

Evaluation of Aboriginal Collaborative Decision-Making Projects

**Final Report
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Written for the Law Foundation of BC
By Leanne Harder
Olive Branch Consulting

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For more information, please contact:

The Law Foundation of British Columbia

1340 – 605 Robson Street

Vancouver, BC V6B 5J3

Tel: (604) 688-2337

Fax: (604) 688-4586

E-mail: info@lawfoundationbc.org

Website: www.lawfoundationbc.org

While the Law Foundation of British Columbia commissioned the Evaluation of Aboriginal Collaborative Decision-Making Projects report, the report only reflects the findings and conclusions of the external evaluator.

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Kathleen Bennett, Executive Director
Jeanne Leighton, Former Assistant Executive Director
Corinne Littlewood, FGC Coordinator

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Julie Fontaine, FGC Coordinator
Valerie Lannon, Evaluator

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Assunta Rosal, Wellness Policy Advisor
Jennifer Houde, FGC Coordinator
Karen Frazier, Research Assistant
Rona Sterling-Collins, Evaluator

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Stephen Kozey, FGC Coordinator
Kelley McReynolds, Director

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Joanne Jefferson, Justice Manager
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Executive Summary

In 2004, 2006 and 2008 the Ministry of Children and Family Development (MCFD) made grants to the Law Foundation of BC (the “Law Foundation”) totalling \$3,124,000 to fund projects designed to expand the use of alternative dispute resolution processes in the area of child protection law, particularly for Aboriginal children (the “Child Welfare Fund Initiative”). A contribution was also made by the Law Foundation totalling \$166,000 towards this initiative, and an additional \$50,000 was provided by the Representative of Children and Family. The Law Foundation funded 19 projects under the Child Welfare Fund Initiative, 11 of which were service delivery projects and the balance of which were to train child protection mediators.

The Law Foundation conducted an evaluation of 10 of the service delivery projects. One project did not complete and therefore was not part of the evaluation. The purpose of this report is to present a summary of final data collected from the service delivery projects.

The evaluation was designed by the Law Foundation Child Welfare Fund Committee and the evaluator. Consideration was also given to the information gathered in the *Report of Aboriginal Child Welfare Collaborative Decision-Making Models*¹. This report documents the collaborative decision-making models that Aboriginal agencies have used in the Law Foundation-funded service delivery projects.

The evaluation was designed to:

- Determine whether the projects carried out the work they had set out to do;
- Describe and evaluate the success of the projects in supporting Aboriginal families to have greater responsibility for and power with respect to the care and protection of Aboriginal children. This included looking at the role of the family in making decisions about children and in carrying out caregiving arrangements as an outcome of the decisions;
- Gather information as to whether these community-based Collaborative Decision Making approaches were effective in developing plans for the protection of children which were satisfactory to both family members and social workers; and
- Gather information about how the plans developed for children through these processes were able to stand, at least in the short term, in the place of decisions normally obtained through a court-based process.

Data Collected

- Case Statistics on referrals were collected by each project. These included information on reasons for referral, number and types of processes conducted, numbers of participants, child protection safety concerns, and planned outcomes.
- 296 Participant Feedback Surveys were collected from relatives (n=99), parents (n=60), foster parents (n=16), children (n=19), counsellors (n=14), family friends (n=10), social workers (n=74), legal counsel (n=1), Elders (n=50), and Other (n=1). These surveys provide

¹ Harder (2009) *Report of Aboriginal Child Welfare Collaborative Decision-Making Models* Unpublished

satisfaction data to measure the views of participants who attended circles. Some participants reported having more than one role (e.g. relative and foster parent).

- 237 Follow-Up Forms were collected resulting in outcomes reported for 208 children.

Services Provided

There were **253 referrals** reported across all the projects. **194 Circles/Conferences** were completed. 59 referrals did not result in Circles or Conferences. The project included traditional decision-making and hybrid models.

The majority of meetings (85%) used Circle/traditional decision-making or family group conferencing processes.

256 children were planned for in the 194 Circles/Conferences facilitated.

1,632 participants attended Circles/Conferences throughout the life of the projects: 203 parents, 497 Extended Family members, 245 Aboriginal Cultural Support Persons, and 293 children (age 0 - 18) attended. Some participants represented more than one type (e.g. Elder and Extended Family Member).

The majority of referrals were from MCFD and delegated agencies. Some projects received under 10 referrals, while the highest number of referrals for a project was over 60.

Key Findings

- Collaborative decision-making (CDM) processes resulted in no further child protection court involvement for over 50% of cases, an indicator of success. Another 21% of cases reported confirmation of the plan in court. The findings regarding confirmation of the plan in court can also be seen as an indicator of success.
- 94% of respondents were “Very Satisfied” or “Satisfied” with the Conference or mediation process.
- 95% of respondents were “Very Satisfied” or “Satisfied” with the plan made during the mediation or Circle/Conference
- At the time of follow-up (three months to up to 18 months after the Circle), 86% of respondents felt the plan was adequately protecting the children.
- For the cases in which planned and follow-up outcomes were reported, 68% had the same outcomes at follow-up as planned.
- Generally speaking, the majority of respondents felt that other participants had followed the plan. Social workers noted that the plan was followed more frequently by extended family than by parents.
- There were multiple themes in the responses to the question about connection to Aboriginal traditions. Some of the key themes included the use of Aboriginal traditions and ceremony

in the Circles; Elder's involvement; cultural plan for the children; and increased future contact between the children and family/Aboriginal community. Out of the 172 respondents who answered this question, 162 made positive comments about increased cultural connections as a result of the plan.

- Thirty-five children left care after the Circle/Conference. Seventeen of these were returned to parents, plus an additional 9 had supervision orders.
- Of the 62 children who were reported to be out of care (or care status was not available) at the time of the Circle, 40 (65%) remained out of care at follow-up. This is significant because referrals typically involve families where there is a high-risk that children may be removed due to safety concerns. The remaining 22 children did not have follow-up outcomes reported and therefore some of these may have also remained out of care.
- Fourteen children gained an Aboriginal caregiver between referral and follow-up.
- Of the 67 children with an Aboriginal (non-parent) caregiver at referral, 24 continued to have an Aboriginal caregiver at follow-up.

A cursory comparison of these results with MCFD data for Aboriginal children involved in child protection mediation indicates that they have similar outcomes. This is an area for further study.

Recommendations for Future Services

The evaluator consulted with key stakeholders in several of the agencies involved in this study, regarding reasons that prevent families or communities from developing an out of care residential plan, as well as supports that would assist extended families in caring for children.

The responses included several themes:

- Extended families are often not able to care for children due to poverty, a lack of affordable housing options and/or ability to expand existing housing on reserve;
- The definition of family in an Aboriginal context is much broader than in the "Western" framework and child welfare systems need to recognize and honour this definition. One respondent described how the broader definition of family is often based on deep cultural values and that children's needs may be taken care of by communities as part of an Aboriginal worldview.

The recommendations below are based on the assumption that if children cannot remain in the care of their parents, extended family members and/or Aboriginal community members are the preferred caregivers for the children. With this in mind, some suggestions are made to increase the number of Aboriginal caregivers--both extended family and community members. Other recommendations consider ways to support families and social workers.

Recommendation 1: Increase the volume of Collaborative Decision-Making referrals and completed Circles/Conferences through providing additional staffing and training for social workers.

Considering that Circles/Conferences are offered in a small number of cases compared to a much larger number of child protection files in the funding period, it is likely that many eligible cases are not being referred for CDM. Some of the reasons for this may be:

- Although many social workers find CDM beneficial, the time required to participate in CDM has a significant impact on their ability to complete other crisis-related and important work on their caseloads. To achieve an increase in CDM referrals, social workers may also require a reduction in caseload sizes.
- CDM practitioners have a significant role in educating professionals and family members about the benefits of CDM, with the goal of increasing referrals. This education role may require additional staffing resources such as more collaborative practice coordinator positions.
- In regions where CDM referrals are lower than desired by stakeholders, regular training and/or information sessions regarding collaborative practice skills and suitable referrals may be required to encourage the use of CDM.
- The shift to a collaborative practice approach in MCFD continues and social workers continue to require clinical support in applying collaboration to child welfare work. Social workers may benefit from increased opportunities to learn interest-based approaches as well as collaborative skills such as Turnell and Edwards (1999) work in *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*.

Recommendation 2: Increase support services for extended family caregivers

Because a high percentage of children in care have medical, behavioural and mental health challenges, there is an increased need for support and respite for family caregivers. This gap is particularly evident in remote Aboriginal communities. Some possible responses could include:

- Development of skilled respite caregivers within the various Aboriginal communities;
- Better access to behavioural support and child and youth mental health services; and
- Increased funding available for transportation when needed for visits with parents or to access services.

Recommendation 3: Increase housing supports for extended family caregivers and community members who are part of a child's residential safety plan.

On-reserve, there are problems with access to housing and limitations regarding how many people can live in one home. Family members who want to care for children are often unable to, due to the size of their homes and restrictions regarding housing expansion. Off-reserve, families face increased rent and/or over-crowding if they take in children in need of care. There is a need for more creative options to support these families. Some options to consider include:

- More subsidies and increased subsidy amounts for family caregivers living off-reserve; and
- Collaboration with various bands and Indian and Northern Affairs Canada to create housing options for family caregivers on-reserve (e.g. temporary larger housing).

Recommendation 4: Increase financial support available under Section 8 agreements and Section 54.1 orders to match rates received by restricted foster parents, so family members are able to manage the financial burden of caring for extra children.

If funding available under Section 8 and Section 54.1 orders under the *Child, Family and Community Service Act* is increased, there may be an increase in the ability of extended family members to financially provide for and care for children. In addition, rates paid to family caregivers through the Ministry of Social Development are significantly lower than restricted foster parent rates which sometimes results in family members making decisions for children to come into care in order to get additional financial support.

Recommendation 5: Increase the family support services available for families where a CDM plan is developed to prevent the child from coming into care.

For those families where children remain with parents, with a safety plan, increased access to family support services may benefit the plan. However, more outcomes research is needed to determine the factors which influence children remaining out of care.

Future service development should include further ways to address the financial barriers that prevent family members from caring for children who cannot remain with a parent. There are significant benefits for children receiving care from family members instead of strangers and the costs of financially supporting family members are often significantly less than using non-related caregivers. Hopefully these recommendations will be helpful to decision-makers in considering ways to invest in the children--both Aboriginal and non-Aboriginal - who experience BC's child welfare system. Further research is needed to identify reliable predictors for preventing children from coming into care, as well as reducing the time a child may spend in care.

Recommendations for Future Research

While there are many process evaluations regarding participants' satisfaction with CDM processes, there is a lack of long-term research regarding the outcomes for the children planned for in these processes. Further research and evaluation is required on:

- ways to increase the capacity of, and/or support for Aboriginal families and communities to care for children when child protection concerns arise;
- the impact of CDM processes on preventing children from coming into care;
- the impact of CDM processes on the length of time children spend in care;
- strategies for, and the benefits of, involving children directly in CDM processes;
- links between participant satisfaction and outcomes for children;
- the impact of CDM processes on reducing court involvement in child welfare disputes;
- ways to improve the residential outcomes for children planned for in CDM processes; and
- comparing outcomes for children and families between court, mediation and collaborative decision making processes.

Based on the residential outcomes achieved and cultural connection findings, there is evidence to suggest that these traditional and hybrid CDM processes benefit Aboriginal children and families, and have the potential to reduce the number of children-in-care and increase the number of children placed with family members. More research is needed to determine long-term outcomes, particularly at 12 months and 24 months after a Circle. Although the funding of an individual Circle may appear to cost more compared to other options, there are long-term social benefits, and potential cost reductions when children leave care earlier. If children are placed with family members or not entering care at all, this may reduce the concerns about the costs.

1.0 Introduction

Under the Child Welfare Initiative, the Law Foundation funded a number of Aboriginal Collaborative Decision-Making (CDM) Projects throughout BC. This evaluation report is a summary of final evaluation data collected from the 10 service delivery projects that provided CDM processes to 10 Aboriginal communities. The processes used in these projects are different from CDM provided by the MCFD. The Aboriginal agencies involved have developed or re-instated Traditional Decision-Making (TDM) models or developed hybrid processes which incorporate both Traditional Decision-Making and Family Group Conferencing model elements. The models used by the projects below are described in detail in the *Report of Aboriginal Child Welfare Collaborative Decision-Making Models* (Harder, 2009).

TDM is a return to the ways Aboriginal peoples resolved community and family disputes prior to colonization and the negative impact of residential schools. In many communities, TDM has continued to be practiced by the Elders, while in other communities TDM is being re-instated for dispute resolution. The Child Welfare Fund Initiative provided funds to assist Aboriginal communities to increase the use of TDM in child welfare disputes. The use of TDM is poignantly relevant as one way to address the large overrepresentation of Aboriginal children in care. One of the intents of the Child Welfare Initiative was to find ways to reduce the number of Aboriginal children in care.

CDM processes provide an alternative to court-ordered decisions. Some of the benefits of resolving child welfare disputes outside of a court setting include:

- There are better outcomes for children;
- CDM plans have been demonstrated to last longer;
- Relationship between the parties is improved; and
- The parties maintain control over the solutions and therefore solutions are more creative and more suitable to a particular family and/or child.²

This evaluation contributes to a growing body of data regarding CDM. The intent of CDM processes and related services is to reduce the number of children in government or agency care as well as to shorten the length of time children spend in care.

This report includes data provided by the following projects:

- 1) Ayas Men Men Child and Family Services (AMMCFS)
- 2) Haida Child and Family Services Society (HCFSS)
- 3) Island Métis Community Services (IMCS)
- 4) Interior Métis Child and Family Services Society (IMCFSS)
- 5) Klahoweya Aboriginal Centre (Klahoweya)
- 6) Northwest Internation Family and Community Services (NIFCS)
- 7) USMA Nuu-chah-nulth Tribal Council (USMA)
- 8) Okanagan Nation Alliance (ONA)
- 9) Sto:Lo Nation (Sto:Lo)
- 10) Vancouver Aboriginal Child and Family Services Society (VACFSS)

² Emery, R. E., Sbarra, D. and Grover, T. (2005), DIVORCE MEDIATION: *Research and Reflections*. Family Court Review, 43: 22–37. doi: 10.1111/j.1744-1617.2005.00005.x

1.1 Definition of Terms

CDM refers to family group conferencing, traditional decision-making, and hybrid models.

