

**EXPERIENCES WITH FAMILY GROUP DECISION MAKING
IN RURAL ONTARIO**

By

**Carrie-Lynn Sherwin
B.A., Laurentian University, 2005**

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of the Requirements for the Degree of**

MASTER OF ARTS

**In Dispute Resolution, Faculty of Human and Social Development
Institute of Dispute Resolution**

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ABSTRACT

This thesis explores the alternative dispute resolution method of family group decision making that is used in child welfare in Ontario. Using a qualitative case study, my research sought to answer the question: *What are the experiences of caregivers who have participated in family group decision making in the District of Algoma?* I examined the legislative framework, policy directive and guiding policies surrounding the use of FGDM in child welfare in the District of Algoma in rural Ontario. I also collected data through interviews with five participants and transcribed and analyzed using thematic analysis. The themes that emerged relate to the process of FGDM empowering families, the outcomes for children, and the ability for families to implement and maintain long-term plans for children. These themes and sub themes are discussed along with the implications for policy and practice and directions for future research.

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Dedication

I dedicate this thesis to my grandparents, James and Germaine Boulianne. I am grateful for the time that I had with both of them and will always cherish our memories and the values they instilled in me.

Chapter 1: Introduction

1.1 Background

The use of alternative dispute resolution (ADR) methods in child welfare matters is relatively new. ADR has been implemented as a strategy to reduce court delays and encourage alternatives to court in child protection cases (OACAS 2008). The ADR approaches that have been introduced in the child welfare system differ significantly from the traditional methods of resolving issues in child protection matters. When a family is involved in the court system, they are bombarded with affidavits written by professionals criticizing their parenting and the choices they have made. The court process is a lengthy one that typically involves several adjournments before a judge makes a decision. Parents have little control over the anticipated outcome and typically have little knowledge of the judicial system. Both children and parents are in limbo while a judge makes a decision for them (Schmid and Sykes 2007). ADR methods, such as child protection mediation and family group decision making (FGDM) have been introduced in order to take a different approach when dealing with child protection issues. ADR methods are strengths-based, inclusive and collaborative. When working with families to resolve child protection disputes these methods encourage the involvement of the family and community in order to develop realistic plans for families (OACAS 2008).

The FGDM process is used by the Children's Aid Societies (CAS) in Ontario. One of these agencies is the Children's Aid Society of Algoma, located in the District of Algoma. I have focused my research on this area and therefore believe it is important to

provide some information related to the families served by the CAS of Algoma and the demographics of this District.

The District of Algoma is located in Northeastern Ontario. The District has a population of approximately 117,000 and is comprised of numerous towns, First Nations communities and one city, Sault Ste Marie (Ontario Trillium Foundation 2008). The District had an unemployment rate of 8.9% in 2006 according to Statistics Canada (Ontario Trillium Foundation 2008). This rate was higher than the overall rate for the province of Ontario. Also, the statistics for 2006 revealed that individuals residing in the District of Algoma had lower incomes than the rest of the province (\$31,858 versus \$38,099) (Ontario Trillium Foundation 2008). The main sources of income for this District are steel-making and forestry. The city of Sault Ste Marie also employs many individuals through the call centre industry and OLG (formerly Ontario Lottery and Gaming Corporation).

The Children's Aid Society of Algoma provides child welfare services to the entire District of Algoma, with the exception of one First Nations community, Michipicoten First Nation, who receives child welfare services from their own agency, DilicoAnishnabek Family Care.

1.2 How ADR Programs and Processes are Accessed by Families

Just recently, changes have been made and the ADR programs provided to families involved in child welfare are offered by an outside organization, independent from the CAS. In the District of Algoma, all ADR processes were offered by the CAS but are now offered through the Thunder Bay Counselling Centre (TBCC) located in Sault Ste Marie, Ontario.

The mandate and principles of FGDM remain the same. There may be some variation to the way that the FGDM process begins (ie. referral) but typically in Ontario it begins with a referral from the child protection worker to the FGDM coordinator. During a meeting with the coordinator and child protection worker, 'bottom lines' are developed to ensure that any plan created addresses the safety and well being of the child. The coordinator then meets with all family members and extended kin to explain the process individually to each of them. It is then up to the family to make a decision whether or not to participate in the process. Although consideration of ADR methods is mandatory under the CFSA, the process is still voluntary and families can refuse to participate. If the family agrees to participate, they will attempt to develop a plan during the private family time, while taking into consideration all of the bottom lines. Given that the plan addresses all of the needs of the child, it is then accepted by the CAS.

The role that FGDM plays within the broader child protection framework differs in each geographical area. In some areas, the FGDM process is used for early intervention, in others it may be used en route to court, and in still others it is used to reach agreements once orders have already been sought. It is to be hoped that the FGDM program is evaluated in order to develop a greater understanding of how it is implemented and the effect it has on child protection practice.

1.3 Researcher Motivations

I started working for the Children's Aid Society of Algoma as a child protection worker in 2005. In this role, I gained a tremendous amount of experience and knowledge related to child welfare matters. I also became familiar and frustrated with the length of time it took for child welfare matters to be resolved in the judicial system, often leaving

families confused and hopeless. I could not blame families for feeling this way. I had a background in Law and Justice and a fairly good understanding of the family court system and I still struggled when trying to keep track of all of the family court legislation and procedures. I could not imagine being in a position where I had no knowledge of court process, relying solely on counsel and judges to make decisions on my behalf without really knowing my family's personal history. This lack of control would leave me feeling helpless.

When I learned about the FGDM process offered through the Children's Aid Society of Algoma, I thought it was a great alternative to the adversarial judicial system that was being used in child welfare disputes. I found that the process assisted families by providing them with the tools to make their own decisions and in many cases alleviated the need for more intrusive measures. However, I was concerned with how little the process was being used. As a child protection worker, I found that initiating the FGDM process was time consuming for the parties involved. The parents often contemplated whether or not to participate and by the time they reached a decision, it was often too late and a more adversarial approach had to be taken. A report completed by the Ontario Association of Children's Aid Societies(OACAS)indicated that although the use of ADR in child welfare is positive, there are still challenges.Each FGDM process requires extensive time in the beginning of involvement, meeting requirements in administration and service, and allowing family members and children to tell their stories, think through ideas and options, and reach consensus on how to address issues (OACAS2010).

When I began to consider research topics for my thesis, I knew that my interests lay in alternative dispute resolution and also, child welfare. I decided that conducting a study on the effectiveness of FGDM in the District of Algoma might provide some important findings in determining whether the process should be used more frequently in child welfare matters.

Based on an anti-oppressive lens, the focus of my research was on the participants in the FGDM process rather than the social workers. I believe that by providing the family with a voice and giving them the opportunity to tell their story, the FGDM process can be evaluated based on the perspectives of clients.

1.4 Focus of This Research

This study examined the experiences of families who recently participated in the process of FGDM in the District of Algoma. More specifically, these families had been involved with the Children's Aid Society of Algoma due to child protection issues. The purpose of the study was to gain a better understanding of the process of family group decision making, specifically as it has been experienced by families in Northern Ontario. Those who have participated in the process first hand were presented with an opportunity to describe their experiences and perceptions of the process.

I conducted a case study and examined the relevant legislation and guiding policies surrounding the use of FGDM in rural Ontario which I discuss in detail in the literature review and context chapter. Secondly, I conducted interviews with participants which are discussed in the data analysis chapter. I used these sources of data to inform my research so that ultimately changes can be made to ensure that best outcomes are achieved.

1.5 Why This Research is Important

There are several reasons why I believe that this research is significant. First, the FGDM process is intended to empower families by “attempting to enable families to take collective responsibility for decisions regarding the care and protection of their children” (Lupton and Nixon 1999, 62). The FGDM process is intended to build partnerships between community services and the family and in turn, strengthen these partnerships through a joint intervention (Pennell and Burford 2002). Ideally, the family is actively involved in the decisions along with extended kin and community services, resulting in less disruptive placements and the reduction of risk of harm to the child (Marsh and Crow 1998).

Because FGDM was only implemented in the District of Algoma in Northern Ontario in 2002, little information is available as to the outcomes of the process and whether service users experience the process as empowering, a concept I examine in the literature review chapter. Because my research is a case study that lays out the legislative and policy framework of FGDM and then examines the experiences of families who have experienced FGDM, it contributes to assessing the overall effectiveness of the FGDM program and the extent to which FGDM is true to the principles outlined in legislation and guiding policies.

Secondly, although in-depth program evaluation research is being conducted in parts of Ontario, such as the research being conducted through the George Hull Institute in Toronto, there is little research about the FGDM process in rural Canada, other than the findings from a study completed by Pennell and Burford in Newfoundland and Labrador. I have not found any studies that have been conducted in Northern Ontario. Given the different needs in rural and urban areas, it is not possible to generalize findings

from the south to the north. Conducting a study that focused solely on the District of Algoma in rural Ontario not only allowed for a thorough assessment of the needs for the Algoma District, it will also contribute to understanding the usefulness of FGDM in rural areas more generally.

Thirdly, the literature review conducted to date found little qualitative research reflecting the experiences and opinions of families who have participated in FGDM in child protection matters in Northern Ontario. Families involved in the child protection system are usually embarrassed and upset to be involved with the 'system'. From my experience as a child protection worker, I know that the families with whom I worked were not proud to have the CAS involvement. They expressed feeling embarrassed and even though I may have built a rapport with many of these families, they were happy when their protection files were closed.

There is also a gap in the literature when asking questions surrounding families' feelings of empowerment with the FGDM process and whether they felt as though the process assisted them in being able to make their own plans for their children. Families are the ones directly involved in the process and essentially, their opinions are crucial for policy development and implementation. I believe that the study I conducted will make an important contribution to assessing FGDM and the findings will be a useful addition to the limited research that presently exists on family group decision making outcomes.

I also believe that my work adds to the limited research that has been done specifically on client experience. A report completed by de Boer and Coady on client-worker relationships in child welfare explored the in-depth perspectives of the client, something that had rarely been considered (2003). Similarly, Dumbrill conducted a

qualitative grounded study to examine the ways in which parents experienced and negotiated child protection intervention (2006). Other than these two studies, there are few pieces of qualitative research that explore the lived experiences of the client. There have been quantitative studies conducted on the experiences of families, which I will touch on in the literature review Chapter.

Although the CAS of Algoma is responsible for investigating child protection allegations in some First Nations communities, my intent was to omit these communities for the purpose of this study. There were several reasons for this. First, the needs of Indigenous families differ from those of families living in non-First Nation communities. Native individuals, families and communities have had negative experiences with the child welfare system.

