



THE UNIVERSITY OF  
**SYDNEY**

—  
Research Centre  
for Children and  
Families

## Family Group Conferencing Evaluation

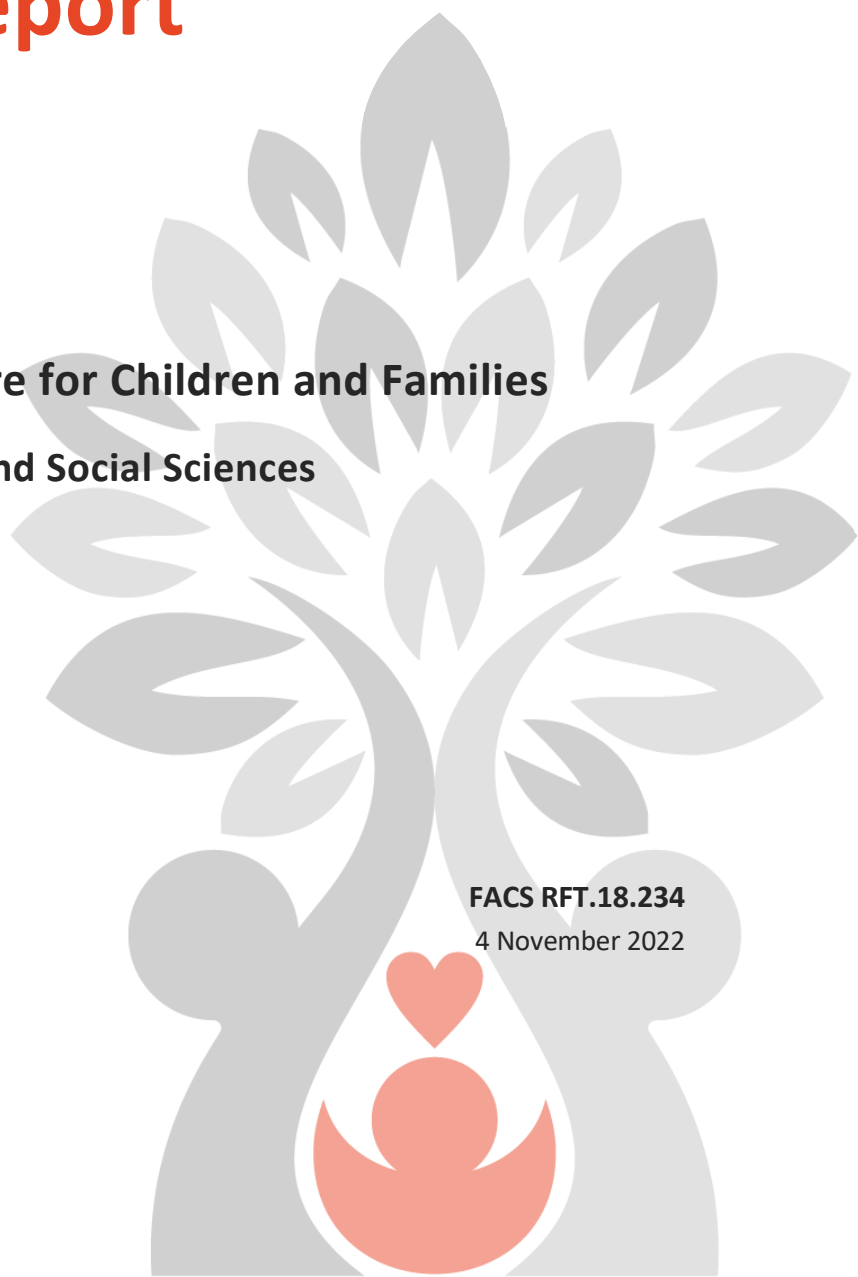
# Final Report

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**Acknowledgement of Country:**

The Research Centre for Children and Families acknowledges the Aboriginal and Torres Strait Islander peoples as the First Australians, whose lands, winds and waters we now all share, and pays respect to their unique values, and their continuing and enduring cultures which deepen and enrich the life of our nation and communities.

**Prepared by:**

Amy Conley Wright, Stefanie Schurer, Betty Luu, Susan Collings, Irene Wardle, Sarah Ciftci, Judy Cashmore, Lynette Riley and Suzanne Pope

The Research Centre was commissioned by the NSW Department of Communities and Justice (DCJ) to evaluate the Family Group Conferencing (FGC) program. Funding and resourcing for the evaluation was provided by DCJ.

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## National Apology to the Stolen Generations

Prime Minister (Hon Kevin Rudd MP): Mr Speaker, I move:

That today we honour the Indigenous peoples of this land, the oldest continuing cultures in human history.

We reflect on their past mistreatment.

We reflect in particular on the mistreatment of those who were Stolen Generations - this blemished chapter in our nation's history.

The time has now come for the nation to turn a new page in Australia's history by righting the wrongs of the past and so moving forward with confidence to the future.

We apologise for the laws and policies of successive Parliaments and governments that have inflicted profound grief, suffering and loss on these our fellow Australians.

We apologise especially for the removal of Aboriginal and Torres Strait Islander children from their families, their communities and their country.

For the pain, suffering and hurt of these Stolen Generations, their descendants and for their families left behind, we say sorry.

To the mothers and the fathers, the brothers and the sisters, for the breaking up of families and communities, we say sorry.

And for the indignity and degradation thus inflicted on a proud people and a proud culture, we say sorry.

We the Parliament of Australia respectfully request that this apology be received in the spirit in which it is offered as part of the healing of the nation.

For the future we take heart; resolving that this new page in the history of our great continent can now be written.

We today take this first step by acknowledging the past and laying claim to a future that embraces all Australians.

A future where this Parliament resolves that the injustices of the past must never, never happen again.

A future where we harness the determination of all Australians, Indigenous and non-Indigenous, to close the gap that lies between us in life expectancy, educational achievement and economic opportunity.

A future where we embrace the possibility of new solutions to enduring problems where old approaches have failed.

A future based on mutual respect, mutual resolve and mutual responsibility.

A future where all Australians, whatever their origins, are truly equal partners, with equal opportunities and with an equal stake in shaping the next chapter in the history of this great country, Australia.

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## Executive Summary

Family group conferencing (FGC) is a form of Alternative Dispute Resolution (ADR) that seeks to engage extended family in decision-making processes and strengthen partnerships between families and the NSW Department of Communities and Justice (DCJ). FGC can be used at the point of considering removing children and placing them in out-of-home care (OOHC) or other points throughout the child protection service continuum. Caseworkers speak to families and, if they agree, initiate the FGC process. The District FGC Coordinator organises a referral to an independent facilitator, who is contracted but not employed by DCJ. The facilitator contacts the family and other people important to the family, which may include members of their extended family and social networks, Aboriginal Elders and service providers who already provide support, to invite them to a meeting.

The FGC meeting has three stages:

- **Information sharing** – Participants introduce themselves and talk about the concerns for the child.
- **Family time** – Private time when the family and their supporters decide what to include in a plan to address the concerns for the child, without DCJ staff present.
- **Agreeing to the plan** – A ‘Family Plan’ outlining specific responsibilities with timeframes for the family, their support network and DCJ caseworkers is developed and agreed to by participants.

The Family Plan developed as part of the Family Group Conference is intended to inform casework, with the caseworker holding responsibility for monitoring implementation. Within three months of the Family Group Conference, a review of the Family Plan should be held to assess progress with implementation and make changes as needed.<sup>1</sup>

FGC was introduced in New South Wales (NSW) as part of the *Safe Home for Life* reforms<sup>2</sup> and sits within the framework of ADR, which was given greater prominence through the 2019 Child Protection Legislative Reforms enacted through Chapter 15A of the *Children and Young People (Care and Protection) Act 1998*<sup>3</sup>. Since the pilot of FGC in 2011, the FGC program has been progressively implemented across NSW.

In 2019, the NSW Department of Communities and Justice (DCJ) commissioned the Research Centre for Children and Families (RCCF), at the University of Sydney, to undertake a comprehensive evaluation of the FGC program. The evaluation of FGC examined the extent to which the program has achieved its stated goals and outcomes, and consisted of the following evaluation components:

- **Implementation** to provide robust evidence of fidelity of the program implementation in NSW; impact on outcomes for children whose families participate in an FGC; and impact on worker and family engagement in FGC where child safety concerns have been identified.
- **Outcome** to examine the extent to which FGC has contributed to promoting more positive outcomes, reducing risks and avoiding entry into the statutory care system for children and young people.
- **Economic** analysis to measure the unit costs for operating the FGC program and compare the cost and benefits with the costs and outcomes of providing traditional care.

<sup>1</sup> FACSIAR, n.d. *Family Group Conferencing (FGC) Logic Model*. Sydney: NSW Government.

<sup>2</sup> NSW Government 2009. *Keep Them Safe: A shared approach to child well-being 2009–2014*. Sydney: NSW Government.

<sup>3</sup> NSW *Children and Young Persons (Care and Protection) Act 1998*. Sydney: NSW Government.

The evaluation had a particular focus on the experiences of Aboriginal families, facilitators and DCJ staff involved with the FGC program. Engagement with Aboriginal peak agencies and community organisations has been essential to building trust and encouraging Aboriginal facilitators, caseworkers, and families to participate in the evaluation, to capture their perspectives on FGC and recommendations for the FGC program.

## Key evaluation questions<sup>4</sup>

The key questions that guided the evaluation are:

1. Has FGC been implemented in each District according to the program guidelines for fidelity and effectiveness?
2. Compared with families who did not participate in FGC, does FGC reduce Risk of Significant Harm (ROSH) reports, applications for care proceedings, and entries into OOHC?
3. Do parents and families who have taken part in a FGC feel more empowered in making decisions to improve the safety and well-being of their children?
4. Does FGC support self-determination for Aboriginal people through increased participation of Aboriginal families, communities, children and young people, in child protection decision making?
5. Does FGC improve the relationship and communication between DCJ and families?
6. At the time of the Family Plan review, were families who participated in FGC able to access the identified support and make progress towards achieving their Family Plan goals?
7. Does FGC represent good value for money compared to traditional approaches to child protection?

## Evaluation process

The evaluation drew upon multiple types of data.

Program data for FGCs held between June 2017 and June 2021 were provided by DCJ, along with extracts of child protection and OOHC care data, between January 1999 and July 2021, from ChildStory. A unique non-personally-identifying ID for each child enabled the FGC Program data to be linked to the data in ChildStory. The analysis of the linked administrative data revealed substantial variations across districts in the uptake of FGCs and the review of Family Plans following a FGC (partially addressing question 1 above). These data were also used to assess outcomes for program participants relative to non-participants (questions 2 and 3, above). Detailed costing data for a subset of completed FGCs were also provided for the economic evaluation.

Workforce surveys were completed by managers casework, caseworkers, and independent facilitators across NSW, with 169 valid responses were received: 85 caseworkers, 49 managers, and 35 independent facilitators. Of the total workforce, the response rate of all caseworkers and casework managers was about 15.1% and 24.6% for independent facilitators. Separate focus groups were conducted with DCJ caseworkers, caseworker managers and District FGC administrators, as well as Independent Facilitators, with a total of 60 participants. These workforce data are integrated with data from families to address questions 4-7.

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<sup>4</sup> The original evaluation plan included an additional question; 'Is participation in FGC associated with improved placement outcomes for children and young people such as: placement stability, proportion living with Kin and proportion living with or restored to their parents?' This evaluation question could not be examined in this evaluation due to data availability and follow up time period. This is of interest to DCJ and future evaluation will address this.



Family interviews (addressing questions 4-7) were conducted by telephone, online, and where possible, face-to-face. A key feature of the evaluation was the success in engaging the participation of the Aboriginal caseworkers and facilitators, and Aboriginal family members. Of the 40 interviews held with family members, 31 participants identified as Aboriginal.

Participant observations of nine conferences and post-conference interviews with facilitators provided the evaluation team with insights into the process and complexity of hosting FGCs. The team also reviewed 54 Referral Information Forms (RIFs) and Family Plans. The RIFs were matched with Family Plans and developed into composite case studies to discern the patterns that contributed to a positive experience for families and those that lead to a less satisfactory experience. This information contributed to understanding the key factors and patterns associated with the quality of the FGC process and were used to develop case studies.

## Summary of evaluation findings

### Implementation evaluation

Casework that included proactive family finding, respectful communication with family members, and keeping the child(ren) as the core focus of the FGC were consistently found to be critical factors associated with positive FGC outcomes. DCJ staff identified FGC as a way of strengthening family-inclusive practice, providing an opportunity for families to contribute to decisions rather than having decisions imposed on them. Caseworkers saw FGC as a way to empower families, and to give them a chance to demonstrate their genuine care for the child(ren) at the heart of the FGC.

The independence of facilitators from DCJ was highly valued by caseworkers and families, which was considered to make the difference for family engagement and trust in the process. Another key aspect for success was the quality and depth of the preparation for a FGC. While the FGC model used by DCJ specifies that the caseworker is charged with identifying relevant family and extended networks to attend the FGC meeting, supplemented by the independent facilitator, this 'family finding' by the caseworker can be minimal. Good preparation included ensuring that the relevant people attended and the communication with them promoted a shared understanding of the purpose of the meeting. The skill and expertise of the facilitator was consistently reported, by caseworkers and families, as having the most impact on the FGC outcomes. This involved the facilitator's ability to mediate complex relationships and conversations, as well as create a safe space for constructive discussions. Clear parameters for decision-making contributed to family's engagement in the process and commitment to the Family Plan.

The development of Family Plans was a contentious issue for facilitators, caseworkers, and families. Family dynamics, communication skills and the extent of parenting challenges made a difference to how well family members could take advantage of the FGC as an opportunity to come up with an actionable Family Plan. Some families and workers expressed that support during Private Family Time was needed to develop a Plan that was realistic and achievable, as well as addressed the DCJ's 'bottom lines' for child safety. There was a general feeling, among all participants, that facilitators should make themselves available to families for questions or when issues among family members arose. When Family Plans were detailed, with clear milestones and included a process to monitor milestones, they were more likely to be implemented. Families looked to caseworkers to support them to enact the Family Plan, including assistance with accessing the required support services and resources. It is important for caseworkers and managers to be present at the FGC and able to make those commitments, especially where they include resource commitments such as expenditure.

DCJ staff acknowledged that arranging FGCs for Aboriginal families could take longer than the usual allocated timeframe, but that this process should not be rushed. Aboriginal caseworkers expressed concerns about FGC being convened without an Aboriginal facilitator or cultural support person being available. Aboriginal families may be more likely to distrust the system; therefore, ensuring that the FGC was conducted with consideration to cultural respect and safety helped to gain their confidence. Aboriginal facilitators discussed the importance of taking the necessary time to establish connection and working relationships with Kin<sup>5</sup> in the interest of supporting children's relationships with people who share their culture. Involving culturally appropriate support people, including non-governmental service providers, to support Aboriginal families during and after a FGC may be a valuable way of assisting some families to address the child safety concerns and meet family goals.

The benefits of FGC for children and families rest on what happens after the conference. This highlights the importance of the timely and active review of the implementation of Family Plans, including caseworker support to assist families to access the support and resources they need. The benefit of such efforts can have a lifelong impact on the children at the heart of the FGC program.

### Program outputs and process evaluation

At the time of the data collection, 2,929 children and their families were referred to the FGC service. Of these, 2,184 FGC services were convened, 522 FGC were cancelled, and 223 FGC were still pending. The rollout happened in stages. It started in August 2017 and the last convened FGC service observed in the data was in June 2021. The number of FGCs has steadily increased across all districts from 2018 to 2021. Only 10 FGC were convened in 2017, while 302 were convened in 2018, 624 in 2019, 792 in 2020 and 456 in 2021. Overall, the districts that convened the most FGCs were the Illawarra Shoalhaven area, followed by Northern NSW. The Illawarra Shoalhaven region also led in the number of convened FGCs that had documented follow-up reviews, closely followed by Murrumbidgee, Mid-North Coast and Northern NSW. Across all Districts, most FGCs were convened within six weeks of the initial referral; however, families with Aboriginal children had an average wait time of around seven weeks. FGCs referrals were more likely to be cancelled in Murrumbidgee, Mid-North Coast, South-Eastern Sydney and Western NSW regions (data on the reasons for cancellation was not available).

A small number of the total available pool of facilitators were consistently used for the majority of FGCs. In total 118 individual facilitators were contracted state-wide to convene 2,184 FGC sessions. The median number of facilitators across districts is 19. The fewest number of facilitators were used in Central Coast (n=10). Mid North Coast, Murrumbidgee and West NSW districts also used fewer than the median number of facilitators. The Illawarra Shoalhaven district used the largest number of facilitators (n=55). FGC administrators noted that they often rely upon word of mouth and try to get facilitators with a good reputation, in the absence of a clear evaluation process for facilitators.

### Data linkage

We linked children in the FGC program data set with the children in the child protection data files using a link indicator called ChildStory ID. Of the 2,929 children with a referral, 2,776 could be linked with child protection data, while for 136 children we could find no records in the child protection files. We dropped children born before 1983, for whom age of contact was before conception or after the 18<sup>th</sup> birthday, and for whom contact occurred before 2015. These exclusion restrictions led to a further loss of the original FGC population of 352

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<sup>5</sup> In this report, 'Kin' is capitalised in recognition of the complex classification system of Aboriginal Kinship, that underpins customary law and governs social behaviours, as noted in The Law Reform Commission of Western Australia Report *Aboriginal Customary Laws*, 2006.

children with a FGC referral. The analysis was conducted with these 2,424 children who received a referral and 1,801 of these that received the FGC service. In some analyses, we used also data on the siblings of the referred children.

## Outcome evaluation

Children who were referred to the FGC service differed in characteristic and experiences pre-FGC from other children in the child protection system who were not referred to the FGC. Compared to other children in the child protection system, children who were subject to a FGC tended to be younger at the time of the first notification, were more at risk of serious harm (ROSH), and had a higher number of contacts with the child protection system. Although they were more likely to have been removed at least once, they experienced removals less frequently among the population with at least one removal. This observation was true for both Aboriginal and non-Aboriginal children.

This indicates that FGC services are involving families with multiple, complex needs and significant child safety concerns. This also implies that families were referred to the FGC service non-randomly. Further analysis demonstrated also that families which received the FGC after referral (3 in 4) were different in characteristics from families that were referred to the service but had not received it yet by the time the data collection ended (1 in 4).

To control for this selective process, the statistical analysis for the outcome evaluation used a generalized difference-in-difference model (DID), exploiting the fact that the FGC was rolled out in stages. DID is a quasi-experimental design that makes use of longitudinal data from treatment and control groups to obtain an appropriate counterfactual to estimate the causal effect of a treatment, which in this context is the FGC service. DID compares the changes in children's outcomes over time between the population that receives the FGC (the 'treatment' or 'intervention group') and a population that has not (yet) received the FGC service (the 'control group'). DID requires data on outcomes of interest from time periods before and after the FGC service was delivered. The approach removes biases in the post-FGC delivery period comparisons between the treatment and control groups that could be the result from fixed differences between those groups (e.g. children that received the FGC were more vulnerable than children who were referred to the FGC but did not receive it), as well as biases from comparisons over time in the treatment group that could be the result of trends due to other causes of the outcome. The main assumption of the model is that any unmeasured determinants of outcomes are fixed over time or fixed across groups. The model yields unbiased estimates under the common trend assumption, which requires that the time series of child protection service outcomes between groups should differ only by a fixed amount in every period and should exhibit a common set of parallel lines.

The impact of the FGC service on child protection service use is evaluated in this study using a two-way fixed effects estimation model, a model widely used in the policy evaluation literature, and longitudinal administrative data from the child protection system. The analysis was conducted with the 2,424 children that were referred to the FGC, of which 1,801 children would receive the FGC service at some point in time between September 2017 and June 2021. Outcomes of the siblings of these referred children were not considered in this model. The analysis was restricted to outcome data between January 2015 and July 2021. A cut-off starting date of January 2015 was chosen to have at least 1.5 years of data pre-intervention to adequately model the time trends in the receipt of child protection services pre-treatment. The end date of July 2021 was chosen as the most up-to-date available data. The two-way fixed effects models were estimated with 111,390 child-date observations (60,487 Aboriginal, 48,387 non-Aboriginal).

The main outcome measures were binary indicators that captured the probabilities of having a safety and risk assessment (SARA), of being identified as at risk of significant harm (ROSH), or of a harm substantiation. Other outcome measures were about the type of maltreatment as recorded at helpline reports (emotional abuse, physical abuse, sexual abuse, and neglect).

The treatment group was defined as all children that have received the FGC service at a specific point in time, whereby the treatment group indicator was switched from 0 to 1 on the day when the FGC was delivered. The control group is all children that were referred to the FGC service but have not (yet) received the FGC at a particular point in time. To clarify, this approach exploits the staggered rollout of the FGC intervention. The majority of children in this analysis contribute both to the treatment and control group. Almost 3 in 4 children that were referred to the FGC also received the FGC within the time period available for the analysis. These children are part of the treatment group from time period  $t$  onwards, and are part of the control group in periods prior to  $t$ . By June 2021, 1 in 4 children that were referred to the FGC have not yet received the FGC service. These children remain in the control group throughout. In total, there were 737 stages of roll out, that is 737 distinct dates at which families received the FGC intervention between 2017 and 2021.

Availability of data for each individual child within a family observed over time allowed for estimation of the two-way fixed effects model which controls for child (or individual) fixed effects and time trends (linear contact-date trend and year fixed effects) in the receipt of child protection services. The statistical model furthermore controlled for differences in the receipt of child protection services across districts (district fixed effects), across the FGC facilitators (facilitator fixed effects), and the child's age when the service was received. The analysis did not control for whether the study child was currently in out-of-home care.

An analysis to examine the impact of the FGC on entries to out-of-home care was also included. Unfortunately, at the time of data provision (July 2021), the majority of children in the treatment group received the FGC in 2020 or 2021 (1,248 children or 57%) leaving only a short time-period available for data post FGC service delivery. Hence, for a large proportion of children that received the FGC in 2020 (792 or 36%) and 2021 (456 or 21%), post intervention data were only available between 1 month (e.g. 89 children who received it in June 2021) and 18 months (e.g. 49 children who received the FGC in January 2020). Therefore the scope of the evaluation of the impact of the FGC on the probability of removal and entering out-of-home care was limited. The impact of the FGC on the probability of removal was conducted with an ordinary least square model and applied to cross-sectional data.

To maximise sample size and the knowledge that removal decisions may affect other siblings in the family other than the referred FGC child, removal was considered for any of the children within the family. The sample consists therefore of all children within families which were referred to the FGC service. The treatment group is any child within a family that received the FGC service (3,728 children). The control group is any child within a family that was referred to the FGC but had not yet received the FGC by June 2021 (1,251 children). Of all children with a referral to the FGC, 56.5% were removed at least once pre-FGC referral. However, treatment and control groups differed significantly in their pre-removal probabilities. Only 4.4% of the children in the treatment group had experienced at least one removal pre-referral, while 82.2% of the control group had experienced a removal. It was not known why the control group had such high pre-referral removal probabilities while the treatment group had almost no removal experiences pre-referral.

To control for underlying differences between treatment and control groups, the model included the following control variables: birth year, sex and Aboriginal and Torres Strait Islander status dummy variables, the total number of substantiations pre-FGC referral, total number of ROSH pre-FGC referral, a dummy variable for each facilitator (facilitator fixed effects), and district dummy variables (district fixed effects). In an extension to this main analysis, we estimated the model separately for children with and without pre-referral removals. It needs to be emphasised that estimates from this model cannot be interpreted as causal, as it is not known why children in the treatment and control groups were so different in their pre-referral removal probabilities and the model could not control for individual fixed effects.

The impact evaluation showed overall benefits of the FGC service on the lives of children in the child protection system. Table 1 summarises the main estimation results separately by Aboriginal and Torres Strait Islander status. The estimated treatment effect is expressed in percent reduction of the risk of outcome. A negative sign implies a beneficial outcome. Beneficial effects of the FGC were observed on the following outcomes : helpline reports of maltreatment allegations of emotional abuse, allegations of neglect; safety and risk assessment (SARA); risk of significant harm (ROSH) (statistically significant for Aboriginal children only), and harm substantiation.

Table 1: Effect sizes comparing children who received FGC to children who did not, by Aboriginal status

Reduction in outcomes following FGC	Effect size, percentage reductions relative to the pre-treatment population mean. Statistical significance levels: * $p < .10$ , ** $p < 0.05$ , *** $p < 0.01$	
	Aboriginal children	Non-Aboriginal children
Helpline report: Emotional abuse	-13.7**	-13.7*
Helpline report: Physical abuse	-6.7	0.0
Helpline report: Sexual abuse	12.9	27.2***
Helpline report: Neglect	-19.7***	-13.5***
Safety and risk assessment (SARA)	-24.8***	-42.6***
Risk of significant harm (ROSH)	-5.8**	-3.2
Harm substantiation	-50.9***	-68.7***

The largest treatment effect in magnitude was found for substantiations: overall, 1 in 2 Aboriginal children who received a FGC avoided a subsequent substantiation<sup>6</sup>, while for non-Aboriginal children 2 out of 3 children who received the FGC avoided subsequent substantiation. Further analyses suggests that the FGC was more effective in reducing the risk of substantiation for children with lower levels of ROSH exposure pre-FGC. This is true for both Aboriginal and non-Aboriginal children.

For some outcomes (e.g., Safety and Risk Assessment and Substantiation), the effect size was greater for non-Aboriginal children than Aboriginal children (see Table 1). This finding emphasises the importance of culturally respectful and safe engagement with Aboriginal families.

The cross-sectional analysis of the impact of the FGC service on the risk of removal, suggests that the FGC may have reduced the risk of removal (and entry into OOHC) post-treatment. The FGC service was statistically significantly associated with a reduction in the risk of being removed by 13.5 percentage points ( $p < 0.001$ ). Relative to the pre-FGC- mean risk experienced by the control group of 82.2%, this treatment effect implies a

<sup>6</sup> A harm substantiation means that the reported risk of significant harm was investigated and found by a caseworker to have occurred.

reduction in the risk of removal by 16.4%. Hence, 1 in 16 children who received a FGC may have avoided a removal within the short period of available follow-up data. Stratifying the analysis by Aboriginal and non-Aboriginal status, FGC is only significantly associated with reduced risks of removal for non-Aboriginal children (-14.8%,  $p < 0.001$ ) and not significantly associated with this risk for Aboriginal children (-2.7%, not statistically significant).

Analyses by pre referral removal history found no difference in risk of removal between treatment and control groups for those children who had not been removed before they were referred to the FGC. For the very few children in the treatment group who were removed at least once before they were referred to FGC (219 children), the FGC was significantly associated with an increased risk of post-treatment removal of 56 percentage points. Relative to the pre-referral removal risk for children in the control group of 82.2%, this treatment effect implies an increase in the risk of removal post-FGC receipt of 68%. As it is not known why pre-referral removal risks differed so strongly between treatment and control group and since we were not able to control for individual fixed effects in this estimation, one can only speculate on the causes of this result. We thus alert that the treatment effect cannot be interpreted as causal.

## Economic evaluation

The economic evaluation aimed to address the question of whether the NSW FGC program represents good value for money compared to alternative approaches to child protection. To answer this question a cost benefit analysis was applied using loosely the guidelines provided by the NSW Treasury. This guideline recommends CBA for regulatory processes and post-implementation evaluation, among other reasons<sup>7</sup>. According to these guidelines, CBA is “an appraisal and evaluation technique that estimates the economic, social and environmental costs and benefits of a project or program in monetary terms. The aim of a CBA is to measure the full impacts of any government decision or action on the households and firms in a specified community. The full impacts include any impacts on human welfare. CBA measures the change attributable to a government action, relative to a situation without the proposed action. The impacts of a government decision will typically include both costs and benefits to some members of the community” (p. 1).<sup>8</sup>

DCJ data were examined to estimate the total social benefit of the FGC program through avoided costs to Government by potentially reducing the risk of harm and subsequent risk of removal, which may reduce future demand for child protective services, and greater economic benefits to the client by improving Quality Adjusted Life Years through the potential reduction in the risk of posttraumatic stress disorder..

On average, the costs of a FGC are estimated to be \$7,914. This includes FGC costs of \$3,231 per family, with the majority of those costs being the facilitator fees (around \$2,700), and the cost of DCJ staff time of \$4,683. The complexity of the case, if it involves travel, interpreters or multiple children subject to the FGC, adds to the cost for some FGCs. The average costs for FGCs and facilitators depend on region. The most expensive FGCs are held in the Murrumbidgee and Far West region (around \$4,000 per FGC). This was followed by the South-Eastern Sydney, Northern Sydney, Western Sydney and Nepean Blue Mountains, and the Hunter New England regions (approximately \$3,000 per FGC). The least costly were convened in South-Western Sydney and Western

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<sup>7</sup> NSW Government Treasury Guidelines (2017), p. ii, downloaded from <https://www.treasury.nsw.gov.au/finance-resource/guidelines-cost-benefit-analysis>. The guideline recommends to evaluate the social, economic, and environmental impacts on social welfare of costs and benefits of a project or program in monetary terms. In this evaluation these impacts are referred to as total social benefits.

<sup>8</sup> The evaluation team acknowledges that these guidelines were followed approximately, as the available data was not amenable to an evaluation of the full monetary and non-monetary costs and benefits that may have had occurred.

NSW (approximately \$2,500 per FGC). The involvement of Aboriginal or CALD children tends to increase the average costs, ranging from an additional \$650 to \$780 per case, with additional costs likely due to use of interpreters, more family members present, or more children who are subject to the FGC, leading to higher venue and facilitator costs. For instance, the average total costs per FGC for families with non-Aboriginal children is slightly lower (\$7,608) than for families with Aboriginal children (\$8,257).

The total social benefits for avoided ROSH substantiation was estimated to be \$91,032. This benefit to society is the sum of avoided costs to the Government (\$33,726) and the broader economic benefits to the client (\$57,306). Non-monetary benefits were assumed to be zero (e.g., positive spill-over effects onto the community in the broader sense) for the purpose of this evaluation. Total social benefits were assumed to be the same for families with Aboriginal and non-Aboriginal children. The monetary costs of the FGC program are compared against this value.

The main conclusion from the economic evaluation is that the FGC program increases social welfare. The Benefit-Cost Ratio (BCR), which compares the net present value of total social benefits to the net present value of total costs of the FGC (expressed in dollars), strictly exceeds 1. This indicates that the FGC is expected to generate incremental social value, a conclusion that holds true for families with Aboriginal and non-Aboriginal children. For instance, for every dollar spent on the FGC program, society will recoup \$7.2 on average, \$5.5 for families with Aboriginal children and \$8.0 for families with non-Aboriginal children.

## Limitations

Improvements in the FGC referrals data collection would facilitate a more detailed comparison of outcomes for families that participate in FGC and those who refuse or have their FGC cancelled. Families who refuse or have their FGC cancelled are a much better matched comparison group with which to evaluate FGC outcomes but at present they cannot be tracked in the data for this purpose. Furthermore, follow up data over longer time periods are needed to assess whether the FGC program is effective in the longer run. Current estimates rely on very short time windows post FGC receipt. These additional data would help to rule out that the effectiveness of the FGC fades out over time.

## Evaluation Recommendations

### 1. FGC preparation and family engagement

- 1.1 Caseworkers need to understand the critical importance of their role in Family Finding and this message and practice needs to be firmly embedded.
- 1.2 It is essential to have the right people present for the FGC, which requires identifying family members and other important people in the child's life. While it is the caseworker's role to identify significant family and network members on the referral to the independent facilitator, this is not happening consistently, so caseworker training and management processes should reinforce the importance of this work.
- 1.3 FGC referrals from caseworkers need to provide facilitators with adequate information about the purpose of the FGC at the referral stage so that facilitators can work with families to prepare for the conference and families can effectively understand and participate in decision-making. Not knowing the parameters for decision making limits the family's ability to make actionable decisions about children's safety.

- 1.4 Careful practice instructions and suggestions should be included in the roles and responsibilities about the appropriate inclusion of children in the FGC. The participation of children in a FGC requires careful assessment of the child's developmental capacity and potential trauma from family conflict.
- 1.5 Where it is deemed that it is not in the best interest for child(ren) to attend a FGC, other means for involving them should be considered, such as including their photographs to keep the child in mind or recorded messages from the child to FGC participants.

## **2. Aboriginal communities, families, children, and young people**

- 2.1 Careful engagement with kin, relevant community members and any Aboriginal and other support agencies must be a part of the process in any Aboriginal FGC. The FGC process can draw out the strengths of Aboriginal Kinship networks and communities. Caseworkers and independent facilitators should engage Kin and other important people in the child's life early on, so that the right people who can support the child are present for the FGC.
- 2.2 Promoting cultural safety through support from Aboriginal facilitators and cultural support people is critical. Families were very positive about Aboriginal facilitators who demonstrated cultural safety and respect. The involvement of additional family support from culturally appropriate community organisations should be considered before, during and after a FGC.
- 2.3 The opportunity to have an Aboriginal facilitator was strongly valued by participants and should be offered to all Aboriginal families. Where this is not possible, facilitators appointed to undertake an Aboriginal FGC must demonstrate cultural capability and implement cultural safety, even if it is done by engaging a culturally appropriate additional resource. The need to pay for that resource, if external to DCJ, should be added to the Fee Schedule.
- 2.4 Embed the Aboriginal and Torres Strait Islander Child Placement Principle (the Principle) explicitly into FGC roles and implementation responsibilities for caseworkers and facilitators. This includes attention to the Principle's elements of prevention, participation, partnership, placement, and connection. The potential of FGCs to enhance for self-determination requires active reaching out to the Kinship network and focusing on cultural connection, preparation, meeting, and follow-up.
- 2.5 Connection to culture and cultural permanency should be a non-negotiable requirement for every Aboriginal (and CALD) child.

## **3. Communication between DCJ and families**

- 3.1 Families and all of their network attending a FGC must be given comprehensive information about the conference, its purpose, their role and their opportunities to contribute to child safety and well-being.
- 3.2 When families are not sufficiently informed about the purpose of the FGC, it hinders relationships and communication between DCJ and families. Families should be given clear and comprehensive information prior to a FGC, so they understand the 'non-negotiable' issues for child safety and well-being and the scope of their decision making.
- 3.3 Caseworkers and managers casework should commit to attend the FGC as a pre-requisite to acceptance of a referral. When alternative DCJ representatives attended, their lack of familiarity with the case often undermined the ability to approve the Family Plan and to identify specific casework support to implement the Family Plan. Attendance can be via teleconference options if required.
- 3.4 Caseworker and managers casework should be required to commit to follow up of family plan implementation as a pre-requisite for accepting a FGC referral.



3.5 Following the FGC, the caseworker should regularly communicate with the family to offer support as they implement the Family Plan. Changes to the Family Plan should be communicated back to all parties involved.