Family Group Conferencing (FGC) "...is a collaborative planning process...[that] brings together families, service providers and other professionals with the goal of collaborative decision-making. A primary underlying assumption of the FGC process is that the family itself is best able to understand and articulate its strengths, challenges, resources and supports, therefore plans created by the family have a higher probability of success. As such, a key component of the FGC process is private family time, in which the family, apart from the professionals involved, is given the opportunity to create a plan that addresses the issues or crisis confronting them. The professionals then have an opportunity to comment on the plan and to assist the family in identifying the resources and supports necessary to implement it. In the child welfare context the social worker approves the plan to ensure child safety."³

"A family group conference coordinator helps families to identify and invite people who will support them in developing a plan for their child. Family group conferences are designed to promote cooperative planning and decision-making and to enhance a family's support network."⁴

Traditional Decision-Making (TDM) processes are ways of planning and/or resolving disagreements by following community or cultural models and practices. For example, in some Aboriginal communities, Elders may have a key role to play in guiding families and a child welfare worker through a decision-making process."⁵ TDM is typically practiced by Aboriginal communities within their traditional territory. A "Circle" is a common TDM process used by the agencies and therefore the term Circle has been used liberally in the report. Circles include a number of traditional protocols including the seating arrangement, order of speaking, and equality of contribution by all members of the Circle.

Hybrid Processes, for the purpose of this report, are those processes that meld traditions/processes from multiple nations with FGC elements. These processes are typically offered in an urban Aboriginal context where Aboriginal people are not living on their traditional territory.

Note: In consideration of the respect deserved by the Aboriginal Elders, Aboriginal communities and the traditional processes, discussed in this report, the words Elder, Hereditary Chief, Clan and Circle are capitalized. Professional titles have not been capitalized, in most cases, in order to respect the desired equality between family members, parents, and professionals in these processes.

1.2 Literature Review

There have been a number of evaluations of child protection mediation and FGC projects, from various geographic areas in the province, and with smaller samples than the evaluation described in this report. The projects measured satisfaction levels, use of mediation by professionals, benefits of orientations, completion rates, court involvement after mediation, role of legal counsel, court time savings, and social worker time savings.

³ Child and Youth Officer for British Columbia (2006, November) *Family Group Conferencing Evaluation Project: Summary of Project and Recommendations*

⁴ Retrieved on April 29, 2009 from www.mcf.gov.bc.ca/child_protection/mediation.htm

⁵ Retrieved on April 29, 2009 from www.mcf.gov.bc.ca/child_protection/mediation.htm

Child protection mediation refers to a neutral third party facilitating negotiations between families and social workers. Mediation differs from FGC in several ways. Lawyers usually attend with the parties during mediation. Typically, fewer family members are present in mediations than in FGC. FGC's usually include many extended family members, but no lawyers. FGC have a facilitator, however the family is also supported to have private family time with no professionals present.

Prior to beginning this evaluation, the evaluator conducted a review of recent relevant reports entitled *Review of Completed Child Welfare Collaborative Decision-Making Service Evaluations in BC*. The evaluator reviewed those evaluations and submitted a report to the MCFD Evaluation Subcommittee. The information below includes some excerpts from this report.

The following documents and reports were reviewed:

- 1) *Evaluation of the Vancouver Coastal Mediation Project: Final Report* (June 2006), Focus Consultants
- 2) *Evaluation of the Upper Island Mediation Project: Final Report for Ministry of Children and Family Development* (June 2007)
- 3) *Evaluation of the South Island Mediation Project for Ministry of Children and Family Development, (October, 2007) Focus Consultants*
- 4) *Evaluation of the Surrey Court Project: Facilitated Planning Meeting, Final Report for Dispute Resolution Office, (November 2003) Ministry of Attorney General*
- 5) Okanagan Nation Alliance (March 2007) *Program Review Report Of Okanagan Nation Mobile Family Group Conferencing Project*, Sterling Consulting
- 6) Child and Youth Officer for British Columbia (November 2006) *Family Group Conferencing Evaluation Project: Summary of Project and Recommendations*
- 7) American Humane Association (2007, March) *British Columbia Family Group Conferencing Curriculum Review and Evaluation Plan*
- 8) Isaac, N., Maloney, M. & Ney, T. (Sept. 2007) *Family Group Conferencing: An Annotation and Critical Review of the Existing Literature*, Undistributed Document

The review of these reports focused on evaluation methodologies, challenges, the question “what evaluation methodologies worked?”, and identifying outcomes and indicators for future evaluations.

One of the reports, the *Family Group Conferencing Evaluation Project*⁶ was conducted jointly by the Child and Youth Officer for British Columbia and MCFD. The project used an outcomes-based evaluation approach to assess the degree to which family group conferencing benefited families and others involved in the process. “The benefits were determined by three categories of results including: a family-created plan; an agreement to the plan by Ministry representatives; and, the quality of the experience of the family group conferencing process for all participants” (p. 2). These outcomes overlapped with satisfaction data and focused on immediate outcomes rather than long-term benefits.

⁶ Child and Youth Officer for British Columbia (2006, November) *Family Group Conferencing Evaluation Project: Summary of Project and Recommendations*

“The evaluation findings...provide a compelling argument in favour of family group conferencing as a practice worthy of increased use within the Ministry. The evaluation found that:

- the process is highly valued by participants and is one they would recommend to others;
- the process is being consistently applied in regions across British Columbia;
- the process is leading to the creation of family-based safety plans;
- plans are being supported by the Ministry; and,
- the process is experienced positively by all key participants.”⁷

From the evaluations conducted in BC, a number of lessons have been learned about collaborative process service delivery as well as about effective evaluation of these services. These lessons are primarily gained from mediation projects. When findings refer to the Okanagan Nation Alliance Family Group Conferencing project the writer refers to family group conferencing.

The review identified the following collaborative decision-making service elements as working well:

- All participant groups are generally satisfied with the processes, even if there are elements that could be improved.
- There is a general increase in referrals to mediation over time.
- Mediation Coordinators and Court Work Supervisors appear to increase the use of mediation in their regions, when their role is clear.
- Orientations for participants worked well in the Facilitated Planning Meeting Project study.
- There is a resolution of most issues identified.
- There is a 60-80% completion rate of those cases referred to mediation.
- Even if some court involvement was required to complete the file, there is reduced court involvement for cases that were mediated.
- The process is leading to the creation of family-based safety plans.
- Plans are being supported by the Ministry.

The review summarized identified the following areas as needing improvement:

- There is a need for more professional development for mediators and mediation supervisors responding to complex issues such as positional parties, and highly charged situations.
- More information is needed regarding how much time social workers spend involved in CDM processes as time saved in the court may not mean time savings for social workers.
- The role of counsel may need to be reviewed based on regional decisions to include or not include counsel in Collaborative Practice and Decision-making meetings.

The review of evaluation methodologies identified the following effective evaluation practices:

- Satisfaction data is easily obtained through surveys.
- Telephone and in-person interviews increase the number of respondents and quality of information.
- Feedback has been received from all participant types: parents, counsel, social workers, mediators.
- When consents were obtained from participants at the beginning of the process, this increased the potential population of respondents.

⁷ Ibid.

- Use of neutral external researcher(s) or evaluator(s) has facilitated the higher respondent numbers.
- Collaboration with Dispute Resolution Office to review summary file data.

There were a number of areas for improvement identified regarding the evaluation methodologies used, including:

- Low number of respondents, particularly clients.
- Need for medium and long-term outcomes data.
- It is difficult to determine actual court time savings.
- It is difficult to determine actual social worker time savings due to time involvement for mediation and family group conference activities instead of time in court.
- Project design should include obtaining signed consents from participants at the beginning of service to allow for the evaluator to contact participants later.
- Dependence on written survey questionnaires possibly due to timing of questionnaire completion, low literacy of some participants and lack of incentive to complete.
- The evaluators were unable to acquire the necessary data to assess the impacts on court activity. The main problems identified by Focus Consultants were: (1) the appropriateness of certain indicators; (2) the insufficient time to establish a trend; (3) the lack of other contextual data necessary for the analysis.
- There is a need for culturally appropriate evaluation methodology particularly for Aboriginal families.

The review recommended that the following core indicators be measured:

- the number and severity of substantiated child protection concerns from intakes after the Collaborative Practice and Decision-making meeting (Trocme et. al, 1999; AHA, 2007; Isaac, Maloney & Ney, 2007);
- average length of time children are in care (Ibid.);
- number of children who are placed with family members or out-of-care placements (Ibid.);
- number of children who leave care within 12 months after the Collaborative Practice and Decision-making meeting;
- number of moves (caregiver changes) each child experiences within 24 months after the Collaborative Practice and Decision-making meeting (Ibid.);
- number of children who have a non-related caregiver of the same ethnicity or culture as the child (Trocme et. al, 1999);
- timing of referral according to stages of court process; and
- implementation rate for plans and agreements made in mediation or family group conferencing (AHA, 2007; Isaac, Maloney & Ney, 2007 AHA, 2007; Isaac, Maloney & Ney, 2007).

Based on the recommendations above, the evaluation in the subsequent sections was designed to focus on gaps in the existing research as well as using previously identified meaningful outcomes and indicators.

2.0 Evaluation Design

This evaluation was designed by the Law Foundation Child Welfare Fund Committee and the evaluator, taking into consideration to the information gathered in the *Report of Aboriginal Child*

*Welfare Collaborative Decision-Making Models*⁸. The evaluator also consulted with Okanagan Nation Alliance (ONA) and their evaluator, Rona Sterling-Collins, regarding lessons learned in ONA's previous evaluation.

The Child Welfare Outcomes Indicator Matrix⁹ identifies ethno-cultural placement matching, time in care, and placement rates, as meaningful child welfare indicators. Due to the matrix indicators and the lack of studies regarding residential outcomes for children planned for in CDM, the stakeholders involved in designing this evaluation chose to focus on the following:

- average length of time children are in care;
- number of children who are placed with family members or out-of-care placements;
- number of children who leave care within 12 months after CDM meeting;
- number of children who have an Aboriginal caregiver after the CDM meeting; and
- implementation rate for plans and agreements made in CDM meetings.

The evaluation was designed to:

- Determine whether the projects carried out the work they had set out to do;
- Describe and evaluate the success of the projects in supporting Aboriginal families to have greater responsibility for and power with respect to the care and protection of Aboriginal children. This included looking at the role of the family in making decisions about children and in carrying out caregiving arrangements as an outcome of the decisions;
- Gather information as to whether these community-based Collaborative Decision Making approaches were effective in developing plans for the protection of children which were satisfactory to both family members and social workers; and
- Gather information about how the plans developed for children through these processes were able to stand, at least in the short term, in the place of decisions normally obtained through a court-based process.

Projects were asked to submit three types of evaluation data:

- Completed Participant Feedback Surveys;
- Completed Three to Six Month Follow-up Forms; and
- Case statistics.

The Participant Feedback Surveys provide satisfaction data to measure the views of families and professionals who attended Circles/Conferences. The surveys were collected at the time of a Circle or Conference or within one month after the meeting. The Follow-Up Forms provide outcomes data as well as satisfaction data three months or longer after the meeting occurred. The case statistics provide information on many case details including the volume of work conducted, the numbers of participants, child protection safety concerns, and planned outcomes.

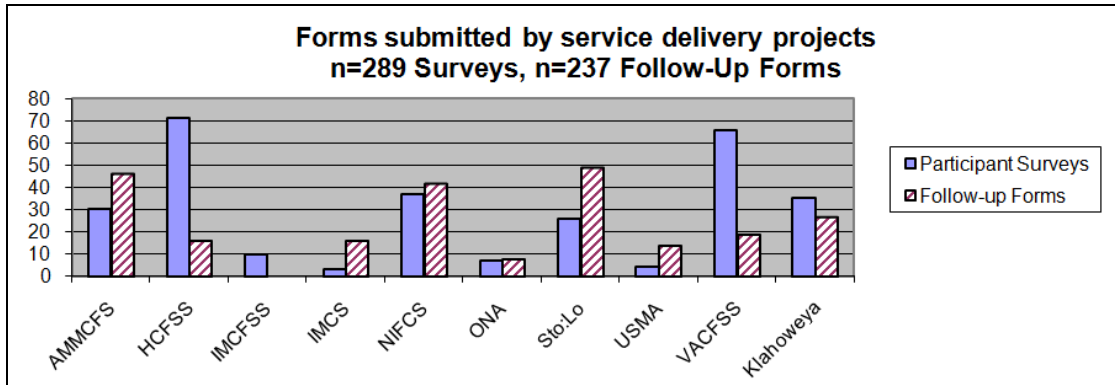
⁸ Harder (2009) *Report of Aboriginal Child Welfare Collaborative Decision-Making Models* Unpublished

⁹ Trocme, N., Nutter, B., MacLaurin, B., & Fallow, B. (1999, October) *Child Welfare Outcome Indicator Matrix*, Bell Canada Child Welfare Research Unit

3.0 Evaluation Data

All projects submitted case statistics, Participant Feedback Surveys, and three to six Month Follow-up Forms. See Appendices for copy of Participant Feedback Survey and three to six Month Follow-up Form. Case statistics are described in subsequent sections.

