Trinity College Dublin

Demonstration Practice Project:

An exploration of professional views of parental participation in child protection conferences following the introduction of ‘Children First’ in the Midland Health Board.

For partial fulfillment of the Postgraduate Diploma in Child Protection and Welfare

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(WORDS 8500)
Preface

This demonstration practice project examines professionals’ perceptions of parental participation in child protection conferences following the introduction of ‘Children First’ in the Midland Health Board. The methodology used to undertake this small study is research questions for completion by a sample of professionals invited to attend eight child protection conferences in a two-month period in the first half of 2003. The findings suggest that while professionals are in favour of parental participation in child protection conferences, there are difficulties for their participation. They include not showing their reports to the parent before the conference, not discussing all of their concerns in the conference and, professionals’ views that parents do not participate in decision-making. The researcher queries if child protection conferences are consistent in their attempt to ensure that parents fully participate and are involved in the decision-making process. Additionally, it was noted that general practitioners did not attend a majority of conferences surveyed. The researcher concludes by making some recommendations.
Acknowledgements

I would like to express my appreciation to those in management in child care services in the Midland Health Board for giving me the opportunity to pursue this invaluable course.

Additionally, my gratitude extends to the staff in the child care managers offices, who were of invaluable assistance to me when I undertook this piece of research.

A particular word of thanks to those of my colleagues who assisted me in different ways through the year and those who took time to complete the research questions which formed the basis of this research project.

My deepest acknowledgement for their support and assistance go to the staff of Trinity College Dublin, in particular my tutor, Anne McWilliams.

Finally, to my wife Fionnuala, my young son Ben, and close family friends who offered support and encouragement which was so helpful in seeing me through the year, my deepest appreciation.
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Chapter One

Introduction,
Aims and Objectives.
Introduction

The issue of parental attendance at child protection conferences in Ireland has only recently been the subject of attention in child protection and welfare practice. Ferguson makes the point that from the 1970s to the mid 1980s there was little or no formal concern with involving parent/s in decision-making in child protection practices (Ferguson 1996: 26). Before the publication and implementation of the national guidelines, ‘Children First’, there was no standardisation of practice in the Midland Health Board of inviting parents/carers to case conferences, now known as child protection conferences (DOH&C 1999: 78). This was despite the fact that the board’s policy document entitled ‘Regional Child Protection Guidelines’ stated that “it is the board’s policy and practice that parents are…invited to participate in the case conference process and forum”. And, that the chairperson of the conference should “conduct a pre-conference meeting with parent/s (and or child/ren), where they attend” (Midland Health Board 1997: 64 – 67, Appendix 1).

The introduction of ‘Children First’ has had implications for professionals involved in child protection and welfare practice in that parents (and children, where appropriate) are now invited to attend child protection conferences. Additionally, parents (and children) are at liberty to invite a ‘support person’ to accompany them. This compares starkly to the guidelines issued in 1987 (DOH 1987: 20) in which there was no mention of parental attendance.

Since May 2000, the author who is employed as a social worker team leader, has been temporarily assigned to the post of ‘Implementation Officer, Children First’ in the Midland Health Board (MHB). Included amongst the responsibilities of the post is to assist the child care managers in implementing aspects of ‘Children First’, including child protection conference protocols and practice as outlined in the national guidelines (DOH&C 1999: 149-154). In 2002 there were a total of 77 child protection conferences, 41 of which parents attended in one of the two community care areas. There were no accurate statistics available for the other community care area, at the time of writing. Practice has been standardised with the chair-person meeting with parents (child/ren)
prior to the conference as well as forwarding minutes to parents (child/ren – where age appropriate) after child protection conferences.

The MHB has two community care areas, which services four midland counties, Longford, Westmeath, Laois and Offaly with a population of approximately 210,000 people. There are approximately 5,500 whole time employees of which there are approximately seventy social workers. In 2002, there were 2036 child protection and welfare referrals under the categories of welfare, physical abuse, sexual abuse, emotional abuse and neglect. Of the 2036 referrals, there were 231 child protection notifications to the child protection notification management team as per ‘Children First’ (DOH&C 1999: 155 – 158), of which 199 were accepted. In the same year there were 167 admissions to alternative care while there was a total of 257 children in care at the end of 2002, inclusive of 22 placed in six residential units within the board’s area.

Aims and Objectives

The aim of the study is to examine the views of a sample group of professionals in relation to their perceptions of parental participation in child protection conferences following the introduction of ‘Children First’ in the Midland Health Board area.

Objectives

♦ To examine professionals’ perceptions of parental participation in child protection conferences following the introduction of ‘Children First’.
♦ To examine how professionals share existing child protection and welfare concerns with parents before and during the child protection conference.
♦ To examine the professionals’ perceptions of parental involvement in decision-making at child protection conferences in relation to the protection and welfare of children.
♦ To determine the level of participation of the ‘support person’ who accompanies the parent to the child protection conference.
Chapter Two

Literature Review.
Introduction

“Since the emergence of child abuse guidelines in the late 1970s case conferences have assumed a vital role in the management of suspected child abuse and decision-making process” (Ferguson and O’Reilly 2001: 143). They have been allocated a central position in the ‘Department of Health Child Abuse Guidelines’ (DOH 1987). As Hallett and Birchall (1992) point out, the conference is a meeting comprising of a core group of professionals whose key task is child protection. Their importance has been further highlighted in a number of other texts inclusive of the guidelines for ‘Notification of Cases of Suspected Child Abuse between the Health Boards and the Gardaí’ (An Garda Síochána & DOH 1995), ‘Report of the Kilkenny Incest Investigation’ (DOH 1993) and ‘Children First’ (DOH&C 1999). The child protection conference is an interagency and inter professional meeting which facilitates the sharing and evaluation of information between professionals and carers, and to outline a child protection plan (DOH&C 1999 78 – 79). The literature review will focus on the pertinent themes that emerge from the research:

♦ parental attendance at child protection conferences,
♦ the views of professionals with regard to parent attendance,
♦ sharing of information by professionals prior to and during the conference,
♦ participation and decision-making at child protection conferences where the parent attended.

Parental attendance at child protection conferences

The report of the ‘Kilkenny Incest Investigation’ recommends 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” in which case they should be advised in writing (DOH 1993: 103 – 105). The Law Reform Commission (1990) advocated the same adding that parents “should be given the

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1 The word “parent” includes parent, guardian and carer, however, it is not intended to include foster carer.
opportunity to comment on any action proposed by the conference”. Elsewhere, the European Court of Human Rights, in the case of *W. v. U.K.*\(^2\), 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 consequence (of this case) is the establishment of the rights of parents to be “consulted and heard” about important decisions regarding their children, unless there are convincing reasons to exclude them. Hallett and Birchall (1995: 285) noted that the official guidelines (DHSS 1988: 29 – 30) recommended the invitation of parents to the entire conference where appropriate, was in part response to this “adverse European Court ruling”.