#### 4. FGC processes and procedures

- 4.1 The requirement to convene a FGC in four weeks should be retained but with guidance developed and circulated about extending that timeframe due to cultural or other considerations. It was noted that delays that involve the extra time needed to engage Aboriginal family members and Aboriginal facilitators were considered necessary and warranted by DCJ staff.
- 4.2 Given that less than one in five FGC referrals are convened within the recommended four-week window, DCJ FGC coordinators should monitor and identify reasons that delay the process. The findings suggest districts that rolled out FGCs most efficiently employed more facilitators with a smaller median workload, so this should be monitored.
- 4.3 The Referral Form should be revised to emphasise the purpose of the FGC, the point in the child protection process when the FGC is occurring (e.g., before removal, after final orders), and the scope of family decision making at the start of the document. Family history and other relevant information can be moved later in the document, as background for the referral.
- 4.4 Facilitator performance must be subject to an effective monitoring and feedback quality assurance process. The current evaluation forms is not working well to identify either excellent or poor practice by facilitators. Families should be given an option of providing verbal feedback instead of written feedback, given potential issues related to literacy.
- 4.5 The skill and expertise of facilitators should be routinely monitored. An established feedback loop, utilising the evaluation form from families, should be recorded and reviewed by Districts, to provide District Coordinators with more evidence to guide the assigning of facilitators.
- 4.6 A professional skills support and development strategy should be developed and provided to facilitators based on performance feedback. Ongoing professional development and/or mentoring schemes involving experienced facilitators could be considered among the strategies for assessing and improving facilitator competencies. Specific training in conflict resolution should also be considered.
- 4.7 The FGC model requires family time to be private however, for some families the support of the facilitator has been requested. This should be clearly defined as “when and as requested” only. FGC protocols should make clear that the NSW FGC model allows for facilitators to provide support to families during Family Time when requested. Family dynamics and conflict can reduce the likelihood that that Private Family Time will be productive without their support.
- 4.8 The review of Family Plans should be consistently conducted and documented, including the results of the review. The expectations for caseworkers to support the Family Plan, including assistance to connect families to services and resources, should be clearly communicated between DCJ and families.
- 4.9 To enable better program monitoring, FGC data collection must be improved to include collection of data where FGCs are offered but refused and reasons for cancellation. Similarly, documenting the reason for the cancellation of a FGC could help better targeting of FGC to families most likely to benefit. The reasons for why a referral is being made and during which stage of the process (e.g., risk

of removal, proposed placement move, or discussion about contact arrangements) should be recorded in the FGC Program data set for context.

4.10 SAP recording needs to be changed to explicitly link families to expenditure. Detailed recordkeeping and linkage of expenses associated with FGCs to each family would allow for improved estimates of the actual cost of FGC per family.

## Section 1 – Evaluation Background

Family Group Conferencing (FGC) was introduced as part of the *Safe Home for Life* reforms<sup>9</sup> and sits within the framework of Alternative Dispute Resolution (ADR), which was given greater prominence through the 2019 Child Protection Legislative Reforms enacted through Chapter 15A of the *Children and Young People (Care and Protection) Act 1998*.<sup>10</sup>

FGC is a family-focused, strengths-based form of ADR. It seeks to empower and engage families in decisions about their children and young people, thereby improving outcomes for their children. It aims to maintain children in the care of family, where possible, by including extended family in the decision-making process and strengthening partnerships between the NSW Department of Communities and Justice (DCJ) and families. FGC can be used at the point of considering removing children and placing them in OOHC or throughout the child protection service continuum (for example, to avert a placement move or to resolve issues with family contact). However, it is recommended that caseworkers consider an initial FGC as early as possible, to try and avoid the need for further statutory intervention.

The FGC process<sup>11</sup> is initiated when a caseworker speaks to a family about whether they would consider a Family Group Conference to address concerns, and the family agrees. The District FGC Coordinators organises a referral to an independent facilitator, who is contracted but not employed by DCJ. The facilitator contacts the family, and other people important to the family, which may include members of their extended family and social networks, Aboriginal Elders and service providers who already provide support, to invite them to a meeting. Meetings typically take place in neutral community locations and may take several hours. The FGC meeting has three stages:

- **Information sharing** – Participants introduce themselves and talk about the concerns for the child.
- **Family time** – Private time when the family decides what to include in a plan to address the concerns for the child, without DCJ staff present.
- **Agreeing to the plan** – A plan outlining specific responsibilities with timeframes for the family, their support network and DCJ, is developed and agreed to by participants.

The Family Plan developed as part of the Family Group Conference is intended to inform casework, with the caseworker holding responsibility for monitoring implementation. Within three months of the Family Group Conference, a review of the Family Plan should be held to assess progress with implementation and make changes as needed.<sup>12</sup>

### Policy environment

The FGC pilot program was implemented in response to recommendations made as part of the *Safe Home for Life* reforms instigated by the *Special Commission of Inquiry into Child Protection Services in NSW* (Wood 2008).<sup>13</sup> *Safe Home for Life* recommended the use of FGC to engage family and Kin early, before decisions about permanent placement; FGC was also seen as consistent with Section 37 of the

<sup>9</sup> NSW Government 2009. *Keep Them Safe: A shared approach to child well-being 2009–2014*. Sydney: NSW Government.

<sup>10</sup> NSW *Children and Young Persons (Care and Protection) Act 1998*. NSW Government.

<sup>11</sup> NSW DCJ. Family Group Conferencing, <https://www.facs.nsw.gov.au/families/out-of-home-care/parents-with-kids-in-oohc/caseworker/chapters/family-group-conferencing>

<sup>12</sup> FACSIA, n.d. *Family Group Conferencing (FGC) Logic Model*. Sydney: NSW Government.

<sup>13</sup> Wood J 2008. *Special Commission of Inquiry into Child Protection Services in NSW: Volume 2*. Sydney: NSW Government.

*Care and Protection Act* (Alternative Dispute Resolution).<sup>14</sup> The introduction of FGC made ADR services available for the first time in NSW for care and protection matters not currently before the Children's Court. The introduction of FGC therefore provided an important opportunity to resolve child protection matters and build support networks for families outside of the court process.

FGC also supports the wider DCJ Permanency Support Program (PSP) reforms, one of the most significant changes made to the NSW child protection and OOHC system in decades. PSP, introduced on 1 October 2017, provides tailored services and supports for children, young people and their families who are experiencing vulnerability. The priority of PSP is to make sure children and young people can achieve permanency, which under the program means a stable, safe and loving home where children and young people can thrive.<sup>15</sup>

## Implementation of Family Group Conferencing

The FGC pilot commenced in 2011 across 11 Community Services Centres (CSCs), located in the Metro-Central Sydney area and northern NSW. The aim of the pilot was to trial a new way to engage with families to address the care and protection issues raised by NSW statutory authorities.

In June 2011, the former NSW Department of Family and Community Services contracted the Australian Institute of Criminology (AIC) to undertake a process and outcome evaluation of the pilot. The evaluation used mixed quantitative and qualitative research methods to assess the implementation and short-term impact of the FGC pilot program.

The pilot evaluation found that overall:

- There had been a concerted effort to implement FGC according to good practice.
- Rates of family attendance at conferences were high.
- The conference process was consistent with the program design and procedures.
- Participants expressed satisfaction with the content of the Family Plans developed during the conferences.
- The majority of plans had up to 50% of the identified actions being implemented by the time of review.<sup>16</sup>

One of the challenges experienced by the AIC 2012 evaluation was the small scale of the FGC pilot program, in terms of the number of families participating and the early stage of development of the FGC, limiting the extent that longer-term outcomes could be measured. That evaluation therefore focused primarily on the implementation and operation of the program and immediate outcomes for program participants. It also made a number of recommendations to help improve the operation and effectiveness of FGC in NSW. One recommendation was to conduct an outcome evaluation to measure the longer-term impact of FGC on care matters once the program had been fully established and data on a larger number of participants were available.<sup>17</sup>

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<sup>14</sup> FACS (2013). *A Safe Home for Life*. Report on the outcomes of public consultation on the child protection reforms discussion paper 2012. Sydney: NSW Family and Community Services

<sup>15</sup> FACS (2017). *Permanency Support (Out of Home Care) Program Description*. Sydney: NSW Family and Community Services.

<sup>16</sup> Boxall, H., Morgan, A. and Terer, K. (2012). *Evaluation of the Family Group Conferencing pilot program*. Australian Institute of Criminology: Canberra.

<sup>17</sup> Ibid.

Since the pilot in 2011, there has been a phased implementation of FGC across NSW. This evaluation builds on the work of the AIC, to assess the reach and uptake of FGC in each DCJ district, considering the implementation fidelity and effectiveness and how FGC is performing as a more mature program.

## Purpose of the FGC evaluation

In 2019, DCJ commissioned the Research Centre for Children and Families (RCCF), hosted by the Sydney School of Education and Social Work at the University of Sydney, to conduct an evaluation of the state-wide implementation of FGC. The evaluation commenced in 2020 and was completed at the end of 2021.

The purpose of the FGC evaluation is to examine the extent to which the program has achieved its stated goals and outcomes. The evaluation considers the contribution of the FGC program to strengthening families and reducing risks for children and young people, avoiding entries to care, and promoting engagement of families and communities in decision-making about child safety and wellbeing.

The evaluation has a particular focus on the experiences of Aboriginal families, facilitators and DCJ staff with the FGC program. Engagement with Aboriginal peak agencies and community organisations has been essential to building trust and encouraging Aboriginal facilitators, caseworkers and families to participate in the evaluation.

In consultation with DCJ, three focus sites were selected for observations of Family Group Conferences and interviews with families. These sites encompassed the Sydney metropolitan area; Illawarra/Shoalhaven, a NSW regional centre; and Western NSW centred around Dubbo, a rural location. In the process of recruiting for interviews, an additional location was added, the Newcastle/Hunter area, the state's most populous regional centre.

## Ethics Approvals and Project Governance

Ethical approval was obtained from the University of Sydney Human Research Ethics Committee (HREC), for the review of the methodology and rigour, in January 2020, and from the Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS) HREC for consideration of the culture sensitivity and safety of the evaluation, in February 2020. The dual ethics approvals were essential as the evaluation sought to specifically engage with Aboriginal-identified facilitators, caseworkers and family members.

The FGC Evaluation Steering Committee was established to guide the conduct of the evaluation. Chaired by the project sponsor (DCJ) with secretariat support from RCCF, the Steering Committee ensured the evaluation was informed by key stakeholders, and the relevant policy and practice considerations. The Steering Committee membership included representatives from:

- FGC Program Team with the knowledge of the program implementation and protocols
- DCJ Districts, with a District Director to provide insights into the consideration and timing for consultations with caseworkers and casework managers
- FACS Information, Analysis and Research portfolio (FACSIAR) to assist with the evaluation methodology and access to administrative data
- DCJ Aboriginal Outcomes program to inform the evaluation with local knowledge about the Aboriginal communities in each District and cultural protocols for consultations.

The research team presented on the evaluation plan and recruitment process to the DCJ Aboriginal Reference Group, which contributed to disseminating information on focus groups for Aboriginal caseworkers and casework managers. Similar presentations were provided to the DCJ Operations Executive Committee to ensure Districts were informed about the evaluation.

## Section 2 – Methodology

### Evaluation approach

This mixed quantitative and qualitative methods evaluation has the following three components:

- **Implementation** evaluation with a mixed method design to provide robust evidence of fidelity of the program implementation in NSW; impact on outcomes for children whose families participate in a FGC; and impact on worker and family engagement in FGC where child safety concerns have been identified.
- **Outcome** evaluation using a quasi-experimental design to examine the extent to which FGC has contributed to promoting more positive outcomes, reducing risks and avoiding entry into the statutory care system for children and young people.
- **Economic** analysis to measure the unit costs for operating the FGC program and compare the cost and benefits with the costs and outcomes of providing traditional care. Statistical analyses enable quantification of the economic benefits gained and costs avoided if FGC is effective in diverting families from outcomes such as Children’s Court appearances and entries into care.

The evaluation is guided by research questions<sup>18</sup>, which are addressed by the methods outlined above. The report is structured by first presenting implementation findings, followed by outcomes and then economic findings. Each section is organised around the guiding research questions.

Table 1: Research question and report section

Research question	Report section
1. Has FGC been implemented in each District according to the program guidelines for fidelity and effectiveness?	Implementation
2. Compared with families who did not participate in FGC, does FGC reduce Risk of Significant Harm (ROSH) reports, applications for care proceedings, and entries into out-of-home care (OOHC)?	Outcomes
3. Do parents and families who have taken part in a FGC feel more empowered in making decisions to improve the safety and well-being of their children?	Implementation
4. Does FGC support self-determination for Aboriginal people through increased participation of Aboriginal families, communities, children, and young people, in child protection decision-making?	Implementation
5. Does FGC improve the relationship and communication between DCJ and families?	Implementation
6. At the time of the Family Plan review, were families who participated in FGC able to access the identified support and make progress towards achieving their Family Plan goals?	Implementation

<sup>18</sup> The original evaluation plan included an additional question; ‘Is participation in FGC associated with improved placement outcomes for children and young people such as: placement stability, proportion living with Kin and proportion living with or restored to their parents?’ This evaluation question could not be examined in this evaluation due to data availability and follow up time period. This is of interest to DCJ and future evaluation will address this.

7. Does FGC represent good value for money compared to traditional approaches to child protection?	<b>Economic</b>
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## Data collection and analysis

### Family interviews

Family members who had participated in a Family Group Conference in the previous 12 months were recruited to participate in interviews. Thirty-four (34) interviews were conducted with 40 participants (with some couples interviewed together). Of these, 26 interviews were conducted with 31 Aboriginal participants and eight interviews were conducted with nine non-Aboriginal participants. Three of the non-Aboriginal participants are related to or carers of Aboriginal children and one identified as from CALD background. At the time of the FGC, 23 of the 40 participants were current carers of the children who were the focus of the FGC. This group of 40 family members collectively spoke about FGCs involving approximately 100 children. See Table 2 for description of family interview participants.

Table 2: Family interview participants by Aboriginality and study site

	# Aboriginal participants	# non-Aboriginal participants	Total participants
Sydney	10	5	15
Illawarra/Shoalhaven	3	2	5
Newcastle/Hunter	8	2	10
Western NSW	10	0	10
TOTAL	31	9	40

These family members were predominately female ( $n = 33$ , 82.5%), with greatest representation from grandmothers, followed by aunts (see Table 3).

Table 3: Family interview participants by relationship to the child

Relationship with child*	Total participants
Mother	3
Grandmother	14
Great-grandmother	3
Grandfather	5
Aunt	12
Uncle	2
Foster carer	1

\*Some family members ( $n = 23$ ) were also children's carers at the time of the FGC

### Recruitment

The Research Centre for Children and Families (RCCF) developed email messages, a flyer and a video about the study, which was disseminated by DCJ to families who had recently participated in a FGC. RCCF embedded a QR code into the recruitment letter sent to family members so they could respond directly to the research team to register their interest. To provide a simple clear message for families about what was involved with



participation, a video outlining the project was prepared.<sup>19</sup> The link to the video was sent to agencies and families and used by caseworkers, so they did not have to explain the study to families.

Two methods of recruitment were used:

- (1) Dissemination of the communicate for families through the DCJ allocations channel.
- (2) Recruitment via Aboriginal interagency committee meetings and community forums.

## Interview instrument

The family interviews were conducted in-person, by phone or video conference, and were on average 30 to 60 minutes. See Appendix B for the family interview tool. Interview questions addressed the implementation research questions, including participants' views on:

- Access to and involvement with DCJ.
- Understanding of and progress in implementing the action plan.
- Cultural competence of facilitators and caseworkers.

Inductive thematic analysis and axial coding was undertaken using qualitative data from individual interviews and focus groups to identify patterns in the experiences and perceptions of FGC across families.

## FGC observations and review of Referral Information Forms and Family Plans

In addition to the family interviews, the research team observed nine Family Group Conferences, and reviewed Referral Information Forms (RIFs) and associated Family Plans for a sample of 54 families to inform the assessment of program implementation.

Nine FGCs, led by four facilitators, were observed across the three sites: Sydney (n= 5), Illawarra Shoalhaven (n= 1) and Western NSW (n= 3). The researcher attended the FGC as an observer with the consent of both the family and facilitator. An information sheet was provided to family participants explaining that the researcher would not make comments during the conference and would not attend Private Family Time. In line with ethics approval, the researcher took notes during the FGC, with no identifying information about the participating family members. An observation protocol was used to document the FGC process and the degree to which they were conducted in accordance with relevant guidelines. A brief post-observation interview with the facilitator was also undertaken. This was audio recorded and transcribed for analysis purposes.

RCCF conducted a review of a sample (n= 54) of matched RIFs and Family Plans. The sample was drawn from three Districts across the state: Sydney (n= 18), Illawarra Shoalhaven (n= 18) and Western NSW (n= 18). The sample of matched RIFs and Family Plans was also selected on the basis of presenting issue, sibling group size, cultural background of the family and year of completion. RIFs and Family Plans were de-identified before being provided to the research team. DCJ staff redacted personal information contained within the RIFs and Family Plans such as names, phone numbers and addresses.

Five members of the research team participated in the review of matched RIFs and Family Plans. The researchers met to discuss and agree on a set of categories to use for RIF and Family Plan data extraction and review (see Appendix D for data extraction template). The categories were imported into a spreadsheet and the

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<sup>19</sup> Family interview recruitment video: <https://youtu.be/dW5k2O0dA-w>

spreadsheet was tested during an initial review. Each of the five researchers reviewed the same three matched RIFs and Family Plans as part of the initial review process to ensure consistency in approach and appropriateness of categories. Following the initial review, categories were further refined and finalised. The review examined issues such as whether the Family Plan addressed the non-negotiables put forward by DCJ for the family to meet in order to address child protection concerns and whether a plan review was scheduled. See Appendix D for a list of categories used for data extraction.

Following the initial review, each researcher was allocated 15 matched RIFs and Family Plans for data extraction and analysis. In doing so, each matched RIF and Family Plan was reviewed by two researchers for quality assurance purposes. The researchers then met to discuss key patterns that emerged from the data. Findings from the review of RIFs and referral forms are reported in line with the research questions. The review of RIFs and referral forms, alongside observations and family interviews, informed the development of case studies. These are composite case studies that document patterns across multiple families' experiences.

## Desktop review

The desktop review collated all relevant materials and process documentation, to provide background understanding on the quality and clarity of key protocols and guidelines provided to support the work of practitioners and facilitators involved in implementation and facilitation of FGC:

1. Policy and legislation governing the NSW FGC program.
2. FGC training materials for facilitators and caseworkers.
3. FGC protocols, practice information and guidelines for caseworkers and facilitators.
4. Templates and resources used for FGC assessments, referrals, family plans and family plan reviews.
5. FGC information provided to families.
6. Relevant grey literature and reports.

One primary researcher undertook the desktop review, with double coding of a portion of the documents by a second researcher. A data collection tool was constructed to extract information from the documents listed above to address the following questions:

**Quality** – To what extent does the documentation provide for coverage of key issues and to what extent is the documentation of sufficient breadth and scope to comprehensively outline FGC processes? To what extent is the information accessible and available to relevant stakeholders? How is the information delivered to stakeholders?

**Clarity** – Is the information contained within supporting materials intelligible and clear? Is it concise or detailed? Does it clearly prescribe key steps, criteria for decision-making and responsibilities?

## Workforce surveys

DCJ distributed emails to all casework managers, caseworkers, and independent facilitators across NSW, inviting them by email to take part in an anonymous 15-minute online survey (the survey instrument is in Appendix D). The survey sought their perceptions about:

- How the FGC program is implemented.
- The perceived benefits for families participating in a FGC.

- The impact of FGC on family engagement with DCJ.
- The suggestions for improvements to the FGC program.

The email invitation contained a copy of a Participant Information Statement (see Appendix F) and the link to the online survey. Completing the survey was considered to indicate consent. The survey was undertaken over a six-month period between June and December 2020.

In total, 169 valid responses were received: 85 caseworkers, 49 managers, and 35 independent facilitators. Overall, 84% of respondents were female, 13% identified as being an Aboriginal and/or Torres Strait Islander, and 14% identified as CALD. Of the total workforce, the response rate of all caseworkers and casework managers was about 15.1% and 24.6% for independent facilitators, based on workforce statistics provided by DCJ. See Table 4 for participant distribution by district.

*Table 4: District breakdown of caseworkers, managers and independent facilitators who completed the online workforce survey*

District *	Caseworkers/ Managers (N = 134) n (%)	Independent facilitators (N = 35) n (%)
Murrumbidgee, Far West & Western NSW	23 (17.2)	11 (31.4)
Hunter & Central Coast	19 (14.2%)	14 (40.0%)
Mid North Coast, Northern NSW & New England	22 (16.4%)	12 (34.3%)
Western Sydney & Nepean Blue Mountains	17 (12.7%)	16 (45.7%)
Sydney, South-Eastern Sydney & Northern Sydney	14 (10.4%)	19 (54.3%)
South-Western Sydney	12 (9.0%)	17 (48.6%)
Illawarra Shoalhaven & Southern NSW	29 (21.6%)	11 (31.4%)

\* Percentages do not sum to 100% as respondents may work over multiple districts.

## Workforce focus groups

Focus groups were conducted online, using a secure videoconferencing platform, and professionally transcribed. Conducting the focus groups online presented benefits and challenges. It meant having fewer participants per group; each group was up to six people, to ensure everyone had the opportunity to have their say, though smaller size can reduce the rich dialogue between participants. It also meant that group facilitators had to be aware of non-verbal cues, which may be harder to discern online. An advantage, however, of hosting the focus groups online was that this allowed the research team to schedule a larger number of focus groups at flexible times. The absence of travel opened the focus groups to a broad range of participants, as they did not need to be in the same location to join the group. Focus groups held with Aboriginal caseworkers or facilitators were convened by one of the Aboriginal researchers (Associate Professor Lynette Riley or Irene Wardle), with support from another evaluation team member. The overall focus group sample is reported in Table 5.

*Table 5: Workforce participants in focus groups*

	Aboriginal participants	Non-Aboriginal participants	Total participants
Independent facilitators	7	16	23
District FGC Administrators	n/a	8	8

Caseworkers and casework managers	15	14	29
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### Independent facilitator focus groups

Facilitators were recruited to participate in focus groups if they had conducted at least five FGCs for DCJ, to ensure their comments were based on sufficient experience. In acknowledgement that the majority of facilitators are self-employed, DCJ agreed to remunerate them for their time, allowing them to claim two hours at their standard rate to take part in a focus group.

A semi-structured script (see Appendix F) was developed for the focus groups with discussion covering a range of topics:

- Approaches that work well for engagement and follow-up with families.
- Barriers and challenges for FGC.
- Costs, time and effort invested in engagement.
- Effectiveness of referral for diverse families.

In total, 23 facilitators (16% of independent facilitators at the time) participated in the six focus groups that were held between May and June 2020. Of the 23 Facilitators, seven identified as Aboriginal.

### District FGC Administrator focus groups

District FGC Administrators play an important role in the organisation of FGCs. Each District has a FGC Administrator who is responsible for:

- Reviewing casework FGC referrals to ensure they contain the necessary information.
- Matching a facilitator to the family and contacting the facilitator to determine if they have capacity.
- Informing the caseworker and case work manager of the selected facilitator.
- Organising venues and travel requirements for participants.
- Ensuring facilitators and caseworkers are aware of the FGC dates and the relevant conference forms.
- Ensuring all relevant parties have a copy of the family plan developed in the FGC and that the review meeting is held within the prescribed timeframe.
- Processing all invoice payments and entering FGC data in the District spreadsheet.

Given this critical role in the FGC process, specific focus groups of FGC Administrators were held to explore their experiences and challenges with the FGC program. Questions canvassed the training and support they received, their perceptions of facilitators, working with caseworkers, and the impact of FGCs on families (see Appendix H).

Two focus groups were held with a total of eight District FGC Administrators in July 2020, which represented the majority of staff in this role; there are approximately 11 staff who undertake this role, some on a part-time basis.

## Casework managers and caseworker focus groups

These focus groups provided an in-depth exploration of practitioners' perspectives of the FGC program, including the impact on families. A semi-structured discussion guide (see Appendix I) was used to capture their views on:

- Training they had received about FGC.
- FGC processes such as referrals, pre-conference preparation, and working with the independent FGC facilitators.
- Benefits and challenges for children and families involved in a FGC process.
- Whether the process helped to identify services required by the family and facilitate access to support or therapeutic services.

In total, 29 casework managers and caseworkers (representing about 3.27% of DCJ caseworkers and caseworker manager workforce) participated in eight focus groups held between October 2020 and December 2020. Of these, 15 practitioners identified as Aboriginal.

## Administrative data

*Data:* De-identified administrative data from DCJ were analysed to address the evaluation outcomes questions. Two forms of data were included:

- (1) Program data for FGCs held between June 2017 and June 2021, covering DCJ district, number of children who were subjects of the FGC, number of children who were Aboriginal and/or from a CALD, date of referral, date of convened or cancelled FGC, and the planned or actual post-FGC review date. These data have been recorded in semi-standardised spreadsheets across all districts since implementation in 2017.
- (2) Administrative data including the characteristics, child protection and OOHC histories of children who were referred for a FGC and have been involved in a FGC, and for non-participants for the purposes of comparison with the FGC participants. These data also included the short-term child protection and OOHC outcomes of children involved in a FGC with respect specifically to subsequent child protection reports, ROSH assessments and substantiations, and OOHC entries and the same data for non-participants for the purposes of comparison with participants. Each family was followed in the data for 6 months after the FGC. These data commenced in July 1999 and terminated at end of June 2021

*Outcomes:* The analyses considered the following outcomes subsequent to the date of the FGC:

- (1) The nature of helpline reports (emotional abuse, physical abuse, sexual abuse, neglect)
- (2) Whether the child's notification resulted in a safety and risk assessment.
- (3) Whether the child was assessed as being at risk of serious harm.
- (4) Whether the report was substantiated.
- (5) Whether the child was removed and placed in OOHC.

*Subgroups:* Heterogeneity analyses were conducted by Aboriginal and non-Aboriginal households (defined as whether the child was identified as Aboriginal or Torres Strait Islander). Statistical analyses were conducted separately for children by the age of first contact (<2 yrs, 2-5 yrs, 6+ years).

## Statistical model

To estimate the impact of receiving a FGC service, the analysis used a generalized difference-in-difference model.<sup>20,21</sup> DID is a quasi-experimental design that makes use of longitudinal data from treatment and control groups to obtain an appropriate counterfactual to estimate the causal effect of a treatment, which in this context is the delivery of the FGC service. DID compares the changes in children's outcomes over time between the population that receives the FGC (the 'treatment' or 'intervention group') and a population that has not (yet) received the FGC (the 'control group') although they were referred to the FGC service. DID requires data on outcomes of interest from time periods before and after the FGC service was delivered. The approach removes biases in post-FGC intervention period comparisons between the treatment and control groups that could be the result from fixed differences between those groups (e.g. children in the FGC are more vulnerable), as well as biases from comparisons over time in the treatment group that could be the result of trends due to other causes of the outcome.

To isolate the causal effect of the policy (from other confounders), the analysis exploited the fact that the FGC service delivery was rolled out in stages for families. Some families received the FGC very early (in 2017), while others received the FGC later (eg, early to mid 2021). Although all families in the data are likely to receive the FGC (unless their FGC service was cancelled), the families that receive the FGC later will be the control group against which families that received the FGC earlier will be compared against. In total, there were 737 distinct dates at which the FGC service was delivered.

As standard in the literature, the estimation is conducted with a two-way fixed effects model, a model which exploits the time variation in child protection service use. The model controls for individual fixed effects, district fixed effects, facilitator fixed effects, year fixed effects, and a linear time trend<sup>22</sup>. Denoting the outcome variables for child  $i$  at time  $t$  by  $Y_{it}$ , our main regression equation is given by:

$$(1) \quad Y_{it} = \alpha_i + \delta \text{FGC}_{it} + \gamma X_{it} + \beta \theta_t + \rho S_j + \eta_d + \varepsilon_{ijt},$$

where  $Y_{it}$  is the outcome measure of interest, a binary variable that measures on of the following:

- The probability of having a safety and risk assessment (SARA)
- The probability of being identified as at risk of significant harm (ROSH)
- The probability of a harm substantiation
- The probability of a specific type of maltreatment as alleged at the helpline report. Type of maltreatments include emotional abuse, physical abuse, sexual abuse, or neglect

Further control variables in Equation (1) are:

- $\alpha_i$ : child-specific fixed effects

<sup>20</sup> For more information on the difference-in-difference method, see: Sonja, C., Schurer, S., & Sulzmaier, D. (2021). Gender differences in the lifecycle benefits of compulsory schooling policies. *European Economic Review*, 140, 103910.

<sup>21</sup> Differences-in-Differences models are widely used in the economic and public health policy evaluation literature. They allow for the estimation of causal treatment effects in the absences of a randomized controlled trial. They exploit quasi-experimental variation in the treatment assignment (in this case FGC Referral and Convention). The approach allows for different pre-treatment levels in outcomes and controls between treatment and control groups but assume that treatment and control group would have experienced the same trend in outcomes if it had not been for the intervention. See *Designing Difference in Difference Studies: Best Practices for Public Health Policy Research*. Wing, Coady, Simon, Kosali and Bello-Gomez, Ricardo A. (2018) *Annual Review of Public Health*, Vol. 39, pp. 453–469.

<sup>22</sup> The assumption in the linear-trend model is that changes will continue into the future at the same or similar rate.

- $\eta$ : district fixed effects
- $\theta_t$ : linear time trend measured by exact date of the FGC and a year fixed effect
- $S_j$ : facilitator fixed effects
- Vector  $X_{it}$  includes controls for age at the child protection contact date<sup>23</sup>
- $FGC_{it}$ : 'treatment' indicator, which switches to 1 if the FGC service was delivered in the child's family at time period  $t$ , and 0 otherwise

Of main interest is the coefficient  $\delta$ , which we refer to in our results as the FGC treatment effect. This model yields unbiased treatment effects  $\delta$  if the rollout timing was not systematic and if early recipients of the policies were on similar trends with respect to their risk of harm than families who receive the FGC later.<sup>24</sup> As we control for individual fixed effects, there is no need to control for time-invariant individual factors such as Aboriginal status or gender or latent fixed family characteristics. The analysis did not control for whether the child was currently in OOHC at the time of the referral.

All standard errors were clustered at the district level where the FGC service was delivered, as is common in the difference-in-difference literature. The reason for clustering standard errors at the district level is that districts were responsible for planning and coordination of the rollout of the FGC service. We report the magnitude of treatment effect as a relative measure<sup>25</sup>, comparing those who received a FGC service with those who were referred but did not receive a FGC service.

The analysis was conducted with the 2,424 children (48.8% from Aboriginal households) who were referred to the FGC between 2017 and 2021, of which 1,801 children (48.5% from Aboriginal households) would receive the FGC conference at some point in time between September 2017 and June 2021. In total, there were 737 stages of roll out, that is 737 distinct dates at which families received the FGC service between 2017 and 2021. Outcomes of the siblings of these referred children were not considered in this analysis. The analysis was restricted to outcome data between January 2015 and July 2021. A cut-off date of January 2015 was chosen to have at least 1.5 years of data pre-intervention to adequately model the time trends in the receipt of child protection services pre-treatment. The end date of July 2021 was chosen as the most up-to-date available data. The two-way fixed effects models were estimated with 111,390 child-date observations (60,487 Aboriginal, or 54.3%; 48,387 non-Aboriginal or 43.4%; 2,516 without Aboriginal status information, or 2.3%).

The treatment group were defined as all children who have received the FGC service at a specific point in time, whereby the treatment group indicator was switched from 0 to 1 on the day when the FGC was delivered. The control group is all children that have not yet received the FGC at a particular point in time, but who will in the future. To clarify, this approach exploits the staggered rollout of the FGC service delivery. The majority of children in this analysis contribute both to the treatment and control group. Almost 3 in 4 children who were referred to the FGC also received the FGC within the time period available for analysis. These children are part of the treatment group from time period  $t$  onwards, and are part of the control group in periods prior to  $t$ . At

<sup>23</sup> Note, no information was available in the FGC program data whether the child was currently in out of home care at the time of referral or delivery of the FGC. OOHC data can establish whether the child was ever in out-of-home care before the referral to the FGC. This information will be used in subsequent analyses.

<sup>24</sup> It is common in the literature to test this assumption with a so-called event-study framework, which estimates treatment effects before and after program implementation, or by including location-specific time trends.

<sup>25</sup> For more information on interpreting treatment effects, see: Faraone, S. V. (2008). Interpreting estimates of treatment effects: implications for managed care. *Pharmacy and Therapeutics*, 33(12), 700. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2730804/>

the time of the data collection, 1 in 4 children who were referred to the FGC have not yet received the FGC intervention. These children remain in the control group throughout. For a large fraction of the children the FGC was cancelled. The reasons for cancellations were not recorded and this could cause problems for the estimation results.

For instance, if crisis within a household triggers the delivery of the FGC after referral, then outcome estimates based on a comparison group that is not matched on a comparable delivery event will underestimate the effects of the FGC on subsequent child protection events. In other words, if children received the FGC when child protection involvement was accelerating, then the effects reported in this document are likely to be underestimate because the children who received the treatment would likely have had even more events than the control group. On the other hand, if the delivery of the FGC was only feasible for referred families with stabilising problems, then the estimates reported above are likely to be overestimates. Without further insights on the reasons why some families received the service while others did not after referral, one cannot judge the nature of potential bias.

#### Removals and Entry to OOHC

To estimate the impact of the FGC service on the probability of removal and entry into OOHC, we could not use the same generalized DID model as outlined above. The reason is that at the time of data provision, the FGC service delivery was ongoing. The majority of children in the treatment group received the FGC in 2020 or 2021 (1,248 children or 57%). This left only a short time-period available for data collection post FGC intervention until July 2021. Hence, for a large proportion of children who received the FGC in 2020 (792 or 36%) and 2021 (456 or 21%), post intervention data were only available between 1 month (eg 89 children who received it in June 2021) and 18 months (eg 49 children who received the FGC in January 2020). This implied that the scope of the evaluation of the impact of the FGC on the probability of removal and entering OOHC care was limited.

To evaluate the impact of the FGC on the probability of removal an ordinary least square model applied to cross-sectional data was conducted. To maximise the available sample, removal was considered for any of the children within the family that was referred to the FGC. The full sample consists of all children within families that were referred to the FGC. The treatment group is any child within a family which received the FGC (3,728 children). The control group is any child within a family that was referred to the FGC but had not received it yet by July 2021 (1,251 children). Of all children with a referral to the FGC, 56.5% were removed pre-intervention. However, treatment and control groups differed significantly in their pre-removal probabilities. Only 4.4% of children in the treatment group experienced a removal pre-treatment, while 82.2% in the control group experienced removal. We thus estimated a linear probability model exploiting cross-sectional variation of the data as follows:

$$(2) \quad Y_i = \alpha + \delta \text{FGC}_i + \gamma X_i + \rho S_j + \eta_d + \varepsilon_i$$

In this model (Equation (2)), the outcome variable  $Y_i$  is the probability of being removed post referral to the FGC,  $\text{FGC}_i$  is the treatment group indicator that takes the value 1 if the child is in a family that received the FGC after the referral, and 0 if the child is in a family that did not receive the service post referral,  $X_i$  is a vector of control variables,  $S_j$  captures facilitator fixed effects and  $\eta_d$  captures district fixed effects. The error term  $\varepsilon_i$  captures all unobserved determinants of removal.



To control for underlying differences between treatment and control group, the model included the following control variables in  $X_i$ : birth year, sex, and Aboriginal and Torres Strait Islander status dummy variables, total number of substantiations pre-FGC referral and total number of ROSH pre-FGC referral. In an extension to this main analysis, we estimated the model separately for children with and without removal history pre-referral to FGC.

**It needs to be emphasised that estimates on  $\delta$  (the treatment effect parameter) from this model cannot be interpreted as causal, as we cannot control for unobserved differences in the removal decision (captured in  $\epsilon_i$ ) that may correlate with treatment status, time trends in child protection system contact, and individual fixed effects. This caveat needs to be kept in mind when interpreting treatment effects. They have to be understood as statistical associations, not causal treatment effects.**

**Economic data**

The economic evaluation estimates the avoided costs of the FGC program through potentially reduced future uptake of child protection services. Potential benefits of the FGC program may come through reduced ROSH responses, substantiations and reduced entries into care. This economic evaluation draws on DCJ estimates of potential avoided costs accruing from increased child safety; reduced frequency of child protection helpline reports relating to participating families; decreased intervention need level where risk of significant harm is assessed and threshold is met; and reduced number and duration of entries into OOHC. Drawing on the statistical analysis of the effect of the FGC program on family contact with child protection agencies, the economic analysis quantifies the unit costs for operating the FGC program and assesses potential cost savings.