Table 3 1 – Forms Submitted

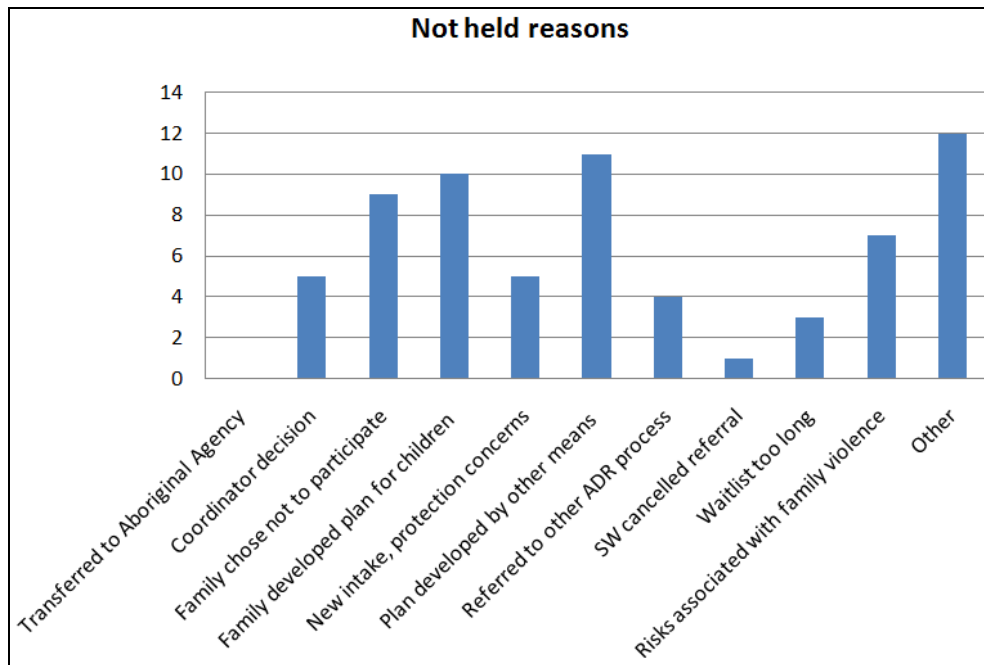


4.0 Circles and Family Group Conferences

There were **253 referrals** reported across all the projects. **194 Circles/Conferences** were completed. Fifty-nine referrals did not result in Circles/Conferences. The project included TDM and hybrid models.

The majority of referrals resulted in a Conference/Circle meeting.

Chart 4 1 – Not Held Reasons



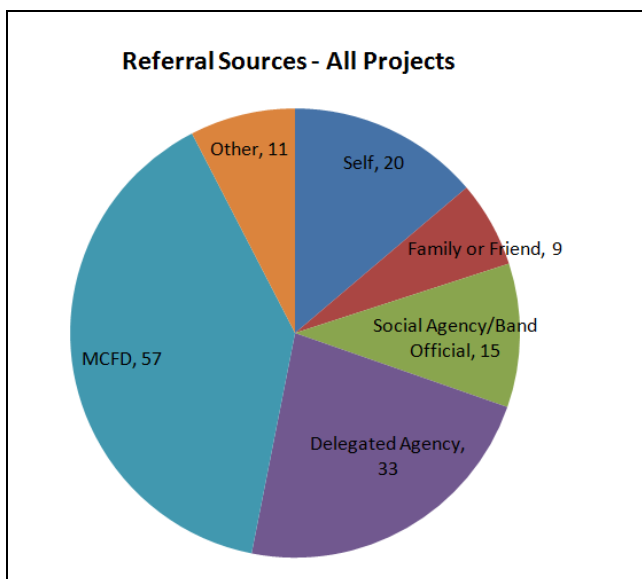
The most frequent reasons for a meeting not being held were family choice; family developed a plan for the children; plan developed by other means; other; and risks associated with family violence. Although “Other” is the most common choice, these responses make up less than 25%

of the total “Not Held Reasons” responses. Information regarding what “Other” may refer to was not reflected in the data.

The majority of Conferences/Circles (n=104) were held in the family’s community. Twenty-one were held in another community. The distance of the meeting from the family’s community ranged from 80km to 3,700km.

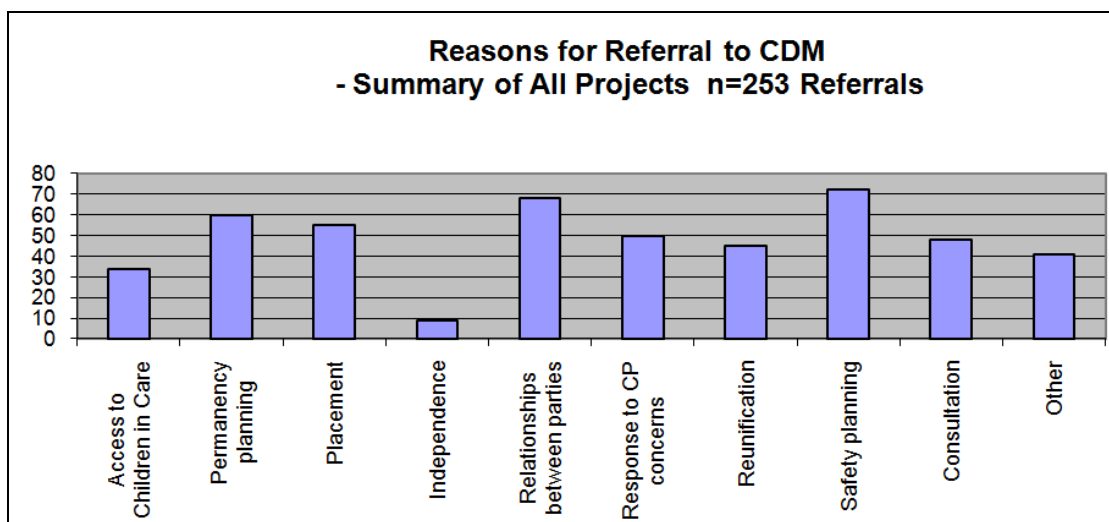
4.1 Referral Sources and Reasons for Referral

Chart 4 2 – Referral Sources



The majority of the 253 referrals were from MCFD and delegated agencies. It is not surprising that MCFD and Delegated agencies are the highest referral sources since these processes are meant to develop safety plans for children and support for families. Some projects received under 10 referrals, while the highest number of referrals for a project was over 60. Referral sources were not reported for over 100 referrals.

Chart 4 3 – Reasons for Referral



From the 253 referrals, there were 482 referral reasons reported. This means that the processes addressed multiple issues. The average number of referral reasons was two.

4.2 Children Planned For

256 children were planned for in the 194 Circles/Conferences facilitated.

4.3 Case Types

Table 4 1 – Case Types

	<i>Child Protection</i>	<i>Family</i>	<i>Youth Justice</i>	<i>Youth Agreement/ Planning</i>	<i>Other</i>
<i># of Referrals</i>	122	67	11	22	49
<i>% of Total Referrals with reported case types (n=182)</i>	67%	37%	6%	12%	27%

A number of referrals had more than one case type. The most common overlap was between “Family” and “Child Protection” case types. The highest number of “Other” case types was from one project which did a number of adult justice related cases in addition to child protection cases.

4.4 Process Types

Projects used a mix of Circle, TDM, and FGC Processes. The definitions of each of these process types are included in the Introduction section of this report (1.1 Definition of Terms).

The process types were reported as follows:

- 71 (43%) Circles/TDM
- 70 (42%) FGC's
- 26 (15%) Facilitated Planning Meetings

In the model description information provided, the differences between a Circle/TDM and FGC are subtle, and in practice these two processes may not be easily differentiated within Aboriginal delegated agencies.

The cases noted as Facilitated Planning Meetings may not be the same as the Facilitated Planning Meetings model used by the Surrey Court Project. In the Surrey Court Project, a Court Work Supervisor identifies cases, receives referrals, and attends all orientation and planning meetings¹⁰. The projects reporting use of the Facilitated Planning Meetings may be referring to 90 minute planning sessions which are pulled together urgently to address immediate safety concerns.

¹⁰ *Evaluation of the Surrey Court Project: Facilitated Planning Meeting*, Final Report for Dispute Resolution Office, (November 2003) Ministry of Attorney General

Projects that reported using FGC processes were likely using a hybrid model. Facilitated planning meetings are a model out of the Surrey Court Project, however, they were not defined within this study. Because of this lack of definition, it is unclear what definition was used when projects reported using this process. Based on other information provided by projects and site visits, the writer anticipates that facilitated planning meetings were also conducted using a hybrid process.

“The father facilitated opening prayer & smudge which set the respectful & appropriate tone for the meeting.” Participant

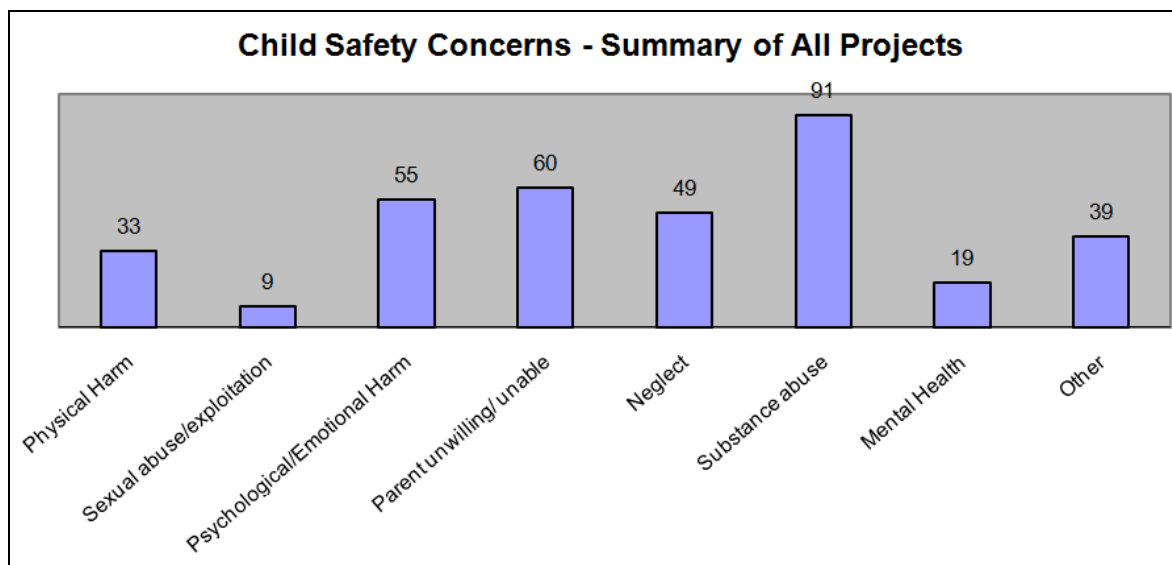
4.5 Roles of Process Leaders

The meetings were primarily led by FGC Coordinators (76) or Circle Leaders (80). In a small number of meetings, an Elder (4) led the process. Four conferences were also led by mediators and 10 were listed as “other”.

4.6 Child Safety Concerns

Referrals had from one to six child safety concerns identified. The average number of safety concerns per referral was 2.5. These safety concerns indicate that CDM processes were used for all types of child protection related concerns and were suitable for multiple concerns.

Chart 4 4 – Child Safety Concerns



4.7 Average Sessions and Session Hours

In the tables below, “pre-CDM sessions” are preparation meetings with those invited to the meeting. The CDM sessions are family meetings with the process leader facilitating. The “review session” is a family meeting held after the initial CDM session to review the plan implementation and progress. Follow-up hours means time spent speaking with attendees after the family meeting. Averages were calculated by removing cases where no statistics in a particular category were reported. Session hours include only direct meetings with participants and do not include preparation and administration time.

Table 4 2 – Average Number of Sessions

<i>Average # of pre-CDM sessions</i>	6.7
<i>Average # of CDM sessions</i>	11

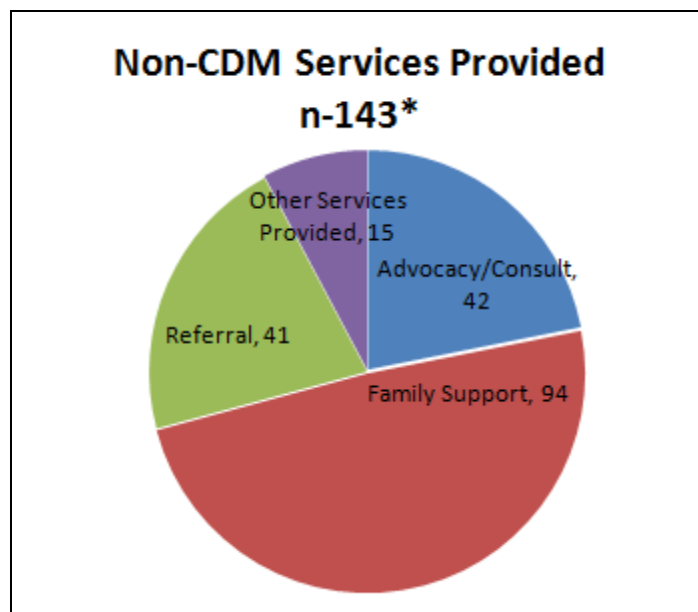
Table 4 3 – Average Number of Hours

<i>Average # of pre-CDM session hours</i>	13.6
<i>Average # of CDM session hours</i>	6.4
<i>Average # of review session hours</i>	4.4
<i>Average # of total session hours</i>	21.25
<i>Average # of follow-up hours</i>	5

4.8 Other Services Provided

The evaluation design included reference to other services that facilitators may provide due to the unpredictable nature of the work, as well as the need for professionals in small communities to provide a variety of services. Of note in the table below, is the high number of cases where family support was also provided. Referral and Advocacy/Consult services were provided in many cases.

Chart 4 5 – Non-CDM Services Provided



*Some cases had more than one non-CDM service provided.

4.9 Participant Types

Throughout the life of the projects, 1,632 participants attended Circles/Conferences. This number is likely underreported as participant statistics were not reported for all meetings held.

Table 4 4 – Participant Types

	Parents	Extended Family	Aboriginal Cultural Support Persons	Children under 12	Youth Age 12-18	Friends	Professionals
Total #	203	497	245	170	123	71	398

The number of parents, extended family, children, and Aboriginal cultural support persons who attended reflects the intent to have more family members involved than professionals. Some of the children who attended were not children being planned for. There is an increasing focus in the field of CDM on the meaningful involvement of children in the decision-making process. More study and practice development is needed to increase the involvement of the children being planned for in decisions that affect their lives.