“The values of the family unit and the importance of children, the role of extended family in child care, the significance of a link to Native culture and community, and the use of spirituality in the healing process were factors identified by native female caregivers that are often neglected in child welfare practices” (Anderson 1998).

I am a Caucasian individual and I am aware that there are differences between my culture and the culture of First Nations communities. My study concentrated on the meanings of individual experience and did not necessarily focus on the cultural aspect, which is a large part of Aboriginal approaches to alternative dispute resolution methods. I did not want to discount anything they expressed about their experiences due to my lack of knowledge. I felt that in order to conduct anti-oppressive research, I needed to focus on the information that each participant felt was important to them. Being Caucasian, I did not feel confident that I could ensure all of the information collected would be interpreted accurately.

Secondly, the ADR approaches used in First Nations communities sometimes differ from the approaches that are used with non First Nations families. According to the *Child*

and Family Services Act in Ontario, there are three prescribed methods of ADR: child protection mediation, family group decision making, and Aboriginal approaches. Aboriginal approaches are defined as “any dispute resolution technique developed by a First Nation for use with families in its community” (Centre for Children and Families in the Justice System 2008). Many of the Aboriginal processes used are conducted by Elders in the community and can differ significantly from the process that I was examining. First Nations communities also use what is called Original Dispute Resolution (ODOR) rather than ADR methods. These methods focus on traditional ways of decision making and this knowledge is found with the Elders in the community. In order to ensure consistency throughout the study, I could not examine various types of ADR. I was examining one specific ADR method, in one location, conducted by one facilitator.

One individual from a First Nations community contacted me and expressed interest in participating in the study. I did interview this individual as I did not wish to exclude any person considering that I was conducting my research from an anti-oppressive framework. I discuss this further in the methodology chapter.

My overall objective while conducting this study was to gain an understanding of the experience of families with FGDM and apply the data that I acquired from families to the legislative framework and the current policies related to FGDM implemented by the Thunder Bay Counselling Centre and the CAS to determine whether changes need to be made in order to better address the needs of the families involved. I also intended for this research to provide client families with the ‘voice’ that the FGDM process claims to give them.

1.6 Structure of the Thesis

In this chapter, I provided a brief introduction to the use of ADR methods in child welfare and outlined my motivations in conducting this study. I also discussed the focus of the research and provided reasons why I believe this research is important. In the next chapter, I describe the contextual background of the use of FGDM in child welfare in rural Ontario by examining the legislative framework as set out by the *Child and Family Services Act* (CFSA) and guiding policies as established by the American Humane Association (AHA). I discuss how the CFSA was amended to include the use of ADR in child welfare matters and how Child Welfare Transformation emerged from this. I also present a review of the current literature related to my thesis topic, specifically exploring three of the foundational principles of FGDM that inform the process as used in child welfare matters in the District of Algoma: empowerment of families, outcomes for children, and the ability to implement and maintain long term plans for children. These principles are derived from the definition of FGDM from the Ministry of Children and Youth Services (MCYS) and the Ontario Association of Children's Aid Societies (OACAS).

The third chapter focuses on the methodology I used to conduct this study, including my data collection and data analysis methods as well as the ethical considerations that applied while I conducted the research. In the fourth chapter I present the findings from the study, specifically looking at the themes and sub themes that emerged. In the fifth and final chapter I discuss the research findings, address the strengths and limitations of this study, explore the implications for policy and practice and lastly, suggest possible directions for further research.

Chapter 2: The Literature Review and Context

The study of ADR methods is new for the most part. This first section of this chapter outlines the legislative framework related to the use of FGDM in rural Ontario and also discusses some of the academic work that is related to the research question and the principles of FGDM that were the foundation of my study.

2.1 Contextual Background

Children's Aid Societies in Ontario operate under the Ministry of Children and Youth Services (MCYS) and are bound by the Child and Family Services Act (CFSA). The MCYS has committed to ensuring that all children are given the opportunity to succeed and reach their full potential. At the core of Ontario's vision is the belief that early intervention will reduce the need for more intrusive and costly public services later and will lead to better outcomes for children and youth (MCYS 2006). Due to inquests and reports that have been completed related to the Children's Aid Societies and the families with whom they work, there have been numerous amendments to the CFSA and the way child welfare is conducted. Given that I conducted a case study on client experience through a program developed and offered by MCYS and mandated under the CFSA, it was important to provide some background information on the legislation and guiding policies giving rise to and governing the FGDM process in child welfare.

2.2 The Child and Family Services Act

In 2006, Bill 210 was introduced in Ontario which amended *The Child and Family Services Act R.S.O. 1990*, to include the use of alternative dispute resolution methods in child protection matters. From a historical context, FGDM grew from a developed awareness that professionals were making all of the decisions for the

disadvantaged, marginalized people. Its roots are tied to anti-racist and anti-oppressive practice (American Humane Association 2010). This amendment was a result of the recommendations made by numerous reforms and program evaluation studies that had been conducted on Children's Aid Societies in Ontario. The program evaluation conducted in 2002-2003 highlighted the need for change in the way the system was operating. There was a strong suggestion made to reduce the reliance on court ordered methods of intervention and begin focusing on permanency planning for children and the use of alternative dispute resolution methods in child welfare (MCYS 2006). The policy directive that emerged identified when alternative dispute resolution methods **must** be considered prior to commencing a court procedure. These include:

1. If a child is or may be in need of protection, a children's aid society must consider whether a prescribed method of ADR could assist in resolving any issue related to the child or a plan for the child's care (section 20.2(1)).
2. The court, at any time during a proceeding, and with the consent of the parties, may adjourn the proceeding to permit the parties to utilize a prescribed method of ADR to attempt to resolve the issues in dispute (section 51.1).
3. On applications to vary or terminate an openness order before or after an adoption, the court may, with the consent of the parties, adjourn the proceeding to permit the parties to utilize a prescribed method of ADR to attempt to resolve any disputes related to the proceeding (sections 145.2(7) and 153.1(10)). (Child and Family Services Act)

Although ADR methods must be considered in child protection matters, the use of these methods is not mandatory. As I mentioned, the CFSA introduced this legislation as a result of the findings from other studies that demonstrated that the outcomes for children were more positive, the resolution was often more timely and that there was a higher satisfaction amongst families who were able to use these ADR processes rather

than having to stumble through the judicial system (MCYS 2006). However, it is not to be forced on families but must be considered.

2.3 Child Welfare Transformation

In 2006, the Child Welfare Transformation Agenda was introduced and implemented as a result of Bill 210 and the Child Welfare Program Evaluation. It was part of a strategic plan of MCYS to create a flexible, sustainable, and outcome oriented model of service delivery (OACAS 2006). It relates to several key areas, including permanency planning for children and strategies to reduce delays in the judicial system and encourage alternatives to court (MCYS 2006). The legislation provides two alternatives to lengthy court proceedings:

1. Settle cases using a prescribed ADR process prior to initiating court proceedings, or at any point during litigation;
2. Grant care and custody to individuals who propose a permanent placement for a child and who are determined to be capable of providing sufficient care for the child (OACAS 2010).

This marks a different approach to child welfare practice and focuses staff and resources on family-centred options for keeping children safe with biological and kin families, and on finding adoptive families when necessary, to avoid bringing children into care (OAKES 2010). There was a shift from protection-based child welfare to prevention-based interventions. Since the implementation of the Child Welfare Transformation and Bill 201, child protection workers are required to be proactive and spend more time working with families to develop plans to keep their children safe. “This transformation builds on the momentum and innovative practices within our province as well as effective practices from other jurisdictions to pave the way towards better

outcomes for children and families served by Ontario's child welfare system" (MCYS 2006, 7)

2.4 The Guiding Policies for FGDM in the District of Algoma

The MCYS developed a policy directive that became effective November 30, 2006. This directive speaks to the requirements of CAS' when using alternative dispute resolution methods. It covers the following:

1. use one of the three types of alternative dispute resolution, as described in this directive, as prescribed methods under the *Child and Family Services Act* (CFSA), or a fourth option where it meets the criteria outlined in this directive and is approved by the Executive Director of the children's aid society;
2. use alternative dispute resolution facilitators who have the specific qualifications and experience described in this directive;
3. apply specific criteria in determining if facilitators are impartial;
4. use a written agreement, where possible, which is signed by all participants and contains the confidentiality provisions as set out in regulation; and
5. provide notice to the Office of the Children's Lawyer, where alternative dispute resolution is proposed.

The policy speaks directly to the three different types of alternative dispute resolution methods, the reporting requirements, the use of privacy/confidentiality agreements and the qualifications and experience of persons facilitating alternative dispute resolution. It does introduce the purpose and philosophy behind ADR. I drew from this philosophy when choosing which principles to examine for this study:

Alternative dispute resolution (ADR) is a strategy to streamline court processes and encourage alternatives to court. It focuses on a more strengths-based, inclusive and collaborative approach to resolving child protection disputes, and encourages the involvement and support of the family, extended family, and the community, in planning and decision-making for children.

The policy does not provide directives on how to carry out FGDM processes. I asked the FGDM coordinator in Algoma what policies govern her as I was unable to find anything specific to the District of Algoma. She indicated that there are policies that are currently being developed but that none have actually been implemented as of yet. She added that it is difficult to implement strict policies because the FGDM process needs to be flexible for each family. She said that the principles of the FGDM process are what drives the process. She informed me that she refers to the American Humane Association (AHA) for policy and practice directives because there is nothing in place for the District of Algoma at this time.

The AHA has released a landmark publication, *The Guidelines for Family Group Decision Making in Child Welfare* based on research that increasingly “demonstrates that FGDM is congruent with best social work practice: strengthening families; achieving child and family safety; and increasing permanency for children. FGDM encompasses various practice models that place families at the center of decision-making processes” (AHA 2010). The guidelines cover everything from the role of the coordinator to the actual meeting to the follow-up after the meeting. An interesting thing to note, that mirrors what the FGDM coordinator indicated, is the statement in the preamble of the guidelines that addresses the risk when developing said guidelines. “The risk is that agencies become focused on form (how something is done) and lose sight of purpose (why it is done) (AHA 2010)”. As the FGDM coordinator indicated, she refers to these policies and guidelines sparingly due to the need to keep the FGDM process flexible.