The guidelines for ‘Notification of Cases of Suspected Child Abuse between the Health Boards and the Gardaí’ published in 1995, 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” (An Garda Síochána & 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. Both the Southern Health Board and the Midland Health Board developed the policy with regard to parental attendance at case conferences in 1997. Both stipulated that “parents are excluded from the case conference forum only in exceptional circumstances where it is considered … that the best interests of the children will not be served” (Midland Health Board 1997: 66 & Southern Health Board 1997: 124 – 126). However, these circumstances were not clarified or elaborated upon in either document. The national guidelines for the protection and welfare of children, ‘Children First’, gives very clear guidance on the issue. It states that “parents should participate in the entire conference” in the absence of any listed reasons for exclusion\(^3\) (DOH&C 1999: 79 & 151). Parents should normally be invited to attend and helped fully to participate and that they may bring an advocate, friend or supporter (DOH&C 1999: 151, DOH [UK] *et al.* 1999: 53). In the MHB this policy and practice has developed, however, this does not include solicitors. It is interesting to note Geoffrey


\(^3\) 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
Shannon’s comments on this matter in relation to the case of *R. v. Cornwall County Council*\(^4\). This judicial review held that local authority’s policies of refusing to allow parents to be accompanied by solicitors at child protection conferences was unlawful. Additionally, the policy of refusing to provide parents with copies of the minutes of such conferences which they attended was unlawful (2001: 154 – 155). On the latter point of providing parents with minutes of child protection conferences, the MHB has developed the practice of giving the parent the opportunity to amend draft minutes before final minutes being issued to them.

Farmer and Owen (1998) refer to parental attendance at fifty-nine initial child protection case conferences. They found that eight out of ten of these were attended by mothers, of whom five out of ten attended alone.

**The views of professionals with regard to parents attending child protection conferences**

In their research, Buckley, Skehill and O’Sullivan (1997); carried out in a local health board area in the southeast of Ireland in 1995/1996; examined the views and experiences of professionals with reference to parental participation in case conferences. They found that there were no specific norms about parental attendance. Although in some (few) cases parents attended for part of the conference, there was no situation in which parents engaged in any part of the decision-making process, or attended the entire case conference. At the time of this research, it was noted that there was agreement among professionals that parents should be invited to attend some part of the conference and that parents were entitled to have their say. A minority believed that parents should attend the entire conference. Professionals had mixed views about parental attendance and participation at the entire conference and in the decision-making process as this may inhibit professionals to the point that they would not be able to say what they think. In adversely affected. Reasons would 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).

\(^4\) *R. v. Cornwall County Council, ex parte L.H.*[ unreported, Queens Bench Division, November 4 1999 see http://www.familylaw.co.uk/upd].
their research Ferguson and O’Reilly (2001: 155); conducted in the MWHB from 1996 – 1998; commented upon the views of professionals with regard to parental attendance. Professionals acknowledged that parental attendance was necessary and that engaging them in the formal decision-making process could lead to more effective practice. Reservations included the fear of a physical attack.

Research studies in the United Kingdom (Thoburn et al. 1995; Westcott 1995) have demonstrated that professionals believe families have a right to be involved in decisions about their children, and that practice is more effective when based on participative principles. Other research undertaken by ‘Community Care’ which undertook a survey in 1983, found that nearly two-thirds of the respondent social workers and their departments were in favour of parental representation at conferences “sometimes”. The remaining one-third differed with most supporting parental attendance “always” while no departments did. McGloin and Turnbull (1986) who reviewed perceptions of a small sample of follow-up conferences in Greenwich, found that professionals displayed additional nervousness in the presence of parents and sometimes felt that the sharing of information was inhibited. Despite this, the majority thought parental attendance had a positive effect on conference proceedings. Farmer & Owen (1995: 115) found that most respondents favoured partial parental attendance at child protection conferences. Social workers, health visitors and general practitioners were supportive, while those professions who were most opposed included the police and pediatricians, which appeared to have a majority of males. In her study, Bell (1999: 450) noted that ninety-one percent of social workers welcomed parental involvement in child protection conferences, believing it enhanced a multidisciplinary approach and promoted a sense of partnership. Ruth Chapman (1997) in her research makes the interesting point that most of the negative attitudes to parental involvement appear to be found where practice is relatively new.
Sharing of information by professionals prior to and in child protection conferences

Research has demonstrated that the way families are involved up to and during the conference is critical in determining their attitudes to future intervention (Cleeve and Freeman 1995). Farmer and Owen (1995: 184 – 185) found that the parents had been rarely involved in decisions about risk, registration or the protection plan. This was significant since their views were often rather different from those of conference members. This resulted in major disagreement that remained unresolved. Corby et al. (1996) noted that social workers wrote assessment reports on families prior to the conference and showed them to parents who had little opportunity to amend them. However, forty-one percent of parents surveyed did not see the reports prior to the conferences. It was also found that despite parents being given the opportunity to give their views or respond to the professionals in conferences; generally they were not doing so.

Buckley et al. (1997) in their research refer to the issue of involvement of parents, which appears to be significantly low in multi-disciplinary or multi-agency case conferences. It is noted that while parents were informed of the outcomes of such meetings, in most instances they were not consulted beforehand, or asked for their views or contributions (Buckley, O’Sullivan and Skehill 1997: 13). In their research Ferguson and O’Reilly (2001: 227 – 228) noted from the response of parents, who were excluded from decisions about the care of children, that they were ill informed and given little feedback.

Corby et al. (1996) in their research noted that ninety-five percent of professionals felt that they had not been prevented from sharing relevant information, however, the main dissenters were the police. Issues for them included the possible disclosure of information of a criminal nature. Buckley et al. (1997) noted that professionals had “mixed feelings” about parental attendance as this may inhibit professionals to the point that they would not be able to say what they think. McGloin and Turnbull (1986) also found that professionals portrayed additional nervousness in the presence of parents and sometimes felt that the sharing of information was inhibited.
Participation and decision-making at child protection conferences where parents / carers attended

The notion of parents contributing to the assessment process inclusive of attending child protection conferences is both ethical and potentially effective. Thoburn, Lewis and Shemmings (1995) found a correlation between the involvement of carers in social work practice and better outcomes for children. Farmer and Owen (1995), Cleever and Freeman (1995) found that parents / family members who were incorporated into the child protection process resulted in a more satisfactory outcome for children. Corby et al. (1996) in their research (mentioned above) noted that ninety-eight percent of professionals believed that the presence of parents had not impeded a decision being reached in the best interests of the child and that sixty-five percent of professionals considered the attendance of parents as either helpful or very helpful.

