may significantly disrupt the process or endanger the safety of other conference participants. Convenors can include persons that are unable, for various reasons, to attend the conference by having someone else attend on their behalf; reading a previously prepared statement; recording their voice; or through a phone link, video or skype.

On various occasions it may be reasonable to convene several conferences for the one matter, so all persons can be part of the decision making, and then negotiate one Partnership Agreement. In other circumstances (family not wanting to be in the same room) a conference can be convened but with parties at separate venues and linked by phone.

Preparation of DCF caseworkers and team leaders

Once appointed, the convenor meets with the DCF caseworker and team leader to discuss the referral and begin making arrangements for the conference. This may include confirming and/or clarifying the concerns, needs of the child, and the decisions that need to be made, and determining what information the families need to have to assist them in making decisions. In this phase the convenor will also discuss the previous conversations that the workers have had with the family, including about the conference, such as:

- Has the family consented to the referral?;

- Has the family been given information about the concerns and the decision making? and
- What is the caseworker's relationship with the family?

The convenor will also ask the caseworker and team leader to start thinking about some of the ideas the family may come up with, so that they can be prepared for the plans that may result from the conference.

The role of caseworkers in the conference includes:

- providing information about the concerns;
- securing the safety of the child by playing a leadership role in the child's best interests;
- being clear about the decision-making parameters in the conference (i.e., the decisions they would like to have made);
- through negotiating to protect the interests of the child;
- ensuring the proposed Partnership Agreement supports their intentions in meeting the child's needs; and
- ensuring DCF can follow through on their actions allocated in the Partnership Agreement.

Preparation of family members

In preparing the family for the conference, the convenor will visit the primary carer (or most recent primary carer if the child is in care) and engage an interpreter if needed. They will confirm if the caseworker has spoken about the referral to the FGC process and has given them a copy of the concerns, and will check understanding about both of these. They will describe their role and where the FGC Unit sits in the Department (e.g., by describing the difference between the convenor's role and their child's caseworker's role). The convenor will ensure that the carer approves of the convenor.

The caseworkers will talk to the parent or carer about who should be invited to the conference and if there is someone who shouldn't be included, they will talk about that and discuss why. Decisions about who to include in the conference will be based on an understanding of Aboriginal family structures in Central Australia and on the purpose of the meeting (i.e., the decisions to be made about the children and knowledge of relationships within the family). Consent will be obtained from the primary carer to proceed with a conference, and they will discuss possible times, dates and venues for the conference. A DVD (see below) has now been created to help explain the conferencing process and to obtain consent.

The convenor will then contact other members of the family to explain the purpose and process of the conference. In all contacts with the family, including the parents, the convenor will provide the family with an opportunity to ask questions and/or seek clarification so that they understand the needs of the child and the child protection concerns and the decisions that may be made at the conference. It is important that the preparation phase is not seen as being just about "good news", the family needs to have realistic expectations about the conference.

Preparation of children and child advocates

The child's wishes and views must be considered at the conference as the child needs and safety are at the centre of this decision making process. The convenor will make contact with the child and let them know the conference is taking place. They will talk to the child about the importance of the conference and about what the child thinks and feels is able to be shared at a conference. They will talk to the child about if they would like to take part and will talk about their safety. If the convenor considers it to be in the best interest of the child he/she will appoint a person (a Child Advocate) to assist the child to present his/her wishes and views at the conference.

If a Child Advocate (or advocates) is appointed, the convenor will meet with the child advocate separately to brief him/her on the mediation conference process and the role and responsibility of this position. The convenor will ensure the child advocate is a suitable person (see regulations 6 (2) (1)) and has the ability to:

- engage with the child;
- explain to the child the purpose of the conference;
- understand the stages of development and the effect of abuse on the child;
- communicate in such a way that the child will feel comfortable with him/her ;
- understand that some information the child may give the convenor may not be able to be presented to the conference as it may put the child at risk;
- negotiate with the child around how to present (or not) information at the conference where there are risk factors;
- remain in the role the child advocate at the conference;
- support the child at the conference if the decision is taken by the convenor (in consultation with the child advocate, caseworker and the family)to have the child attend the conference;
- clearly present the views and wishes of the child at the conference;
- present the views and wishes of the child and not what is in the best interest of the child; and feed back accurate information to the child, if asked to do so, after the conference.

If the child is non verbal or a baby the convenor may still wish to appoint a child advocate as this will ensure that there is a person at the conference that can speak to the needs of a younger child and not necessarily the best interest of the child which is the responsibility of the DCF caseworker.

The convenor will give the child advocate a copy of Part 3. of the referral but will inform the child advocate that this is confidential information and is only for the purpose of helping the child advocate in his/her role and must not be shared with anyone else. Part 3 must be given back to the convenor after the conference

Preparation of other parties

Other parties who may be identified in the referral or preparation phase include professionals who can provide information about services and supports available to the child, and other support persons for the child or family. The preparation of these participants involves ascertaining whether it is necessary for them to attend the conference, helping them understand their role in the

conference, and if they are presenting information to assist family members make decisions, talking about what information they could present and how to present that (e.g., talking about how well parenting is going when things are going well, and presenting positive stories). This also includes letting them know how long they will need to stay at the meeting.

When a professional interpreter attends a conference they are not sent an invitation and thus are not listed as a participant at conference therefore will not receive the Partnership Agreement or Outcome Report.

There is nothing precluding the involvement of lawyers in an FGC, however the purpose of inviting lawyers to the conference must be carefully considered as it may disrupt the process (e.g., by having too many professionals present if family, child and Departmental lawyers all want to be involved) and may turn the conference into an adversarial process. Families are advised that they have the right to consult a lawyer before consenting to the conference and before signing the Partnership Agreement.

The conference itself

Once sufficient family members, professionals, child advocates and DCF staff have been contacted, a date and venue has been negotiated invitations to the conference are delivered. The conference itself is held in a neutral location as decided by the family, and food is provided to family members attending the conference. Locally based families make their own arrangements to attend the conference, however if they need assistance the convenor can discuss this with the family and if necessary with DCF (Operations). Family members attending the conference from remote communities can be supported by DCF in covering the costs of their transport and accommodation.

After the convenor has welcomed participants and performed introductions, including acknowledging that family members are there because they care about their child, the convenor talks about the purpose of the conference and the conference rules (including the importance of keeping the focus on the needs and safety issues of the child). This includes that the mediation conference is confidential as much as the law allows and that some matters like disclosing child abuse, domestic violence or criminal matters not relevant to the purpose of the conference are not confidential.

The convenor then describes the three phases of the family group conference: information sharing, private family time and the Partnership Agreement time.

The information sharing phase

The philosophy of the mediation conference is that family should have access to all information that will help them, not only to understand the issues/concerns but what services may be accessed. The conferencing model encourages a holistic approach by DCF and professionals to support the family by working together to resource and help in the implementation of the plan.

The convenor invites the DCF caseworker to present, using a strength-based manner, information to the family about the concerns/worries for the child; what the needs of the child are; what they

would like the family to consider, emphasising that decisions need to make sure that the care, supports and safety of the child are at the forefront of the family's decisions.

The professionals are invited to provide information about either their agencies or the work undertaken with the child /parents, highlighting positive outcomes. And if further intervention is necessary what other services can be offered to the child/parents that may help in addressing the child concerns.

The convenor ensures the family has the opportunity to ask questions of the DCF workers and professionals. The convenor will seek clarification on issues that are not clear and will ask for explanations when jargon is used or language is difficult for the lay person to understand.

At the end of information time the convenor will check that the family has understood the concerns; summarises for the family the child protection issues and how they are currently impacting on the child, and if not addressed, may well impact on the child in the future. This summary helps the family to go into 'private family time' knowing exactly what needs to be addressed.

Professionals attending the conference do not stay at the venue as the family proceed to private family time. The convenors get the agreement of professionals to leave their contact numbers so that they can return at short notice or be consulted during the next phase. This is important to DCF acceptance of the process as it means that caseworkers and team leaders are not tied up unnecessarily.

Private family time

Private family time is for family members only, although family members may be hesitant or nervous when 'private family time' comes around to spend time together without any professional guidance. The family may nominate a support person (maybe a professional person) to provide support the family and not be part of the decision making. He/he may spend some time in private family time as a scribe for the family, other than that he/she will play no other role. In the FGC model in Alice Springs, the convenors have at times played this role at the strong request of family members. The convenors take care to maintain neutrality which has allowed family members to more fully participate in family time. The convenor emphasises to the family that a support person is not part of the decision making and that he/she does not have to stay for all of private family time. And the family can at any time ask the support person to leave. This may be if the family want to discuss something in private i.e. if for cultural reasons it is inappropriate for an outside to hear what they are speaking about. The convenor should encourage the family, if they have a support person, to spend at least some time alone together to discuss what they have heard.

