

UNIVERSITY OF DUBLIN

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DEPARTMENT OF SOCIAL STUDIES

**‘CHILD PROTECTION CONFERENCES -
THE PARENTS’ PERSPECTIVE’**

A thesis submitted in partial fulfilment of the
requirements for the MSc in
Child Protection and Welfare.

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31st August 2004.

Declaration

I affirm that this thesis is entirely my own work and that it has never been submitted as an exercise for a degree at any other university. I agree that the library may lend or copy this thesis on request.

Signed_____

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Date_____

“While child care is always a co-construction between professionals and those using the services, the shape and spirit of casework is heavily determined by how inclusive professionals are prepared to be and the manner in which they wield the considerable power at their disposal”

(Ferguson and O’Reilly 2001: 237).

Abstract: -

This research project considers a frequently ignored dimension of the child protection system, the parents whose children have been the subject of child abuse concerns. This study focuses on eliciting parents' views of their experiences of attending at least one child protection conference, at a time when practice has evolved to include parental attendance at the entire meeting. The context for the study is outlined with an account of the history and origins of the child protection conference. The study proceeds to examine the experiences that parents have of the conference process, paying attention to the notion of partnership. Areas of professional social work practice, gender issues, outcomes, the move towards a new model of practice, namely the family group conference, are also explored.

Nine parents are interviewed, using a semi-structured in-depth interview method, between seven and twenty-four weeks subsequent to the conference they attended. The purpose of the study is to explore with parents their perceived level of preparation and participation in the conference in addition to determining their view of the outcomes. Respondents were asked if they had recommendations for future conferences.

The findings and analysis suggest, from the parents' perspective, that they are faced with many issues when they attend conferences. These include a lack of preparation and access to professionals' reports, and intimidation by the presence of large numbers of professionals in addition to their ex-partner and the Gardaí. Respondents point to their belief that they were not listened to and made to feel guilty in the midst of observing unacknowledged tensions in the conference. If the aims of participation are to ensure that parents are empowered through preparation, having access to professionals' reports, being given opportunity to question professionals' assessments and offering their views and concerns, this study contends from the parents' perspective, that this is not happening. The researcher concludes by making recommendations.

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Chapter One

Introduction

General Introduction

This study aims to explore the perceptions and experiences of parents¹ who attended child protection conferences¹. Specifically it explores parents' experience of participation and their involvement in the decision-making process.

¹ The word parent denotes any person who is a guardian, within the meaning of Guardianship of Infants Act 1964. It is

not intended to include foster carers.

¹ Child protection conferences (CPCs) are also referred in the literature as case conferences. In the UK, the use of the term 'child protection conference' was not introduced until 1991, with the publication of the document 'Working Together Under the Children Act 1989': until then, the non-specific term 'case conference' was used (Owen and Savage 1998: 136).

This research is grounded in the Irish context, where child protection conferences have assumed a vital role in the management of suspected child abuse and decision-making process since the late 1970s (Ferguson and O'Reilly 2001: 143). The child protection conference is a formal meeting to discuss the care and protection of a child following an initial assessment, which indicates serious child protection concerns (DOH&C 1999: 78). One of the key features of the child protection conference is the facility it offers for multi-disciplinary and multi-agency work (Buckley 2002: 145).

This chapter will briefly outline the history and origin of the child protection conference and will discuss the evolution of practice with regard to parental attendance at conferences. The geographical and agency contexts are outlined, including an overview of the most up to date statistical data regarding child protection referrals and child protection conferences in the area health board concerned. This chapter will conclude with a presentation of the objectives and rationale for this research.

Child protection conferences – history and origin

As stated above, the child protection conference has performed a central function in the protection and welfare of children in Ireland for almost three decades. The Department of Health² allocated a central position to case conferences in its 'Child Abuse Guidelines' (DOH 1987). Their importance has been further highlighted in a number of other official documents such as the 'Report of the Kilkenny Incest Investigation' (DOH 1993) and the 'Notification of Cases of Suspected Child Abuse between the Health Boards and Gardaí' (DOH 1995). The most recent child protection guidelines 'Children First – National Guidelines for the Protection and Welfare of Children' (DOH&C 1999) referring to the term "child protection conferences", state that the child protection conference is an inter-agency and inter-professional meeting which facilitates the sharing and evaluation of information between professionals and parents, the objective of which is to outline a child protection plan. However, not all child protection situations warrant the convening of a child protection conference.

² In Ireland the Department of Health (DOH) became the Department of Health and Children (DOH&C) in 1997.

The above somewhat reflects the situation in the UK where case conferences have been recognized as the “cardinal formal mechanism” for achieving inter-professional cooperation in the management of child abuse ever since the early 1970s (Hallett & Stevenson 1992: 88). Prior to this, in 1950, a government circular entitled ‘Children neglected or ill-treated in their own homes’ (Home Office 1950) recommended that:

for significant cases of child neglect and all cases of ill-treated...for such cases to be brought before the meeting so that...local services could be best applied to meet those needs.

The above-mentioned advice was strengthened in a circular issued by the Department of Health and Social Security in 1974 after the death of Maria Colwell that recommended a case conference “for every case involving suspected non-accidental injury to a child” (DHSS 1974). More recently, central government guidance entitled ‘Working Together’ (DHSS *et al.* 1988, DOH 1991 and DOH *et al.* 1999), has stressed the crucial importance of this mechanism. Hallett and Birchall (1992) point out that the conference is a meeting comprising of a core group of professionals whose key task is child protection. It is interesting to highlight one of the recommendations from the Victoria Climbié Inquiry (Stationery Office 2003: 36), which states the following:

Case conferences should remain, but the focus must no longer be on whether to register or not. Instead the focus should be on establishing an agreed plan to safeguard and promote the welfare of a particular child.

It is important to note that child protection conferences held under the Irish child protection procedures differ in one respect from those held in the UK. They are not intended to consider the matter of whether a child’s name should be placed on the child protection register (Buckley 2003: 97), nor are they intended to consider the issue of listing a child’s name on the Child Protection Notification System³ (CPNS).

³ In Ireland, a child’s name is placed on the CPNS after notification to the Child Protection Notification Management Team (CPNMT), which follows a preliminary assessment, where there is a child protection concern.

Parental attendance at child protection conferences

In Ireland, the report of the ‘Kilkenny Incest Investigation’ (DOH 1993: 103 – 105) recommended that reasonable steps are taken to facilitate the attendance of relevant persons and, that the attendance of parents/guardians be the norm “unless there are substantial grounds for their exclusion”. The Law Reform Commission (1990) advocated similarly adding that parents “should be given the opportunity to comment on any action proposed by the conference”.

In 1995, when the guidelines for ‘Notification of Cases of Suspected Child Abuse between the Health Boards and Gardaí’ were published, it stated that the “practice has developed in some health board areas of inviting the parent(s) of the child to participate at the case conference” (DOH 1995: 14). Gilligan and Chapman (1997) noted that there was a growing aspiration / consciousness on the part of the statutory system to include parents at case conference meetings. Buckley *et al.* (1997) found, at a time when there were no specific norms about parental attendance, that there was agreement among professionals that parents should be invited to attend some part of the conference and that they were entitled to have their say. Similarly Ferguson and O’Reilly (2001) found that professionals acknowledged that parental attendance was necessary and that engaging them in the formal decision-making process could lead to more effective practice.

The protocol for child protection conferences designed by Gilligan and Chapman (1997) has been adopted by ‘Children First’ (Buckley 2002: 150). The national child protection and welfare guidelines give clear guidance “parents should participate in the whole conference” and helped fully to participate in the absence of any listed reasons for their exclusion⁴ (DOH&C 1999: 151). Recent research conducted with a small number of professionals in two different area health boards in Ireland found that professionals were in favour of parental attendance at child protection conferences

⁴ Reasons include where attendance by parents; would not be in the best interests of the child, might prejudice their legal position, would seriously disrupt the conference, where their mental health might be adversely affected. Reasons also include where matters of a *sub judice* nature are being discussed or where aspects of the case are the subject of a file before the DPP (Director of Public Prosecutions).

(Harrison 2001 and Guinan 2003)⁵. However, Harrison (2001) noted that some of the professionals he interviewed differed on the issue of parents attending the entire conference.

In the United Kingdom prior to 1988 the case conference was largely a private arena for professionals where they could freely share information, evaluate the seriousness of cases and reach decisions (Corby *et al.* 1996). The European Court of Human Rights (1987), in the case of *W. v. U.K.*⁶ decided that the State must ensure that the decision-making process involves parents, to a degree sufficient to provide them with a requisite protection of their rights. The Cleveland Report (1988) which stated that no single agency had the sole responsibility in the assessment of child abuse, recommended parental attendance at child protection conferences, which official guidance ‘Working Together’ (DHSS *et al.* 1988) endorsed. Hallett and Birchall (1992: 285) noted that this official guidance recommended the invitation of parents to the entire conference where appropriate, was in part response to this “adverse European Court ruling”. However, some studies carried out in the 1980s and 1990s expressed reservation about parental attendance at child protection conferences (‘Community Care’ 1983, Wandsworth 1990). Other studies found that professionals favoured parental attendance at conferences (McGloin and Turnbull 1986, Lewis 1994, Hallett and Birchall 1992, Farmer and Owen 1995, Bell 1999). Bell (1996: 46) noted that eighty percent of parents who were invited to attend conferences attended, which represented the national average in the UK. Additionally both the Irish and UK guidelines encourage that parents are helped fully participate and that they can bring a friend, advocate or supporter (DOH&C 1999: 151, DOH *et al.* 1999: 53). In the area health board in which the author is employed this policy and practice has developed. However, this does not include solicitors.

Geographical and agency context

This study is located in an area health board that provides personal and social services to a population of 225, 363 people (CSO 2003) with a child population (0 – 17 years)

⁵ Undertaken in partial fulfilment of the Postgraduate Diploma in Child Protection and Welfare at Trinity College, Dublin.

⁶ *W. v. U.K. [(1987) 10 E.H.R.R.29] at §63.*

of 65,440 (MHB⁷ 2004: 84) in four midland counties. The health board is predominately rural with four towns (including suburbs or environs) of a population over 10,000 people and eight towns (including suburbs or environs) with a population of between 1,500 and 9,999 people. The population in aggregate town areas amount to 84,021, while in aggregate rural areas it amounts to 141,342 (CSO 2003). Household Income Data has indicated that the Midland Region has the lowest indices of household income (MHB 2004: 5).

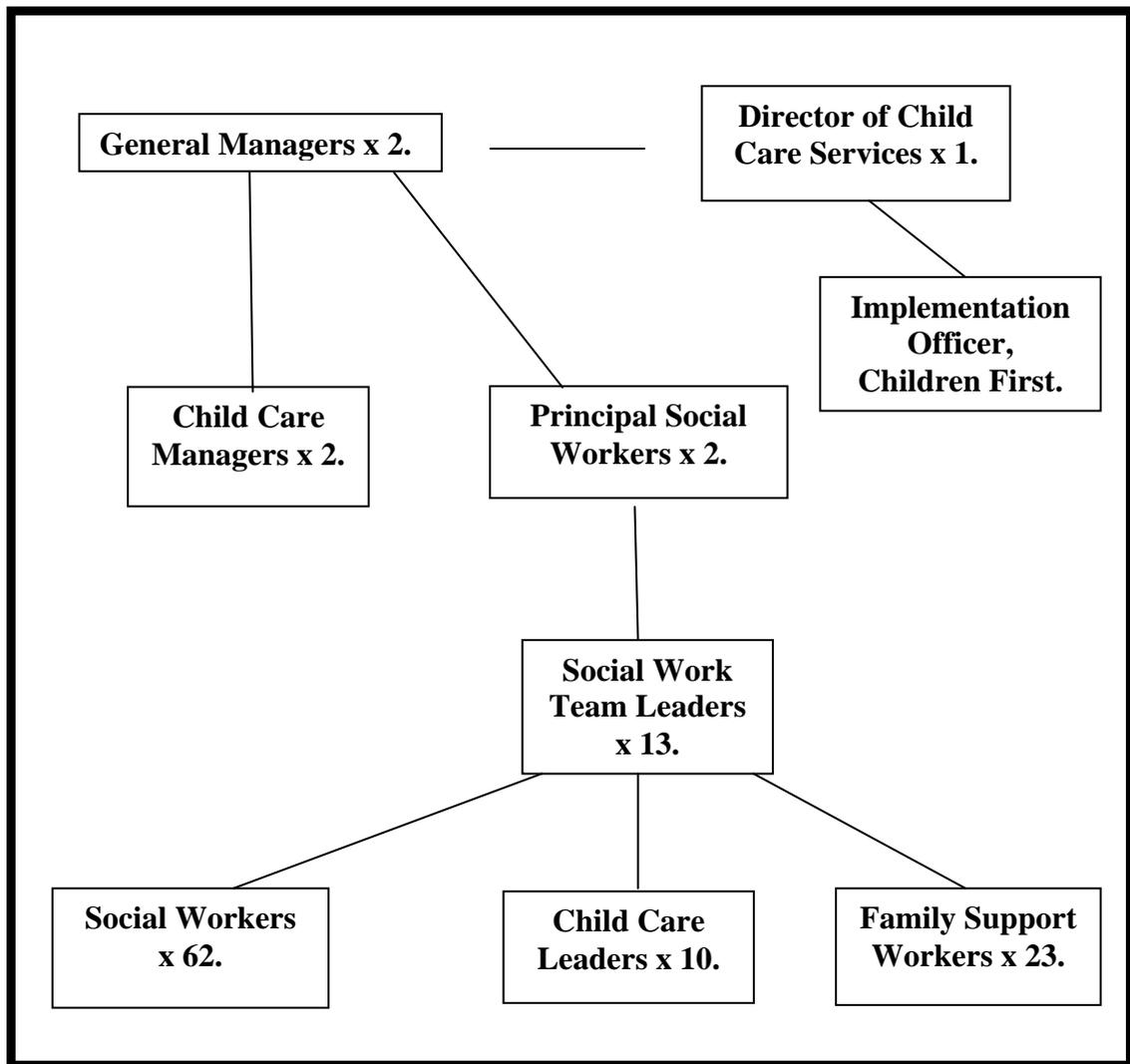
Given the close association between ill health and poverty, it is reasonable to assume that the overall need for health services in the board's area is greater than might be predicted from demographic considerations alone.

This health board area comprises two community care areas, each offering a range of services including child protection and welfare, fostering and adoption, in addition to direct work with children and families. The following Table 1.1 outlines the number of staff employed in the provision of these services (MHB 2004a).

The author, employed as a social worker team leader who reports to the Director of Child Care Services, has been temporarily assigned to the post of 'Implementation Officer, Children First'. Amongst the responsibilities of the post is to assist the child care managers in implementing 'Children First – National Guidelines for the Protection and Welfare of Children' (DOH&C 1999) including the child protection conference protocol.

Table 1.1 Child protection and welfare services – staff composition.

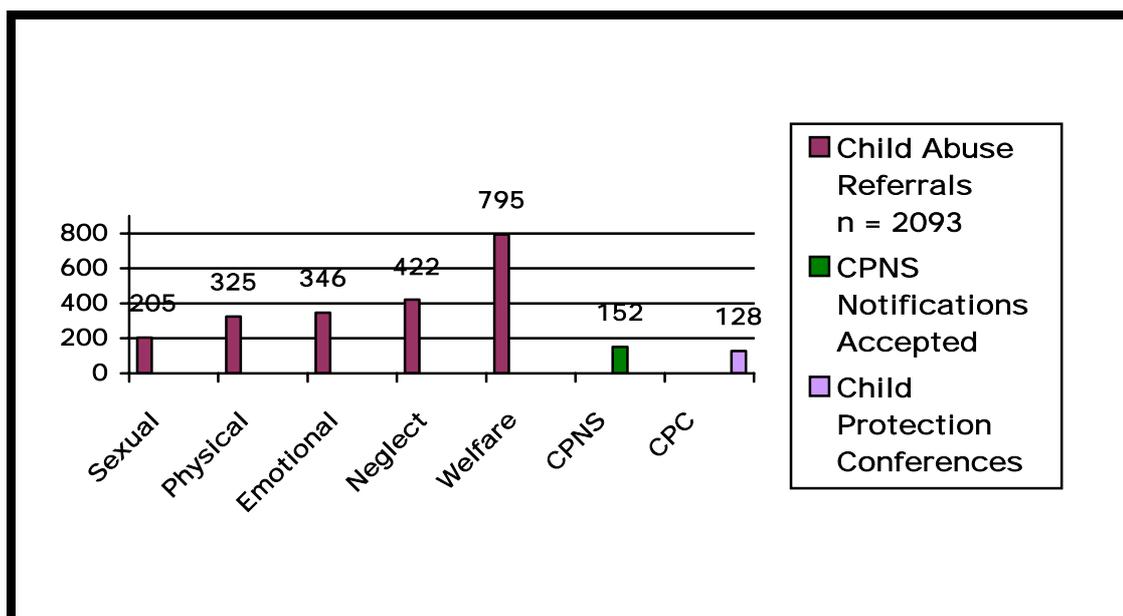
⁷ MHB – Midland Health Board – services counties Laois, Offaly, Longford and Westmeath.



- **Referrals to child protection and welfare services**

Section 3 of the Child Care Act 1991 compels health boards to identify children in their area who are not receiving adequate care and protection. Members of the public, in addition to various professionals and practitioners, refer suspected child abuse to the health board. “Health board social workers are generally regarded as central to the process of co-ordinating assessments and responding to suspected child abuse” (Buckley 2003: 43, DOH&C 1999: 76).

Figure 1.1 Child abuse referrals, CPC total & CPNS notifications accepted in 2003.