The Guidelines also set out five critical guiding policies that are essential when using a FGDM process:

1. An independent (i.e., non-case-carrying) coordinator is responsible for convening the family group meeting with agency personnel. Providing an independent coordinator who is charged with creating an environment in which transparent, honest and respectful discussion occurs between agency personnel and family groups signifies an agency's commitment to empowering and non-oppressive practice.
2. The child protection agency personnel recognize the family group as their key decision-making partner, and time and resources are available to convene this group. Providing the time and resources to seek out family group members and prepare them for their role in the decision-making process signifies an agency's acceptance of the importance of family groups in formulating safety and care plans.
3. Family groups have the opportunity to meet on their own, without the statutory authorities and other non family members present, to work through the information they have been given and formulate their responses and plans. Providing family groups with time to meet on their own enables them to apply their knowledge and expertise in a familiar setting and in ways that are consistent with their ethnic and cultural decision-making practices. Acknowledging the importance of this time and taking active steps to encourage family groups to plan in this way signifies an agency's acceptance of its own limitations, as well as its commitment to ensuring that the best possible decisions and plans are made.
4. When agency concerns are adequately addressed, preference is given to a family group's plan over any other possible plan. In accepting the family group's lead, an agency signifies its confidence in and commitment to working with and supporting family groups in caring for and protecting their children, and building their capacity to do so.
5. Referring agencies support family groups by providing the services and resources necessary to implement the agreed-on plans. In assisting family groups in implementing their plans, agencies uphold the family groups' responsibility for the care and protection of their children, and contribute by aligning agency and community resources to support the family groups' efforts (AHA 2010).

These guiding policies are what drive the FGDM process. My study has focussed on whether or not the FGDM process has been successful in these areas from the perspectives of families. The legislative framework, these guiding policies, the literature review and the data collected from participants will all be discussed in relation to one another in Chapter 5 in order to determine whether the FGDM process is serving its

intended purpose as set out by the AHA. The next section will discuss the relevant literature and the principles that were the focus of my particular study.

2.5 Review of Relevant Literature - Introduction

In my preliminary review of relevant sources, I found only a small number of studies that focused on the same research question as I, and even fewer that used the same methodology, methods and theoretical framework that I used. Another distinction is the geographical area where I conducted my study. Therefore, for the purpose of this review, I have drawn from broader literature on the experiences of caregivers in general and have also focused on the minimal amount of literature available that speaks directly to my topic.

Throughout the past few years, child welfare agencies have been under pressure to begin using alternatives to court processes in child protection matters in order to empower families and to increase placement stability for children who are out of the family home (Nixon et al. 2005). FGDM has been introduced as one dispute resolution method that can assist in transforming child protection. Although FGDM is being used worldwide, very few studies have been conducted on its effectiveness (Merkel-Holguin 2000). Many studies examine the actual process but there is a sense that the “practical attraction of the approach is outrunning the development of sound theory and evaluation” (Nixon et al. 2005). Most of the literature on FGDM is related to the FGDM process (Crampton 2007) and does not consider FGDM effectiveness especially from the viewpoint of the service-user from a qualitative approach. “All too often what is considered evidence-based practice ignores the voices of those for whom programs are intended” (Waites et al. 2004, 1). There have been several quantitative studies conducted

on whether or not families are satisfied with the process (Isaacs, Moloney and Ney 2007). As explained by Isaacs, Maloney and Ney (2007), the research that has been conducted has sought to answer what contributes to this effectiveness rather than examining how and why (2009). For my study, I intended to dig deeper into the meanings and experiences of participants' stories. While conducting my study, I examined the principles of FGDM as set out by the MCYS/OACAS in order to measure the effectiveness of the process. These principles are derived from how the MCYS and the OACAS define FGDM and its purpose. I explain these principles later on in this chapter.

Although there are qualitative studies of FGDM, the literature is almost exclusively from the perspectives of professionals such as child protection workers and policy makers rather than from the experiences of those that are affected by the process – the family (Barnsdale and Walker 2006). In order to ensure that the process is useful and can be transformed as needed to serve its intended purpose, more theoretical evaluation is required.

In addition to this, statistics show that marginalized groups are overrepresented in the child welfare system in Canada and the USA and it is often these same groups of people whose voices are ignored. When examining the effectiveness of this type of process, these voices are the most crucial and need to be considered. A study conducted in the USA found that more than half of the children presently in care belong to minority groups even though these minority groups comprise less than half of the population of the country (Hill 2006). Although marginalized families make up a disproportionate percentage of those involved with the child welfare system, their opinions are seldom

considered. The study also found that children from marginalized groups have less access to services especially when placed with extended kin.

As stated above, in addition to gaps in the literature surrounding the views of the family, most studies on FGDM are limited to particular locations (Caplick 2006). I believe that geographically, my study is unique as I conducted my research in a small, rural District, rather than a large, urban area, where most of the research on FGDM has been completed. The differences between rural and urban areas are astounding especially when they relate to the availability of services (CMHA 2010). A report completed by the Canadian Mental Health Association explained that residents of rural, Northern Ontario have limited availability and access to primary health care, specialists, hospitals and community services and supports. Additionally they report that due to the diminished basket of services, individuals living in rural and northern communities must often travel to urban areas to access both health and social services they need. Often the individuals cannot afford to commute to the area or they have no means of transportation (CMHA 2010). The difference in the availability of services can be a determining factor in the success or failure of a plan.

2.6 The Principles of Family Group Decision Making

In the literature that I consulted, there appears to be consensus that family group decision making as it is used in Canadian child welfare is rooted in traditional Maori practices that were incorporated into New Zealand child welfare practices (AHA 2000; Ross 2000; Marsh and Crow 1998; Pennell and Burford 2002; Barsky 1997). The introduction of FGDM was based on concerns of the overrepresentation of Maori children within child welfare and juvenile justice systems. Once families became involved in the child welfare system, they were lost within it and had very little

involvement in the decisions that were made for their children. In 1989, New Zealand implemented the *Children, Young Persons and Their Families Act* in response to Maori concerns about child welfare standards and practices. The Act required that FGDM be conducted prior to the court making a decision on the placement of any child in the foster care system (Desmeules 2007).

Although the process originated in New Zealand, FGDM has become popular worldwide and is used especially in Canada, Australia, Ireland, the United Kingdom and the United States (Marsh and Crow 1998). As stated earlier in this section, the Ontario *Child and Family Services Act* even went so far as to enforce the consideration of ADR methods in child welfare matters due to the positive findings from other studies.

Overall there appears to be general consistency with respect to the underlying principles, purpose and main goals of FGDM (Merkel-Holguin 2008) though there are some jurisdictional differences in the way the process is carried out. Mainly, the model offers a way of practice that strives to empower families, rather than view them as dysfunctional and unable to cope while simultaneously ensuring that the safety and permanency of children is considered. For the purpose of this study, I will be referring to the MCYS Policy Directive related to the use of ADR in child welfare matters. This is the directive that governs the use of ADR in all Children's Aid Societies in Ontario:

a strategy to streamline court processes and encourage alternatives to court. It focuses on a more strengths-based, inclusive and collaborative approach to resolving child protection disputes, and encourages the involvement and support of the family, extended family and the community in planning and decision making for children" (MCYS 2006).

The program evaluation reports that were conducted set the foundation for the use of ADR within child welfare in Ontario. Using a strengths-based approach, ADR

methods allow for families to work together in order to develop permanent plans for children (Children's Aid Society of Brant). There is a degree to which FGDM specifically conforms to this definition and expectation regarding ADR. There can be no doubt that FGDM does allow for the settling of differences, and for developing a consensus-based plan so all parties can move forward. FGDM is seen as a unique model that challenges traditional ways of 'doing child welfare'. FGDM is a means of widening the family circle and giving families participation in planning rather than co-opt families into accepting professionally-driven plans. FGDM "in an empowerment context removes the discretionary, paternalistic power of professionals" (OACAS 2010).

The principles that I examined during my study fall within the MCYS/OACAS vision of the purpose of FGDM. They speak of giving families a voice to develop plans for their children. I focused on the empowerment of families through the use of FGDM, the views of families on the outcomes for their children and the ability for caregivers to implement and maintain plans for the children. This next section discusses the literature related to each of these FGDM principles.

2.6.1 Empowerment of Families

Empowerment of families is a key principle of family group decision making (Maluccio and Day 2000, 65) and has been more generally a focus of child welfare practice since the 1970s (Walton et. al. 2003, 2). The term *empowerment* is challenging to define as it is ambiguous (Lupton and Nixon 1999). The service provider is typically the one who defines what empowerment means and they base this definition on their client population. For instance, an individual working in a mental health profession may find a client who suffers from social anxiety disorder is empowered when he/she is able to leave

home without having a panic attack whereas an individual working in addictions may find their client is empowered when they are given methadone treatments to take home rather than having to go into the clinic for the administration of the treatments. Busch and Valentine (2000) indicate that although it is difficult to define empowerment, there is agreement that the theory of empowerment is based on the assumption that the capacity of people to improve their lives is determined by their ability to control their environment and this is experienced as having power. In a society where it is evident that the dominant groups possess this power, the process of transferring this power to marginalized, minority groups through processes such as FGDM needs to be closely examined to determine whether this transfer is in fact possible or merely a concept created by those who are advantaged. Empowerment has also been defined as the ability to speak one's own truths in one's own voice and participate in the decisions that affect one's life (Bundy-Fazioli, Briar-Lawson and Hardiman 2008). It is not solely up to those who possess power to define what is true for others, especially those who often have never possessed what they believed to be power. Holland and O'Neill (2008) found that the service users – the family – have different views of what empowerment actually means and how it is obtained. Hegar (1988, 499) explains that:

Empowerment is easy to define in its absence: powerlessness, real or imagined; learned helplessness; alienation; loss of a sense of control over one's own life. It is more difficult to define positively only because it takes on a different form in different people and contexts.

As stated, empowering the family is one of the key goals of the FGDM process (George Hull Institute 2006; Ontario Association of Children's Aid Societies 2008; AHA 2000; Public Health Agency of Canada 2004) and many studies support that the process has the ability to attain this goal (Chandler and Giovannucci 2004; OACAS 2010). A

study conducted in Wales concluded that FGDM has the ability to shift the power from the state to the family though it also claims that there is a possibility that these types of processes are unintentionally maintaining the status quo with the state holding the power (Holland and Scourfield 2004). From the view of Lupton and Nixon(1999), empowerment should not merely be seen as a philosophical term coined by social workers as a way to create client independence of state support but should include safeguarding rights for those who may not be as privileged. People are situated in society depending on the economic and social classes to which they belong. Each individual must be considered as part of a larger, social environment that has placed them in a position of relative power or of powerlessness. Providing necessary tools to individuals who lack social power to make decisions for their children may be a way to start empowering them. However, FGDM processes need to go beyond individual issues of empowerment and address larger, macro issues such as poverty and addiction that contribute to family involvement with child welfare. The structural and institutional issues currently found in child welfare need to be addressed collectively and collaboratively in order for substantial and lasting change to occur at the individual, micro level.