During private family time the family discuss, amongst themselves, what they have heard and how they might turn things around. There is no restriction on how long 'private family time' takes as it is during this time the family have the opportunity to work together to develop a plan. The plan, depending on whether the concerns are current or historical concerns that have not been successfully addressed for years, may consist of short term planning to address current concerns or long term permanency planning for the child.

All family members should be encouraged to participate in developing ideas and a plan that meets the safety issues and the needs of the child. In these discussions the child should be the central focus. It is helpful if the family can nominate someone in their group to write down the ideas they want to discuss and negotiate in the final phase of the conference. If the family don't have anyone to write down their decisions, before taking them to the table in negotiation time, the family may ask the convenor to join them, once they have made their decisions, to do this task for them. The convenor must not get into discussions with the family about their decisions.

When the family indicates to the convenor that they have finished their discussions and have a plan ready to present and negotiate, if necessary, the convenor invites the DCF workers, the child advocate and the remaining professionals to come together to participate in the final part of the conference.

Partnership Agreement time

Once everyone is together the convenor takes charge of the process by facilitating the discussions, around the family's plan, between the family and DCF (other professionals may need to be included). The convenor invites the nominated family member to read out the plan. If the family wishes, the convenor can do this on their behalf. When all points have been read out the convenor will then go back over the plan point by point.

The plan should not be a wish list but one that states very clearly who will do what, when and how in regard to the care and protection issues and the needs of the child. It is the role of the convenor, where the family or DCF caseworker has not done so, to highlight any decisions in the plan that lack clarity or where the child protection issues have not been sufficiently explored and then to facilitate negotiations around these points. The child advocate plays a very important role in this phase as he/she will ensure that the child's wishes and views have been taken into account, as long as they are realistic and do not compromise the wellbeing of the child. The child advocate will also be able to talk to the child after the meeting to explain what happened.

The convenor, before documenting the agreements, will ensure that the plan is clear and workable and that:

- Everyone understands their roles and responsibilities in making the plan successful
- There is agreement by all participants
- The document outlines a plan to ensure the wellbeing of the child, that
- The DCF workers believe that their manager will approve of any resources that may be needed to action the plan
- There has been a discussion around a review date, if it is deemed necessary, a date is set
- There is an agreement between the family, DCF and other interested parties that if the matter is to go to court for child protection orders, then the family is willing for the document to be presented in court so the court can see that the family has attended a conference and has come to an agreement with DCF and other interested parties.

Once this point has been reached in the conference the convenor will document the agreements on a form called a Partnership Agreement. Where possible and practicable, it is good practice to have this completed at the end of the third and final part of the conference and for the convenor to have read it out to all participants and then ask everyone to sign the Partnership Agreement.

The convenor is to get all signatures of those who participated in the conference and get an endorsement, by way of a signature, from the DCF caseworker and team leader's Manager.

After the conference

The convenor completes a Mediation Conference Outcome Report which summarises the conference location, participants, concerns raised and outcomes of the conference, the views of the child, whether an agreement was reached. The Report also includes a copy of the record made under Regulation 8(3) and a statement as to whether or not the convenor considers the wellbeing of the child will be safeguarded through the agreement. The report does not disclose any matters that were discussed at the conference apart from those listed as being included in the content of the report noted above.

The Outcome Report, along with the signed Partnership Agreement, must be provided, whether this is in person or via some other means, within 28 days as per the Regulation, by the convenor to all participants. Participants are all parties that have attended any part of the conference. There may also be other people that the parents, the family or the DCF workers or significant others believe should have a copy of the Partnership Agreement. This can only be achieved by an agreement by all participants that are present in part three of the conference. It must be written into the Partnership Agreement. A copy should also be sent to the DCF manager for endorsement.

The review process

The review process begins with meetings between the convenors and DCF caseworkers, and the convenors and family members to get an update on the Partnership Agreement and emergent issues. The outcome of these meetings is recorded in the review report and a review meeting is convened if necessary. This review process has been customised around the DCF workload and staffing variables and is not reliant on DCF staff generating additional reports. Previously unsuccessful attempts were made to prompt DCF staff to generate a Review Report and this more workable solution was created due to the delays caused by busy staff or staff unfamiliar with the case not having adequate time or knowledge to generate a report.

The review report created through this process addresses each decision of the Partnership Agreement point by point. It will update addresses of family and professionals and add any new names to the list if appropriate with contact details. If there are any new concerns then it will list them and add what outcomes DCF would like to see coming out of the review conference.

The convenor will again negotiate the date, time and venue for the review with all participants., with the review conference conducted using the same process as the first conference held. The agreement will be documented on the review Partnership Agreement form. The convenor also provides a Review Outcome Report and a copy of the signed Review Partnership Agreement to all participants within 28 days of the conference review.

If a new convenor is appointed for the review by the senior convenor then the family will need to sign the consent form again fulfilling the obligations under the Act of the parents approving of the convenor. An early review can be convened if for some reason DCF or the family are unable to abide by the agreement i.e. resources unavailable or placement break down. The convenor will then request an early review report from the caseworker and the above process that is outlined above will be undertaken.

Supporting Materials

A range of supporting materials have been developed over the life of the FGC pilot to facilitate referrals to the program, and promote family engagement and understanding of the process, as well as informed consent.

Several forms and templates have been created to support the work of the FGC Unit and to enable accurate record keeping. These include:

- Referral for a mediation conference
- FGC invitations for participants
- Partnership Agreement Form
- Mediation Conference Outcome Report template
- Written notice to the CEO template when a conference can't be convened
- Review Partnership Agreement Form
- A pamphlet describing the FGC process for families
- A flip chart to be used when obtaining informed consent
- A DVD, developed with isee-ilearn, to assist in explaining the FGC process to families and to support informed consent.
- A convenor's manual which describes the FGC process, legislative requirements and the principles and practices relating to FGC

Chapter 5. FGC referrals and conferences

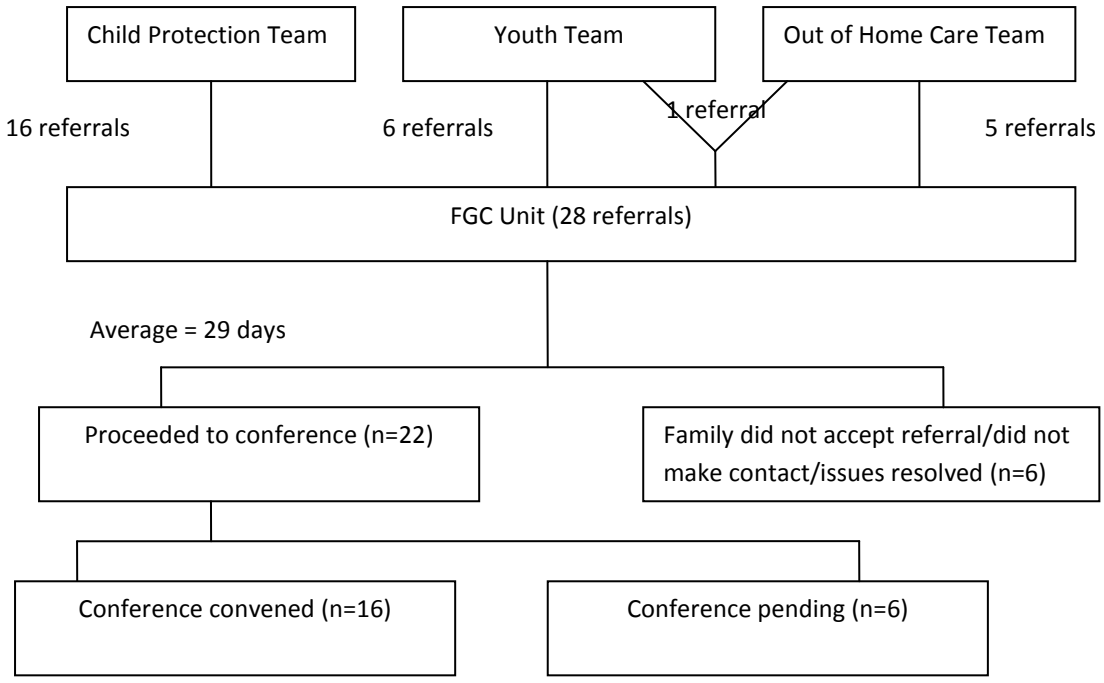
Referrals

The FGC unit received 28 referrals between 19th October and 30th April, relating to 47 children aged 3 months to 17 years (mean = 8.6 years, SD = 5.2 years). The mean number of children in each referral was 1.7 (SD=1.0), with the majority (17, 61%) of referrals relating to one child, 6 (21%) referrals relating to 2 children, 2 (7%) referrals relating to 3 children, and 3 (11%) referrals relating to 4 children. In one of the referrals for two children, this included a mother under the age of 18 and her child.