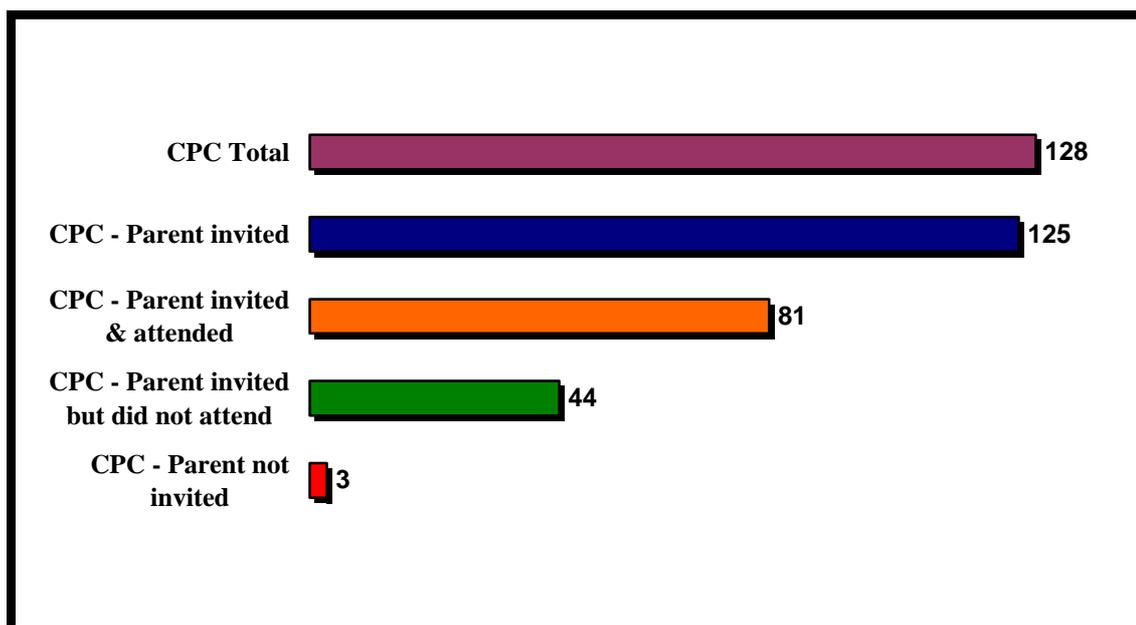


As displayed in the above Figure 1.1 there were 2093 child protection and welfare referrals in 2003 of which child welfare concerns accounted for 37.9% (MHB 2004b). Of the 2093 referrals there were 152 child protection notifications accepted by the child protection notification management team (representing 7.62% of all referrals) as outlined in ‘Children First’ (DOH&C 1999). In the same year there were 195 admissions to alternative care (representing 9.31% of all referrals) while there was a total of 294 children in care at the end of 2003, inclusive of 29 placed in residential units (MHB 2004b).

- **Child protection conferences convened**

As displayed in Table 1.2 below there was a total of 128 child protection conferences in 2003 (6% of child abuse referrals) convened by the child care managers in the area health board. Parents were invited to attend 125 child protection conferences. There were no data available to explain why parents only attended 81 of these (63.28% of total conferences convened - MHB 2004c). Prior to the conference the chairperson (child care manager) meets with parents (and child/ren) in addition to forwarding detailed minutes to parents (and child/ren – where age appropriate) subsequent to child protection conferences.

Table 1.2 Parental attendance at child protection conferences (CPCs) in 2003.



The objectives and rationale for the research

The objectives of the study are to ascertain the following from the parents' perspective:

- Their perceived level of preparation for the conference
- Their perceived level of participation in the conference
- Their view of the outcomes of the conference
- Their recommendations with regard to future conferences

The motivation and rationale for undertaking this study firstly derives from personal interest in this topic and the authors' professional career as a social worker for over ten years. In part fulfilment of the requirements for the Post Graduate Diploma in Child Protection and Welfare, Trinity College Dublin, the author undertook a qualitative study of professional's perspectives of parental attendance at child protection conferences (Guinan 2003). Despite professionals being in favour of parental attendance, some of the findings raised concerns. For example, a number of parents did not have access to professional reports in advance of the conference. A number of parents were said not to have participated in the decision-making processes in the conferences. This raises questions about how well parents are prepared for

conferences and how well prepared are they to make significant decisions about their children. Throughout this author's professional career some parents with whom he has worked, expressed the view that the "system" (as they called it) did not listen or take their views and opinions seriously, for example in child protection conferences. An identified gap in the above-mentioned study was that the views of parents were not represented, which is the subject of this research.

A further rationale for this research is that it examines the issue at a time when policy and practice has developed to include family members for the duration of the entire conference, in addition to having a support person present. A significant amount of research undertaken particularly in the UK and Ireland (Farmer and Owen 1995, Thoburn *et al.* 1995, Gilligan and Chapman 1997, Buckley *et al.* 1997 and Ferguson and O'Reilly 2001) has been instrumental in the development of the child protection conference in the Irish child care system. This study builds upon and fills the gaps in the existing research, particularly in Ireland, where there has been little examination of this topic since the introduction and implementation of 'Children First – National Guidelines for the Protection and Welfare of Children' (DOH&C 1999). It occurs at a time when the empowerment of parents is seen as an important issue with regard to the care and protection of children.

The research is also timely as the area health board, which is the subject of this research, is developing the child protection conference service through the recent advertisement and interviews for the post of manager of the child protection conference service and freedom of information researcher and decision-maker⁸. This research, along with any recommendations made, will be presented to the child care managers for their consideration in addition to the managers of the child protection conference service, when they are appointed.

⁸ Responsibilities include "to manage the Board's Child Protection Conference Service in accordance with current legislation and 'Children First' ", and to "ensure that specific steps are taken and are put into action with regard to the care and protection plan for a specific child and/or family". The post holder will also have responsibility to process applications/requests (pertaining to child care services) made to the area health board for access to personal and non-personal information, with regard to the Freedom of Information Acts 1997 & 2003 (MHB 2004d).

Summary

This chapter presented the origins of the child protection conference as well as discussing the development of practice to include parental attendance at conferences. Additionally this introductory chapter has outlined the aims, objectives along with the geographical and agency context for the research.

The next chapter (chapter two) will examine the relevant literature, particularly from the United Kingdom and Ireland, with regard to parental attendance and participation at child protection conferences. Attention will also focus on the notion of partnership and practice issues in addition to a brief note on family group conferences that has constituted a recent international development in child protection practice.

Chapter three will outline the methodological approach used to conduct the research in addition to discussing access and ethical issues. Matters that arose for respondents during the research phase will be briefly mentioned.

The profile of respondents and findings from individual interviews along with analysis are presented in chapter four under salient themes. The final chapter (chapter five) will give attention to conclusions and recommendations.

Chapter Two

Literature Review

The previous chapter has briefly discussed the origins of the child protection conference in addition to establishing the context in which the research has been conducted. For the purpose of informing this research literature from both the United Kingdom and Ireland will be examined under the following sections.

- Section 1. Parental participation and partnership in child protection
- Section 2. Parental participation in child protection conferences
- Section 3. Practice issues

Section 1. Parental participation and partnership in child protection

Ideas such as participation, partnership and empowerment dominate current thinking about social work practice and service delivery (Corby *et al.* 1996: 476). The most recent child protection guidelines published in Ireland, while avoiding the term partnership, emphasise the value in involving parents as much as possible in the child protection process (Buckley 2003: 149). Although partnership with parents is not explicitly emphasised in Irish child care legislation, it is implied in section 3(2) of the Child Care Act 1991; “it is generally in the best interests of the child to be brought up in his own family”. This is further endorsed by the current child protection and welfare guidelines that affirm the statutory responsibility of health boards to provide support services to families of children who may be at risk of abuse or neglect. In the UK, although the word partnership does not appear in the Children Act 1989 (Thoburn *et al.* 1996), it is however repeatedly found in current guidance for best practice ‘Working Together’ (DOH *et al.* 1999).

- **Participation and partnership – exploring the concepts**

In child care literature the term partnership is often used interchangeably with participation. This section will briefly explore the concepts of participation and partnership, while the section following will comment on some of the limitations identified in the literature.

Chapman (1997), in her review of issues associated with case conferences attempts to define the above terms. Parental participation is defined in terms of parents taking part in discussions and contributing their views in planning and decision-making. Partnership with parents is defined in terms of parents and professionals defining the problems as they relate to the welfare of children and jointly searching for solutions. In a case conference setting, this implies not only parental attendance, but also their input into the agenda and their inclusion in the decision-making process. Philips and Evans (1986: 12) attempt to define participation in the following terms:

When parents understand the process which they are going through and [when] both they and the professionals feel that they have made a useful contribution to the plan of action.

Hourigan (1995: 43), commenting on professional interventions with families, states the following:

partnership with parents forms an integral part of the child centred approach to professional interventions with children and their parents.

Buckley *et al.* (1997), in their research in a health board area, established that while the majority of social workers considered themselves to be working in partnership with families by being an advocate and engaging in joint decision-making, a number of respondents found the meaning of the concept problematic. For example social workers were aware of the controlling nature of their child protection mandate, with one social worker querying the feasibility of the task, asking “how close can you come to partnership with parents within such an unequal relationship?” (Buckley *et al.* 1997: 146). The majority of social workers interviewed by Farmer and Owen (1995) and Bell (1999) agreed strongly with the argument for participation by parents, based on beliefs about client rights or improved effectiveness in social work. Ryan (1992) noted that parental participation at conferences appeared to work well in an area health board where she undertook the research. She pointed out that parental participation required consideration and preparation in order to maximise the positive contribution that it can make (cited by Buckley 2002: 148).

Howe's (1992) model of participation in child protection work identifies two particular dimensions of partnership. The first refers to the willingness of workers to adopt a partnership approach and the extent to which parents are voluntary or involuntary recipients of child protection services. When this is absent, parents prefer not to have contact with the services. Howe (1992) suggests that both workers and parents develop strategies in achieving their own goals. Mayer and Timms (1970) noted that the perspectives and goals of clients and social workers were often far apart. When social workers adopt a fair-play approach this is in response to parents who do not want social work help. Howe (1992) argues that social workers hope that parents will take part in the professional assessment. Thoburn (1992) suggests that most child protection cases fall into this category. The second dimension of partnership is where parents are excluded from the decision-making process. Howe (1992) argues that social workers develop a paternalistic relationship and assume that they are able to judge the best interests of the service user without involving them in the decision-making process.

The Family Rights Group (1991: 1) identified "successful partnership" as follows,

respect for one another, rights to information, accountability, competence and value accorded to individual input. In short each partner is seen as having something to contribute, power is shared, decisions are made jointly, roles are not only respected but also backed up by legal and moral rights.

Thoburn *et al.* (1995) state that this definition does not suggest that power must be shared equally in order for partnerships to be established, but does imply some sharing of power between social workers and family members. They argue that involvement, consultation and participation can each be tokenistic and suggest that non-participatory approaches can be manipulative and placatory. Partnership is only achieved when parents are involved in designing the child protection service and have some delegated power to influence service provision. Thoburn *et al.* (1995) found that seventy-seven percent of social workers were strongly in favour of the principle of participation. However, only thirty-one percent could strongly agree that they had succeeded in being participatory in practice.

Christie and Mittler (1999) believe that Thoburn *et al.* (1995) set high standards by which partnership between parents and workers are judged. On these criteria not all workers will be able to be full partners. A model suggested by Christie (1992) is based on the assumption that parents have both strengths and needs which influence the process of participation. Parents contribute to the child care system as well as being potential beneficiaries. This model implies that all parents can provide workers with information about their children. However, it is only likely that some parents will have the ability to be involved in developing all aspects of child care services. Christie and Mittler (1999) further state that parents have needs and are likely to need basic information about child care services, their legal rights and responsibilities. A partnership approach will require professionals to facilitate liaison between parents and various agencies. Practitioners need to be aware of both parents' needs and strengths in developing participation in the child care system. However there are some challenges as outlined in the next section.

- **Challenges to participation and partnership**

While participation is viewed “as a necessary component to the success of the activity being undertaken” (Daines *et al.* 1990: 40), Ferguson and O’Reilly (2001) observe that partnership tends to be thought of and measured by the degree of inclusion of parents in case conferences and decision-making. Calder (1995: 753) suggests some social work practice can be best described as paternalistic with practitioners making judgements / diagnosis in the best interests of parents, based on their passive involvement in the decision-making process. Biss (1995) suggests one reason why workers may believe partnership is not in the child’s interests. Partnership can disguise and reinforce the power of an abusive parent, which can be dangerous. Katz (1997) makes the point that empowerment and participation are secondary issues and that protection of children is paramount to the practitioner. Specifically he states (1997: 166):

empowering clients risks the misuse of power so it should only be given if the risk is minimised. Only after children are fully protected can clients be offered the right of participation and decision-making.

Humphreys (2000) identifies limitations to partnership highlighting studies exploring women's experiences of domestic violence which suggests that placing women in situations (for example in child protection conferences) in which they are asked to talk about their family / personal issues, with the abuser present, at best silences her opinion or at worst put her in situations of increased danger (Hester & Radford 1996).

Thoburn *et al.* (1995) found that full partnership was only likely to be appropriate in the few cases where there was certainty about the children's safety. In their study, only sixteen percent of the parents were described as participating in such an arrangement. Thoburn *et al.* (1996) further suggest that parents who are accused of abusing a child but deny involvement, especially if there is no evidence to substantiate the allegation, are never likely to be able to work in partnership with professionals seeking to implement a child protection plan. Bell (1999), who undertook research in a local authority area in the early 1990s, found that full participation in decision-making was rare. Social workers felt partnerships were more likely where families agreed with their perception about what had happened. Full partnership seemed unrealistic where families denied the abuse or did not share the professional's judgement of their parenting behaviours. It was only in cases where the risk factors were low and perceptions about the abuse shared that full partnership was achievable.

One aspect of participation and partnership is inclusion of parents in decision-making processes such as the child protection conference. Although Buckley (2003: 150) asserts that her findings made in relation to child protection conferences "reflects the tendency of professionals to advocate greater parental participation", additional research suggests that professionals are somewhat reluctant about parental participation in such forums. In research undertaken by students of the Diploma in Child Protection and Welfare at Trinity College, Dublin (O'Kelly 1993, Durkin-Boyle 1995, Coen 1997, and Coggins 1999), Buckley noted that while professionals were aware of the concept of parental participation at conferences, they favoured partial attendance (2002). However, professionals expressed reservations about their ability to share information / opinion at conferences and that relationships with the parent may be affected. Similarly Hayes (1997) who undertook research in a social services trust in Northern Ireland with a range of professionals through the use of a questionnaire, (160 sent – 108 returned) found that eighty-five percent felt that

parents should be excluded from part of the conference to enable the sharing of confidential information. Harrison (2001), who conducted research in a health board area, subsequent to the introduction of the national guidelines, found that professionals differed on the issue of parental attendance at child protection conferences. Some professionals favoured full attendance as they felt that it brought more transparency into working relationships with parents, while others preferred partial attendance as “professionals should be given a space for discussion”. Farmer and Owen (1995) found that most respondents favoured partial parental attendance at child protection conferences e.g. social workers, health visitors and general practitioners, while those professionals who were most opposed included the police and paediatricians. Hallett (1995) makes the point that paediatricians and the police argued the rights of professionals to meet alone as they feared that parents would incriminate themselves.

Research suggests that optimism about partnership practice even in those “best scenario cases” should be tempered (Thoburn *et al.* 1995, Farmer and Owen 1995, Corby and Millar 1997 and Bell 1999a). While parents valued being heard they did not believe that they influenced the registration decision at the child protection conference. Parents experienced the intervention as powerful, over which they had little control. This belief must feed into a sense of disempowerment, which is further nurtured by the unequal power balance in the social work relationship, and by the parents’ knowledge and fear that their child could be removed (Bell 1999). Additionally there is some evidence from research that the actual presence of parents at child protection conferences can provide opportunity for professionals to adjudicate their characters based on how they behave or react (Farmer and Owen 1995 and Buckley 2003: 104).

Jordan (1997: 212), acknowledging that partnership has become a key word in child protection work, queries why there are a disproportionate number of investigations of alleged abuse in relation to the resources developed to supporting the parents of children in need. This issue warrants further examination in the Irish context to ascertain if the operation and working of the principle of partnership has had any effect on the reduction in the numbers of child abuse investigations and admissions to care.

This section has outlined definitions of participation and partnership as well as some of the challenges and limitations. The next section will examine research from both the UK and Ireland with regard to the practice of parental participation in child protection conferences.

Section 2. Parental participation in child protection conferences

Involving parents in decisions that are made about their children by health and welfare agencies has been seen as meeting the demands of natural justice while at the same time opening up the working of the child protection system to public scrutiny (Morrison *et al.* 1990). The legal and ethical mandate to attempt to work in partnership with parents is unambiguous (Thoburn *et al.* 1996). However research¹⁰ suggests that despite agencies and professionals being aware of these principles, the situation is somewhat different from the perspectives of the parents. This section will examine the literature relating to the parents' experiences of the child protection conference reflecting the chronological sequence of the process i.e. before, during and after the conference.

- **Parents' experiences before the conference**

Farmer and Owen (1995) and Corby and Millar (1997) similarly found that the large majority of parents experienced the initial impact of the child protection process i.e. initial investigation and case conference, as highly stressful and negative. This was due to

factors such as the lack of information and consultation, the blaming of the non-abusing parent (mainly mothers) and the lack of preparation for involvement in case conferences. Commenting on the emotional responses of parents on discovery of the

¹⁰ It should be noted that the majority of research undertaken in the United Kingdom took place in local authority areas when pilot programmes or policies had been introduced to include parental participation at child protection conferences. Variation existed on whether parents attended a portion of the conference or not. In some of these areas, staff received multi agency and in house training on parental participation at child protection conferences. The majority of research undertaken in Ireland took place at a time when there were no guidelines or policy regarding parental inclusion in child protection conferences.

sexual abuse of their children, Sharland *et al.* (1996) and Buckley (2003) outline these as shock, guilt, and a profound sense of grief and loss. Despite these feelings parents expressed the view that they wanted to be more involved in decision-making stating that they wanted to attend child protection conferences (Thoburn *et al.* 1995 and Ferguson and O'Reilly 2001). Consequent to their lack of involvement in decision-making and planning for their children, parents indicated a certain amount of resentment and felt that their presence would have been invaluable (Buckley *et al.* 1997). The same author found that parents were willing to display more courage than the practitioners when it came to undertaking a potentially threatening experience (2003).