Unit costs of the program are calculated based on transaction records from DCJ's accounting system for costs of facilitator fees-for-service, venue hire and catering, transport, childcare and services, interpreters and estimates of FTE caseworker involvement (referrals and attendance) and office administration. It is noted that the costs data is based on invoice and transaction records in the accounting system and may not be adequately linked to each family that has received a FGC. Hence, the costs associated with FGC are explored in-depth for a sample of  $n=243$  families who could be matched between the records management system and the FGC Program data. Average unit costs of FGCs were calculated based on key characteristics such as district, remoteness, family size, Aboriginal and/or CALD status, number of FGCs convened per family, and number of facilitators per FGC.

The return on investment is calculated by multiplying the magnitude of treatment effect with the cost of the averted child protection event (e.g., assessment of child safety and risk).

## Section 3 – Implementation findings

This section is structured around the four research questions related to implementation:

- *Do parents and families who have taken part in a FGC feel more empowered in making decisions to improve the safety and well-being of their children?*
- *Does FGC support self-determination for Aboriginal people through increased participation of Aboriginal families, communities, children and young people, in child protection decision-making?*
- *Does FGC improve the relationship and communication between DCJ and families?*
- *At the time of the Family Plan review, were families who participated in FGC able to access the identified support and make progress towards achieving their Family Plan goals?*

Key findings addressing the research questions are integrated across data sources. The data sources informing this section include:

- Interviews with family members, collected through 34 interviews with 40 family members who had participated in at least one Family Group Conference.
- Workforce focus groups, collected through 60 focus groups with DCJ staff in caseworker or casework manager roles (n = 29), district FGC administrators (n = 8) or independent facilitators (n = 23).
- Relevant findings from:
  - the *workforce surveys* (n = 169)
  - the *desktop review* of FGC documentation
  - the *review of de-identified referral forms and family plans* (n = 54).

This section also features four case studies that address the research questions and provide concrete examples related to the thematic findings. These case studies are composites of families with similar features or experiences. Each case study is used to illustrate a positive and negative FGC process, drawing on data collected from the observations, family interviews, and review of Referral Information Forms and Family Plans.

The final discussion in this section brings together findings about common features when families report a positive or negative FGC experience.

### Family decision-making and empowerment

#### ***Do parents and families who have taken part in a FGC feel more empowered in making decisions to improve the safety and well-being of their children?***

Overall, most families interviewed saw the FGC as a chance for their extended family to come together and be heard and be shown respect for their intimate knowledge of their own family and the solutions that would work for them. Being able to address past conflict and move forward with positive intentions was described as important by many family members.

*“To me I just say the conference was magic...it was everything from that day was just sort of left there and we just sort of moved forward from then.” (32)<sup>26</sup>*

It also allowed family members to demonstrate their genuine care and love for the child at the centre of the FGC and to have this recognised and respected by DCJ.

*“Wave a photo of the kids and say, ‘This is the about the kids, it’s not about us,’ because families do have conflict. So, it’s a really good idea...to remember that even though you’re all very upset, or you’re scared, or you’re worried, just keep coming back to the kids and what do those kids need and put them first.” (6)*

Across workforce focus groups, a central finding was that DCJ staff and facilitators viewed FGCs as enabling families to actively participate in decision-making about their children’s safety and wellbeing. DCJ staff and independent facilitators described how a family-inclusive and dignity-driven philosophy underpinned the FGC model – one which recognises the child as part of a family system and prioritises the voices of family members. DCJ staff, in particular, noted the alignment of the FGC model philosophy to DCJ’s *NSW Practice Framework*, and FGCs were identified as a way of strengthening family-inclusive practice for DCJ staff. Many highlighted how FGCs provided an opportunity for families to contribute to decisions rather than having decisions imposed on them.

*“It is less intrusive, and I think when we come back to our Department and our whole dignity-driven, respectful practice I think part of that is, where we can, handing the decision-making back. Even if it’s about how to address an issue, ‘You tell us what works best for your family and let us support you to get there’.” [Aboriginal caseworker/manager casework].*

An important finding that emerged from the families and the DCJ staff and independent facilitators is that, ultimately, empowerment is at least a two-part process: having families shape the plan, then have support to enact the plan. This point is elaborated across the next sections.

## **The independence of the facilitator**

Having the FGC facilitated by an impartial person who does not work for DCJ was considered a critical component of the model. Independent facilitation was viewed as a marker of difference between typical casework meetings with families and the FGC process. This was a recurring theme across the workforce focus groups. Facilitators and DCJ staff alike explained the importance of independent facilitation for creating buy-in in the process for families, including supporting families to take up the offer of a FGC in circumstances where there was previous conflict or distrust between families and DCJ staff.

*“I think as well, the success comes down to the fact that the facilitator is independent from DCJ as well.”*  
[Non-Aboriginal caseworker/ manager casework]

An important role of the independent facilitator is to communicate the family issues that are DCJ non-negotiables, and discuss these issues in a respectful way to families during the preparation stage to help them to be more receptive to hearing these messages directly from DCJ staff at the FGC.

*“I think it’s like you’ve got those non-negotiables, but I think it’s really respectful that the facilitator talks to the family members about that separately first. I think it’s really hard if you’re all in a room to hear, for*

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<sup>26</sup> Quotes from family members are numbered by interview

*the family, what the worries are. That's really hard. They don't want to be where they're at. They're where they're at because of numerous issues. And I think by the facilitator doing that early work, it's being respectful around the worries. ... if the facilitator doesn't do that stuff, that's when I've got to come in and try and step in and do that. But it often doesn't work. It doesn't work as well, because I'm from DCJ. So often we need that independent mediation."* [Aboriginal caseworker/ manager casework]

Another key aspect of the independent facilitator's role is to sensitively mediate difficult relationships within families and between family members and agencies.

*"There are times that there is conflict between family and agency, and that part of my role is to strengthen those relationships and to try and create some collaboration there to achieve the outcomes that they would like to achieve from agency and from the family perspective as well."*

[Non-Aboriginal facilitator]

### **The importance of a skilled facilitator**

Many families gave positive feedback about their facilitator and felt that they had been in good hands, which had made all the difference on the day. A skilled facilitator is one who takes charge of the process from the outset and made sure that all family members have the same information and understood why there were being invited to attend the FGC. A key skill of the facilitator was in knowing when to bring people back into the conversation and keep it on track or intervene to prevent conflict:

*"She told us to 'take five, guys'. Came back in and everything was fine after we took a break."* (32)

*"It got a little bit, a little bit of conflict, I guess, but he was pretty quick to pull it up so it did not sort of escalate to anything out of control."* (27)

Families relied on the facilitator not just to lead the conversation but to be a skilled mediator who could help them find common ground. However, some family members seemed uncertain about whether the facilitator role was just to oversee the meeting rather than actively intervene. For example, when communication broke down or the conversation became heated, several people noted that the family had been left to sort it out themselves rather than having the facilitator step in and re-establish order or remind participants of the agreed ground rules so the situation did not deteriorate: *"there was no control and she didn't try to either ... it was very amateur."* (10) Some people described their facilitator as *"very hands off"* (16) or said that *"a lot of the time, he just sat there and listen to us (but) I don't want to say anything. He couldn't be doing his job correctly."* (30) This suggests that there is a need for greater clarity about the parameters of the facilitator role and setting clearer expectations at the outset of the FGC.

Families said it felt unnatural to be told by the facilitator not to bring up the past, which they saw as critical to being honest about the problems that had led them there, to prevent repeating previous mistakes and to feel heard and acknowledged. How families responded to this instruction depended how facilitators approached this. If they lacked good communication skills, family members could feel chastised or that the facilitator was taking sides or cutting them off. As one family member put it, *"...it was just 'not your turn to speak, we'll come back to you.'"* (7)

Similarly, the way facilitators responded to requests to remain in the room during Private Family Time (PFT) highlighted discrepancies in their communication skills and could undermine confidence in them being able to 'hold' families who were in conflict or confusion. Some facilitators were very strict about not being in the room

during PFT and others took a case-by-case approach. The former group were generally seen by families as inflexible and/or uncaring. As one person put it, *"I think even the facilitator leaving the room and letting us do that - like, only that I had the knowledge to do it"* (14). Other family members said their facilitators had reassured them they would be just outside the whole time and would come in if the family requested it but encouraged them to 'have a go first off'. This approach left families with the impression that the facilitator was supportive, not dismissive.

The role of the facilitator is also of critical importance where children are present, especially if they are exposed to family conflict. For example, a family member described how terrible it had been for a child to sit across the table from his abusive parent while a statement from that child was read out and, in another case, a child had been at a FGC in which participants had made very negative comments about the child's mother. A family member had been scathing about how a facilitator had responded to an emotional outburst from a father, by telling the child the father was upset because he really loved the child. The interviewee expressed concern about how the child was being taught about how to demonstrate love. This family member was critical of the facilitator's skills in not keeping the environment safe for the child and allowing issues to escalate.

Even if children are not present, it is the role of a facilitator to ensure the children are kept at the centre of the conversation. A family member who attended a FGC at which the child was not present noted:

*"It's a really good idea to bring photos of the kids, it's a really good idea to remember that even though you're all very upset, or you're scared, or you're worried, just keep coming back to the kids and what do those kids need and put them first."* (6).

Caseworkers and managers casework reported significant variations in the facilitators' approach which could in turn impact on both the FGC process and outcomes. They suggested that there were inconsistencies in facilitator skills and practice such as the extensiveness of preparatory work with families and caseworkers, levels of understanding of DCJ processes and FGC purposes, whether facilitators present as impartial, and their ability to navigate complex family dynamics.

*"I think the skill of the facilitator really impacts on the quality and the outcomes. We've had ones where I've pretty much ended up running the FGC, which is not ideal."* [Non-Aboriginal caseworker/ manager casework]

*"It's like a mixed bag. There's good and bad in everything, and that's how I sort of feel with facilitators... So, education is key for the facilitators on knowing our business too."* [Aboriginal caseworker/manager casework]

Facilitators suggested that the training available to facilitators was not adequate for preparing people to step into the facilitator role.

*"I think the family group conferencing training was more about the model, and not the skills and the way to have conversations."* [Non-Aboriginal facilitator]

A significant concern raised by DCJ staff was the lack of accountability for what they viewed as poor facilitation. They indicated that there was no systematic or confidential process for providing feedback to District FGC Administrators or central DCJ personnel and a lack of communication between districts about the performance of facilitators. The avenues for reporting their views and experiences with facilitators appeared to be limited to completing brief feedback forms that are distributed and collected by facilitators and sometimes shared with District FGC Administrators, or by providing informal feedback to District FGC Administrators by email or phone.

*“The facilitator hands you the form at the end of the conference to do the feedback and then you hand it back to them, so I’d say that process is probably not great.”* [Non-Aboriginal caseworker/ manager casework]

*“If someone’s having a bad experience with someone, if say three FGC admin districts are having a bad experience with someone, there’s no way for the other districts to know what’s going on.”* [Administrator]

*“I’ve had a facilitator not turn up ... and they just said, ‘There’s nothing we can do about it’” and she’ll still stay on the panel. ...we’ve put complaints forward or caseworkers have put complaints forward and they say they can’t do anything about it... although they ... said, ‘Well you know what to do. Don’t use her.’”* [Administrator]

A perceived lack of accountability for facilitators meant that district administrators were often left to make allocation decisions based on word of mouth and recommendations from caseworkers/managers casework. This process appears to lack transparency. It was unclear whether the feedback provided by caseworkers was being balanced with the perspectives of families which could differ from that of caseworkers. Administrators reported receiving limited feedback from families and attributed this to the way in which feedback forms are distributed and collected and a lack of encouragement to fill forms out.

*“See, we use word of mouth as well as allocation, but if there’s someone who has a particularly good reputation you would probably try and get them.”* [Non-Aboriginal caseworker/casework manager]

*“The majority of the forms ... it looks like families do just circle it to just do it. It would be nice for them to be encouraged to actually write something so that we know they’re actually being completed by the family members.”* [Administrator]

## Having the right people in the room

Good preparation for a FGC included ensuring that all the family members who needed to be present were there, but discrepancies were apparent in how family members came to be invited to the FGC. Accounts from some family members revealed that facilitators sometimes invited relatives who had not had any substantive involvement in the child's life. This could lead to Family Plans that included commitments that were not kept:

*"It's good to have everyone in the room, but also those people that are in there probably have nothing to do with the boys but have a massive voice anyway." (27)*

In other cases, family members had been invited to attend a FGC but felt their contribution was not valued by other family members and this was particularly the case when the child's paternal and maternal side did not get along:

*"And by half an hour into that second session my daughter and I said, 'We're not needed here. I don't know why we were asked to be here'." (15)*

Facilitators and caseworkers both emphasised the importance of family finding as a mechanism to ensure the right people are involved in the FGC. Facilitators noted that referrals often included contact details for a small number of family members, and this left them to undertake time-consuming family finding as part of FGC preparation. Caseworkers reported on challenges to conducting family finding, including family members' consent and cooperation to identify Kin and networks, and inconsistency among facilitators about whether looking for additional family members was perceived as part of their role or not. Despite FGC program guidance indicating that family finding is the responsibility of caseworkers, across the focus groups with caseworkers/managers casework and facilitators, there was a lack of clarity around whose role and responsibility it is to find family to participate in a FGC.

*"I've never ever heard or been advised that anyone who's had a referral has conducted family finding prior...What my experience is, we're pretty much doing the family finding during the prep process, just through asking family." [Non-Aboriginal facilitator]*

*"I see a really big role of FGCs to be in the family finding area, and I'm not clear on what facilitators hold in terms of actually doing that work, because some facilitators I'll give them a list, they'll just go off that list. They won't ask for any other people. Whereas some facilitators will go and ask families who else can be here, even if it's not family, like who are your friends, who is church, like whatever it is." [Caseworker/ manager casework]*

A lack of adequate identification of family members and other important people in the child's life for the purpose of convening a meaningful FGC was identified as a significant issue in relation to Aboriginal families. The need to convene FGCs within prescribed timeframes, often to progress a legal process, was deemed a barrier to culturally-safe practice with Aboriginal families.

In addition to the issues that emerged in interviews and focus groups, a review of de-identified Referral Information Forms and Family Plans identified deficiencies in the consistency and quality of written information that could undermine the process from preparation to plan implementation. Facilitators rely upon the available written information when they accept a referral, but the RIFs was not always used optimally by caseworkers. For example, the review found that the RIF did not accurately convey exactly which children the FGC concerned when it involved a large sibling group.

Notably, the RIF does not include a section about where in the child protection continuum the FGC is being convened. This puts the onus on facilitators to interpret the situation and could lead to situations where facilitators inadvertently mislead families about what decisions are within scope. For example, the family may believe they are able to nominate a family member to provide Kinship care to the child whereas, if the matter is before the court or a long-term order in place, this is beyond the scope of the FGC and the decision may be limited to improving family contact.

While it is appropriate for the RIF to include a concise summary of the family history and context for the FGC, many cases in the review found extensive rehashing of prior ROSH reports and more historical details than was warranted for the purpose of the current FGC. The focus in preparing the RIF should be on supplying enough relevant information to ensure the facilitator can form a view of the circumstances that led to this FGC. In cases where children are already in long-term care, it is extraneous to document the issues that led to their placement.

Issues with the Family Plan template include that it does not provide space to indicate who has been invited but declined or any explanation for why some participants were not invited. Many Family Plans reviewed were handwritten by the facilitator and had incomplete sections, making them difficult to decipher, and were frequently missing vital information. For example, no review date was documented in almost a third (n = 16) of family plans. This raises serious questions about how accurately the family discussions are being translated into the documented Family Plan that is signed off by families and DCJ. Improvement in how documentation is completed would allow for a more detailed account of what occurred at the FGC and improve monitoring of progress after the FGC.

### Participation of children and young people

A key aspect of preparation and decisions about who will attend the FGC is consideration of how to engage children and young people as participants. This decision often relates to family dynamics and whether there is likely to be conflict that may be distressing to children and young people. Another consideration is whether the length of time involved in the FGC is developmentally appropriate for children. One carer who was interviewed expressed distress about being pressured to bring children to a FGC: *“even though the children’s psychologists said, this isn’t the right thing to be doing, we still had to do it.”* (19) Several family members described the FGC process as being taxing for children:

*“They had the little girl in the meeting ... [she] shouldn’t have been there in the meeting because they knew that people would argue over something.”* (3)

*“It was just not okay for an 11-year-old to be at a conference ... 5 hours is a long time for an 11 year old to be sitting at a table talking and making decisions around... it’s not appropriate at all, that place in itself is traumatic ... like I wouldn’t even want to sit there.”* (23)

Across the family interviews, where there were young children present (aged 12 and younger), there were no stories about the child having a positive experience. At minimum, family members described it being too long for the child to sit in a meeting. At a more extreme end, some participants described active emotional harm to children. However, there were positive ways that family members described children being held in mind when they were not present such as having a child’s photo or writing messages to the child.



Facilitators, caseworkers and managers casework discussed the involvement of children and young people in FGCs during workforce focus groups. They indicated that it was more common for teenagers to attend and directly participate in a FGC and believed this tended to result in “good outcomes, because [they] get to say their piece, what they want...[and] of course [the FGC] is then modified appropriately” [non- Aboriginal caseworker/manager casework].

Workforce focus group participants emphasised the importance of balancing the potential benefits of having children and young people participate directly against the potential emotional harm that could be caused from tense family dynamics.

*‘I think it is lovely when children can be there, when they're a bit older, because they can make quite compelling arguments against the parents as to why they don't want them doing this or that or why they're sick of them taking drugs and whatnot. But I guess keeping in mind that depending on the family dynamic whether or not they're going to be able to be there, but I would say the majority of mine, unless they're in the teenage years they're not there.’* [Non-Aboriginal facilitator]

Many good practice examples were provided in relation to engaging children and young people in FGCs without having children and young people attend and directly participate. Workforce focus group participants described how it was often inappropriate to invite children to attend FGCs due to their young age, developmental stage or challenging family dynamics. They also discussed circumstances in which young people were invited but decided not to participate. Workforce focus group participants shared examples of creative and child-friendly ways with which facilitators heard children’s voices and shared their wishes with FGC participants in the absence of their direct participation in the conference. In this way, the FGC could be child-inclusive and child-focused without the child being present.

*“We’ve had the facilitator meet up with the young person prior to the family group conference and develop a bit of a ‘views and wishes’ statement and then the young person has identified that ‘no, they don’t want to be there’... at least her voice was heard and she was able to have that time with the facilitator and the facilitator was able to really understand that young person’s current experiences and what they need.”* [Non-Aboriginal caseworker/manager casework]

*“What I will do is go out and interview the children and do like the ‘Three Houses’ [activity] and ask them about their hopes and dreams and really talk to them on their own so that they can give me their viewpoints.”* [Non-Aboriginal facilitator]

*“One thing that sticks in my mind was a nine-year-old boy and he didn't want to come but he recorded on my phone a message to the family and it was just overwhelming ... to have that played back to the family I found was really quite an incredible moment because the voice of the child was there even though he didn't want to be there physically.”* [Non-Aboriginal facilitator]

The documentation review found limited guidance in relation to the circumstances in which a child or young person should or should not attend a conference (as assessed by the stakeholders). For example, the pilot evaluation documented issues during conferences where attending children or young people were exposed to upsetting or confronting discussions. Other concerns included the difficulty for professionals to openly discuss sensitive issues in front of the child or young person.<sup>27</sup> It is recommended that when children or young people

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<sup>27</sup> Boxall, H., Morgan, A., & Terer, K. (2012). *Evaluation of the Family Group Conferencing pilot program*. Australian Institute of Criminology: Canberra.

are in attendance, there should be more detailed information for stakeholders regarding measures to ensure the child or young person is comfortable throughout the conference.

### Families feeling heard and valued

Many family members expressed their appreciation for the FGC process as a chance to be “able to speak [their] mind” (26) and “get [things] off [their] chest so everyone hears it” (27). Some expressed a sense of validation about having a space where family outnumbered DCJ:

*“The [other] meetings DCJ do all the talking. Where the family conference is, we do all the talking, and they’ve got to sit there and listen to us. So, I think that’s the difference.” (5)*

The FGC process was experienced by some families as a chance to bring everyone together to clear the air and help to reconnect family.

*“A lot of things come out of closets, and everyone got to say their piece, and everyone was left the room quite happy.” (31)*

*“Everybody had a say, and everybody address their own concerns and issues and yeah, and I think the most important thing is that our views weren’t ignored.” (32)*

The process worked best for families with good relationships and communication skills. Where these were present, families were able to speak more frankly and openly with each other and get to the crux of the issues: *“I think having so many people in the room [with facilitation skills] was a bit of a bonus, because they were more—maybe blunt, with what the questions needed to be.” (6)*

Many families experience difficult dynamics that make the FGC process challenging. They may bring a history of past issues around communication and disagreements. It was noted by more than person one across all the family interviews that another participant had lied at the FGC. Communication between children’s parents and their respective sides of the family can be particularly tough to navigate if there has been a history of domestic violence which may create a biased view of what has occurred. They may come in with a strong position to argue:

*“the ones that come in all aggressive, all guns blazing for ownership of what they believe to be theirs and their rights. They didn’t come in with the right outlook at all for them.” (19)*

*They may be defensive or in denial: ‘I don’t believe that grandma was being honest, when she said she didn’t know that her son was doing drugs either.’” (12)*

There may be disagreements over who in the family is best placed to care for the child if more than one family volunteers: *“those two separate parties wanting to put their hand up so that’s sort of where it gets a little bit difficult.” (27)* Or they may involve different sides of a family with little knowledge of each other or shared history.

Yet even where there were fraught dynamics, the FCG could be a safe space for constructive conversations when this was actively mediated: *“Instead of people being on the phone yelling and screaming from one end of the world to the other or whatever it’s me sit down and have a cup of tea and a biscuit and talk.” (31)*

It is critical that facilitators are prepared for challenging family dynamics. Facilitators also need strong skills in mediation and de-escalation. Dealing with interpersonal conflict both detracts from the purpose of the FGC and also causes emotional distress to participants.

*“You know, even before it got out of control, I was trying to de-escalate. And I thought, ‘Oh, this is going to a bad place. Why aren't these two supposed to be in charge trying to do something here?’” (10)*

When participants did have a facilitator skilled in handling challenging family dynamics, they were appreciative. The facilitator can also hold the role of witness and communicator, clarifying and documenting what is said.

*“And she said, ‘Make no mistake, I will jump in and say things if they get too far.’ That's great. So she, she was, you know, she had the confidence to step in when she needed to, if she needed to.” (19)*

### Clarity around FGC purpose and scope of decision-making

The role of preparation emerged as a clear marker of whether families perceived they had a significant role in decision-making and consequently felt empowered by the FGC process, or not. A key theme that emerged is the importance of shared understanding: what the facilitator understands is the purpose and what DCJ understands to be the issues and clearly communicating these to families prior to the FGC. Where the purpose and issues were not communicated to families, there was the potential for communication breakdowns with the family, who reported dissatisfaction with the process where they had not been briefed.

Part of preparation is establishing clear parameters for decision-making. It was evident that misunderstandings that were not cleared up early could derail the FGC process. Families who expressed confusion about the scope of the decision they were being asked to make or uncertainty about why the FGC had been called rarely found the FGC a worthwhile experience: *“How can we address a child risk factors if you haven't told us what the hell they are?” (14)*

In these cases, it appeared that communication with the facilitator had been minimal or that the facilitator had been unclear themselves about the purpose of the FGC. Some families said that the only information they received from the facilitator prior to the FGC was a text message inviting them to attend. This communication vacuum created fertile ground for families to feel deliberately misled and deceived by DCJ if their expectations for what the FGC may achieve were not realised. Given that the facilitator is the independent mediator between families and DCJ, improving this preparation stage is critical.

*“I wasn't given enough information of what the discussion would be about, for instance, I was informed that it would be a discussion of how we could all assist in supporting this young person, but when we actually got in the meeting, it was actually for the family members to agree on me having my nephew. I wasn't informed of that, and so I felt a little bit set up.” (16)*

*“The only thing that was to be spoken on was contact...I had a couple of phone calls with [the facilitator ... who] was a bit baffled ... because [the FGC is] meant to cover so many other things but the only conversation [the facilitator] was allowed to have and talk on was what contact was going to look like? That was it.” (22)*

By contrast, where families did have pre-FGC meetings or, at least, lengthy conversations with facilitators, they were able to go into the FGC with greater clarity about the purpose and scope of decision-making:

*“That was the big thing that I think helped us all is the pre meeting, meeting with everyone individually, I think it was, he did. Yes, to put everyone's mind at ease and, yeah, to step in that way it made the meeting much go much smoother. ” (11)*

Issues around preparation and clarity of FGCs also emerged in focus groups with caseworkers and managers casework. While the purpose of FGCs in a child protection context was clear, there was confusion about the purpose of FGCs in OOHC contexts. Child protection and OOHC caseworkers and casework managers expressed concern about the messages given to families by facilitators about the extent of their decision-making role in FGCs relating to children in OOHC. Participants identified the need for clearer messaging and guidance about the purpose of FGCs in an OOHC context for all involved in order to avoid miscommunication and dissatisfaction.

*“I’m in the out-of-home care space, which is trickier, I think, for FGCs. Because I’ve noticed, particularly from the perspective of the facilitator, sometimes they come in saying, ‘you’re here because you’re meant to be involved in family-led decision-making. Whatever plans you make today will be signed off by the department, and they will be followed through.’ And I guess the challenge in that space is when you’ve got a child in the parental responsibility of the Minister, it’s not actually as simple as that. So, I think sometimes there’s some confusion in what the family are able to make decisions about, and what kind of things might happen, or what kind of things might occur post that family group conference that could alter or change those decisions.”* [Non-Aboriginal caseworker/ manager casework]

*“...some caseworkers have been like, ‘what’s the point of us using them in out-of-home care when the family can’t really make the final decision?’”* [Non-Aboriginal caseworker/manager casework]

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## Composite case study 1

DCJ became involved with the family following a report of neglect made by the school about two siblings aged 10 and 12 years who had frequently missed school or regularly came without food or adequate clothing. DCJ visited and found the children alone and the house in an unfit state with no food in the pantry. Their mother returned home shortly after, clearly affected by alcohol, and explained that the children’s father had recently moved out. Police had been called out several times in the previous 12 months following reports of domestic violence. A FGC was convened to involve extended family in decisions about the care of the children.

### DCJ non-negotiables:

1. Children have a safe, stable, nurturing, predictable home.
2. Extended family support mum to keep herself and children safe.
3. Mother receives professional help to addresses problematic alcohol use.
4. Father receives counselling to understand impact of violence on children.

### Negative FGC process

The facilitator did not speak to all relevant family members before the FGC and was unaware that there had been a breakdown in the relationship between the mother and her extended family. The paternal relatives left before Private Family Time when DCJ manager casework raised concerns about father’s use of violence, which they disputed. The family requested that the facilitator stay in the room for Private Family Time, but the facilitator said this was not possible and the family were unable to reach agreement on any plan.

### The Family Plan lacked concrete actions:

1. Extended family want mother to go to rehabilitation, but she refuses.

2. Aunty wants children to come and live with her and this is supported by other relatives.
3. Extended family do not want children to have contact with father or paternal relatives.
4. The participants did not sign the plan and no review date was recorded.

## Positive FGC process

The facilitator talked to the mother, maternal aunt and grandmother before the FGC and gained insight into the family circumstances, including breakdown of communication with the mother due to her drug and alcohol issues. The facilitator also spoke to several paternal relatives about the FGC and, although initially reluctant due to problems with the mother, paternal grandparents and one uncle agreed to attend; however, the father declined an invitation.

### FGC guided by questions that were developed with the participants:

1. How can extended family make sure the children are safe?
2. Who can children contact if they feel unsafe?
3. Who will ensure children attend school?
4. How will the children be supported to stay connected to their father?
5. How will extended family communicate with each other about children's needs?

### Family Plan identified several concrete actions:

1. Maternal grandmother to phone the children every day to ensure they are ready for school.
2. Mother agrees to attend residential rehabilitation and aunty will stay with the children.
3. Mother agrees to apply for AVO and extended family to be contacted if father breaches.
4. Children will spend alternate weekends at both sets of grandparents.
5. Aunty to speak to school counsellor about a plan for supporting children's school attendance.
6. Paternal family agrees to arrange phone contact with father when children are visiting.
7. The participants signed the plan and a review date was set for 3 months.

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## Key messages about family decision-making and empowerment

1. It is essential to have the right people in the room, which requires identifying family members and other important people in the child's life. Currently, despite the program guidance, there is a lack of clarity about who will spend time finding family members (caseworkers or facilitators).
2. Family dynamics impact upon the ability of the family to come together and make decisions in the FGC process. Skilled facilitators have a key role in managing these dynamics to avoid conflicts escalating and keeping the focus on the child and family plan. Conflict management skills and competencies vary between facilitators.
3. Caseworkers need to provide facilitators with adequate information about the purpose of the FGC at the referral stage so that facilitators can work with families to prepare for the conference and families can effectively participate in decision-making,

4. Part of the preparation phase is a frank assessment of whether children should directly participate; this will depend on the specific circumstances, including the likelihood of family conflict and the child's developmental capacities.
  5. Where families don't understand the scope of decision-making, they may feel set up to fail. While family decision-making can contribute during a child protection assessment of child safety and risk, if the child is already in OOHC, the scope of decision-making is less clear.
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## Experiences of Aboriginal families, communities, children and young people

### ***Does FGC support self-determination for Aboriginal people through increased participation of Aboriginal families, communities, children and young people, in child protection decision-making?***

Promoting cultural safety with Aboriginal families throughout the FGC process is critical to ensuring that children, families and communities can participate in decision-making and that children remain within their Kinship networks. An important way that families indicated their FGC was made culturally safe was through professional support from Aboriginal facilitators.

Integration of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) throughout the FGC process is an important mechanism for supporting families to make decisions through the FGC process. The ATSICPP has five core elements: *prevention* to protect children's rights to grow up in family, community and culture by redressing the causes of child protection intervention; *partnership* to ensure the participation of community representatives in service design, delivery and individual case decisions; *participation* to ensure the participation of children, parents and family members in decisions regarding the care and protection of their children; *placement* to place children in OOHC in accordance with the established ATSICPP placement hierarchy; and *connection* to maintain and support connections to family, community, culture and country for children in OOHC.<sup>28</sup>

This section highlights findings related to culturally safe practice, professional support from Aboriginal facilitators and DCJ cultural support workers, and integration of the core elements of the Aboriginal and Torres Strait Islander Child Placement Principle.

### **Culturally-safe practice**

For many Aboriginal families, the Stolen Generations and/or a personal history of child removal deeply overshadow the FGC experience and DCJ involvement. Given this fraught history and context, culturally safe practice with families is essential, as they can feel unsafe and vulnerable in this process that asks them to publicly discuss family challenges and dynamics. Family members spoke of the FGC experience evoking grief and loss.

*"I just want to say, as far as I'm concerned with FACS and Department of Community Services, that I – I disagree what have youse done to our kids. I totally don't want to really speak to youse ever, ever,*

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<sup>28</sup> SNAICC – National Voice for our Children (2017). *Understanding and applying the Aboriginal and Torres Strait Islander Child Placement Principle*. <https://www.snaicc.org.au/understanding-applying-aboriginal-torres-strait-islander-child-placement-principle/>

*ever again. And what I want to know is how do you put our kids in other people's hands? ... We don't need that for our children to be put in other people's hands." (2)*

The FGC can feel like too little, too late, in the context of a family that has experienced a long history with child protective services: *"Well it was 20 years too late in my eyes." (29)*

*"That's why I was so upset, that the case was open for so long and I could have stepped in, I could have given her respite, I could have done whatever for her." (14)*

The pain of removal and how that is handled can impact subsequent experiences like the FGC:

*"We didn't get any information from them as to when they've taken the children. I heard from family, not from Department of Community Services. They did not let us know that time. It was in a rush that they'd taken the kids. And I was upset at the time when they took them. I'm still – I am – still. Because I'm the grandmother." (2)*

The workforce survey findings indicated a high degree of uncertainty about cultural safety and supports. The main area of uncertainty among independent facilitators was in response to the statement 'Additional support is available when I cannot fully meet the cultural and/or language needs of a family', where nearly three-fifths indicated they 'agreed' or 'strongly agreed' (57%,  $n = 20$ ) and about a third indicated they were 'undecided' (34%,  $n = 12$ ). Like facilitators, over a third of caseworkers/managers indicated they did not receive sufficient training and information about culturally safe practices. Caseworkers/managers were more uncertain (46%,  $n = 61$ ) than facilitators that additional support is available when the cultural and/or language needs of a family could not be fully met by the facilitator.

Workforce focus group participants also expressed the need for ongoing training and mentoring for non-Aboriginal caseworkers and facilitators who do not share the lived experiences of Aboriginal families and may therefore need reminders and support to embed cultural respect and safety into their approaches to working with Aboriginal people.

*"Part of the language that we use up here is having that cultural lens ... it's always about ongoing training for culture because for non-Aboriginal people, they're not living it every day, so they're bound to forget. That's part of it, unfortunately. As much as it is our culture of the Country we live in, it's not what they live every day ... so ongoing cultural sort of training around what they need to be mindful of, what they need to ensure is happening in each of the family group conferences that they are participating in, I think that will help a lot." [Aboriginal caseworker/ manager casework]*

*"I personally feel there could be more training provided to some of the caseworkers. I'm not sure there's a big understanding and particularly when there are Aboriginal families involved, I'm not sure the cultural side is understood or respected." [Non-Aboriginal District FGC Administrator]*

The need to convene FGCs within prescribed timeframes, often to progress a legal process, was deemed in workforce focus groups a barrier to culturally safe practice with Aboriginal families. Aboriginal caseworkers described many instances where DCJ prioritised timing over the cultural needs of families. Aboriginal caseworkers reported that FGCs went ahead without an Aboriginal facilitator or cultural support person for the family in order to meet a timeframe. Instances where FGCs were held without first conducting adequate work to find and contact family members were also reported. Aboriginal facilitators explained how FGCs involving

Aboriginal families might take longer than the allocated timeframe to prepare and convene, particularly in terms of finding family in the interests of supporting children's ongoing cultural connections.

*"I do get frustrated with the whole FGC process and what it actually means for our families. Because at times there are... time pressures and things like that, four weeks turn around, it just doesn't fit, it's not culturally appropriate." [Aboriginal facilitator]*

*"Is part of it, too, is not having to stay within the confines of the time frames? You know, it has to be done within this time frame, so therefore we're going ahead with it regardless...like an Aboriginal person could be there to be present and support the family in that. Is that what we're sort of stuck - we're too rigid in the rules around, it has to happen by this date, so therefore we'll go ahead of it regardless even if it would have been better to put it off for a week and have somebody else?" [Aboriginal caseworker/ manager casework]*

Additionally, Aboriginal caseworkers and facilitators emphasised the need to recognise important events within Aboriginal communities that might affect timeframes for holding FGCs and family participation in FGCs such as Sorry Business and NAIDOC celebrations.

*"And another thing to think about is that we have a lot of Sorry Business, so that holds things back and caseworkers have got to understand that. Yeah, that's a big factor that we have to always consider." [Aboriginal caseworker/ manager casework]*

*"What also goes into timing is what's happening for family and community. That also ties into it. So, a caseworker might be sort of in their zone around the work that they're doing and they've got their own timeframes for court and different stuff like that, but there might be Sorry Business, there might be Christmas, there might be NAIDOC, there might be all these different things going on for the community; it's just that that time is not the appropriate time and you're not going to get as many people, I guess, coming to it." [Aboriginal caseworker/ manager casework]*

Both Aboriginal and non-Aboriginal caseworkers/managers and facilitators discussed the challenges that can arise during FGCs involving multiple cultures. This included FGCs involving Aboriginal families from different Nations as well as FGCs involving Aboriginal and non-Aboriginal families or different non-Aboriginal cultural backgrounds. They noted how differences in communication styles and cultural values could impact on interactions and interpretations during FGCs. Workforce participants identified the need for greater support and guidance for facilitators and caseworkers in how to adequately address the cultural needs of all family members during FGCs.

