

Reimagining Child Protection Case Conference

I ran my first Family Group Conference (FGC) 30 years ago when working for Barnardos. The family of five had been known to the Child and Family Social Work service for 15 years. The two eldest children, then were 19 and 21yrs, had a history of being Looked After on and off during that period due to family breakdown, domestic violence, alcohol abuse and neglect. They continued to live with their parents, albeit conflictual and their youngest sibling, Shane aged 4yrs.

A referral was received relating to the current family crisis. Shane who was attending preschool and was displaying signs of trauma according to the staff. He was aggressive towards other children, would often start hitting himself and was showing signs of anxiety, especially after weekends. Shane would tell staff that his parents and sibling would often fight late into the night. Shane witnessed most of these disagreements.

An investigation revealed that the parents and older children would socialise in the home Friday and Saturday evening. They would watch TV, play darts and chat, however when too much alcohol was consumed an argument would occur and escalate to physical violence. Objects thrown, knives used, punches delivered, raised voices, doors kicked open and windows broken. Shane had witnessed a lot of this unfold as he was present for most of it.

A case review was held and it was decided to make a referral to this new project, the Family Group Conference Service. The reason was to establish if the family had the support and capacity to make changes in their life to prevent Shane from being received into care and repeating what his older siblings had to endure which were multiple disruptive removals from the home with the resulting effect of separation anxiety.

The FGC involved the immediate family, extended family members, neighbours and several friends. It lasted 2.5hrs and produced a child protection plan which involved the neighbours and extended family. It was described by the service manager as, “the best child protection plan” that he had seen. There was doubt as to the family’s ability to meet the plan’s objectives but what transpired was a complete stop to the violence in the home.

I received a call 6 months later from Shane's Health Visitor informing me that she was amazed at how child focused the parents were when she called out to do the child's 5 year assessment.

Another referral was received approximately 18 months later. This time for Darren, a six month old child with Non Accidental Injuries. The mother was Judith, the daughter, who had left the family home soon after the first conference. Darren was her son and grandchild of the parents of our first FGC. They had attended the CPCC with their daughter and partner and asked if they could have a family meeting just like they had for Shane.

At that FGC the family requested that the grandparents care for Darren and after a kinship fostering assessment was completed, the wish was granted. Darren continued to live with the grandparents throughout his childhood and went on to, as did Shane, gain employment and become a valuable member of their community. No further involvement from Child Protection Services was needed.

Shane's parents often spoke at professional gatherings comparing their experience of CPCC to FGC. At one event for Guardian Ad Litems, Ciara, the mother, described her CPCC experience as,

"You walk into this room with a big table and all these people are sitting there looking at you. The [chairperson] would start talking and it was as if a glass wall went up and you don't hear anything until they say, do you agree with the plan? And instead of looking stupid in front of all these smart people, you agree!"

Ciara's description of the CPCC has never left me. It helped me as a social worker, understand why some parents do not stick to the CP plan offered to them. Firstly, they don't hear it and secondly, it's not theirs because it's devised by, *"very smart people!"*

She went on to say, *"With the family meeting [FGC], everyone was equal. You listened to them, their concerns, advice and it made you realise that the child was the most important person in the room, even though he wasn't there. The circle [of support] was formed. Instead of feeling judged, you felt supported and understood."* She added, *"I still felt ashamed at how we got to that place but didn't feel shamed!"*

Years later, I acted as a Case Conference chairperson and tried to involve the parents as much as was possible in the discussions and in the decision making process with limited success. Then Covid happened. Like every cloud there was a silver lining and it came in the shape of new technology. It was MS Teams!

Family Centred Child Protection Case Conference

My suggestion for how we can engage families differently in CPCC is as follows.

1. Significant extended family members should be given the opportunity to take part in the CPCC. If they choose not to take part for whatever reason, they are given an opportunity to attend remotely or they can provide a letter of support.
2. Use the current FGC or Family Meeting services to engage with the family following the initial CPCC. This would be a specialist team within the service, working with a restorative centred approach.

Staff on this team would be required to have at least 3 years' Child Protection experience but act as independent facilitators rather than making an assessment. Their role is to meet with the main carers and significant others; grandparents, aunts/uncles, friends, neighbours, whoever the family see as part of their network and prepare them for the formal CPCC which would include sharing a family friendly, strength based report*, no longer than 3 pages.