Bell (1996) who interviewed fifty-one families at their homes between 1-4 weeks after the conference found that while forty-four percent of the sample thought that it was right to call a conference, two-thirds disagreed with the concerns expressed. Most respondents received a letter informing them of the conference. Despite the fact that social workers explained the process and rehearsed the detail of the conference, they rarely described work directed at addressing the impact of the enquiry on the family or providing services (Bell 1999). Parents were rarely invited to put their views in writing. Findings from research undertaken by Corby and Millar (1997) similarly reflect the same type of situation. In one fifth of cases, parents considered the social workers unsupportive and felt inadequately informed, with some expressing the feeling that they were being blamed. Only half of the families interviewed felt that the social workers worked well to prepare them for the conference.

- **Parents' experience of attending the conference**

Ferguson and O'Reilly (2001) found that feelings of fear, anxiety and nervousness were present for parents who were invited to attend a portion of the child protection conference. This finding is similar to that found by Hayes (1997) who interviewed twenty-two parents in research conducted in a health services trust in Northern Ireland. Parents in Farmer and Owen's (1995) study found that the wait outside the door was anxiety provoking before being called into the conference. Similar to Thoburn *et al.* (1995) and Farmer and Owen (1995), Buckley *et al.* (1997) found that this partial exclusion served to increase anxiety and distrust on their part. Farmer and

Owen (1995) and Corby *et al.* (1996) elaborated further stating that when parents went into the conference the formality of the situation was alien to them and the sheer numbers of professionals involved intimidated them. Corby *et al.* (1996) further revealed that thirty-seven percent of parents could not understand why certain professionals were present at conferences and became concerned that these people knew about the allegations of abuse or neglect. It was common for parents to be threatened by police presence, which they were not informed about prior to the conference (Bell 1996). Many parents reported that they were disadvantaged as soon as they entered the room for the above reasons and because they could not bring a friend or solicitor. Farmer and Owen (1995: 109) in their research make the point succinctly,

Parents were clearly in a congregation of powerful strangers.

Farmer and Owen (1995) observed that the bulk of information supplied to the conference came from the professionals. Bell noted that parents disagreed with the professionals' interpretation that the facts presented in connection with child protection concerns were abusive (1996 & 1999a). Similar to Cleaver and Freeman (1995) and Buckley (2003), Bell (1996) found that there was a lack of congruence between the views of the parents and the professionals about the cause of their problems and possible solutions, which was disturbing for some parents. Furthermore, while understanding the necessity of a detailed presentation of the circumstances immediately surrounding the abuse parents questioned the ethics of including information that related to their family background or lifestyle. Corby and Millar (1997) found that thirty-seven percent of parents said that statements made about them were factually incorrect, but they did not feel able to correct them.

In some conferences parents were invited to express their views. Thoburn *et al.*'s 1995 study of a cohort of 220 cases from seven UK local authorities noted that half of the parents considered that their views were listened to, while one-third felt that their views had definitely not been listened to. One half of parents believed that their views carried no weight at the conference, while forty-one percent felt that their views influenced the decision about the help to be made available. A significant finding noted by Farmer and Owen was that parents were inhibited from expressing their

views, especially if they were unsure about how the information would be received or interpreted, for example by the police (1995:117). Some parents were found to hold back on information for fear of being perceived as rude and obstreperous. This resulted in statements that could have helped the conference in the construction of risk or helped the parent in offering a defence, never being aired. Another factor that compounded this was that many mothers attended conferences alone (Farmer and Owen 1995 and Bell 1996).

Ferguson and O'Reilly (2001) noted that the majority of parents they interviewed had two grievances – firstly that they did not feel included in the decision-making process and secondly that the conference did not take account of their views. Corby and Millar (1997) found that fifty-six percent of parents had the feeling that their views were not taken into account and that several respondents felt that the professionals had already made up their minds about the outcome. Farmer and Owen (1995) observed that the parents' role in the conference was reactive in that they answered specific questions put to them, and in only a minority of cases were parents involved in discussing the concerns about the child or the conference decisions and recommendations. Parents also expressed the belief that their moral adequacy and fitness as parents was being judged (Farmer and Owen 1995, Buckley *et al.* 1997, Ferguson and O'Reilly 2001, and Buckley 2003). Farmer and Owen (1995: 108) make the point that there seemed to be an expectation that parents would be influenced by the conference decision as opposed to them influencing it, as the following highlights:

what we witnessed at conferences could scarcely be described as 'user involvement'. Parental participation was certainly not 'consumerist' (concerned with the choice or provision of services) and only occasionally was it 'democratic' (concerned with fairness in decision-making).

Corby and Millar (1997) found that nineteen respondents (total n = 24) considered the conference experience to be threatening or confusing. Nearly half of the total found the conference worse than expected, with many finding it hard to express themselves. They argue that these parents did not feel that they had participated in the sense of being empowered and that the standard for participation is being set at a low level, in

that it does not require the active involvement of parents. O'Hagan and Dillenburger go as far as to say that parental attendance at case conferences is "merely a sham of real partnership" (1995: 119). Despite the above, Bells' 1996 study found almost all parents were pleased that they had gone, feeling that it was better to hear what was being said even though they found the experience extremely difficult and often painful.

Finally a brief note with reference to the chairperson of the conference. Farmer and Owen (1995) found that there was sometimes a tendency to avoid raising contentious issues with the parent and to concentrate instead on subjects that were emotionally neutral. Additionally, they discovered situations in which the chair put the parent into a situation of 'double-bind' on a contentious issue that was likely to split the family i.e. keeping the children safe from the abusing partner. Respondents in Bell's study (1999: 121 – 122) described an inclination for professionals who felt uncomfortable, to emphasise parents' strengths and play down their weaknesses. Additionally, concern was expressed that the chairperson's attention would be diverted to attending to the parent and worker's distress at the expense of focusing on the information content. Bell (1999) states that this finding adds to the hypothesis that the chairperson is more likely to strive to avoid conflict when parents are present.

- **Parents' experience after the conference**

Almost all parents in Bells' study (1996) knew what had been decided by the conference, despite the fact that parents did not receive a copy of the minutes, which is the key document in inter-agency work (Hallett 1995). Bell notes that parent's sense of exclusion increases when minutes are not sent out to them (1999). In their study Thoburn *et al.* (1995) noted that only final recommendations of conferences were made available to parents and that it was unusual for the full minutes to be provided. Similar to Bell (1996) Thoburn *et al.* (1995) found that other methods were almost always used to give the results of the conference fairly quickly afterwards to parents who had not attended. In Bells' (1996) research seventy-two percent of

parents who did not participate in conferences had been given the opportunity to discuss the decisions afterwards, compared with only forty-four percent of those parents who attended the conference. Buckley (2003) found that some parents expressed the view that the value of holding a child protection conference was over rated. One parent believed that nothing useful had emanated from the meeting with regard to their situation. With regard to the decisions of the conference Bell (1996) found that forty-three percent of parents declared registration to be unhelpful to themselves or their child and were more likely to disagree that their child had been abused. They felt that registration undermined their confidence in their own parenting skills. In contrast to the above, Buckley *et al.* (1997) found that while most parents were generally satisfied with the services offered to their children, most were critical of the level of support or services they themselves had received from the social work service or elsewhere.

With reference to the child protection plan Bell (1996) noted that parents were unable to describe it as discussed at the conference given that the practice of formulating these occurred at a later strategy meeting. Hallett (1995: 213-215) concluded the following from social services department files:

in the context of inter-agency child protection plans, it is surprising that the roles of those with routine contact with children and families are not spelled out more clearly they did not always outline explicitly the roles of agencies in connection with the future management of the case.

This issue at the time was a matter for debate, and still is. Calder (2003: 35) makes an observation:

more recent central government guidance is clear that on registration, an initial plan should be formulated at the initial child protection conference, but there is confusion as to how much detail should be included.

This section has examined the issue of parental participation in child protection conferences and what happens in practice. The next section will briefly discuss family

group conferences as an international development that has taken place in child protection and welfare services.

Section 3. Practice issues

The relationship between the agency's policies and approach to partnership issues on the one hand and social workers' ability to engage in partnership practice on the other was identified by Thoburn *et al.* (1995). Corby and Millar (1997), similar to Bell (1999) reported that the general impression from parents was that professionals were not sensitive to their client's individual needs, but were dominated by concern for procedures. Bell (1999) queries if social workers are genuinely seeking to empower parents by ensuring that their views are put forward. One explanation put forward is that the time scale in the run up to a conference does not allow for this degree of engagement with the family, and another is that social workers do not see preparing parents as a priority. Buckley (2000) like Bell (1999) argues that the work, particularly in the area of child protection has become proceduralised. If this is the case there is a real danger that social workers will follow up on the issues of child abuse, without reference to the broader context in which it occurs.

With reference to the above, this section will examine some of the practice issues that have emerged from the research that has been conducted in both Ireland and the UK. The author would like to examine some issues by asking the following questions:

- Does involvement of parents lead to better outcomes for children?
- Does gender affect the operation of the child protection system?
- Are social work assessments of families accurate and complete?
- Do professionals at child protection conferences share information?

This section will be concluded by a brief exploration of a recent international development in child protection, the family group conference (FGC) model.

- **Does involvement of parents lead to better outcomes for children?**

Analysing family involvement in the two hundred and twenty cases that reached the conference stage, Thoburn *et al.* (1995) found that there was a correlation between the involvement of parents and better outcomes for children: factors included the child/ren living at home or being in contact with parents and their developmental and emotional progress. Farmer and Owen (1995) noted the impact that a lack of involvement can have on participants (parents and others). This included resentment towards professionals and children left feeling fearful and uncertain about what will happen to them. Failure to work in partnership can sometimes be attributed to aspects of the case itself or characteristics of family members or in situations where family members were not informed, involved and consulted. In the latter this was attributable to either agency policy and procedure or social work practice or both together (Thoburn *et al.* 1995). Farmer and Owen (1995) concluded that neglect of parental needs, at both the personal and structural level, had an adverse effect on the child's welfare. They state (1995: 313):

neglect of the welfare of both the parent and child contributed to the risk of further harm.

- **Does gender affect the operation of the child protection system?**

Social workers and public health nurses rarely commented on the involvement of fathers ... even where fathers lived with families or had contact, the carer whose capacity to meet the child's need was judged by the treatment agencies was inevitably the mother

(Buckley 2003: 101).

Buckley (2003), in her research, found that fourteen of the families (with two parents) subjected to an investigative interview involved the mother in all cases. Fathers were not included in any part of the investigation of child abuse. Examining the impact of gender in the child protection process, Farmer and Owen suggest that social workers chose the mother as the focus of their pre-conference work (1998). Thoburn *et al.* noted that lone female parents were significantly more likely to work in partnership than either a parenting pair or a father (1995: 190). Buckley (2003) further develops

the point citing Milner's (1993 & 1996) theory regarding child protection workers avoidance of violent men, but also highlights the taken-for-granted notion that child care is the mother's job.

Similar to Buckley (2003) and Thoburn *et al.* (1995), Farmer and Owen (1995) found that only the mother attended a significant number of conferences. Whether or not women were considered to have maltreated the child, they tended to take responsibility for it, and to mediate between their partners and the outside world. One result was that the attention of the conference members could become diverted from the original allegation, onto a more general scrutiny of the quality of the mother's care. Farmer and Owen (1998) found that sixty percent of conferences considered the question of the mother's ability to protect the child, while only nineteen percent considered the father's ability to protect. The experience of attending the conference was intimidating and humiliating and often served to make women feel that their views had been discounted, and to underline their position of powerlessness. This was partly because of assumptions that mothers were responsible for their children's welfare, and partly because the agency had more information about the mother than the father. Clearly expectations were placed on women that were very different from those placed on men. This raises the question of professionals working in partnership with parents, especially fathers.

- **Are social work assessments of families accurate and complete?**

Cleaver and Freeman (1995) found that social workers' assessments of families already known to them were less complete than those conducted on new referrals. Thoburn *et al.*'s (1995) research revealed that a family history was rarely recorded and that files were unreliable sources of information on family circumstances the year prior to the referral. The children of known families were more likely to be registered than those referred. In her research, Bell (1999) noted that only one third of the social workers believed that they had undertaken a full investigation of the incident. Brown (1986) noted that parents in child abuse cases often felt that social workers gave insufficient information. Horwath (2001), in research undertaken in an area health in Ireland found in her examination of case files that there was no evidence that the child was seen in seventy-one percent of home visits following the referral. The same author makes the point that "it is difficult to see how workers can assess the situation

without at very least seeing the child” (Horwath 2001: 113). With reference to significant adults in the child’s life being involved, Bell’s (1999) findings were similar to that of Cleaver and Freeman (1995) in demonstrating that few relatives were involved in the decision about the investigation. Where grandparents were concerned there was little importance attached to interviewing them. This has implications for professionals when undertaking assessments and preparing for a child protection conference.

- **Do professionals at child protection conferences share information?**

Similar to Farmer and Owen (1995) and Bell (1999), Thoburn *et al.* (1995) noted that over half of the professionals indicated that the presence of parents resulted in less gossip, and more accurate and clear information. The result was that the conference was more honest, professional and better organised. Bell (1999) reported that information made available by parents and workers was better, however information given by parents included correction of basic facts i.e. child’s age, additional information not known previously or clarification of information. However it is interesting to note Larkin’s (2003) research that examined the experiences of public health nurses¹¹ who attended child protection conferences. This research indicated that 82% (n = 38) of respondents would wait until after the child protection conference to correct inaccurate information given by a parent at a conference. The reasons for this were not explored. Guinan (2003)¹² found that twenty-nine percent of professionals did not discuss all of their concerns at the child protection conference. Respondents reported that they were either restrained or that the professionals should meet before the parents come in to the conference. The above findings raise the query about professionals’ level of participatory practice with parents in child protection work.

- **Family group conference**

¹¹ Conducted in a health board area subsequent to the implementation of ‘Children First’ (DOH&C 1999).

¹² This research was conducted at a time when parents attended the entire child protection conference.

Although family group conferences are not the subject to this research they merit brief consideration in the context of a practice development. In 1989 The Children, Young Persons and Their Families Act was enacted in New Zealand. This legislation is clear about the partnership role between family members and professionals (Smith and Hennessy 1999). A model of practice, the Family Group Conference (FGC), was stipulated in the legislation that gives families a clear decision-making role. Although the FGC process is based on traditional Maori cultural values inclusive of the family meeting (Hamill 1996) it is utilised in respect of all children for whom there are care and protection concerns. The premise of the FGC model is that families have the right to be deeply involved in decisions about their child and that solutions found within the family are likely to be better than those imposed by professionals. This model emphasises a central concern for the child, the focus on strengths of the family rather than their weaknesses and places emphasis on the child's family as part of their life. International interest in FGCs is growing and projects are currently operating in Australia, America, Sweden, United Kingdom and Ireland (Marsh & Crow 1998, Connolly & McKenzie 1999, O'Brien 2000, Dubowitz & DePanfilis 2000 and Sundell & Vinnerljung 2004). Family group conferences merit serious thought and evaluation in the child protection and welfare arena.

Sundell & Vinnerljung (2004) drawing on international research (Connolly 1994, Lupton & Nixon 1999, Maluccio, Ainsworth & Thoburn 2000) point out that the wide popularity of FGCs rest more on procedural and implementation data than on evidence of outcome. They have strongly stressed the need for research on long-term outcomes. In the eighty FGCs that Marsh and Crow examined they found that seventy-four produced plans addressing the child's needs that were acceptable to the professionals (1998). They also noted that sixty-seven percent of social workers believed that the child was better protected, and that a re-abuse rate following a FGC was only six percent. In contrast Sundell & Vinnerljung (2004) in a three-year comparative study found that children subjected to the FGC process experienced higher rates of referral than those who were subjected to the traditional child protection investigations. These findings did not support the "alleged effectiveness of the FGC model compared to traditional investigations in preventing future maltreatment cases" (Sundell & Vinnerljung 2004: 267). Consequently the same authors sounded a note of caution with regard to FGCs.

Humphreys (2000) makes the comment that the shift towards FGCs raises particular issues in relation to domestic violence. While initially it was agreed that FGCs were unsuitable venues when violence towards the mother was an issue, there are dangers associated with the recent shift away from this consensus. Offenders often groomed members of the family and extended family to support their definition of the situation. Professionals collude with the man's violence through avoidance, minimisation or slipping the focus onto the woman. Thereby this places the woman into a situation in which they are doubly dis-empowered.

Summary

This literature review has concluded that in addition to preparation and inclusion of parents in the child protection process, parental attendance at child protection conferences is also an important factor in encouraging parental involvement. Their presence can also fundamentally change the focus from the semi-judicial investigation of an incident of abuse to the needs of the family, by means of their understanding of family dynamics (Farmer and Owen 1995) and, of their need for services and support (Bell 1999). However research has found that many issues need to be resolved to ensure effective and meaningful participation by parents in decision-making processes, inclusive of the child protection conference. Ferguson and O'Reilly (2000: 155) express the view that in Ireland:

Most health boards are only beginning to come to terms with parental participation at case conferences ... much work has to be done to meet this new international standard of best practice.