This contrasts to the view that professionals held some years previous where involving parents was seen by many as risky where decisions that were not in the child’s best interests could be made (Wandsworth 1990). Gough et al. (1987) identified that conferences were often large, attended by a range of professionals and large numbers of social work staff. This can result in parents feeling that they can have no influence on the outcome or are not treated with respect. However, Reder et al. (1993: 67) point out that case conferences are vulnerable to the same group processes as any other meeting in that, “attendances and absences, chairing, alliances, hierarchy and projection” all influence the final decision. Corby et al. (1996) state that it could be argued that the conference is less a forum for decision-making and more a place for the professionals asserting a point of view and if possible persuading the parent to accept it. Bell (1999) suggests that the presence of parents at conferences “gives a further push” to a situation where judgements in the conference are not challenged because social services are seen as possessing actual and dispositional power. Farmer and Owen (1993) were of the opinion that professionals think it is important to present a united front at conferences. Kelly and Milner (1999: 101) query if child protection conferences can be subject to “groupthink”, which leads to defective decision-making. “Symptoms” include a lack of disagreement, a belief in unanimity and cohesiveness, direct pressure on dissenters and a high level of confidence
in the group’s decision. Bell (1999) queries if the conference task is instrumental rather than decision-making. Perhaps the time has come to review other means of facilitating the dual task of ensuring the child’s safety and promoting participative practice.

The next chapter will describe the methodology used in this piece of research.
Chapter Three

Methodology.
**Introduction**

The aim of the project is to examine professional’s views of parental attendance at child protection conferences in the Midland Health Board following the introduction of ‘Children First’in the region. For the project to proceed, it was necessary to seek the views of professionals invited to attend child protection conferences to which parents were invited.

The method of the proposed research was twofold. Firstly, the use of pre-structured research questions in the format of a two – page document for completion by professionals subsequent to the child protection conference. Secondly, the researcher would attend approximately eight child protection conferences for the purposes of observation. It was intended that more than one research method could be used so as to cross check research findings – “triangulation”. The aim was to complete a full and balanced study of the situation (Bell 2001).

**Consent and Confidentiality**

The researcher corresponded with the child care managers and sought their consent (Appendix 2). The above proposal was put forward, which would include seeking consent from parents for the researcher to attend child protection conferences. The child care manager consented to the use of research questions that were to be forwarded to professionals subsequent to the child protection conferences. However, they were of the view that conferences can be distressing and emotive for both professionals and clients, and suggested that the researcher would not attend the conferences as an observer. The child care managers and participants in the study were reassured that no identifying information concerning families and professionals invited to attend child protection conferences would be divulged in the study.
**Criteria for inclusion in the study**

To be considered for inclusion in the study, professionals had to be invited by the child care managers office using a standardised letter of invitation to attend child protection conferences (Appendix 3). It was also necessary that parents attended the child protection conferences, subsequent to being invited by the child care manager (Appendix 4 for standardised letter of invitation). Another criterion for inclusion was that child protection conferences had to be convened by either child care manager in the Midland Health Board Area concerning a family / child living in the board’s functional area. Additional criteria include where the child protection conferences have occurred in the recent past i.e. the first half of 2003.

**Research Design**

“There is no single, easy to describe typology of research designs because they vary along a number of designs” (Polit *et al.*, 2001: 168). The study design takes the form of pre-structured research questions outlined on a two-page document for completion by professionals (Appendix 5).

The primary aim of the research questions was to communicate with professionals with the purpose of introducing topics in a form which links into the respondents’ idea of what is or is not relevant to the study (Mc Cormack 1991: 216). The researcher is “surveying” a group of professionals who have some knowledge and experience of the subject matter and, who have been invited to attend a child protection conference to which parents were invited. In this proposed descriptive study, the researcher intends to carry out the study at one point in time whereby the respondents are the “informants” who give information that the author is dependant on. The research questions also encouraged all respondents to answer honestly with the option of remaining anonymous (Appendix 5). Questions comprised of open ended and closed questions using simple, clear and un-ambiguous language. The majority of questions were kept conveniently short, with only one idea per question.
The research questions were formulated into three sections:

- the views of professionals with regard to parental attendance,
- sharing of information by professionals prior to, and during the conference and,
- participation and decision-making at child protection conferences where the parent attended.

**Pilot Study**

“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. The research questions were piloted with a principal social worker, residential care manager, family support worker, social worker and a colleague in the training department. Following discussion with these professionals and my tutor, some of the questions required adjustments. The participants who took part in the pilot study were not part of the research.

**The Sample**

The following Table 3.1 outlines the professionals that research questions were posted to. The sample was taken from administrative records outlining the professionals invited to attend eight child protection conferences in a two-month period in the first half of 2003. All respondents in this study are aware of the policy and practice in involving family members in child protection conferences (Appendix 3). The researcher is not aware of family detail or the reasons why the conferences were convened, but was made aware of the date and locations of each. It should be noted that the chairperson and administrative officers were not part of this research, given their different role / function in the child protection conference.
A clear concise accompanying letter, supported by a self-addressed envelope can enhance the response rate in research surveys (McCormack 1991). Such a letter accompanied research questions, which were posted to sixty-nine professionals who were invited to attend child protection conferences (Appendix 6). This letter included a contact telephone number to assist respondents in the event of any difficulties/questions arising for them. Only one professional rang to seek clarification on the issue of confidentiality. Respondents were requested to return completed research questions using the enclosed self-addressed envelope within two working weeks. No “letters of reminder” were forwarded.

Table 3.1 Professionals to whom research questions were forwarded to on 16th April 2003.