“We came up with a plan - strengths & positive points, cultural language song and dance.” Participant

Aboriginal cultural support persons include Elders. An Elder is defined in multiple ways. “Traditionally in First Nations, Inuit..., Elders are those people, usually older, who are recognized by the community as possessing great wisdom and who are called upon as an authority to advise or act on important family and community matters.” (Retrieved on August 19, 2009 from www.niichro.com/Elders/Elders7.html) In this report, Elders are represented as advisors, witnesses, and facilitators in the processes described.

5.0 Outcomes

Out of the 256 children planned for, outcomes data has been received on 208 children and youth served by all projects.

- both planned and follow-up outcomes were received on 151 children,
- partial outcomes data was received for 57 children, and
- no outcomes data was received for the remaining 48 children.

Data from individual projects has not been reported separately in this report in order to protect the anonymity of participants.

5.1 Planned and Follow-Up Outcomes Results

Planned outcomes are parts of the plan developed at the primary Conference/Circle. Follow-up outcomes are the residential, caregiver, and court-related outcomes that occurred for a child at a point in time between three months and 18 months after the initial Conference/Circle.

Some files had multiple outcomes reported, based on plan timelines. All reported outcomes have been listed here even if they are from different points of time after the same conference, or a subsequent review conference. A file may have two stages of outcomes: for example a child may be placed with a relative in care, and then returned to the parent.

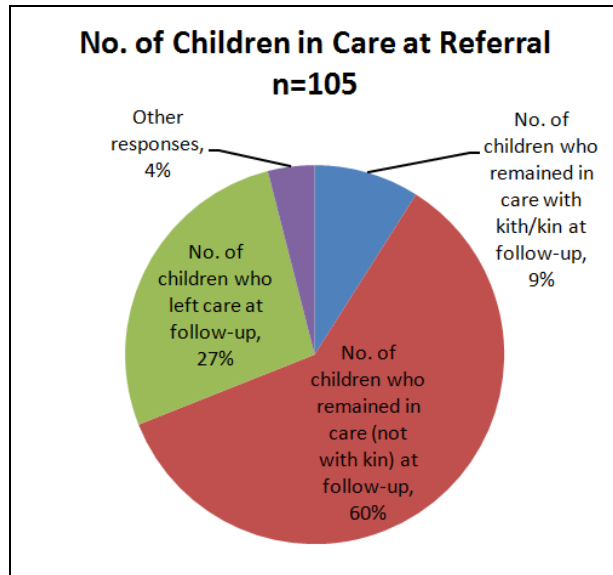
5.1.1 Care Status at Referral

Projects reported whether the children planned for had an Aboriginal (non-parent) caregiver at the time of referral. This information allowed the evaluator to determine care status at referral for many of the children planned for. Referral is defined as the date case information was received by the CDM service. The children planned for are those who became the subject of a Conference/Circle. Of the 256 children planned for, the care status at referral was not available for 105 children.

*“This is how we do it!
Everyone involved:
consensus.” Participant*

Of the 105 children whose care status at referral was not reported, it is likely that many of them were in care, as residential planning is a common reason for referral. The referral statistic also includes children in care who were placed with an Aboriginal family or community member.

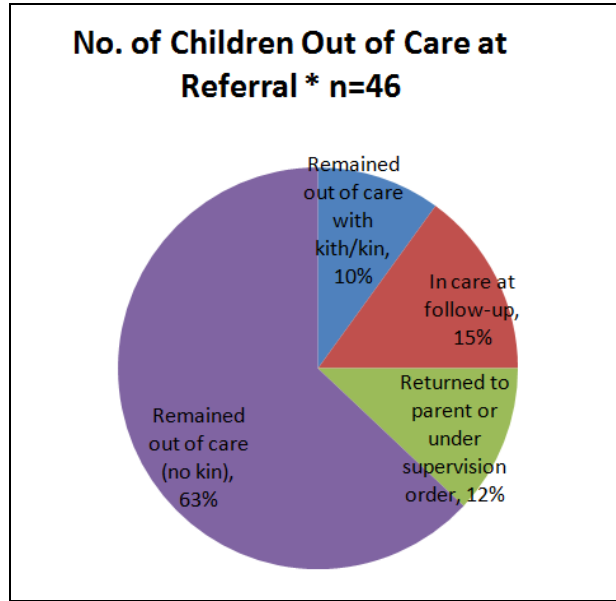
Chart 5 1 – Children in Care at Referral



**Children reported to be in care at referral out of the 256 children planned for.*

One finding is that 27% of children in care at the time of referral, left care by follow-up. 10% of the above sub-sample remained in care with family members at follow-up. Without benchmark data regarding typical rates of leaving care, it is difficult to determine how this finding compares to other jurisdictions or outcomes. Benchmark data is currently not available.

Chart 5 2 – Children Out of Care at Referral and Follow-Up Care Status

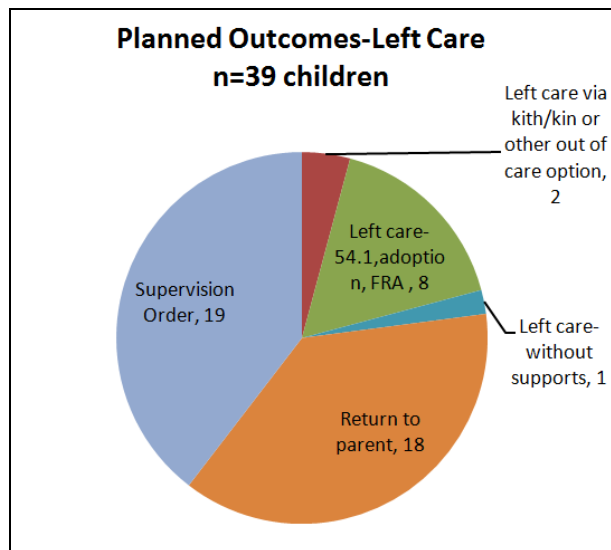


**Includes 15 children where care status at referral was not reported and all children reported to be out of care at referral, of the 256 children planned for.*

5.1.2 Care Status after Circle/Conference

The writer focussed analysis on whether children remained in care, remained out of care, or left care, rather than looking at variations between other reported categories. There are also several categories that were not chosen in the responses (e.g. Left care-supports; and Left care-Youth Agreement). Charts 5.3 and 5.4 include almost all the same children.

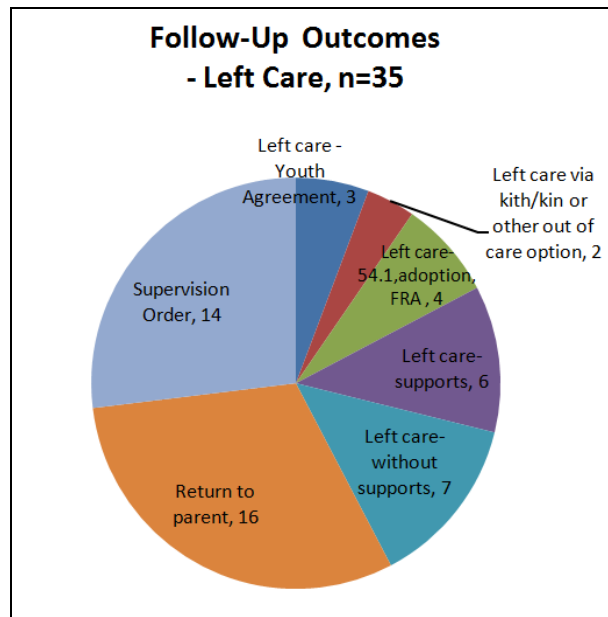
Chart 5 3 – Planned Outcomes – Left Care



**based on outcomes reported for 208 children. There is some overlap between these categories.*

There were 48 outcomes reported for the 39 children represented in the above chart. Twenty-eight of the children in Chart 5 3 above remained out of care at follow-up. Some of those in the Supervision Order category may have remained out of care from referral through follow-up.

Chart 5 4 – Follow-Up Outcomes – Left Care



*based on outcomes reported for 208 children. There is some overlap between the categories.

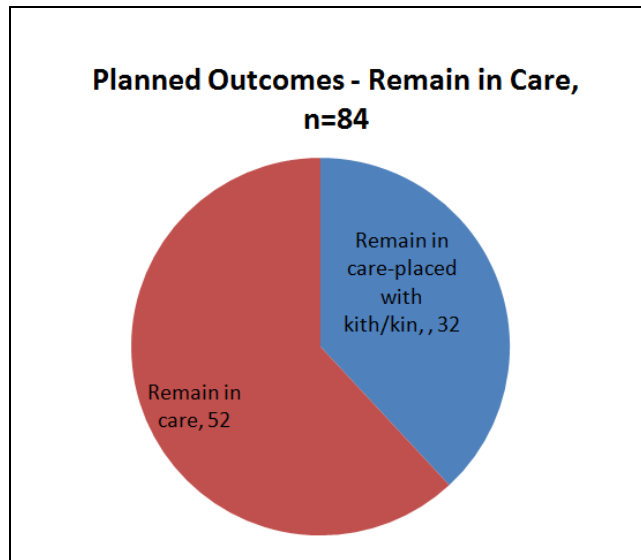
There were 52 outcomes reported for the children in the above chart. Analysis of the 151 children with reported planned and follow-up outcomes provided some interesting findings. Of these, 35 children left care by the follow-up after the Circle/Conference. This is significant, since referrals to CDM are typically cases with the presence of serious child protection concerns. Seventeen children were “returned to parent” and nine had a Supervision Order (not including cases also reported as “return to parent”). Six children left care via a permanency plan including *Family Relations Act* orders, Sec. 54.1, adoption, kith/kin agreement or other out of care options.

Eighty-nine children of the 151 were reported to be in care at the time of the Circle. Of these, 17 (19%) had left care at follow-up. Without a meaningful comparison sample, it is not possible to know if the left care rates are typical or different from those for other CDM processes. What the data does demonstrate is that some children do leave care as a result of the CDM plans.

5.1.3 Care Status at Planned and Follow-Up

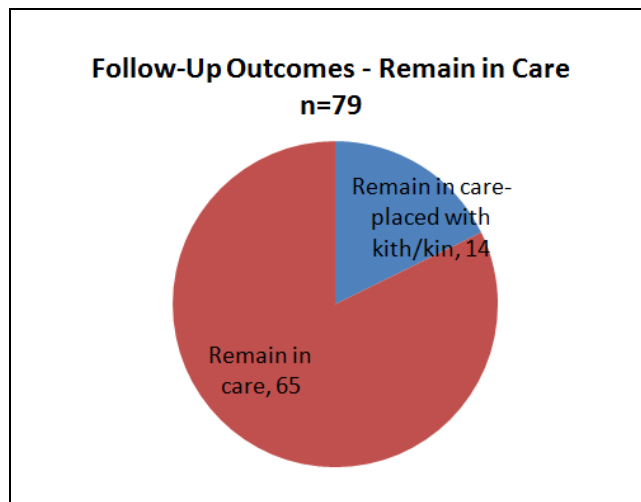
This section includes charts that illustrate the difference in numbers between plans that a child will remain in care and the outcome at follow-up.

Chart 5 5 – Planned Outcomes – Remain in Care



**based on outcomes reported for 151 children. No overlap between categories.*

Chart 5 6 – Follow-Up Outcomes – Remain in Care

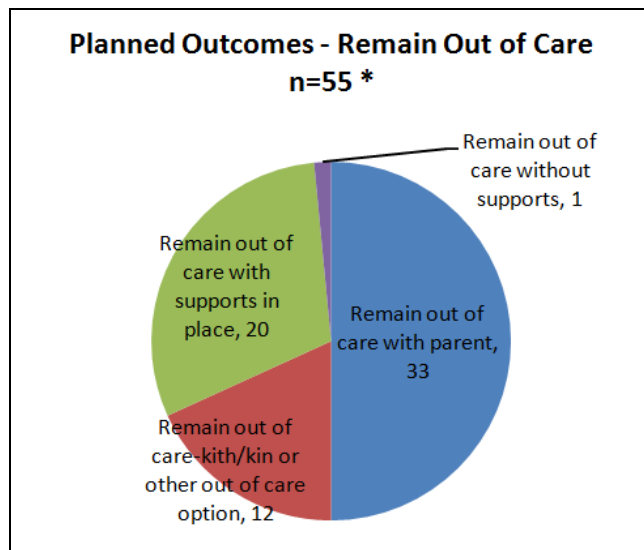


**based on outcomes reported for 151 children. No overlap between categories*

5.1.4 Out of Care at Planned and Follow-Up

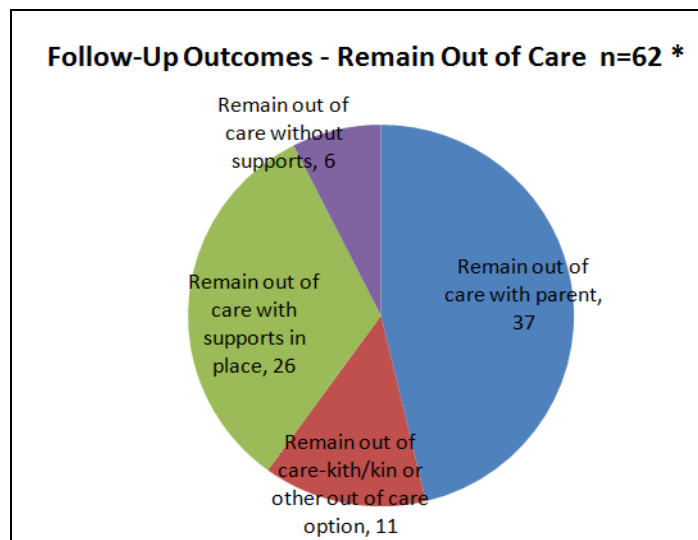
Child protection work includes responding to many serious child safety concerns as indicated in the reasons for referral and child safety data collected. The families referred to CDM are often at risk of having children removed from their care. Of the 62 children who were reported to be out of care (or care status was not available) at the time of the Circle, 40 (65%) remained out of care at follow-up. This is 41% of the sample of 151 children. This is a significant finding of success based on the assumption that many of these children were at risk of removal from their parent’s care. There may be an increased likelihood of children remaining out of care when planning occurs through a Circle/Conference.