Of the 47 children, 21 (44.7%) were the subject of a Protection Order at the time of the referral, 9 (19.1%) children were the subject of a Temporary Protection Order and a further 2 children (4.2%) were the subject of an expired Temporary Protection Order, 2 (4.2%) children were the subject of a Temporary Placement Arrangement, and the remaining 13 (27.7%) children were not on orders at the time of the referral.

FGC pathways

The referrals and conferences which have been conducted by the FGC Unit are shown in the figure below.



The FGC referrals came from the following DCF operational units:

- 16 referrals from the child protection team,
- 6 from the youth team
- 5 from the out of home care team, and
- 1 joint referral from the youth and out of home care teams

The outcomes sought for each conference by the source of referral are described in the following table:

	Source of referral**				
Outcome sought*		Child Protection Team	Youth Team	Out of Home Care Team	Total
	Safe and stable family placement	5	3	1	9
	Safe and permanent placement	3	1	1	5
	Access plan	2	1	3	6
	Family support and child safety plans	4			4
	Cultural support plan		1	1	2
	Reunification options and plan	1		1	2
	School attendance	2	1		3
	Independent living plan/leaving care plan		2		2
	Identify family	1			1
	Understanding of concerns	1			1
	Address medical neglect	1			1

* Numbers add to more than 28 as more than one outcome could be sought from each conference

** Information about the joint referral by the out of home care and youth team did not identify the outcomes sought from the conference

Fourteen conferences were seeking stable placement options for children, with the majority of these seeking placement with family members. This highlights the use of FGC in making decisions about care arrangements for children, but the use of this decision making method could potentially have further impacts for children if used earlier in the child protection process.

Family Group Conferences

Of the 28 referrals, 22 were designated to proceed to a family group conference, with 6 referrals having a conference pending at the time of writing this report. Of the 16 convened conferences, all resulted in a valid Partnership Agreement.

Six referrals did not proceed to a conference for a range of reasons:

- in one case the reasons for referral were resolved between the family and DCF before a conference could proceed;
- in four cases the conference did not proceed due to an inability to locate key family members to gain consent, including mothers not making contact; and
- in one case the referral was declined because the parents did not consent or agree with DCF concerns

The average time from the acceptance of the referral to convening the FGC was 28.9 days (SD=13.9) with a range of 12 to 55 days. Reasons for delays between referral and the conference included:

- needing to clarify the purpose for the conference;
- child advocates being unavailable due to illness;
- referrals being sent to generic email which was not yet activated;
- delays in delivery of Part 3 of the referral by the caseworker to the client;
- family bereavement and sorry business; and
- backlogs in the FGC Unit as referrals have increased

The duration of conferences was not recorded in every case, but ranged from 1 to 4.5 hours.

Twenty-seven children were represented at the 16 convened conferences. Child advocates were present in all of the conferences which have been convened, and children attended 8 of the conferences.

A total of 97 family members have participated in FGCs, with between 2 and 22 family members attending. The mean number of family members present at a conference was 5.7 (SD=4.8). Family members included:

- mothers (participated in 10 conferences);
- fathers (participated in 8 conferences);
- maternal aunts (participated in 8 conferences);
- maternal uncles (participated in 8 conferences);
- maternal grandmothers (participated in 8 conferences);
- paternal grandmothers (participated in 8 conferences);
- paternal aunts (participated in 6 conferences);
- great aunts (participated in 4 conferences);
- great grandmothers (participated in 3 conferences);
- maternal grandfathers (participated in 2 conferences);
- paternal grandfathers (participated in 2 conferences);
- paternal uncle (participated in 1 conference);
- sister (participated in 1 conference);
- cousins (participated in 1 conference);
- great uncle (participated in 1 conference); and
- one conference also included a person designated by the family to provide support

The model has used a range of technologies to involve participants in conferences and has not relied on all of the parties being in one room, or at one location, or town. This has been guided by families who are very experienced in communicating in a remote context. It is common to have people teleconference in from prison, a remote community or interstate, and some participants who could not be present on the day have given written or verbal statements that have been presented at the conference.

Eight conferences included professionals who described services and supports available to families at the conference. These professionals included:

- family support workers;
- an alcohol and other drugs worker;
- a residential care worker;
- a sexual assault worker;
- a nutrition worker;
- occupational therapists;
- speech pathologists;
- an interpreter;
- a psychiatrist;
- Aboriginal Health Workers; and
- a nurse

Case studies

The FGC Unit have provided two scenarios representing the types of concerns and outcomes dealt with through FGC processes.

Case study 1

A referral from the Out of Home Care Team concerning a 3 year old who had been placed in care since they were a baby, and significantly under the growth percentile for age. There was a history of five foster placements and no family engagement. The purpose was to engage the child's family to develop a cultural safety and access plan.

The conference involved paternal and maternal family members across three generations, a nutritionist and a paediatric report.

In preparation for the conference, a family history was obtained in which the family described their attempts to have the child placed within family, but this did not occur and they were told the child was disabled and not well enough to be placed with them.

Through information sharing at the conference, it was found the child's age had been incorrectly recorded and the child was actually 2 years old and not 3, and therefore at a normal growth and development percentile for age. The family learned that the child had never had a disability, but had attachment issues from multiple foster care placements.

The outcome of this conference was a re-unification plan with the family.

Case study 2

A referral from the Child Protection Team concerning a 7 week infant failing to thrive and with medical neglect. The child was under a voluntary protection order and was in a temporary care arrangement. There was a family history of significant alcohol and other drug abuse by mother and father, with the father currently incarcerated with a long term DVO precluding contact with the mother and child. There was significant conflict in the relationship between the mother and DCF.

The purpose of the referral was to identify a safe family placement for the child.

The conference involved 10 family members including the mother and father, and the child's paternal and maternal grand and great grandparents.

In preparation for the conference the family identified members who could care for the child, and also family members who could support the mother.

The conference outcome was a re-unification plan with the paternal great grandmother and grandfather, a family support plan to assist the mother and father to access support services for their parenting, alcohol and family violence issues.

Expansion of FGC to remote communities of Central Australia

Recently, the program has expanded to deliver a family group conference in a remote Central Australian community. The referral concerned the infant of a young mother and father who had been in care for the last 12 months for failure to thrive and with significant health and hearing issues.

Twenty-two family members attended the conference – these were mum and dad, and uncles, aunties, and grand and great grandparents from both sides. Information was provided by a paediatrician, audiologist, and health workers, as well as from the case worker. Family developed a comprehensive care and safety plan, that included re-unification following mum, supported by family spending time in the mum and babes house in town to learn about the child's specific health and nutritional requirements and this was agreed to by DCF.

The family included safety and care strategies in the agreement that were outside of the DCF's immediate concerns and that demonstrated a strong and highly supportive family network around the young parents and their child.

The preparation for the conference was done over about three weeks, and the conference itself lasted 3 hours.

Comments from participants

While the evaluation of FGC in Alice Springs has been postponed due to the change in the evaluation team's role, the FGC Unit has provided examples of feedback from a range of conference participants about their satisfaction with the FGC processes.