<table>
<thead>
<tr>
<th>Professional</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Workers</td>
<td>24</td>
</tr>
<tr>
<td>Gardai</td>
<td>6</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>6</td>
</tr>
<tr>
<td>Public Health Nurses</td>
<td>6</td>
</tr>
<tr>
<td>Psychologist</td>
<td>5</td>
</tr>
<tr>
<td>Family Support Worker</td>
<td>4</td>
</tr>
<tr>
<td>Teachers</td>
<td>3</td>
</tr>
<tr>
<td>Community Mental Health Nurse</td>
<td>3</td>
</tr>
<tr>
<td>Community Child Care Leaders</td>
<td>2</td>
</tr>
<tr>
<td>Area Medical Officers</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>2</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Probation Officer</td>
<td>1</td>
</tr>
<tr>
<td>Paediatrician</td>
<td>1</td>
</tr>
<tr>
<td>Registrar- Mental Health</td>
<td>1</td>
</tr>
<tr>
<td>Coordinator of Youth Reach</td>
<td>1</td>
</tr>
<tr>
<td>Addiction Counsellor</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>69</td>
</tr>
</tbody>
</table>

Analysis and researcher bias

The completed research questions were analysed for “salient themes, recurring ideas or language and, patterns of belief” (Marshall & Rossman 1995: 114). The author is aware that the responses of respondents may be influenced by their knowledge of or relationship to him either in his previous post as a child protection social work team leader or, as ‘Implementation Officer – Children First’. Borg (1981: 87) refers to this in what he terms “response effect”.

The following chapter presents these findings and an analysis is made. Reference is also made to individual comments which are used to illustrate the point being made.
Chapter Four

Presentation and Analysis of findings.
Introduction

Throughout the course of this research, a number of themes emerged. This chapter presents the findings and analysis under these themes similar to that of the literature review. It is important to acknowledge that these findings are not and do not claim to be representative of the views of the various professions to whom research questions were sent and therefore generalisations are not being made or implied.

As stated above sixty-nine research questions were posted to professionals who were invited to attend eight child protection conferences in the Midland Health Board area (MHB) in a two-month period in the first half of 2003. Forty-six professionals attended the eight child protection conferences, which were attended by parents. Both parents attended six of the conferences and the mother attended the remaining two. This finding is different from that of Farmer and Owen (1999), mentioned above. There was an average attendance of 5.75 professionals at each child protection conference excluding the chairperson and the administrative officer. The highest being nine and the lowest being three. Out of the sixty-nine correspondents twenty-four (34.78%) responded to the research questions, most of whom attended child protection conferences. This ‘postal research’ yielded a response rate of 34.78% despite the fact that ‘postal questionnaires yield a very low response rate’ (May 1993: 72). It is interesting to note that over one third (9 – 37.5%) of the respondents are social workers.

The next Table 4.1 shows the number of professionals who were invited to the eight child protection conferences, which correlates to the number of research questions posted. Included on this table are the numbers of those who attended child protection conferences and who returned completed research questions.
Table 4.1  Professionals invited to CPC\(^5\), to whom research questions were forwarded to, those who attended CPC’s and returned completed research questions.

<table>
<thead>
<tr>
<th>PROFESSION / DISCIPLINE</th>
<th>Invited to CPC. Research questions sent to</th>
<th>Attended the CPC</th>
<th>Research questions returned.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Workers</td>
<td>24</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Gardai</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>6</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Public Health Nurses</td>
<td>6</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Psychologist</td>
<td>5</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Family Support Worker</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Teachers</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Community Mental Health Nurse</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Community Child Care Leaders</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Area Medical Officers*</td>
<td>2</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>2</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Addiction Counsellor</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Probation Officer</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Paediatrician</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Registrar- Community Mental Health</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cordinator of Youth Reach</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>69</strong></td>
<td><strong>46</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

* At the time of this research, the area medical officers were on industrial action.

The following Table 4.2 charts the composition of the eight child protection conferences, which was supplied by the child care managers’ offices. The number of professionals who attended the eight child protection conferences is indicated along with an asterisk denoting those professionals who received invitations but did not attend. There was an average of 9.25 persons who attended child protection conferences, inclusive of the parent/s, chairperson and administrative officer. This reflects research undertaken by Hilgendorf (1987), Corby (1987) and Packman and Randall (1989). Excluding the parent/s, chairperson and administrative officer there was an average attendance of 5.75 professionals out of an average invitation of 8.62, at each child protection conference. This table shows that social workers were invited to all eight child protection conferences with the GP’s invited to seven and the gardai invited to five. As can be seen from this

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\(^5\) CPC is the abbreviation for Child Protection Conference.
There is a predominance of social workers in attendance at these child protection conferences compared to other professionals except, in one instance where the number of mental health professionals equalled social workers. The highest non-attendees were general practitioners (7 – 10.1%) (confirmed in other studies including Hallett 1995, Birchall 1992), followed by gardaí (4 – 5.8%), social workers (4 – 5.8%) and, psychologists (2 – 2.9%).

Table 4.2 Composition of the eight child protection conferences (CPC).

<table>
<thead>
<tr>
<th>PARENT - PROFESSION who attended CPC</th>
<th>CPC 1</th>
<th>CPC 2</th>
<th>CPC 3</th>
<th>CPC 4</th>
<th>CPC 5</th>
<th>CPC 6</th>
<th>CPC 7</th>
<th>CPC 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent M (mother) &amp; F (father)</td>
<td>MF</td>
<td>MF</td>
<td>M</td>
<td>M</td>
<td>MF</td>
<td>MF</td>
<td>MF</td>
<td>MF</td>
</tr>
<tr>
<td>Chair Person</td>
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* Each denotes a professional who was invited but did not attend.
Summary of findings from the research questions

This small study has attempted to examine professionals’ perceptions of parental participation in child protection conferences after the introduction of ‘Children First’ in the Midland Health Board. All professionals who responded (24 out of 69) indicated that they were in favour of parental participation and, outlined the principles of participatory practice. Some professionals (11 – 45.8%) displayed an understanding of what it might be like for a parent to attend a child protection conference while others (9 – 37.5%) identified issues that were pertinent to them. Professionals indicated, in response to question four, that parental attendance did not affect their level of participation in child protection conferences. However, some (7 – 29.2%) flagged difficulties in participation. Some of these professionals indicated that they were “restrained” or that they raised only the “pertinent issues”. However, the majority of respondents (17 – 70.8%) stated that they were able to discuss all of their concerns in the child protection conference. Less than half (11 – 45.8%) indicated that they submitted reports before the conference, with one indicating that they submitted the report one week beforehand, while seven of the respondents (29.1%) made varying comments, “having no time” and “time constraints”. It is interesting to note that while ten respondents (41.6%) stated that they had discussed the contents of their reports with parents, only two (8.3%) stated that the parent had read the report. Twelve respondents (50%) stated that parents had not read their reports.

With reference to the level of participation of parents in conferences, less that one third (7 – 29.16%) expressed that parents participated “fully”, while five respondents (20.8%) indicated that parents did not participate fully adding supporting statements. Fifteen respondents (62.5%) were of the view that parents gave new insights into their family or circumstance, while there was no response to indicate otherwise. As a consequence of parent involvement in the child protection conference, concerns for the family remained the same for five respondents (20.83%), increased for five respondents (20.83%) and decreased for seven respondents (29.16%). It was the view of twelve professionals (50%) that there was parental involvement in decision-making at conferences, while seven respondents (29.1%) were of the view that parents did not contribute to decisions made. Various comments were made with reference to the support person are outlined below.
The next section outlines the findings in more detail accompanied with an analysis.