Chart 5 7 – Planned Outcomes – Remain Out of Care



**Data in this chart is based on outcomes reported for 151 children. Percentages were not used due to overlap between categories. Some children had multiple out of care outcomes.*

Chart 5 8 – Follow-Up Outcomes – Remain Out of Care



**Data in this chart is based on outcomes reported for 151 children. Percentages were not used*

due to overlap between categories as some children had multiple out of care outcomes.

5.1.5 Aboriginal Caregivers

Of the 126 children with reported information about whether or not they had an Aboriginal caregiver, 59 (47%) had a non-Aboriginal caregiver at referral. Fourteen of these 59 children had an Aboriginal caregiver at follow-up. Of the 67 children with an Aboriginal (non-parent) caregiver at referral, 24 continued to have an Aboriginal caregiver at follow-up. Twelve children had a non-Aboriginal caregiver at follow-up and the remaining 31, were returned to parent, remained with parent, or left care via a Youth Agreement.

Table 5 1 – Aboriginal and non-Aboriginal caregivers at referral and follow-up

	<i>Total</i>	<i>Aboriginal caregiver at Follow-up</i>	<i>Non-Aboriginal caregiver at Follow-up</i>	<i>Returned to parent, Remain with parent, Youth Agreement</i>
<i>Non-Aboriginal caregiver at referral</i>	59	14	31	14
<i>Aboriginal (non-parent) caregiver at referral*</i>	67	24	12	31

**those files with parent Aboriginal caregivers, where marked, were removed from this statistic, however it is likely that some of the Aboriginal caregiver numbers here include parents of the children planned for.*

5.1.6 Length of Time in Care

The length of time in care was reported for 59 children and youth. This statistic is limited in its usefulness due to the variability in the length of time between conference and follow-up data collection. Where the calculation of time did not fall evenly in calendar months, the number was rounded up for 15 days or higher and rounded down for under 15 days. Of the 14 children who returned to live with a parent, the average length of time in care was 16.35 months. Of the 45 children who remained either in care or out of care (living with a relative), the average length of time in care at the time of follow-up was 19.5 months. The time between follow-up and the Conference ranged from three months to 18 months.

This statistic is vulnerable to some possible inaccuracies including the recollection of the respondent and the fact that time is measured by month (rather than days). In addition the numbers of children in this sub-sample is much smaller than the entire sample served by the project. More accurate data is available from the MCFD Management Information System if there is an interest in further analysis of this indicator.

A more helpful statistic would be to measure the length of time in care for children after a Conference/Circle. The best time to measure the care period is after the file has been closed or a continuing custody order was granted. This type of data was not available for the evaluation due to the privacy of MCFD information.

There were multiple themes in the responses to “How, if at all, did the conference/mediation process help the children’s and/or family’s connection to Aboriginal traditions?” Some of the key themes included: the use of Aboriginal traditions and ceremony in the Circles; the involvement of Elders; having a cultural plan for the children; and increased future contact between the children and family/Aboriginal community. Out of the 172 respondents who answered this question, 162 respondents made positive comments about increased cultural connections as a result of the plan. The remaining 10 respondents felt the process did not help to increase cultural connection.

5.1.7 Comparison of Planned and Follow-up Outcomes

The follow-up outcomes were gathered three months or more after the Circles/Conferences were held. Twelve files had follow-up outcomes collected between 12 months and 17 months after the first Circle. Seven files had follow-up outcomes collected 18 months or more after the first Circle/Conference. Six files had outcomes collected between six and 11 months after. Seven files had outcomes collected between three to six months after. Information was gathered by employees of the funded projects, evaluation consultants, or research assistants. There were a number of files where the time between the conference and the follow-up data collection could not be determined.

Of children with reported planned and follow-up outcomes, 68% had the same outcomes at follow-up and planned. This statistic was calculated by the evaluator individually to ensure that coding with similar meanings was interpreted as a “yes”. For example, a child where the plan was to return to parent, who remained with parent at the time of follow-up, was rated as having the same planned and follow-up outcomes.

5.1.8 Analysis of Other Follow-Up Questions

Is the plan being followed by?

Table 5 2 – Plan follow-through

	<i>“Yes” to Social Worker followed the plan</i>	<i>“Yes” to Extended Family followed the plan</i>	<i>“Yes” to Parents followed the plan</i>
<i>Social Worker Responses (n= 64)</i>	n/a	71%	58%
<i>Parent, Guardians and Relatives Responses (n= 65)</i>	89%	n/a	n/a
<i>All Respondents (n=160)</i>	88%	79%	70%

82% of all respondents surveyed at follow-up reported “yes” to “Is the plan being followed by Other?” The above table shows that a majority of respondents believe the plan was followed during the follow-up period. Social workers noted that the plan was followed more by extended family than by parents.

The above measures of whether or not the plan is being followed are significantly lower than those reported by respondents in the Participant Feedback Survey. However, the feedback survey data was collected near the time the plan was developed and therefore plans were still new and in some cases had not yet been implemented. The follow-up data is likely more valid as a measure of participant views regarding how various people followed the plan developed for the children.

If plan/agreement has been changed, was it changed by the parties on their own or with help from a mediation or family conference?

Table 5 3 – Plan changes after the Conference/Circle

n=147	<i>On own</i>	<i>With help from mediation or conference</i>	<i>N/A (not changed)</i>
<i>All Respondents</i>	40%	6%	54%
<i>Social Worker Respondents only</i>	21	4	24

The plan was changed by respondents on their own according to 40% of respondents. It is encouraging that 54% of respondents indicated the plan was not changed. While this does not definitively determine plan success, the implication is that many plans are changed if the elements were not working. Since the percentage of social workers in this respondent group is a minority, this implies a high level of involvement by family members and parents in updating the plan. There were a number of files with more than one Circle/Conference where plans may have been changed or updated. 6% may be an underreported statistic as approximately 30 files had more than one conference, including review conferences. According to discrepancies between the review session hours reported and the number of files with review conference dates listed, the number of review conferences appears to be underreported.

Court Involvement

Court involvement in the follow-up period was reported for 52 files. The court involvement outcomes were reported by social workers for 42 of the files, while 10 other respondents reported outcomes on files where the social worker did not report the court involvement. Five cases had more than one person respond about court involvement, even though the question was only intended for the social workers.

Table 5 4 – Court Involvement after Conference/Circle

	<i>Confirmation of plan in court</i>	<i>Court involvement due to new or reoccurring child protection concerns</i>	<i>No further child protection court involvement</i>
<i>All respondents n=57 (Social Worker's n=42)</i>	21%	25%	54%

These findings indicate that CDM processes resulted in no further child protection court involvement in the follow-up period for over 50% of cases with this outcome reported. The findings regarding confirmation of the plan in court can also be seen as an indicator of success.

The plan is adequately protecting the children.

Table 5 5 – Agreement that the plan is protecting the children

<i>n=173</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>All respondents</i>	43%	43%	5%	9%

At the time of follow-up (three months to up to 18 months after the meeting), 86% of respondents felt the plan was adequately protecting the children. This is slightly below the response rate to a similar question in the Participant Feedback Survey (93%). It is significant to note that the satisfaction regarding safety of the children remained high even several months after the plan was developed.

5.2 Comparison between MCFD Mediation Data and Law Foundation Evaluation Data

The Ministry of Children and Family Development provided comparison data for Aboriginal children listed on the files of completed child protection mediations. This data was compared against the Law Foundation evaluation data for Aboriginal children planned for in CDM processes.

Data Description:

The MCFD data related to Aboriginal children who were listed on files with completed mediations between April 2007 and March 2009. To ensure there was no duplication of families between the samples, certain referring offices and regions were removed from the sample. All files from the following referring offices or cities were excluded from the sample: Vancouver Aboriginal Child and Family Services Society (VACFSS), Xyolhemeylh Child and Family Services; Abbotsford; Chilliwack; Kelowna; Kitimat; Merritt; North Vancouver; Penticton; Port Alberni; Port Renfrew; Prince Rupert; Squamish; Surrey; Terrace; Tofino; Ucluelet; Vernon; Victoria; West Vancouver; or if file was missing information on the city.

If a child received multiple mediation services, then the last mediation service in the April 2007 to March 2009 time period was selected. For each record from the Child Protection Mediation Database that was successfully linked to the MCFD data, each child was followed for 6 months. For example, if an Aboriginal child on a family services file received a mediation service in January 2009, then that child was tracked until the end of July 2009.

Legal Status	No involvement over 6 month period	No legal authority at the end of 6 months	Under a legal authority at end of 6 months	Total
No Legal Status	15			15
In Care				
Removal of Child			4	4
Interim Order			1	1
Temporary Custody		3	6	9
Continuing Custody			5	5
Voluntary Care Agreement			1	1
In Care Total		3	17	20
In Charge				
Immediate Danger		1		1
In Charge Total		1		1
Section 8				
Agreement with Kin/Other			1	1
Section 8 Total			1	1
Supervision Order				
After Period of Care		8	17	25
Before Protection Hearing		1		1
Without Removal		4	3	7
Supervision Order Total		13	20	33
Total		17	38	70

Comparison:

The MCFD data included 70 children who were out of care at the time of the mediation. Of this sample, 74% remained out of care six months later. Out of care was defined as no child welfare involvement, a current supervision order, or no legal authority under the *Child, Family, and Community Service Act*.

In the Law Foundation evaluation sample, there were 62 children who were out of care at the time of the Circle/Conference. Of these, 65% remained out of care at the follow-up point. The follow-up point was three months to 18 months from the time of the Circle. The lower out-of-care rate may be due to the longer timelines included for some files. Of note, is the fact that both processes resulted in a high percentage of children being out of care at the follow-up point.

Note: The follow-up timelines for the Law Foundation evaluation sample are varied (from three months to 18 months), while the MCFD data was collected 6 months after the mediation for all children.

Result:

Both processes resulted in a high percentage of children being out of care at the follow-up point. This comparison indicates that Traditional Decision-Making and hybrid processes have similar outcomes to mediation.

6.0 Feedback Survey Data – All Projects

The Feedback Survey measured satisfaction indicators primarily. Participant Feedback Surveys were submitted by the following projects:

- Ayas Men Men Child and Family Services;
- Haida Child and Family Services Society;
- Interior Métis Child and Family Services;
- Island Métis Community Services;
- Klahoweya Aboriginal Centre;
- Northwest Internation Family and Community Services;
- USMA Nuu-Chah-Nuulth Tribal Council ;
- Sto:Lo Nation;
- Vancouver Aboriginal Child and Family Services Society.

Data from individual projects has not been reported separately in this report due to the limited data and lack of validity of comparing satisfaction levels between projects. Each project retains the right to release its individual Feedback Survey data to a larger audience if they choose.

The following sections summarize information about the survey and some key responses.

296 Feedback Surveys were submitted.

Respondents included:

- Relatives (n=99);
- Parents (n=60);
- Foster parents (n=16);

“It allowed for the family and Social worker to be able to work towards a same goal which ultimately allowed for both cultures/ participants to be accepted and respected.”
Participant

- Children (n=19);
- Counsellors (n=14);
- Family friends (n=10);
- Social Workers (n=74);
- Legal Counsel (n=1);
- Elders (n=50);
- Other (n=1).

* Some respondents selected more than one role.

It is encouraging to note that relatives, parents, and Elders make up the largest non-professional participant groups in the Circles/Conferences. This is consistent with the intent of the models to encourage family involvement and enhance capacity within Aboriginal communities to plan for children in need of protection. Of note, also, is that only one legal counsel attended across all projects. The Circles/Conferences are family/community driven processes rather than legally driven ones. Therefore, it is rare for legal counsel to attend.

In Aboriginal culture, children are highly valued and respected for their contribution to the community. According to the Okanagan Nation Alliance submission, “Responsibility for a child comes from an inherent collective perspective and holistic worldview; and the requirement to consider and acknowledge all aspects of the child’s well-being. Child rearing and teachings are a shared responsibility between the family and community with the Nation having an overarching interest in their health and wellbeing.” All projects described in this report focus on the best interests of the children served. In the Haida Child and Family Services project, one FGC included cultural education for the children as well as the adults. The children were taught how to make rattles and how to drum.

Children’s views are incorporated in a variety of ways, including:

- Children are present for part or all of the meeting;
- Children speak their own views;
- Children share their talents or skills (e.g. playing an instrument for the group);
- Letters from the child are read in the meeting by a support person;
- Photographs of the child are displayed;
- Children’s artwork is displayed;
- Coordinator meets with child and communicates the child’s views; and
- Support person for child is present to ensure child’s views are represented. (*Report of Aboriginal Child Welfare Collaborative Decision-Making Models*, p. 4)

The plan we developed is protecting the children. (n=279)

93% of respondents answered “Strongly Agree” or “Agree” to the above statement.

Although the answers were collected at the time of the meeting or within one month after, it is significant to note the high level of agreement. This statistic is likely more predictive than descriptive as many plans had not yet been implemented.

The ideas of family members were very important in deciding what the plan should be. (n=261)

98% of respondents answered “Strongly Agree” or “Agree” to the above statement.

Aboriginal TDM models place high importance on collective responsibility and consensus decision-making. The Circles provide opportunities for family members to reach consensus on the best plan for a child.

“Key values and beliefs which are common to most, if not all of the 11 models, include: respect; being thankful for our existence as humans; connection to spirit; cycles within nature; interconnectedness between all living forms; collective responsibility; and the importance of consensus decision-making. Elders hold knowledge which they are responsible to share with others. All teachings, shared by Elders and others in Circle settings, have a value and belief involved relating to the importance of family and future of the extended family. Agreements are witnessed by multiple people to confirm their existence and to ensure that the agreement will be followed.” (Report p.4)

The ideas of community members/elders were very important in deciding what the plan should be. (n=273)

82% of respondents answered “Strongly Agree” or “Agree” to this statement. 16% answered “N/A”.