> *FGC worked so well for us in Alice Springs with many successful outcomes. It is a real pleasure to hear that it is now going to become a feature for families in the more remote areas.* Team Leader

> *We know all the kids and what they are like. Sometimes welfare don't understand why kids are like that - doing things European way. They need to talk to grandmothers because instead of it just being welfare treating that child European way, grandmothers can help that child Aboriginal way and then we help that child together. This family group conference should be for other kids too to stand up together to help the child.* Grandmother

> *The difference of this meeting to other meetings with DCF in the past is there is accountability and it's realistic about a partnership between families and DCF.* Support person to family

> *You can feel the trust and the belief from families that it can work. I like to see it when the families make the shift – get that they are in a position to say what they really want to happen and to be heard, rather than saying what they think they should say. I like that I get to know the outcome as the child advocate and I really enjoy working with the convener.* Child advocate

> *It is really good to have conveners who can help families get all the information and then think for a plan themselves for our child.* Grandmother

> *It is good for the case workers to come to these meetings to learn more about Aboriginal way so we are putting our two cultures together.* Auntie

> *Before this meeting I never knew I could take my child home. I thought they were with welfare for good.* Mother

> *This meeting is good. Before I did not know these kids was in so much trouble. Now we are talking.* Father conferencing in from prison

> *This is a good meeting.* Grandfather

> *This meeting makes me feel good because I know where my baby is and that she is going to be with family.* Father conferencing in from prison

> *Using words like respectful, thoughtful, considered and inclusive, family group conferencing* enables *people to have authority over their own kids. The process and associated language cuts through legalistic and intimidating approaches used with families here.* Service provider

Review meeting/focus group

On the 30th February 2012, the Menzies School of Health Research implementation support team facilitated a review meeting/focus group with DCF staff to enhance FGC processes and to inform this report. The focus group was an opportunity for attendees to reflect on the model and what was working well and what could be done differently and how. The 22 participants in the focus group included the facilitator, the FGC Unit staff, senior DCF policy staff, team leaders from a range of operational units, case managers and case workers, youth team workers and community based workers.

General views of the Family Group Conferencing process

The participants reflected on the FGC model growing out of "a need to do things differently in the New Zealand child protection system". Key Maori Communities in New Zealand were consulted on how they would like to see families resolve child protection matters. The FGC model was formulated from the results of these key consultations. The FGC model went on to become a significant part of the Children, Young Persons and the Families Act 1989. Participants had positive views regarding the program and how it can potentially assist Aboriginal families in better caring for their children in culturally strength based ways.

> *Every case has a place in Family Group Conferencing because we need to be guided by what's out there to help us move some of these children back to where they belong.* Participant 8

Strengths of the Alice Springs FGC process

Strengthening relationships

FGC is reported to strengthen previously damaged relationships with NGOs and families. The perception of child protection workers has often been reported as working against families. This perception has placed hurdles between families and other service providers often making it difficult to assist families in the well being of their children. The advent of FGC is providing positive role modelling and improving relations with NGOs. Relationships between DCF and NGO's as a consequence are now being viewed in a supportive context with NGOs reported as being more open to collaborative relations with Case Workers.

Taking DCF out to the community

The FGC process is reported to be improving relations between DCF and the remote community by promoting assistance to families by actions rather than by words. The visual element on community of DCF working *with families* instead of implementing change *for families* provides opportunities to strengthen relationship in other areas, with NGOs and with the community as a whole.

Increased family awareness of concerns about the children

[FGC is] a process that helps the family to understand what's going on. Participant 11

The process of FGC referral was seen as comprehensive and details DCF's concerns regarding the wellbeing of children in the family. The FGC referral process allows a comprehensive and objective view of how their behaviour is impacting on the health and wellbeing of their children. This increased awareness of the family's situation and any impact it may have, highlights family responsibilities while providing opportunities for families to reflect, take stock, and take action regardless of if they accept the FGC process or not.

Reflections on the referral process

Participants reflected on the referral process from the previous iteration of FGC in Alice Springs and described it as "unwieldy". Some of the information required on the referral was not necessarily known to caseworkers, particularly if they were new to the Alice Springs teams. Barriers to the referral process included a) a lack of time to get familiar with the case file and b) the complex structure and lack of maintenance of the files themselves. It was suggested that in order to convene an FGC, much of the information could be obtained through the preparation phase by FGC Unit staff, and for those making the referral to the FGC Unit, the emphasis should be on Part 3 of the referral which identifies the history, concerns and purpose of the conference. Some of this information could be gathered from case reports and court reports.

> *I think that there's room for some further discussion about how to get that balance between the information that's absolutely required and the quantity of information.* Participant 14

Informing the family about the purpose of the conference

Part 3 of the referral is presented by caseworkers directly to the family to provide the family with written information about the concerns for the child and the purpose of the conference. Locating the family to provide Part 3 of the referral was reported as being difficult and was causing delays to the commencement of the preparation phase for the FGC Unit. In some cases, the family members could not recall having received Part 3 when asked by the FGC convenors. Aboriginal community-based workers had assisted the FGC in locating family members and these staff could (and had) assisted in the delivery of Part 3 as well.

> *Trying to find the family member has been very difficult.* Participant 10

Different perceptions of the role of lawyers in the FGC process

> *once lawyers are involved it just doesn't work.* Participant 14

> *the lawyer said I've seen one of the partnership agreements and I think it's really good*. Participant 11

Lawyer interaction in the FGC process presented some conflicting positions between workers; some focus group participants reported lawyer interactions as stalling or getting in the way of positive outcomes for the families. While other focus group participants reported lawyer intervention as presenting positive outcomes for families, a positive dynamic that further empowered families in the informed consent process. These views could be explored in more detail with caseworkers, team leaders, managers and lawyers so that all are aware of the possible strengths and limitations of legal involvement in the FGC process, and so families can make informed decisions about this involvement.

Chapter 6. Summary and implications

After a slow beginning, the Family Group Conferencing Pilot in Alice Springs has developed momentum with a fully staffed team receiving 28 referrals to the program between October 2011 and April 2012. Sixteen conferences have been convened involving many family members of Aboriginal children.

The implementation of the current FGC model, based in DCF, has been facilitated by a number of factors:

- the commitment of the FGC Care and Protection Policy Division to high quality standards and delivering a service to families;
- the development of an implementation support team with a concentrated focus on implementation drivers and strong project planning to drive the program forward;
- the recruitment of a high calibre team of Aboriginal and non-Aboriginal staff to the FGC unit with knowledge, skills, experience and networks to deliver FGCs to a high standard and in a timely fashion;
- the role of administrative support in setting up systems and processes to improve workflow and accountability; and
- the support of the funding body, the Alice Springs Transformation Plan, and project management staff with a commitment to providing family decision-making in Alice Springs.

This pilot of FGC has provided evidence that FGCs can be convened in a timely fashion with Aboriginal families in Alice Springs. Anecdotal feedback from participants has highlighted the high levels of satisfaction with conferences convened to date and the potential transformative power of FGCs. Of key concern is securing ongoing funding of the program which will allow for the evaluation of outcomes from FGC processes.

Implementation support and evaluation

The formal evaluation of the FGC pilot was postponed due to a request for Menzies to undertake an implementation support role. It is imperative that any continuation of FGC in Alice Springs or more broadly across the NT be supported by both implementation support and external evaluation. Research examining the outcomes and impacts of FGC has been rather more equivocal in its findings than have the results from process evaluations. [7] [16] For example, studies using systems data (re-notifications, re-substantiations and placement in out-of-home care) have not necessarily found reduced rates of child maltreatment following a conference. While this may be an artefact of study design, it may also be due to poor implementation practices with regard to conferences. Other studies have demonstrated that people will describe their practice as “family group conferencing” when it is indeed a different form of family decision making or is based on, but does not adhere to, the principles of FGC. It is therefore essential to incorporate both an outcomes evaluation and an implementation and quality assurance process with any roll-out of FGC.

The Australian Research Council Linkage Project funding will allow an evaluation to take place alongside the next iteration of FGC, as the effects of support for the implementation of Partnership Agreements is studied in that project. The program logic derived in Stage 1 of this research program has highlighted a number of assumptions about the potential outcomes and impacts of FGC which rely on the effective implementation of plans derived from the FGC process.[9] These include the increased uptake of services for children and families, improvements in service coordination, reductions in re-referrals and the enhanced retention of the child within the family or kinship network. Families and workers show high levels of satisfaction and agreement about the plans derived in FGC processes, and the implementation of these plans is almost implicitly assumed to follow on from the convening of a conference. However, research has demonstrated that plan implementation is variable at best, and only in a minority of cases are plans actually fully carried out.[12] In one study, case plans from traditional child protection processes were more likely to be carried out than were those from the FGC process (Lupton et al, 1995 as cited in [12]). The responsibility for poor compliance with plans from FGC processes has been attributed in equal measure to families and to professionals with neither party being seen as solely responsible for the incomplete implementation of plans.[12]

The location of FGC

This report also raises the question of where FGC sits within DCF child protection processes and the broader DCF structure. The majority of the referrals to the FGC Unit have cited safe and stable (family and non-family) placements for children as a desired outcome of the conference. While in some of these instances (see Case Study 1) the FGC process has led to reunification, the location of conferences at the far end of the child protection process might be expected to enhance the number of children placed with family members or in accordance with the families' wishes, but will not necessarily have an impact on demands on the child protection system unless more referrals are generated which utilise FGC earlier in the child protection process. This should be a focus of the next phase of FGC implementation, with consideration of how FGC may link to targeted and intensive family support services provided in Alice Springs and surrounding regions. This is not to say that FGC should not be used when seeking safe placements for children, as it is likely to be the strongest tool in providing kinship placement alternatives which are supported by other family members (including parents). This is particularly salient given the impediments to recruiting kinship carers in the NT.