Findings and analysis of the research questions

• The views of professionals with regard to parental attendance
  All professionals involved in this small piece of research were of the opinion that parents should be invited to attend child protection conferences, therefore reflect the “aspiration to include parents” (Gilligan and Chapman 1997). In identifying the positive factors of parental participation, respondents highlighted associated principles inclusive of empowerment, parental rights, rights to information, accountability and involvement in decision-making. ‘Children First’ (DOH&C 1999: 42) reflect these principles in recommending co-operation between professionals and carers. Additionally, this is somewhat reflective of the notion of “successful partnership” mentioned in Thoburn et al. (1995), who make reference to the Family Rights Group’s publication ‘The Children Act, 1989: Working in Partnership with Families’. Other remarks included that parents may be presented with an “opportunity to evaluate their own actions” thereby “seeing the situation from others perspectives”, which can include genuine concern. Additionally, professionals identified parental presence as being of assistance to prevent “unhelpful gossip” which is noted by Gilligan and Chapman (1997:13-15).

The question, “negative factors of parental participation” was answered from two perspectives that are from both the parent and professional viewpoint. Eleven (45.8%) of the respondents identified negative factors relating to parents” experiences of child protection conferences. Parents “feel exposed to or, intimidated by any number of professionals” in attendance at child protection conferences and that “they are reluctant to identify all the issues”. Additionally, they can experience “distress” or “become unnerved at hearing issues often with the result of getting angry and disrupting the meeting”. Some of the above correlates to what Corby et al. (1996: 481) found in interviews with parents and observation of child protection conferences. Nine (37.5%) of the respondents identified negative issues pertinent to the professionals’ experiences of child protection conferences. “The working relationship may deteriorate where fear can
exist, however this is dependant on the outcome” of the child protection conference. Three professionals (12.5%) indicated that they “may not state exactly their concerns” in front of the parent as they feel “intimidated” in the situation. Additionally, respondents stated their concern about parents manipulating information in child protection conferences and “being faced” with a parent who is an alleged perpetrator of child abuse. The above resembles some of the findings that Bell (1999: 447) has documented in her research in which social workers identified their fear that parents might be overwhelmed, and that professionals might be intimidated and silenced. It is possible that this question caused confusion for some of the respondents, or that the question was answered from the parents’ perspective, which may have been easier for some professionals to do so without reflecting their own experiences.

Respondents who replied to question four (21 or 87.5%), stated that parental attendance did not effect their level of participation in child protection conferences. Thirteen (54.1%) of the respondents developed their responses, stating “that concerns would be stated clearly, which families are already aware of”. Others elaborated stating that they need to “be accountable and to work in partnership”. However, three of the respondents (12.5%) stated that parental attendance “did effect their level of participation” in child protection conferences. Two added “allegations that are not validated / proven had to be handled cautiously” (psychologist) and “where there is a complaint against one of the parents, the rule of law can hinder openness” (garda).


• **Sharing of information by professionals before, and during the conference**

Central to current thinking is the notion of involvement of parents in decision-making: by informing them of every step of the process, telling them of concerns or suspicions,
clarifying outcomes of investigations. Questions five to eight attempted to examine different perspectives of professionals sharing information with parents before and during child protection conferences.

Seventeen respondents (70.8%) stated that they were able to discuss all their child welfare / protection concerns during the child protection conference with the parent present, with clear supporting statements. One respondent stated that “parents should be informed of all the issues before the child protection conference and therefore no new information would be presented”, while three others stated that “parents are already aware of concerns through prior contact”. This finding correlates somewhat to Corby et al. (1996) in which they found that 98% of professionals felt that they had not been prevented from sharing relevant information. However, difficulties are evident for the remaining seven respondents (29.2%) in that they did not discuss all of their concerns. One respondent said that the “professionals should meet before the parents come in” with two others saying that they were either “restrained” or that they “raised the most pertinent issues”. Other possible explanations for this difficulty may be contained in eight responses to an earlier question centering on negative factors of parental involvement in child protection conferences. These included “anger, intimidation, fear and confrontation”. This point is elaborated in ‘Working Together to Safeguard Children’ which states, “professionals attending must be able to share information in a safe and non-threatening environment” (DOH et al. 1999: 53).

Less than half (11 – 45.8%) of the respondents indicated that they submitted reports before the child protection conference. However, there was no uniformity about the number of days before the conference that the professionals submitted the report. This is despite the fact that the invitation letter to professionals request that reports are submitted five working days before the child protection conference (Appendix 3). One (4%) respondent indicated that they did submit the report “one week” before the conference while seven (29.1%) made varying comments, “having no time” and “time constraints”. Five of the respondents (20.83%) who attended the child protection conference were there in a supportive capacity as managers or as a support person to foster carers.
‘Children First’ (DOH&C 1999: 152) states that preparation for the involvement of a parent before the child protection conference should ensure that written reports are shared with the family beforehand. Question eight was specific in asking professionals if they had discussed the contents of their reports with parents before the child protection conference. Ten (41.6%) respondents stated that they did so while five (20.8%) had not. These responses have to be queried given that only two (8.3%) of the respondents stated that the parents read the report prior to the conference, while twelve (50%) indicated that the parents did not read their report in response to question seven.

The findings suggest that a significant number of professionals did not discuss the contents of their reports with parents. Thoburn et al. (1995) found that 42% of family members surveyed felt that they had not received adequate information before the conference. Corby et al. (1996: 462) expand the point further in that one third of the parents interviewed in their research felt that there were factual errors in the assessment or that they contained information that was not relevant. Bell (1999: 446) found that forty percent of social workers reported the focus of their work was the preparation of the family for the conference, which mainly consisted of an explanation of the process and rehearsing the detail of the arrangements. This preparation did not appear to include the sharing of concerns of a child protection nature with the family.

The consequence for parents is that they hear information for the first time at the child protection conference, which affords them little opportunity to make amendments or corrections. Additionally, this has the consequence of other professionals not being able to assess the information or concerns that others may have before any consideration of child protection issues at the child protection conference.
**Participation and decision-making at child protection conferences where the parent attended**

This section examines the findings from questions nine to twelve (inclusive) and concentrates on participation by parents and their involvement in decision-making at child protection conferences.