These high agreement ratings support the intent of the models as indicated below. “Elders hold knowledge which they are responsible to share with others. All teachings, shared by Elders and others in Circle settings, have a value and belief involved relating to the importance of family and future of the extended family. Agreements are witnessed by multiple people to confirm their existence and to ensure that the agreement will be followed.” (Report of Aboriginal Child Welfare Collaborative Decision-Making Models, p. 4)

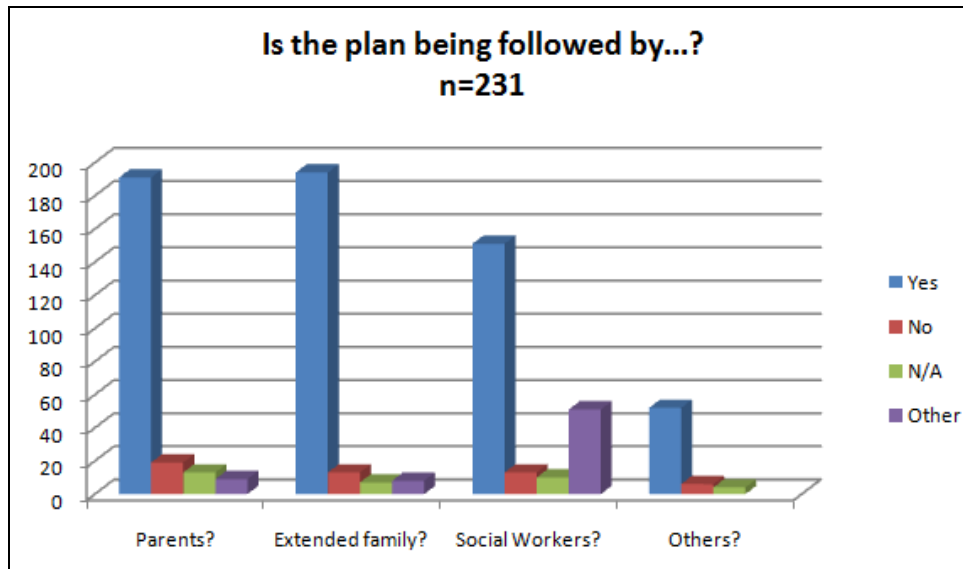
I know who to talk to about follow-up for the plan. (n=246)

93.5% of respondents answered “Yes” to this statement.

Is the plan being followed by:*

** this question was intended for situations where the feedback survey was administered within the first month after the Conference. Since most feedback surveys were collected at the time of the Circle or Conference, the responses may be predictive rather than descriptive.*

Chart 6 1– Is plan being followed? – Feedback Survey



If plan/agreement was not made, why not? (n=266)

Participants could choose one or more of four reasons provided:

- Social Worker and Family could not agree;
- Family members could not agree;
- Lack of safe residential options;
- Lack of support services available.

The majority of respondents to this question answered “no” to all reasons. The responses indicate that respondents may have been confused by the question as it is unlikely that this number of respondents actually experienced no agreement for reasons other than those listed. The number of planned outcomes developed for 208 children indicates that the majority of Circles/Conferences resulted in an agreement. It is likely that N/A was a more accurate response for a number of respondents. Only 24 respondents chose one or more of the reasons why an agreement was not made.

Overall, how satisfied are you with the conference or mediation process? (n=296)

94% of respondents were “Very Satisfied” or “Satisfied” with the process.

These high satisfaction ratings are consistent with the satisfaction rates reported by participants in the evaluations reviewed in the literature review section. The comparison evaluations included mediation and FGC projects. None of the projects that submitted data used a mediation process based on their CDM process descriptions.

Overall, how satisfied are you with the plan made during the mediation or conference? (n=240)

95% of respondents were “Very Satisfied” or “Satisfied” with the plan made during the mediation or Conference/Circle.

None of the projects that submitted data used a mediation process.

If the plan was not followed, why not?

What would make the plan better?

The responses to the two above questions have been amalgamated as there was significant overlap in the themes.

Education

A couple of comments indicated that education regarding the MCFD system and education for public services staff and legal professionals regarding the Circle/Conference processes would be helpful.

Family participation

A number of respondents reported that a lack of family and/or parent participation in the meeting and in making the plan prevented the plan from being as beneficial as it could have been.

Children

There were numerous references to the benefits of children being involved and listened to in the meetings.

Meeting factors

Respondents felt that the plan would have been better if:

- A talking stick or feather is used to structure ceremony.
- Important family members, professionals, parents, and main caregiver were in attendance.
- Work with children (adults) ahead of time to have them each connect with "a" family member to bring with them.

One participant stated, “If the children who spoke were listened to...”

Plan details

Respondents provided a number of specific plan details that would have improved the plan, including:

- spiritual aspect to give children direction;
- parents guided by Elders;
- more access to Elders;
- additional services stipulated;
- accountability for meetings;
- establish shorter timelines;
- clarify what the expectations are and who must fulfill them;
- continued involvement with more family members;

- more supports – in home, concrete assistance;
- increased daily allowance for grandparent on visits;
- provide transportation assistance;
- provide further details about implementation; and
- set-up suitable rules for child that both feel is reasonable.

One person wrote, “It could have been a little more personalized for the children involved”.

Follow-up meetings

A number of people wanted more follow-up meetings regarding the plan and any decisions to change the plan.

Family relationships

Several respondents talked about the need for parents to use the family support and other support available to them. One person felt that mediation between extended family and parents would have improved the situation.

Follow-through on the plan

Some people felt that the plan was not followed by social worker, parents, and/or extended family. This feedback was received at the time of the meeting or within one month after. See Follow-Up Outcomes for more information about follow-through three to six months after the plan.

MCFD/Delegated Agency factors

A couple of participants indicated that a change in social worker after the plan resulted in plan not being followed and that the social worker was hard to reach.

Better communication

Over 10 respondents highlighted better communication as a way to improve the plan including between:

- parents
- family members
- parents and caregiver
- family and MCFD

One participant felt that “both parties having confidence in the plan and each other” would improve the plan.

Court

In a couple of situations, the Circle/Conference plan was rejected by the court.

Child protection concerns

Some respondents identified child protection concerns as impacting the effectiveness of the plan:

- new child protection concerns;
- problems with safety plan;
- Support professional called police after parent called person for support.

One respondent highlighted the need for a comprehensive assessment tool that indicates when the risk for domestic violence to reoccur is reduced.

How, if at all, did the conference/mediation process help the children's and/or family's connection to Aboriginal traditions?

The feedback themes from respondents included:

- placements with family and/or in community
- on our territory
- children were able to ask for cultural activities that reinforced their connection
- increased future contact with family and Aboriginal community
- cultural plan for children including drumming, smudging, dancing, singing, and language
- parents gain knowledge about available extended family support
- band members involved by teleconference
- elder's involvement
- cultural meanings discussed
- sang traditional songs
- role of hereditary/traditional chiefs
- family took ownership of plan and designing the plan
- consensus
- traditions used within circles (e.g. drumming, singing, flute played, food)
- improved relationships with family
- education about traditions
 - ❖ Traditional parenting skills
 - ❖ Traditional medicine and food

There were a number of very positive comments about the benefits of the processes in increasing cultural connections.

There were approximately 10 respondents who felt that the process did not help to increase cultural connections.

What, if any, barriers prevent you from referring families for mediations or family group conferences?

The majority of respondents to this question were professionals as the question was identified as "only for professionals". Participants identified a number of barriers. The themes are:

- conflict and/or bitter family relationships;
- family's reluctance due to history with MCFD;
- personality and political barriers to providing best service to families;
- FGC needs to be used for more youth transition planning;
- structured follow-up meetings to prevent disorganization in the plan;
- wait list prevents families in immediate need from receiving service;
- knowledge about how Circle/Conference service can be accessed;
- need more Aboriginal workers; and
- family on both sides need to be involved.

7.0 Combined Analysis of Outcomes, Satisfaction, and Statistical Findings

This evaluation aimed to collect data from multiple sources and points in time to better determine the longevity of satisfaction ratings and outcomes for children. The case statistics collected provide an administrative picture of services provided and the number of people served. The participant feedback confirms high satisfaction ratings, as indicated in other studies, as well as cultural connection benefits. The follow-up data provides insight into the residential outcomes for children in the months following the Conference/Circle. There are a number of possible links and overlaps between the qualitative and quantitative data collected.

CDM and child welfare services endeavour to support parents to care for their children where possible. In some situations the safest option is for the children to be removed from the care of the parent. At this point, the involvement of the family becomes even more important. The *Child, Family, and Community Service Act* refers to “least intrusive measures”, which includes children being cared for by family members. While the findings do not demonstrate a high percentage of children returning to the care of their parent, the number of children who gained Aboriginal caregivers, or who remained out of care, demonstrate a possible reduction of the negative impacts the children experience while in care. This report focussed on what happened for the children planned for. There are a number of key findings:

- 1) many children gained Aboriginal caregivers or were returned to the care of a parent;
- 2) many of the CDM plans lasted six months or longer;
- 3) families are generally satisfied with the TDM and hybrid processes and feel they are beneficial;
- 4) the majority of family members had high satisfaction ratings, even though many children remained in care and the ratings remained high even several months after the plan was developed;
- 5) CDM processes resulted in increased connections to Aboriginal traditions for children and families;
- 6) many children remained out of care for the follow-up period after the Circle/Conference;
- 7) most survey respondents felt that most participants followed the plan.

“Family tradition of harvesting & staying in the home honoured.”
Participant

There are many indicators of success reflected in the evaluation data.

The high satisfaction ratings of participants may be linked to the opportunity to develop cultural plans for children and demonstrated follow-through on the plans. Feedback surveys were received from almost 300 participants of the 1,632 reported participants. The high satisfaction ratings of family members are an important and meaningful indicator of the value of these processes in engaging families and communities in planning for children. These satisfaction rates are consistent with prior studies. Traditional Decision-Making and hybrid processes provide a valuable and meaningful way for families and professionals to focus on the best interests of the child(ren) and increase the capacity of communities and families.

Interestingly, the satisfaction of family members was high even though many of the children planned for remained in care. In consultation with several key stakeholders in the agencies, this seems to be related to cultural planning and family access plans for the children. When the children could not live with a family member, family members were positive about being involved in non-residential planning for the children. Some of the key cultural connection themes from respondents to the Participant Feedback Survey included the use of Aboriginal traditions and ceremony in the Circles; Elder's involvement; cultural plan for the children; and increased future contact between the children and family/Aboriginal community. These responses may also be related to the high satisfaction ratings of family members.

Generally speaking, the majority of respondents felt that other participants had followed the plan.

Eighty-nine percent of parents, guardians and relatives surveyed at follow-up felt the Social Worker had followed the plan. Seventy-one percent of social workers felt the plan was followed by extended family while 58% of Social Workers felt the plan was followed by parents. The discrepancy between ratings for extended family and parents is not surprising since child protection concerns are typically related to

parents' inability to address safety concerns. It is important to note that follow-through on the plan may also be linked to the satisfaction of families and communities with using these processes long-term. Many projects have experienced an increase in referrals as the "word has spread" about their process.

"I think it helped my daughters because I've been part of the drumming for a long time, but it opened up my eyes and made me aware of how much Aboriginal support there is out there and this program helped me and my family find it." Parent

Of the 62 children who were reported to be out of care (or care status was not available) at the time of the Circle, 40 (65%) remained out of care at follow-up. This is a significant finding of success based on the assumption that many of these children were at risk of removal from their parent's care. There may be an increased likelihood of children remaining out of care when planning occurs through a Circle/Conference. This may be an indicator of a way to reduce the number of children in care. Further study is needed to establish stronger links between these processes and the care periods of children involved. The follow-up care status for the remaining 22 children (35%) who were out of care at the time of the Circle was not reported, however there is a high probability that some of these 22 also had Aboriginal caregivers after the CDM.

In summary, there are many areas that require further study, however these findings do provide comparison references for future outcome analysis. The evaluator focussed on the outcomes for the children who are planned for, to demonstrate how children are impacted by TDM and hybrid processes.

8.0 Next Steps

The evaluator recommends several next steps regarding the report.

Recommendations for Future Services

The evaluator consulted with key stakeholders in several of the agencies involved in this study, regarding reasons that prevent families or communities from developing an out of care residential plan, as well as supports that would assist extended families in caring for children.

The responses included several themes:

- Extended families are often not able to care for children due to poverty, a lack of affordable housing options and/or ability to expand existing housing on reserve;
- The definition of family in an Aboriginal context is much broader than in the “Western” framework, and child welfare systems need to recognize and honour this definition. One respondent described how the broader definition of family is often based on deep cultural values and that children’s needs may be taken care of by communities as part of an Aboriginal worldview.

The recommendations below are based on the assumption that if children cannot remain in the care of their parents, extended family members and/or Aboriginal community members are the preferred caregivers for the children. With this in mind, some suggestions are made to increase the number of Aboriginal caregivers--both extended family and community members. Other recommendations consider ways to support families and social workers.

Recommendation 1: Increase the volume of Collaborative Decision-Making referrals and completed Circles/Conferences through providing additional staffing and training for social workers.

Considering that Circles/Conferences are offered in a small number of cases compared to a much larger number of child protection files in the funding period, it is likely that many eligible cases are not being referred for CDM. Some of the reasons for this may be:

- Although many social workers find CDM beneficial, the time required to participate in CDM has a significant impact on their ability to complete other crisis-related and important work on their caseloads. To achieve an increase in CDM referrals, social workers may also require a reduction in caseload sizes.
- CDM practitioners have a significant role in educating professionals and family members about the benefits of CDM, with the goal of increasing referrals. This education role may require additional staffing resources such as more collaborative practice coordinator positions.
- In regions where CDM referrals are lower than desired by stakeholders, regular training and/or information sessions regarding collaborative practice skills and suitable referrals may be required to encourage the use of CDM.
- The shift to a collaborative practice approach in MCFD continues and social workers continue to require clinical support in applying collaboration to child welfare work. Social

workers may benefit from increased opportunities to learn interest-based approaches as well as collaborative skills such as Turnell and Edwards (1999) work in *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*.