The physical and organisational location of the FGC Unit is also an important consideration. The independence and neutrality of convenors is of the utmost importance in gaining families' trust and in evidencing to them why this is a different way of doing business for kids. For these reasons, the co-location of the FGC Unit with operational child protection teams should be approached with caution. Providing the service from a neutral location will be particularly important for family engagement.

Supporting an NT-wide roll-out of FGC

Previous research has highlighted the tendency of family group conferencing processes to "morph" when sustained implementation monitoring and support is not provided.[4 5 13] Often this means that the "essential ingredients" of FGC principles and practices can be lost as they may not fit with the ideology or skill set of practitioners and agencies in other settings. It also means that practitioners may call what they are doing "FGC", when it is not FGC at all. For these reasons it is important that any further roll-out of FGC to other regions of the Northern Territory is facilitated through centralised support and monitoring mechanisms (e.g., through a DCF Divisional Branch with NT-wide oversight and service capacity) and utilises the policy, practice and implementation expertise garnered through this pilot program.

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Appendices

Appendix 1. Implementation Team Terms of Reference

Terms of Reference for the Family Group Conferencing Pilot Implementation Team in Alice Springs

These Terms of Reference (TOR) are intended to provide detail of the scope of work of the Implementation Team in supporting the Family Group Conferencing (FGC) Pilot in Alice Springs. The TOR can be updated as work progresses on the implementation of the FGC Pilot and in response to the changing requirements of the program. The TOR will be reviewed quarterly or when major changes to the group's structure or function occur.

Purpose

The purpose of the Implementation Team is to serve as a focused, accountable structure for driving and supporting the implementation of the FGC Pilot. The Implementation Team will identify and monitor key responsibilities for program delivery. The team will make recommendations and carry out actions to assist the project to meet its targets and to ensure that FGC is delivered in a manner that is consistent with its core principles. In addition, the purpose of the Implementation Team is to inform the broader roll-out of the FGC model across the Northern Territory through development of policies and guidelines that will be tested in the Pilot phase.

Approach

The Implementation Team will take a forward looking, solution-focused approach informed by the principles and frameworks of implementation science.

- The Implementation Team is a collaborative entity. Transparency is valued and expected.
- The Implementation Team is committed to a "ground-up" approach.
- The Implementation Team values innovation and excellence.
- The Implementation Team seeks to create outputs with durability.
- Members are expected to commit the time to review materials, attend meetings, arriving prepared to discuss the topics at hand, and participate fully.

Relationship with the Expert Advisory Panel

An Expert Advisory Panel has been established to provide advice to the Implementation Team on specific issues relating to the FGC project. This panel consists of representatives from Central Australian Aboriginal Legal Aid Service (CAALAS) , Central Australian Aboriginal Congress, Tangentyere Council and Relationships Australia The Implementation Team will have a two-way relationship with the FGC Expert Advisory Panel by both informing and being informed by the Panel. The Implementation Team will provide detail to the Expert Advisory Panel on the progress of the FGC pilot and will raise matters where it is seeking expert input from members of the Panel. This may involve the convening of separate 'expert' meetings, on an "as needs basis", to discuss and develop strategies to address a specific issue.

Membership

The Implementation Team must have decision making authority for its representative organisations and provide information about how the program is working on the ground. The Implementation Team will consist of DCF Convenors, DCF Administrative Staff, DCF project manager, DCF senior policy Manager, DCF Operations representative, Department of Chief Ministers (DCM) project manager and the Menzies School of Health Research evaluation team.

The role of the Menzies representatives will be to provide facilitation support. All FGC Implementation Team members have an equal role on the Team and will contribute the development of implementation plans and recommendations.

Duration and Phasing

The timeframe for the next phase of the FGC Pilot is July 2011 to June 2012. The Implementation Team will provide support and leadership throughout this time.

Responsibilities

By accepting appointment, Implementation Team members agree to:

- *Work together to provide alignment, continuity, and coordination of FGC activities.*
- *To provide input into critical implementation decisions*
- *To assist in the development of a communication plan regarding the FGC Pilot.* The Implementation Team will develop recommendations on how to effectively communication and market FGC internally to staff and externally to key stakeholders including communities.
- *To give input on strategies that support high fidelity implementation of FGC.* For example;
    - *Selection* - Development of job descriptions
    - *Training* – Training requirements and planning
    - *Coaching Protocols* – Coaching service delivery plans
    - *Performance Assessment* – Fidelity criteria
    - *Decision Support Data Systems* – Recommended fidelity and outcome data elements to be collected by site and agencies
    - *Facilitative Administration* – Policies and procedures to support FGC
    - *Systems Intervention* – Strategies for strengthening key partnerships

The Team will serve as "trouble shooters" and project consultants on the big picture problems that occur in development and execution of implementation plans. Implementation Team members also provide oversight to assure fidelity of FGC implementation.

Meetings

The Implementation Team will meet weekly in the first instance, and then by mutual agreement will meet less frequently as the program becomes more established. Meetings shall be scheduled for a time and place so as to minimise costs and to be accessible to all members. The meetings will be tape recorded so that the information from each meeting can be used to inform the evaluation of the pilot about key decisions that have been made, and to aid in the description of program challenges and successes.

Attendance

An Implementation Team member shall make a good faith effort to attend each Team meeting. Each organisation should be represented at an Implementation Team Meeting, and proxies can attend to enable decision making to occur at the meetings.

Decision Making, Consensus Building and Reporting

The work of the Implementation Team will be guided by a project plan including a task analysis of the activities to be undertaken by members of the team. Formal recommendations of the Implementation Team shall be decided by consensus.

Additionally:

- There will be target dates set by which time recommendations and reporting must be made in order for the project to move forward.
- All recommendations and decisions will be made within the limits of available financial, organizational and human resources, and within the scope of the project.

Minutes

Decision-making minutes shall be kept at every meeting of the Implementation Team and distributed to its members for review prior to the next meeting. Administrative staff working with the FGC Pilot will be responsible for writing up decision-making minutes at each meeting.

Appendix 2. Implementation drivers analysis forms (adapted from NIRN, 2011)

Family Group Conferencing Pilot Exploration of Key Implementation Elements				
Key Implementation elements	**Who currently has responsibility/control over this element?**	**How much can the Implementation Team influence this element?**	**How important is this element to the outcomes/success of the program?**	**Notes:**
Staff Selection	___CJC ___DCF ___DCM ___Menzies ___Other	___ High ___ Medium ___ Low	___ High ___ Medium ___ Low	
Training	___CJC ___DCF ___DCM ___Menzies ___Other	___ High ___ Medium ___ Low	___ High ___ Medium ___ Low	
Coaching/Supervision	___CJC ___DCF ___DCM ___Menzies ___Other	___ High ___ Medium ___ Low	___ High ___ Medium ___ Low	
Progress Data (is it being delivered as intended)	___CJC ___DCF ___DCM ___Menzies ___Other	___ High ___ Medium ___ Low	___ High ___ Medium ___ Low	

Outcomes Data (is it achieving what it is meant to achieve)	___CJC ___DCF ___DCM ___Menzies ___Other	___ High ___ Medium ___ Low	___ High ___ Medium ___ Low	
Systems Change (legislation, organisational readiness, attitudinal change, collaborative practice)	___CJC ___DCF ___DCM ___Menzies ___Other	___ High ___ Medium ___ Low	___ High ___ Medium ___ Low	
Facilitative Administration (policies and procedures)	___CJC ___DCF ___DCM ___Menzies ___Other	___ High ___ Medium ___ Low	___ High ___ Medium ___ Low	