### **Professional support from Aboriginal facilitators and DCJ cultural support workers**

The FGC model utilised by DCJ seeks to support culturally safe practice with Aboriginal families through provision of Aboriginal facilitators and/or cultural support workers for FGCs. This was recognised as a strength of the model by family members and DCJ staff, while they also noted opportunities to improve culturally safe practice. For family members, clarifying the role of professional staff emerged as an important need, particularly with the DCJ cultural support worker role. Without a clear and identifiable role explained to families, the presence of the DCJ cultural support worker role can be perceived as a tokenistic way of showing respect for culture.



In general, support from non-governmental organisations, including Aboriginal community-controlled organisations, was largely absent in the FGC meetings for the family members who were interviewed. There was also limited support from NGOs or ACCOs in the 54 Referral Information Forms and Family Plans reviewed. There may be opportunity for greater engagement of these organisations, to address the non-negotiables and family goals.

## Aboriginal facilitators

Offering Aboriginal families the option to have their FGC facilitated by an Aboriginal facilitator was viewed as a strength, across family and workforce participants. A clear message from Aboriginal family members as well as caseworkers/managers and independent facilitators is the unique skills, lived experiences and way of 'being' that Aboriginal facilitators bring to their role.

Family members commented on having a sense of comfort and connect with Aboriginal facilitators:

*"He sat back and had a chat with us around you know what we should expect and around what the children should expect and what DCJ should offer. So that sort of stuff that we saw, he sat back and had a little bit of a yarn with us and then he left us and we sort of worked it all out ourselves. But it was good to be able to have him there to ask those questions. Being an Aboriginal man." (8)*

*"What made it so good. You know what works so well is having the Aboriginal facilitator that understood ... it is a game changer altogether. It's the only game changer that's gonna get the outcomes that are needed." (22)*

This view was echoed by caseworkers and managers casework, who acknowledged the importance of culturally relevant and relatable facilitators who were better placed to meaningfully connect with Aboriginal families.

*"It is really important that we, where possible, as often as possible, actually engage an Aboriginal facilitator that connects, in a meaningful way, with the family. Because when that doesn't happen, we're not successful." [Non-Aboriginal caseworker/ manager casework]*

*"The (Aboriginal) facilitator actually really cares. She really cares what's happening to Aboriginal families and children. And when she meets families, she makes that connection somehow with every family in a different way." [Aboriginal caseworker/ manager casework]*

Family members and workforce participants stressed that having an Aboriginal facilitator work with Aboriginal families enabled better communication. This included, for example, an emphasis on *dadirri* or 'deep listening'.

*"To have FGCs with our people, you've really got to be one of our people to get it. You know, we all do speak English. But it seems to not be understood how we articulate things, or it's always taken out of context. So to have someone there that understands us, and how we're trying to get things out of our mouth, to articulate that for us, and to translate that properly. So it's not getting blown out of proportion in any way." (22)*

Aboriginal caseworkers/managers and facilitators explained how their approaches to their work were informed by their lived experiences. Aboriginal facilitators bear an added responsibility and an additional role to non-Aboriginal facilitators – that of a cultural support person. Yet, Aboriginal facilitators and caseworkers/managers casework felt these contributions were not often recognised by DCJ.

*"... what I bring to those family group conferences is just I've lived partly what these kids have lived... There's so much of that I think that so many of the case workers just unfortunately don't get and then that's why... ongoing cultural training for all the case workers [is needed] to really help them more understand just the importance of culture and cultural connection for the Aboriginal children."*  
[Aboriginal caseworker/ manager casework]

Workforce focus group participants frequently identified the need for more Aboriginal facilitators for FGCs involving Aboriginal families. Aboriginal caseworkers stressed the importance of having Aboriginal facilitators with a connection to the local community and an understanding of local protocols and issues.

*"There's not enough Aboriginal facilitators. And one barrier that I find is when the actual referral form is completed by the caseworker, there is a specific question there that asks the families, 'do you want an Aboriginal facilitator?' Now, nine times out of ten they will say, 'yes, we do'. And when you speak to the FGC administrators, they say, 'I've got 25 referrals sitting here, 20 of them, they want an Aboriginal facilitator. And I just don't have that Aboriginal facilitator'."* [Non-Aboriginal facilitator]

*"None of our Aboriginal facilitators are local at all, they're not even from our region. They're from Sydney, South Coast."* [Aboriginal caseworker/ manager casework]

*"You need someone who is relatable, who has been a part of communities preferably, local would help."*  
[Aboriginal caseworker/ manager casework]

The review of RIFs and Family Plans showed that there was a lack of clarity about how a facilitator is matched to a particular family. This appears to be based on convenience (availability, timing) rather than their specific skill set. In particular, the RIF template includes a tick box to indicate whether an Aboriginal Facilitator was requested but this was left blank or ticked on referrals for a small percentage of Aboriginal families. When ticked, it was not clear whether the family could choose a facilitator, or if this was done at caseworker discretion.

### **DCJ Aboriginal cultural support worker**

When an Aboriginal facilitator is not available or the family does not wish to have their FGC facilitated by an Aboriginal person, DCJ staff reported that DCJ policy is to offer an internal Aboriginal cultural support consultant. Caseworkers/managers casework described the role Aboriginal cultural support workers play in advocating for the cultural needs of families prior to and throughout FGCs.

*"If it's an Aboriginal family and the caseworker thinks that it will be beneficial to have myself there, that I go along...and be that Aboriginal advocate and making sure the culture is thought about and talked about to the Aboriginal family."* [Aboriginal caseworker/ manager casework]

*"We provide cultural support for the FGCs when there isn't availability of Aboriginal facilitators. So, if there's non-Aboriginal facilitators, this team is allocated and we go and attend a family group conference. At times, in different stages. It could be from the start to find the family to let them know the process. Yeah, so we support the family, including the facilitator, the non-Aboriginal facilitator. So, we attend the FGCs right through the process."* [Aboriginal caseworker/ manager casework]

Where DCJ provided Aboriginal cultural support workers to attend FGCs, particularly in instances when Aboriginal facilitators were not available, there was some debate in the workforce focus groups about whether this was appropriate for families, given they are not independent of DCJ like facilitators.

*“The Aboriginal cultural support team from DCJ, which if providing that cultural support, is not a neutral cultural support person. They will walk in with the department because they work for the department. So, it’s really hard then as well around that neutrality of what the cultural support will really look like.”* [Non-Aboriginal facilitator]

*“What I’ve been hearing and what’s happened in the past is they’ve had Aboriginal FACS caseworkers to try to support the family during that process, or even in the preparation stage to get around, and I really don’t know how it works, if it works, or if it even used at all... If they’ve got FACS worker in front of their name, there’s probably not going to be a lot of trust.”* [Aboriginal facilitator]

Family members who had a DCJ Aboriginal support worker present at their FGC indicated the role of the support worker was not clear and that the support worker did not actively participate in the meeting.

*“My son had an Aboriginal representative from DOCS at the meeting that day but he wasn’t allowed to speak, he was just allowed to sit there ... he was just the support person but he didn’t speak, he didn’t do anything.”* (1).

*“We don’t even know his role. We’re just calling him the Aboriginal FACS worker. So, that’s how much he didn’t shine in that meeting...He was sitting at the thing with his arms crossed like that. Just observing. Yeah, I don’t know why he was there.”* (14).

These families were not told what this representative of DCJ could provide in terms of guidance or support in advance of the meeting. Without understanding this role, the families were not able to make use of this potential source of support.

*“You need to pull your socks up, pull your finger out, because I’m not wasting my time with you guys when you’re not going to work with us. We need that support. We need it from Aboriginal people who’s in that workplace.”* (2)

## **Ensuring integration of the Aboriginal and Torres Strait Islander Child Placement Principle**

An important aspect of culturally safe practice, as identified by Aboriginal participants in workforce focus groups, was the need to prioritise the Aboriginal and Torres Strait Islander Child Placement Principle (the Principle) during FGCs and emphasise ongoing cultural connections for Aboriginal children. However, Aboriginal workforce participants reported that these principles were often not recognised or discussed in FGCs with Aboriginal families unless prompted by Aboriginal facilitators or caseworkers. They believed all FGCs involving Aboriginal families should be grounded in the Principle and the importance of cultural connections for Aboriginal children.

*“I would like to see the child placement Principle given more meaning within FGCs. At the moment, the only time it usually gets brought up is if I bring it up, but there doesn’t seem to be an overriding thing with the child placement principles. Just involving the Aboriginal families there’s not that overriding thing that we should try to follow those Principles.”* [Aboriginal facilitator]

*“We’re always thinking about the placement Principles in any aspect of our work...that more is one of the focuses that we have, but I’m not sure if our colleagues’ purposes are that. You know what I mean? They’re more focusing on maybe the non-negotiables or the bottom lines here, or the here and now, but we are seeing the future that we don’t want kids in the system. We try and prevent it.” [Aboriginal caseworker/manager casework]*

Comments from family members suggest that the Principle is not consistently embedded in FGC practices, which indicate gaps in information, different goal outcomes and setting, engagement and participation are the root of the challenges faced on both sides of the FGC. This was also addressed by DCJ staff and independent facilitators in their focus groups. Key themes from the data related to the Participation, Partnership, Placement and Connection elements of the Principle.

## Participation and Partnership

Participation and partnership require meaningful engagement with community and Kinship networks. As discussed in the previous theme *family finding and getting the right people at the table*, the preparation phase is critical.

Family members recognised that FGCs are a chance for Aboriginal Kinship networks to show their strengths, but this necessitates identifying and reaching out to the right people. Efforts to engage Kin early can promote having people present who can offer support. Interviews with families identified examples of where the extended family and community came together to support parents with restoration or support children in care to maintain and strengthen family, sibling and cultural connections

*“I think as Aboriginal people, with all our different coloured skins, our different communities and language and whatever, when it comes down to it, we’ve got this bond that non-Aboriginals just don’t get.” (14)*

Partnership requires meaningful engagement with the extended family network. Some expressed a view that DCJ had a pre-ordained plan and used the FGC to drive through an agenda. For example, family members reported that the FGC process was used to justify removing children from Kin rather than put in more support for carers who were struggling.

*“All the things they put in front of you and you’ve got to jump over them to get things done, it’s not worth it. I still remember birthdays and Christmas, I sent them all a Christmas card the other day, and I just think well, when they’re older they’ll come looking for me.” (4)*

*“The facilitator says, ‘right, you give me your views on what’s going to happen with this family.’ We’ll get the views from the family, of what they want, and to see if we can come to agreement. If the family don’t think the same line as you, well then we’ve got to figure something out. Don’t just let the family think that they’re doing all this, and this is what’s going to happen—and you’re going to change it the next day, because that’s not going to work.” (5)*

A barrier to participation and partnership, already identified in this report, is inadequate effort in Family Finding prior to referral by caseworkers. Aboriginal caseworkers/managers and facilitators suggested that non-Aboriginal caseworkers struggle to understand the different concept of family from an Aboriginal worldview, which limits their outreach to potentially important members of the Kinship network and community. A

challenge for some staff is how to engage in conversations with Aboriginal families for the purpose of finding family.

*“We as Aboriginal people have with our family, you know, cousins and everyone like that. We’re all brothers and sisters. It’s not necessarily just people who live in our house.” [Aboriginal caseworker/manager casework]*

Aboriginal and non-Aboriginal DCJ staff and independent facilitators stressed the importance of showing respect for Aboriginal cultures and their diversity by engaging family participation. Participants discussed how their understanding of the cultural needs of families were best informed by asking each family when undertaking preparatory work prior to FGCs. They described how they encouraged families to have input into creating a culturally safe environment including where their FGC should take place and who should be invited to participate.

*“In talking to the family, you do find out what their safety concerns and needs are; and us as the facilitators ensure that that’s provided. We might then go back to the caseworker or manager casework, and say, ‘This is what we need’. Or the family themselves may recommend a community Elder, who comes in and takes on that role.” [Non-Aboriginal facilitator]*

*“Often inviting the family to come up with the location and making sure it’s somewhere...where the family is and where they think is most appropriate helps.” [Non-Aboriginal caseworker/ manager casework]*

*“I’ve not really had any dramas around maintaining the cultural safety. The caseworkers actually have worked really well with me, around family dynamics, cultural needs, and all that kind of stuff.” [Aboriginal facilitator]*

DCJ staff and independent facilitators felt that FGCs provided an important opportunity for Aboriginal families to participate and engage in a decision-making process about their children; however, they also acknowledged how FGCs still operated as a westernised model in that it is driven by a government department that involves many formal and rigid procedures, and based on western values and ways of working. Formalities of the FGC process, such as structured meetings and writing, were viewed as undermining these existing processes and protocols. Some discussed how the roles and contributions of family members and Elders from an Aboriginal standpoint were not reconciled with the expectations of non-Aboriginal caseworkers. Some Aboriginal facilitators also discussed how the training they received was reflective of a westernised model of FGC.

*“We’re still a government department, we’ve still got all that authority, and whilst we’re saying, ‘Come to the table’ it’s still us that’s organising and telling them ... we’re consulting with them about what our worries are and those bottom lines ... So it’s still a government department that’s driving it.” [Aboriginal caseworker/ manager casework]*

*“The training was more based on the model, and what I’ve found with the training, I do not find it skill-based...I also found it was very strict, and while we’re trying to have families make decisions, they’ve still got to fit into this ‘white’ model.... Well it’s around it being quite controlled, and controlling families, when we’re asking families to make decisions. This is my opinion. When we’re asking families to make*

*decisions, it has to be flexible for that family, every family's different. So from the way it was presented, I don't know, I suppose it was around, well there's no flexibility" [Aboriginal facilitator]*

## Placement and Connection

FGCs were viewed by DCJ staff and independent facilitators as a way of supporting family placements and connections. Finding and bringing together as many people from a child's kinship network for FGCs in turn assisted caseworkers to find suitable placements for children with a permanency goal other than restoration. Participants shared examples of FGCs that had resulted in finding carers for children to be assessed within their own family network.

*"It can actually create placements for children. It can actually find ... a short or a long-term placement with children. That was the purpose of a recent FGC that we did ... it was to actually find out who can care about this child and care for this child moving forward for the long term, because they were only in a short-term placement and we were running out of time. So that was invaluable and we came out with six options for that child where we thought there was none. It also assisted in the process of family finding, which is also critical to that finding placements and forever homes for children." [Non-Aboriginal caseworker/ manager casework]*

*"They're more likely to be placed with family. Obviously, you're bringing everyone together, so you're hearing about who is available." [Aboriginal caseworker/manager casework]*

Aboriginal families did not think connection to culture was prioritised enough in the FGC process. Families commented that they had to ask about supporting the child's cultural identity in the "child plan," even though this is a required practice under the Principle. Families shared instances of where connection to culture was omitted from the non-negotiables until the family members insisted on inclusion of goals around cultural connection.

*"We've had to make sure that we put in the plan that we wanted [child] to participate in cultural events, make sure that she's still connected when Sorry Business comes around. You know, and it's been up to, to us to put that in ... I think that DCJ, to say we need to have a Family Group Conference, they should be a part of the bottom lines." (25)*

*"Prior to the conference starting when she sent the information through, one of the things was non-negotiables for the kids, and what they had omitted was connection to culture and all of the kids are Aboriginal. Even though they're different fathers, they're all Aboriginal fathers, so I said to her 'I think it's really important that we put that in there as a non-negotiable, keeping them connected to culture, community, family, de de de'. She said, 'I'll take this back to DCJ and see what they say', and she took it back and they agreed that it should be in there. So, they changed that and that was written on the board as a non-negotiable as well, but they had omitted that prior to me mentioning it." (14)*

Aboriginal caseworker/caseworker managers and FGC facilitators also emphasised the importance of cultural connections for Aboriginal children.

*"One of the biggest things in particular for Aboriginal children, like we're saying, is around connections and they live it. You can't teach a kid culture, they need to live it, and if you don't have people around them, how are they even going to live that? So, facilitators should be pushing back and saying no, look, I don't think this is appropriate just now, we need to wait a little bit longer and do a bit more ringing*

around and getting a few more people sort of on board here.” [Aboriginal caseworker/manager casework]

The principle of connection also encompasses family relationships. Sibling relationships were a priority for families but not always central to FGC: *“these children need to grow up with their sibling bonds”* (5). A few family members felt that it was not possible to deal with large sibling groups in a single FGC and that it would have been better if different members of the extended family had participated in a separate FGC for each child, then come together to plan for overlapping issues like sibling contact.

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## Composite case study 2

Interim orders were made for four Aboriginal siblings aged 5, 7, 9 and 10 following the substantiation of a report that they were at risk of harm from parental mental-ill health and related substance abuse. The children were living with their maternal great aunt until the court process could be finalised. DCJ were worried about potential impact of ongoing conflict between the maternal and paternal relatives on the children’s ongoing relationships and connections to both sides of their family. A FGC was convened to find a long-term Kinship placement for the children that would be suitable until they are 18 years of age, or until their mother can safely care for them and to discuss how both sides of the family can have meaningful relationships with the children.

### DCJ non-negotiables:

1. Kinship placement on long-term orders for children until they are 18 or until they can be restored to the care of their mother
2. A finalised plan for meaningful family time (contact) with extended family members
3. Family support for mum to meet the outcomes required for restoration.

### Negative FGC process

The mother requested an Aboriginal facilitator for the FGC. The caseworker informed her that it could take up to four weeks longer for the FGC to be convened because of limited availability of Aboriginal facilitators. The mother was worried this would mean a longer period of uncertainty for the children and the non-Aboriginal caseworker suggested that an Aboriginal cultural support worker could attend the FGC. The mother agreed. Through discussions with the mother and great aunt, the non-Aboriginal caseworker identified two other maternal family members to invite along, and two paternal family members. The facilitator spoke with the mother, but when she asked for more information about the role of the cultural support worker, the facilitator said to ask the DCJ caseworker. The facilitator did not ask the mother about what services she had been accessing or get in touch with the cultural support worker prior to the FGC. The facilitator called some of the other family members to let them know the time and place of the FGC and what it was about.

### FGC guided by questions that were developed by the facilitator:

- Who in the family can the children live with as a long-term placement?
- What will the contact plan for the children look like?
- How can the family support mum towards the goals needed for restoration?

The children's maternal great aunt explained that she cannot care for the children on a long-term basis but would like to support mum to continue seeking support from a psychologist and attending the local Aboriginal women's service. The paternal grandparents were upset that they had not been properly consulted before the FGC and told the facilitator that the children's paternal uncle and cousin should have been invited because of the important role they play in the children's Kinship network. Mum became distressed because she was worried that her children wouldn't be able to live with family while she works hard to meet her goal of getting them back. The paternal grandparents left after half an hour, before Private Family Time and the development of the Family Plan. The cultural support worker told the facilitator that she should always be consulted before a FGC and if that had happened, she could have assisted the facilitator to meaningfully engage with the family and prepare them for the FGC.

### Positive FGC process

The mother requested an Aboriginal facilitator for the FGC. Through discussions with the mother and great aunt, the non-Aboriginal caseworker identified two other maternal family members to invite along, and two paternal family members. The Aboriginal facilitator had preparatory conversations with each identified family member, either in person or by phone, explaining DCJ's non-negotiables and exploring their wishes for the children. When the facilitator spoke with the mother, she asked if she was linked in with any local services. Mum said she had been working closely with a support worker from an Aboriginal women's service and wanted to bring her along. When the facilitator spoke with the children's paternal grandparents, they explained how the children's uncle and cousin play an important role in sharing the family's cultural knowledge so the facilitator got in touch with them.

Additionally, the facilitator asked each family member about their views on the tense dynamics between the maternal and paternal sides of the family and asked them how they thought conflict could be managed during the FGC. Having heard their ideas, the facilitator devised a plan, which included ensuring the facilitator steps in if emotions escalated by asking family members to take a break and get fresh air. The facilitator informed each family member about the plan and they all agreed to it prior to the FGC taking place. In total, nine family members were invited to attend the FGC.

### FGC guided by questions that were developed with the participants:

- Who in the family can the children live with as a long-term placement?
- How will their carer support the children to spend time with their mother?
- What other family members will the children regularly spend time with and how will this happen?
- How can the family support mum towards the goals needed for restoration?

### Family Plan identified several concrete actions:

- The children's paternal uncle was identified by the family as a culturally appropriate Kinship carer in accordance with their Kinship structure and asked that he be assessed.
- All family members who attended asked to be assessed so they could be respite carers and spend quality time with the children.
- The paternal uncle will facilitate video calls between mum and her children before bedtime and mum will pick the children up from school two days per week and spend time with them.



- Both sides of the family will come together to celebrate the children's birthdays and the children will stay with their maternal great aunt over school holidays, spending quality time with their other maternal relatives.
- Maternal great aunt will transport mum to psychologist appointments.
- Mum will continue to positively engage with Aboriginal support worker at the local Aboriginal women's service, attending support groups and parenting classes.

A review date, place and time was set at the end of the FGC. The facilitator explained that the review would be facilitated by the DCJ caseworker and manager caseworker at their office in three months' time and that DCJ would remind them two weeks beforehand.

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### **Key messages about the experiences of Aboriginal communities, families, children & youth**

1. The FGC process can draw out the strengths of Aboriginal Kinship networks and communities. This is dependent on early engagement of Kin and other important people in the child's life so that the right people to offer support to the child are present for the FGC.
2. Promoting cultural safety through support from Aboriginal facilitators and cultural support people is critical. Families were very positive about having Aboriginal facilitators, who demonstrated cultural safety and respect. The role of the DCJ cultural support worker is not clear and transparent to families, and since this person is a DCJ employee, they are not perceived as neutral. Support from NGOs is underutilised.
3. There appears to be limited integration of the Aboriginal and Torres Strait Islander Child Placement Principle in FGC implementation. Attention to the Principle elements of participation, partnership, placement and connection, particularly reaching out to the Kinship network and focusing on cultural connection, preparation, meeting and follow-up phases would enhance the model's potential for self-determination.

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### **Relationships and communication between DCJ and families**

#### ***Does FGC improve the relationship and communication between DCJ and families?***

Whether the FGC process contributed to improving the communication between DCJ and families depended upon the communication with families about the issues that prompted the FGC, the expectations for family members and the non-negotiables. It is important for this communication from DCJ to be clear and transparent. The FGC process and family plan implementation can be an opportunity to strengthen the relationship between caseworkers and families; however, many families experience inconsistencies and lack of support from their caseworkers.

#### **Ensuring families are getting information about issues and expectations**

A strong theme from family members was the importance of communication prior to the FGC that clearly identifies the issues which necessitated the FGC, the scope of decision-making and the non-negotiables. The facilitator and the caseworker need to set clear boundaries and guidelines outlining the "outcomes" to

participants. Having this background information prepares families for the decisions that will be made on the day.

*"I think also making sure the facilitators double check that every person who is able to attend has the same relevant information and not just expect us to know why we're there. Send a pamphlet, send some documents: thanks for putting your hand up to come to this conference.... Just to become really really prepared and make sure that all of the parties are receiving the information, not expecting that everybody has the capacity to read and write and process that information." (14)*

Part of this preparation and communication involves clearly communicating the expectation of family members – for example, whether they are invited to the FGC to offer support to a carer or to offer a placement. Where this is not communicated clearly, family members reported feeling blindsided:

*"I wasn't given enough information of what the discussion would be about, for instance, was informed that it would be a discussion of how we could all assist in supporting this young person, but when we actually got in the meeting, it had already [been decided]. It was actually for the family members, or you in like in that location to agree on me having my nephew. I wasn't informed of that, and so I felt a little bit set up." (16)*

Where these parameters around decision-making were clear, families reported a much more positive experience and views about their relationship with DCJ:

*"That was the big thing that I think helped us all is the premeeting, meeting with everyone individually, I think it was, he did. Yes, to put everyone's mind at ease and, yeah, to step in that way it made the meeting much go much smoother." (11)*

When communication between DCJ and facilitators is ineffective, this has flow-on effects for families in terms of the capacity of facilitators to do preparatory work with families and share information before a FGC. Facilitators reported that caseworkers often did not share enough information with them about the issues to be addressed or how family members could contribute to addressing the issues. They indicated that in some instances, caseworkers had not informed all relevant family members identified on the referral about the FGC and its purpose.

*"One that I did last year, lack of preparation I thought for me as a facilitator. It was very not transparent because the paternal grandmother was actually cut out by the DCJ workers as to even being on the genogram, just wasn't on the genogram, and yet had a lot to do with this particular little boy. The family dynamic wasn't explained to me." [Non-Aboriginal facilitator]*

*"You know when we get the referrals and there's a whole heap of people on it and my understanding is that DCJ are meant to have made contact with these people about Family Group Conferencing, and yet when you contact them, they have never heard of it." [Non-Aboriginal facilitator]*

## Importance of clarity and transparency

Families are asked to be transparent with DCJ and to make themselves vulnerable. It is a position that requires trust. It took real courage for families to be honest about what was going on when they feared what DCJ would do, based on experience. Families expressed difficulty trusting in the process for several reasons, including past history with DCJ and concerns that lack of clarity masked a hidden agenda.

*“One of the main key things that we asked for in the conference was honesty. And there wasn't a lot of honesty in the group conference.” (12)*

*“They were very elusive. They were really open-ended, I guess, answers. Shifting blame. Projecting. Like, it was quite dysfunctional the way they were communicating.” (14)*

Facilitators also highlighted a lack of honest communication and transparent sharing of information among caseworkers and casework managers participating in a FGC and viewed this as a key challenge of the facilitator role.

*“The lack of information and the lack of transparency, the judgment by the DCJ workers, it's a lot to overcome as a facilitator.” [Non-Aboriginal facilitator]*

Families who had low trust in DCJ due to historical or intergenerational involvement in child protection were more likely to be suspicious of the motivation for the FGC. This was more often the case for Aboriginal families. Where family didn't trust their motivation in holding the FGC or where there was bad blood with DCJ, the FGC was seen as yet another example of being lied to and abused by the system.

*“We didn't get any respect, or the opportunity to have a consultation and meeting with FACS, prior to [child] being released from hospital, in going straight to system, so this child now is 13 years old.” (29)*

Some family members expressed a view that the FGC was convened too late and felt that DCJ wanted the family to take responsibility for a situation that was now beyond repair. They expressed a sense that they were there because DCJ wanted to pass on the responsibility for a bad situation and this eroded confidence that they were genuinely heard or empowered through the FGC: *“I feel like we're doing their job for them” (6); “So they're just giving you the opportunity to say what they want you to say” (9).*

Some facilitators shared these sentiments, suggesting that it was sometimes the case that the outcome of a matter had been decided by DCJ prior to a FGC and that the family was invited to participate in a FGC because of ADR mandates.

*“I have seen where it's a matter of, ‘we've got to tick this box because we've have to ask them’. So, let's just have one when they do have a pre-determined outcome. The children are going to remain in care or their direction is that there's no realistic possibility of restoration.” [Non-Aboriginal facilitator]*

Several family members expressed feeling silenced during the FGC process: *“I voiced my opinion, and I was shut down very quickly. DCJ and [facilitator] shut me down” (5). “[Facilitator] didn't like us talking out. He said, ‘Aunt, if you talk out again like that I'm going to ask you to leave’” (3).* Families described feeling silenced by DCJ or facilitator if they tried to raise issues from the past or express their frustrations:

*“They said, ‘Nothing from the past’. They just made me shut up and I got cut off every chance you could imagine... Who told you to be quiet? That was [DCJ], that was the manager, and that was it.” (1)*

*“[A family member] had the floor. She wanted to express her frustrations and she should be allowed to do that.” (14)*

Following the FGC meeting, family members indicated the importance of clear and transparent communication, as the the family plan is being implemented. Some participants reported that changes to the

Family Plan occurred after the FGC meeting, without their awareness. One family member indicated that it was “fair enough” for a change to happen, *“But you’ve got to discuss that, you know, everyone get back together again and discuss it. Absolutely”* (13). If the family plan changes after the FGC without parties being notified, that can also feel like a lack of transparency for participants and raise suspicions of a hidden agenda.

*“But then it came to court recently, and they kind of reneged? That’s right. But the thing is, it shows because they had this attitude the whole time.”* (22)

Facilitators noted that in instances where caseworkers attempted to make changes to the Family Plan after a FGC had taken place, they reiterated to caseworkers that this would undermine the integrity of the FGC process and the family’s ownership of their plan.

*“When I’ve sent [the family plan] through to DCJ, they’ve track changed it and sent it back to me. I’ve only had it three or four times. I’ve just sent it back and said, “No, sorry, you’ll need to remove all your track changes, this is a family plan, the family’s already received it, it’s not a DCJ plan, you don’t own it.” So I’ve only had that a couple of times, and had to put my foot down and say, ‘No, this is a family plan. Don’t accept any of the changes, because that’s not what’s going to be.’”* [Non-Aboriginal facilitator]

### Caseworker engagement with family

From the document review, the NSW Family Group Conferencing pilot evaluation<sup>29</sup> identified the critical importance of caseworker support for the Family Plan in terms of family members’ perceptions about caseworkers, and whether or not their relationship improves or deteriorates. That is, families who considered caseworkers to have supported the Family Plan and followed through on tasks identified in the plan were more likely to report that their relationship with caseworkers had improved as a result of FGC. On the other hand, families who perceived caseworkers as having neglected to follow through with plan tasks reported negative perceptions of caseworkers and a deterioration of the relationship.<sup>30</sup>

Involvement by DCJ caseworkers at the FGC, as well as before and after, were perceived by families as critical to the outcomes. Some families were positive and complementary, while others were concerned about a lack of engagement and support from the caseworker. There seemed to be an element of luck for families in terms of whether they had a positive and supportive relationship with the caseworker.

*“Playing Russian roulette with a caseworker, you don’t know what, what’s going to happen whether they’ll be supportive or totally against what you want.”* (23)

Families indicated that it was important for the FGC process to have the caseworker and/or manager casework on the case present. Several families noted that the DCJ representatives who attended did not know the case. Family members expressed feeling frustrated and disrespected, as well as undermined in terms of being able to approve the family plan.

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<sup>29</sup> Boxall, H., Morgan, A., & Terer, K. (2012). *Evaluation of the Family Group Conferencing pilot program*. Australian Institute of Criminology: Canberra.

<sup>30</sup> Ibid.

*“The manager did not show her face. Caseworkers who were working with the children did not show their face. They’ve sent two people in that knew jack shit about the case.” (3)*

*“Actually didn’t make any decisions on the day because she had to go back to the team with it, and they couldn’t really give us any answers to what we needed to know.” (8)*

Where the children’s caseworker and manager caseworker were present, families reported a better overall FGC experience. Several were complimentary about the support received from their caseworker:

*“The current caseworker...she’s been unreal and being so supportive and comfortable talking in front of them in the room.” (27)*

Some participants expressed concerns that caseworkers were taking sides of particular family members or that the caseworker would use their words against them.

*“The caseworker that was sitting at the table would not look at me, absolutely would not look at me.” (23)*

*“We’re being upfront and honest and working with everybody. And I’m just a bit wild at times that what we say can be construed as it has been, it has been, can be taken and missed and used in the wrong context of the situation.” (25)*

*“I think all these workers in that department are – should be reliable for their actions what they done. I did not like them – these workers – not one of them – I did not like one of them at all times, ever since I entered the room.” (2)*

While the plan is established by the family, there were comments about the need for caseworker support to implement the plan. Family members recognise the power the caseworker has in relation to implementation of the family plan, and that if they don’t support the plan and work alongside the family to help them access services, the plan is not likely to succeed.

*“Do your job, you have the Family Group Conference for the input of these families, but the family still ain’t getting anything from your job.” (8)*

*“Our caseworker, she didn’t like it, she didn’t do it.” (5)*

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### Composite case study 3

A 13 year-old girl has been in OOHC for five years. She has been experiencing mental-ill health as a result of childhood trauma and has attempted suicide. She used to live with her aunty, but that placement broke down and she is now living in an Intensive Therapeutic Care (ITC) placement. Her schooling has been adversely impacted by the challenges she has faced. She feels disconnected from her family members who live a five-hour drive away. DCJ made a referral for the FGC and identified that the purpose was to find a placement for the child that is psychologically safe and ensures her wellbeing needs are met and to develop a plan for family time.

#### DCJ non-negotiables:

- Psychologically safe and stable home for the child.
- Family Group Conferencing Evaluation  
Version 10 [04.11.2022]

- Family support for child's mental wellbeing and educational needs.
- A plan for how the child will spend time with family members.

### Negative FGC process

The facilitator was unable to get in touch with DCJ before the FGC and was unaware that the child would be remaining in her ITC placement. In preparatory conversations with the family, they identified that the grandparents were the most suitable carers. The facilitator suggested the grandparents identify ways they could support the child's mental wellbeing and education needs prior to the FGC so they could prepare in advance for developing the Family Plan. The facilitator met with the child who also expressed that she wished to live with her grandparents and suggested she come along to express her wishes in person.

### FGC guided by questions that were developed with the participants:

- Who can provide a psychologically safe and stable home for the child?
- How can the family support for child's mental wellbeing and education needs?
- How will the family spend quality time with the child, including who, how often and where?

During the information-sharing stage, the DCJ caseworker and casework manager alluded to the need for the child's mental health to be stabilised before she could live with family again.

### Family Plan identified several concrete actions:

- The child's grandparents to be immediately assessed as long-term carers so that the child can begin living with them as soon as possible.
- Grandparents will arrange for the child to attend local Child and Adolescent Mental Health Service (CAMHS), supported by a referral from DCJ.
- Grandparents have spoken with the principal at the local high school and will enrol her as soon as possible.
- The family will get together every second weekend so the child can spend time with her aunty and cousins.

The DCJ caseworker and manager casework agreed to a carer assessment of the grandparents but emphasised that it would be a year before the child could live with them, if approved. The child and her grandparents became distressed, crying and shouting that the FGC had been a waste of time.

The family signed the plan but said they did not want to be contacted about a review.

### Positive FGC process

The facilitator prepared for the conference by speaking with the DCJ caseworker to ask for more information about the purpose of the FGC, including who in the family could be considered as a potential carer for the child. The caseworker told the facilitator that DCJ could not consider placing the child back with her aunty but that the child needed to spend more regular time with her aunty, grandparents and extended family members to help her feel more connected to them. The caseworker also told the facilitator that the child's psychiatrist had recommended she remained living in the residential home for a period of at least one year in order to stabilise

her medication and to support her engagement with school. The facilitator then got in touch with each family member and explained that the purpose of the FGC was to discuss how the family could ensure they spent quality time with the child, discuss who she could live with after her ITC placement ended, and how her future carers could support her mental wellbeing and education. The facilitator met with the child and explained what a FGC was and what her family was going to be making decisions about. She told the facilitator that she didn't want to attend but wrote a letter about how she'd like to spend time with her family members for the facilitator to share on the day.

**FGC guided by questions that were developed with the participants:**

- How will the family spend quality time with the child, including who, how often and where?
- Who in the family could the child live with once her mental-ill health has been stabilised and her ITC placement finishes?
- When the new placement occurs, how will the carer support the child's mental wellbeing and schooling on an ongoing basis?

**Family Plan identified several concrete actions:**

- Aunty and grandparents will have video calls with the child twice a week. Aunty will travel to visit child once a month. The child will visit with grandparents each school holidays and spend time with her aunty and cousins.
- The child's grandparents to be immediately assessed as long-term carers so that the child can live with them in one year's time.
- Grandparents will speak with local Child and Adolescent Mental Health Service (CAMHS) and DCJ will make a referral for child before she moves in with them.
- Grandparents will meet with the local high school to discuss the child's needs and if adequate supports are available at the school, will enrol her to start in the new school year.