Child welfare as a system and as an institution is characterized by the overt use of power and control (McCallum and Eades 2001) and power imbalances between social workers and families (de Boer and Coady 2006; Dumbrill 2006). Although child protection workers are trained to be sensitive when investigating child welfare matters, the investigatory nature of contact between workers and families can seem confrontational and leave parents feeling vulnerable and powerless. Turnell (1997) suggests that child welfare's capacity to initiate investigations and remove children

actually makes it impossible to form any power-neutral relationship between an agency and the parent.

According to Walton et al. (2003, 2), the “empowerment framework helps minimize the helplessness that family members often feel within the child welfare system”. The child welfare system can often seem adversarial and it is no surprise that families feel disempowered when involved with it. FGDM is intended to put decision-making back into the hands of the family and thus allow for decision-making by those who have a caring and personal relationship with the child and not exclusively by those involved with the family on a professional basis (Chandler and Giovannucci 2004). During Barsky’s research on child protection mediation, he claimed that empowerment is simply giving the decision making power to the parties directly involved in the dispute (1996). The court system allows for the professionals to be the sole decision makers and therefore, in order to move away from this way of resolving disputes, the FGDM process is intended to be an empowering experience for the family. The underlying principle is that families are the experts of their own lives. Marsh and Crow (1998) contend that families know their past and present situations and if provided with certain tools and assistance, they will often create the best solution to address their issues.

Barsky (1997, 173), who studied mediation in child welfare, supports the notion that dispute resolution methods like FGDM empower individuals by giving them the control to make decisions and deal with their issues. Carr (2003, 11) suggests that:

empowerment is essentially a cyclical process of identifying and deconstructing problems, action and reflection. The family group conference approach encourages families to go through a similar process of identifying their needs, drawing up a plan of action and (usually) meeting again to review progress.

Although the literature claims that FGDM is an empowering process for those involved, there has not been enough research done to confirm whether this is truly the case from the perspective of the service user. The evidence cited in the literature is that the process is *intended* to be empowering but that the question of whether it *is* actually experienced as empowering is rarely examined. Assumptions about the empowering nature of FGDM should not be mistaken for reality until more research has been completed. However, there have been some studies that examine empowerment in FGDM. Helland's (2005) meta-analysis encompasses various aspects of FGDM, including whether the participants felt truly empowered during the process. She found that families who had participated in the process felt as though they had been heard and that their views had influenced the decisions that were made with respect to the children. Her work also cites a study that found that 95.2% of families who had participated in FGDM felt that they truly had a voice and were heard in the decision making process (Schmid, 2005, cited in Helland, 2005).

A large scale study that has been ongoing since 1998 by the George Hull Institute, is examining the effectiveness of FGDM in urban Ontario. To date, the results have supported that the process "is an alternative approach to child protection that empowers marginalized families" (George Hull Institute 2006, 1). Their findings clearly demonstrate the effectiveness of family group conferencing in giving families a "voice" (George Hull Institute 2006). The findings demonstrate that families often feel as though the FGDM process considers their voices to a greater degree than the court system and that families were able to assist in the implementation of a plan for their children. These

outcomes relate directly to my study as I intend to examine whether families in the District of Algoma had similar experiences with the FGDM process.

The George Hull Institute study is closely related to the one I conducted and I examined it thoroughly while I conducted my own research. The study originally began examining short term outcomes for children based on FGDM in two urban CAS' but now has expanded to evaluate the outcomes for five urban CAS'. These results are based on questionnaires completed by family members after the conference. The questions relate to the family member's overall satisfaction with the process and plans. This study has provided some important findings. Because the study that I conducted differs in geographical location (rural versus urban) as well as research approach (qualitative versus quantitative), it maybe able to complement findings from the George Hull Institute study.

Although these studies have found FGDM to be an empowering process, a study completed by Allan Barsky on child protection mediation found that families did not always feel empowered by the process. He found that even though the mediation process is voluntary and should provide families with an equal opportunity to express their voice, families often feel disempowered (1996). This was due to the fact that child protection workers participated in the process and therefore the families felt as though they could not challenge plans of care suggested by their workers. Barsky adds that by allowing child protection workers to facilitate the process, they can direct the conversation and ultimately disempower the family. He suggested the use of a neutral third party, such as a mediator or FGDM facilitator to facilitate the process in order to ensure that everyone involved has an equal opportunity to discuss their views and present their input (1996).

2.6.2 Outcomes for Children

According to Barsky (1997), the philosophy underlying the introduction of conferencing is that nuclear families and their immediate communities, such as extended family and friends, have a right to be involved in making decisions about their children. Also, empowering the extended family and community to solve problems is more likely to result in better outcomes for children (Barsky 1997). The idea of placing children in kinship care with their extended families stems from years of research demonstrating the importance of attachment and permanency. Permanency and attachment are often unattainable within the foster care system due to the high number of placement changes and children being placed with strangers (OACAS 2003). The idea of children maintaining relationships with their families and residing with them through kinship placements is a fundamental goal of the FGDM process. Walton et al. (2003) indicate that children are better off being placed with family members because they can maintain their cultural ties. They also note that kin placements are usually less traumatic than non-kin placements because of the existing relationships between the family members.

Studies conducted in New Zealand reported that outcomes for children who participated in FGDM are favorable as demonstrated by fewer placement changes and the increase in children residing with extended kin (Merkel-Holguin 2008). A Washington State study also reported positive outcomes for children and found that “the placement of children in stranger foster care decreased from 25% to 9% and the number of children living with a parent increased from 20% to 43% post conference” (Gunderson 2003, 87). Some studies found that family members generally believe that children are better off as a result of the FGDM conference and the final plan (Holland and Scourfield 2003). There

appears to be a strong belief that without the conference, children would have been lost to the foster care system.

A growing body of research and evaluation evidence demonstrates the importance of positive working relationships between families and professionals in producing good outcomes for children. Studies in the UK support the notion that the quality of the relationship between the child's family and the professionals involved with them is paramount to successful outcomes (Nixon et al. 2005). A large study conducted in Washington State found that reduced conflict between child protection staff and families was a strong theme among those who were interviewed:

The greatest achievement the practice of FGC contributed to is changing the image of the child welfare service somewhat; the second greatest achievement was changing the relationship between the child welfare staff and the family to more of a partnership. (American Humane Association 2000)

Contrary to these findings, there are reports that FGDM does not make a difference in outcomes for children. One study (Mandell 2001) found little difference in the number of placements that occurred with the group who had participated in FGDM compared to the group who had not (Mandell 2001). However, when looking specifically at the *placement stability* section of the study, Mandell (2001) notes that there was a lack of data therefore the outcomes on placement stability could not be compared.

Although there is little research that has been completed on FGDM outcomes for children, there have been studies conducted on the safety and well being of children after the FGDM conference. In a study completed by Pennell and Burford specifically related to what happens after the FGDM meeting, they found that there were fewer incidents of abuse/neglect after the meeting took place, and there was an increased sense of safety for

the family members in the home (1997). The study being conducted by the George Hull Institute (Family Group Decision Making) found that 89% of children remained with their family or were returned to their family after the conference, either immediately or in the long term.

There are different views on outcomes for children but the limited theory “concerning how FGDM can improve child welfare may be part of the reason there is still a limited amount of information about FGDM outcomes” (Crampton 2007, 204). More research may need to occur in this area in order for the results to have a higher degree of validity. For my study in particular, I hope that the findings will add to the growing literature on FGDM.

2.6.3 Ability to Implement and Maintain Long Term Plans for Children

The third principle underlying FGDM that I considered during my research was the ability for families to implement and maintain plans for the child/ren. There appears to be consensus that in order for plans to be implemented and maintained, assistance is needed from the extended family, community organizations and the child welfare agency. “The response from extended family seems to always surprise family group decision making participants – they are willing and able to attend and produce a plan that will provide direct and informal support to the child” (Helland 2005, 4). The literature supports the idea that extended family need to be part of the decision making process and that few programs actually involve them, which makes the FGDM process a different approach in child welfare. The goal is for the family to formulate a permanency plan for the child/ren at risk. Permanency planning refers to moving children to permanent placement in families more quickly (Maluccio and Day 2000) in order to avoid a foster

care system that often leaves the child in limbo. “Underlying assumptions of the FGDM model are that families are more likely to implement a plan if they have participated in its development, and that they will monitor that plan more thoroughly than will agency workers” (Walton et al. 2003, 3). A study also found that children have a greater feeling of security because they know that their parents have agreed to do things under the plan and won’t “slack off” (Mandell 2001). An American study also found that only 10% of placements failed once a permanency plan was put in place (Helland 2005).

The literature provides information on the rates of plan implementation and failure but little literature focuses on why these plans have either succeeded or failed. Lupton and Nixon (1999) indicate that there may be a lack of support from the child welfare agency following a FGDM meeting. There is little research into whether families feel that their plans were supported by the child welfare organization and whether this support was able to assist them in maintaining a long term plan for their children thus preventing them from becoming involved in more adversarial processes. Crampton reports that “there are no follow-up data on outcomes, and, in fact, research indicates that there is little monitoring of family group conferences’ decisions” (2007, 62). This again reinforces that geographic location is an important factor in assessing FGDM as the availability of services differ from rural to urban areas.

The George Hull studies in Ontario found that overall families saw the CAS as supportive and helpful but on the contrary, others found that their workers were not flexible when considering the plan that was developed by the family. They felt that the workers based their decision of whether or not to accept a proposed plan on the bottom lines that were presented prior to the meeting (Schmid, Tansony and Goranson 2004). A

standard stipulation of the FGDM process is that bottom lines are established by the CAS that address all child protection concerns prior to the process taking place (OACAS2008). All family members are aware of the bottom lines prior to starting the process. It should be expected that the CAS will not accept a plan that does not address the bottom lines. The majority of parents involved in the study were content with the final plan and indicated that they were able to follow through with it though a few indicated that the plan they presented was rejected by the CAS and that the CAS implemented its own plan (Mandell 2001).