With the emphasis on working in partnership with parents, there will need to be a change in the balance of power, which will require a radical shift in thinking on the part of social workers and administrators. This will not be easy to achieve, as social workers are likely to believe that they already try to work in partnership with parents.

However, the latter rarely felt that they were being treated as partners (Marsh and Fisher 1992). Bell (1999) notes that some components of good practice have been identified, inclusive of promoting the opportunities for negotiated agreements, where parents can exercise choice and power in determining services that they need. There are also attempts to try different models of decision-making in which families have greater control, such as family group conferences. These may well offer an alternative and more family orientated system for protecting children.

This chapter has examined the concepts and the limitations of participation and partnership in addition to examining professionals' views of parental participation in child protection conferences. The parents' perspectives of participation in conferences were examined with a brief consideration given to the development of family group conferences. Finally practice issues were examined with a view to the development of best practice.

The next chapter will consider the rationale for the research and the methodology used to ascertain the parents' perspectives of child protection conferences.

Chapter Three

Methodology

In this chapter, a detailed account of the rationale for the methodology selected, research question and design will be outlined. This includes describing the sample population, inclusion and exclusion criteria, data collection and analysis. Ethical considerations and confidentiality will also be explored.

Designing the research

This section will outline the research question, methodology considered most appropriate to the study and data collection methods considered.

- **Research question**

A good research question is one that is short, sharp, specific, and clearly states or implies a relationship between two variables (Cormack 1991: 67).

The research question for this study is concerned with exploring parents' views of child protection conferences. This small-scale research study specifically explores parents' experience of participation and the extent of their involvement in the decision-making process in the child protection conference. The variables in this study are parents' perceptions and child protection conferences. Cleaver and Freeman (1995: 73) understand perception to mean:

the process of selecting, interpreting and organising information; one that gives coherence and meaning to situations.

- **Methodology**

There are a number of research paradigms each vying and competing for acceptance "as the paradigm of choice in informing and guiding enquiry" (Guba and Lincoln 1994: 105). Qualitative research is "naturalistic" (Lincoln and Guba 1985: 36). It offers a worldview that is softer and more personal, one that is concerned with "understanding individual's perceptions of the world" (Bell 1999: 7). Creswell (2003: 182) states that qualitative research is fundamentally interpretive. This means that the

researcher makes an interpretation of the data that includes developing a description of individuals and a setting, analysing the data for themes or categories, drawing conclusions about its meaning, stating the lessons learned and offering further questions to be asked (Creswell 2003: 182). To facilitate this research a qualitative approach was selected. Mason (1996: 4) explains that qualitative research is:

grounded in a philosophical position which is broadly interpretivist in the sense that it is concerned with how the social world is interpreted, understood, experienced or produced.

- **Data collection method**

In considering which method that would be most appropriate to assess the views of parents, different data collection methods were considered as follows,

- Interviews (individual and focus groups).
- Documentary analysis and non-participant observation.

- **Interviews**

Two forms of interview were considered as a means of data collection for this research. They are the focus group and the individual interview, both of which will be discussed below.

- **The focus group.**

A focus group is an interview with a small number of people on a specific topic. Groups are typically six to eight people who participate in the interview for one-half to two hours (Patton 1990: 335). The hallmark of focus groups is the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in a group (Morgan 1988: 12). However, Patton (1990: 335 – 336) discusses some weaknesses of this method such as the limited number of questions it is possible to address and the problem of taking notes during the interview. Additionally the group can become a tool for reconstructing individual

member's opinions and views (Flick 2002:114), which can be difficult to identify during the interpretation of the data.

In addition to the above, the possibility that parents would not like others to know of their family details or the reason for a child protection conference was contemplated. The author also considered if it was in the best interests of parents to meet in a group setting on just one occasion for the purposes of research, and what advantage this would serve? Furthermore would this potentially be of harm to participants? Having considered this at length, the author concluded that although focus groups are an effective tool in undertaking research, that this was not the most appropriate method of data collection for this piece of research.

- **The individual interview**

Qualitative individual interviewing enables the researcher to “capture the complexities” (Patton 1987: 115) of an individual's perceptions and experiences and therefore is a powerful tool to use in trying to understand our fellow human beings. The type of interview considered most appropriate for this study was the semi-structured in-depth interview. It is intended to combine structure with flexibility (Legard, Keegan and Ward 2003). This permits topics to be covered in the order most suited to the interviewee, to allow responses to be fully probed and explored. The aim of the in-depth interview is to see the world from the eyes of the respondent and as much as possible to explore with them their thoughts and feelings and to thoroughly understand their point of view (Alston & Bowles 2003). Fielding and Thomas (2001) refer to this type of interview as the non-standardised interview that best fulfils Loftland and Loftland's (1995) case that the essence of the research interview is the guided conversation. The author's experience in working with parents in child protection and welfare services as a social worker would ensure that he had the required skills to manage this research method. The author considered this the most appropriate method of data collection.

- **Documentary analysis and non-participant observation**

These other methods of data collection were contemplated in an attempt to explore the issue

in a rounded and multi-faceted way, to grasp more than one of those dimensions, triangulation at its best (Mason 1996: 194).

The examination of reports prepared and minutes of child protection conferences would give the author the opportunity to cross reference data obtained in individual interviews. It was also envisaged that the author would engage in non-participant observation of conferences, where “the observer does not get involved in the activities if the group but remains a passive observer” (Kumar 1999: 105 – 106). Observation is a purposeful, systematic and selective way of watching and listening to an interaction or phenomenon as it takes place. These methods were considered for the purposes of obtaining a fuller picture of parent’s perceptions and to counteract possible bias on the part of the interviewees and the author. It was not possible to utilise either of these methods in the absence of consent due to reasons relating to confidentiality.

Ethical considerations

In order to comply with ethical guidelines, approval for this research was firstly given by the child care managers who assisted in drafting the original proposal for submission to the university and to both the research and ethics committees of the area health board, who also gave approval (Appendix 1 & 2).

Creswell believes the researcher has an obligation to “respect the rights, needs, values, and desires of the informants” (1994: 185). Similarly, Bulmer (2001) outlines the principles that social scientists involved in research must follow. The application of these principles to this research is discussed in greater detail below.

- **Informed consent**

Informed consent entails informing research subjects about the overall purpose of the investigation and the main features of the design, as well as any possible benefits from participation in the research project (Kvale 1996). Making sure that the respondent understood this information and that voluntary participation with the right to withdraw from the study at any time was imperative. The purpose of this is to

counteract any potential undue influence and coercion (Kvale 1996). It was important to assure potential respondents that any declination to participate in the research would not have any effect on services provided by the area health board. Permission was sought to tape record the interview with subsequent transcribing. The possible future publication of this research was also discussed. These points were verbally discussed in addition to examination and signing of the consent form, prior to the commencement of the interview (Appendix 5).

In one case a respondent made initial contact with the author to clarify the nature of her proposed involvement in the research i.e. this respondent was concerned that she would have to speak in front of a number of professionals as part of the research process. The author took time to clarify that involvement required her partaking in an individual interview. Both agreed to make contact the following day to further discuss the issue, in an effort to ensure that the respondent could give the matter considered thought.

Where it was deemed that parents were unable to give informed consent – i.e. those with learning difficulties, such individuals were excluded from inclusion in this study. In this context, consent can be defined as “informed agreement obtained from a legally competent individual, parent or guardian to participate in a research study” (Sechrist *et al.* 2001).

- **Confidentiality**

Confidentiality in research implies that private data identifying the subjects will not be reported. The protection of subjects’ privacy by changing their names and identifying features is an important issue in the reporting of interviews (Kvale 1996: 114). A guarantee was given that the names of children, family members, specific locations and any professional personnel associated with the family, would not be included in the transcripts of interviews or in the completed dissertation. This issue was emphasised in initial correspondence and again prior to the interview (Appendix 3 and 4). The author assured participants that he would not disclose their names to any

health board personnel or other professionals, except in a situation where he became concerned for the safety and well being of a person as a result of information disclosed in an individual interview. Despite the above assurances one respondent asked the author if it would be possible for professionals who may read the completed dissertation to recognise individual cases. The author replied that this could be possible.

- **Harm to participants and researchers**

The research process must do no harm to a participant or to a researcher. Researchers have a responsibility to ensure that the physical, social, and psychological well being of research participants is not adversely affected by the research (BSA 1996). The author was particularly cognisant of the fact that it was likely that some respondents could become upset or vulnerable as a result of discussing very sensitive and personal information. The child care managers and the author agreed that a period of time (seven to twenty-four weeks) should elapse between the conference and the research interview so as to ensure that potential respondents gave informed and considered consent to participate in this research.

In one such interview, a respondent started to cry, as the author switched on the dictaphone. The author, who acknowledged the persons' upset, switched off the dictaphone immediately. This respondent disclosed how childhood trauma is recollected and that he experienced upset at being put under pressure from social workers. The respondent proceeded to express his feelings uninterrupted, and requested names and addresses of personnel to whom correspondence should be forwarded so that a formal complaint could be made. With reference to the childhood trauma the name and address of a counselling service was given in writing. Both the respondent and the author agreed to terminate and suspend the interview indefinitely as it was not in their best interests to continue.

Conducting the research

This section will outline the process of conducting this research that included negotiating access, the response from respondents and the advantages and disadvantages relating to insider status. Additionally this section will briefly discuss the formulation of the interview guide, conducting the pilot interview as well as the individual interviews.

- **Negotiating access**

Purposeful sampling was the method used to select informants for this study. Patton (1987) believes the power of purposeful sampling lies in choosing information-rich respondents from whom one can learn a great deal about the issues of central importance on the topic under exploration. The population for this research was chosen on the basis that they attended at least one child protection conference over a six-month period (September 2003 to February 2004) potentially yielding approximately sixty eligible respondents. This constituted the inclusion criteria. Of approximately sixty eligible parents, forty-five were selected by the child care managers to forward correspondence inviting them to participate in the research. Exclusion from the study included those with a history of aggressive and violent behaviour to staff and those unable to give informed consent.

The child care manager and the author formulated a letter of invitation to participate in the research accompanied by an information leaflet, acknowledgement slip and a stamped self addressed envelope (appendices 3 and 4). Prospective participants were assured that the author would only know their personal details if they chose either to make telephone contact or return the acknowledgement slip to participate in the research. In the event of a poor response to this process, another meeting was provisionally arranged with the child care managers and the research committee of the area health board to discuss a back up plan. This meeting was to consider the possibility of the author (who is an employee of the health board) obtaining the names of parents directly from the child care managers' offices with a view to making follow up contact with parents directly. However it was also agreed that ethical issues required consideration.

- **The response**

There were eleven responses (six females and five males) to the forty-five letters forwarded by the child care managers' offices, representing a response rate of 24.4%. Respondents were randomly selected by means of self-selection, "which gave each person an equal chance of being included in the sample" (Robson 2002: 261). Respondents either made direct telephone contact (six) or returned the acknowledgement slip (five) to the author within four working days of receipt of the correspondence. This satisfactory response rate is attributable to the interest that respondents have in the subject matter and the associated issues that they have which are outlined in the findings. Interestingly Stroh (2000: 213) notes that there is difficulty in recruiting people for individual interviews and how to convince them that their contribution is worth-while and important. This was not necessary in this research project as respondents at the outset expressed the hope that their contribution would be of assistance to other parents.

- **Insider status**

The clear practical advantage of undertaking this research was that the author has an intimate knowledge of the context of the study, the structure and hierarchy of the health board (Robson 2002: 382). This allowed the easy identification of personnel from whom approval and assistance for the research was required. The benefits of being an employee of the health board allowed the author to have some understanding of the politics and issues associated with the study and the subject matter. This is what Loftland and Loftland (1995) refer to as insider understanding.

However possible disadvantages inclusive of the following were identified. Prospective participants in the research would possibly exhibit reluctance to participate given that the author is a social worker, a member of a profession that perhaps represents emotive feelings and difficulties encountered. One interviewee prior to the commencement of the interview expressed this point stating they found it

difficult to “deal with social workers who were always putting me under pressure asking me all sorts of questions”. It was imperative that the author put interviewees at their ease when conducting the individual interview. The author has no available evidence to substantiate if a higher response rate to the research would have been obtained if he was an ‘outsider’.

- **The pilot interview**

A pilot study is a preliminary trial of a research project with a small group of subjects who are similar to those to be recruited later (Powers and Knapps 1995: 127).

The aim of the pilot study is to determine the appropriateness of the questions and to check for unexpected problems, in addition to ensuring that the research tool will capture the information necessary to meet the objectives of the study. The research questions were piloted with a professional colleague to ensure clarity and then with a parent to ensure understanding and that questions were sequenced appropriately. The pilot interview resulted in altering the phrasing and sequencing of questions that reflect the chronological progress of a child protection conference. This facilitated the interviewee to observe the natural progress of the interview (Appendix 6). The pilot interview further endorsed this as the most appropriate method of conducting the research.

- **The individual interviews**

It was decided that a semi-structured interview format would be used as it provided a framework (Patton, 1987) ensuring that essentially the same information was elicited from respondents. The author adopted Maykut and Morehouse’s “categories of inquiry” (1994: 94) to explore the issue with informants, but at the same time allowing respondents, what Bell terms as a “degree of latitude” (1999: 138). The questions/prompts were open ended and designed to reveal what was important about the topic under study (Maykut and Morehouse 1994), and to gain spontaneous information rather than a rehearsed position (Fielding and Thomas 2001).

Of the original eleven respondents, nine completed the individual interviews. Two respondents did not proceed to interview stage as one respondent became distressed and because of difficulty experienced in making contact with the other. Two respondents requested that the author conduct the interview with both the mother and father. At interview it was agreed that a spokesperson would be appointed with the other parent making additional comments as necessary. All respondents gave freely of their time to meet with the author, with no monetary reward requested or offered.

Interviews were arranged at mutually agreeable times and all took place in the family home, with the exception of two that took place at a health centre, and a hotel at the request of the respondents. Interviews averaged from forty-five minutes to an hour and a half to produce the information required (Bell 1999) and to achieve the depth of understanding advocated by Maykut and Morehouse (1994) and Lincoln and Guba (1985). Although the author brought the interview guide for assistance, it was not necessary to use this in all of the interviews as some of the respondents spoke very freely about their perceptions.

Data analysis and researcher bias

[Analysis] is a pervasive activity throughout the life of a research project. Analysis is not simply one of the later stages of research (Coffey and Atkinson 1996: 10-11).

The process of documenting the data comprises of mainly three steps: recording the data (transcription), editing the data and constructing a new reality in the produced text (Flick 2002). The nine individual interviews were tape-recorded and transcribed word for word, thereby preserving the language of the respondents. The transcripts were read and re-read in order to acquire a good feel for the contents so as to become acutely tuned in (Maykut and Morehouse 1994). Brief notes in the form of a summary were made subsequent to each interview in order to recall accurately each case scenario and the interview conducted. In determining the key messages within the interview there is a risk that interviewer bias can influence data analysis (Fielding *et al.* 2001), through the framing of questions and the interpretation of responses (Kumar 1999). The author is aware that the responses of respondents may also be influenced

by their knowledge of my employment status in the health board. Borg refers to this in what he terms “response effect” (1981:87).

The completed research interview transcripts were analysed for “salient themes, recurring ideas or language and, patterns of belief” (Marshall and Rossman 1995: 114). The first transcript was scanned and marked off into sections of data which were then given codes: words or short sentences which contain the gist of the sentence or paragraph (Holloway 1997: 44). The second and subsequent interview transcripts were then analysed and compared with the first. Similar codes were sorted and grouped together, where recurrent ideas and consistent patterns were identified. Sets of similar ideas were grouped together, out of which broad themes and patterns of thought and belief emerged. The entire transcripts were read and referenced to ensure that interpretation and themes developed were in keeping with the meaning and context in which responses were made.

The following Table (3.1) outlines the analysis process.

Table 3.1 Data analysis process.

| | |
|------------|--|
| Step one | Individual interviews conducted in late March early April 2004. |
| Step two | Summary notes written after each interview. |
| Step three | Transcripts typed up. |
| Step four | Emerging themes within summaries and transcripts highlighted under different headings. |
| Step five | Sub themes identified and linked where possible. |

Limitations of the study

As time did not allow, it was not possible to substantiate what parents revealed in interview, through conducting individual interviews either with other family members or professionals who attended the child protection conference. In negotiating access, the author requested consideration to observe conferences and to obtain the minutes and reports prepared for the conference. This was declined on the grounds of confidentiality. Therefore it was not possible to cross check findings from individual interviews with other methods of research. Additionally the views of parents invited

but who did not attend conferences (n = 44, refer to Table 1.2 above) are not represented in this study. Therefore it was not possible to examine any comparisons/findings that may exist between those parents who did attend and those who did not attend the conference.

Other limitations of this study include the fact that only a small number of parents were interviewed, therefore it is not possible to generalise the findings to all parents who have attended child protection conferences, even though some of the issues that they have raised may apply to other parents. Another limitation is that it was not possible to ascertain if parents' contributions enabled the conference to learn more about their situation, or the parents' views of it. It was not possible to ascertain if parents were involved in discussing the concerns about the child or the conference decisions given that the author was unable to attend conferences as a non-participant observer.

There were no conferences in which the child attended. Therefore it was not possible to establish the effect/impact, if any, of child attendance at child protection conferences on parents or professionals. Finally it was not possible to undertake a comparative study between the outcomes of child protection conferences and family group conferences as the latter are not operational in the area health board at this time.

Summary

This chapter explored the rationale for the methodology used, the sample, the research design utilised and ethical issues encountered in undertaking this research. The next chapter will profile the respondents in addition to outlining the findings from the nine individual interviews along with analysis.