The participants signed the Family Plan and a review date was set for three months.

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## **Key messages about relationships and communication between DCJ and families**

1. Honesty and transparency are necessary in the reciprocal communication between families and DCJ as part of the FGC process. Where families felt that DCJ was honest and transparent, they had better feelings about the FGC.
2. Clear and comprehensive communication between DCJ and facilitators prior to a FGC can help ensure that the family receive the right information in the preparatory phase. When families do not receive the right information or expectations of family members are not shared, it hinders relationships and communication between DCJ and families.
3. It is important for the caseworker and manager casework assigned to the child's case to be present for the FGC. Where alternative DCJ representatives attended, their lack of familiarity with the case often undermined the ability to approve the family plan and to identify specific casework support to implement the Family Plan.

## Access to identified supports and achieving Family Plan goals

***At the time of the Family Plan review, were families who participated in FGC able to access the identified support and make progress towards achieving their Family Plan goals?***

### Developing the Family Plan during Private Family Time

Families often needed help to make a plan that was realistic, achievable, and met DCJ's non-negotiable requirements. The model of leaving the family on their own assumes they have experience and skills in planning in a meeting setting, but they may need scaffolding around which topics should be addressed. Having the family draft the plan without facilitation and support puts the onus on the family, for good or bad. This was a real struggle for some families:

*"But they took no responsibility in that family conference to support us, to help us, to draft, I guess, a family plan: a 12-month plan, a six-month plan – nothing. They took no onus. It was on the capability of our family, our communities, our individual [selves]." (14)*

Family dynamics, communication skills and the extent of parenting issues they were dealing with made a difference to how well family members could take advantage of the FGC as an opportunity to come up with an actionable plan. Some participants expressed satisfaction with the plan that they were able to achieve during Private Family Time: *"I think [the plan] was the best one we could come up with all of us together at the same time."* (11) However, those who expressed dissatisfaction with Private Family Time commented on challenging family dynamics.

*"I don't think she should have left the room. I think that she should have been in there to manage all the dynamics." (2)*

*"I just don't think, yeah, it just didn't suit us. I'm sure it would suit other people that were more functioning, but it just didn't, it didn't suit us, it didn't suit our situation." (12)*

In the workforce survey, about 82% of facilitators and 89% of caseworkers/managers agreed or strongly agreed with the statement, *'the Facilitator should be available to help the family during Private Family Time if requested'*. While this is planned as private time with the facilitator waiting in a room nearby, under current guidelines, facilitators are expected to make themselves available for questions or if any issues arise.

Workforce focus group participants held divergent views in relation to whether facilitators should remain and offer support during Private Family Time. There was confusion and a difference in interpretation about Family Time – some insisted that facilitators should not assist during family time, while others were open to offering assistance at the request of the family. The DCJ FGC models allows facilitators, but not caseworkers, to provide support during Family Time. Workforce participants reported that some facilitators adhered very strictly to the idea of Family Time being private and that this did not always result in good outcomes for families.

*"I would say that the majority I don't sit in on, but no, I know it was really frowned upon two years ago and 12 months ago and even now, but I think even coming from higher up ... agrees that yes, there has to be some flexibility. Our goal on that day is for the family to come away with a plan that works so that they can go away knowing that yes, we're going to have some changes." [Non-Aboriginal Facilitator]*



Many workforce participants highlighted the importance of prioritising the model philosophy of family-driven solutions and empowerment and believed it was critical to offer families the option of support during Family Time or honour their requests for support. This included being present to answer any questions families had, to assist with keeping conversations constructive or on track, helping with scribing family plans or assuaging safety concerns of the family. This view was held by all the Aboriginal participants. These participants indicated that working flexibly with families to meet their individual needs was important for achieving the goals and outcomes of FGCs, including the development of a meaningful and achievable family plan.

*“We know there are some facilitators who do sit in and help with the family plan as well. That’s probably not in line with the fidelity of the model because that private time is the most important stage of the conference. That is when family need to have self-determination to make the decisions themselves.”* [Non-Aboriginal Facilitator]

Some facilitators believed that their presence during Family Time could undermine the family’s opportunity to drive their own solutions. Other facilitators believed that to do so would stray from the FGC model and came up with other ways to circumvent their need to be there such as identifying a scribe within the family or a suitable family member who could keep discussions on track during their preparation work. Overall, findings suggest that confusion exists about whether facilitators can or should provide support to families during Family Time, despite the DCJ FGC model stipulating that support should be provided to families when requested.

*“I very much follow the three-stage model, and in my prep I’m very clear that that Stage 2 is Family Time for the family, let’s get a scribe, let’s talk about who’s going to do the family plan. So, they’re really aware that when they get there on the day, that I’m not going to be there to write the plan, that’s not my role. So, I always leave in Stage 2.”* [Non-Aboriginal Facilitator]

## Ensuring the Family Plan addressed non-negotiables

Many families shared examples where they had created a family plan that did not match the non-negotiables or where family members, including parents, signed the family plan and later retracted what they had agreed to and claimed they had misunderstood. This is a sign that something has gone awry in the setting the scene and summing up stages of the day and responsibility lies with the facilitator.

*“I think that was the biggest downfall for us, because we went to participate and to get the best outcome from the family group conference ... then after the plans being done, and after everyone’s had a look at it, the other family turn around and say, ‘Oh, we didn’t understand that’.”* (5)

When families were ill-prepared for the FGC, it was likely to have serious consequences on the day. Participant accounts revealed situations where families spend Private Family Time coming up with a plan only to have it rejected by DCJ because it did not address the concern for which the FGC had been convened. Families were, in these cases, left feeling that the FGC was not done in good faith and that DCJ was only ‘ticking a box’ rather than genuinely inviting them to make decisions about what was best for the child. As a consequence, there was little or no buy-in from family for the plan that was eventually agreed to with DCJ. Facilitators also discussed circumstances where Family Plans were rejected by DCJ and the impact this had on the experiences of families with FGCs.

*“There’s been a really good plan made by [the family] and then they’ll come up with something, which has to happen sometimes that they would like to see in the plan, and then the caseworker manager just goes, ‘No, not happening, can’t do that’, and that is often handled really badly. So then it puts the family back up again.”* [Non-Aboriginal facilitator]

Caseworkers and managers casework also pointed out that *“the biggest challenge is just making sure that we get a quality family plan that’s actually supporting the bottom lines”* [non-Aboriginal caseworker/manager casework]. They acknowledged that ensuring DCJ’s non-negotiables were addressed in the Family Plan was the responsibility of the DCJ caseworker and manager casework who were present at the FGC and discussed their strategies for ensuring Family Plans addressed non-negotiables, such as asking the family questions about their plan to initiate a conversation about whether actions are realistic.

*“It’s up to the manager in the room to kind of ask a lot of questions at the FGC about the family action plan, and test out whether it’s actually meeting those bottom lines.”* [Non-Aboriginal caseworker/manager casework]

*“There’s a few times I think I’ve gone back in and said, ‘This is a great start but I think we need to look at this area again and try this and revisit what our scope might have been on something because some of those are a bit too big or unrealistic.’ So, I have tried not to leave a conference where a plan doesn’t look realistic.”* [Non-Aboriginal caseworker/manager casework]

In the review of the RIFs and Family Plans, an assessment of how well Family Plans met the non-negotiables outlined in the referral was completed. Where there was a good fit, the actions were very detailed and specific and the plan included mini-milestones to check things were on track after the FGC. It also appeared that, when the FGC scope was more limited, such as just pertaining to contact arrangements, and it was clear who would monitor progress, there was a good fit between the non-negotiables and the plan. A problematic lack of clear alignment between the non-negotiables and the Family Plan was evident in several forms:

- when responsibility for the plan lay solely with family members and DCJ was not involved in plan actions
- when parents or other family members were responsible for actions but did not attend the FGC
- when the plan focused on one area of concern but ignored others

For example, the plan may include excellent actions to address children’s needs for cultural connection but not deal with concerns around parental drug and alcohol misuse identified in the RIF. Finally, the lack of attention to what would happen if the plan breaks down (i.e., a Plan B) meant that some Family Plans were not realistic.

### **Follow-up and accountability on Family Plan implementation**

Family members valued having a voice in the FGC process. Yet the real measure of whether a family is satisfied with the family plan and the FGC is whether the plan gets implemented and the amount of casework support offered by DCJ. The key dynamics, emerging across the findings from family members as well as workforce participants, is *follow-up* in two forms – supports to implement the family plan and *accountability* that the decisions made in the FGC will be honoured.

For those who felt prepared around the context of the meeting and the parameters of the decision-making, it was reassuring to have a written plan that could not be disputed later. Family members expressed feeling good about the outcome of the FGC when they believed that the family and DCJ would support the implementation of the plan.

*“I walked out of there, I’d had a voice, no one could go back on it, it was all agreed upon.”* (31)

Family members expect that DCJ will provide support for implementation and expressed frustration about having a plan and then not receiving support for the plan to be implemented. Lack of accountability for ensuring the plan was implemented or reviewed emerged as a serious problem. Families wanted DCJ to

commit to carrying out their part in seeing the plan through rather than having it as a piece of documentation that is unenforceable and therefore easily ignored.

*“You get to have a say on the day and you feel like it's all brilliant, but then when you're looking for follow ups... you never get nothing.” (8)*

*“It was kind of the accountability of what everybody had agreed upon ... they didn't uphold their end of the bargain. Why would I waste my time for you to turn around and not commit to what you've committed to the process? No one holds you accountable.” (28)*

Families are looking for casework supports to line up the services that are indicated by the family plan. Some participants had services lined up:

*“He's seeing a lovely lady [therapist]. And they're relating very well. It's working.” (24)*

Others weren't connected to services. Families were often in a position of asking for services to support the goals, but not feeling comfortable to ask or “push enough.” Family members also commented that DCJ shifted the onus of responsibility onto families and disregarded their busy lives.

*“We get a lot of information and a lot of – but as I said, nothing seems to follow on. I mean, I suppose some of it is my fault too because I don't push. I should have pushed harder.” (4)*

*“The onus was on us again to fulfil it all, to make the times... they contributed nothing to the plan. Nothing. Expecting us to be resourced.” (14)*

Participants in the workforce focus groups also expressed concerns about the lack of DCJ casework support for families to implement their family plan. Workforce participants identified inconsistencies in practice in assisting the family with family plan implementation between their FGC and their review date (which should occur three months later). Some workforce participants noted that it was common practice for caseworkers not to stay in touch or work with families during this time. Overall, workforce participants believed caseworkers need to follow up with families about how they are tracking with actioning their family plan more frequently and provide their support where needed and identified by the family. This might involve casework planning after a FGC takes place to map out next steps in providing ongoing casework support for the family.

*“Three months can be a long time without contact between the family and the caseworker. I believe the caseworker and...casework team should be checking in with the family and saying, ‘how is the plan going? What's working? Along that journey for the three months and saying, ‘we've got our meeting coming up in a month's time. And it's good to see it going well.’ [or] ‘I can see this isn't working too well but we'll come together and look at what's – do we continue with the plan? Do we amend a little bit? Do we need to have another FGC?’” [Non-Aboriginal facilitator]*

*“I don't think we're great with following the family up in relation to the plan that they develop until we need to review it ... I think it is about that supporting the family, and checking in with them, not waiting until the three month review and making phone calls ... there's no point finding out three months later that two and a half months ago there was an issue in addressing something ... you're just saying to them, ‘See you in three months,’ and they may not know what services to refer themselves to.” [Aboriginal caseworker/ manager casework]*

DCJ resourcing was also identified as a barrier to successful family plan implementation. Workforce participants explained how families often identified follow-up tasks and resourcing requests for DCJ such as assistance with referrals to health services, liaison work with housing or social security services and carer assessments, when developing their family plan. Some participants highlighted that caseworkers were not actioning these tasks within the timeframes they had agreed with the family. Reasons put forward by caseworkers/ managers casework as to why they had not been able to action tasks they had agreed to during FGCs included:

- family plans being overlooked due to time demands and high caseloads or staff turnover
- a lack of availability of services and long waiting times for services requested by families
- a lack of clarity about the types of support they could agree to, particularly those involving financial contributions from DCJ.

The importance of being open and honest with families about what DCJ can and cannot assist with to prevent breakdowns in family plans was emphasised.

*“What affects the implementation of family plans is .... follow-up. It just does not get followed up at times. Things just do not get ticked off at all ... we'll just find there's either again a turnover of staff or something hasn't happened.”* [Non-Aboriginal facilitator]

*“But we had one fairly recently, which was a fantastic FGC. And we were doing a referral to a [service], to work around Mum's mental health and drug use. We did that referral within the timeframe that we committed to within the plan. But again, it was a capacity issue. So, it was another eight weeks until they could pick it up. So that's out of our control.”* [Non-Aboriginal caseworker/ manager casework]

*“I think also for me, from a Department's point of view, knowing what we're prepared to do. Like, around financials – you need to have a manager there and maybe a manager client services on the phone, because if a family come up with a plan but they need some support to make that plan happen, we need to already be on board with what we can and can't do on that, or what we can take away to ask for. So, I think that would be one of the things I think of, is we already need to have been a little bit creative or being honest and say, ‘we can't actually approve that today but we can certainly take it away and advocate for it.’”* [Aboriginal caseworker/ manager casework]

## Family Plan review

It is clear from the interviews with family members as well as the workforce focus groups that family plan reviews are not happening consistently. The DCJ FGC model, as per the FGC roles and responsibilities table, specifies that the caseworker should organise the three-month review and that the caseworker may invite the facilitator to conduct the review, at their discretion. However, in the sample of Family Plans included in the review, almost one third (30%,  $n = 15$ ) did not record a review date. While a review could have been discussed verbally, not having this recorded can be seen to signal a low commitment to seeing the plan through.

Despite the policy of scheduling a three-month review, in practice, a lack of clarity around the Family Plan review process was highlighted as a key challenge. While workforce focus group participants understood that reviews should take place with the family three months after a FGC, there was much confusion about whether it was a facilitator's or caseworker's role to organise and lead that process and what a review should involve.

*“I think there's just as much confusion amongst facilitators as caseworkers about the whole review process. Nobody really knows what to do or how to do it or who's supposed to be doing it.”* [Non-Aboriginal facilitator]

*"I have experienced a lot of confusion as to whose responsibility it is to make the new date, whether it's us, caseworker manager, facilitator, family and I don't think it's taken as seriously because it's not at a venue... I definitely can say that I think as us as managers, we don't have time to book out new dates and ring around families. I believe that's a facilitator's role and I think it should be made as a part to a FGC."* [Non-Aboriginal caseworker/ manager casework]

In the survey with facilitators, when asked whether a Family Plan review meeting had taken place within the designated timeframe (i.e., three months) after their most recent conference, nearly half of the facilitators (49%, n = 17) indicated that it had been less than three months since their most recent conference. About a quarter of facilitators (26%, n = 9) indicated that a review meeting had taken place within three months, and the remaining quarter (26%, n = 9) indicated that a review had not taken place within three months. When further probed for reasons why, facilitators indicated a range of reasons, including COVID-19 restrictions, DCJ deciding that a review meeting was not needed, the matter was going to Court for a different reason, and not knowing the reason why. It should be noted that facilitator involvement in the three month review is optional so they may not know about reviews that have taken place.

In the survey with caseworkers/casework managers, nearly two-fifths (39%, n = 52) indicated that it had been less than three months since their most recent conference. Over a quarter of caseworkers/managers (27%, n = 36) indicated that a review meeting had taken place within three months, and the remaining third (34%, n = 46) indicated that a review had not taken place within three months. There were a range of reasons given for review meetings not taking place, such as:

- COVID-19 restrictions
- changes in family circumstances or child's care status
- caseworker turnover
- the family not being contactable for review or stating that they did not want to be involved in a review
- a form of informal or DCJ-only review undertaken outside of the FGC process
- a Family Plan not being agreed on at the end of the FGC
- not being aware that this was a step in the FGC process
- a decision by DCJ that a review meeting was not required

Workforce focus group participants noted that reviews did not always happen because of changes in the trajectory of a matter, the development of other casework plans for the family to be followed up on or competing casework demands. There was a preference among workforce focus group participants for involving the independent facilitator in the three-month reviewing, believing the facilitator was best placed to hold caseworkers accountable to the review process and re-engage families.

*"I don't think I've ever had a review happen in all of the FGCs that I can remember, even the most recent ones. They get spoken about right at the very beginning that they'll be reviewed in three months. Never hear back ... And just because of the nature of our work, sometimes you go 'yeah, there's a family action plan in place. There's other plans in place so I don't need to worry about that ... I'm going to focus on this crisis over here.'" [Non-Aboriginal caseworker/ manager casework]*

*“Our role as the facilitator is to set the review date before we leave the meeting so that when you're typing up the Family Plan, the Family Plan will have the review date ... It's up to the caseworkers to do the reviews... I think it should be up to the facilitators to do the reviews.”* [Non-Aboriginal facilitator]

*“I think it needs to be just as important as the first meeting and I think it needs to be facilitated. I don't think it works when we try to do the review in the CSC. It takes away that independent facilitator. ... it's really difficult to manage and to facilitate that space, particularly if things haven't gone well and the plan hasn't been followed or achieved. I really think it should be a two-part process. It's just as important.”* [Non-Aboriginal caseworker/ manager casework]

A reported barrier for facilitators to participate in the review process was inadequate funding. Facilitators reported being allocated two hours of funding to convene a review meeting and this was seen as insufficient to do preparatory work with families, facilitate the meeting and prepare any necessary documents. Some facilitators reported inconsistencies in funding allocated to support reviews across districts, which added to their confusion about the review process.

*“Reviews are very rare for me, I don't do a lot of reviews at all. But if I did, the given time to do a review, as an external facilitator is two hours. And that includes prep. So, if you've got a 28 [member] family group that you're contacting to come back together for a review, and then you have to do the review with those people and the Department, you've got two hours from start to the end of that process, which is never going to be enough.”* [Non-Aboriginal facilitator]

*“Depending on the admin person some will say that, ‘We don't have funding for reviews’ or, ‘There's a two-hour funding but it has to happen in the DCJ office’. Another one is like, ‘We've got plenty of funding’ and I've flown down to Dubbo and done a review. So, I guess there's not the same model between each admin person.”* [Non-Aboriginal facilitator]

The desktop review found that while detailed information is available to stakeholders and families regarding the conduct of conferences, there is relatively little information articulating how review meetings should be conducted. The FGC Roles and Responsibilities documents underscores that caseworkers are, in an ongoing capacity, mandated to oversee implementation of the Family Plan and arrange a formal review meeting within three months of the initial FGC. At the discretion of DCJ, facilitators may be engaged by the caseworker one month prior to the review date to facilitate the review meeting. Monitoring is described in broad terms, as “follow[ing] through with assigned tasks” and “support and monitor others with their assigned tasks”.<sup>31</sup> Greater clarity around requirements for documentation of informal processes and updating the Family Plan is warranted.

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#### Composite case study 4

Three siblings, aged 8, 12 and 15 years have been living with their maternal grandmother for three years. She lives with chronic health conditions and is overwhelmed and needs supports to offer a long-term, stable placement. A Family Group Conference was organised due to concerns about placement breakdown. The children have had multiple placements and display trauma-related behaviours including physical violence toward each other. The 8-year-old has been diagnosed with a learning difficulty. Due to her substance misuse, the mother often does not attend supervised contact. DCJ is concerned the oldest child may self-place with her.

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<sup>31</sup> FGC Roles and Responsibilities Table (2019). NSW Family & Community Services.

They have no contact with their father, who is serving a long jail sentence, but they have previously had contact with paternal grandparents, who live several hours away, and several maternal family members regularly visit.

**DCJ non-negotiables:**

- To improve family support network for grandmother.
- To ensure the children's voices and wishes are heard.
- To reconnect children safely with their parents.
- To address the children's behaviours of concern.

**Negative FGC process**

The facilitator spoke to the grandmother briefly on the phone and left messages for other extended family members inviting them to the FGC. The facilitator did not contact any services involved with the family but had contacted the paternal grandparents, who said they could not attend. The children attended and it became apparent the oldest child believed the FGC was to arrange her moving in with her mother. The caseworker took all three children to another room when they became disruptive. The grandmother became distressed, and the mother walked out after an argument with her siblings.

**Family Plan lacked concrete actions:**

- Family will support grandmother if she asks for help.
- DCJ will investigate after-school activities for the children.
- Grandmother will allow mother to visit the children at home.

The participants signed the Family Plan but no review date was recorded.

**Positive FGC process**

The facilitator prepared for the conference by contacting the grandmother to arrange a visit, as the referral noted she preferred to talk in person due to being hard of hearing. They discussed other relatives who could support her and her relationship with the children's mother. At the start of the FGC, the facilitator invited participants to share their family strengths and hopes for the children, who were also present. All family members expressed a commitment to helping keep the children with their nan; their mother agreed this was the best option at that time. The children also said that they wanted to stay with nan but that it was boring at her place, and they wanted to see more of their mother. The caseworker and a family support worker from an NGO said they admired the grandmother for giving the children a stable home.

**FGC was guided by questions developed with the participants:**

- What support does the grandmother need to care for the children?
- What more can services provide to support the placement?
- What is the plan if the grandmother cannot cope?
- How can children's connections to parents be strengthened?

**Family Plan identified several concrete actions:**

- Two maternal aunts will take the children alternate weekends
- Paternal grandparents will have at least one child visit each school holidays

- DCJ will investigate suitable sports or leisure activities for the children
- Family support worker will make regular home visits and refer children for family therapy
- DCJ will link the grandmother to carer support services
- Mother agreed to attend contact drug-free
- Children will be supported to phone or Face Time call their mother at night
- An application for NDIS funding will be made for the youngest child.

At the conclusion of the FGC, the participants signed the plan, and a review was set for three months.

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### Key findings about access to identified supports and achieving Family Plan goals

- For the FGC to be successful, families need support from caseworkers to implement the Family Plan, yet families are often left on their own.
  - There was strong support across family and workforce participants for caseworkers to actively and frequently follow up with families, to check on implementation of the Family Plan and make referrals where needed.
  - While there is clear guidance in DCJ policy that caseworkers are expected to convene a review after three months, family and workforce participants indicated that this aspect of the model is not being implemented consistently. There is confusion as to whose responsibility it is to arrange and conduct the follow up review.
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### Summary of key implementation findings related to family experiences

Drawing on findings across the four implementation research questions, and the review of referral information forms and Family Plans, this section summarises the factors that underlie family's experiences where the FGC went well and when it went poorly, across the phases of preparation, at the Family Group Conference, and Family Plan implementation.

#### Factors associated with a negative FGC experience

Family Group Conferences that appeared to be a negative experience for the family had the following characteristics (see Figure 1):

**Preparation:** Poor communication between DCJ and facilitator, possibly due to an incomplete referral information form, translates into inadequate information being provided to the family prior to FGC about the issues to be addressed and scope of decision-making. The facilitator does not adequately engage with the family in advance of the FGC to share the expectations and to gain some insight into family dynamics. Without dedicating time to family finding, important extended family and community members who could offer support are missed.

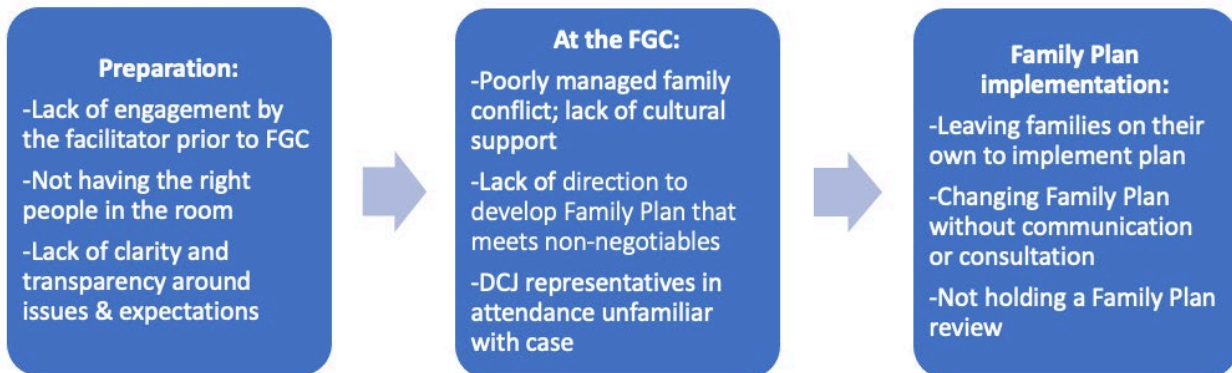
**At the FGC:** Family members are not briefed on what is required to meet the non-negotiables. Family conflict escalates and agreement cannot be reached on the Family Plan. Child/ren in attendance experience emotional distress. No cultural supports are offered for Aboriginal families and attention is missing to the Aboriginal and



Torres Strait Islander Child Placement Principle. The DCJ representatives in attendance are unfamiliar with the case and are unable to offer specific supports or sign off on the plan.

**Family Plan implementation:** The Family Plan does not meet non-negotiables or address concerns identified by DCJ. DCJ changes the plan after the FGC, eroding family buy-in for the plan and willingness to engage in FGCs. The Family Plan lacks practical actions to address the issues and specific detail about who is to do what. Commitments are made but not followed through, by family members and/or DCJ. No date is scheduled for the Family Plan review. There is little or no support from the caseworker to implement the Family Plan.

Figure 1: Factors associated with a negative FGC experience



### Factors associated with a positive FGC experience

Family Group Conferences that appeared to be a positive experience for the family had the following characteristics (see Figure 2):

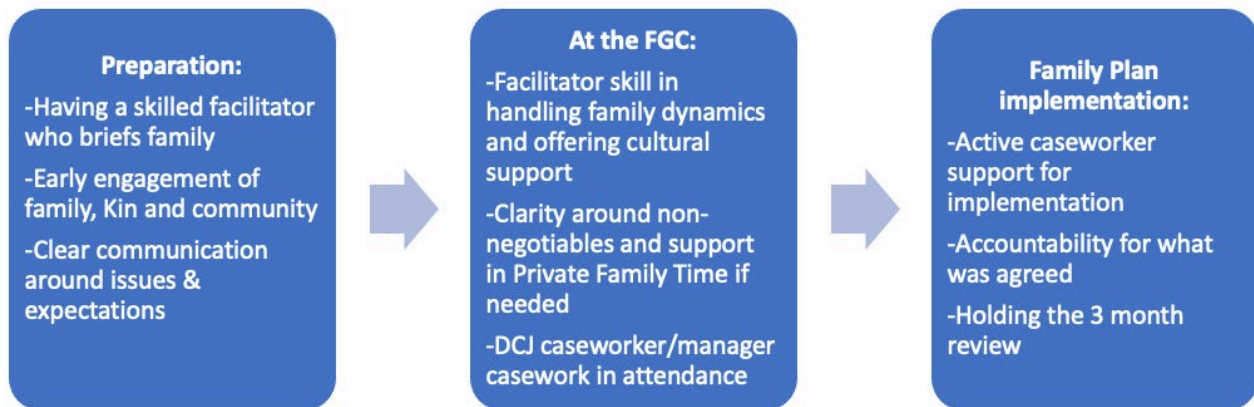
**Preparation.** Thorough preparation makes or breaks the FGC experience. Clear and effective communication between the facilitator and DCJ caseworker/manager casework is essential for ensuring the facilitator can pass on accurate information to the family during the preparation phase. Good preparation involves informing families about the purpose of the FGC and the scope of decision-making for the family. It is crucial to invest time into finding family members and others in the family’s network who can offer support. A skilled facilitator has conversations with FGC participants in advance and considers how to handle family dynamics.

**At the FGC:** The caseworker and/or manager casework who know the child and family are in attendance and are honest about what is needed from the family about how to meet non-negotiables. The needs and wishes of the young person have been documented and shared, and/or the meeting is managed so that the young person can be present without emotional distress. The facilitator supports the family to develop a plan that meets non-negotiables and mediates conflict when necessary. For Aboriginal families, culture is forefront and cultural safety is practiced during the FGC. Facilitator and caseworker practice aligns with the Aboriginal and Torres Strait Islander Child Placement Principle, with cultural connection being recognised and respected in the Family Plan.

**Family Plan implementation:** The Family Plan is specific and measurable. It lays out concrete actions, with shared responsibility by the family members and DCJ, and documents how these actions are attached to specific supports (such as support from DCJ or local nongovernmental organisations). There is provision for monitoring accountability for plan implementation, including communication among the family members and

active engagement and regular communication with the caseworker. A review is planned for three months following the FGC.

Figure 2: Factors associated with a positive FGC experience



## Section 4 – Program fidelity and effectiveness

This section has two parts. The first part (4.1 Program fidelity) reports on how the FGC program has been rolled out and administered across districts. This section is important for an understanding of whether the FGC program was rolled out according to plan (e.g., convened within four weeks of its referral) and which districts met the rollout criteria best.

The second part (4.2 Program effectiveness) provides estimates on the effectiveness of the FGC program in terms of client outcomes. This section provides answers to the following two research questions:

- Compared with families who did not participate in FGC, does the FGC program reduce Risk of Significant Harm (ROSH) reports, applications for care proceedings, and entries into out-of-home care (OOHC)?
- Is participation in the FGC program associated with improved placement outcomes for children and young people such as: placement stability, proportion living with kin and proportion living with or restored to their parents?

The analyses reported in this section are conducted with de-identified administrative data from DCJ: 1) FGC program data for FGCs held between June 2017 and July 2021 and 2) extracts of child protection and out-of-home care data held in ChildStory (DCJ’s administrative data system) for the timeframe between January 1999 and July 2021.

### Section 4.1 - Program fidelity

#### How many referred FGCs were convened?

The first FGC recorded in the FGC Program Data was referred on 29 June 2017 and the last referral was made on 6 July 2021. In total, 2,929 families (or, as flagged in the data, referred children), with 5,803 children overall (including siblings), were identified as referred to a FGC.

Overall, one in four (25.5%) of all referred FGCs were not yet convened; 17.8% were convened within the recommended four-week window; 38.7% were convened within 5-8 weeks; 11.7% were convened within 9-12 weeks; and 6.3% were convened later than 12 weeks following the referral (Table 6).

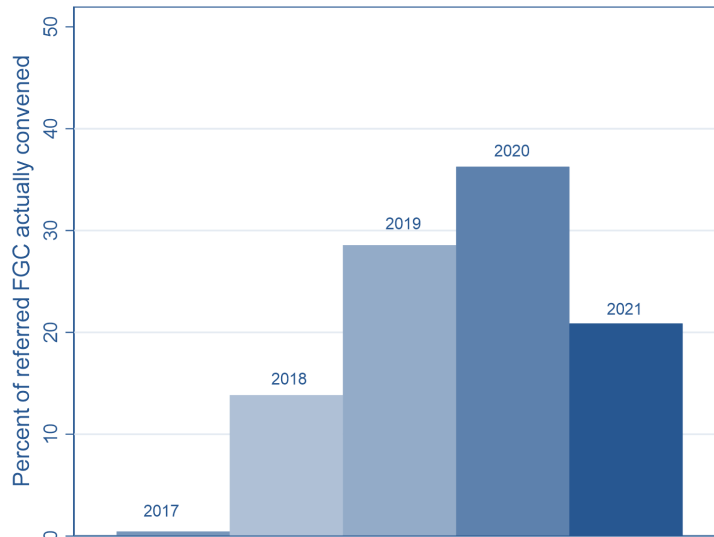
Table 6: Percent of FGC not convened and convened between a specific time window since referral

Categories	Number	Percentage %	Cumulative %
Not convened yet	746	25.47	25.47
0-4 weeks	521	17.79	43.26
5-8 weeks	1,134	38.72	81.97
9-12 weeks	344	11.74	93.72
>12 weeks	184	6.28	100

Very few referred cases were recorded as convened in the first year of the program rollout in 2017 (23 out of 2,929), which may reflect initial difficulty in getting the program established. Over time, the proportion of recorded FGC referrals that were convened increased: 15% of FGC sessions were convened in 2018, 30% in 2019, 35% in 2020, and up to July 2021 almost 20% of all referrals resulted in a convened FGC (Figure 3).

All other children who were reported to the child protection hotline in this timeframe but who did not receive a FGC were identified as the comparison group. Records on whether caseworkers spoke to families about FGC but they refused were not made available for the evaluation. Therefore, the comparison group includes children who were not referred for FGC and those for whom their caseworker suggested FGC to the family but they refused.

Figure 3: Percent of referred FGCs actually convened by rollout year



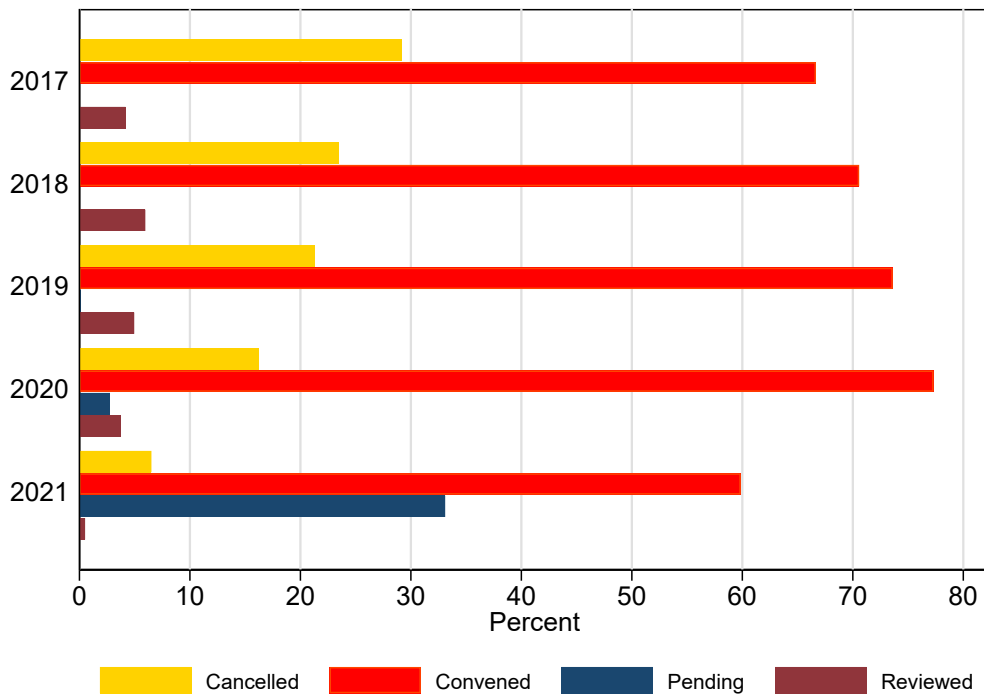
Note. Includes data to July 2021

### How many FGC sessions have been cancelled or are still pending?

Almost one in five referred FGC sessions had been cancelled although data on cancellation reason was not consistently collected (Table A1, Appendix A). There was no difference in cancellations for non-Aboriginal and Aboriginal children. Figure 2 demonstrates that cancellation was less common in 2020 than in 2018. Many referred cases – almost eight percent overall – and mainly from 2021 are still pending (although we do not have data on the reason for why cases are pending). Pending cases are slightly more common among Aboriginal children (Table A1). Figure 4 shows the overall proportion of referred cases that were convened and reviewed<sup>32</sup>. On average, 5.4% of all FGCs that were convened were reviewed. Of the convened FGCs for the first half of 2021, data indicated almost none had been recorded as reviewed.

<sup>32</sup> The DCJ FGC model, as per the FGC roles and responsibilities table, specifies that the caseworker should organise the three-month review and that the caseworker may invite the facilitator to conduct the review, at their discretion. See ‘Family Plan Review’ in the implementation findings section for more information.