With respect to placement stability, Pennell and Burford (2000) report that families involved in child welfare had fewer encounters with the system after the conference compared to families who had not been involved in this alternative dispute resolution process. A Washington State study conducted by the American Humane Association found that “only 14 of 137 children experienced a move and 4 of these moves had been identified as a backup plan by families at the time of the conference” (Gunderson 2003, 85). Studies conducted by Merkel and Holguin (2000& 2008) also demonstrate trends that the likelihood of children coming into care decreases substantially after FGDM.

Although many studies suggest that FGDM is successful in allowing families to create and maintain their own plan, one study in particular opposes the use of the FGDM process in child welfare matters. A three year study conducted in Sweden found that children served through FGDM experienced higher rates of re-referral to child protective services and were in out of home placements for longer (Helland 2005). The majority of studies have suggested that FGDM should be considered in child welfare matters. While

conducting my research, I found very little to support the findings from the study conducted in Sweden.

In conclusion, there appear to be contradictory findings on whether families were able to maintain their plans and whether they felt that they received the assistance required in order to ensure their plans were a success. There is a pressing need for long-term studies that look at the qualitative and enduring nature of decisions that impact critically on the lives of children and families involved in the child welfare system. In conducting this research, my hope was to gather some of the knowledge held by families who have experienced FGDM. By using a qualitative method, I hoped to gain a better understanding of why plans that are formulated by the families are sustainable, or not.

2.7 Concluding Remarks for the Literature Review and Context Chapter

The *CFSA* was amended after the realization that changes needed to be made to the child welfare system. Many program evaluation reports were examined and as a result of the recommendations, both Bill 210 and the Child Welfare Transformation were implemented. The requirement for CAS' to consider the use of ADR methods when working with families was based on the findings that families need to be given a voice and that the judicial system was backlogged and was worsening the situations for these families. I focused on the intention of FGDM that is used by both the OACAS and the MCYS and derived the principles that are the focus of this study.

While conducting this literature review, I found that there are significant gaps in the literature specific to the topic of my study. There is one specific study that is currently being conducted by the George Hull Institute most closely relates to mine however, it does not take rural Ontario into consideration, but rather deals with only the

larger, urban areas. In addition to this, while reviewing the literature, I found there to be an emphasis on American research in comparison to Canadian. The findings from these studies cannot simply be generalized to Canadian populations and cities due to the many differences between the ways child welfare is implemented in the two countries.

While examining the existing literature, I also found that studies that do relate to FGDM are mostly related to the process rather than the personal experiences of those involved. Where there is research and information surrounding experiences of FGDM, it is primarily related to the views of child protection workers and policy makers.

As discussed in this chapter, some studies suggest that family group conferences lead to greater feelings of empowerment by families, that participants are usually able to produce a plan that is acceptable and stable for children and that they are able to maintain these plans (Marsh and Crow 1998; Merkel-Holguin 2008; Nixon and Burford 2005; Pennell and Burford 2000). The purpose of my study was to not only gain an understanding of participants' experiences but to contribute to the existing literature.

Chapter 3: Methodology

In this chapter, I introduce and discuss the methodology that I used to explore my research question. I also address my reasons for choosing a qualitative approach, more specifically, the use of case study. I then explain my choice of the theoretical framework that informed my research. I also set out how I chose my participants and how I collected and analyzed the data. Finally, I will discuss the ethical considerations during the research.

3.1 Qualitative Research – Case Study

I conducted my research on the experiences of families who have participated in the family group decision making process using a qualitative approach. Denzin and Lincoln (2000, 2) define qualitative research as:

a situation activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings that people bring to them.

The use of a qualitative methodology was most appropriate for this type of study for several reasons. First, qualitative studies favor more open and subjective data collection and analysis approaches, setting out to understand the personal experiences of the participants (Tutty, Rothery and Grinnell 1996). Stake (1995) notes that qualitative research is about understanding rather than about explanation. Qualitative researchers try to establish “an empathetic understanding for the reader, through description, sometimes thick description, conveying to the reader what the experience itself would convey” (Stake 1995, 84). The use of a qualitative approach allowed for the experiences of caregivers to be heard in a deeper and more personal way. It also allowed for the

collection and analysis of richer data than that collected by a quantitative approach (Tutty, Rothery and Grinnell 1996, 11). I sought to gain understanding and insight, not to provide generalizable findings. Approaching fieldwork without being constrained by predetermined categories of analysis can contribute to the depth, openness and detail of qualitative inquiry (Patton 2002, 14).

I drew from what Blumer (1954, 7) describes as sensitizing concepts that help build the foundation for qualitative research.

A sensitizing concept lacks such specification of attributes or bench marks and consequently it does not enable the user to move directly to the instance and its relevant content. Instead, it gives the user a general sense of reference and guidance in approaching empirical instances. Whereas definitive concepts provide prescriptions of what to see, sensitizing concepts merely suggest directions along which to look.

My study focused on people's experiences – how they felt during the FGDM process and whether or not they felt that from their experience, they had an impact on the outcome of the process? These sensitizing concepts were the background ideas that informed the overall research problem.

This study examined what meanings were constructed by the participants with respect to the FGDM process through the use of an instrumental case study methodology. The instrumental case study approach allows for a specific case to be examined in order to understand more than what is obvious to the observer (Stake 1995). Creswell defines a case study as “an exploration of a bounded system of a case over time through detailed, in-depth data collection involving multiple sources of information in context” (1998, 60). For the purpose of my study, the data sources that I used were, the goals of FGDM as set

out by the MCYS and OACAS, the data that I collected through the interviews, and a journal describing my thoughts throughout the research process.

Creswell (1998) describes a bounded system as bounded by time and place and the case being studied. “One of the researcher’s first tasks is to define their case is whether a “bounded system” can be identified as the focus of the inquiry: the researcher must be able to draw boundaries around what is being studied. This can be done by asking whether “there is a limit to the number of people involved that could be interviewed or a finite amount of time for observations” (Merriam 1998, 27). The bounded system in my research consisted of a geographical boundary (District of Algoma in Northern Ontario), five participants who had participated in FGDM drawn from within that geographical boundary, and the legislation, policies and program description specific to FGDM within that boundary. I defined caregiver as anyone who was in a ‘parent’ role and providing primary care (not necessarily full time) to the child prior to the FGDM conference occurring. The term caregiver was not limited to the biological or adoptive parents of a child. The personal experiences of these caregivers were heard and analyzed in order to gain insight into the in-depth meaning of the participants’ experience.

In addition to this, the case study methodology was the most appropriate methodology because it is often used to document and analyze the outcomes of programs that have been implemented by governments (Yin 1994) and it is also useful when attempting to gain an understanding of people’s experiences. In this case, the FGDM process was evaluated from the perspectives of the service user. “Understanding the program’s and participants’ stories is useful to the extent that they illuminate the processes and outcomes of the program for those who must make decisions about the

program” (Patton 2002, 10). An examination of the views of service users rather than the views of social workers, management, and policy makers is beneficial because they are able to describe how the process worked or failed in their own opinion. So often the ‘clients’ are left out of policy making in policies that affect them directly. I truly believe that programs and policies that are intended to affect a target group of people should have those same people providing feedback, insight and suggestions for the success of the program or policy. Policymakers usually belong to advantaged groups in society and therefore many of the policies that they are implementing will never affect them. While conducting this study, my intent was to provide those who are often ignored with a voice.

Yin (2003) explains that case study allows us to understand complex relationships by restricting the focus to small scale groups, something which can be seen as a flaw to supporters of other methods of research. However, the use of case study on a small scale basis allows for the researcher to gain a greater understanding of the particular issue, thing or person being studied in comparison to other methodologies. Yin (2003) adds that case study is useful when trying to gain an in-depth understanding of certain phenomena because case studies are grounded in ‘lived reality’. He uses an analogy of the experiences of people being like ‘noise’ and that this ‘noise’ is often excluded in other forms of research where the focus is on a particular issue or the goal is to correlate the findings with other studies. In this particular study, the ‘noise’ is the experience of each participant and is crucial when conducting this type of research. In questionnaires and surveys, this ‘noise’ is often omitted. The families who are involved in the child protection system have much to say about power imbalances, lack of accessibility to

services, and so forth. The ‘noise’ that was explained by the participants was important as it shapes their experiences.

Another attractive aspect of the use of case study is that it is useful when asking “how” and “why”, when the investigator has little control over events, and when the focus is on some contemporary phenomenon, such as FGDM, in a real life context (Yin 2003). Although case study methodology can be applied to both qualitative and quantitative research, due to the information that I was seeking as a researcher, I believed that a qualitative approach would be most effective. I was seeking to understand the experiences of families who had participated in FGDM in order to examine how the process impacted them and why they believed it was a success or not.

Case study research is not sampling research and one does not do case study research to understand all other similar cases. The obligation is to study one case to gain an understanding of that particular case (Stake 1995). By conducting this research I was not attempting to develop findings that could be generalized to all families who have participated in FGDM processes. I merely hoped that the study would illuminate the experiences of some families who have participated in the process in order to gain an understanding of FGDM from the service users’ point of view.

3.2 Theoretical Framework

A main reason that I chose to conduct this research was because I am interested in understanding how families who often belong to marginalized groups experience the programs that are put into place for them. Does FGDM truly empower people? Does it allow them to be the experts of their own lives? Does it prevent future breakdowns within

the family? All of these questions have been asked however, as the literature shows, very seldom have they been asked to those who may best be able to answer them.

In order to help answer these questions and understand the experiences of caregivers who have participated in FGDM, anti-oppressive theory was used as the theoretical framework to inform this research. Strega (2007, 73) discusses anti-oppressive theory as,

...power being understood as relational. While anti-oppressive theory acknowledges that injustice and inequality exist and are maintained in part through political and economic arrangements, it also points out that power is dispersed widely throughout society and culture. In other words, individual everyday participation in these inequalities and injustices is a critical factor in maintaining them.

Families involved in the child welfare system often belong to marginalized groups whereas individuals employed in the child welfare system often do not, or at least, have more power than the families with whom they work. There is no shortage of research that demonstrates how child welfare practices contribute to oppressive outcomes for families and children. A study completed in 2004 by Trocmé, Noke and Blackstock on child apprehension and placements found a major contributor to the apprehension of children had to do with the family's economic state. The families of more than one third of the children who were apprehended relied on income from the state such as social assistance and disability support programs and belonged to non-Caucasian groups. On the contrary, in 2003, close to five hundred Canadian child protection workers participated in a study on demographics including age, gender, education and their experience. The findings portray a homogenous group with 94% of workers being white, 80% of workers being women and 97% of their first language being English (Kufeldt and McKenzie2003).