Chapter Four

Presentation and analysis of the findings

It is now broadly accepted that adequate evaluation of services needs to include the voice of the consumer (Ferguson and O'Reilly 2001: 218). Irish research into child protection has begun to include parental perspectives (Buckley *et al.* 1997, Ferguson and O'Reilly 2001 and Buckley 2003), which is an important aspect in the development of services. This chapter discusses the findings of a small-scale research study that specifically explores parents' experiences of participation and the extent of their involvement in the decision-making process. It involved individual, semi-structured in-depth interviews with nine parents who had attended at least one child protection conference. The research sample (n = 9) is representative of 11.11% of the total number of parents (n = 81) who attended child protection conferences in 2003 in one area Health Board. The objective was to establish parents' perceived level of preparation for and participation in the conference in addition to establishing their view of the outcomes and their recommendations with regard to future child protection conferences.

This research, unlike previous research conducted in Ireland, has taken place at a time when protocols have been introduced with regard to parental participation at entire child protection conferences through the implementation of 'Children First' (DOH&C 1999). Before proceeding with the presentation of and analysis of findings with reference to the literature, a brief outline of the respondents' profiles and circumstances along with the category of child welfare/protection concern will be made.

The respondents

All but one of the respondents who participated in this research live in urban areas. Four of the respondents are separated while the remaining five are either married or in partnership relationships. It is interesting to note from the information supplied by the respondents in this small study, that there are three families on social welfare benefit; four have either one or two parents employed, while another is self-employed. The economic/employment status of one is unclear. Although no generalisation can be

inferred, this contrasts with Buckley *et al.*'s (1997) study in which it was found that the families who were at the centre of concern regarding child abuse and neglect were predominantly in receipt of social welfare benefit.

Information supplied by the respondents indicated the following categories of child protection concern. There were three cases of alleged physical abuse (i.e. non-accidental injury), two cases of alleged child sexual abuse, one case of alleged emotional abuse, and three cases that consisted of behaviour that gave rise to concerns – two cases of teenage substance abuse and one case involving an adult who allegedly shared a bed with a child. In all nine cases a child protection conference was convened. It should be noted that five families attended one conference, three families attended two conferences and one family attended three conferences. While respondents chose to discuss their experiences of one conference, their experiences of other conferences may have impacted on the responses given in the interviews conducted for this research.

Individual profiles¹³

Pauline¹⁴, who receives social welfare benefit and lives with her partner¹⁵ (who also receives social welfare benefit), is the mother of a young child who has been foster care of the health board for over a year. The current concern is that the child disclosed to the foster carers that a member of the biological family has allegedly sexually abused the child. The conference could not conclude if sexual abuse occurred and access visits between the parents and child were reduced.

Zoë, who is self-employed and cares for her children, has separated from her partner (who is employed). She is concerned that her ex partner who has regular access visits

¹³ Family details and cases have been described in general terms in an attempt to protect the identities of children and parents.

¹⁴ All parents believed that their outline of the child welfare/protection concern constituted the reason for the child protection conference. In the absence of obtaining information from professionals, it is not possible to ascertain if the agency's reasons were the same with regard to convening of the conference.

¹⁵ In any case where the word partner or ex-partner is used, this can be taken to mean that they are the father / mother of the child in question.

to the children has been emotionally abusing them. She made a self-referral to the social work department. The child protection conference concluded that emotional abuse occurred and recommended the reduction of access visits to the father.

Aoife, who is a homemaker while her partner is employed, is the mother of a teenage child who has been involved in substance abuse for some time. The Gardaí (police) made a referral to the health board social work department. The teenager came to the attention of the criminal justice system and was imprisoned and subsequently undertook therapy in a drug treatment facility. The child protection conference endorsed the above.

Terry, who is employed and recently separated, is concerned about the care that his children are receiving from their mother. He believes that the mother has a drink problem and is concerned that an adult has shared a bed with his child (he is not alleging child molestation). He made a self-referral to the health board social work department. The child protection conference did not address this concern and recommended to reduce his access visits to the children.

Eamon, who receives benefit, has been separated from his partner for some time. He is concerned about his teenage child who has been involved in substance abuse. He and his ex-partner made a self-referral to the social work department and originally requested a child protection conference to look for help. The child protection conference recommended that the child be remanded to an institution as well as undertaking a detoxification programme. Subsequently, the teenager who had already come to the attention of the criminal justice system was imprisoned.

Joan, whose partner is employed, is a homemaker. The current concern is that her young child sustained serious internal injuries. The hospital medical staff referred this case to the health board social work department. The child protection conference was convened to consider the matter. Joan, while agreeing that an accident occurred denies non-accidental injury. The conference concluded that an accident had occurred and recommended that any practical assistance be given to the child and parents.

Lisa, who is a homemaker receives social welfare benefit and is separated from her partner (also in receipt of social welfare benefit). Her child who has been in foster

care of the health board for over a year disclosed alleged sexual abuse by a member of the biological family to the foster carers. In addition to reviewing the child's progress in care and at school the child protection conference could not conclude if sexual abuse occurred and access visits were reduced.

Roger lives with his partner. One of his young children sustained a broken limb, which was discovered by the hospital medical staff when examining the child in connection with something else. The hospital medical staff made a referral to the health board social work department. Roger agrees that a non-accidental injury occurred but denies that either parent is responsible. He disagreed with the convening of the conference¹⁶, which concluded that a non-accidental injury occurred and recommended that the child be placed in voluntary care of the health board for a short period of time, while the parents attend a parenting course.

Kieran, who is employed, lives with his partner (also employed). The current concern is that one of the young children sustained serious bruising to the body that was discovered by the parents who brought the child to the hospital. The hospital medical staff made a referral to the health board social work department. Kieran agrees with the health board that a non-accidental injury occurred but denies that either parent is responsible. He disagreed with the convening of a conference¹⁷, which concluded that a non-accidental injury occurred and recommended that the family is visited by social workers before a review conference.

Presentation and analysis of the findings

The findings from the nine individual interviews will be outlined under three sections that reflect the natural chronological stages of the child protection conference process i.e. the parents' experiences before, during and after the conference. These findings are accompanied by an analysis that makes reference to the literature.

¹⁶ This conference did not conclude who was responsible for causing the non-accidental injury.

¹⁷ This conference did not conclude who was responsible for causing the non-accidental injury.

The period before the conference

This section will outline the findings and analysis with regard to the parent's experience of the initial referral and preparation for the child protection conference.

- **The initial referral**

Of the nine respondents, three made self-referrals to the social work department for assistance. Eamon's comment reflects the experience of the other two respondents:

We went to the social workers I asked for help because I know nothing of drugs.

There were three cases of non-accidental injury referred to the social work department by hospital medical staff. Respondents expressed feelings of dissatisfaction at how these professionals handled their cases. Roger captures the experiences of the other two respondents in saying:

I was amazed, shocked at the hospital, the doctors were not frank with us.

Two cases were referred to the social work department because of a direct disclosure of child sexual abuse by a child. The parents expressed disbelief that this could have occurred. The remaining case was referred by the Gardaí as it involved substance abuse by a teenager.

The reactions and feelings expressed by the respondents above are similar to those noted in research undertaken by Buckley (2003) and Sharland *et al.* (1996) with reference to the parents' discovery of sexual abuse of their children.

Six respondents reported that there was a period of time in which social workers did not keep in contact with them at the initial stages of their respective cases. They did not know the reasons for this. Kieran reported a lack of progress at the initial stages of the case, making the point:

Nothing happened for eight or ten weeks, after the initial meeting with social workers. There was no progress as far I can remember. Eventually the conference was called for ...four months later.

Similarly Aoife reported that she felt that she was getting nowhere:

Until the team leader stepped in I felt I was going nowhere with the health board. We didn't feel as though they were doing anything for us even the Gardaí were saying the same.

The above findings indicate that social workers withdrew once the initial assessment/investigative stage was complete. In the absence of communication from professionals, parents did not know how their case was progressing and the reasons for a lack of contact. However, it is not possible to ascertain the reasons for this in the absence of obtaining information from professionals engaged in delivering child protection services. Hooper (1992) and Farmer and Owen (1995) found patterns whereby the involvement of agencies in the initial stages of child sexual abuse cases was not necessarily followed through with support. The reason according to Farmer and Owen (1995) may be pressure on social workers' time, encouragement to close cases or because many social workers did not know how to advise parents. For the majority of parents interviewed in this research the absence of communication served to increase feelings of anxiety and tension that were already present, which resulted in isolation, a finding that is similar to Cleaver and Freeman (1995) and Bell (1996). Had professionals maintained a level of contact with parents for the purposes of keeping them abreast of any progress or developments in the case, this may have had the effect of decreasing the feelings described above.

An interesting finding to emerge from this study is the time lapse experienced by four respondents between the request for a conference and it occurring which varied from two to eighteen months. Four respondents recalled that they did not know the reasons for the delay and how they "kept after the social worker" for the conference to proceed. This occurred in cases involving serious child protection issues i.e. non-accidental injury, sexual abuse and substance abuse. Respondents expressed the view

that these conferences should have occurred at an earlier date. It is not possible to elaborate on reasons for such a lengthy delay in the absence of obtaining information from professionals. The above finding contrasts with that of Farmer and Owen (1995) where it was found on average that a multi-disciplinary conference was held within three weeks of the referral. The guidelines that are operative in the UK reflect this finding in recommending that initial child protection conferences should take place within 15 working days of the strategy discussion (DOH *et al.* 1999: 52). In Ireland the situation is somewhat different. The national guidelines make no recommendation with regard to the time frame in which a child protection conference should take place, “it may take place during the early stages of an enquiry, or at any time when concerns arise about a child’s care and protection” (DOH&C 1999: 78). In the absence of having a clear guideline with reference to the time-frame in which conferences should occur, the likelihood of the above-mentioned delays occurring is possible.

- **Preparation for the child protection conference**

This section outlines the experiences that parents have with regard to conferences with reference to preparation and access to professionals’ reports. Respondents indicated that they had received a letter of invitation that explained the purpose of a child protection conference which outlined a list of all those invited to attend (Appendix 7). Eight respondents reported that the preparation that they received consisted of a brief meeting with the child care manager before the conference while the remaining respondent reported:

The social worker did not say anything about this conference. Before the conference no one met me.

Eight respondents reported that meeting with the child care manager immediately before the conference served to offer a brief explanation of the conference. This meeting lasted from ten to fifteen minutes on average. Both Eamon and Terry’s remarks represent opposing experiences of this meeting. Eamon who had a satisfactory experience stated:

The child care manager met with me for about twenty minutes to explain what would happen and I explained what I would like to happen for my child, school and work.

Terry who complained of constant interruption said:

I was supposed to see the conference chairperson for fifteen minutes uninterrupted. There was nothing but constant interruption. I didn't get to talk at all without interruption.

Only three respondents indicated that the social worker made some comment about the conference when making a home visit. Overall, they were of the view that they weren't given much information about it. Kieran's comment best summarises the responses made:

Social workers explained that the conference was to assess the progress to date and to get the views of everybody involved. We weren't given much information beforehand.

Access to information is an important issue for parents in the development of participatory practice (Katz 1997). All respondents reported that they did not have access to professionals' reports before the conference, and they expressed a desire to see them prior to the conference. Kieran who was the only respondent to indicate that he was to be given a report before the conference said:

We were due to be given a report before hand by the social workers who were to call the previous night. They didn't call. We didn't see the report until just before, literally ten minutes before the conference.

The consequences for parents not having access to professionals' reports meant that they were not sufficiently informed of their opinions and concerns. Pauline's statement outlines this very well:

We did not get to see these until we got up to the conference. What they are going to say about me or what they will come out with I don't know.

Roger was emphatic:

We should have seen the reports before the conference to give us a chance to prepare ourselves for any questions that may be asked.

Bell (1996: 47) concurs with the responses outlined above:

The open sharing of information is fundamental to justice, feelings of fairness and empowerment (Bell 1996: 47).

The above findings indicate that parents did not have access to professionals' reports or receive preparation in advance of the conference despite the implementation of the most recent child protection guidelines. Professionals did not explain to parents the purpose and aims of the child protection conference prior to the day of the conference which resulted in them not having a good understanding of the process and of what was expected in terms of their participation. This finding contrasts to that of Thoburn *et al.* (1995) and Bell (1996) in which they found 66% and 88% (respectively) of parents to have a good understanding about the child protection conference. Additionally, the above findings indicate that professionals did not share written reports with the family in advance of the conference as recommended by the national child protection and welfare guidelines. This resulted in a situation whereby parents were not provided with an opportunity to explore in advance with the professionals their perceptions and concerns about the children in the family. This finding is similar to that of Guinan (2003) who noted that only 8.3% ($n = 2$, total = 24) of professionals reported that parents read their report prior to the conference. This could possibly indicate that participants at child protection conferences did not give much attention and thought to the necessity of discussing their contributions with family members before hand.

From the parents' perspective preparation for the conference was equated to a brief meeting with the chair person (child care manager) immediately before the conference. This is concerning, given that it appears that parents were not apprised of the seriousness and gravity attached to a child protection conference and the possible outcome that the decisions could have on the family unit. Additionally it appears that parents were not afforded the opportunity of undertaking adequate preparation which involved sufficient time to consider ways of presenting their point of view or making recommendations to the conference. Although the issue of preparation receives attention in the national guidelines, the specific point of preparing parents to present their point of view or making recommendations to the conference is not elaborated on. In the light of the findings above this could be considered as a shortcoming.

The author queries if the above findings somehow contributed to the non-attendance of 35.2% (n = 44, refer to Table 1.2 above) of parents who were invited to attend child protection conferences. The above findings indicate that parents were not sufficiently empowered with regard to their preparation for this process. It appears from the parents' perspective that the standard for preparation needs a systematic and comprehensive approach that will enable them to engage in the process as a "partner" as opposed to being a mere "attender" (Thoburn *et al.* 1995).

It should be noted that unlike social workers included in Bells' research (1996), who received training with regard to the preparation of parents for child protection conferences, not all professional staff in this area health board have been facilitated with this comprehensive training.

The child protection conference

This section will give attention to the experiences that parents had when they attended the child protection conference. The presence of a large number of professionals (some of whom were unknown) in addition to the ex-partners and Gardaí confronted parents when they attended the conference. Parents revealed that they observed unacknowledged tensions in addition to experiencing feelings of guilt. While making reference to professionals' assessments and reports, parents elaborated on the

expression of parents' views and decision-making. The findings and analysis of the experiences of parents are outlined below.

- **The professionals gather**

Respondents revealed that they were confronted by a large number of professionals, some of whom they did not know and were concerned about the garda (police) presence. This had the effect of inducing nervousness, shock and intimidation which concurs with research undertaken by Farmer and Owen (1995), Corby *et al.* (1996), Buckley *et al.* (1997), Bell (1999) and Ferguson and O'Reilly (2001).

Pauline who got no support from the health board, described nervousness:

I would not be able to sit down and think. I was anxious what would come of it. I got no support from the health board before the conference.

Joan was shocked:

To come to the door and they were (professionals) all ahead of us. I just couldn't believe the shock of seeing them all together. I probably went roasting red. I could just feel like my head just sunk or lifted. I'd say my blood pressure went.

While Kieran who described distress and intimidation said:

the whole thing was new and obviously intimidating...we were expecting a sort of courtroom type scene. It can be intimidating even before you attend, distressing.

Similar to the findings described by Corby *et al.* (1996) and Bell (1996), five respondents reported that unknown professionals (refer to Table 4.1 below) were in attendance at the child protection conference they attended. Terry makes the point succinctly:

...now there was two people at the conference that weren't on the invited list. What were they doing at this conference? And one of them was most vociferous about me not seeing my children!

This research revealed that the nine child protection conferences, that considered the case scenarios as described above in the individual profiles, related to children between the ages of two and seventeen years. The average attendance at child protection conferences (including the chairperson and the administrative officer) was 11.33 persons, higher than that reported by Guinan (2003), Bell (1999), Gibbons *et al.* (1995) and Hallett (1995). All respondents reported that professionals introduced themselves by name and profession however parents could only recall those present by profession. Table 4.1 below indicates that there were no children in attendance at any conference. It is concerning to note that there were no general practitioners in attendance at the conferences which considered the issue of non-accidental injury, a finding that is similar to those of Gibbons *et al.* (1995), Hallett (1995), Farmer and Owen (1995), Polnay (2000) and Buckley (2003).

These findings indicate that for parents attending a child protection conference was a new experience for which they had little preparation. The expectation of a 'court room' scene in which professionals would ask questions was enough to intimidate one parent, while for others it was an anxiety and shock provoking experience. Clearly parents, the majority of who were not accompanied by a support person / advocate, were overwhelmed by the presence of many professionals, when they entered the room. The national guidelines recommend that "only professionals whose involvement is central to the case should be invited to a child protection conference" (DOH&C 1999: 79). It was not possible to ascertain from this research if this recommendation was adhered to. However, from the parents' perspective a conference which is larger than it needs to be can inhibit discussion and intimidate family members to the point that they are unable to contribute. Perhaps it is not surprising that parents feel that they can have no influence on the outcome of proceedings.

One possible explanation for the lack of preparation for parents is that professionals, who have become accustomed to attending conferences with large numbers of staff present, have forgotten the initial impact that this may have had on themselves. Accordingly professionals may be unaware of the effects and anxieties that such meetings can have on parents, especially those who are not accompanied by a support person / advocate. Had parents been facilitated with adequate preparation, pro-

actively encouraged to bring a support person / advocate and introduced to participants in advance of the conference (as recommended by ‘Children First’) the likelihood of removing potential obstacles to involvement would have the effect of improving their participation in the process.

Table 4.1 below outlines the respondents’ recollection of all those who were invited and those who attended the child protection conference.