Figure 4: Percentage of referred FGCs that were recorded as convened, still pending, reviewed or cancelled, by year



\* Note: Data for 2021 is up until July.

### Regional variation in FGC rollout

The FGC program was not rolled out uniformly across regions. There is significant regional variation in when the first referrals were made and in the share of referred FGCs that were convened, cancelled or still pending. These variations indicate that there may be issues with implementation that need attention.

Agencies in the Mid North Coast were the first to record referrals to FGC (in July 2017). Agencies in Murrumbidgee and Illawarra Shoalhaven were among the second and third to record referrals. Actual convention of the FGC program was fast in some regions early in the rollout, but with a later slowdown (e.g., Mid North Coast, Murrumbidgee), or slow in the beginning, but then fast in later years (South East Sydney, West Sydney/Blue Mountains). Rollout timing was consistently fast and steady in the Illawarra Shoalhaven.

The share of referrals that were successfully convened and not cancelled differed by region (see Figure 5). The most successful regions to convene a large share of referred FGCs were located in the Illawarra Shoalhaven with a convention rate of 90% and in Northern NSW with a convention rate of 80%. Agencies located in the regions of Murrumbidgee, Mid-North Coast, South-East Sydney and Western NSW experienced the highest share of referrals that needed to be cancelled (over one in five referrals). Agencies in the Central Coast and Hunter New England report the highest share of referrals that are still pending to date (around one in eight).

Figure 5: Regional variation in the percent of referred FGCs that were convened, cancelled, or still pending

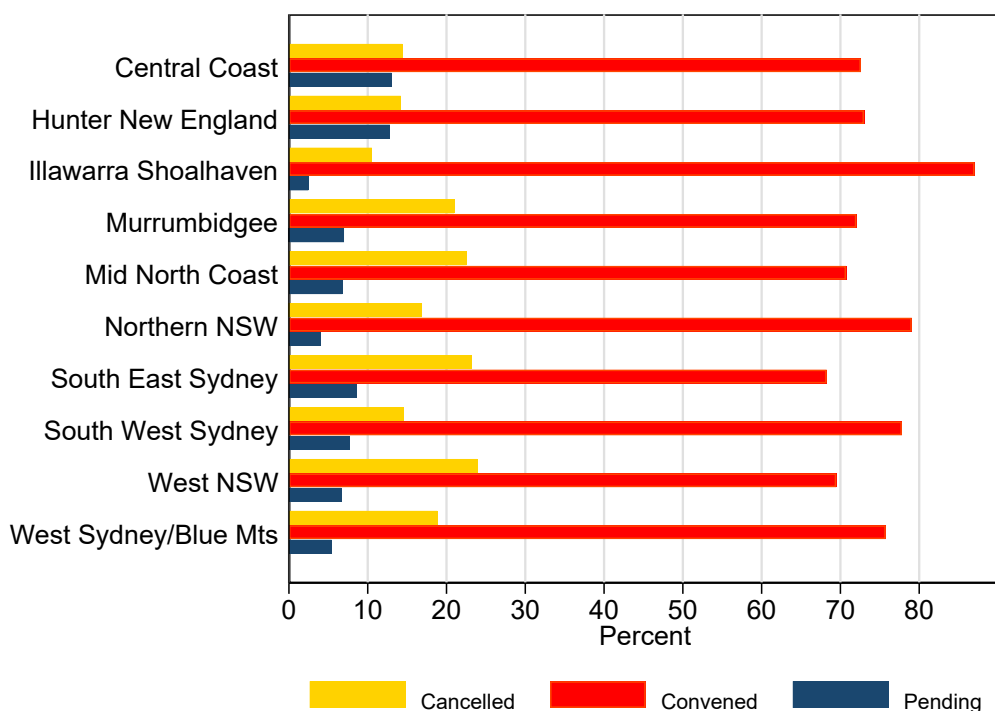
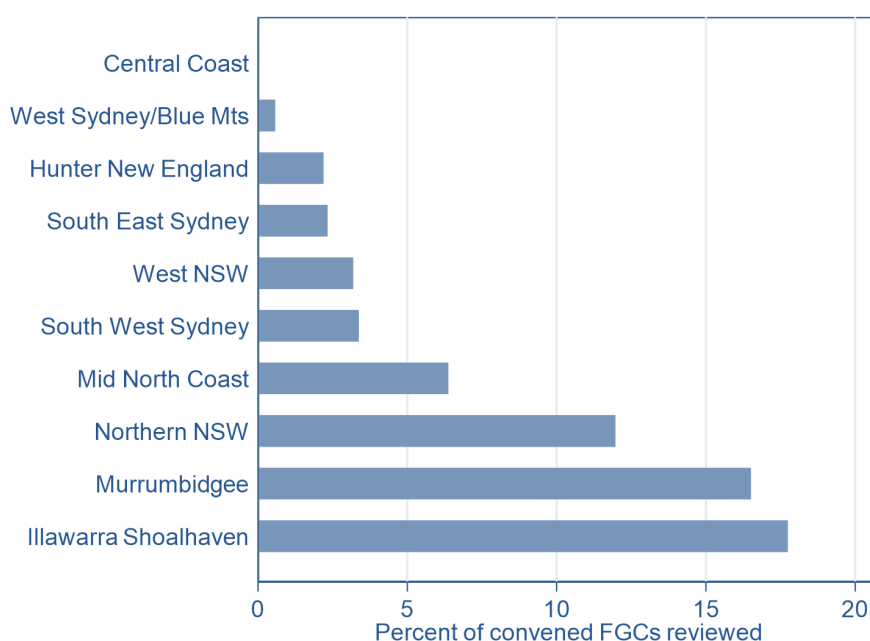


Figure 6 shows the share of convened FGCs that were also reviewed by region. The four regions Mid North Coast, Northern NSW, Murrumbidgee and Illawarra Shoalhaven all performed more reviews than the population average albeit the share was still small around 5.4%. The Murrumbidgee and Illawarra Shoalhaven regions had the highest share of reviewed FGCs, with more than one in six convened FGCs reviewed.

Figure 6: Percent of convened FGC that were also reviewed



## Heterogeneity in waiting times between referral and receipt of the FCG

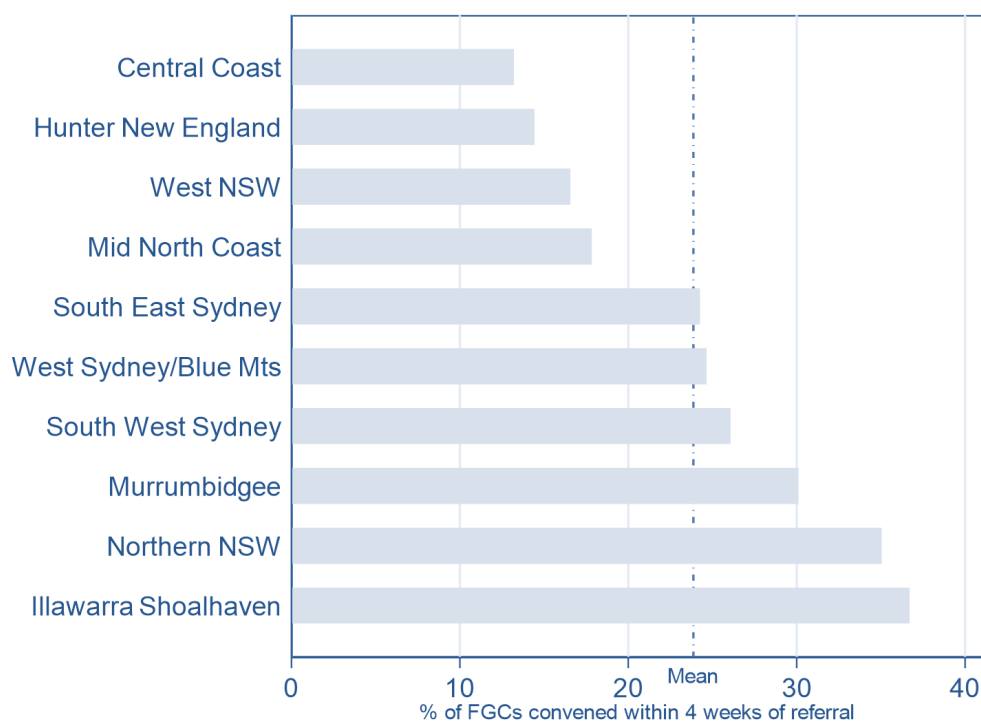
DCJ’s FGC guidelines recommend convening the FGC within four weeks of referral. In total, 2,183 out of 2,929 referred families (74.5%) received a FGC. Only 18% of children received their FGC within four weeks of referral (see Table 7). On average, families waited 7.4 weeks until the FGC meeting was convened. The waiting time was slightly but not substantially longer (7.9 weeks) for Aboriginal children (Table A1), possibly due to the limited number of Aboriginal facilitators or additional time devoted to family finding.

Table 7: Percent of FGCs convened within a specific time window since referral, by Aboriginal status

Categories	Non-Aboriginal	Aboriginal	p-value
Not convened yet	24.9	26.0	0.509
Within 4 weeks	20.3	15.1	0.000
Within 5-8 weeks	38.4	39.0	0.741
Within 9-12 weeks	11.1	12.4	0.249
More than 12 weeks	5.2	7.4	0.014

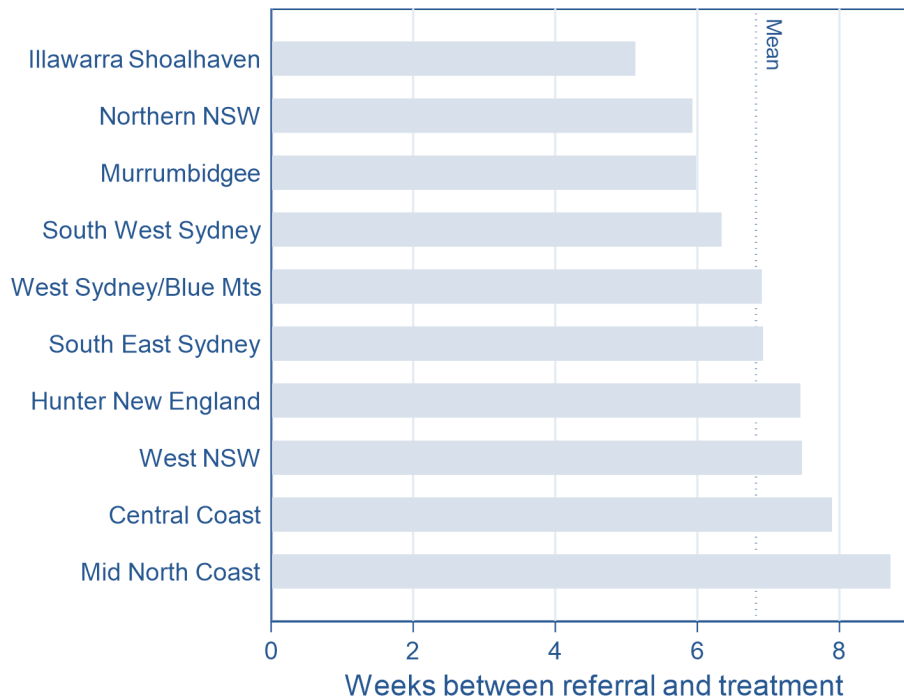
Aboriginal families were less likely to receive the FGC within four weeks of the referral relative to non-Aboriginal families (15% vs 20%,  $p < 0.001$ ). Aboriginal families were more likely to wait longer than 12 weeks for a FGC after the referral (7.4% versus 5.2%,  $p = 0.014$ ). There was no difference between Aboriginal and non-Aboriginal families in likelihood of receiving a FGC between 5-12 weeks of referral or not receiving the FGC at all. Therefore, Aboriginal families were just as likely to receive a FGC as non-Aboriginal families, although the wait time may be longer.

Figure 7: Percent of FGCs convened within four weeks of referral, by region



There was also substantial variation in the waiting time between districts. On average, only one in four families received the FCG within four weeks of the referral (of all families that did receive it). One-third of FGCs were convened within four weeks by Murrumbidgee, Illawarra Shoalhaven and Northern NSW. Central Coast, Hunter New England, and West NSW regions convened 15% or less of all FGC sessions within four weeks (Figure 7). The average waiting time was shortest in Illawarra Shoalhaven (just over five weeks) and highest in Mid North Coast (around nine weeks) (see Figure 8).

Figure 8: Weeks between referral and convening of FGC by region

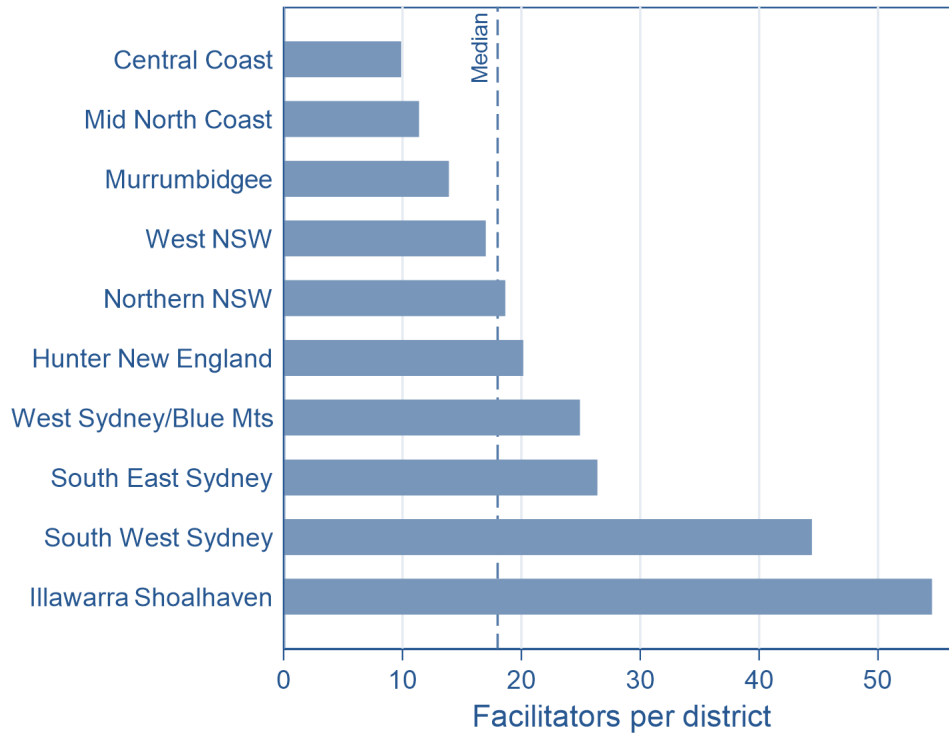


### How many facilitators were used?

In total, 118 different facilitators were employed to conduct the FGC session. In 19 FGC sessions, a second facilitator was employed (usually to provide cultural support, or for training purposes). There are regional differences in how many facilitators were used to conduct the FGCs (Figure 9). The median number of facilitators per district is 18. The smallest number of facilitators were used in Central Coast (n=10). Mid North Coast, Murrumbidgee and West NSW districts also used fewer than the median number of facilitators. The Illawarra Shoalhaven district used the largest number of facilitators (n=55). Most facilitators worked in one district only (n=112), while six worked across districts.



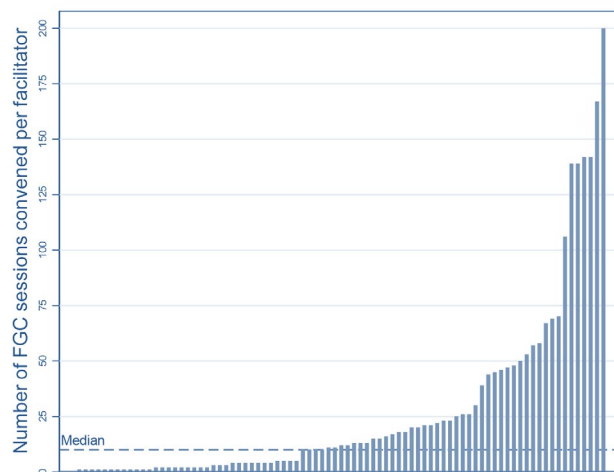
Figure 9: Number of facilitators used in each region



Note: Each bar represents the number of facilitators employed in each region

The workload per facilitator differed substantially across facilitators. The median facilitator managed 10 sessions (Figure 10). The maximum number of sessions a facilitator managed was 200 (by one facilitator), while 23 facilitators managed one session only.

Figure 10: Number of FGC sessions facilitated by each facilitator



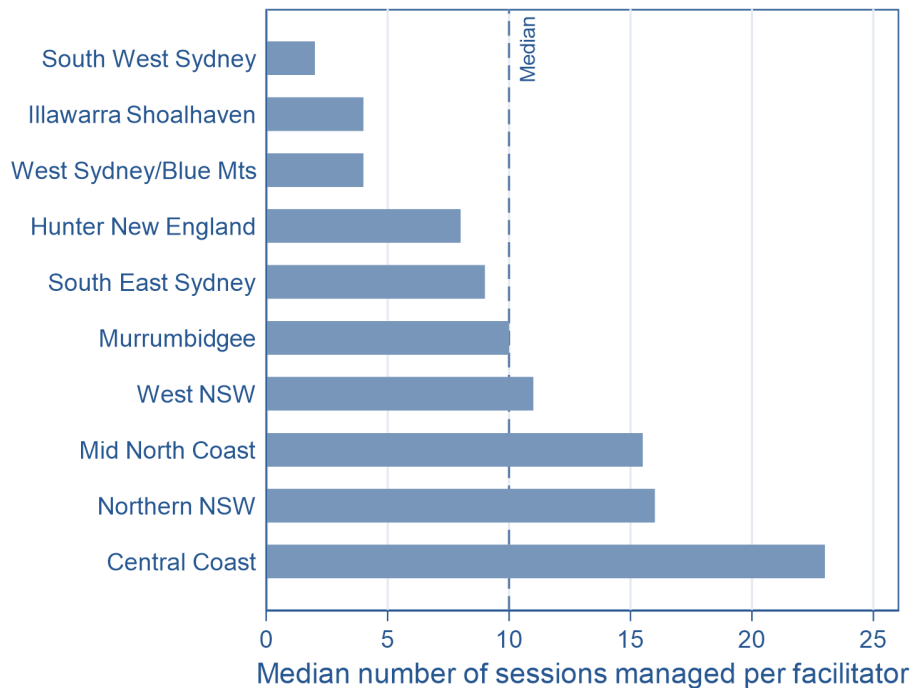
Note: Each bar represents an individual facilitator, with data on facilitator ID from the program data. Total: 118 facilitators across all 2,183 convened FGC sessions. The minimum number of sessions is 1 and the maximum number of sessions is 200.

Consistent with district differences in the number of facilitators employed, the median workload of facilitators differs across districts. Figure 11 shows that facilitators manage more sessions than the median (10) in the population in Central Coast (the maximum of 23 median sessions), Northern NSW, in the Mid

North Coast and West NSW. The smallest median number of sessions per facilitator were observed in South West Sydney (2), Illawarra Shoalhaven (3), and West Sydney/Blue Mountains (3).

These numbers suggest that the districts which rolled out the FGC most successfully employed more facilitators with a smaller median workload.

Figure 11: Number of FGC sessions facilitated by each facilitator



Note: Each bar represents median number of sessions facilitated by an individual facilitator

## Section 4.2 – Client outcomes

This section responds to two research questions related to outcomes:

- Compared with families who did not participate in FGC, does the FGC reduce Risk of Significant Harm (ROSH) reports, applications for care proceedings, and entries into out-of-home care (OOHC)?

### Sampling / matching considerations

The FGC service was not allocated at random. Children who received the FGC service were likely to be selected by specific characteristics, although there was no information provided on the characteristics according to which families were selected into the program. The next section provides a description of the characteristics of the children who were referred to the program and compares them against the children in the child protection system who were not referred to the FGC service<sup>33</sup>.

<sup>33</sup> Summary statistics are reported in the Appendix A in Table A2 (Child protection system population) and Table A3 (OOHC system population). Columns (1) and (2) report children with and without FGC referrals in the full population, while the remaining columns provide summary statistics by children who do and do not identify as Aboriginal and Torres Strait Islander.

Overall, we can say that children who were referred to the FGC service relative to children involved with the child protection system but who were not referred to the FGC service were (see Appendix Tables A2 and A3)<sup>34</sup>:

- Younger, with an average year of birth of 2012 vs 2002
- Less likely to be female (42% vs 47%)
- No less or more likely to identify as Aboriginal and Torres Strait Islander (54% vs 51%)
- More at cumulative risk of serious harm (ROSH) (15% vs 3%)
- Substantially younger at their first assessment of child safety and risk (1 vs 5.6 years) and substantiation (3.2 vs 6.9 years)
- Having more assessments of child safety and risk (18.2 vs 6) and substantiations (18.9 vs 7.1)
- Less likely to have never been observed in the OOHC system (8.7% vs 66.6%) i.e. they were more likely to be removed from their homes at least once.

These reported differences do not tell us whether children who were referred to the FGC service were significantly different from the overall population of children in the child protection system. To determine if there are significant differences, a multiple regression model (linear probability model) was estimated, regressing a binary indicator of referral to the FGC (=1 if yes, =0 if no) on control variables for child protection system exposure, OOHC system experiences and demographic factors (See Appendix Table A4). The model confirmed the above results. In addition, children referred to the service had a significantly smaller number of removal experiences than the average child in the child protection system.

These results suggest that children who were referred to the FGC program were at greater risk of serious harm, had more exposure to the child protection system, were younger, and less likely to be female. It is important to control for these differences in the statistical models as the impact of the FGC may be underestimated as the children who were referred were at greater risk of harm.

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<sup>34</sup> Summary statistics are reported in the Appendix A in Table A2 (Child protection system population) and Table A3 (OOHC system population). Summary statistics are provided for children with and without FGC referrals in the full population, and by Aboriginality.

## Child protection events for children who received FGC service relative to children who were referred to the FGC service but did not get the service yet

### Estimated effects of FGC service

In this section, we present the estimated treatment effects of the receipt of the FGC service on child protection system contact. The estimation model is described in the Statistical Model section, Equation (1). In *Table 8* below, each row marked *FGC treatment effect* and column presents the estimated treatment effect of the FGC delivered on an outcome of interest. The treatment effects is interpreted as the percentage-point change in the outcome due to the FGC service. Also reported are the percent (%) changes in the outcome relative to the pre-treatment outcome mean (relative effect size).

### Subsequent Helpline reports, by allegation type

There was a reduction in the number of Helpline calls for concern reports, with variability across abuse type (Table 8, Panels A-D). The relative effect size for neglect is -17.9% ( $p < 0.001$ ). It is -13.5% ( $p < 0.001$ ) for emotional abuse. A smaller effect size on physical abuse was observed (-4.1%). Sexual abuse helpline reports increased following the FGC by 17% ( $p < 0.05$ ). However, this only occurred for non-Aboriginal children and children at older ages at contact. The increase in reports of sexual abuse may be explained by greater awareness of the issue and mandatory reporting requirements of the facilitator.

### Assessment of Child Safety and Risk (SARA)

Children who receive the FGC program were significantly less likely by 14.1 percentage points ( $p < 0.001$ ) to receive a new safety and risk assessment (SARA) after the FGC treatment occurred (Table 8, Panel E). Their baseline pre-treatment probability of receiving a subsequent SARA is 42% so the effect size is not small, with a reduction of 33.6%. This means that about 1 of 3 of children who received the FGC service was less likely to receive a new SARA. Analysis by Aboriginal and non-Aboriginal status showed that the treatment effect for Aboriginal children was -24.8% relative to base probability pre-treatment, so 1 in 4 Aboriginal children averted a new SARA ( $p < 0.001$ ) as a result of their FGC. For non-Aboriginal children, the relative effect size is -42.6% ( $p < 0.001$ ) so nearly 1 in 2.4 non-Aboriginal children averted a new SARA as a result of the FGC. There is no difference in the relative effect size by age of contact (-32.5% for children younger than age 2, -38.6% for children older than age 2).

### Risk of Significant Harm (ROSH)

The FGC service had also a positive effect on the likelihood of a subsequent report to the child protection helpline being assessed as meeting the statutory threshold of Risk of Significant Harm (ROSH) (Table 8, Panel F). Children who received a FGC were less likely by 2.9 percentage points ( $p < 0.05$ ) to receive a ROSH report compared to children who did not receive a FGC. Relative to the pre-treatment mean risk of being a ROSH of 0.6, this is a 4.8% risk reduction, or about 1 in 20 children were no longer assessed as ROSH as a result of their FGC. There was also a significant reduction for Aboriginal children at 5.6%, ( $p < 0.05$ ), meaning more than 1 in 20 Aboriginal children who received the FGC program avoided being re-reported at ROSH as a result of their FGC. Among the different age groups, it is only younger children (age < 2 at contact) for whom the FGC is effective to reduce the risk of ROSH (-6.5%,  $p < 0.001$ ), while it is not effective for older children (age > 2 at contact).

### Harm Substantiation

The largest treatment effects in terms of relative effect size were observed with respect to harm substantiation (Table 8, Panel G). This suggests that receiving the FGC reduced risk for children in the child protection system.

A child that received the FGC had a reduced risk of substantiation by 15.5 percentage points ( $p < 0.001$ ). Relative to the pre-treatment mean risk of 0.26, this means a relative risk reduction by 61%. Thus, almost 2 in 3 children that received the FGC service avoided a substantiation post-FGC. There was no difference by Aboriginal status or age at first CP contact.

Table 8: Impact of FGC participation on risk of harm outcomes

	All	Aboriginal		Age of first CP contact	
		Yes	No	<2 years	2+ years
	(1)	(2)	(3)	(4)	(5)
<i>Panel A: Helpline Emotional Abuse</i>					
FGC treatment effect	-0.026***	-0.024**	-0.029*	-0.020*	-0.046***
	(0.009)	(0.011)	(0.017)	(0.011)	(0.016)
Mean	0.192	0.175	0.211	0.182	0.226
Percent	-13.5	-13.7	-13.7	-11.0	-20.3
Observations	111390	60487	48387	85282	26108
<i>Panel B: Helpline Physical Abuse</i>					
Treatment effect	-0.009	-0.014	-0.000	-0.009	-0.012
	(0.005)	(0.006)	(0.007)	(0.005)	(0.011)
Mean	0.222	0.208	0.24	0.22	0.231
Percent	-4.1	-6.7	0	-4.1	-5.2
Observations	111390	60487	48387	85282	26108
<i>Panel C: Helpline Sexual abuse</i>					
FGC treatment effect	0.019**	0.014	0.031***	0.015	0.036***
	(0.008)	(0.011)	(0.012)	(0.009)	(0.012)
Mean	0.111	0.108	0.114	0.109	0.118
Percent	17.1	12.9	27.2	13.7	30.1
Observations	111390	60487	48387	85282	26108
<i>Panel D: Helpline Neglect</i>					
FGC treatment effect	-0.075***	-0.089***	-0.052***	-0.076***	-0.070***
	(0.011)	(0.015)	(0.017)	(0.013)	(0.018)
Mean	0.419	0.451	0.383	0.42	0.418
Percent	-17.9	-19.7	-13.5	-18.0	-16.7
Observations	111390	60487	48387	85282	26108
<i>Panel E: Report following FGC assessed for safety and risk (SARA)</i>					
FGC treatment effect	-0.141***	-0.107***	-0.175***	-0.137***	-0.159***
	(0.020)	(0.025)	(0.028)	(0.021)	(0.031)
Pre-FGC mean	0.42	0.431	0.411	0.422	0.412
Percent	-33.6	-24.8	-42.6	-32.5	-38.6
Observations	111390	60487	48387	85282	26108
<i>Panel F: Report following FGC assessed at risk of significant harm (ROSH)</i>					
FGC treatment effect	-0.029**	-0.035**	-0.019	-0.039***	0.003
	(0.012)	(0.015)	(0.015)	(0.012)	(0.019)

Pre-FGC mean	0.60	0.598	0.603	0.601	0.601
Percent	-4.8	-5.8	-3.2	-6.4	-0.4
Observations	111390	60487	48387	85282	26108
<i>Panel G: Harm Substantiation</i>					
FGC treatment effect	-0.155***	-0.132***	-0.174***	-0.149***	-0.176***
	(0.020)	(0.025)	(0.024)	(0.021)	(0.029)
Pre-FGC mean	0.255	0.259	0.253	0.253	0.261
Percent	-60.8	-50.9	-68.7	-58.9	-67.4
Observations	111390	60487	48387	85282	26108

Note: Each row marked treatment effect and column presents the estimated treatment effect of FGC convened on an outcome of interest. A generalized difference-in-difference model was used, in which we controlled for individual fixed effects, district fixed effects to allow for level differences in outcomes between children located in specific districts), facilitator fixed effects, a linear time trend (date of child protection system contact) and a non-linear time trend (year dummy indicators), and age at contact. Standard errors are clustered at the district level where the FGC service was delivered. Clustered standard errors are reported in parentheses \*  $p < .10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ .

## Removal

Table 9 reports the estimated treatment effect of the FGC service on the risk of being removed from home after the FGC session has been delivered. To produce these results, the analysis compared children who received the FGC ( $n=3,728$ ) with children who were referred to FGC but did not receive a FGC ( $n= 1,251$ ). The model underlying the estimation results was described in the Statistical Model section, Equation (2).

The FGC service was statistically significantly associated with a reduction in the risk of being removed by 13.5 percentage points ( $p<0.001$ ). Relative to the pre-FGC- mean risk experienced by the control group of 82.2%, this treatment effect implies a reduction in the risk of removal by 16.4% (column (1)). Hence, 1 in 16 children who received the FGC service may have avoided a removal within the short period of follow-up data. Stratifying the analysis by Aboriginal and non-Aboriginal status, FGC service is only significantly associated with reduced risks of removal for non-Aboriginal children (-14.8%,  $p<0.001$ ) and not significantly associated with this risk for Aboriginal children (-2.7%, not statistically significant) (columns (2) and (3)).

Once controlling for the different risks of removal between treatment and control groups before they were referred to the FGC service, treatment effects were zero (-0.9 percentage points, or -1.1% not statistically significant) for those children who were never removed before they were referred to the FGC. They were positive, large and statistically significant for those children who were removed at least once before they were referred to the FGC (see columns (4) and (5)). For the very few children in the treatment group who were removed at least once pre-FGC referral (219 children), the FGC was significantly associated with an increased risk of post-treatment removal of 56 percentage points. Relative to the pre-referral removal risk for children in the control group of 82.2%, this treatment effect implies an increase in the risk of removal post-FGC receipt of 68%. As it is not known why pre-referral removal risks differed so strongly between treatment and control group, one can only speculate on the causes of this result. We thus alert that the treatment effect cannot be interpreted as causal.

Table 9: Impact of FGC on the probability of being removed after treatment (entry into OOHC)

	Aboriginal			Control for whether the individual was removed pre-FGC referral	
	All	Yes	No	Had previous removal	Had no removal
	(1)	(2)	(3)	(4)	(5)
FGC treatment effect	-0.135***	-0.024	-0.124***	0.560***	-0.009
	(0.022)	(0.035)	(0.030)	(0.032)	(0.030)
Mean risk of removal pre-referral for control group	.822	.893	.837	.822	
Percent change	-16.4	-2.7	-14.8	68.1	1.1
Observations	4979	2316	2577	2811	2168

Note: This table shows estimate from a model in which we regress a binary indicator of being removed post-referral to the FGC service on an indicator of whether the individual received the FGC service after referral. The control group is all children in families that were referred to the FGC but that had not received yet the FGC by the end date of data collection (July 2021). Treatment and control groups include all children in a family that was referred to the FGC, not only the child that was the referred child. The models control for gender, birth year dummy variables, the number of substantiations and number of times the individual was deemed at risk of serious harm pre-referral, facilitator fixed effects, and district fixed effects.. Models in columns (4) and (5) control for whether the individual had a removal before referral to the FGC service and allow for interaction effects between the treatment indicator and this indicator variable. Children in families that were in the treatment group had a probability of 4.2% of removal pre-referral. The children in the control group had a probability of 82.2% of removal pre-referral to the FGC. Standard errors were clustered by facilitator and reported in parentheses. We lost one observation for missing birth year information. Significance levels: \*  $p < .10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ .

**Heterogeneity Analysis by ROSH exposure**

Further heterogeneity analyses demonstrated that the effectiveness of the FGC service did not depend on the degree of exposure to risk of serious harm pre-treatment (see Table 10,). Low and high ROSH exposures were defined as children who were exposed to lower or higher than median levels of ROSH before the receipt of the FGC (e.g., the total number of ROSH flags adjusted by age of the child). The effectiveness of the FGC service appeared to be greater for children with higher levels of pre-treatment ROSH exposure in terms of its risk reduction of ROSH or the risk of removal for both Aboriginal and non-Aboriginal children (Panel A and Panel C). However, the differences in the effectiveness of FGC are not statistically significant between children with low and high ROSH exposures. The effectiveness of the FGC on reducing the risk of a substantiated ROSH is greater for children with lower levels of ROSH exposure pre-treatment, and this is true for both Aboriginal and non-Aboriginal children (Panel B). The estimated probability effects are twice as large for children with low ROSH exposure (19.8 vs 10.8 percentage points for Aboriginal children and 29.5 vs 15.7 percentage points for non-Aboriginal children).

Table 10: Impact of FGC on outcomes, by pre-treatment ROSH exposure

	(1)	(2)	(3)	(4)
	Aboriginal		Non-Aboriginal	
	Low ROSH	High ROSH	Low ROSH	High ROSH
<i>Panel A: Probability of ROSH flag</i>				
FGC treatment effect in main model	-0.035**		-0.019	
	(0.015)		(0.015)	

FGC treatment effect in model with heterogeneity	-0.030 (0.023)	-0.035** (0.017)	-0.011 (.)	-0.018 (0.016)
Observations	16001	44368	7224	41073
<i>Panel B: Probability of Substantiation</i>				
FGC treatment effect in main model	-0.132*** (0.025)		-0.174*** (0.024)	
FGC treatment in model with heterogeneity	-0.198*** (0.023)	-0.108*** (0.030)	-0.295*** (0.050)	-0.157*** (0.026)
Observations	16001	44368	7224	41073
<i>Panel C: Probability of Removal</i>				
FGC treatment in main model	-0.024 (0.035)		-0.124*** (0.030)	
FGC treatment in model with heterogeneity	-0.012 (0.043)	-0.032 (0.045)	-0.106 (0.065)	-0.129*** (0.036)
Observations	1070	1243	271	2306

Note: Low ROSH exposure: Below median number of ROSH before treatment occurs (whereby number of ROSH is adjusted by birth year and median is specific to Aboriginal or non-Aboriginal groups). Panels A and B: Estimated model as in Equation (1); Panel C: Estimated model as in Equation (2). Standard errors, clustered by district (Panel A and Panel B) or facilitator (Panel C), in parentheses \*  $p < .10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ .

## Section 5 – Economic evaluation

The economic evaluation undertakes a cost-benefit analysis following loosely the NSW Treasury guidelines. In this evaluation, total social benefits, which are the sum of direct avoided costs and broader economic benefits, are estimated for a client who avoided substantiated harm due to participating in the FGC program. Avoided costs accrue through potentially reduced future demand for child protection services and contact with the Children's Courts and reduced entries into care. Broader economic benefits accrue through benefits to the client by improving Quality Adjusted Life Years through the potential reduction in the risk of posttraumatic stress disorder.

This section responds to the research question:

- Does FGC represent good value for money compared to traditional approaches to child protection?



Building on the statistical analysis of the effect of the FGC program on family contact with child protection agencies, the economic analysis quantifies the unit costs for operating the FGC program and compares it with the cost of providing traditional care. To monetarise the total social benefits of better outcomes produced by the FGC program, this economic evaluation draws on figures from existing economic analyses conducted by DCJ for potential benefits to avoidance of substantiated harm.<sup>35</sup> This outcome is chosen as it is a critical outcome for children at risk, and because the estimates produced in Section X on this outcome can be considered reliable estimates of the true impact of the FGC..