Recommendation 2: Increase support services for extended family caregivers

Because a high percentage of children in care have medical, behavioural and mental health challenges, there is an increased need for support and respite for family caregivers. This gap is particularly evident in remote Aboriginal communities. Some possible responses could include:

- Development of skilled respite caregivers within the various Aboriginal communities;
- Better access to behavioural support and child and youth mental health services; and
- Increased funding available for transportation when needed for visits with parents or to access services.

Recommendation 3: Increase housing supports for extended family caregivers and community members who are part of a child's residential safety plan.

On-reserve, there are problems with access to housing and limitations regarding how many people can live in one home. Family members who want to care for children are often unable to, due to the size of their homes and restrictions regarding housing expansion. Off-reserve, families face increased rent and/or over-crowding if they take in children in need of care. There is a need for more creative options to support these families. Some options to consider include:

- More subsidies and increased subsidy amounts for family caregivers living off-reserve; and
- Collaboration with various bands and Indian and Northern Affairs Canada to create housing options for family caregivers on-reserve (e.g. temporary larger housing).

Recommendation 4: Increase financial support available under Section 8 agreements and Section 54.1 orders to match rates received by restricted foster parents, so family members are able to manage the financial burden of caring for extra children.

If funding available under Section 8 and Section 54.1 orders under the *Child, Family and Community Service Act* is increased, there may be an increase in the ability of extended family members to financially provide for and care for children. In addition, rates paid to family caregivers through the Ministry of Social Development are significantly lower than restricted foster parent rates which sometimes results in family members making decisions for children to come into care in order to get additional financial support.

Recommendation 5: Increase the family support services available for families where a CDM plan is developed to prevent the child from coming into care.

For those families where children remain with parents, with a safety plan, increased access to family support services may benefit the plan. However, more outcomes research is needed to determine the factors which influence children remaining out of care.

Future service development should include further ways to address the financial barriers that prevent family members from caring for children who cannot remain with a parent. There are significant benefits for children receiving care from family members instead of strangers, and the costs of financially supporting family members are often significantly less than using non-related caregivers. Hopefully these recommendations will be helpful to decision-makers in considering

ways to invest in the children--both Aboriginal and non-Aboriginal - who experience BC's child welfare system. Further research is needed to identify reliable predictors for preventing children from coming into care, as well as reducing the time a child may spend in care.

Recommendations for Future Research

While there are many process evaluations regarding participants' satisfaction with CDM processes, there is a lack of long-term research regarding the outcomes for the children planned for in these processes. Further research and evaluation is required on:

- ways to increase the capacity of, and support for Aboriginal families and communities to care for children when child protection concerns arise;
- the impact of CDM processes on preventing children from coming into care;
- the impact of CDM processes on the length of time children spend in care;
- strategies for, and the benefits of, involving children directly in CDM processes;
- links between participant satisfaction and outcomes for children;
- the impact of CDM processes on reducing court involvement in child welfare disputes;
- ways to improve the residential outcomes for children planned for in CDM processes; and
- comparing outcomes for children and families between court, mediation and collaborative decision making processes.

Based on the residential outcomes achieved and cultural connection findings, there is evidence to suggest that these traditional and hybrid CDM processes benefit Aboriginal children and families, and have the potential to reduce the number of children-in-care and increase the number of children placed with family members. More research is needed to determine long-term outcomes, particularly at 12 months and 24 months after a Circle. Although the funding of an individual Circle may appear to cost more compared to other options, there are long-term social benefits, and potential cost reductions when children leave care earlier. If children are placed with family members or not entering care at all, this may reduce the concerns about the costs.

Recommendations for Future Evaluations

In this project, the evaluation methodology used was complex and administratively overwhelming for many projects. These problems could be prevented in the future by having monthly statistical data collection phone calls with projects to collect the data and keep content and formatting consistent. This would minimize the administrative time needed from agency staff while increasing the volume and accuracy of the data submitted. The follow-up forms were a key part of the outcomes study and the response rate on these was lower than expected (151 children out of 256 children planned for). Evaluation grant funding was provided to projects who requested it with the intent of allowing agencies to hire a research assistant who could collect follow-up and statistical data. A number of projects did not use this option due to the impact of turnover in staff/management (e.g. new staff not being aware of the availability of evaluation grant funding), and/or delays in submitting the evaluation grant request.

Conclusion

As a result of the projects outlined in this report, families made cultural plans for their children. Some children were cared for by extended family or Aboriginal community members. Many children remained in the care of their parent(s). Some children left the care of the child welfare agency. Collaborative Decision-Making puts children at the center of the Circle.

All of the agencies and processes involved demonstrated that CDM and particularly Traditional Decision-Making serves children well by creating strong plans that are in the best interests of children. The processes have a strong benefit for the children, families and communities they serve.

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Appendix A

CDM (COLLABORATIVE DECISION MAKING) Case Record Form

Instructions: This form is intended as a guide for project case records. If you use this format, you will collect all the case information needed to meet Law Foundation of BC reporting requirements.

Completed forms should not be disclosed to the Law Foundation. Rather, projects may take the non-identifying information from the Case Record Form and add it to the Case Record Summary or submit the pages with green letter or asterisk categories for each case.

1.0 Referral/Intake Info

***CDM File ID#** (assigned by agency)-

***FS#** _____

***CS#(s)** _____

(This is the identifying number which will allow access to broader MCFD data on project files, please ask social worker for the CS or FS number if MCFD (or a delegated agency?) has an open file on the family).

***Referred by:**

- Self
- Family or Friend
- Social Agency or Band
- Aboriginal Delegated Agency
- MCFD
- Other _____

Social Worker:
Referral Office:

***Referral Date:**

Phone #: **Fax #:**
Address:
SW's Supervisor:

***Reason(s) for Referral:**

- Access to children in care
- Permanency planning
- Placement issues
- Planning for independence
- Relationship issues between parties
- Response to protection concerns
- Reunification with family/roots
- Safety planning
- Consultation with family and community
- Other _____

ENSURE YOU HAVE A CONSENT FORM SIGNED TO ALLOW YOU TO CONTACT PARTICIPANTS FOR FOLLOW UP INFORMATION. SEE CONSENT FORM IN EVALUATION PACKAGE.

Signed Consent on File? Yes No

***No. of children being planned for** _____

Children's names and details to be listed on next page.

1.1.1 Participant Details – Children being planned for

Child's Surname:

Given Name:

Under 12 12 to 18

What is child's legal status? (Optional)

- With parent(s)
- Supervision Order
- Temp. Custody Order
- Cont. Custody Order
- Kith/Kin Agreement
- Youth Agreement
- Other _____

Where is child living at time of referral?

Instructions: Repeat section for each child

1.1.2 Participant Details – Siblings not being planned for

Child's Surname and Given Name:

Under 12 12 to 18

Instructions: Repeat section for each child.

1.1.3 Participant Details – Parents/Guardians

Surname:

Given Name:

Address Line 1:

Address Line 2:

City:

Province:

Country:

Postal/Zip Code:

Phone #:

Instructions: Repeat section for each parent.

1.1.4 Other Participants

Instructions: This section is for recording all conference participants, other than the children, parent/guardians, Social Worker and Social Worker Supervisor mentioned elsewhere.

Surname:

Given Name:

Relationship to child:

- Grandparent Aunt or Uncle Cousin
 Family Friend Elder
 Professional. Please specify _____
 Other _____

Phone:

Fax:

If participant is a relative, please check whether they are related to the children's mother or father or both.

Maternal

Paternal

Instructions: Repeat above section for each participant.

Notes:

*** 1.1.5 Number of Participants**

- ___ Parent(s) ___ Friend (s)
- ___ Extended family member(s) ___ Professional (s)
- ___ Aboriginal Cultural Support person(s) (e.g. Elder)
- ___ Children under 12 who attended some or all of conference or mediation.
- ___ Youth age 12 to 18 who attended some or all of conference or mediation.
- ___ Total number of participants (*only count each person once, regardless of number of meetings*)

*** At the time of referral, did the child being planned for live with an aboriginal caregiver (parent, family member or community member)? Please list each child by first name and last name initial only. (e.g. AmberJ)**

- _____ Yes No I don't know
- _____ Yes No I don't know
- _____ Yes No I don't know
- _____ Yes No I don't know

1.2 More Case Details

Instructions: Service Start Date is when the case was accepted and the Coordinator or Mediator began working on it. This may be the same as the referral date or if there is a waitlist, it may be the date a case came off the waitlist.

*** 1.2.1 Conference Dates**

Service Start Date: _____ **Conference Held Date(s):** _____
Close Date: _____

- * 1.2.2 Case Type:** Child Protection
Please choose all that apply. Family
Youth Justice
Youth Agreement/Planning
Other _____

*** 1.2.3 No CDM process was provided because (Please check all that apply):**

- Transferred to an aboriginal agency Plan developed by other means
- Coordinator decision Referred to other CDM process
- Family chose not to participate Social Worker cancelled referral
- Family developed plan for children Waitlist too long
- New intake/protection concerns emerged Risks associated with family violence
- Other. Please describe _____

*** 1.2.4 Child safety concerns** (*Please check all that apply*).

- | | |
|--|--|
| <input type="checkbox"/> Physical harm | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Sexual abuse or exploitation | <input type="checkbox"/> Alcohol or drug abuse |
| <input type="checkbox"/> Psychological/emotional harm | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Parent is unwilling or unable to care for child | <input type="checkbox"/> Other _____ |

*** 1.2.5 What, if any, other (non-CDM) type of service was provided?**

Please check all that apply.

Advocacy/Consult Family Support Referral

Other _____

*** 1.2.6 If referral proceeded to CDM process, type of Process Used:**

- Mediation
- Circle or other Traditional Dispute Resolution
- Family Group Conferencing

*** 1.2.7 Roles of Process Leader(s)** (*Please check all that apply*).

- Elder
- Mediator
- Family Group Conference Coordinator
- Circle Leader/Facilitator
- Other _____

*** 1.2.8 Number of Hours and Sessions**

Please record total number of service hours provided for each category

- # of pre-CDM sessions _____
- # of hours for Pre-CDM sessions _____
- # of CDM sessions _____
- # of hours for CDM sessions _____
- # of review session hours _____
- # of total session hours _____
- # of follow-up hours _____

*** 1.2.9 Location of CDM sessions**

Location:

Distance of community where CDM process was held from the community where the family resides:

a) was held in home community of family: Yes No

b) was held in another community which was _____ km from the family's community.

1.2.10 What are the specific child safety concerns and family situation?

1.2.11 What are the family strengths?

2.0 Conference Details

(includes all meetings listed under “Type of Process Used”)

Name of Process Leader: _____

Ph# (s):_____ **Email:** _____

Name of Co-leader (if any): _____

Ph# (s):_____ **Email:** _____

3.0 Outcomes & Plan

3.1 Plan Summary (*Please provide a brief description. Full plan details to be provided in Family Plan Details Section*):

Review scheduled:

Family plan presented to Social Worker:

Family plan tentatively approved by Social Worker:

Reason for Social Worker not approving plan:

Name of person (may be a family member) monitoring plan:

* 3.2 Conference Outcomes

Instructions: Please check all that apply to all children being planned for and write the child's name beside the outcome(s) that apply to him or her (e.g. AmberJ) but not to all children.

Planned Outcomes for Child(ren)

- Remains out of care with parent
- Remains out of care with kith/kin or other out of care option
- Remains out of care with supports in place
- Remains out of care without supports.
- Child remains in care and is placed with kith/kin
- Remains in care
- Child returned to home community
- Came into care
- Left care via Youth Agreement
- Left care via permanency plan
(54.1Custody to non-parent, adoption, FRA)
- Left care via kith/kin or other out of care option
- Left care with supports in place
- Left care without supports
- Returned to parent
- Supervision order
- Child lives with an aboriginal caregiver (parent, family member, or community member)
- Other

Please describe: _____

3.3 Outcomes for family

In 4-5 sentences, please describe the outcomes for the family in this case, specifically what was decided in the process, and how, if at all, things changed for the family and children.

3.4 Any challenges?

(Optional):

Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Contacting family members | <input type="checkbox"/> Legal complications |
| <input type="checkbox"/> Contacting support persons | <input type="checkbox"/> Mental Health issues |
| <input type="checkbox"/> Cultural barriers | <input type="checkbox"/> Potential for or presence of family violence |
| <input type="checkbox"/> Developmental delay issues | <input type="checkbox"/> Scheduling of participants |
| <input type="checkbox"/> Difficulty coming to a consensus | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Meeting space | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Language barriers | <input type="checkbox"/> Other. Please describe |

Challenges Notes:

3.5 Family Plan Details - Optional

Instructions: This section may be printed off and provided to the participants as the summary of the agreement reached. The table below is intended to be used electronically so that boxes can be expanded to allow for more information.

Children's names:

Participants who were present (*only complete this section if this sheet is distributed to participants*):

Activities and Supports	What will each person or agency do?	Description & Details
<i>Direct Supports and Services</i>		
<input type="checkbox"/> Financial Support		
<input type="checkbox"/> Volunteer Mentoring		
<input type="checkbox"/> Recreation		
<input type="checkbox"/> Child care/Child Development Program		
<input type="checkbox"/> Parent training and education		
<input type="checkbox"/> Homemaking		
<input type="checkbox"/> Crisis Response		
<input type="checkbox"/> Supervised Access		
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Respite		
<input type="checkbox"/> Provision of Material Goods		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		

Parent Activities		
<input type="checkbox"/> Attendance at _____		
<input type="checkbox"/> Commitment to _____		
Social Worker Activities		
<input type="checkbox"/> Commitment to _____		
<input type="checkbox"/> Commitment to _____		
Cultural Supports		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
Therapeutic Supports and Services		
<input type="checkbox"/> Child and Youth Care Intervention (e.g. child care worker)		
<input type="checkbox"/> Assessment Services		
<input type="checkbox"/> Alcohol and Drug Services		
<input type="checkbox"/> Medical Services		
<input type="checkbox"/> Mental Health Services		
<input type="checkbox"/> Other Professional Services		

Notes:

Date plan is made: _____

Follow-up Plan (include who will be responsible for monitoring plan and any follow-up dates established):

4.0 OPTIONAL SECTION

Instructions: These sections may be added to the above Case Record form if they are deemed helpful for administration of the project.