Table 4.1 Composition of the nine child protection conferences (CPCs), as recalled by the respondents.

| PARENT - PROFESSIONAL Who attended CPC | CPC 1 | CPC 2 | CPC 3 | CPC 4 | CPC 5 | CPC 6 | CPC 7 | CPC 8 | CPC 9 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Mother | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Father | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Child/ren | - | - | AA | - | BB | - | - | - | - |
| Foster Carers | 2 | - | - | - | - | - | 2 | - | - |
| Chairperson | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Administration Officer | 1 | 1 | 1 | - | 1 | 1 | 1 | - | 1 |
| Principal Social Worker | - | 1 | 1 | 1 | - | - | - | - | - |
| Social Worker Team L’der | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Social Worker | - | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 1 |
| Social Worker–Foster care | 1 | - | - | - | - | - | - | - | - |
| Community Child Care Leaders | - | 1 | 1 | 1 | 2 | - | - | - | - |
| Family Support Worker | 1 | - | - | - | - | - | - | - | - |
| Gardaí (Police) | * | 1 | 1 | 1 | - | * | - | 1 | * |
| Probation Officer | - | - | * | - | - | - | - | - | - |
| Teachers | - | 2 | - | 1 | - | - | 3 | - | - |
| General Practitioners | - | - | * | - | * | * | - | - | - |
| Public Health Nurse | - | 1 | - | - | - | 1 | - | 2 | * |
| Psychologist | 1 | - | * | 1 | - | - | * | - | - |
| Paediatrician | - | - | - | - | - | 2 | - | - | - |
| Psychiatrist | - | - | * | - | - | - | - | - | - |
| Hospital Doctors | - | - | - | - | - | 2 | - | * | * |

| PARENT - PROFESSIONAL Who attended CPC | CPC 1 | CPC 2 | CPC 3 | CPC 4 | CPC 5 | CPC 6 | CPC 7 | CPC 8 | CPC 9 |
|---|-----------|-----------|-----------|-----------|----------|-----------|-----------|----------|----------|
| Mother | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Father | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Child/ren | - | - | AA | - | BB | - | - | - | - |
| Foster Carers | 2 | - | - | - | - | - | 2 | - | - |
| Chairperson | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Administration Officer | 1 | 1 | 1 | - | 1 | 1 | 1 | - | 1 |
| Principal Social Worker | - | 1 | 1 | 1 | - | - | - | - | - |
| Social Worker Team L'der | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Social Worker | - | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 1 |
| Social Worker–Foster care | 1 | - | - | - | - | - | - | - | - |
| Community Child Care Leaders | - | 1 | 1 | 1 | 2 | - | - | - | - |
| Family Support Worker | 1 | - | - | - | - | - | - | - | - |
| Child Psychiatry | - | 3 | - | 1 | - | - | * | - | - |
| Child Health Team | 1 | - | - | - | - | - | 2 | - | - |
| Child Autism | - | - | - | - | - | - | * | - | - |
| Unknown professionals | 1 | 1 | 1 | 2 | - | 1 | - | - | - |
| SUPPORT PERSONS | | | | | | | | | |
| Maternal grandmother | 1 | - | - | - | - | - | - | - | - |
| Paternal grandfather | 1 | - | - | - | - | - | - | - | - |
| Maternal Aunt | - | - | - | - | - | 1 | - | - | - |
| Family Friend | - | - | - | - | - | - | - | CC | - |
| Total Attendance. | 14 | 16 | 10 | 14 | 8 | 14 | 13 | 7 | 6 |

* – Each denotes a professional who was invited but did not attend.

AA – This young person was invited but was unable to attend due to other commitment.

BB – This young person refused to attend.

CC – This support person was invited but was refused admittance–reason unknown.

- **The Garda presence**

In April 1995 the Department of Health introduced guidelines for ‘Notification of Suspected Cases of Child Abuse between the Health Boards and the Gardaí’¹⁸ (DOH: 1995). “The ‘criminalisation’ of child abuse through these procedures has created a routine role for the Gardaí in child abuse investigations” (Ferguson and O’Reilly 2001: 258). These guidelines have been further developed in ‘Children First’ (DOH&C 1999: 85 – 96), including on-going liaison between the Health Boards and the Gardaí at operational and management level. This includes the Garda’s attendance at strategy meetings and child protection conferences. The presence of the Gardaí served to evoke a variety of feelings for parents who attended the child protection conferences.

¹⁸ In Ireland a police officer is referred to as a Garda, the plural of which is Gardaí.

Joan, who felt stigmatised, could not understand why the Gardaí were going to be there:

I couldn't understand I was just shocked. God what do they think we are, you know kind of. I said a garda. God we never had dealings with the Gardaí.

Pauline described how she got nervous and frightened when she was informed that the garda would be present at the conference:

I was told who was going to be at the conference and that a ban garda (female garda) would be there. I got frightened of this. I got fierce nervous.

Roger who didn't know said:

I don't know the system here, the garda, I don't know, perhaps something criminal.

Table 4.1 above indicates that the Gardaí were invited to attend seven of the nine conferences and attended four. A finding that emerges from this research is that three respondents indicated that they did not know why the Gardaí were invited to the conference and as a result felt threatened by their presence which is a similar to that found by Farmer and Owen (1995: 109). Another explanation for this may possibly be that the Garda presence may have acted as a catalyst for parents to reflect on the alleged abuse from a different viewpoint – a criminal perspective, leading one parent to feel stigmatised. The above responses indicate that parents did not receive (from either the Gardaí or child care professionals) detailed preparation that included an explanation of the role and function of the Garda in the child protection process or the purpose of their attendance at the conference.

Hallett (1995) found confusion among many agencies about their own role and responsibilities as well as those of others. In particular, the same author found that one-third were unclear about the role of the police, which could possibly apply to child care professionals in Ireland. If this is the case, how could they convey the roles of other professionals (inclusive of the Gardaí) to parents, through their lack of

knowledge? This may possibly explain the ‘shock’ and fear experienced by the above mentioned parents. Had parents been facilitated with adequate preparation (with the assistance of a professional or the Gardaí) that included discussion / explanation of the Garda’s presence and role in the child protection process, the impact of their presence at the conference could have been minimised. Consequently, the feeling of stigmatisation and powerlessness experienced by the parents could have been somewhat reduced to enable greater parental participation in the process.

- **Presence of the ex-partner**

An important issue to emerge from this study is the issue of disharmony between parents, which is a factor in child abuse referrals (Farmer and Owen 1995: 224). The importance of the link between domestic violence and child abuse was brought out in the report on Sukina Hammond’s death by the Bridge Child Care Consultancy report (1991). However, the purpose of this research was not to examine this issue but to determine parents’ perspectives of child protection conferences. Three respondents spoke of the difficult relationship that existed with their ex-partner that resulted in separation. The presence of the ex-partner induced many feelings inclusive of anxiety which limited the respondents’ participation at the conference.

Zoë, who feared that her ex-partner would verbally abuse her, described that the conference was daunting:

the conference was frightening because of the fear of verbal abuse from my ex-partner. It was nerve racking because he could start abusing me in front of others.

Terry who described animosity said:

It was daunting. There was animosity between me and her (ex partner) at the conference. I was put under a lot of pressure.

Lisa provides a good account of how she could have been placed into a situation of ‘double-bind’ of keeping the child safe from the abusing partner while trying to

ensure her continued safety, a finding also described by Farmer & Owen (1995). Lisa reported:

the conference was absolutely brutal with him (ex partner) there – I couldn't even talk or even sit on the chair let alone say anything. The child care manager kept asking me if I wanted to say anything. I did not say anything.

The above respondents outline the difficulties they encountered when they attended a conference that their ex-partner was invited to. The effect of this included fear of abuse occurring, being put under pressure and intimidation, to the extent that it was not possible to make any contribution. These findings indicate from the parents' perspective that professional staff (inclusive of the chairperson) did not give enough attention to the possible effect and consequences of the presence of an ex-partner on the parent attending the child protection conference. A possible explanation for this may be that professionals were of the belief that disharmony between the parents was no longer a consideration due to a lack of reported incidents that coincide with the fact that they had separated. Parents who found themselves in this difficult situation were fearful throughout the duration of the conference. Had pre-conference preparation enabled the parent to develop strategies and management techniques to deal with this, the likelihood of parental participation could have been greatly enhanced at these conferences.

- **“Guilty before charged?”**

Through the initial stages of the case leading up to the conference, respondents described that they felt blamed and guilty until proven innocent (Cleaver and Freeman 1995: 83, Buckley *et al.* 1997: 165). Horwath (2001: 120) in a review of case files and responses from professionals to a questionnaire found indications that workers focus on identifying family weaknesses without acknowledging family strengths. It is possible that parents became conscious of this, which may in part explain why a number of respondents had a sense of guilt and blame. Joan, who was inundated with social workers made a pertinent comment:

I just felt like guilty before charged ... guilty, guilty, guilty...I just felt horrific...it's a complete invasion of our privacy...I have never met so many social workers in my life.

This feeling re-surfaced for five respondents in the child protection conference, in which they felt that they were being judged (Farmer and Owen 1995, Ferguson and O'Reilly 2001 and Buckley 2003). It is interesting to note that respondents who felt 'judged' and made to feel guilty included those who were not responsible for the abuse. Kieran was clear:

we were basically being accused of physical abuse, the child care manager reassured us that we weren't being accused of physical abuse but when you're at the other side of the table!

Eamon expressed his view in unambiguous terms:

The social workers put the child's drug-taking down to the way he was reared – it is not true. The conference made out that it was our fault that our child was taking drugs.

Joan noted, after insisting at the conference that the injury was an accident:

What I did find most surprising actually was this doctor, at the end, she said 'would another child have pushed the child', yeah maybe we'll blame him.

Lisa, who was clearly annoyed with the social workers who attributed blame because of her non-participation in the child protection conference, said that this was due to presence of her ex-partner:

They were blaming me because I said nothing at the conference. The social worker came to me after saying that ninety percent of the blame was on me.

The above findings are concerning from the perspective of the parents, who believed that some/all of those attending the conference had already decided on the issue of culpability, without listening to their perspective of the situation. Some respondents became aware of this when professionals communicated through the use of

negative/judgemental comments, as described above. While acknowledging that child abuse had occurred and that they were not responsible for it, being subjected to this feeling of guilt was difficult. In the absence of professionals listening to and considering carefully to their submissions parents believed that they had little influence over the professionals' perspective of the situation. Joan's case appears to give an important lesson in this regard. It was Joan's opinion that both hospital medical staff and social workers were of the view that her child suffered from a non-accidental injury. Joan recounted that despite her offering the same explanation as to how the child sustained an injury through accident, they were suspicious of her. It is interesting to note that when these professionals met in the child protection conference their opinion altered to the point that it was agreed that the injuries were caused by the occurrence of an accident. Had professionals engaged with the parent in advance of the conference, perhaps some mis-conceptions could have been clarified, for example in the case of Joan, which could have resulted in the conference proceeding differently for her.

- **The professionals' assessments and reports**

As previously mentioned, the most recent child protection and welfare guidelines recommend that written reports are shared with the family in advance of the conference. The above findings confirm that this did not occur for any of the respondents with the result that parents gained their first sight of professionals' reports either at the pre-conference meeting (one respondent) or in the conference meeting (six respondents). From the parents' perspective, this constituted a clear lack of communication of information that added to the stress that they were already experiencing. Similar to this research, Corby *et al.* (1996: 442) found that one third of the parents interviewed felt that there were factual errors in the assessment or that they contained information that was not relevant. Similar to studies undertaken by Brown (1986), Thoburn *et al.* (1995) and Bell (1999), four respondents queried the accuracy and completeness of professionals' assessments and reports.

Terry was clearly annoyed that the social worker did not consider talking to his child (school going age) with regard to the serious issue of an adult sleeping in the child's bed:

Now I have asked for him to be spoken by the social workers and they're telling me 'no he's too young, he does not understand', but he does, this has affected him in a big way.

Additionally, Terry queried how the social worker concluded in their report that his access visits were affecting his child's schooling:

as the social worker never spoke to the teachers.

Joan expressed concern that the social workers assessment was not thorough. The assessment did not consider the potential risk presented by the father with regard to the alleged non-accidental injury that the child sustained. Additionally, the assessment report stated that the family were financially secure. Joan reported:

the finger was on me the mother. My partner never came into the equation. Even he said that the finger was pointing at me. Another point is that the social workers stated in their assessment that we were financially okay. They never even asked us about that. In fact we needed help from our respective families.

Kieran spoke about the social work assessment in terms of the CPNS¹⁹ and that the social worker showed him the child protection notification form but could not give it to him for examination. He questioned the decision and its timing as it was based on the social workers' assessment that excluded meeting with his child and obtaining other professionals' reports. Kieran stated the following:

we got the impression that the decision to list the child's name would be made based on this piece of paper. The child should have been met with by the social worker. They had no report from the GP, the public health nurse or the Gardaí. We objected strongly and stressed that this was grossly unfair. They put my child's name on it (CPNS), that's not acceptable. After this happened the reports from the Gardaí, public health nurse and the GP were okay, all the reports were clear. It took them

¹⁹ In Ireland, a child's name is placed on the Child Protection Notification System (CPNS) after notification (completion of the CPN form) to the Child Protection Notification Management Team (CPNMT), following a preliminary assessment, when there is a child protection concern.

three weeks to send in the CPN form, they could have waited another four days until they got the reports. What was the hurry?

Three respondents reported in-accuracies in relation to names, dates, misquoting and omission of reported incidents in the professionals' reports that were presented to the conference. It should be noted that two respondents did not have access to professionals' reports at all. Aoife and Zoë were not sure if the professionals had reports at the conference. Zoë's remark makes the point succinctly:

I am not sure if they had reports. They all had sheets of paper in front of them at the meeting.

Cleaver and Freeman (1996) similarly found that assessments of families were incomplete, and as Thoburn *et al.* (1996) concluded, case files can be unreliable sources of information. In this research parents were concerned that professionals made judgements in situations that the child and/or other professionals were not spoken to or when professionals' reports were not requested. In Kieran's case the child's name was placed on the CPNS in the absence of the child being interviewed and before professionals' reports were obtained. For Kieran, this represented a lack of inter-agency practice that resulted in the social work profession making an un-informed uni-lateral decision to undertake a notification to the CPN System. Horwath (2001: 113) who found that there was no evidence that the child was seen in seventy-one percent of home visits following the referral, makes the point that it is difficult to see how workers can assess the situation without at very least seeing the child.

Horwath (2001: 114) found that 71.8 percent of professionals believe that decisions are made according to information from the family either most or all of the time. The above is concerning from the parents' perspective given that a decision/recommendation was made in the absence of any professional checking with the parent the accuracy and completeness of information relating to the child and /or family prior to the conference. This resulted in the parent presenting "new" information to the conference that had not been taken note of or previously considered. In this regard, if detailed preparation that included a pre-conference

meeting between parents and professionals, the above issues may have been addressed to the satisfaction of all prior to the conference.

- **Unacknowledged tensions in the conference**

“Certain locations, such as case conferences, were frequently dominated by unacknowledged tensions which bore little relevance to the welfare or protection of the children concerned” (Buckley 2000: 258)

Another finding to emerge from this research is the parents’ observation of professionals’ interactions at the child protection conference, which concurs with findings made by Buckley (2000) when she undertook a case study on the processing of child abuse referrals made to a social work team in Ireland’s largest health board region. As Reder *et al.* (1993: 67) point out, case conferences are vulnerable to the same group processes as any other meeting, “attendances and absences, chairing, alliances, hierarchy and projection”, all influencing that final decision. Three respondents expressed similar points of view. Joan was clear that she witnessed tension between medical doctors at the conference and the general practitioner who did not attend:

Our doctor (general practitioner) was shocked that we were being investigated. Everybody saw his report and it was read out at the meeting. Another doctor was disgusted at the way the doctor had put things on his report, stating that these weren’t allegations – it was part of an investigation.

Eamon recalled how there was a mix up between his file and that of his ex partner, how the professionals were fighting over trivial things and then how they formed an alliance with the social worker:

The child care manager said that the social workers would need to sort themselves out (about the mix up in files). They were fighting over trivial things instead of sorting out things. The social worker did not understand Irish law. My expectation was that they would understand and that they would help us. Our son was left with an

undesirable family...my expectations were shattered. They all teamed up with the social worker.

Aoife commented on absences from the child protection conference, and the effect that this may have had on decision-making at the conference:

I was disappointed that people hadn't time to come. There wasn't much they could do. I thought that the conference would get something done.

There is some evidence from this research that upholds Reder *et al's.* (1993) theory, mentioned above. Joan's perception was that there was some sort of hierarchy within the medical profession which placed the GP at the lower end, with the consequence that his opinion was not apparently valued. Eamon's statement highlights how staff interaction at the conference had interfered with the discussion and consideration of issues with regard to his teenage child. This consequently had a negative effect on the formulation of recommendation by the conference so much so that Eamon perceived that his family were not "helped" in any tangible way. Absences can also have an impact on the decision-making remit of the conference (Farmer and Owen 1995). Aoife observed that if all professionals had been in a position to attend, the decisions of the conference could possibly be better informed resulting in a better outcome for her child. The above was compounded by parents' perception that pre-set attitudes were carried into the meetings by participants, as described earlier.

Professionals, who attend conferences, should be facilitated with the opportunity of giving consideration to the reality that power struggles, 'exaggerated hierarchies' (among other matters) can become an issue in the child protection conference. This issue could be addressed through the provision of comprehensive training that needs to fully acknowledge the nature of relationships between clients and professionals while recognising the significant and differential levels of power held by each party. This may assist in addressing the issues outlined by the respondents above.

- **The expression of parents' views and decision-making**

Similar to Corby *et al.*'s (1996) findings, all respondents in this research reported that they understood what was said by the professionals at the conference. However, the majority (eight) believed that their views were not were not listened to or taken into account. Some respondents, similar to those in Ferguson and O'Reilly's (2001) research expressed the opinion that they were not given a chance to explain their situation in the conference or offer suggestions for consideration. They experienced the child protection conference as a powerful intervention over which they had little control (Bell 1999), in addition to being influenced by it (Farmer and Owen 1995). They were resentful of this (Farmer and Owen 1995).