More often than not, these individuals are not those usually present in the child welfare system.

3.3 Epistemology – Anti-Oppressive Theory

Epistemologically, anti-oppressive theory supports certain ideals surrounding truth and knowledge. Anti-oppressive theory suggests that,

...knowledge does not exist in and of itself, isolated from people. Rather, it is produced through the interactions of people, and as all people are socially located (in their race, gender, ability, class identities, and so on) with biases, privileges, and differing power relations, so too is the creation of knowledge, socially located, socially constructed. (Brown and Potts 2005, 261)

Anti-oppressive theory recognizes that truth does not happen to merely exist but is created by individuals. “Therefore, in anti-oppressive research, we are not looking for the truth, we are looking for meaning, for understanding, for the power to change” (Brown and Potts 2005, 261). Anti-oppressive research also supports that knowledge is created by people during their social interactions. Families involved in the child welfare system often belong to marginalized groups and have often been affected by larger, societal issues such as poverty, racism and discrimination. They are the service users in a system created mostly by individuals who have never been in their situation or affected by these issues. Although they are service users, their opinions surrounding the operation of the child welfare system as well as the programs that are implemented, are rarely heard.

Families involved in child welfare are often robbed of their voice, power and their ability to make their own independent choices. By using anti-oppressive theory to inform my research, my intent was to “put the ownership of knowledge back into the hands of those who experience it, who need it” – the family (Brown and Potts 2005, 261). I was

able to do this by allowing each participant who was interviewed to elaborate and discuss what they felt was important to them. The child welfare system is often associated with families being told what to do, how they should feel and how they can parent more successfully. In my study, I allowed each participant to express how they felt and how they believed the FGDM process either helped or hindered their situation. Dumbrill and Trocmé (1999) explain how child welfare is often characterized by a ‘power over’ approach rather than a ‘power with’ approach. The ‘power over’ approach allows agencies and workers to use their social position to direct and control the power dynamics within the interaction or relationship. The ‘power with’ approach allows for the agency and worker to relinquish a certain degree of power in order for more collaborative relationships to be constructed.

Anti-oppressive theory supports the notion that families are the ‘experts’ of their own lives. “If child welfare is to be transformed so it does not oppress, it is essential to understand how those it oppresses consider it to oppress, and to understand the changes they believe are necessary for it to become anti-oppressive” (Dumbrill2006, 69). The use of anti-oppressive theory was also important due to the lack of information surrounding the experiences of caregivers. Anti-oppressive research allows one to construct liberatory knowledge that can be useful to the marginalized and oppressed groups that the child welfare system seeks to ‘help’ (Brown and Potts 2005, 262). Liberatory knowledge can be defined as “knowledge of one’s position in the complex hierarchy of domination and subordination in which we live” (Amotte and Matthaehi 1996, 360). As explained above, the service user often does not belong to the same economic and/or racial group as the service provider, which creates power imbalances within the child welfare system as soon

as a child welfare investigation commences. The experience of being involved in FGDM may be empowering for caregivers, however, that sense of empowerment will soon diminish if the caregivers begin to feel that their decisions have been ignored or that little has changed (Lupton, and Nixon 1999, 155).

It was from anti-oppressive theory that I made the methodological decision to interview individuals in order to help understand their experience. Two main issues that arise in child welfare are that the service user voices are not heard and their opinions are not considered. Dumbrill (2006) discusses the importance of ensuring that the service user is heard and he goes so far to say that it is only through ensuring that families/parents have a voice and good rapport with the child welfare worker that positive changes can be made in the system. My research is about listening to the marginalized and in essence, my research is anti-oppressive and mirrors what anti-oppressive practice should look like in social work.

My analysis of the data also stems from anti-oppressive theory as I focused on information related to empowerment of the family and whether this occurred as well as the other sensitizing concepts such as the families' experiences with the FGDM outcome and whether they believed that they had an impact on the decision or whether they felt that their voices were ignored.

3.4 The Research Process/Data Collection

A primary purpose of this research was to understand personal experiences through a qualitative approach. Case study does not claim any particular method for data collection or data analysis. Any and all methods of gathering data, from testing to interviewing can be used in case study (Merriam 1998, 10). Creswell describes several methods to collect

data when completing this type of research: examination of documents, archival records, observations, physical artifacts and interviews (1998, 65). In this study, interviewing was my main data collection method as it was the most appropriate method of collecting data from the individuals. A second source of data that I used was a journal that I kept to make small notes on my personal reflections from the interviews. In the face to face interviews, I was able to note any expressions and body language displayed by the participant. I also noted information that was evidently important to the participant. For example, I would note when an individual would repeat certain statements or feelings. The notes from the journal assisted me during the development of themes as I was able to recall important points that were mentioned by participants. I also examined FGDM guiding policies and goals developed by the MCYS to determine whether the process is serving its intended purpose. In order to ensure that all participants were comfortable, I relied on tape recording the interviews, and not taking any notes. However, I was unable to tape record all of the interviews, therefore, with the participants' consent, I took notes in a few of the interviews.

I decided on the use of interviews as the primary source of data collection for several reasons. First, Kvale (1996, 21) defines qualitative research interviews as “attempts to understand the world from the subjects' point of view, to unfold the meaning of peoples' experiences, to uncover their lived world prior to scientific explanations”. Interviews allow for participants to express themselves openly which differs significantly from other methods of data collection. From an anti-oppressive approach, it is imperative to allow participants to speak of what is meaningful to them rather than dictating where the conversation should go or what they should be focusing on.

3.4.1 Research Method

There are different ways to conduct interviews in research. For the purpose of this study, I used what Patton describes as a standardized open-ended type of interview. In this format, interviewers adhere to a script, where there is little flexibility, however the responses of the participants are open (Patton 2002). This is advantageous because it ensures that all of the participants are asked the same questions and are able to respond openly. Although I asked the same general questions to each participant, I was able to probe deeper into their initial responses in order to gain more detailed answers (Wimmer and Dominick 1997, 156). Although some may consider the use of the conversational interview as ideal for my research, I did not believe that it would allow me to obtain the information that I was seeking. Patton describes the conversational interview as being beneficial when the “researcher is uncertain as to what questions to ask, who will be present for the interview and what will be important to ask during the interview” (2002, 342). He also adds that this type of interview works particularly well when the researcher can either stay in the setting for a lengthy period of time, or will be returning to interview numerous times in order to add to the information that has already been collected (2002). The standardized, open-ended interview is very different from this approach and I thought it to be the most useful for my particular study as I only interviewed participants on one occasion and I required open ended answers to gain an understanding of what was important to each participant. As a main focus of my interview was to examine whether

caregivers felt as though they were empowered, the open-ended interview was the best fit for my research because it allowed for the participants to speak freely.

I conducted private interviews with the participants in a location of their choice and I was able to maintain confidentiality as each interview was held in a private place such as their home or office. Since the FGDM process is a very personal experience, I thought that this would allow for the participants to feel at ease and open with the discussion. During the interviews, I asked the same questions to each participant and listened to their open-ended answers in order to gain a sense of their personal experience.

The secondary source of data that I used was the journal that I kept. As mentioned earlier, I kept a journal in order to note personal observations or important details that were not detectable by either the recording or the notes taken during the interview, such as facial features and body language. After each interview, I recorded any personal observations that I had made.

After the interviews were conducted, I examined a third source of data, the principles of FGDM, which I outlined in my literature review as well as the legislative framework governing FGDM processes in the District of Algoma. The purpose of this was to compare the experiences of families to the underlying principles that set out the framework for FGDM.

3.4.2 Research Participants

For the purpose of this research, I originally sought out four participants to interview for my study. The participants had to meet the following criteria:

- They had to be caregivers of the child/ren at one time

- They had participated in family group decision making in the District of Algoma since its implementation in 2002
- They were not presently involved in the FGDM process, but had participated in the past
- They were able to communicate their experiences to me through interview
- They did not reside in a First Nations community

Although these were my original criteria, there were two exceptions once I began to recruit participants. First, I conducted interviews with five participants, rather than four as I had originally intended. The reason for this was because I had five individuals who expressed an interest in participating therefore I chose to interview each individual who contacted me. From an anti-oppressive lens, I felt that it was important for every individual who wanted to participate to have a chance to have their experiences acknowledged. In addition to this, I did interview one participant who resided in a First Nations community within the District of Algoma. Again, from an anti-oppressive framework, excluding her from the study would have been inconsistent with anti-oppressive research by not allowing her to share her story.

The purpose of this study was to gain an understanding of the FGDM process in the District of Algoma and how families who have participated in the process have experienced it. The First Nations communities that are part of the District of Algoma often use similar methods of FGDM however the process may differ from the process offered by the FGDM facilitator in the District of Algoma. For example, they may incorporate the use of elders rather than a facilitator to assist in the process since methods of ADR and FGDM have been used by various Indigenous communities and families

since they were introduced by the Maori People. For my particular study, I aimed to gain insight into the experiences of individuals who participated in a specific program, offered by a specific organization, in a specific geographical location. If I had included all families who had participated in all forms of FGDM in the District of Algoma, I would not have been able to gain understanding of my specific research question and develop themes through thematic analysis as the examination of various processes may produce different results.

I chose a small size group of individuals to interview for this study because I was seeking to gain a deep, rich understanding of the experiences of families rather than a broad understanding. Sandelowski explains that sample sizes play an important part in case study because by using a large sample size, the researcher can lose the whole purpose of conducting a case study which is to allow for deep, case-oriented analysis (2007). In this case, I wanted to understand the experiences of those who are often oppressed and therefore I chose a smaller group. This sample size also reflects Polkinghorne's (1988) recommendation that intensive studies on individuals' experiences of a particular phenomenon involve between three and twenty five individuals. The use of a small sample size also reflects the underlying principles of anti-oppressive research because it allowed me to focus on the depth of the experiences.

In order to recruit participants, the FGDM facilitator in the District of Algoma sent out flyers to caregivers who had participated in FGDM on my behalf. She knew all of the families from their participation in the FGDM process therefore in order to

maintain the confidentiality and anonymity of prospective participants, she initiated the contact. The flyer (Appendix A: Flyer) contained my contact information in order for participants and potential interviewees to contact either me or the coordinator to express their interest. If they contacted the coordinator, she would then provide me with their contact information (name and telephone number) and I then contacted them directly.