Family Group Conferencing Exploration of Key Implementation Elements	
Key Implementation Element	**Current Status (What has been done so far, what else is needed, what risks are there for this element)**
Staff Selection	
Training	
Coaching/Supervision	
Progress Data (is it being delivered as intended)	
Outcomes Data	
Systems Change (legislation, organisational readiness, attitudinal change, collaborative practice)	
Facilitative Administration (policies and procedures)	

Appendix 3. Project implementation plan and review developed from drivers analysis

PROJECT PLAN FOR FAMILY GROUP CONFERENCING IMPLEMENTATION TEAM

FGC PROJECT		Task	Responsibility	Delivery - wk of	Status
Staff Selection	Approvals	Obtain approval from DCM to proceed with staffing arrangements	EF	25th July 2011	Completed
		Develop position descriptions for all positions	EF/DR/UB	25th July 2011	Completed
		Obtain approval from DCF CE regarding staffing positions	EF/DR	1st August 2011	Completed
		Obtain clarity regarding appointment of DCF Liaison position	EF/DR	1st August 2011	Review 3 mths
	Recruitment	Advertise 5 month positions on internal and external networks (e.g., Child Protection Clearinghouse, AASW) with 2 weeks closing	EF/DR	8th August 2011	Completed
		Review applications - Menzies, DCF policy and ops, DCM if available, FGC AG member/RAFCW	DCF, DCM, Menzies	22nd Aug 2011	Completed
		• *SP1 Senior Convenor and AO7 Convenor shortlisted and commencing interview process - selection made* • Commenced Monday 3/10/11	Menzies, DCF policy and ops etc	7th Sept 2011	Completed
		• *A06 Aboriginal Convenor application period closed* – rcrtmnt signed off • *Needs Ochre Card / exemption*	Menzies, DCF policy and ops etc	21st Sept 2011	Completed
		• *A03 Admin to be recruited for 5mth 3wk time period (to 24/2/12)* – no exp of interest rcvd – recruitment solutions in hand	Menzies, DCF policy and ops, etc	28th Sept 2011	
		• *Develop interview package by "capturing" processes seen to be good examples of behaviourally based interviewing* – meeting arranged for 10am Monday 21/11/11 in Alice Springs	FA MM	FA's next visit	
		DCF policy person and advisory group member/ RAFCW to "behaviourally interview" candidate/s include interview schedule and appropriate responses	EF/ Advisory Group member/RAFCW	22nd August 2011	Completed –
	Arrangements regarding Child Advocates	• Terry, EF ,MM + 2 from Advisory Group developing a working criteria re suitability as an advocate (interim CA filled by appropriate persons) • Liaise w Fiona Haddon re those id'd for ½ day training - those who are interested and experienced in CA work • Establish contracts (need Director's guidance re sessional contracts (Legal)) Will then have Register of those assessed suitable for the role.	EF and team EF and team EF and team	2nd Nov 2011	

FGC Materials	**Manual development**	Develop FGC practice guide/handbook including details of conflict of interest and involvement of lawyers – *Ongoing* • EF to meet w DR Tuesday re finalising draft, then circulate to MM, FA	EF/DR	28th Sept 2011 24th Oct 2011	In progress
	Policy & Procedure	Complete flow chart including explanation of each step of the process *-Has been amended to reflect interim Confidentiality process*	EF/DR	7th Sept 2011	Completed
		Ensure forms (referral mediation report, consent forms, Partnership Agreement template) are up to date include liaison re case planning/meeting process in DCF	EF/DR	7th Sept 2011	Completed
	Resources for FGC	Develop "branding" of FGC – e.g., letterhead, nametags etc that delineate FGC Unit staff from other DCF work units – explore with DCF Communications Team *- Still w legal – advised changes made a & additional docs submitted* • Memo re Branding will be finalised at/for upcoming meeting	EF/DR/DCF Comms	16th Sept 2011	**Docs at Legal and BT , then Branding**
		Complete flip chart regarding informed consent *- To be returned from Dawn Ross (has been reviewing)- circulate to implementation team*	EF/UB	7th Sept 2011	Completed
		Develop Frequently Asked Questions resource for DCF staff including RAFCWs *- Completed - circulate to implementation team*	EF/UB	7th Sept 2011	Completed
Core Content / InductionTraining	**Fiona visits Alice**	• 21/11/11 – meetings with MM (a.m.), and EF (p.m.) • 22/11/11 – Managers meeting w James	FA	21 – 22 November 2011	
	Training package for DCF staff	Develop training package for DCF staff including the use of genograms, referral to FGC, producing a referral report, CCIS entry of Partnership Agreement (case plan) • Ops & ?CT to put together paper for Team Leaders meeting re what Case Workers need to do -b4 1st referral - + to be standing item at that meeting • Cement Team process, then do training – practical, operational, with focus on FGC role, and importance of ensuring that family members are "noted" • To get list of case workers • ? focus groups by Menzies an available option	EF/UB/MM EF EF/MM EF	Dec 2011 7 Nov 2011 7 Nov 2011 7 Nov 2011	
	Training package for FGC unit members	Identify content needed in the area of child protection	EF/KM	8th August 2011	Completed
		Determine if DCF Learning and Development Unit can provide identified training	EF	8th August 2011	NO – but Josie will assist

		Core Content / Induction – based on FGC Manual • FGC Model and Delivery (incl prior issues) • Child Protection and Partnership plan • DCF interface (policies and procedures) *To be organised as key element of 2 day training package – and circulated to Implementation Team*	EF/MM	12th Oct 2011	Completed
		Develop training content which includes the following: • child protection training and legislation, trauma and attachment, child development • genogram • data entry • Collaborative practice with families in a statutory context • Knowledge of the role of lawyers in the process • Competency based training methods including video/scenarios/role plays • **½ day on Partnership Agreement**	EF/UB/MM	12th Oct 2011	2 day training package for conveners
		Source other FGC training content from other jurisdictions that may be relevant	EF/UB	15th Aug2011	Completed
	Training for child advocates	Develop training package for child advocates regarding communicating with children, role in the FGC, working with FGC staff and interpreters ***Awaiting model of Child Advocacy arrangements***	EF/RANT	17th Oct 2011	
Coaching & Supervision	**Coaching to the FGC model**	Develop coaching strategy (not line management) for MM and team. This will include coaching in team meetings and conferences and specified commitment of time on the part of the coach • EF to assist MM (+ Kerry and Dawn) with Coaching • Also assist with core development issues	EF/Menzies EF/MM EF/MM	12th Oct 2011 Nov 2011 Nov 2011	
		Engage Alice Springs based practitioners in structured practice group meetings , include legal practitioner, child protection practitioner, RAFCWs, others with relevant experience	EF FA	12th Oct 2011	
Policie	**Confidentiality Processes**	Confidentiality regarding Informed Consent and the FGC process needs to be determined	DR, EF, DN?	7th Sept 2011	

		Legislative Change required – No amendments possible til Feb 2012 *- DR in discussion w Barbara Bradshaw* *- DCF CE has been alerted and memo reviewed*			
		Implement interim confidentiality measures until changes in legislation are achieved *- Instruct parents re limits to confidentiality* *- Lawyers to be invited into prep process for the meeting*	DR	29th September 2011	Completed
Data and Evaluation	**Data Recording**	Develop database, forms and reports in ACCESS for recording FGC activity and measures *(ACCESS not an NT Gov program)* <><><>

		Re-establish implementation team meetings – set regular meeting time for weekly meetings and set agendas	Menzies	Ongoing from 8th August 2011	completed
		Relationship with DCF Executive - ***progress reports can be incorporated via DR's report to Exec Director ?***	Menzies/DCF	3rd Oct 2011	completed
		Reporting to DCM – provide 3 monthly updates for DCM ***(payment letter – once staff appointed)***	Menzies/DCF	Ongoing from 1st November 2011	
	Communication strategy	Develop internal and external communication strategy for the FGC project – including pamphlets/brochures etc ***- First Report to be produced during FA's visit to Alice Springs***	FA	12th October 2011	
		Procure DVD to explain FGC to families including detail of voluntary nature of process *- Advance Payment has been approved by DCF* *- Christopher Brocklebank met with again re commencement of production* ***- animation – 1st draft Monday*** ***- script and pictures next*** ***-next meeting ? Final "draft" – to ? CGB***	EF/UB/Dawn	12th October 2011	
		Conduct information session for lawyers in Alice Springs regarding what FGC is and what it means for their clients - ***Dates to be confirmed***	DCF/FA/BB/DR	12th October 2011	
		Involve Team Leaders in communication strategy and engage as champions in the FGC process	EF/Menzies/DCF Operations	29th September 2011	ongoing
Service Delivery	**Accommodation**	Secure ongoing accommodation for the FGC Unit	EF/DR	15th August 2011	Completed FOR NOW
	Referrals	Embed Senior Convenor in DCF case allocation process to identify potentially suitable cases *- case worker has made referral*	DCF	1st October 2011	completed
		Delegations for Margot as appropriate	?	26th Oct 2011	
		Begin referral process with Investigation and Assessment Team for open cases ***? FA to have quick "meeting" 20/10***	DCF	1st October 2011	