Eamon was succinct:

It was a mafia job, six on two. They didn't listen to us.

Roger who felt surprised and confused at the conference believed that he was not listened to and was put under pressure to sign the consent form for voluntary care:

we said that the older child is living with us, there is no injury or deprivation. There is no issue of us taking care of the older child. They did not listen. We signed the consent form looking back on it I signed it under pressure. They said that if we did not sign it they would bring it to the court.

Pauline, when she attempted to offer a suggestion with regard to supervised access visits, felt powerless and that neither she or her mother were listened to:

I felt that I was not listened to or believed. I recommended two visits a week to my home. I wouldn't mind if some one came in to my home to supervise the visits. They said that we will have to have another meeting about it. I think that this is unfair and that we only see the children for only one hour in the week.

Terry, who felt that he was not listened to endeavoured to present his prepared report and discuss his concerns believed that the professionals at the conference had already made their minds up:

To be honest I think they had a pre-ordained decision because when I tried to bring up the fact that my children had said that people had gotten into their bed with them

it was glossed over. I was frustrated at not being listened to or believed, no one wanted to listen, there was no attention given to my concerns or reports that I had prepared. Nobody wanted to know, as far as they were concerned it was my court ordered access that was the problem. I was browbeaten...into seeing my children less.

Along with the large number of professionals present, being made to feel guilty, and the presence of the Gardaí and the ex-partner, parents found it difficult to express their views. Parents, as already established above, got their first sight of professionals' reports at the conference and consequently found themselves to be 'reactive' by answering questions. A significant finding to emerge from this research is that the majority of respondents were of the view that they were "not listened to". For two respondents this was compounded by the fact that they were "not believed". This occurred when they either made a contribution or suggestion at the child protection conference that carried little weight among professionals who either had a 'pre-ordained decision' or where they had formed alliances, for example in Eamons' case where "they all teamed up with the social worker". This resulted in parents feeling that they had not participated in the sense contributing to the discussion or decision-making of the child protection conference (Corby *et al.* 1996 and Ferguson and O'Reilly 2001: 237). Their perspective was further endorsed when they experienced "pressure" from the large number of professionals present, the consideration of legal procedure and the deferral of important decisions. The above findings suggest, from the parents' perspective, that decisions were not negotiated in some of the child protection conferences, as recommended by the national guidelines. The above led some parents to feel that they were being "told" what was being decided, a similar finding to Buckley *et al.* (1997).

The above findings are rather concerning from the perspective of the parent. Given that parents normally have more information than any professional about their child, it is surprising that any attempted contribution to the child protection conference made by them was "not listened to, or believed". Additionally parents are of the view that professionals were not disposed to critically examining the alternatives suggested with a view to negotiation. This is particularly astonishing for parents who believed that

they proffered reasonable contributions and realistic suggestions / recommendations to the conference for consideration, as in the case of Roger and Pauline.

Roger while acknowledging that his child suffered an injury was clear that he and his partner were not responsible for it. They were of the opinion that the suggestion they presented to the conference: that the child should remain at home with regular monitoring by the hospital and the social work department, as the care of their older child occurred without any issue of child abuse arising: was reasonable to put forward. From Roger's perspective this did not receive consideration. This experience is similar to that of Pauline and Joan. Joan (mentioned previously) found that only when she insisted that her child sustained an injury through an accident that the professionals listened and gave consideration to her point of view. Similar experiences reinforced the parents' view that professionals had a 'pre-ordained decision' made, a similar finding to that of Farmer and Owen (1995) in which they found that many assessments made by the social workers before the initial conferences were simply endorsed at the initial conference without critical appraisal. If this perspective is an accurate reflection of the conference process, this leads the author to query if professionals had pre-conceived ideas about "how the case should go" and how much of a role did this play in the non-consideration of suggestions/recommendations put forward by the parents.

Unlike research undertaken by Farmer and Owen (1995: 111) it was not possible to gauge the demeanour of respondents or how articulate they were in child protection conferences in the absence of independent observation. Additionally, it was not possible to observe if the format of the conference allowed parents to initiate discussion around their own concerns or, if their contributions enabled professionals learn more of their view of the situation and what effects (if any) this had on the decision-making process. At interview the author found that each respondent was able to articulate their views adequately.

The above findings indicate that all respondents were faced with many issues (outlined above) which apparently mitigated against making an effective contribution to the child protection conferences. These findings are significant at a time when national guidelines that espouse the notion of participation in the child protection

process, have been introduced. The mere introduction of guidelines does not in itself ensure the development of participatory practice therefore there is a need for the development of comprehensive training for professionals that will address the issues and findings outlined above.

The period after the conference

This section will outline findings and analysis of parents' views of the conference decisions and follow-up in addition to the recommendations they made for future child protection conferences.

- **Parents' views of decisions and follow-up**

In line with current practice, all respondents were issued with complete minutes outlining the discussion that took place and the decisions taken at the conference. Respondents were interviewed between seven and twenty-four weeks subsequent to the conference and reported that they understood the decisions of the conference. This period of time enabled respondents to reflect on these decisions and how they impacted on them. Only one of the nine respondents expressed satisfaction with the conference decision, where as the remaining eight expressed the view that the conference did not resolve issues to their satisfaction and some were critical of the lack of follow up in their cases.

Joan was critical of the fact that she was not receiving assistance for her child and that there was no follow up from the health board. She also complained that the minutes were not clear in stating that she did not perpetrate the injury to her child:

They said that they would offer supports, they didn't. They leave you to paddle your own canoe...we haven't even had a phone call to ask 'how are ye getting on?' or anything like that. At the conference the child care manager said that this injury was caused accidentally. The conference minutes does not state that the investigation is finished, it doesn't state that I didn't actually do this. It just says it is inconclusive.

Roger was clear in his opinion that the conference decisions were not followed through and expressed concern for his child who is still in care:

The conference decided that my child would go into care for a short time, lasting from ten to fourteen weeks. It will be lasting for about six months...which is too long. The child is getting confused not knowing who or where or what is what. There is no benefit to the child as the parent child bond is interrupted.

Terry who was pressurised by the conference into agreeing to reduce access visits to his children spoke in terms of how this affected his children:

I don't see the children during the week any more. I don't think it was positive for my children, because every time I have spoken to my children on the phone they were upset, crying, they weren't happy. I feel that my children are getting distant. My youngest child has started to ignore me. He'll just look through me as if I don't exist. I have written to the welfare people to review this.

Eamon wondered about a better outcome if the child care manager had met his child before the child protection conference:

If the child care manager met my child the outcome would have been different. The social workers had not contacted me from one conference to the next, as they had said they would at the previous conference. The social workers neglected my child – all we did was ask for help. We told the social workers never to call again.

The above findings highlight significant issues for the respondents after the child protection conference occurred. While some respondents experienced a lack of communication at the early stage of the case, for (others inclusive of) Joan this reoccurred when professionals did not follow through by offering the necessary support with regard to her child, as recommended by the conference. Joan described this in poignant terms – “being left paddle your own canoe”. In Rogers’ case, he did not know the reason for the child remaining in care for a longer period of time than agreed to at the conference. This was causing him concern as there was “no benefit to the child as the parent-child bond is interrupted”. These cases highlight that social workers were sporadically active throughout the life of the case, in which there were

periods of time when there was little or no contact. Respondents who participated in this study would have welcomed ongoing social work contact, in which they were either assisted or simply kept up to date with developments. Additionally, the above findings indicate from the parents' perspective that the social work department was operating on a "close-out-phase" basis in terms of their ongoing interventions with the family. Perhaps this is reflective of social workers' belief that much of the work has been completed given that conclusion of the child protection conference process. These findings are similar to those of Farmer and Owen (1995) and Bell (1999a) that found that the level of social work support after the conference was low. This finding brings to mind the suggestion made by 'Messages from the Research' (1995: 38):

while professionals jealously guard the point of entry, less attention is given to the point of exit.

It is interesting to note that the majority of the respondents interviewed in this study were in agreement that there were child protection and welfare issues that needed to be addressed. However they learnt from their conference experience that the professionals' interpretation of the presenting circumstances were different to that of their own. For example in the three cases of alleged non-accidental injury, all parents were clear that they were not responsible for causing it. However in all three cases parents were of the view that professionals believed that they were culpable. A similar experience occurred for Terry, Eamon and Pauline. There was a lack of congruence between the parents and professionals as described by Thoburn *et al.* (1995). Had sufficient exploration of the circumstances and preparation taken place in advance of the conference between parents and professionals, perhaps a somewhat different negotiated view of the circumstance may have emerged. This may have had the effect of narrowing those issues in which divergence or incongruence occurred, thus enhancing better outcomes deriving from the child protection conference.

- **Recommendations for future child protection conferences**

All respondents were asked for their recommendations for future child protection conferences. An overview of recommendations made by seven of the respondents are

outlined in Tables 4.2, 4.3 and 4.4 below that reflects the chronological process of the conference.

Table 4.2 Recommendations made by respondents relating to pre-conference issues

- The social worker should build up my confidence to prepare me so that I can talk at the conference
- The child care manager should meet the young person before the conference so that they will know what type of child is being discussed at the meeting
- The agenda should be published prior to the meeting making a list of all the topics to be covered so that parents can prepare themselves
- We should see reports three days in advance of the conference to have our thoughts on the truth of things

Table 4.3 Recommendations made by respondents relating to the conference

- Have the child attend the conference, in the next room viewing the proceedings through a window or video-link if necessary
- I should have been put into another room because of him – (respondent referring to an abusive ex-partner)
- Use of neutral venues – conferences should be away from health centres, somewhere less intimidating maybe a hotel room.
- There should be more emphasis on parents’ needs, they are affected and suffering as well
- The chair person wouldn’t have been independent – they should be independent of the health board
- Conferences should be video-taped or recorded – why they are not is that they can throw abuse at you and make you react
- Social workers should be impartial – my basic impression was that the social workers had their minds made up before I entered the room – because I am a man they feel I cant mind my children – they should be impartial
- They (professionals) should listen to what parents say

Table 4.4 Recommendations made by respondents relating to post-conference issues

- Although the child care manager said I was not responsible...on paper it didn't actually say that I didn't do it...the minutes should have been clearer
- That the decisions of conferences are followed through
- Parents like us should be able to meet with other parents who have been through a similar process

The following are representative of what respondents said when making recommendations. Kieran recommended:

the child should have been invited...the agenda should have been published prior to the meeting making a list of the topics to be covered so that you can prepare...conferences should be away from the health centre, somewhere less intimidating maybe a hotel room. There should be more emphasis on parents' needs, especially in our case where we weren't responsible for causing the injury. The chairperson...should be someone completely independent of the health board.

Eamon recommended:

the child care manager should meet the young person before the conference so that they will know the type of child being discussed at the conference. Have the child attend, in the next room viewing the proceedings through a window or if necessary use video-link. The conferences should be videotaped or recorded. We should have seen the reports three days before the conference to have our thoughts on the truth of things.

Lisa recommended:

the social worker should build up my confidence to prepare me so that I can talk at the conference. Parents should see the reports before the meeting.

Terry recommended:

My basic impression is that the social workers had their minds made up before I even entered that conference and that my access was going to be changed. They should be impartial.

The recommendations made by respondents are somewhat reflective of the issues and concerns that they discussed in relation to the child protection conference process. The recommendations contained in Tables 4.2, 4.3 and 4.4 could be used as a template when both professionals and parents are preparing for their participation in child protection conferences. These recommendations, which are made by the parents, should be read in conjunction with relevant literature inclusive of the national child protection and welfare guidelines.

Summary

...rather than capitalising on the capacities of clients to shape their own destinies, workers tended to exclude them from consultative processes...and failed...in what could have been joint approaches to enhancing the welfare and protection of children concerned

(Buckley 2000:
260).

This chapter has presented the findings and analysis of this small-scale study under salient themes that emerged from data collected from nine respondents through the use of in-depth semi-structured interview. The findings reveal that there are several issues that parents are faced with as they proceed through the child protection process. Among these are the feelings of powerlessness in respect of having any real say with regard to the future care and protection of their children. A factor that increases powerlessness is their experience of apparent lack of preparation for involvement in a forum that has become synonymous with the principles of partnership and participation, the child protection conference. There is no confirmation that parents were given the opportunity to either examine professionals' reports before the conference or facilitated with the opportunity to become aware in clear terms with the

concerns that the professionals had. Consequently parents were not prepared in a manner that would assist them in asking appropriate questions, presenting their view or challenging the professionals' assessment of the situation. The above served to leave parents unclear about the role, function and purpose of the child protection conference. There is no evidence to suggest that parents were aware of the gravity and serious consequences that a child protection conference could have on their family. Accordingly parents did not have a good understanding of the process or what was expected of their involvement in the child protection conference. Consequently it appears that the majority of parents experienced little opportunity to put forward their point of view, when they did so they believed that this carried little weight. There is no indication from the findings of this research that parents were adequately prepared to deal with the large number of professionals who were present in a meeting that placed additional demands on them inclusive of coming to terms with the presence of their ex-partner and the Gardaí.

It does not appear from the findings of this research that parents were able to challenge the views or the decisions of the child protection conference, in the midst of being "put under pressure", as they described, into accepting these. This perception was further endorsed on those occasions when legal procedure was contemplated, and when "pressure" was exerted on the parent to accept the decision, by the professionals who were present. There is no evidence from this research to indicate that parents understood the rationale for some of the decisions taken, which possibly contributed to a feeling of dissatisfaction. Eight respondents reported that their views/suggestions and recommendations were not listened to. For a number of respondents, this was compounded when they were "not believed" by the professionals. When decisions were made, respondents had real issues with the lack of follow-through and follow-up. The findings of this research indicate that the child protection conference process (which was a new experience for the majority of parents) was a negative experience for eight of the nine respondents, in which they described nervousness, intimidation, confusion, being reactive and put under pressure. The findings illustrate from the parents' perspective that they were not included in a meaningful way in the child protection and welfare process. This served to elucidate to them a sense of powerlessness and alienation in the process.

The findings concluded with recommendations made by the respondents, which reflected the issues that they had with regard to the child protection conference process. Chapter five will summarise the research as a whole as well as making some recommendations.

Chapter Five

Conclusion and Recommendations

This research project focused exploring parents' perceptions of their participation in child protection conferences in one health board in Ireland. The objectives of the research were to establish from the parents' perspective their perceived level of preparation and participation in the conference. Other objectives included ascertaining from parents their view of the outcomes and recommendations for future conferences. This research was motivated by the author's interest in the subject matter in addition to his desire to give a voice to an often-neglected population within the child protection field: the parents.

In the introductory chapter, the origins of the child protection conference and the development of practice to include parental participation have been described in addition to an outline of the agency and geographical contexts for the research. Relevant literature from both Ireland and the UK is used to discuss the concepts of participation and partnership and research undertaken with regard to parental participation in child protection conferences. An international development in child protection practice, namely the family group conference was addressed along with practice issues.

A qualitative methodology was chosen for the research and data was gathered through the use of in-depth semi-structured interviews with nine respondents. Ethical considerations were observed as well as attention being given to the issue of data analysis and researcher bias. An outline of individual profiles of each of the nine respondents in addition to a presentation and analysis of the findings under pertinent themes that arose from individual interviews was made. This chapter will proceed to make conclusions and recommendations based on this small study.

Conclusions

This project has demonstrated that, despite the introduction of recent guidelines that advocate the participation of parents in the child protection process, parents find themselves confronted with many issues. Among these are the feelings of powerlessness in respect of having any real say with regard to the future care and protection of their children. These findings may come as a surprise to professionals, especially social workers, who are likely to believe that they use participatory

principles in everyday practice (Marsh and Fisher 1992). While the child protection conference has become associated with participatory practice through development of practice, very few of the parents in this study felt that this mechanism gave them a chance to work in partnership. Corby and Millar (1997) along with Buckley *et al.* (1997) point out one possible reason for this. The tasks of investigation (assessment) and policing that the child protection service has to perform cannot easily be reconciled with the qualities of empathy, sensitivity and support that are normally accepted as part of good social work practice. Additionally, Buckley (2003) argues that given the above-mentioned tasks, social work has become pre-occupied with procedure, which has the effect of either ignoring or not acknowledging the needs of parents and other members of the family. This was expressed by Kieran when he made recommendations for future child protection conferences.

It should be remembered that this is a small study and conclusions reached must be viewed carefully. However, this study raises many questions inclusive of the following. Are the findings outlined above applicable to other parents who have been invited to attend child protection conferences, given that the number of respondents is representative of 11.11% of parents who attended conferences in 2003? An additional finding from this research that should be noted is the absence of parents from forty-four child protection conferences that they were invited to attend in 2003. This lack of parental attendance is concerning, as Farmer and Owen (1995) note that in these situations decisions are made by the professionals that ignore the parents' strengths and significant information about the family. Horwath and Calder (1999: 23) develop the point that where child protection plans were recommended by the initial conference in the absence of parents, "they were idealistic not realistic".

If the aims of participation are to ensure parental attendance at child protection conferences and to inform parents more fully about professionals' concerns about their children, this research suggests that the area health board is undertaking this. However, if the aims of participation are to ensure that parents are empowered through having access to professionals' reports, being given opportunity to question professionals' assessments and offering their views and concerns, being given adequate preparation for their involvement in the process, this research suggests that from the parents' perspective, this is not happening.

Summary

This research has illustrated from the parents' perspective that there are weaknesses and inadequacies in the child protection system, in particular the child protection conference. Some may argue that this is to be expected given that conferences bring together professionals who work in different organisational structures and who have diverse values and differing responsibilities in relation to child protection. Therefore the findings that emerge from this small study, which point the way forward in some respects, will require careful consideration in ongoing efforts to improve practice with regard to parental participation at child protection conferences. It is suggested that there is a need for an approach that more explicitly acknowledges the power differentials that exist between service users and the service provider in the child protection process. This approach should endeavour to give parents a voice, even if this leads to open disagreement between parents and professionals. Open disagreement is a healthy indicator that issues are receiving attention. If skilfully facilitated this can lead to congruence between parents and professionals, which in turn can lead to better outcomes for children.