Initially I had considered hanging posters at some of the local social services agencies in order to recruit participants. However I did not want to give participants the impression that the study was being conducted on the behalf of the Children's Aid Society of Algoma. As explained earlier, people are not typically pleased to be involved with the CAS and I did not want this to discourage them from participating. Also, most of the families who are involved with the CAS have meetings with their child protection worker at their home and rarely attend the office. Therefore, they may not have been aware of the study regardless. After these considerations were made, I decided to recruit participants solely by having the facilitator contact them.

Prior to conducting the interviews, I offered to meet with each participant at a location of their choice to answer any questions that they may have had before they agreed to participate. The flyer made it clear that their willingness or lack of willingness to participate in the study would not in any way affect present or future services they may receive from CAS or any other service providers with whom CAS contracts. Along with the flyer was attached a consent form for the potential participant to review (Appendix B: Consent Form). This consent form outlined the purpose of the study and explained how confidentiality, privacy and anonymity would be safeguarded. The flyer also explained that the participants would be compensated for their time by being given a gift card for

Wal-Mart or their local grocery store. I also offered to cover any expenses incurred (child care and transportation) by their participation however this was not required by any of the participants.

Once consent was obtained, I proceeded with the interview. As stated, my intent was to tape record each interview. However, this was only possible for two of the five interviews. Two of the participants were interviewed by telephone as they did not reside in the District of Algoma and therefore I was unable to meet with them face to face. A third interview was not recorded due to technical difficulties. For all five interviews, I took precise notes and I wrote down verbatim answers to each question. At times I required clarification or would have to have the participant repeat themselves but more often than not, the interviews were straightforward and I was able to document everything that was said in a journal. From the transcribed conversations, themes and patterns emerged from the data.

Prior to starting the interviews, I explained the study and made it clear to each participant that they did not have to disclose any information related to the reasons they were involved with the CAS. I believed that this would be comforting for them as they became aware that I was solely seeking to understand their experiences with the FGDM process and not about why they were involved with the CAS. Each interview lasted between one and one and a half hours in duration. All participants expressed that they were comfortable meeting with me and discussing the questions I asked them.

As part of my anti-oppressive approach to research, I intend to share the findings with the participants once the study is complete and ready to be shared. I asked each participant whether they would like to come together in order to hear about the findings. I

explained that in this case they would be agreeing to give up their anonymity but that it was a voluntary decision. Dumbrill (2006) discusses how participants in studies often feel content meeting with others who have gone through similar experiences and have little problem giving up their anonymity in order to meet to discuss the findings of the study. I also explained that should they wish to maintain anonymity, I would meet with them individually to explain the findings. Each participant expressed an interest in the findings but all expressed that they would rather read a copy of the finished thesis than discuss the findings (either in a group or individually). Once this thesis is complete and all necessary revisions are complete, I intend on providing each participant with a copy of the completed work.

3.5 Ethical Considerations

This study was considered to be of minimal risk to participants (Appendix B: Human Research Ethics Board Application). Although the risk of harm was low, I was prepared in case something of this nature occurred. Having worked as a child protection worker, I am aware that many of the individuals involved in the system are hesitant to work with anyone associated with child welfare. I ensured that the participants felt comfortable during the interview by giving them the choice of where the interview would be held and I listened to their experiences in an open, non-judgmental manner. I have extensive training and a fair amount of experience working with individuals in crisis. I was therefore alert to the physical signs that may be displayed by participants in distress. I also provided a list of community resources to the participants in case any participant felt that they required assistance after the interview.

As stated earlier, in order for participants to have a full understanding of the study, I provided them with a detailed flyer and consent form (Appendix C: Consent Form). By signing the consent form, the participants acknowledged that I had explained the research study to them. The consent form also described how their anonymity would be safeguarded and that I would identify each individual with a letter rather than their name. It also explained that the information would be kept in a locked filing cabinet to which only I had access and that the data would be destroyed one year after the data was collected. It also set out that the participants had the right to withdraw from the study at any time, and that they could also withdraw any data that they had provided to me.

I explained to participants that I had been employed as a child protection worker in the past but that I was by no means conducting this research for the Children's Aid Society of Algoma, and that I was in the role of researcher in order to fulfill the requirements for my Masters degree at the University of Victoria. I explained that the information provided to me would not have any impact on the services that they were presently receiving from the CAS or any other social services agency. However, I did reiterate that I had the duty to report any child protection concerns that were disclosed during the interviews. I also explained to participants that they need not discuss any information related to why they were involved with the CAS as this was not the purpose of the study. All participants were encouraged to ask me any questions and I answered them in a truthful manner.

The final ethical consideration was related to a possible conflict of interest. Having worked as a child protection worker in the past, I did not feel that it would be appropriate to interview any participants with whom I had direct involvement with during

my career as a child protection worker. I decided that should said participant express an interest in participating, I would have to consider whether it would be a conflict of interest. However, in this particular study, I did not know any of the participants who expressed interest nor participated.

3.6 Role as a Researcher in Conducting a Case Study from an Anti-Oppressive Approach

Anti-oppressive theory informed my research and it also provided the lens through which I conducted my research. Being an anti-oppressive researcher means

...that there is political purpose and action to your research work. By choosing to be an anti-oppressive researcher, one is making an explicit, personal commitment to social justice. It means making a commitment to the people you are working with personally and professionally in order to mutually foster conditions for social justice and research. (Brown and Potts 2005, 255).

In order to be an anti-oppressive researcher, I had to commit myself to the social change that I was studying and becoming an active participant in that change. My objective was to dig deep into the personal experiences of each participant in order to hear and understand their experiences, whether they were positive or negative. By hearing about their experiences with the programs that are put in place for them, each participant was able to give feedback and provide their opinions on whether or not the process was a helpful alternative dispute resolution tool. Ideally, the findings from my study will be considered by policy makers when they examine the purpose, usefulness and strength of the FGDM process.

While conducting this research, I had to locate myself within my study and constantly reflect on this. I am a young, white, female, and previously employed as a child protection worker with the Children's Aid Society of Algoma. To ensure I conducted anti-oppressive research, I had to ensure that I did not forget where I was

located in comparison to the participants. Gomez (2009) describes that child protection workers are predominantly young, white, middle class females. “As anti-oppressive researchers, we recognize that usually the first target of change is ourselves” (Brown and Potts 2005, 50). I belong to a different category than some of the participants and throughout this research process, I did not forget that I belong to this privileged group.

Also, being an anti-oppressive researcher required me to ensure that the power was placed in the hands of participants who rarely fall into the category of the elite or powerful. By power, I am referring to the ability for these individuals to express themselves and critique the FGDM process and reflect on their personal experiences. I needed to listen not for what I intended to hear but for “assumptions made by both myself as a listener and by the speakers attending to the dance of power” (Potts and Brown 2005, 55). Potts and Brown define this as ‘political listening’ and indicate that it allows the researcher to interpret what they hear by listening and becoming aware of the social contexts and experiences of those who are speaking (2005). It was important to understand how each participant experienced the FGDM process from their own unique experience.

In understanding the personal as political, the everyday life experiences of individuals need to be located within social, cultural, political and economic structures which are historically and geographically specific. This process of self location ensures that the individual is not “pathologised and that weight is given to the interconnections and interactions between that individual’s story and the social systems that they encounter” (Burke and Harrison 2006, 133).

During this study, I constantly reflected in order to ensure that the lens through which I view the world not take away from the meaning of each participant’s story. As suggested by anti-oppressive theory, once I collected the data, I revisited the questions

asked to participants and the data collected and considered how these may have shifted from my original research plan. Potts and Brown suggest that anti-oppressive theory does not become overly focused on whether the results of the study were accurate but focuses on whether “we adhered to our research participants” (2005, 57). The underlying question is whether participants will see themselves in the findings and whether the analysis is ‘true’ for them as participants. I will only be able to answer this question once my thesis process is complete and I have the opportunity to share my findings with participants.

Chapter 4: Data Analysis - The Findings

4.1 Introduction to Thematic Analysis

This chapter presents the thematic analysis of the interview data that I collected and describes themes that developed during the analysis. In presenting these themes, I note how they reflect or do not reflect the principles and legislative framework of FGDM in Ontario that I reviewed in Chapter One.

The first theme that I identified was *the empowerment of participants in FGDM*. Within this theme emerged sub themes, namely, awareness of power imbalances within child welfare, the importance of supports at FGDM meetings, support to participate, being heard at the meeting and enhanced communication. The second theme that was examined was *outcomes for children*, and within this, the sub theme of the best interests of children as the focus of the meeting emerged. Lastly, the third theme was *the ability to implement and maintain long term plans for children* and within this emerged two subthemes, *the availability of supports in rural Ontario*, and *the length of time maintaining the plan*.

Although these themes arose from the data, the literature I reviewed sensitized me to certain recurrent concepts. I developed my list of questions around these three main themes as I was attempting to focus on certain areas of FGDM. However I kept in mind that although many existing pieces of research were conducted with different population sizes, very few were conducted using caregivers as the participants and few were conducted in a rural setting. Although some of these concepts from the literature review informed themes from the data that I collected, there were other important pieces of information that formed other themes and subthemes not previously noted in the research

literature. Although I approached this research with some main themes in mind, all of the sub themes emerged from the data.

For the purpose of interpreting and analyzing the data in this study, I used a qualitative, thematic analysis approach. Thematic analysis is a process of encoding qualitative information (Boyatzis 1998). The focus of thematic analysis is the analysis of themes that emerge during face to face interviews with individuals (Luborksy 1994, 189). Themes that emerge from informants stories are pieced together to form a comprehensive picture of their collective experience (Aronson 1994). A theme is a pattern found in the data collected “that at minimum describes and organizes the possible observations and at maximum interprets aspects of a phenomenon” (Boyatzis 1998, 4). Once these patterns are identified, the data that is collected is placed with the corresponding theme. “A theme may be identifiable at the manifest level (directly observable in the information) or at the latent level (underlying the information)” (Boyatzis 1998, 4).

Luborksy (1994, 191) identified several benefits to using thematic analysis. First, thematic analysis allows for “a direct representation of an individual’s own point of view and description of experiences and beliefs”. It also puts greater weight on the voice of the participant than the observer. This is very important as a main goal of this research was to allow the participants to express themselves freely in order to gain an understanding of their views. This type of analysis puts such great emphasis on the stories of the individual that, according to Luborsky, it “exemplifies the purpose of qualitative research” (1994, 191).