Thirteen respondents (54.16%) gave clear answers to the question about the level of participation of parents in child protection conferences. Less than one third (7 – 29.16%) of respondents expressed the view that parents participated “fully”. They elaborated stating “parents expressed their views in addition to their wishes in respect of the long-term care of the child/ren”. And, that they were “invited to consider current and potential risks and put in place a protective plan for the child/ren”. It is difficult to gauge how effective this was in the absence of an independent observer to the child protection conferences. However, these responses indicate that attempts were made by the chairperson to include the parents in the process. As one (4.1%) respondent stated that “a competent chair will include parents”. Three respondents (12.5%) indicated that “parents spent the conference clarifying questions, comments and allegations”. This resembles one of the responses given by a parent who stated that “the conference felt like a trial…” Corby et al. (1996: 480). Two respondents (8.3%) were of the view that the parents did not participate fully because they were “nervous” or they “slagged each other”.

Fifteen respondents (62.5%) stated that the parents gave new insights into their family or circumstances at the child protection conference. New insights included disclosures inclusive of the following. “Parents would separate, family feuds and tensions existed, that the extended family had control over the mother”. Parents painted a picture of home life, “lack of family support, isolation in the neighbourhood and, antagonism towards the health board”. It appears that the chairperson used their skills to elicit important information from family members in attendance at the conferences. This point receives attention in the literature, most notably Lewis (1994) who interviewed fourteen conference chairs. Lewis states “seeing and hearing parents in a conference…brings the child more clearly to mind because of the information brought by the parents, which they only possess” (1994: 88).
In reply to question eleven, concerns increased for five respondents (20.83%), decreased for seven (29.16%) and remained the same for five (20.83%) following the child protection conference. Reasons for concerns increasing included that “the parent had not the capacity to change, the mother wanted the child home and, inability of the father to understand that he might be a major contributor to the problems”. Reasons for the concerns to decrease included, “parent involved in decision-making”, “both parents decided to separate”, the “picture was clarified with professionals and family”. Another reason included that “the parent shared responsibilities”. Reasons for the concerns to remain the same included “family not willing to admit physical abuse therefore child could not return home”, and in another “the need to make the father more accountable”. One respondent (4.1%) stated that “the conference did not make anything safer for the child”.

Twelve professionals (50%) stated that parents contributed to the decisions of the child protection conference while seven (29.16%) stated they did not. Professionals (twelve) who believed that the parents contributed to the decision-making commented that “their perspective was taken on board, they had recommended something that we had not, they listened to concerns, which shaped the plans made by the conference”. Professionals (seven) who believed that the parents did not contribute to the decision-making stated the following. “Parents are not likely to contribute, they did not appear interested and, they agreed with what was recommended”. Two respondents replied “the child protection conference told the parent what they would like see change” and “we made recommendations that could be followed”.

This is reflective of parents responses noted by Corby et al. (1996) in which parents stated “they just said do this, this and this – I’ll just agree with them – it seemed like that they were all working together and were going to take this decision, no matter what they (the parents) said”. These comments are reflective of parents who feel intimidated and nervous at the number of professionals in attendance. It is interesting to note the research undertaken by Thoburn et al. (1996: 137) on the extent of partnership in two hundred and twenty cases. Levels of participation included the provision of information, more active
involvement through consultation and participation in decision-making. It was concluded, that only 2% were full “partners”, while 14% were rated as participating to a considerable extent in the child protection process. At the other end of the scale, 13% of the total were rated as “not involved at all”, “placated” or “manipulated”. Thoburn et al. (1996) noted that partnership was only likely in the few cases where there was certainty about the children”s safety.

- **The support person**

Finally respondents were asked about the level of participation that the support person for the parent had in the child protection conference. Fifteen respondents replied to this question (62.5%). It became apparent that a support person was not in attendance at all eight child protection conferences surveyed. Where they were present the following comments were made. The support person “played a major role”, “they bridged the difference of opinion over decisions” and “had an understanding of the situation from a different point of view”. The support person identified was a family friend / cousin in two situations. Four of the respondents (16.6%) believed that the family support worker or the social worker was the support person to the parents. Nine of the respondents (37.5%) did not identify who the support person was.

These responses are encouraging in that the support person, where identified, has made an invaluable contribution to the child protection conference process. However, it is difficult to define who is a support person for a family. For the purposes of this research it is not intended that they would include any professional employed by the health board who in engaged in work which impinges on children and families.

This question was inserted at the request of one of the child care managers who wanted to ascertain the level of participation by the support person in the child protection conference. ‘Children First’ (DOH&C 1999: 151) informs us that parents should be permitted to bring a support person to the child protection conference. This is also commented on in other documentation already mentioned in the literature review.
However, the researcher was unable to locate any research undertaken with specific reference to the level of participation that the support person has had in child protection conferences, and their role in facilitating participation and decision-making for parents.

The next chapter will make some conclusions and recommendations arising out of this research.
Chapter Five

Conclusions and Recommendations
This small study has attempted to examine professionals’ perceptions of parental participation in child protection conferences after the introduction of ‘Children First’ in the Midland Health Board. Limitations to this piece of research include the following:

- there was no comparison of the views of the various professionals to whom research questions were sent. This was due to the small number involved.
- no parents were invited to participate in this research at this time given the aims and objectives of the research
- only one method was used in this piece of research which was the completion of research questions.
- it was envisaged that observation of conferences could take place, but this was not possible.
- resources and time constraints did not allow for individual interviews or ‘focus groups’ to take place.
- No documentary evidence such as case files, or administrative documents were available to the researcher to indicate the reasons for the eight child protection conferences and their outcomes.

**Issues that emerged**

All professionals who responded to this research indicated that they were in favour of parental participation and outlined the principles of participatory practice. While the findings can be viewed in a positive way, some issues have arisen that require consideration. Professionals have indicated that there are difficulties for their participation in child protection conferences. These include fear and intimidation in addition to a deteriorating working relationship with parents. The findings indicate that a number of professionals did not share all of their concerns within the context of a child protection conference. This leads the researcher to ask if these professionals are sharing their concerns for children with parents through discussion or by allowing the parents to read their reports before child protection conferences. This has implications for the client – professional relationship. Only two respondents (8.3%) stated that the parent had read...
the report before the conference. As previously mentioned, two respondents (of a total of seven) who did not submit reports to the child care manager before the conference were clear in stating that there were time constraints which did not allow them to do so.