		Monitor referral process from DCF operations to FGC Unit	Implementation team	Ongoing from 1st Oct 2011	
	Conferencing	Provide conferences to families involved with child protection system and conduct review meetings	FGC Unit	1st October 2011	

EF = Elizabeth Flynn; UB = Ursula Bayliss; DR = David Ross; Menzies = Menzies School of Health Research Child Protection Program; DCF = Department of Children and Families; RAFCW = Remote Aboriginal Family and Community Worker; DCM = Department of the Chief Minister; FGC ERP = Family Group Conferencing Expert Reference Panel

Appendix 4. Staff attitudes to FGC survey (adapted from Sundell et al)

Family Group Conferencing Survey

menzies school of health research

INSTRUCTIONS

The Following 13 statements contain attitudes that may be expressed when experiencing the Family Group Conferencing process. Each statement is paired with its opposing attitude and is presented at opposite ends of a 5 point scale. Please chose a position on the scale for each statement that best represents your attitude.

FOR EXAMPLE:

In the statement below the second circle has been ticked. This indicates that the parent allows the child to make MOST, but NOT ALL of their own choices regarding how much to eat at mealtimes.

SAMPLE ITEM

At mealtime ***I let my child decide how much to eat***	O	✓	O	O	O	At mealtime ***I decide how much my child eats***

For each question, please tick the circle that best describes what your attitude is relating to the following statements.

1	Children should be allowed to remain at home despite unsatisfactory family circumstances.	◯	◯	◯	◯	◯	If family circumstances are unsatisfactory then children should not be allowed to remain at home.
2	A family's problems can often be solved through the help of relatives.	◯	◯	◯	◯	◯	Relatives can rarely help in solving family problems.

Family Group Conferencing Survey

3	FGC can be applied equally well for all types of social problems.				FGC does not work for all types of social problems
.	◯	◯	◯	◯	◯
4	Each family is best equipped to determine what they need in terms of support.				Social workers are best equipped to determine what families need in terms of support.
.	◯	◯	◯	◯	◯
5	It is important that the family has the opportunity to deliberate undisturbed by professionals.				It is important that professionals are involved in the family's deliberation.
.	◯	◯	◯	◯	◯
6	The families care plan should always be approved.				Social welfare should not necessarilyaccept the family's care plan.
.	◯	◯	◯	◯	◯
7	FGC is a means to increase adults' self-confidence in their role as parents.				FCG does not increase adults' self-confidence in their role as parents.
.	◯	◯	◯	◯	◯

Family Group Conferencing Survey

8	FGC is a useful method to solve problems in situations where children maybe maltreated.				FGC is an unsatisfactory method to solve problems where children maybe maltreatment.
.	◯	◯	◯	◯	◯
9	The parents and children should decide who to invite to the FGC.				The coordinator (convenor) should decide who to invite to the FGC.
.	◯	◯	◯	◯	◯
10	Those participating in FGC should have access to detailed information about the problems.				Detailed information regarding the problems should not be available to all people attending FGC.
.	◯	◯	◯	◯	◯
11	The coordinators (convenors) should be allowed access detailed information about the family's problems.				Coordinator (convenor) access to detailed information regarding the family's problems could negatively influence the coordinators decisions.
.	◯	◯	◯	◯	◯
12	It is important that children participate in the Family Group Conference.				Children should not be allowed to participate in the Family Group Conference.
.	◯	◯	◯	◯	◯

Family Group Conferencing Survey

13

	It is important that the coordinators are independent of the social welfare system.				It is not important to have FGC coordinators (convenors) that are independent of the social welfare system
.	◯	◯	◯	◯	◯

14. What team are you currently in?

◯ Child Protection

◯ Out of Home Care

15. Have you had prior experience with Family Group Conferencing?

◯ Yes

◯ No

16. If you answered yes to question 15, where did you experience Family Group Conferencing?

◯ In Alice Springs

◯ Other

◯ Where?.....

Appendix 5. Potential data items for supporting FGC decision making, reporting, evaluation and monitoring

	Description	Purpose	Source/fields	Difficulty	Priority
1	Referrals to the FGC unit by month	Identify demand for FGC	Referral form	Low	High
2	Time taken to complete referral by caseworker	Identify burden/efficiency of referral process	Interview	Medium	Low
3	Reasons for length of time to complete	Identify burden/efficiency of referral process	Interview	Medium	Low
4	Concerns identified in referral	Identify types of matters for which FGC deemed appropriate	Referral form (Part 3)	Low	High
5	Outcome sought from conference	Identify desired outcomes from FGC and determine if met	Referral form (Part 3)	Low	High
6	Number of referrals that were accepted by the FGC unit month	Identify workload for FGC unit and capacity of the service	Referral form/email/Checklist?	Low	High
7	Reasons for non-acceptance of referral	Identify appropriateness of referrals	Letter re non-acceptance of referral	Low	Medium
8	Number of days between referral and referral being accepted or not	Determine efficiency of referral process	Referral form/email/checklist?	Medium	High
9	Reason for delay in outcome of referral, if any	Determine factors which impact on efficiency of referral process	Checklist/email/FGC case notes?	Medium	Medium
10	Source of request for referral (Family/DCF/other practitioner) by month	Identify if increasing ownership by community and broader sector	Interview/referral form?/FGC case notes	Medium	Medium
11	Referral by work unit by month (CP/OOHC/Reunification/Youth) for accepted and unaccepted referrals	Identify who is referring to FGC and whether referrals from some referral sources are more likely to be accepted	Referral form? Field to be added	Low	High
12	Number of children in referrals by month for accepted and unaccepted referrals	Identify demand for FGC and complexity of cases	Referral form (Part 1)	Low	High
13	Gender of children in referrals by month for accepted and unaccepted referrals	Identify any gender differences in the children being referred – will need to link to proportion of boys and girls in CP system	Referral form (Part 1)	Low	Medium
14	Number /proportion of children whom there	Identify location of FGC in child	Referral form (Part 1)	Low?	High

	Description	Purpose	Source/fields	Difficulty	Priority
	were existing orders (and type of order) for accepted and unaccepted referrals	protection processes (e.g., pre/post orders) and outcome of conference			
15	Number and type of other orders concerning family (e.g., DVO)	Identify complexity of cases and additional considerations in conferences	Referral form (Part 4)		
16	Living arrangements of children in referrals prior to the FGC	Identify any changes in living arrangements as a result of the conference	Referral form (Part 1)	Medium	High
17	Number of family members by relationship to child and gender in accepted and unaccepted referrals by month	Identify the complexity of cases and use information to identify if any changes in number of family members identified over time	Referral form (Part 1)	Low	High
18	Number of days between acceptance of referral and start of preparation for conference	Determine efficiency of conferencing process	Checklist/FGC case notes	Medium	High
19	Reason for delay in acceptance of referral and start of preparation, if any	Determine factors which impact on efficiency of conferencing process	Checklist/FGC case notes	Medium	Medium
20	Convenor/s allocated to the conference	Identify workload for FGC unit	Checklist/FGC case notes	Low	Medium
21	Change in convenor and reasons for change	Identify reasons for changes in convenors	Checklist/FGC case notes	Medium	Low
22	Length of preparation for the conference and number and type of activities conducted in preparation time	Determine intensity and duration of preparation time	Checklist/FGC case notes	Medium	High
23	Number of family members by relationship to child and gender invited to the conference	Identify the complexity of cases and can be used to calculate the increase in family identification as part of FGC process	Outcome report	Low	Medium
24	Number/proportion of conferences convened by month by convenor/s	Identify outputs for the program/KPIs and identify workload for FGC unit	Checklist	Low	High
25	Number of family members by relationship to child and gender who participate in conference	Identify non-attendance and level of retention throughout FGC process	Checklist/FGC case notes	Low	High
26	Reasons for non-attendance by family members, if any	Identify factors which may inhibit participation in FGC	Checklist/FGC case notes	High	Medium