Estimates on the unit costs of the FGC program were calculated based on transaction records from DCJ's records management system for costs of facilitator fees-for-service, venue hire and catering, transport, childcare and services, interpreters, payroll and estimates of FTE caseworker involvement (referrals and attendance), data collection, supervision and training, and office administration. It is noted that the costs data is based on invoice and transaction records in the accounting system and are not adequately linked to each family that has received a FGC. Hence, the costs associated with FGC were explored in-depth for a sample of about 250 families who could be matched between the records management system and the FGC Program data. Average unit costs of FGCs were calculated based on key characteristics such as district, remoteness, family size, Aboriginal and/or CALD status, number of FGCs convened per family, and number of facilitators per FGC.

## Preparation of data

The cost analysis relied on two sets of data related to FGC. The first is a full extraction of FGC-related financial transactions within the SAP records management database<sup>36</sup> used by DCJ between July 2020 and February 2021. The second is a FGC program dataset containing information about every family referred to a FGC between Jun 2017 and July 2021. This dataset contains information about the dates of referral and when FGCs were convened; region; ChildStory identifiers of children and young people subject to the FGC; the number of Aboriginal and/or CALD children and young people involved; and de-identified Facilitator details.

Within this sample of 250 identified families, it is also important to note that not all costs associated with each family were completely captured.<sup>37</sup> A total of eight families were excluded from further analysis because of discrepancies in FGC date between SAP records and the Program dataset, resulting in a sample of 242 families used for the cost analysis.

Overall, the cost for FGCs calculated from SAP records is based on a consideration of key categories of expenditure: (1) facilitator fees; (2) venue and catering; (3) transport; (4) childcare and services; (5) interpreters; and (6) printing and office expenses.

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<sup>35</sup> Avoided costs and broader economic benefits (to the client) are extracted from the DCJ Benefits Menu for the Financial Year 2021. Avoided cost calculated for ROSH substantiations were provided by the FACSIAE Economics and Evaluation team on 13 July 2022 via email correspondence with Matthew Fusarelli, Director, Economic Analysis & Evaluation (Email correspondence provided upon request).

<sup>36</sup> It is important to note SAP accounts data contain only records of every financial transaction processed in the accounting system and there is no field that directly links transactions to a specific family. SAP cost records were only captured in the 'per-family' sample if whoever logged the costs included a family name and event date in one of the many free text fields. This means that not all costs may have been captured. The DCJ Senior Evaluation Officer undertook a manual exercise in identifying and cross matching a random sample of 250 families from the SAP data to the FGC Program data based on names and district combinations. Names of family members were de-identified and allocated a random family code before the datasets were provided to the evaluators.

<sup>37</sup> For instance, of the 250 families, there were 68 families in which a facilitator fee could not be found in the transaction records. These families were excluded from calculations of costs for facilitators, but other non-facilitator expenses (e.g., venue, catering, interpreters) were used as part the estimate for overall costs for FGC. Further cleaning of the cost data for this sample of families involved identifying and resolving improbable values (e.g. extreme or negative costs) to estimates of cost of FGC per family, and a manual matching process to ensure the date of transactions in SAP records aligned within three months of when the FGC was convened.

These datasets were also linked to DCJ’s ChildStory data containing administrative records of children’s interaction with the child protection and OOHC systems. This enabled an understanding of associated costs saved as a result of participating in a FGC (e.g., reduced risk of report assessed at ROSH, substantiation, or placement in OOHC).

**Estimates of FGC costs for a sample of 242 families**

For an accurate reflection of FGC cost, both means and medians for different types of expenses were calculated. Means are more susceptible to skew when there are extreme minimum or maximum values, so the median can be taken as a less biased reflection of cost.

As indicated in Table 11, the average cost of a FGC (excluding casework costs) is \$3,231 (*SD* = \$1,752, median = \$2,769), and ranges widely from \$764 to \$14,141. Most of the expense for a FGC stems from the cost of the facilitator which averages at \$2,791 (*SD* = \$1,795, median = \$2,272), but there is also a wide range for facilitator fees, from \$273 to \$12,972 (Table 12). This variation can be partially explained by families that have more than one FGC recorded. Other costs for the FGC relate to venue, catering, childcare, interpreters, and office supplies (Table 13), which range on average from \$7 to \$1,682.

Table 11: Total FGC costs (facilitator and non-facilitator expenses)

	Total calculated cost of FGC
Mean	\$3,231
Median	\$2,770
N	174
Std. Deviation	\$1,752
Minimum	\$764
Maximum	\$14,141

Table 12: Facilitator costs

	Total facilitator cost
Mean	\$2,699
Median	\$2,273
N	174
Std. Deviation	\$1,630
Minimum	\$273
Maximum	\$12,972

Table 13: Non-facilitator expenses

	Total venue costs	Total transport costs	Total childcare and services costs	Total interpreter costs	Total printing and office costs
Mean	\$595	\$140	\$565	\$311	\$16
Median	\$567	\$109	\$401	\$333	\$14
N	199	38	4	4	3
Std. Deviation	\$324	\$121.16	\$549	\$200	\$10

Minimum	\$8	\$14	\$100	\$70	\$7
Maximum	\$1,682	\$497	\$1,359	\$507	\$27

Note: Numbers in table 10, 11, 12 have been rounded up.

Figure 12 shows the average costs of FGCs and facilitators depending on the number of FGCs the family has attended. The higher the number of FGCs the family is involved in, the higher the costs. It was not possible to find a suitable estimate of FGC cost by number of facilitators as there was only one FGC in the sample of 250 families that had involved a second facilitator.

Figure 12: Mean facilitator costs and mean total FGC costs by family based on number of FGCs

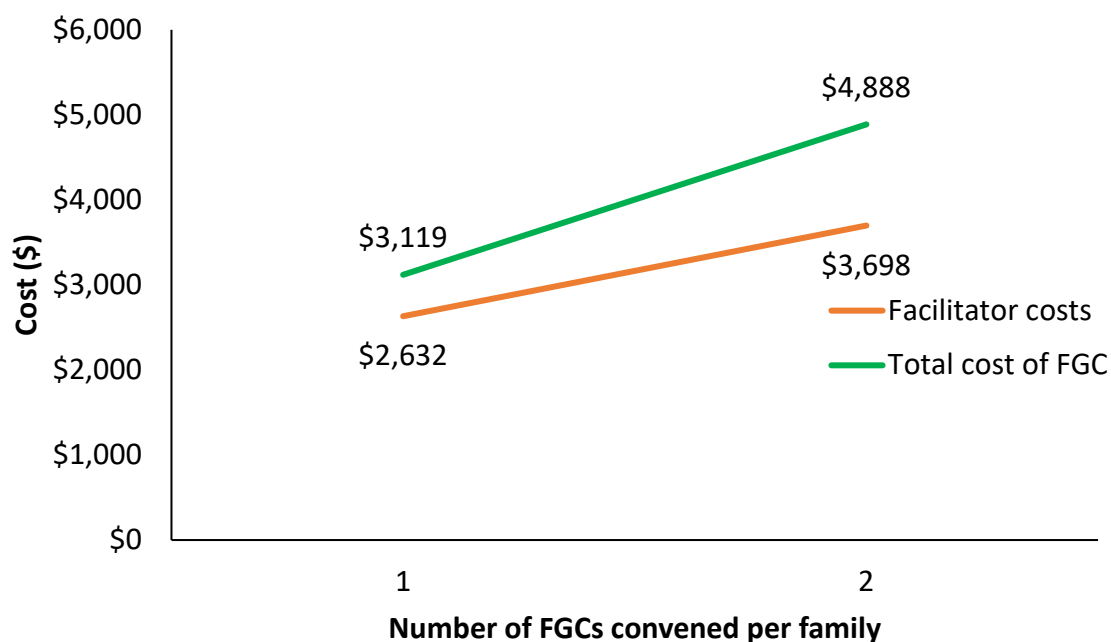


Figure 13 indicates the average costs of FGCs and facilitators depending on region. The most expensive FGCs are those in held in the Murrumbidgee and Far West region followed by the Western Sydney and Nepean Blue Mountain region, Sydney South-Eastern and Northern Sydney region, and the Central Coast region. The least costly were in South-Western Sydney and Western New South Wales.

Figure 13: Mean facilitator costs and mean total FGC costs based on region

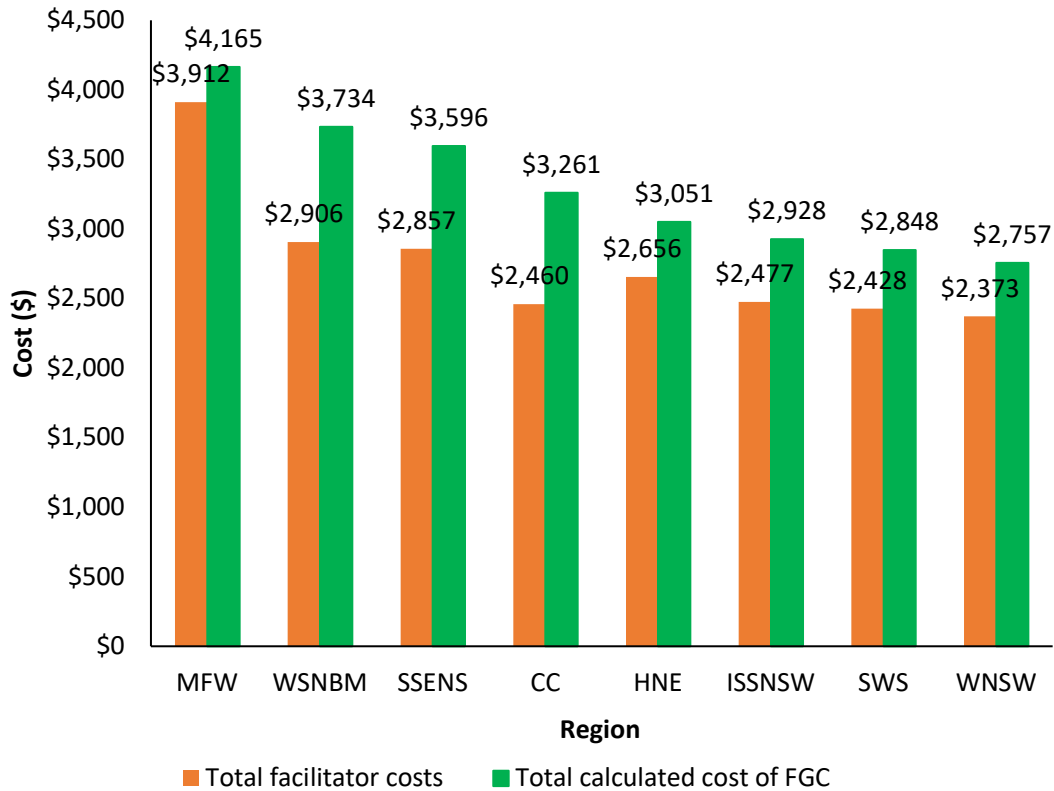


Figure 14 shows the average costs of FGCs and facilitators based on the number of children involved in the FGC. In general, as the number of children involved in an individual FGC increases, so does the cost of the FGC.

Figure 14: Mean facilitator costs and mean total FGC costs based on number of children in FGC

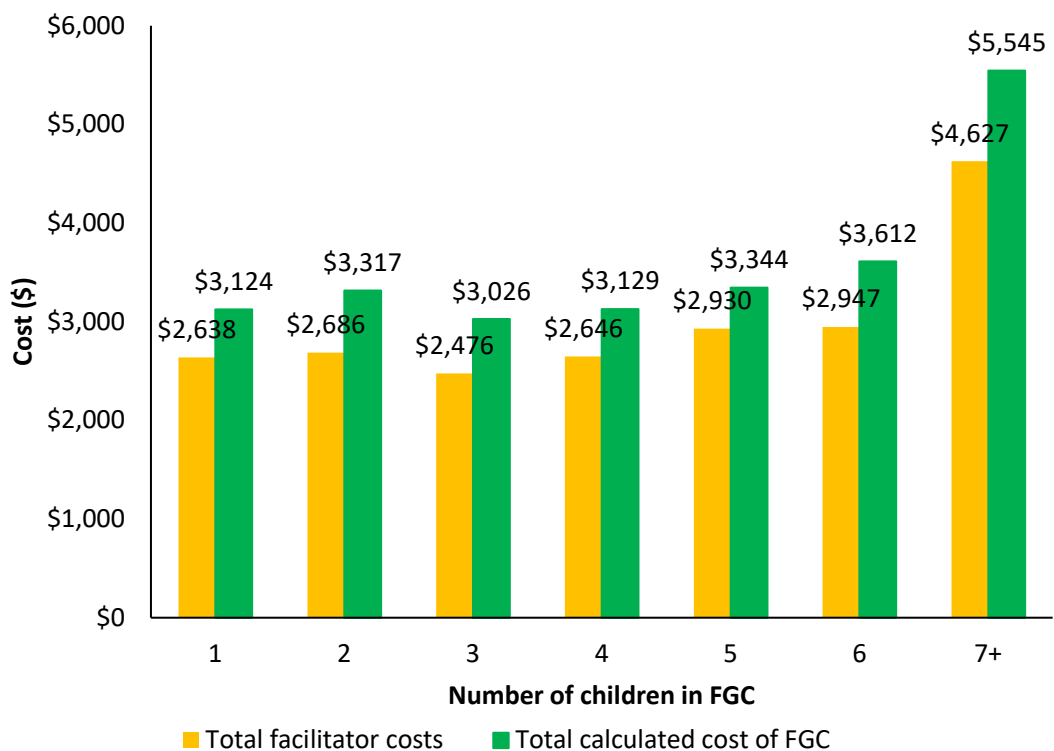


Table 14 and Table 15 outline the facilitator costs (1) and the total costs of FGC (2) when there are Aboriginal and CALD children subject to the FGC, respectively. In general, FGC costs tended to be higher when there were Aboriginal or CALD children present in the family. For instance, in families where there was at least one Aboriginal child in the FGC, the average total costs of FGC were \$3,574 compared to \$2,925 when there was no Aboriginal child present. These higher costs could be due to the need for hiring interpreters or the need for hiring an additional facilitator, or a bigger venue or more catering when family size is large.

Table 14: Mean facilitator costs and mean total FGC costs based on whether there are Aboriginal children involved in the FGC

		Total facilitator costs (1)	Total cost of FGC (2)
No Aboriginal Children in family	Mean	\$2,409	\$2,925
	Median	\$2,138	\$2,637
	N	92	92
	Std. Deviation	\$1,438	\$1,523
	Minimum	\$764	\$764
	Maximum	\$10,342	\$10,342
Aboriginal Children in family	Mean	\$3,025	\$3,574
	Median	\$2,645	\$3,043
	N	82	82
	Std. Deviation	\$1,774	\$1,930
	Minimum	\$273	\$1,122
	Maximum	\$12,972	\$14,141

Note: Numbers have been rounded up.

Table 15: Mean facilitator costs and mean total FGC costs based on whether there are CALD children involved in the FGC

Are there any CALD children in this family		Total facilitator costs (1)	Total calculated cost of FGC (2)
No CALD children in family	Mean	\$2,667	\$3,177
	Median	\$2,273	\$2,752
	N	162	162
	Std. Deviation	\$1,625	\$1,745
	Minimum	\$273	\$764
	Maximum	\$12,972	\$14,141
CALD children in family	Mean	\$3,141	\$3,959
	Median	\$2,264	\$3,333
	N	12	12
	Std. Deviation	\$1,709	\$1,758
	Minimum	\$1,527	\$2,069
	Maximum	\$7,102	\$7,700

Note: Numbers have been rounded up.

## Estimating DCJ Staffing

A separate calculation was conducted for cost of DCJ staff time as this information was not linked to specific FGCs in the SAP records system. Based on the total cost of items in SAP attributed to 'Payroll, Salaries, Leave, Allowances, etc.', divided by the total number of FGCs held in the period, this value of case-worker costs of running the FGC program has been calculated as an average of **\$4,683**.

## Central Office

From 2018, head office staffing can be apportioned as follows:

- 0.25 FTE grade 11/12
- 1.00 FTE grade 9/10
- 0.75 FTE grade 7/8
- 0.50 FTE grade 5/6

## FGC Administrator roles

- 18/19 – 8 FTE grade 3/4 \$666,720 ERE only<sup>38</sup>
- 19/20 – 8 FTE grade 3/4 \$683,392 ERE only
- 20/21 – 8 FTE grade 3/4 \$717,992 ERE only

The average total cost per FGC, combining the average FGC costs (\$3,231) plus average DCJ staff costs required to administer one FGC (\$4,683) is calculated as **\$7,914**. The average total costs per FGC for families with non-Aboriginal children is slightly lower (\$2,925 + \$4,683=**\$7,608**) than for families with Aboriginal children (\$3,574 + \$4,683=**\$8,257**).

## Benefits from FGC

In this section, the overall economic benefit of the FGC service is estimated, which will be referred to as the total social benefit. As the FGC service reduces the risk of ROSH substantiation for a client (Table 8), the economic evaluation will compare the economic cost of the FGC program to its overall economic benefit through its impact on ROSH substantiations. Economic benefits include both avoided costs to the NSW Government, due to lower service utilisation in the future, and the greater economic benefit to the client by improving Quality Adjusted Life Years through the potential reduction in the risk of posttraumatic stress disorder. The avoided costs of reduced ROSH substantiation to the NSW government includes the reduction of all future child protection contacts including the probabilistically-weighted likelihood of being re-reported at ROSH, receiving a SARA and then entering OOHC.

Monetary benefits for this outcome were calculated using the benefit values expressed in dollars as reported in Table 16 . Avoided costs to the NSW Government were provided by the FACSAR Economics and Evaluation team (personal e-mail correspondence 13 July 2022 with Matthew Fusarelli, Director Economic Analysis & Evaluation) based on projections on avoided future service utilisation. The greater economic benefits to the client were derived from the DCJ Benefits Manual (June 2020).<sup>39</sup>

<sup>38</sup> ERE signifies employee-related expenses.

<sup>39</sup> Source: FACSAR Economics (June, 2020). *DCJ Benefits Menu: The financial value of client outcomes*. Sydney: NSW Government.

The total social benefits for avoided ROSH substantiation was estimated to be \$91,032. This benefit to society is the sum of avoided costs to the Government (\$33,726) and the broader economic benefits to the client (\$57,306). Non-monetary benefits are assumed to be zero (e.g., positive spill-over effects onto the community in the broader sense) for the purpose of this evaluation. Total economic benefits are assumed to be the same for Aboriginal and non-Aboriginal clients. It is this value against which the monetary costs of the FGC program is compared against.

Table 16: Total social benefits of avoided harm substantiation.

Type	Definition	Recipient of benefit	Benefit value
Avoided costs due to avoided ROSH substantiation <sup>a</sup>	Actuarially-determined value of pathway-weighted service usage, including the probabilistically-weighted likelihood of receiving a SARA, being re-reported at ROSH, and then entering OOHC	Government over a lifetime	\$33,726
Broader economic benefits due to avoided ROSH substantiation <sup>b</sup>	Client avoids incident of substantiated child abuse or incident of substantiated child abuse prevented	Client over a lifetime	\$57,306
<b>Total social benefits</b>			<b>\$91,032</b>

Notes: <sup>a</sup> Avoided cost calculations were sourced from the FACSIAR Economics and Evaluation team on 13 July 2022 (personal e-mail correspondence 13 July 2022 with Matthew Fusarelli, Director Economic Analysis & Evaluation). The numbers were produced based on category SA19 which is the actuarially-determined value for an avoided Safety and Risk assessment (investigation) and a subsequent ROSH determination and on category SA20 which is the actuarially-determined value for avoiding OOHC entry from the FY2020 DCJ Benefits Menu. <sup>b</sup> Broader economic benefits accrue to the client by improving Quality Adjusted Life Years through the potential reduction in the risk of posttraumatic stress disorder (SA6) DCJ Benefits Manual (June 2020), Confidential – NSW Government Distribution Only.

Table 17 reports the Benefit-Cost Ratios that can be calculated from the estimated impact of the FGC on client outcomes. The BCR indicates whether an initiative (FGC program) is increasing or decreasing overall social welfare<sup>40</sup> In practice, it shows how many dollar society recoups for 1 dollar invested in the FGC program. It compares the present value of total social benefits, including avoided costs to the Government and broader economic benefits to the client (expressed in dollars), generated from the FGC to the present value of all costs (expressed in dollars) of the FGC.

The BCR is calculated using several inputs such as the treatment effect estimates of the FGC on client outcomes, the total number of FGCs needed to reduce one harmful outcome (e.g., ROSH substantiation), the costs of administering 1 FGC and the total social benefits for 1 ROSH substantiation avoided.

The BCR is thus calculated as the total social benefits for 1 ROSH substantiation avoided (in dollars) divided by the total costs generated for 1 ROSH substantiation avoided through the FGC program (in dollars)<sup>41</sup>. A value of BCR < 1 means that the FGC is decreasing social welfare, while a value of BCR ≥ 1 means that the FGC is increasing social welfare.

<sup>40</sup> NSW Government Treasury Guidelines (2017), p. 19, downloaded from <https://www.treasury.nsw.gov.au/finance-resource/guidelines-cost-benefit-analysis>.

<sup>41</sup> As the FGC is a one-off intervention and thus costs occur in the current time period, such costs do not need to be discounted over longer time periods.

Table 17 reports the BCR in addition to all inputs into its calculation:

- Estimated treatment effect (expressed in percent change) (from Table 8).
- The necessary number of FGCs that need to be administered to avoid 1 ROSH substantiation for 1 child (Number of FGC needed) which is calculated as 100 divided by the estimated treatment effect (see above)
- The costs for administering 1 FGC (all \$7,914, Aboriginal: \$8,257, non-Aboriginal: \$7,608)
- The total social benefits (over a lifetime) for 1 ROSH substantiation avoided (from Table 16)
- Total costs for 1 ROSH substantiation avoided due to the FGC, calculated as the number of FGCs needed to avoid one ROSH substantiation multiplied by the costs for administering 1 FGC

The BCR is reported for the average client, pooling across all clients (1), and separately for clients in families with Aboriginal (2) and non-Aboriginal children (3).

Table 17: Benefit Cost Ratio: Dollar return based on treatment effect on avoiding ROSH substantiation

		Aboriginal	
	All	Yes	No
	(1)	(2)	(3)
FGC treatment effect in percent change	-60.8%	-50.9%	-68.7%
Number of FGC needed to reduce 1 ROSH substantiation	1.6	2.0	1.5
Costs per unit FGC	\$7,914	\$8,257	\$7,608
Total costs for 1 ROSH substantiation avoided	\$12,662	\$16,514	\$11,412
Total social benefits	\$91,032	\$91,032	\$91,032
<b>Benefit Cost Ratio:</b>			
Dollar return for 1 dollar invested	7.2	5.5	8.0

Note: Number of FGC needed refers to how many FGC sessions (one per family) have to be convened to reduce the event for one client. Benefit Cost Ratio is calculated as a ratio where the numerator is the net present value of total social benefits of FGC in dollars and the denominator is the net present value of total costs of FGC in dollars. All costs were calculated per client per lifetime. A value of the BCR>1 indicates that the FGC increases social welfare.

The main conclusion from the economic evaluation is that the FGC program improves social welfare (Table 17). The Benefit-Cost Ratio (BCR) is strictly greater than 1, indicating economic viability. This conclusion holds true for families with Aboriginal and non-Aboriginal children (Columns (2) and (3)). For instance, for every dollar spent on the FGC, society will recoup \$7.2 on average, \$5.5 for families with Aboriginal children and \$8.0 for families with non-Aboriginal children, simply by the avoidance of 1 ROSH substantiation.



## Section 6 – Conclusion

All Districts across NSW have been steadily increasing the use of FGCs as part of the Alternative Dispute Resolution program since the pilot of the DCJ Family Group Conferencing Program (FGC) in 2011. Regions, such as Illawarra Shoalhaven area followed by Murrumbidgee and Northern NSW have been the most active in taking up the program. On average FGC are held within six to seven weeks of the initial referral. In general, the DCJ workforce is supportive of the FGC program, seeing it as providing an opportunity to empower families and have them contribute to decisions rather than having decisions imposed on them. Caseworkers expressed the view that FGCs help to identify strengths in the extended family, giving them a chance to demonstrate their genuine care for the child(ren) at the heart of the FGC. Clear communication between DCJ and the family and other FGC participants about the purpose and the parameters for family decision-making is essential, especially when the child is already in OOHC and formal decision is with the court. This can assist with managing the family's expectations around what they can decide and what the FGC can achieve. The scope of decision making should also be made clear to facilitators, as they play a critical role in preparing the family for the FGC.

The workforce consultations and interviews with participating families found that the quality of the FGC preparation and time taken for family finding was more important than remaining within the specified 4-week timeframe. This was particularly true for Aboriginal families, who valued taking the time for culturally respectful engagement and the identification of key family member engagement. It was acknowledged that arranging FGCs for Aboriginal families could take longer than the usual allocated timeframe. Aboriginal caseworkers expressed concerns about FGC being convened without an Aboriginal facilitator, or cultural support person being available. According to the families interviewed, the DCJ Aboriginal support worker who attended meetings did not appear to have a clear role or engagement with the family before or after the FGC. Families reported that given this person's employment with DCJ, they did not feel culturally safe and did not think the support worker was neutral. Other sources of culturally safe support to Aboriginal families during and after a FGC from community organisations appears to be underutilised and may be a valuable way of assisting some families to address the child safety concerns and meet family goals.

There are a number of opportunities to improve the conduct of the FGC program. These include reviewing the design of the FGC Referral Information Form to focus more on presenting the purpose of the referral, the point in the child protection process at which the FGC is taking place and the scope of family decision making. This will assist caseworkers to provide relevant information to the facilitator, which can then be used by the facilitator to prepare families for the conference, and in turn offer families more clarity about the purpose of the FGC. The referral should clearly state which children are involved, especially when there are large sibling groups involved in multiple FGCs, and identify important family, significant community members (where relevant) and services involved and required at the conference.

Ensuring facilitators and caseworkers have adequate time and clear communication about responsibilities to invite family, Kin and community to the FGC would better align practice with the Aboriginal and Torres Strait Islander Child Placement Principle. The importance of family finding with Aboriginal families should be emphasised, recognising this may take time due to cultural protocols and cultural obligations related to the timing of the FGC (e.g., Sorry Business or NAIDOC week). Having the right family members in the FGC is crucial to the success of a FGC process. Casework competencies in relation to identifying family members at the referral stage, and facilitator skills in identifying family during the preparation phase were reported to vary.

Whether it is appropriate to have children attend and participate in a FGC should be weighed up carefully. Practice advice and guidance regarding other strategies to ensure that the child's views and preferences are

considered, and that the child is kept in mind during the FGC process, should be developed and provided to caseworkers and facilitators. Attendance at FGC may be most appropriate for older youth and may be developmentally inappropriate for young children. When children or young people are in attendance, there should be more detailed information for stakeholders regarding measures to ensure the child or young person is comfortable throughout the conference.

The caseworker has a critical role prior to, during, and after the FGC. Prior to the FGC, it is their role to identify family members and extended support networks for facilitator outreach. Having the relevant people in attendance significantly impacts on the benefits family experienced from the FGC process. The caseworker (and their manager) should be in attendance at the FGC, to take responsibility for their part in the Family Plan, including expenditures if needed. The caseworker also has role of monitoring implementation of the Family Plan and offering support, as well as initiating the three-month review. This type of support and accountability for the review is inconsistent.

Likewise, the facilitator is pivotal to FGC success. The skill and expertise of the facilitator was consistently reported, by caseworkers and families, as having the most impact on the FGC outcomes. This involved the facilitator's ability to mediate complex relationships and conversations, as well as create a safe space for constructive discussions. Clear parameters for decision-making contributed to family's engagement in the process and commitment to the Family Plan. Facilitators who were able de-escalate conflict and set clear parameters for decision-making contributed to family's engagement in the process and commitment to the Family Plan.

There remains confusion among facilitators about their role in Private Family Time, with some long-standing facilitators maintaining that model fidelity precludes them entering the room when family are discussing the plan. Facilitators should be actively encouraged to offer additional support during Private Family Time if requested to do so by the family. Family circumstances including challenging dynamics can reduce the likelihood that Private Family Time will be productive without their support. Facilitators may need additional specific training in these skills.

To address confusion and inconsistency, a practice guidance procedure should be introduced for conducting reviews. The decisions about whether the facilitator should be re-engaged at three months should be made at the time of the FGC so this can be booked in. If the Family Plan has been monitored by the caseworker and they are able to undertake a review, this option should be documented at the FGC and communicated to the facilitator and family. The procedure relating to Family Plan reviews should be developed and communicated to caseworkers to ensure consistency in practice.

Refinements to the Family Plan include the provision of a comprehensive account of what occurred at the FGC. The summary must, at a minimum, document not only everyone who attended but who were invited but declined, as well as reasons for this and why some family members were not invited. It must include a review date and document clear actions and people responsible, as well as the role of DCJ in ensuring progress toward these actions are monitored. Casework to support the Family Plan between the FGC and review date should also be consistently provided for all families to increase opportunities for successful outcomes and ensure that families receive support to connect with services that are indicated in their Family Plan. Documenting provision of this casework support in the three-month review can encourage accountability.

To promote cultural connections for Aboriginal children, there should be a non-negotiable embedded in every Aboriginal child's Family Plan related to connection to family, culture and community. This can be facilitated through training and checked as part of a Quality Assurance process when Family Plans are endorsed by DCJ. Ensuring a non-negotiable relating to cultural permanency through connection features in all FGCs with Aboriginal families can contribute to adherence with the Aboriginal and Torres Strait Islander Child Placement Principle and assist caseworkers to develop cultural plans if the child enters care.

In its current iteration, the FGC evaluation form is not working well to identify either excellent or poor practice by facilitators and should be replaced with a rigorous feedback mechanism tied to DCJs existing quality assurance system. Families are currently given a brief evaluation form at the completion of the FGC but are not required to complete it. This may mean families with poor literacy skills or who have low trust in DCJ do not provide feedback. A supplementary option of verbal feedback should be offered. The evaluation form should include this option and the District Administration Officers could assist the family to provide feedback by phone if requested.

A more robust system for reporting on and responding to issues raised in the evaluation forms is required. At present this process is largely left to Districts, and is not routinely monitored centrally by DCJ. DCJ should consider instituting a system whereby each District reviews and records the evaluation forms completed by families. Arising issues should be incorporated into District-level reports to the Executive so that patterns of family feedback related to one facilitator are identified and retraining or other actions (such as removing from the eligibility list or identifying facilitators with specific expertise) can be made promptly and implemented across all sites consistently.

The outcome data demonstrated that FGC were targeting families with young children, experiencing multiple, and complex issues. Compared to similar children in the child protection system, children who were subject to a FGC tended to be younger at the time of the first notification and have more risk issues and substantiations. The positive effects for child safety found in the outcome data indicates the benefits of the program. FGC are capturing families experiencing multiple issues and have assisted in reducing risk for some children, while keeping them connected to their extended family.

The cost of conducting FGCs compared to the total social benefits derived for participating families demonstrated a positive effect. The costs for hosting FGCs varied across districts range from an average of \$2,500 in South-Western Sydney and Western NSW, to around \$4,000 per FGC in the Murrumbidgee and Far West region (not including DCJ staff costs, analysed separately). The involvement of Aboriginal or CALD children tends to increase the average costs, ranging from an additional \$816 to \$940 per case, with additional costs likely due to use of interpreters, or needing to convene multiple FGCs, resulting in higher venue costs. However, the potential saving from reduced entries to OOHC and improved child safety and wellbeing (through reductions of harm substantiations) are significant. The Benefit Cost Ratios are strictly greater than 1 when considering the impact of the FGC on reducing ROSH substantiations, which demonstrates that the FGC program increases social welfare. The calculated Benefit-Cost Ratios imply that for every dollar invested, the FGC is likely to return to society \$7.2 on average, \$5.5 for families with Aboriginal children, and \$8.0 for families with non-Aboriginal children. These returns are obtained because the FGC program, at least in the short-term, reduces the likelihood of a ROSH substantiation. Such harm substantiations are not only costly to the NSW Government – they imply costly future administrative processes including assessments of Safety and Risk and Risk of Serious Harm, and entry in out-of-home-care – but also to the clients directly due to the experience of emotional trauma.

The presented estimates have to be considered in light of the limitations of this evaluation. Total social benefits are not considering the likely heterogeneity in family needs and characteristics. They also do not consider the non-monetary benefits, for instance the likely spill-over effects to the community. Thus, they are likely to be lower bounds of the true benefits to society. Furthermore, the program impact estimates can only be understood as causal under the assumptions of the difference-in-differences models. These assume that the rollout of the FGC programs across providers and regions was not following a systematic pattern. For instance, if at-risk families received the intervention later than the less at-risk families, then we would over-estimate the impact of the FGC program. Finally, the impact estimates of the FGC program were produced for the short-term only. Data were only available for a very short time period following the children in families that received the FGC intervention. It is possible that the positive impact of the FGC program fades out over time, as the intervention is conceptualised as a one-off intervention.

However, since the DCJ FGC program appears to be targeted towards families with young children and multiple risk factors for child safety, even a short-term positive impact is of benefit. These families face many challenges and any assistance towards making incremental changes that improve child safety and wellbeing are significant, and likely to have long term benefits. Children who received a FGC were significantly less likely to receive ROSH report compared to children who did not receive a FGC. The reduced risk of a ROSH report was found for Aboriginal and non-Aboriginal children. The smaller effect size for Aboriginal children is most likely associated with the higher levels of disadvantage and intergenerational trauma experienced by Aboriginal families and communities as a result of colonisation and historical policies. This finding emphasises the importance of culturally respectful and safe engagement with Aboriginal families, including engaging community and non-government services supports, as part of the FGC family support process.

## Appendix A – Summary of statistics within and outside the FGC treatment

Table A1. Summary statistics for children with a referral to the FGC program

	(1)	(2)	(3)	(4)
	All referred children	Non-Aboriginal child	Aboriginal child	p-value test (2)=(3)
	n= 5099	n= 2623	n= 2384	
FGC Cancelled proportions	0.178 (0.383)	0.178 (0.383)	0.174 (0.380)	0.358
FGC Convened	0.749 (0.434)	0.763 (0.425)	0.750 (0.433)	0.061
FGC Pending	0.073 (0.260)	0.058 (0.234)	0.076 (0.265)	0.035
FGC month convened	6.698 (3.276)	6.822 (3.272)	6.627 (3.238)	0.681
FGC Year convened	2019.573 (0.970)	2019.540 (0.951)	2019.556 (0.987)	<0.001
FGC: Aboriginal household	0.511 (0.500)	0.226 (0.418)	0.904 (0.294)	<0.001
FGC: CALD household	0.089 (0.285)	0.140 (0.347)	0.027 (0.163)	<0.001
FGC: one child household	0.254 (0.435)	0.262 (0.440)	0.251 (0.434)	0.791
Number of children in household	2.992 (1.897)	2.836 (1.708)	3.173 (2.092)	0.101
Number of CALD children in household	1.638 (2.197)	0.695 (1.580)	2.922 (2.238)	<0.001
Weeks (referral-treatment)	7.464 (5.815)	7.306 (5.763)	7.958 (6.299)	0.002
Observations	5099	2623	2384	

Note. This table reports on differences for Aboriginal and non-Aboriginal children referred to FGC. In total, there were 5,099 unique individuals in the Family Group Conference referral list. Of these 5007 had information available on whether they were identified as Aboriginal and Torres Strait Islanders, so columns two and three do not sum to column 1.