Less than one third of respondents (seven) expressed that parents participated “fully”, with twelve respondents stating that parents contributed to the decisions taken in conferences. It should be noted that five respondents stated that parents did not participate fully and seven stated that parents did not contribute to the decisions taken in conferences. This finding indicates that there may not be consistency in ensuring that parents have a part to play in the decision-making process in child protection conferences. It is concerning to note that two respondents stated that the conference “told the parent what they would like to see change” and “we made recommendations that could be followed”.

The presence of a support person in conferences can be beneficial to the process. This research highlights that such a person can be of benefit to parents and professionals alike.

Another finding from this research is that general practitioners did not attend the majority of conferences surveyed.

**Recommendations**

1. That the MHB continue to implement the “Child Protection Conference Protocol” as outlined by ‘Children First’.

2. That the designated chairpersons of child protection conferences receive specialist training with reference to their functions and skills in chairing such formal meetings, with specific focus on the participation and involvement of parents in decision-making.
3. Professionals who attend child protection conferences should be facilitated to complete a ‘training consultation document’ for the purposes of identifying training needs. A core group representative of the various agencies should mandate the provision of multi-disciplinary training for disciplines and agencies involved in child protection conferences.

4. Any training provided should include input from clients who have experienced child protection conferences.

5. Professionals invited to attend child protection conferences are reminded of their obligation to ensure that parents are given ample opportunity to read, discuss and query the contents of reports some days in advance of a child protection conference.

6. Consideration might be given to the possibility of professionals having access to other professionals’ reports some days in advance of a child protection conference. This may reduce the number of clarifying questions asked of parents in child protection conferences.

7. Leaflets outlining the purpose and function of child protection conferences and what is expected of the various participants could be designed for children, parents and professionals. Clients should be consulted in this regard.

8. Family group conferencing in child protection which would provide a model that emphasises the role of the family in decision-making for their children’s future based on clear reasons for professional concern should be piloted in the board’s area. This approach requires the professionals to ‘surrender’ professional dominance in decision-making in order for the family to do from a ‘strengths based’ perspective (Connolly and McKenzie 1999).
9. That general practitioners are invited into a process of consultation with regard to the issue of child protection and welfare by the child care managers offices, with specific reference to attendance at child protection conferences.

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).
Bibliography


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Case Conference Protocols. (MHB 1997: 64 – 67) Appendix 1

The Case Conference is central to Child Welfare and protection procedures. It embodies the multi-disciplinary, interagency nature of child welfare and protection work and the Board’s commitment to working in co-operation with parent(s) / child(ren). The Case Conference draws together the parent(s) / child(ren), the professionals from services and agencies with specific responsibilities in the area of Child Welfare and Protection, and additional professionals who can offer relevant specialist information and advice.

Where complex issues and / or serious concerns exist, the Case Conference provides a prime forum to share, discuss and evaluate information and concerns, analyse risk, reach decisions, recommend action and ensure a co-ordinated approach to work with the parent(s) and child(ren).

The Case Conference maybe of two types: Initial and Review. These may have either an emergency or planned status. Formal protocols and procedures guide the Case Conference process.

REASONS FOR CALLING A CASE CONFERENCE.

The Case Conference may be held at any stage in a Child Welfare / Protection Case, from an initial concern and / or allegation of abuse onwards. However, a Case Conference is not necessary in all cases.

A Case Conference will normally be held in the following circumstances:-

- Where abuse has occurred and / or moderate to high level risk of neglect, physical, sexual or emotional abuse is indicated.

- Where there are ongoing allegations in relation to a particular family.

- Where a Child Protection / Welfare Plan needs to be formulated, co-ordinated and implemented or reviewed on an inter-disciplinary and / or inter-agency basis or where that plan needs to be reviewed.

- Where legal action is to be considered.

- Where consideration is to be given to the discharge or variation of a Care Order.

PURPOSES OF CASE CONFERENCES.

The Case Conference (Initial or Review) can serve a broad number of purposes including:

- Outline of concern(s) / allegations.

- Collation and exchange of information between relevant professionals and parent(s) / child(ren).
• Evaluation of information with a view to assessing level of risk and identifying needs;

• Formulation or review of child welfare and / or protection plan(s) which includes: evaluation of information with a view to assessing level of risk and identifying needs; assessment of information for the purpose of deciding whether care or other legal proceedings should be undertaken; co-ordination of interventions; agreement of individual professional roles and responsibilities; nomination of key worker; and scheduling a review case conference, if appropriate.

• Consideration of the impact of a prosecution on the victim in relevant cases, with this consideration included in a file (Garda) submitted to the D.P.P.

REQUESTING A CASE CONFERENCE.

• Any Health Board professional in consultation with their senior, may request a Case Conference. This request is normally made in writing on a standard form to the designated person and countersigned by the Senior.

• The Case Conference request is normally accompanied by a preliminary report and other relevant documentation.

ORGANISATION OF CASE CONFERENCE.

The decision to hold a Case Conference rests with the designated person. S/he makes the arrangements for and conducts the business of the Case Conference, guided by the protocols and procedures set out in this regard.

• All disciplines with relevant knowledge of the case are invited to the Case Conference: Parent(s) / child(ren) also participate as planned.

• The designated person provides written notification to those invited ensuring a minimum of ten working days notice to facilitate attenders. Where an emergency Case Conference is required, this notice is not required.

• Those invited are provided with a list of those asked to attend the Case Conference.

• A report should be provided by the professionals for the Case Conference.

PARENTAL PARTICIPATION IN CASE CONFERENCE.

Parents enjoy rights and are subject to important duties and responsibilities in respect of their child(ren). They are entitled to be consulted about and involved in all decision-making about their child(ren) and themselves.
The Health Board also has statutory duties and obligations to promote the welfare of children who are not receiving adequate care and protection.

Collaboration with parent(s) underpins all Health Board child welfare and protection work, through practices which reflect respect, openness, consultation and consideration of wishes and views of all concerned, from the case onset, through all stages of the Child Protection Process.

As a general rule:

- It is the Board's policy and practice that parents are informed of and invited to participate in the Case Conference process and forum.

- Detailed protocols and procedures are set out to facilitate the attendance of parent(s) at the Case Conference.

- Training and resources are provided for parents to assist in their fullest participation.

- Parent(s) are excluded from the Case Conference Forum only in exceptional circumstances where it is considered, based on sound evidence, that the best interests of the child(ren) will not be served. Parent(s) are advised when not included.

CHILDRen partICIPATION IN CASE CONFERENCE.

The Health Board has a statutory duty to protect children and promote their welfare, and in so doing, has a duty to ascertain, as far as is practicable, his / her wishes and feelings, and give due consideration to them, having regard to age and understanding.