Recommendations

It is recommended that the area health board consider using the recommendations put forward by the respondents (see Tables 4.2, 4.3 and 4.4 above) as a template that would assist parents and professionals in their preparation for child protection conferences. It is suggested that this recommendation and those that follow receive consideration under the auspices of the Regional Child Protection Committee in consultation with all stake-holders (including service users) in child protection and welfare services. Additional recommendations are as follows:

1. That the health board continue to implement the Child Protection Conference Protocol as outlined by Children First (DOH&C 1999), in addition to devising child protection conference practice guidelines to ensure greater parental participation referring to international

guidelines with a view to offering comprehensive training to relevant professional staff.

2. That consideration is given to defining the terms and aims of partnership and participation by family members and professionals in the child protection process, with particular reference to the child protection conference process. The limitations that affect this require clear explication. This should be drafted with reference to the national child protection and welfare guidelines and international guidance and made available to family members and professionals.
3. That consideration is given to defining the terms and aims of preparation of family members for decision-making in the child protection process, with reference to the national guidelines and international guidance. It is recommended that the principle is inclusive of the following: access to professionals' reports/assessments, assisting family members to query professionals' assessments and facilitating the expression of their views, concerns and suggestions in advance of any decision-making forum. To achieve this consideration will have to be given to devising practice guidelines and a comprehensive training package that includes consultation with services users.
4. That the quality of professionals' assessments are improved by the development of practice guidelines and comprehensive training with reference to literature, inclusive of: 'Children First' (DOH&C 1999), 'Children First – Initial Assessment Form and Guidance' (NAGICF²⁰ 2002) and 'Child Neglect: Is your View my View' (Horwath 2001).
5. All parents and professionals should receive standard written information about child protection conferences in the form of an explanatory booklet/leaflet. The purpose and function of child

²⁰ NAGICF – National Advisory Group on the Implementation of Children First.

protection conferences and what is expected of the various participants (inclusive of the Gardaí) should be outlined. This should be designed in conjunction with service users.

6. That all professionals are reminded of their obligations to ensure that family members are given ample opportunity to:
 - obtain, read, discuss and query assessments/reports and professionals' concerns/judgements some days in advance of any decision-making forum inclusive of the child protection conference as outlined by the national guidelines.
 - prepare for their involvement by way of involving them in drafting an agenda in advance of decision-making forums and, suggesting to parents ways of presenting their point of view.
 - prepare for their involvement by explanation of the procedures and process involved in any decision-making forum.
 - be made aware of all professionals who will be in attendance by explaining the purpose and function of their presence, in addition to facilitating introductions before the commencement of the meeting. The practice of 'unknown professionals' attending should cease.
 - prepare themselves for the presence of an abusive (ex) partner by developing coping strategies to deal with any issues that may arise.
7. That minutes of decision-making forums (inclusive of the child protection conference) reflect accurately and concisely the discussion that took place, the decisions reached.
8. That professionals at decision-making forums consider using nametags in an effort to assist parents to identify and recall all who are present.
9. That general practitioners are invited into a process of consultation with regard to the issue of child protection and welfare with specific reference to attendance at child protection conferences.

10. That designated chairpersons receive specialist training with reference to their function and skills in chairing conferences, with specific focus on the participation and involvement of parents in decision-making, drawing on literature inclusive of 'Child Protection Conferences: A Framework for Chairperson Preparation' (Calder 2003).
11. To obtain a larger and broader perspective of this issue the author recommends that further study is required which may involve a greater number of parents, children and professionals from different health board areas. This would greatly assist in developing a substantial understanding of the issues outlined above which in turn would impact on the development of best practice in this area.
12. That consideration should be given to piloting family group conferencing in child protection that provides a model which emphasises the role of the family in decision-making for their children's future based on clear reasons for professional concern in the board's area. A comparative study of outcomes from both the FGC and CPC models would assist in the development of decision-making practices in child protection and welfare.

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APPENDICES

1. Correspondence to the child care managers.
2. Correspondence to the child care managers.
3. Correspondence to parents from the child care managers and acknowledgement slip.
4. Information sheet for parents.
5. Consent form.
6. Semi-structured in-depth interview guide.
7. Invitation to parent to attend child protection conference.
8. Invitation to professional to attend child protection conference.

To: Child Care Manager, Health Centre, Town, County.
Child Care Manager, Health Centre, Town, County.

From: Brendan Guinan, Implementation Officer, Children First,
Town, County.

Date: 27th February 2004.

Subject: Proposed research project entitled:
“Child Protection Conferences – the parents’ perspective”
Request for assistance in:

1. identifying parents, who have attended a child protection conference, who are willing to consent to interview for the purpose of this research,
2. identifying parents, who have been invited to attend a child protection conference, who are willing to consent to a researcher observing their conference.

Dear XX and XX,

As you are aware, I am required to conduct a research project in part fulfilment of the requirements for the M.Sc. in Child Protection and Welfare, Trinity College, Dublin. Both the research (10th October 2003) and ethics (27th February 2004) committees of this health board have sanctioned my proposal. I would be very grateful for your assistance in identifying parents who are willing to participate in this research. The purpose of the research is to explore parents’ perceptions of child protection conferences. The aims of the project are to explore:

- What is the parents’ experience of a child protection conference?
- What benefits do the parents see that a child protection conference has for a child?
- What benefits do the parents see that a child protection conference has for a parent?
- What difficulties do the parents see with a child protection conference?
- What recommendations have parents with regard to child protection conferences?

To complete this research, it will be necessary to interview seven to ten parents in addition to observing two to three child protection conferences. I propose that the child care managers’ offices will approach parents, to be interviewed and those whose conferences will be observed, with a view to obtaining their oral consent to meet me. During this meeting I will explain the following:

- Confidentiality
- ¾ hour interviews which will be tape – recorded, with their written consent,
- Observation at child protection conferences, with parental and professional consent,
- Notes of observations and interview transcripts will omit all identifying data,
- Following analysis the tapes will be destroyed,
- The possibility of publication for learning purposes

It will be expressly stated to parents, that there is no obligation to participate and, that participants can withdraw at anytime during the research process. I hope to interview the parents and observe the conferences before the end of March.

I anticipate that the findings from this research will be useful in informing the continuing process of developing and updating the Health Board's child protection conference protocols.

I would be very grateful if you would look favourable on my request for assistance with this research project.

Thanking you,

Yours Sincerely,

Brendan Guinan.

AREA HEALTH BOARD

Appendix 2

To: Child Care Manager, Health Centre, Town, County.
Child Care Manager, Health Centre, Town, County.

From: Brendan Guinan, Implementation Officer, Children First,
Town, County.

Date: 3rd March 2004.

Subject: Research project:

“Child Protection Conferences – the parents’ perspective”

Request for assistance in forwarding the enclosed letter and information leaflet to those parents who have attended one child protection conference during the period, October 2003 to February 2004.

Dear XX and XX,

Thank you for meeting with me yesterday to consider correspondence dated 27th February, and agreeing to assist me with this research. As you are aware, it was agreed that the child care managers would assist by posting the enclosed to parents who have attended one child protection conference in a given period of time.

Additionally, it was agreed that any parent who has a history of aggressive/violent behaviour towards staff, would not be included. However, those parents who do not have such a history but where they were asked to leave the conference or where the conference had to end prematurely can be included.

Please find enclosed a hard copy of the proposed letter to be forwarded to parents, along with stamped addressed envelopes. This will be forwarded to you through e-mail. This has been drafted to take into account that parents could have literacy difficulties. Therefore the simple request to put their name and telephone number at the end of the letter has been made, should they be interested in taking part in the research.

I would be grateful if consideration could be given to forwarding about 20 letters from each CCA, if possible, to ensure the desired response rate.

Again I wish to express my gratitude for your assistance with this research project.

Thanking you,

Yours Sincerely,

Brendan Guinan.

Appendix 3

Child Care Managers Office, Health Centre, Town, County.

Telephone: xxxx – xxxxx.

16th March 2004.

Re: Research with regard to “parents’ views of child protection conferences”.

Dear,

I refer to the above. Mr Brendan Guinan will be undertaking this research and I enclose an information leaflet from him outlining the details of what is involved in this research.

In writing to you, the purpose is twofold:

- Firstly, to offer you the opportunity to participate in this research so that you can express your views of attending a child protection conference.
- Secondly, due to confidentiality Mr. Guinan is not aware of your name, family circumstances or any information with regard to the child protection conference that you attended. The only way, in which he will become aware of this, is by you completing the enclosed form to participate in the research.

If you wish to participate in the research please complete the enclosed form and return it in the self addressed envelope to Mr. Brendan Guinan, before the 25th March. I will not be informed by Mr. Guinan of the name of any parent who participates in the research.

Should you wish to obtain any further information about the research you may contact Mr. Guinan directly at (086) XXXXXXXX.

Yours sincerely,

Child Care Manager.

Research with regard to “parents’ views of child protection conferences”.

Name: _____

Address:

Tel No: _____ *Best time to telephone?*

If you wish to participate in the research please complete this form and return it in the self addressed envelope to Mr. Brendan Guinan, before the 25th March.

Thank you.

“Child Protection Conferences – the parents’ perspectives”

Information Sheet.

Introduction.

My name is Brendan Guinan and I am the ‘Implementation Officer – Children First’ in the Health Board. I am doing a research project at Trinity College, Dublin. I want to find out about *‘parents’ views of child protection conferences’*.

Who will be taking part in the project?

I would like to meet with you, for an hour or so, to find out what your views of attending a child protection conference is. I am happy to meet you at a time and place that is suitable.

What will happen to the information?

The information you give will be analysed by me. All identifying information with regard to you, your family and circumstances will be left out.

Do you have to take part?

No! You are not obliged to take part in this research. This will not have any effect on any services provided to you by the health board.

I am interested – what do I do next?

You can ring me (086-XXXXXXX) or write your name, address and telephone number on the enclosed sheet and return it using the stamped addressed envelope before 25th March. After this I will make contact with you to make arrangements to meet.

It is really important that your views about attending a child protection conference are heard. This will help the health board to understand parents’ point of view with regard to attending a child protection conference.

Thank you for reading this leaflet, and I hope that you will consider taking part in this research.

Brendan Guinan.

Mr. Brendan Guinan,
Implementation Officer – Children First,
Address & Tel. No.

Consent.

Appendix 5

“Child Protection Conferences – the parents’ perspective”

This research aims to explore parents' views of child protection conferences. It is proposed that a number of parents, who have attended a child protection conference, will be interviewed with consent. Times and venues will be mutually agreed for interviews which will last for approximately one hour. The meeting will be tape-recorded so that a verbatim (word for word) account is obtained. These tape recordings will be typed; all identifying information (e.g. names and addresses) will be left out to ensure confidentiality and anonymity. All tapes will be destroyed once the research project has been completed. The information obtained in the interviews will be coded under fictitious names so as not to identify the parent, child or family in any way.

Declaration:

- The purpose of this research has been explained to me.
- I am aware that information, given during the meeting will be used for research. All identifying information in relation to my family and myself will be omitted. I am aware that this research may be published at some time in the future.
- I understand that participation in this research will be treated in the strictest of confidence **except** in the event of a disclosure of information, which affects the safety and welfare of an individual. I understand that in these circumstances that this information will have to be passed on to the appropriate professionals.
- I understand that participation in this research is voluntary and that I can choose to end my involvement at any time.

I give consent to participate in this research project.

Signed _____
Parent.

Date: _____

Signed _____
Researcher.

One copy to parent.

One copy to researcher.

Appendix 6

'Child Protection Conferences

– the parents' perspective'

The objectives of the study are to ascertain the following from the parents' perspective:

- Their perceived level of preparation for the conference
- Their perceived level of participation in the conference
- Their view of the outcomes of the conference
- Their recommendations with regard to future conferences

Semi-structured in-depth interview guide.

Each interview commenced with an introduction that consisted of an elaboration of the above outlined objectives for the study. Respondents were asked to give a brief synopsis of their case and to outline the names of all who were present at the conference using a drawing of a table and chairs. They were then asked to detail their views and experience of the child protection conference from the point of referral to the decisions made.

Before the conference

Can you tell me about the time that lead up to the child protection conference?

Prompts to be used if necessary:

How did your family come to the attention of the social work department?

Why was a child protection conference convened in relation to your family?

How did you get to know about this?

Who requested it?

Can you tell me about your view of the reasons for the conference?

Can you tell me about the preparation you received before the conference?

Can you tell me about your understanding of the purpose and function of the conference? How did you find out what professionals were going to be at the conference?

Can you tell me about any fears or expectations that you had?

Can you tell me about the professionals' reports and whether you saw these before the conference?

The child protection conference

Can you tell me about your experience when you attended the child protection conference?

Prompts to be used if necessary:

What happened when you arrived for the conference?

Can you tell me anything about the people who attended the conference?

How would you describe your understanding of the professionals concerns?

Can you tell me anything about the professionals' reports at the conference?

Can you tell me about how you felt at the conference?

What did you find difficult/hard about attending the conference?

Can you tell me about how you participated in the conference?

Were there any observations that you made at the conference that you would like to tell me about?

Can you tell me what decisions were made at the conference?

Can you tell me how decisions were reached at the child protection conference?

Can you tell me about your involvement in making decisions at the conference?

After the child protection conference

Now that some time since has passed since you attended the conference what is your view of the decisions made at the conference?

Prompts to be used if necessary:

Now that some time has passed since these decisions were made, what is your view of them now?

Can you tell me about how the decisions are working out?

Recommendations for future conferences

What recommendations would you make for future child protection conferences?

Prompts to be used if necessary:

If you had the opportunity to make recommendations for future child protection conferences to the health board – what would they be?

Area Health Board.

CPC: Invite to parents / foster carers / carers.

Appendix

7

Private & Confidential

Mr. & Mrs. etc.

Date

Dear _____

A Child Protection Conference will be held on _____ at _____ in the _____ to discuss matters relating to your children and yourselves.

I would be grateful if you would attend at _____ on that day to meet with _____ and myself. Given the importance of the matters to be considered, your input will be invaluable. Please let us know that you can attend as soon as possible.

A Child Protection Conference is a meeting between Health Board professionals and yourselves, when there are worries about your children's welfare and/or protection.

The Child Protection Conference seeks to get the views of everyone concerned including yourselves.

Professionals who work with you, and your family, will be invited to the Child Protection Conference. These may include your social worker, public health nurse, psychologist, general practitioner etc. Often the managers of the professionals attend the Child Protection Conference as well, because of their responsibilities in the area of child welfare or protection. At the end of this letter you will see a list of people who have been invited to attend.

The Health Board is committed to the involvement of parents/young people and value working in partnership with them. Attendance is not compulsory, however, if you do not want to attend, but would like your views to be heard, you can put your views in writing to the Child Protection Conference, or tell your views to an appropriate professional who will pass them on.

This letter is for the attention of the addressee only. It is not for reproduction or re-distribution by any means without permission of the author.

However, even though parents/young people can sometimes be a little apprehensive about attending a Child Protection Conference, generally parents are happy to have attended and participated in the decision-making relating to their children. If you wish to bring a family friend for support please consult with the Child Care Manager's Office.

I look forward to meeting you on the day of the Child Protection conference, and to your fullest participation.

Yours sincerely,

Child Care Manager/Designate.

List of Invitees to the Child Protection Conference:

| Name | Profession | Address |
|-------------|--------------------|----------------|
| 1. | Parent | |
| 2. | Young Person | |
| 3. | Carer/foster carer | |
| 4. | Psychologist | |
| 5. | Social Worker | |
| 6. | Etc | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |

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Area Health Board

CPC: Letter of invitation to professionals, incl. Gardai
(All Gardai letters to be copied to local Superintendent)

Appendix 8

Private and Confidential

Name:

Address:

Date:

Re: Child's name, address and Date of Birth

Dear

A Child Protection Conference has been arranged in relation to the above named child:

Date:

Time: (duration approximately 1½ hours)

Venue:

Reason for Conference:

Person requesting Conference: (name and title)

Please note that the *Child Care Manager/Designate* will endeavour to meet the parents and young person prior to the Child Protection Conference. Please note also that it is Health Board policy to invite parents and young person along with a nominated support person, where appropriate to attend the full Child Protection Conference. *Refer to page 151 of 'Children First'.*

All those invited to attend are asked to prepare and submit a factual written report of their contact and work with the family/child. This report should also include any recommendation for future interventions with the family/child. Please submit your report five working days before the Child Protection Conference. Copies of all reports received will be made available to *all participants* at the Child Protection Conference to facilitate discussion and decision-making. These reports *must* be returned to the *Child Care Manager/Designate* at the end of the Child Protection Conference.

This letter is for the attention of the addressee only. It is not for reproduction or re-distribution by any means without permission of the author.

If you are unable to attend please advise me in writing of same or nominate a representative who will do so on your behalf.

Yours sincerely,

Child Care Manager/Designate

List of Invitees to the Child Protection Conference:

| <u>Name</u> | <u>Profession</u> | <u>Address</u> |
|-------------|--------------------|----------------|
| 1. | Parent | |
| 2. | Young Person | |
| 3. | Carer/foster carer | |
| 4. | Psychologist | |
| 5. | Social Worker | |
| 6. | Etc | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |

Note: If you wish to add anyone to this list please consult with Child Care Manager's office.

Acknowledgement Slip to be returned to the Child Care Managers' Office:

-----✂-----

I will will not attend

Child Protection Conference on: -

I have have not
 included a summary report for the
 attention of the Chairperson.

Child's Name: _____

Date: _____

Signed _____
 (Clear writing please)

Date: _____

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