Table A2. Summary statistics for children in child protection system with and without FGC referral

	(1)	(2)	(3)	(4)	(5)	(6)
	Full population		Non-Aboriginal		Aboriginal	
	No FGC	FGC	No FGC	FGC	No FGC	FGC
Month of birth	5.692 (3.655)	6.103 (3.544)	5.796 (3.653)	6.076 (3.529)	5.934 (3.596)	6.316 (3.553)
Year of birth	2002.131 (8.564)	2011.790 (5.331)	2002.480 (7.964)	2011.234 (5.050)	2005.090 (8.767)	2012.142 (5.307)
Female	0.470 (0.499)	0.416 (0.493)	0.480 (0.500)	0.429 (0.495)	0.446 (0.497)	0.407 (0.491)
Non-Aboriginal	0.540 (0.498)	0.514 (0.500)	1.000	1.000	0.000	0.000
Number of times with ROSH	3.194 (5.633)	15.365 (12.762)	3.534 (5.886)	14.708 (11.478)	7.174 (9.560)	17.410 (14.343)
Age 1 <sup>st</sup> assessment of child safety and risk	5.594 (5.479)	1.007 (2.480)	6.070 (5.488)	1.347 (2.630)	2.839 (4.460)	0.410 (1.764)
Age 1 <sup>st</sup> substant.	6.940 (5.340)	3.236 (3.891)	6.971 (5.298)	3.674 (4.030)	5.131 (5.035)	2.450 (3.318)
Number of assessments of child safety and risk	6.040 (9.899)	18.199 (19.019)	5.828 (9.826)	17.403 (17.072)	10.229 (13.588)	20.940 (22.105)
Number of assessments of child safety and risk	1.697 (1.499)	2.831 (2.388)	1.662 (1.468)	2.682 (2.290)	2.071 (1.919)	2.927 (2.428)
Number of substantiations	7.075 (10.964)	18.879 (20.735)	6.602 (10.582)	17.998 (18.845)	11.851 (14.490)	21.906 (23.859)
Number of substantiations per year	1.794 (1.606)	2.870 (2.352)	1.734 (1.544)	2.706 (2.276)	2.208 (2.058)	2.974 (2.315)
<i>Number of substantiations by reason:</i>						
Child own behaviour	0.030 (0.550)	0.567 (3.193)	0.036 (0.604)	0.502 (2.545)	0.101 (1.118)	0.654 (3.834)
Carer: mental health	0.057 (0.502)	0.481 (1.671)	0.078 (0.586)	0.503 (1.647)	0.140 (0.837)	0.481 (1.752)
Domestic Violence	0.095 (0.602)	0.883 (2.188)	0.112 (0.646)	0.866 (2.130)	0.288 (1.093)	0.977 (2.414)
Carer drug/alcohol use	0.094 (0.681)	1.351 (2.489)	0.108 (0.728)	1.226 (2.296)	0.387 (1.398)	1.575 (2.734)
Emotional abuse	0.049 (0.455)	0.581 (1.708)	0.061 (0.513)	0.617 (1.804)	0.123 (0.723)	0.573 (1.702)
Neglect	0.134 (0.841)	2.001 (3.731)	0.152 (0.880)	1.775 (3.346)	0.508 (1.717)	2.417 (4.207)
Physical abuse	0.104 (0.599)	0.863 (2.058)	0.133 (0.675)	0.851 (1.963)	0.276 (1.024)	0.963 (2.198)
Prenatal report	0.006 (0.129)	0.120 (0.654)	0.005 (0.124)	0.084 (0.465)	0.026 (0.283)	0.162 (0.817)
Sexual abuse	0.063 (0.474)	0.495 (2.283)	0.077 (0.534)	0.530 (2.861)	0.146 (0.763)	0.580 (2.927)
Observations	960093	5099	515987	2623	78865	2384

Table A3: Summary statistics on OOHC experiences for children with and without FGC referral

	Without FGC referral	With FGC referral
Never been in OOHC (Percent of population)	66.6	8.7
	(47.2)	(28.2)
Number of observations in the OOHC data (including 0)	11.686	21.332
	(31.656)	(27.790)
<i>If ever been in OOHC data:</i>		
Number of episodes if in OOHC	35.020	23.374
	(46.753)	(28.257)
Number of placements if in OOHC	5.130	5.692
	(3.760)	(4.306)

Note. Comparison group are all children in the child protection system who did not receive a FGC referral. Number of observations refers to the number of times the child has an entry in the out-of-home care data. Standard deviations are reported in parentheses.

Table A4: Regression model: determinants of FGC program referral

	(1)	(2)	(3)
	All	Non-Abor	Aborig
Female	-0.00067*** (0.00015)	-0.00063*** (0.00019)	-0.00074*** (0.00022)
Non-Aboriginal	-0.00343*** (0.00015)	0.00000 (.)	0.00000 (.)
Age at first notification	-0.00032*** (0.00001)	-0.00032*** (0.00002)	-0.00030*** (0.00002)
Number of times ROSH	-0.00044*** (0.00002)	-0.00044*** (0.00003)	-0.00053*** (0.00003)
Number of substantiations	0.00462*** (0.00006)	0.00365*** (0.00007)	0.00629*** (0.00009)
Number of OOHC placements	-0.00224*** (0.00011)	-0.00195*** (0.00014)	-0.00349*** (0.00020)
Never been in OOHC	-0.02789*** (0.00043)	-0.02002*** (0.00050)	-0.05519*** (0.00081)
<i>Substantiation: At least once</i>			
Child's own behaviour	0.01246*** (0.00074)	0.01146*** (0.00092)	0.01402*** (0.00123)
Carer: Mental health issues	-0.00289*** (0.00047)	-0.00258*** (0.00055)	0.00060 (0.00091)
Carer: other issues	0.00938*** (0.00057)	0.00648*** (0.00068)	0.01468*** (0.00103)
Domestic Violence	0.00351*** (0.00036)	0.00420*** (0.00044)	0.00075 (0.00061)
Drug/alcohol use by carer	0.01847*** (0.00042)	0.01497*** (0.00052)	0.01996*** (0.00069)
Emotional abuse	0.01573*** (0.00049)	0.01493*** (0.00060)	0.01892*** (0.00083)
Neglect	0.01713*** (0.00035)	0.01487*** (0.00043)	0.01923*** (0.00059)
No harm or risk issues	-0.00227*** (0.00028)	-0.00126*** (0.00034)	-0.00531*** (0.00050)
Subst. other issues	0.01264*** (0.00152)	0.00930*** (0.00188)	0.01668*** (0.00253)
Physical abuse	0.00125*** (0.00034)	0.00203*** (0.00041)	0.00005 (0.00061)
Prenatal report	0.05571*** (0.00125)	0.04825*** (0.00173)	0.05870*** (0.00180)
Sexual abuse	0.00541*** (0.00039)	0.00497*** (0.00048)	0.00560*** (0.00069)
Constant	0.03329*** (0.00050)	0.02244*** (0.00060)	0.06017*** (0.00089)
Observations	961063	518610	442453
Prob of FGC Referral	.00531	.00505	.00560

Note: These estimates are taken from a linear probability model in which we regress the outcome FGC Referral (=0 if no, =1 if yes) on a set of control variables as described in each row. The data draws on the full population of children who have ever been recorded in the Child Protection Data set. Reported are estimated coefficients and their standard errors are reported in parentheses. Significance levels: \*  $p < .10$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$



## Appendix B: Family interview instrument



**Research Centre for Children and Families**  
**Faculty of Arts and Social Science**

ABN 15 211 513 464

### **CHIEF INVESTIGATOR**

Associate Professor Amy Conley Wright

Room 710

Education Building A35

The University of Sydney

NSW 2006 AUSTRALIA

Telephone: +61 2 86276119

Email: amy.conleywright@sydney.edu.au

### ***Family Group Conferencing Evaluation*** **Interview questions – family members**

#### Context and culture

1. How did you come to be at the FGC? (Prompt: what was the catalyst for the FGC)
2. What information did you get about the purpose of the conference and from whom?
3. Were you given enough information about the problem to be solved?
4. Who was present? Was anyone important left out? Was anyone there you think should not have been? (Prompt: involving parent in prison; support person/advocate)
5. Was the conference held in a suitable place to the family group? (Prompt: cultural safety)
- a. [If applicable] Did you feel respected during the conference? Was the conference held in a way that was respectful to your culture? In what way?

#### **Process**

6. What happened during the FGC?
7. What was the facilitator's role? (prompt: communication style, agreed ground rules)
8. Did you get an opportunity to express your views during private family time? (Prompt: what would have helped you and what got in the way)
9. Did you get the opportunity to express your views in the facilitated discussion? (Prompt: did you have a support person/advocate)
10. What was your overall experience of the conference? (Prompt: what parts of the conference worked well or not so well; what about the way private family time operated)

**Outcome**

11. What Family Plan was made and what did you think about it? (prompt: view plan; were you satisfied with the Family Plan?)
12. What help did you get to implement the Family Plan? (Prompt: do you think facilitators should be involved in private family time)
13. Did anything get in the way of the Family Plan being implemented? (Prompt: resources, changed circumstances).
14. Did the Family Plan get reviewed?

Feedback to DCJ

15. Did you find FGC a useful and appropriate way to address child protection problems?
16. Did you find FGC a useful and appropriate way to address child protection problems?
17. Do you have any advice for facilitators and caseworkers about how to improve FGC?

## Appendix C: Family Participant Information Sheet (PIS)



**Research Centre for Children and Families**  
**Faculty of Arts and Social Sciences**

ABN 15 211 513 464

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**CHIEF INVESTIGATOR**

*Associate Professor Amy Conley Wright*

Room 710

Education Building A35

The University of Sydney

NSW 2006 AUSTRALIA

Telephone: +61 2 86276119

Email: [amy.conleywright@sydney.edu.au](mailto:amy.conleywright@sydney.edu.au)

Web: <http://www.sydney.edu.au/>

### ***Family Group Conferencing Evaluation***

#### **PARTICIPANT INFORMATION STATEMENT**

##### **(1) What is this study about?**

You are invited to take part in a research study that is an evaluation the NSW implementation of Family Group Conferencing (FGC). FGC a family-focused, strengths-based form of alternative dispute resolution that aims to empower and engage families in decisions about their children when safety concerns have been raised.

You have been invited to participate in this study because you have been involved in a Family Group Conference. This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet (or have someone else explain to you) and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary.

By giving your consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.

You will be given a copy of this Participant Information Statement to keep.

##### **(2) Who is running the study?**

The study is being carried out by the following researchers:

- Associate Professor Amy Conley Wright, Sydney School of Education and Social Work
- Dr Lynette Riley, Indigenous Studies Program, Sydney School of Education and Social Work
- Professor Judy Cashmore, Socio-Legal Research and Policy, Sydney Law School
- Dr Susan Collings, Research Fellow, Sydney School of Education and Social Work
- Dr Betty Luu, Research Associate, Sydney School of Education and Social Work
- Sarah Ciftci, Research Fellow, Sydney School of Education and Social Work
- Irene Wardle, Master of Education student, will complete a thesis for the study supervised by Riley and Wright.

This study is being funded by the New South Wales Department of Communities and Justice.

### **(3) What will the study involve for me?**

If you agree to take part, we will talk to about your experience of the Family Group Conference program and recommendations about how it could be improved. Due to the current COVID-19 restrictions, we can do a phone or video interview using a secure, web-based platform called Zoom. If you prefer to do it face to face, we can arrange an interview later in the year and it can take place at your home or a community location of your preference. You can have a support person attend the interview if you like. We would like to make an audio recording of your interview if you agree. It would be good to bring your Family Plan to help you remember what was decided, but you do not have to.

### **(4) How much of my time will the study take?**

The interview will take about 90 minutes.

### **(5) Who can take part in the study?**

You can take part in the study if you are over 16 years, live in one of the locations in New South Wales where the research is taking place and have been involved in a Family Group Conference within the last twelve months. If you prefer an interview in person, we realise that the delay may mean the conference was more than a year ago.

### **(6) Do I have to be in the study? Can I withdraw from the study once I've started?**

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of Sydney or services delivered by New South Wales Department of Communities and Justice.

You may choose to withdraw from the study any time before or during the interview at any time. Recordings will be erased and the information provided will not be included in the study. You can also refuse to answer any questions you don't wish to answer.

### **(7) Are there any risks or costs associated with being in the study?**

It is possible that an interview may cause some distress due to the family circumstances that led to your involvement in a Family Group Conference.

### **(8) Are there any benefits associated with being in the study?**

You will receive a \$30 gift voucher to thank you for taking part in an interview. This can be sent as an e-voucher by email or by post if your interview is via phone or videoconference.

We cannot guarantee that you will receive any direct benefits from being in the study. However, your participation may change the way that the Department of Communities and Justice operates Family Group Conferences and lead to better experiences for other families.

**(9) What will happen to information about me that is collected during the study?**

- ✓ Basic demographic information about you and your family will be collected during the study. Interviews will be audio recorded and a copy of the audio file will be uploaded to a secure, online platform for transcription. Transcripts will be used in data analysis.
- ✓ Your personal information will be stored securely and your identity/information will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be individually identifiable in these publications
- ✓ Hard copy personal information will be stored in a locked office of a research team member and electronic data will be stored on a password-protected computer owned by the University.
- ✓ Study results will be published in journal publications, conference presentations, and a report to New South Wales Communities and Justice.
- ✓ Data will be retained for 5 years in accordance with University requirements and subsequently electronic files will be deleted and hard copy files shredded.

By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement, unless you consent otherwise.

**(10) Can I tell other people about the study?**

Yes, you are welcome to tell other people about the study. If you choose to take part in this study, we advise you to notify and seek input from significant family members prior to the interviews so they are aware of your participation and consent.

**(11) What if I would like further information about the study?**

When you have read this information, Dr Betty Luu will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact Dr Luu by email at [betty.luu@sydney.edu.au](mailto:betty.luu@sydney.edu.au) or on 02 8627 6575

**(12) Will I be told the results of the study?**

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by ticking the relevant box on the consent form. This feedback will be in the form of a one-page lay summary. You will receive this feedback after the study is finished.

**(13) What if I have a complaint or any concerns about the study?**

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of

the University of Sydney [2019/837]. As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies. We have also obtained approval from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Research Ethics Committee [EO157-12112019].

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:

- **Telephone:** +61 2 8627 8176      **Fax:** +61 2 8627 8177 (Facsimile)
- **Email:** [human.ethics@sydney.edu.au](mailto:human.ethics@sydney.edu.au)

You can also complain to the AIATSIS Research Ethics Committee, which is an independent committee – its members do not work for AIATSIS:

- **Phone:** 02 6129 3935      **Email:** [ethics@aiatsis.gov.au](mailto:ethics@aiatsis.gov.au)
- **Mail:** Chair of the AIATSIS Research Ethics Committee, GPO Box 553, Canberra, ACT 2601.
- *This information sheet is for you to keep*

Appendix D: Referral Information Form and Family Plan data extraction template.

<b>Referral forms before the FGC</b>	
<i>Number of children who are subjects of the FGC</i>	
<i>Ages of children</i>	
<i>How many children are Aboriginal?</i>	
<i>How many children are CALD?</i>	
<i>Where in the process is this FGC taking place (report, restoration, OOHC, contact)</i>	
<i>Reasons for referral</i>	
<i>Who is the primary carer of the children?</i>	
<i>Number of family members invited to the FGC?</i>	
<i>Configuration of families (who are the members of the family invited?)</i>	
<i>Other agencies/services involved</i>	
<i>Is anyone missing from the FGC?</i>	
<i>Risk, safety and wellbeing issues to be addressed in the FGC</i>	
<i>Non-negotiables</i>	
<i>Cultural considerations (incl. interpreters)</i>	
<i>Was there an AVO? Yes/No</i>	
<i>Potential challenges for the FGC</i>	
<b>Documented Family Plans from FGC</b>	
<i>Concerns raised in the FGC</i>	
<i>Needs of the child raised in the FGC</i>	
<i>What are the strengths of the family?</i>	
<i>Family questions to develop the action plan</i>	

<i>What are the key areas that are being decided in the FGC?</i>	
<i>Who is largely responsible for actioning the decisions made in the Family Plan?</i>	
<i>Do the solutions meet the concerns raised in the referral form? (Yes/No/Partially)</i>	
<i>Comments on whether solutions meet the concerns raised</i>	
<i>Duration of FGC (number of hours)</i>	
<i>Was there were plans for review? (Yes/No)</i>	
<i>Comments about plans for review</i>	
<i>Is the Family Plan a good example of the FGC process? (Yes/No)</i>	
<i>Comments on why/why not Family Plan is a good example of FGC process</i>	



## Appendix E: Online workforce survey instrument



**Research Centre for Children and Families**  
**Faculty of Arts and Social Sciences**

ABN 15 211 513 464

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**Associate Professor Amy Conley Wright**  
Director  
Research Centre for Children and Families  
Faculty of Arts and Social Sciences

Education Building A35  
The University of Sydney  
NSW 2006 AUSTRALIA  
Telephone: +61 2 8627 6119  
Facsimile: +61 2 9351 3783  
Email: amy.conleywright@sydney.edu.au  
Web:

[http://www.sydney.edu.au/education\\_social\\_work/ioas](http://www.sydney.edu.au/education_social_work/ioas)

Family Group Conferencing (FGC) Evaluation  
**Online survey**

**[PARTICIPANT INFORMATION STATEMENT INSERTED HERE]**

Consent statement:

I confirm that I have read and understood the Participant Information Statement above and understand that submitting the completed survey is an indication of my consent to participate in this study.

- Yes
- No

Section A: About you and your role in Family Group Conferencing (FGC)

1. What is your current position?

- Caseworker
- Manager Casework
- Independent FGC Facilitator

2. In which DCJ district(s) do you mainly operate? Select all that apply.

- Murrumbidgee, Far West & Western NSW Districts
- Hunter & Central Coast Districts
- Mid North Coast, Northern NSW & New England Districts
- Western Sydney & Nepean Blue Mountains Districts
- Sydney, South Eastern Sydney & Northern Sydney Districts
- South Western Sydney District
- Illawarra Shoalhaven & Southern NSW Districts

3. What is your gender?

- Female
- Male
- Other

4. Do you identify as Culturally and Linguistically Diverse?

- Yes
- No

5. Are you of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both

Section B: Training

6. Please indicate the extent to which you agree with the following statements about the training you received in relation to FGC.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I was satisfied with the training I received in relation to FGC					
The training adequately prepared me for my first conference					
The training provided sufficient information about culturally safe practices					
The cultural competency training I received for FGC was appropriate					

Section C: Preparation for FGC [visible to Caseworkers and Managers Casework only]

7. Please indicate the extent to which you agree with the following statements about preparation for a FGC

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I usually have enough time to prepare for a FGC					
There is a clear process for communicating with the DCJ District Administration Coordinator					
There is a clear process for communicating with the Independent Facilitator					
There is additional support available when the cultural and/or language needs of a family cannot be fully met by the Facilitator					
I understand my role in the FGC process					

8. Please indicate the extent to which you agree with the following statements about how you felt BEFORE your most recent conference.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I thought the conference would assist with decisions that need to be made about the safety of the child or young person.					
There were clear issues ('bottom lines') to be addressed in the Family Plan					

9. Please indicate the extent to which you agree with the following statements about how you felt DURING your most recent conference

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I was able to explain my professional opinion about the case during the start of the conference					
The Facilitator acted impartially during the conference					
I was able to communicate DCJ's 'bottom lines'					
The other people at the conference listened to what I had to say					
The family understood the expectations and goals of the conference					
The family was willing to work with me to resolve the matter					
The Facilitator followed the DCJ FGC model throughout the conference					
The Facilitator adequately managed issues that arose during the conference					
I was able to contribute to the Family Plan					
This conference helped improve the relationship between me and the family					
Overall, I was satisfied with the outcome/s from the conference					

10. Please indicate the extent to which you agree with the following statements about the Family Plan that was developed from your most recent conference.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
The Family Plan was realistic and appropriate					
The Family Plan adhered to the 'bottom lines' identified by DCJ					
The Family Plan was in the best interests of the child/ren					
I was able to support the family with adhering to the Family Plan after the conference					

11. Did a Family Plan (Review) Meeting take place within the designated timeframe (i.e., three months) after your most recent conference?

- Yes
- No
- N/A – it has been less than three months after the most recent conference

If you indicated 'no' above, please explain why a Review Meeting did not take place.

12. Was an Independent Facilitator involved in the Family Plan (Review) Meeting? *[visible only if Q11 has a 'yes' response]*

- Yes
- No

If you indicated 'no' above, please indicate why a Facilitator did not participate in the Review Meeting.

Section D: Preparation for FGC *[visible to Independent Facilitators only]*

20. Please indicate the extent to which you agree with the following statements about preparation for a FGC

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I usually have enough time to prepare for a FGC					
There is a clear process for communicating with the DCJ District Administration Coordinator					
There is a clear process for communicating with the DCJ					

Caseworker and/or Manager Casework					
There is additional support available when I cannot fully meet the cultural and/or language needs of a family					
I understand my role in the FGC process					

21. Please indicate the extent to which you agree with the following statements about how you felt BEFORE your most recent conference.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I was able to explain the stages of the family group conference to all participants prior to the conference					
I felt adequately prepared for the FGC					
I thought the conference would assist with decisions that need to be made about the safety of the child or young person.					

22. Please indicate the extent to which you agree with the following statements about how you felt DURING your most recent conference

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I was able to act impartially during the conference					
The other people at the conference listened to what I had to say					
The family understood the expectations and goals of the conference					
The family was willing to work with me to resolve the matter					
I was able to follow the DCJ FGC model throughout the conference					
I was able to manage issues that arose during the conference					
I was able to contribute to the Family Plan					
Overall, I was satisfied with the outcome/s from the conference					

23. Please indicate the extent to which you agree with the following statements about the Family Plan that was developed from your most recent conference.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree

The Family Plan was realistic and appropriate					
The Family Plan adhered to the 'bottom lines' identified by DCJ					
The Family Plan was in the best interests of the child/ren					

24. Did a Family Plan (Review) Meeting take place within the designated timeframe (i.e., three months) after your most recent conference?

- Yes
- No
- N/A – it has been less than three months after the most recent conference

If you indicated 'no' above, please explain why a Review Meeting did not take place.

Section E: Concluding questions  
[visible to all respondents]

25. Please indicate the extent to which you agree with the following statements about your experience of FGC

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Families prefer FGC over regular meetings with DCJ					
FGC is a useful way of engaging with families					
Family Plans developed through FGC are more sustainable than those developed through standard DCJ practices					
The operational guidelines for a FGC are realistic when engaging with families about safety for children					
FGC takes into account the cultural safety needs of Indigenous families					
The Facilitator should be available to help the family during Private Family Time if requested					

26. Do you have any further comments about FGC? Please provide details of any other benefits or challenges you have encountered during FGC which may have not been raised in this survey (e.g., during the referral, preparation, conference, implementation, or review stage)

## Appendix F: Caseworker and Manager Casework Participant Information Statement



Research Centre for Children and Families  
Faculty of Arts and Social Science

ABN 15 211 513 464

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**CHIEF INVESTIGATOR**

Associate Professor Amy Conley Wright

Room 710

Education Building A35

The University of Sydney

NSW 2006 AUSTRALIA

Telephone: +61 2 86276119

Email: amy.conleywright@sydney.edu.au

### ***Family Group Conferencing Evaluation***

#### **PARTICIPANT INFORMATION STATEMENT**

##### **(14) What is this study about?**

You are invited to take part in a research study that is evaluating the New South Wales statewide implementation of Family Group Conferencing (FGC). FGC is a family-focused, strengths-based form of alternative dispute resolution that aims to empower and engage families in decisions about their children where child safety concerns have been raised.

You have been invited to participate in this study because you are a caseworker, manager casework or FGC District administration coordinator employed by Department of Communities and Justice.

This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary.

By giving your consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.

You will be given a copy of this Participant Information Statement to keep.

##### **(15) Who is running the study?**

The study is being carried out by the following researchers:

- Associate Professor Amy Conley Wright, Sydney School of Education and Social Work
- Dr Lynette Riley, Indigenous Studies Program, Sydney School of Education and Social Work



- *Professor Judy Cashmore, Socio-legal Research and Policy, Sydney Law School*
- *Dr Susan Collings, Research Fellow, Sydney School of Education and Social Work*
- *Dr Betty Luu, Research Associate, Sydney School of Education and Social Work*
- *Sarah Ciftci, Research Associate, Sydney School of Education and Social Work*
- *Irene Wardle is a Master of Education student who will complete a thesis for the study under the supervision of Riley and Wright.*

This study is being funded by the New South Wales Government under the NSW Department of Communities and Justice.

**(16)What will the study involve for me?**

You will be asked to complete an anonymous survey about the FGC program delivered by Department of Communities and Justice. You will receive an email that contains a link to a secure online platform hosted by The University of Sydney. The survey will ask for some basic information about you and then ask questions about the procedures, processes, staff training and outcomes of the FGC program. The survey will take approximately 10 minutes to complete.

In addition, you may be invited to take part in a focus group to gain more in-depth understanding of your views of the strengths and challenges with FGC. Focus groups will be held with caseworkers and managers casework in Sydney, Illawarra and Dubbo areas. Caseworker focus groups will take place using a secure, web-based platform called MS Teams during office hours and be audio recorded with the consent of all members.

A separate focus group with district administration coordinators will take place using MS Teams to enable coordinators across NSW to participate. Identifying details will be changed to protect the confidentiality of participants.

**(17)How much of my time will the study take?**

The survey is expected to approximately 10 minutes to complete and the focus group up to 2 hours.

**(18)Who can take part in the study?**

You are eligible to take part in the study if you currently hold a relevant position within the NSW Department of Communities and Justice which requires you to be involved in the organisation or oversight of Family Group Conferences.

You may only be asked to complete an online survey. Depending on your location or position, you may also be invited to take part in a focus group.

**(19)Do I have to be in the study? Can I withdraw from the study once I've started?**

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of Sydney or Department of Communities and Justice.

Submitting your completed questionnaire indicates that you consent to participate in the study. You can withdraw your responses any time before you have submitted the questionnaire. Once you have submitted it, your responses cannot be withdrawn because they are anonymous and therefore we will not be able to tell which one is yours.

If you take part in a focus group, you are free to stop participating at any stage or not answer any of the questions. However, it will not be possible to withdraw your individual comments from our records once the group has started, as it is a group discussion.

**(20) Are there any risks or costs associated with being in the study?**

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study.

**(21) Are there any benefits associated with being in the study?**

We cannot guarantee that you will receive any direct benefits from being in the study.

**(22) What will happen to information about me that is collected during the study?**

Personal information will be collected and stored in the following ways:

- ✓ Basic demographic information about you and your role, views and experiences will be collected during the study. Focus groups will be audio recorded and a copy of the audio file will be uploaded to a secure, online platform for transcription. Transcripts will be used in data analysis.
- ✓ External service provider, Qualtrics, will provide the platform for the online survey hosted on the University of Sydney server. This provides a high level of data security and privacy
- ✓ Your personal information will be stored securely and your identity/information will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be individually identifiable in these publications
- ✓ Hard copy personal information will be stored in a locked office of a research team member and electronic data will be stored on a password-protected computer owned by the University.
- ✓ Study results will be published in journal publications, conference presentations, and a report to New South Wales Communities and Justice.
- ✓ Data will be retained for 5 years in accordance with University requirements and subsequently electronic files will be deleted and hard copy files shredded.

By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement, unless you consent otherwise.

**(23) Can I tell other people about the study?**

Yes, you are welcome to tell other people about the study.

**(24) What if I would like further information about the study?**

When you have read this information, Dr Betty Luu will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact Dr Luu by email at [betty.luu@sydney.edu.au](mailto:betty.luu@sydney.edu.au) or on (02) 8627 6575.

**(25) Will I be told the results of the study?**

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by ticking the relevant box on the consent form. This feedback will be in the form of a one-page lay summary. You will receive this feedback after the study is finished.

**(26) What if I have a complaint or any concerns about the study?**

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of the University of Sydney [2019/837]. As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies. We have also obtained approval from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Research Ethics Committee [EO157-12112019].

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:

- **Telephone:** +61 2 8627 8176
- **Email:** [human.ethics@sydney.edu.au](mailto:human.ethics@sydney.edu.au)
- **Fax:** +61 2 8627 8177 (Facsimile)

You can also complain to the AIATSIS Research Ethics Committee, which is an independent committee – its members do not work for AIATSIS:

- Email: [ethics@aiatsis.gov.au](mailto:ethics@aiatsis.gov.au)
- 02 6129 3935

This information sheet is for you to keep

## Appendix G: Facilitator focus group discussion guide



ABN 15 211 513 464

**Research Centre for Children and  
Families  
Faculty of Arts and Social Science**

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### **CHIEF INVESTIGATOR**

Associate Professor Amy Conley Wright

Room 710

Education Building A35

The University of Sydney

NSW 2006 AUSTRALIA

Telephone: +61 2 86276119

Email:

amy.conleywright@sydney.edu.au

### ***Family Group Conferencing Evaluation***

## **Focus group questions – Independent Facilitators**

### **Introductions, housekeeping and purpose**

- To understand workers' perspectives of the Family Group Conference program offered by NSW Communities and Justice (DCJ, formerly FACS) and impact on families.
- No right or wrong response and can refuse to answer any questions.
- We ask that you refer broadly to your experience in order to preserve the privacy and identifies of individual children and families that you work with
- Confirm consent to record the session with agreed confidentiality measures.

### **Preparation and roles**

1. Can you describe your role? Do you have clear understanding of your role?
2. What training have you received to facilitate FGC? Did it include cultural competency training? (Prompt: Aboriginal Child Placement Principles-Prevention/Partnership/Placement/Participation/Connections)
3. Did the training prepare you to engage with families and facilitate discussion between family members, service providers and DCJ? (Prompt: including during family time; how to use Family Finding)
4. Are there opportunities for knowledge sharing and mentoring of new facilitators?

### **Processes and Procedures**

5. What are the pros and cons of the eligibility process?
6. What are the pros and cons of the referral process?
7. Do facilitators have enough time to engage families in the process?

8. Does the timing of referrals make a difference to engaging families in the process?
9. How does FGC take cultural safety into account and does it work? (Prompt: Family Finding done to identify kin; Aboriginal facilitator/cultural authority)
10. What is your experience of working with caseworkers? How does this impact either the process of undertaking a FGC or the outcomes for children and their families?

**Outcomes**

11. What effects the implementation of the Family Plan? (Prompt: benefits/challenges of family time; should facilitators join the discussion if the family requests it)
12. Are Family Plans reviewed in accordance with the model? (Prompt: including resources needed to action the plan)
13. Are there some families or issues that FGC are more or less suitable for?
14. How do you think families view FGC versus standard casework practice?
15. Are there aspects of the role of DCJ staff in FGCs that could be improved?

## Appendix H: District Administrative Coordinator focus group discussion guide



ABN 15 211 513 464

**Research Centre for Children and  
Families  
Faculty of Arts and Social Science**

### **CHIEF INVESTIGATOR**

Associate Professor Amy Conley Wright

Room 710

Education Building A35

The University of Sydney

NSW 2006 AUSTRALIA

Telephone: +61 2 86276119

Email:

[amy.conleywright@sydney.edu.au](mailto:amy.conleywright@sydney.edu.au)

### ***Family Group Conferencing Evaluation***

## **Focus group questions – Dept. Communities and Justice**

### **Introductions, housekeeping and purpose**

- To understand workers' perspectives of the Family Group Conference program offered by NSW Communities and Justice (DCJ, formerly FACS) and impact on families.
- No right or wrong response and can refuse to answer any questions.
- We ask that you refer broadly to your experience in order to preserve the privacy and identifies of individual children and families that you work with
- Confirm consent to record the session with agreed confidentiality measures.

### **Preparation and roles**

1. What is your role in the FGC?
2. What training have you received about FGC? (Prompt: cultural competency & Aboriginal Child Placement Principles: Prevention/Partnership/Placement/Participation/Connections)
3. Did the training prepare you? If not, what would have made a difference? Prompt: including during family time; how to use Family Finding)
4. What preparation takes place before a conference (by you and others)? What hampers preparation and what could be done to overcome this?
5. What is your experience of working with FGC facilitators? How does the facilitator impact on the process or outcomes of FGC for children and their families?
6. What is your experience of working with caseworkers and casework managers? How does the caseworker impact on the process or outcomes of FGC for children and their families?

### **Process and Procedures**

7. What are the pros and cons of the eligibility process?
8. What are the pros and cons of the referral process?
9. Does the timing of referrals make a difference to engaging families in the process?
10. Do you think FGC takes into account the cultural safety needs of Indigenous families and workers? If not, what needs to change to increase cultural safety? (Prompt: Family Finding done to identify kin; Aboriginal facilitator/cultural authority).
11. What affects the implementation of the Family Plan? (Prompt: benefits/challenges of family time; should facilitators join the discussion if the family requests it)
12. Are Family Plans reviewed in accordance with the model? (Prompt: including resources needed to action the plan; please also describe to what extent post-FGC feedback is collected from families and used to improve existing processes)

### **Outcomes**

13. What is the impact of FGCs on:
  - a. quality of placements
  - b. family contact
  - c. casework and case plan goals?
14. Are there some families or issues that FGC are more or less suitable for?
15. What are the benefits and challenges for children and families of FGC compared to case management as usual?
16. Does the process help to identify and target services needed by the family and/or uptake of services? (enacting Aboriginal Child Placement Principles)

## Appendix I: Caseworker/Manager Caseworker focus group discussion guide



ABN 15 211 513 464

**Research Centre for Children and  
Families  
Faculty of Arts and Social**

### **CHIEF INVESTIGATOR**

Associate Professor Amy Conley Wright

Room 710

Education Building A35

The University of Sydney

NSW 2006 AUSTRALIA

Telephone: +61 2 86276119

Email:

amy.conleywright@sydney.edu.au

### ***Family Group Conferencing Evaluation***

## **Focus group questions – Dept. Communities and Justice**

### **Introductions, housekeeping and purpose**

- To understand workers' perspectives of the Family Group Conference program offered by NSW Communities and Justice (DCJ, formerly FACS) and impact on families.
- No right or wrong response and can refuse to answer any questions.
- We ask that you refer broadly to your experience in order to preserve the privacy and identifies of individual children and families that you work with
- Confirm consent to record the session with agreed confidentiality measures.

### **Preparation and roles**

16. What is your role in the FGC?
17. What training have you received about FGC? (Prompt: cultural competency & Aboriginal Child Placement Principles-Prevention/Partnership/Placement/Participation/ Connections)
18. Did the training prepare you? If not, what would have made a difference? (Prompt: including during family time; how to use Family Finding)
19. What preparation takes place before a conference (by you and others)? What hampers preparation and what could be done to overcome this?
20. What is your experience of working with FGC facilitators? How does the facilitator impact on the process or outcomes of FGC for children and their families?

### **Process and Procedures**

21. What are the pros and cons of the eligibility process?
22. What are the pros and cons of the referral process?



23. Does the timing of referrals make a difference to engaging families in the process?
24. Do you think FGC takes into account the cultural safety needs of Indigenous families and workers? If not, what needs to change to increase cultural safety? (Prompt: Family Finding done to identify kin; Aboriginal facilitator/cultural authority).
25. What affects the implementation of the Family Plan? (Prompt: benefits/challenges of family time; should facilitators join the discussion if the family requests it)
26. Are Family Plans reviewed in accordance with the model? (Prompt: including resources needed to action the plan)

### **Outcomes**

27. What is the impact of FGCs on:
  - a. quality of placements
  - b. family contact
  - c. casework and case plan goals?
28. Are there some families or issues that FGC are more or less suitable for?
29. What are the benefits and challenges for children and families of FGC compared to case management as usual?
30. Does the process help to identify and target services needed by the family and/or uptake of services?