In so doing, the Board:

- Gives very careful consideration, in each case, to how child(ren) can participate in the Case Conference. The circumstances under which it would be in the child's interests to attend or not require cautious judgement and sensitive arrangements. What is important is that the views and feelings of the child are made known, heard and taken seriously.

- Protocols and procedures are set out for attendance of child(ren) at the Case Conference, and also for when the child does not attend this forum.

CHAIRING THE CASE CONFERENCE.

The crucial role of the chair cannot be over emphasised. Because of the importance of fairness, impartiality and authority in decision making, a Case Conference is chaired by a senior status professional with no line management responsibility in the non-accidental injury aspect of the case.
• The Case Conference is chaired by a designated person with relevant clinical and management skills, appropriate experience in the area of child welfare and protection, and with training in the role of chair.

• The chair has responsibility for:
  
  – preparing the Case Conference, including the Agenda, circulation of information, obtaining reports, etc.
  
  – conducting the pre-conference meeting with parent(s) and or child(ren), where they attend.
  
  – chairing the Case Conference itself, ensuring that the agenda is followed, ensuring all objectives of case conference achieved, and minutes are accurately recorded and managed.

• The chair is guided by protocols and procedures for each stage in the case conference process.

**The Case Conference Minutes.**

The Case Conference minutes are a crucial working tool for professionals working in the area of child protection and welfare. Minute taking is a skilled task which is performed by a trained secretary. Overall responsibility for the minutes rests with the chair.

• The minutes provide a clear written record which reflects attendance; agenda; purpose; the information received; the discussions; the decision making process; the care plan; the recommendations; specific roles and, responsibilities; communication systems; and area of disagreement.

• Minutes of the Case Conference are corrected and circulated in accordance with procedures set.
Memorandum

To : Ms. Maria Larkin, Child Care Manager, Health Centre, Mullingar, Co. Westmeath.
Mr. Pat Osborne, Child Care Manager, Health Centre, Tullamore, Co. Offaly.

c.c. :

From : Mr. Brendan Guinan, Implementation Officer, Children First,
Child Care Services Training And Development,
Market Square, Tullamore, Co. Offaly.
Tel: 0506-28350 Fax:0506-28445
E-mail:- guinan.brendan@mhb.ie

Date : 10th April 2003.

Subject : Re: Completion of demonstration practice project in partial fulfillment of the post graduate diploma in child protection and welfare.

Dear Pat and Maria,

At present, I am attending the higher diploma in child protection and welfare at T.C.D., Dublin.

As a consequence of this course, I am required to conduct an end of year project related to my work. I propose to conduct a small piece of research on an exploration of professional views with regard to participation of parents / carers in child protection conferences. The methodology used in this project will be the completion of research questions.

Strict adherence to the principle of confidentiality will be maintained. No identifying details will be revealed in the project, which may at some future point be published.

I propose to request that professionals who have been invited to attend a child protection conference would consider assisting in this research by completing the enclosed research questions and returning it to the undersigned.

I would be very grateful for your support in the completion of this project which I believe will assist in developing best practice in the Midland Health Board.

I will be in contact with you in the next number of days to further discuss the above,

Thanking you for your assistance,
Yours sincerely, Brendan Guinan.
Letter to professionals, incl. Gardai
(All Gardai letters to be copied to local Superintendent)

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.
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Profession</th>
<th>Address</th>
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<tr>
<td>1.</td>
<td>Parent</td>
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<tr>
<td>2.</td>
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<td>3.</td>
<td>Carer/foster carer</td>
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<td>4.</td>
<td>Psychologist</td>
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<td>5.</td>
<td>Social Worker</td>
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<td>6.</td>
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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:-

Child’s Name: __________________________

Date: __________________________

I have ☐ have not ☐ included a summary report for the attention of the Chair person.

Signed ____________________________

(Date: ____________________________

(Clear writing please)
Appendix 4.

Invite to parents/foster carers/carers

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.
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:

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Appendix 5

PARENTAL PARTICIPATION IN CHILD PROTECTION CONFERENCES (CPCs).

Research Questions: -

1. In your opinion, should parents be invited to CPCs? YES/NO (Please circle)

2. What in your view are the positive factors, if any, of parental participation in CPC’s?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

3. What in your view are the negative factors, if any, of parental participation in CPC’s?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Has parental attendance affected your level of participation in CPC’s? YES/NO
   Please comment: ______________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

5. Were you able to discuss all of your child welfare/protection concerns during the Child Protection Conference with parents present? YES/NO
   Please comment. ______________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. Did you submit a report to the Child Care Manager before the CPC? YES/NO
   Please comment. ______________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

7. Did the parents/carers read your report before attending the CPC? YES/NO
   Please comment. ______________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
8. Did you discuss the content of your report with the parents/carers before the CPC? YES/NO
   Please comment. ______________________________________________________
   ______________________________________________________
   ______________________________________________________

9. What level of participation had the parents/carers in the CPC?
   Please comment. ______________________________________________________
   ______________________________________________________
   ______________________________________________________

10. Did the parents/carers give you any new insights into their family or circumstances at the child protection conference?
    ______________________________________________________
    ______________________________________________________
    ______________________________________________________

11. Have your concerns for the child increased, decreased or stayed the same following the CPC? _________________
    What are the reasons for this?
    ______________________________________________________
    ______________________________________________________
    ______________________________________________________

12. Did the parents/carers in your view contribute to the decisions and recommendations made at the child protection conference? YES/NO
    ______________________________________________________
    ______________________________________________________
    ______________________________________________________

13. What level of participation had the support person for the parents/carers in the CPC?
    Please comment. ______________________________________________________
    ______________________________________________________
    ______________________________________________________

THANK YOU.
Many thanks for your generosity and corporation in completing the above questions.

Profession: _________________ Date: _______ Signature: _______________(Optional).
Dear Colleague,

At present, I am attending the higher diploma in child protection and welfare at T.C.D., Dublin.

As a consequence of this, course participants are required to conduct an end of year project related to their work. I propose to conduct a small piece of research on an exploration of professional views with regard to participation of parents/carers in child protection conferences. The methodology used in this project will be the completion of research questions. It should be noted that I am writing with the consent of the child care managers.

Strict adherence to the principle of confidentiality will be maintained. No identifying details will be revealed in the project, which may at some future point be published.

I propose to request professionals who have been invited to attend a child protection conference to give consideration towards assisting this research by completing research questions (enclosed). Please find enclosed an addressed envelope for the purposes of returning completed research questions by Thursday 1st May 2003.

I would be very grateful for your participation and support in the completion of this project which I believe will assist in developing best practice in the Midland Health Board.

Thanking you for your assistance,

Yours sincerely,

Brendan Guinan.