	Description	Purpose	Source/fields	Difficulty	Priority
27	Number of non-family members (e.g., other professionals and support persons who invited to the conference)	Identify the rate of participation by non-family members	Outcome report	Low	Medium
28	Number and type of family supports who take part in conferences	Identify the key people supporting families in conferences	Outcome report	Low	High
29	Reasons for non-attendance by family supports, if any	Identify factors which may inhibit participation in FGC	FGC case notes/ Interview	High	Low
30	Type of children's representation/participation at conference by child (e.g., in person, by advocate, both, not represented)	Identify how children are being represented at conferences	Outcome report	Low	High
31	Reasons for non-representation of children, if any	Identify factors which may inhibit participation in FGC	FGC case notes/Interview	High	Low
32	Number and type of professionals who give information about the child/family who take part in conferences	Identify the key people attending as representatives of DCF work units/other services	Outcome report	Low	High
33	Reasons for non-attendance by professionals who give information about the child/family, if any	Identify factors which may inhibit participation in FGC	FGC case notes/Interview	High	Low
34	Number and type of professionals who give information about their services who take part in conferences	Identify the key people attending who can give information about resources available to families/identify gaps in services	Outcome report	Low	High
35	Reasons for non-attendance by professionals who give information about their services, if any	Identify factors which may inhibit participation in FGC	FGC case notes/Interview	High	Low
36	Number/proportion of conferences that included an interpreter where one was required	Identify the use of culturally responsive practice in conferences	Consent form/FGC case notes/Outcome report?	Low	Medium
37	Length of information time	Identify variability in conferences and resourcing needs	FGC case notes?	Low?	High

	Description	Purpose	Source/fields	Difficulty	Priority
38	Length of family time	Identify variability in conferences and resourcing needs	FGC case notes?	Low?	High
39	Number/proportion of conferences with non-family members present in family time, and role of those non-family members	Identify variability in conferences	FGC case notes/Interview	Low?	High
40	Reasons for professionals present in family time	Identify reasons for variability in conferences	Conference documentation	Low?	High
41	Length of negotiation time	Identify variability in conferences	Conference documentation	Low?	High
42	Number/proportion of convened conferences which result in a valid partnership agreement	Identify outcomes of FGC	Outcome report/Partnership Agreement	Low	High
43	Reasons for lack of a valid partnership agreement, if any	Identify factors which may inhibit or support creating a valid partnership agreement	Checklist/convenor notes/interview?	Medium	Medium
44	Number/proportion of partnership agreements that specify a review date	Identify partnership agreements which follow procedural requirements/quality assurance?	Partnership Agreement/Checklist?	Low	Medium
45	Number/proportion of partnership agreements for which a review is convened where a date has been set for review	Identify workload and compliance with procedural requirements?	DCF Review Report	Low	Medium
46	Reasons for lack of a review, if any	Identify factors which may impede the review process	Checklist/FGC case notes /interview	Medium	Medium
47	Length of time between conference date and partnership agreement sign off	Identify efficiency of process and any length of delays	Partnership agreement and conference documentation	Low	High
48	Reasons for delay in sign off of agreement	Identify efficiency of process and reasons for delays	FGC case notes/interview	Medium	Medium
49	Length of time between partnership agreement sign off and family provided with copy of agreement	Identify efficiency of process and any length of delays	Partnership agreement/FGC case notes	Low	High

	Description	Purpose	Source/fields	Difficulty	Priority
50	Reasons for delay in provision of agreement to family	Identify efficiency of process and reasons for delays	FGC case notes /interview	Medium	Medium
51	Number /proportion of children for whom a conference was convened and who had existing orders discharged as a result of the conference	Identify outcomes of FGC	Partnership Agreement/CCIS?	Medium/High	Medium/High
52	Number of matters that proceed to court after FGC	Identify diversion of cases from court proceedings	CCIS?/Interview	High	High
53	Number /proportion of partnership agreements that are contested in court	Identify outcomes of FGC and factors determining implementation of plans	FGC case notes/Interview	Medium	Medium/High
54	Number of referrals to other services contained in partnership agreements	Identify degree to which FGC links families to other services	Partnership Agreement	Low	Medium/High
55	Living arrangements of children as determined at FGC	Identify the proportion of FGCs that result in planned changes of living arrangements of children	Partnership Agreement	Low	High
56	Number/proportion of Partnership Agreements that are implemented (including referral uptake) and to what degree and by whom	Determine outcomes of FGC and factors influencing outcomes for children	Partnership Agreement/ DCF Review Report /Case review/interview	High	High
57	Reasons for non-implementation of partnership agreements, if any	Identify factors influencing the implementation of agreements	DCF Review Report /Case review/interview	High	Medium/High
58	Number/proportion of partnership agreements that break down and do/do not come back for review	Identify involvement of family in decision making after plan breakdown	Interview/Case review	Medium	Medium
59	Number/proportion of children who are re-notified to DCF	Identify outcomes of conferences with regard to child safety	CCIS	Medium	High
60	Concerns identified in re-notification	Determine if new concerns or relate to original presenting issue	CCIS	Medium	High
61	Number/proportion for whom re-notification results in substantiation	Identify outcomes of conferences with regard to child safety	CCIS	Medium	High
62	Number/proportion of families who are re-	Identify proportion of new families	Referral form (Part 4)	Low	Low

	Description	Purpose	Source/fields	Difficulty	Priority
	referred to FGC for another matter	referred to FGC			
63	Number and proportion of trained child advocates who participate in FGC	Identify training transfer and inefficiencies in training	Training documentation/ Outcome report	Low	Medium
64	Reasons for non-use of child advocates	Identify training transfer and inefficiencies in training	Interview	High	Medium
65	Number of caseworkers who participate in FGC	Identify spread of FGC throughout Alice Springs DCF office	FGC case notes	Low	Medium
66	Identify reasons for non-participation of case workers	Identify spread of FGC throughout Alice Springs DCF office and barriers to implementation	Interview	High	Medium
67	Number/proportion of conferences in which caseworker changed over the FGC/review period	Identify impact on staff turnover and factors involved in implementation of agreements	Interview/ FGC case notes/Case review	High	Medium
68	Number of interagency protocols developed	Identify interagency collaboration and barriers overcome	Interview/ FGC case notes	High	Medium
69	Content of interagency protocols developed	Identify interagency collaboration and barriers overcome	Interview/ FGC case notes	High	Medium
70	Turnover in staff in FGC unit	Identify staff retention in FGC team	Interview/implementation team minutes	Low	Medium
71	Number and type of promotional activities (community visits, news stories etc) re FGC	Identify type of activities and potential impact	Interview/minutes of meetings	Low	Low
72	Itemised costs of each conference (including but not limited to child advocates, venue, food, interpreters, convenors, transport for family, transport for FGC team, transport for other staff, accommodation, other)	Determine cost/benefit of conferences	FGC case notes	Medium/High	Medium
73	Other costs of FGC unit (staff, office space, administration, training and additional travel, promotional material, car, petrol)	Determine cost/benefit of conferences	Project documentation including service agreement and financial reports	Medium/High	Medium
74	Caseworker attitudes to family decision	Determine if FGC has cultural change	Survey	High	Medium

	Description	Purpose	Source/fields	Difficulty	Priority
	making	effect in organisation			
75	Family satisfaction with FGC process	Determine acceptability of FGC and quality assurance	Interview	High	High
76	Family satisfaction with and ownership of Partnership Agreement	Determine acceptability of partnership agreement and possible influences on its implementation	Interview	High	High
77	Caseworker satisfaction with FGC process	Determine acceptability of FGC and quality assurance	Interview	High	High
78	Caseworker satisfaction with and ownership of Partnership Agreement	Determine acceptability of partnership agreement and possible influences on its implementation	Interview	High	High
79	Level of mutual understanding between family and DCF as a result of the FGC process	Determine extent to which FGC enhances understanding and relationships between workers and clients	Interview	High	Medium
80	Number-proportion of partnership plans recorded on CCIS/DCF casefile, compared with number of case plans derived through non-FGC means	Determine successful recording of plans on children's records	Case file review	High	Medium

*items highlighted in green represent key performance indicators in previous project management plans