4.1 Tasks and Reminders

You may find this section helpful to use to track Conference Coordination activities.

<u>Task Type</u>	<u>Description</u>	<u>Date Required</u>	<u>Date Completed</u>	<u>Assigned To</u>
------------------	--------------------	----------------------	-----------------------	--------------------

Notes:

4.2 Expenses

<u>Expense Type</u>	<u>Activity (Conference, Post, Pre, Review)</u>	<u>Cost</u>	<u>Notes</u>
Accommodation			
Food			
Location			
Other			
Transportation			

*** 5.0 Three to Six Month Follow-up**

Instructions: This entire section is to be forwarded to the Law Foundation or the data compiled and submitted in a summary Excel Spreadsheet.

Please conduct follow-up activities approximately three to six months from the date of the last conference/mediation session. Follow-up contact should be attempted with several participants, in each conference, with the goal being at least 3 responses including the social worker and a parent/relative. You may repeat this section for each contact made.

PLEASE ENSURE THERE IS A SIGNED CONSENT IN THE FILE BEFORE CONTACTING CLIENTS.

1. Follow-Up Date:

- 2. Follow-Up With:**
- | | |
|--|--|
| <input type="checkbox"/> Child | <input type="checkbox"/> Counsellor for family and/or children |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Elder |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Foster parent/Caregiver | <input type="checkbox"/> Legal Counsel |
| <input type="checkbox"/> Family friend | <input type="checkbox"/> School Representative |
| | <input type="checkbox"/> Other _____ |

3. Follow-Up Notes:

4. Was project able to make follow-up contact? Yes No

5. If not, why not? _____

If yes:

6. In your opinion, has the plan/agreement been followed by:

- | | | | | |
|--------------------|-----|--------------------------|----|--------------------------|
| a) Parent(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Extended Family | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Social Workers | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Other _____ | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

7. Do you know who to talk to about follow-up for the plan?

Yes No Not applicable

8. If plan/agreement has been changed, was it changed by the parties on their own or with help from a mediation or family conference?

- On own With help from mediation or conference N/A (not changed)

9. What is your level of agreement with the following statement:

The plan is adequately protecting the children.

- Strongly Disagree Disagree Agree Strongly Agree Not Applicable

THE FOLLOWING QUESTIONS ARE FOR THE SOCIAL WORKER ONLY:

10. Follow-up Outcomes for Child

Instructions: Please check all that apply to all children being planned for and write the child's name (e.g. AmberJ) beside the outcome(s) that apply to him or her but not to all children.

- Remains out of care with parent
- Remains out of care with kith/kin or other out of care option
- Remains out of care with supports in place
- Remains out of care without supports.
- Child remains in care and is placed with kith/kin
- Remains in care
- Child returned to home community
- Came into care
- Left care via Youth Agreement
- Left care via permanency plan (54.1Custody to non-parent, adoption, FRA)
- Left care via kith/kin or other out of care option
- Left care with supports in place
- Left care without supports
- Returned to parent
- Supervision order

Child lives with an aboriginal caregiver
(parent, family member, or community
member)

Other

Please describe: _____

Court Outcomes

11. After the plan/agreement was made, there was:

Please check all that apply.

- confirmation of the plan in court (e.g. consent order);
- court involvement due to new or reoccurring child protection concerns;
- no further child protection court involvement.

Any comments?

12. If the child(ren) remain in care or continue to live with the same relative, how long has the child lived in the current placement?

Please answer for each child being planned for. Please check the out-of-care and living with relative box only if it applies. Please list children's names with first name and last name initial only (e.g. AmberJ).

_____ out-of-care and living with relative. Length of Placement is _____ months.

_____ out-of-care and living with relative. Length of Placement is _____ months.

_____ out-of-care and living with relative. Length of Placement is _____ months.

_____ out-of-care and living with relative. Length of Placement is _____ months.

_____ out-of-care and living with relative. Length of Placement is _____ months.

You may add more lines in the middle section as needed.

13. If the child(ren) have been returned to one or both parents, how long were they in care? (not including out-of-care and living with relative)

Please answer for each child being planned for. Please check the out-of-care and living with relative box only if it applies. Please list children's names with first name and last name initial only (e.g. AmberJ).

_____	Length of Placement was _____ months.
_____	Length of Placement was _____ months.
_____	Length of Placement was _____ months.
_____	Length of Placement was _____ months.
_____	Length of Placement was _____ months.

You may add more lines in the middle section as needed.

Appendix B

Participant Survey Instructions for Child Welfare CDM Projects

Facilitator Instructions:

Please hand out this survey to all participants for Law Foundation projects. In the event of a conference where Coordinators from the Ministry of Children and Family Development are working together with a Coordinator from a Law Foundation project, please consult with Leanne Harder, Law Foundation Consultant, who can be contacted as shown at the bottom of this page.

Please provide a manila envelope with the Law Foundation address on it for participants to deposit their surveys into. One participant can then mail the sealed envelope to the Law Foundation.

Self-addressed stamped envelopes should be offered to those participants who want to mail their survey back within one month of the conference. We recommend that you use an independent person to follow-up with those individuals who take a self-addressed stamped envelope with them. The person following up, may also conduct a verbal survey if that is beneficial to the participant.

The opportunity to answer the Participant Survey should be offered to all participants in the CDM process, with the goal being at least 3 responses including the Social Worker and a parent/relative. It is important that the Mediator or Family Group Conference Coordinator not collect the information to protect the confidentiality of responses.

The Law Foundation will compile survey results by project and provide a quarterly report of results to each project.

Options for Adapting the Survey

- 1) *Use “conference”, “mediation”, “circle” or another name for the process in the heading for the survey and in reference to the meeting throughout the survey.*
- 2) *If you would like to change the wording of these survey questions, please consult with Leanne Harder Consultant for the Law Foundation of BC (P)604.688.2337, (C)604.764.6433,
Email leanne@olivebranchconsulting.com*
- 3) *Projects may add additional questions before the open-ended questions begin. The Law Foundation of BC requests that, prior to use, projects submit additional feedback questions to the Law Foundation of BC as per contact information in 3).*

Appendix C

Conference/Mediation Participant Feedback Survey

As a participant in the Family Group Conference or Mediation, your feedback is important to us. The information will help us to improve future conferences and mediations.

While this questionnaire is voluntary, your feedback about your experience is very important. We hope you will take a few minutes to answer these questions. To protect your privacy, your answers will be anonymous.

For written surveys only:

If you are writing your answers, you may make additional comments on a separate sheet of paper. To keep your responses anonymous, do not write your name on this survey.

If you have any questions or need help filling out this survey, please contact Leanne Harder at T: 604-764-6433 or leanne@olivebranchconsulting.com. You may mail or fax the completed survey to:

The Law Foundation of British Columbia
1340 – 605 Robson Street
Vancouver, BC
Canada V6B 5J3
Fax – 604.688.4586

Conference/Mediation Date: _____

Please complete the following survey regarding the family conference or mediation process you participated in.

1. What is your relationship to the child(ren) you planned for in the Conference/Mediation? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Child | <input type="checkbox"/> Counsellor for family and/or children |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Legal Counsel |
| <input type="checkbox"/> Foster parent/Caregiver | <input type="checkbox"/> School Representative |
| <input type="checkbox"/> Family friend | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Elder | |

2. The plan we developed is protecting the children.

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

3. The ideas of the family members were very important in deciding what the plan should be.

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

4. The ideas of community members/elders were very important in deciding what the plan should be.

Strongly Agree Agree Disagree Strongly Disagree Not Applicable

5. I know who to talk to about follow-up for the plan.

Yes No N/A

6. Is the plan being followed by:

a) Parent(s)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Extended Family	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Social Workers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Other _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

7. If the plan is not being followed, why not?

8. What would make the plan better?

9. a) If a plan/agreement was not made, why not? Please check all that apply.

- Social worker and family members could not agree
- Family members could not agree
- There was a lack of safe residential options for the child(ren)
- There was a lack of support services available for the family
- Other _____

9. b) Any comments?

Please check off your responses to Questions 11 & 12.

10. Overall, how satisfied are you with the conference or mediation process?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very
Dissatisfied | Dissatisfied | Satisfied | Very
Satisfied | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Overall how satisfied are you with the plan made during the mediation or conference?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very
Dissatisfied | Dissatisfied | Satisfied | Very
Satisfied | N/A |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. What else would you like us to know?

13. How, if at all, did the conference/mediation process help the children's and/or family's connection to Aboriginal traditions?

Instruction: Question # 14 is for social service professionals only.

14. What, if any, barriers prevent you from referring families for mediations or family group conferences?

THANK YOU FOR YOUR FEEDBACK!!

Further comments may be sent to:

Attn: Leanne Harder
The Law Foundation of British Columbia
1340 – 605 Robson Street
Vancouver, BC
Canada V6B 5J3
Fax – 604.688.4586

Please keep this last page for your records.

Appendix D

Three to Six Month Follow-up

Instructions: This entire section is to be forwarded to the Law Foundation or the data compiled and submitted in a summary Excel Spreadsheet.

Please conduct follow-up activities approximately three to six months from the date of the last conference/mediation session. Follow-up contact should be attempted with several participants, in each conference, with the goal being at least 3 responses including the social worker and a parent/relative. You may repeat this section for each contact made.

PLEASE ENSURE THERE IS A SIGNED CONSENT IN THE FILE BEFORE CONTACTING CLIENTS.

1. Follow-Up Date:

- 2. Follow-Up With:**
- | | |
|---|--|
| <input type="checkbox"/> Child
<input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Relative
<input type="checkbox"/> Foster parent/Caregiver
<input type="checkbox"/> Family friend | <input type="checkbox"/> Counsellor for family and/or children
<input type="checkbox"/> Elder
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Legal Counsel
<input type="checkbox"/> School Representative
<input type="checkbox"/> Other _____ |
|---|--|

3. Follow-Up Notes:

- 4. Was project able to make follow-up contact?** Yes No

- 5. If not, why not?** _____
If yes:

6. In your opinion, has the plan/agreement been followed by:

- | | | | | |
|--------------------|-----|--------------------------|----|--------------------------|
| a) Parent(s) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Extended Family | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Social Workers | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Other _____ | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

7. Do you know who to talk to about follow-up for the plan?

- Yes No Not applicable

8. If plan/agreement has been changed, was it changed by the parties on their own or with help from a mediation or family conference?

- On own With help from mediation or conference N/A (not changed)

9. What is your level of agreement with the following statement?

The plan is adequately protecting the children.

- Strongly Disagree Disagree Agree Strongly Agree Not Applicable

THE FOLLOWING QUESTIONS ARE FOR THE SOCIAL WORKER ONLY:

10. Follow-up Outcomes for Child

Instructions: Please check all that apply to all children being planned for and write the child's name (e.g. AmberJ) beside the outcome(s) that apply to him or her but not to all children.

- Remains out of care with parent
- Remains out of care with kith/kin or other out of care option
- Remains out of care with supports in place
- Remains out of care without supports.
- Child remains in care and is placed with kith/kin
- Remains in care
- Child returned to home community
- Came into care
- Left care via Youth Agreement
- Left care via permanency plan
(54.1Custody to non-parent, adoption, FRA)
- Left care via kith/kin or other out of care option
- Left care with supports in place
- Left care without supports
- Returned to parent
- Supervision order
- Child lives with an aboriginal caregiver (parent, family member, or community member)
- Other

Please describe: _____

Court Outcomes

11. After the plan/agreement was made, there was:

Please check all that apply.

- confirmation of the plan in court (e.g. consent order);
- court involvement due to new or reoccurring child protection concerns;
- no further child protection court involvement.

Any comments?

12. If the child(ren) remain in care or continue to live with the same relative, how long has the child lived in the current placement?

Please answer for each child being planned for. Please check the out-of-care and living with relative box only if it applies. Please list children's names with first name and last name initial only (e.g. AmberJ).

- _____ out-of-care and living with relative. Length of Placement is ___ months.
- _____ out-of-care and living with relative. Length of Placement is ___ months.
- _____ out-of-care and living with relative. Length of Placement is ___ months.
- _____ out-of-care and living with relative. Length of Placement is ___ months.
- _____ out-of-care and living with relative. Length of Placement is ___ months.

You may add more lines in the middle section as needed.

13. If the child(ren) have been returned to one or both parents, how long were they in care? (not including out-of-care and living with relative)

Please answer for each child being planned for. Please check the out-of-care and living with relative box only if it applies. Please list children's names with first name and last name initial only (e.g. AmberJ).

- _____ Length of Placement was _____ months.
- _____ Length of Placement was _____ months.
- _____ Length of Placement was _____ months.
- _____ Length of Placement was _____ months.
- _____ Length of Placement was _____ months.

You may add more lines in the middle section as needed.

Annex 1: Glossary of Acronyms and Abbreviations

CDM - Collaborative Decision-Making

CPDM - Collaborative Practice and Decision-making

FGC - Family Group Conferencing

FPM - Facilitated Planning Meetings

TDM - Traditional Decision-Making

MCFD - Ministry of Children and Family Development

AMMCFS - Ayas Men Men Child and Family Services

HCFSS - Haida Child and Family Services

IMCS - Island Métis Community Services

IMCFSS - Interior Métis Child and Family Services

Klahoweya - Klahoweya Aboriginal Centre

NIFCS - Northwest Internation Family and Community Services

USMA - USMA Nuu-chah-nulth Tribal Council

ONA - Okanagan Nation Alliance

Sto:Lo - Sto:Lo Nation

VACFSS - Vancouver Aboriginal Child and Family Services Society