*The report should have 6 sections:

- Brief background
- Family strengths (bullet points)
- Concerns (bullet points)
- What the meeting participants need to think about (bullet points)
- What statutory supports are available (bullet points)
- What is not negotiable (The bottom Line)

3. When preparation has been completed (usually between 4 and 6 weeks), the FGC co-ordinator informs the Social Worker who contacts the Chairperson to arrange a date for the CPCC.
4. The meeting room should be family friendly. No tables (coffee table excepted) and soft comfortable chairs. Food and drink should be made available and offered on arrival and available throughout. Families often arrive anxious, ashamed, defensive or unsure of what will be expected of them. A room that feels warm, informal, and non-institutional will help lower the emotional temperature. Soft furnishings etc provide the message, "You're not on trial. We're here to explore, discuss and support".

Comfort reduces stress. In my experience, when people feel physically at ease and hot drinks and snacks are made available, they are more able to:

- Regulate emotions
- Listen openly
- Stay present during difficult discussions
- Engage in problem-solving rather than shutting down or become defensive.

5. The professionals involved directly with the family should be in attendance physically, the Chairperson, Social Worker, Health Visitor etc. Other professionals invited usually to make up a quorum, should join remotely.
6. Introductions made should begin with the family and then move to the professionals. What is asked of all participants is to;
 - Introduce themselves and their relationship to the child/ren and what they would like to see achieved at today's meeting. (Shared goals)

Why is this useful?

- By introducing yourself and your relationship to the child it will help **ground the meeting in relationships, not roles.**
- It reframes the meeting around the **child's network of care, not organisational hierarchy.**
- **It humanises everyone in the room.** Families often arrive expecting judgement or scrutiny. Hearing professionals speak relationally helps reduce anxiety and builds trust.
- Children and young people often feel overwhelmed by unfamiliar adults. Clear relational introductions **support their sense of safety and orientation.**
- **It helps the child understand the relationship** that person has with them.

This is a deceptively powerful question. It creates shared purpose from the outset.

Everyone articulates their hopes, which helps:

- Surface expectations
- Identify common ground
- Reduce hidden agendas
- Build a sense of collaboration

Families often feel they must wait for professionals to set the tone. Asking them first empowers them to shape the direction and gives the family **permission to express their own goals.**

By modelling transparency, professionals stating their hopes openly reduces fear of “what’s really going on” and supports a trauma-informed, honest atmosphere.

It sets up the private family time for when families later meet alone, they already know:

- What matters to each person
- What outcomes are expected
- Where there is the flexibility

- What are the non-negotiables

This makes their planning more focused and effective.

7. Meeting progresses as per CPCC beginning with;

- Welcome and the format for the meeting.
- Rules for Success – the chairperson introduces some guideline rules, no interrupting, listen, respect, remain child focused etc
- The child's wishes and feelings are shared
- Information is shared by the professionals
- The family is encouraged to ask questions of understanding (not make statements) when appropriate.
- The family are given time to respond to anything they have heard.

8. Following everyone's contributions, solutions are put forward. When these have been exhausted the family are left in 'Private Time'. That is: time on their own to further discuss the plan without the pressure from the larger group. They can add to the solutions discussed or amend/remove if appropriate. A member of the family is nominated to monitor the plan and will be responsible for reporting to the Social Worker if it is not being fully implemented.

On return to the full CPCC a decision is made to agree the plan and whether the child/ren should remain on the Child Protection Register. Immaterial of whether the child is or does not remain on the register, the plan is still put into place.

9. The meeting ends with final thoughts and date for the next meeting if appropriate.

Conclusion

Reimagining the Child Protection Case Conference is not simply an exercise in redesigning a meeting, it is an opportunity to restore humanity, clarity and shared responsibility to one of the most consequential processes in a family's life. The experiences of Shane's family and later of Judith and Darren, show what becomes possible when families are not passive recipients of professional judgement but active partners in planning for their

children's safety. Their stories demonstrate that when people are prepared, supported and surrounded by those who know and love them, they are more able to hear concerns, take ownership of solutions and sustain meaningful change.

The contrast between Ciara's description of the traditional CPCC as disempowering, overwhelming and alienating and her experience of the Family Group Conference is stark. It highlights a truth long recognised by practitioners: plans created for families rarely endure but plans created with families can transform lives. By integrating FGC principles, relational preparation and accessible technology into the CPCC process, we can create a model that is more inclusive, more transparent, and ultimately more effective.

This proposed approach does not replace professional expertise; it enhances it. It invites families into the centre of decision-making, strengthens natural networks and creates conditions where safety planning becomes a shared endeavour rather than a professional directive. In doing so, it honours the core purpose of child protection, ensuring that children are safe, connected and surrounded by people who are committed to their wellbeing.

The time is right to rethink how we engage families at moments of crisis. We have the tools, the evidence and the lived experience to guide us. What remains is the collective will to act. **Reimagining the CPCC** is not only possible but also necessary if we are to build a system that truly listens, truly partners and truly protects.

Jim McGrath

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