Thematic analysis has been successfully employed in various studies with marginalized people as participants as this type of analysis gives meaning to the

experiences of participants whose voices are often ignored (Luborsky 1994). In a study on juvenile systems completed by Aronson, thematic analysis was used to interpret the data collected by the youth involved in the system as well as their family members such as the parents. Aronson found that participants expressed their attitudes toward the juvenile system even though this was not necessarily a set of questions that they were asked. Thematic analysis was also successfully used for a study with sex workers in British Columbia. Various themes emerged from the focus groups relating to their experiences of substance use, addiction and barriers to accessing treatment to name a few. After the study, the themes that emerged coupled with a review of related literature led to the SWAT program (Sex Workers Addressing Treatment) being developed to assist sex workers with addiction and leaving the sex industry (Strega, Casey and Rutman 2008). In my study, I conducted a similar analysis by examining the experiences of caregivers in order to ensure that the programs and policies that are in place for FGDM are informed by the needs of the service-user.

In addition to its strengths in illuminating the participants' stories, thematic analysis can also be interpreted from the view of the quantitative researcher. Themes can be decontextualized and put into categories and therefore can be interpreted in terms of numbers and statistics. Thematic analysis is a "translator of those speaking the language of qualitative analysis and those speaking the language of quantitative analysis; it also allows for qualitative researchers to apply statistics to test the validity of the research" (Boyatzis 1998, 9) without losing the meaning of the participants' stories.

While conducting the analysis, I referred to Aronson's explanation of how themes emerge within the data. This type of analysis allowed for the lived experiences of the

participants to be heard and then categorized into themes. It also reflects anti-oppressive theory, which informed my research, by allowing those individuals who often aren't heard, to have a voice. Thematic analysis provided a structured method for analyzing the interview data. The techniques associated with thematic analysis allow for an examination and interpretation of data with an emphasis on finding explicit and implicit assumptions and meaning within the interview data.

I referred to Aronson for my data analysis and also drew on Braun and Clarke's (2006) guide to completing a thematic analysis in research. For the remainder of this chapter I review how the data was coded and how each theme and subtheme emerged. I then discuss each theme and sub theme in detail.

4.2 Generating Codes

Braun and Clarke (2006) explain the process in conducting a thematic analysis from the identification of codes to the development of themes. When generating codes, Braun and Clarke explain that the first phase is to become familiar with the data by transcribing and re-reading it. It is vital to immerse yourself in the data. "Immersion usually involves repeated reading of the data, and reading the data in an active way – searching for meanings and patterns" (Braun and Clarke 2006, 87).

Initially my focus was on the research question: What are the experiences of caregivers who have participated in FGDM in rural Ontario? However as I read and re-read the data, I found that various similarities arose within the data and that the 'stories' of each participant allowed me to develop initial codes. When developing codes, certain features that are interesting to the researcher arise, and refer to basic elements of the raw data that can then be assessed in a meaningful way (Braun and Clarke 2006, 88).

4.3 Searching for and Developing Themes

Braun and Clarke (2006) indicate that in this stage, the researcher must re-focus the analysis to a broader level and sort through the various codes and arrange them into potential themes. I reviewed the data within each of the codes searching for common patterns within the text. I found similarities among some of the coded information and I classified it based on their similarities to form themes and sub-themes in a meaningful way. I ensured that there were clear and identifiable distinctions between each theme and that each sub-theme fit into one of the main themes.

4.4 The Questions Asked to Participants

As discussed in the methodology chapter of this paper, I used interviews as the primary source of data collection by interviewing each participant individually to address the question: *What are the experiences of caregivers who have participated in family group decision making in rural Ontario?* During the interview, questions related to 4 different categories were asked to participants (Appendix D: Questions). These categories were specifically: the experience with FGDM, thoughts on empowerment, ability to implement a safety plan for the child/ren, and the ability to maintain the plan for the time needed. I chose these categories as I was interested in understanding participants' experiences and also because I found there to be a gap in the literature related to these areas. Although my initial questions to participants were framed as close ended questions, which is generally considered inconsistent with qualitative research, the qualitative nature of my inquiry was ensured in two ways. First, during the interviews, participants generally elaborated considerably in their answers, going far beyond initial

“yes-no” responses. Secondly, whenever participants answered questions with a ‘yes’ or ‘no’, I used probes to move their responses to more detail and depth.

All but one of the participants answered each question that was asked of them. One of the participants chose not to answer the questions related to the empowerment section because she indicated that although she understood what empowerment meant, she was unable to define it.

4.5 My Journal

As explained in the methodology Chapter, I used a journal to note observations made during the interviews, certain revelations that came to me, non-identifying information about each participant and lastly my feelings about the interviews.

In my journal, I noted detailed descriptions of participants and their backgrounds. These were the notes that I had made:

- All participants were female except one;
- Three of the five participants were extended kin while the other two were biological parents;
- Three of the five participants were middle-aged while the other two were in their early twenties;
- The children who were the focus of the meeting were all under five years of age, except for one adolescent;
- One of the participants resided in a First Nations community while the other participants resided in the city of Sault Ste. Marie, Ontario or had participated in the process of FGDM in the city of Sault Ste. Marie, Ontario;

- The other four participants appeared to be Caucasian individuals and did not express that they were of Indigenous or non-Caucasian descent (although it must be noted that I did not inquire into this matter with any participants); and
- All of the participants either had care for the child/ren at the time of the interview or still maintained contact with the child/ren through access.

The notes from my journal brought to light how important the children were to each participant. It was evident during the interviews that each caregiver cared deeply about the well being of the children. Although some participants spoke negatively about their familial situation and their lack of support from extended family, all of the participants spoke positively about the children.

4.6 Introduction to the Themes and SubThemes

Three main themes emerged during this research and within these, subthemes developed as well. The first theme of *empowerment of participants in FGDM* had several subthemes related to it: the awareness of power imbalances within child welfare, the importance of supports at the meeting, support to participate in the meeting, being heard at the meeting and enhanced communication. All of these subthemes relate to the empowerment of participants and shape their experience of FGDM and whether they felt empowered during the process.

The second theme, *outcomes for children*, had one sub theme associated with it: the best interests of the child as the focus of the meeting. This subtheme relates to the outcomes for children, who are the focus of the FGDM meeting.

The third theme, *the ability to implement and maintain plans for children*, had two subthemes linked to it: the availability of supports in rural Ontario and the length of

time maintaining the plan. The first subtheme plays a large role in whether plans were able to be implemented and maintained whereas the second subtheme speaks to the longevity of the plan and why or why not it was able to be maintained, both very relevant to the main theme.

4.7 Theme 1: Empowerment of Participants

The child welfare system is often characterized by power imbalances between social workers and the families with whom they work. “The encounters between the client and the worker, the worker and the agency, and the agency and the state are all shaped within the context of unequal power relations” (Strier2006, 2). In this first section, I briefly explain how these existing power imbalances are viewed by the families I interviewed.

During the interviews, each participant appeared to have a strong awareness of various power imbalances that exist within the child welfare system. I also found that participants discussed certain factors that contributed to their sense of being empowered. These were the use of supports, the ability to speak up during the FGDM process and enhanced. I discuss each of these below.

4.7.1 Participants Define Empowerment

The term empowerment can be problematic as it can be interpreted differently and carry various meanings depending on the individual. During the interviews, I asked participants to define what empowerment meant to them in order to gain an understanding of how it was either obtained or not during the FGDM process. From an anti-oppressive framework, gaining an understanding of how each participant defined empowerment was crucial. As I noted in the literature review, empowerment is the ability

to speak one's own truths in one's own voice and participate in the decisions that affect one's life. Within an anti-oppressive framework, Cowger (1997) explains that in order to promote empowerment, the social worker must move from dictating to believing that the individual is capable of making their own decisions. Encouraging and supporting caregivers in this quest has the potential to unleash the power that the individual has within them. There was consistency amongst participants that empowerment was related to taking ownership for the issues in order to address them. One participant defined empowerment as:

Empowerment allows individuals to make their own decisions and choices that help them best. It is taking ownership and saying yes, I can do this. Once this is done, the individual should feel good afterward [participant 1].

A second participant defined empowerment as:

Leaving the issues to the group to make decisions on how to fix the problem rather than relying on somebody else to. The group should be able to work towards the best outcome [participant 2].

A third participant defined empowerment as:

Not something that can be given to me. It is internal and people do not have the ability to empower me. I must take charge of what I feel is important to ensure that the best outcome is achieved [participant 3].

A fourth participant explained how the process allowed for the adults to work together to obtain more power, something this participant felt they had lost:

The point of the meeting was so that all of the adults would be on the same page and enforce what we needed to enforce instead of my daughter having all of the power [participant 5].

It is interesting to note that all of the participants defined empowerment as something that one must take ownership of, in order to find a solution rather than

allowing others to make the decision and impose it on them. One of the key principles of FGDM is for individuals to feel empowered during the process.

4.7.2 Power Imbalances within the Child Welfare System

FGDM is intended to be a process that allows for families to gain some of the power that is lost in regular child protection dealings. If a child is harmed while under the supervision of the state, either while in care or in the care of the parent, the state is scrutinized. Therefore, measures have been put into place in order to reduce any chance of harm to the child. This in turn has taken away from the responsibility of the family coming together to ensure the well being of the child. The expectations that are placed on caregivers from the child welfare agency are often difficult to meet and children end up in limbo while parents struggle to meet the expectations placed upon them. The second subtheme to emerge related to empowerment was the participant's awareness of power imbalances within the child welfare system.

The literature supports that these imbalances do in fact exist and can often make it difficult for caregivers to meet the expectations placed upon them. Research has shown that the power imbalances that exist within the child welfare system are often solidified through the court system where families have little input surrounding the outcomes for their children. According to Sutherland's (2006) study on alternative dispute resolution in the child welfare system, there are obvious challenges that parents face when their children are at risk. There is the pressure to accede to the child protection worker's requests in hopes of a quick return of the children and there are personal pressures related to the issues that are often the cause of the child coming into care – addictions, mental health, educational and economic disadvantage. Clients involved in these situations are

often overburdened with these issues and lack the ability to meet the expectations of those placing rules and responsibilities on them. With these concerns in mind, the child welfare system remains adversarial strengthens the power imbalances that already exist.

The participants in my study were asked to think about power imbalances in the child welfare system along with their definition of empowerment to discuss whether they felt that the FGDM was an empowering tool. They were asked to reflect on their regular dealings with the child welfare system in comparison to the FGDM process.

One participant expressed that she felt a sense of control at the meeting and that she saw that her daughter, the mother of the children, was relieved once the process began. She said:

The process allowed me to discuss everything that I felt was important for the well being of the children. My daughter is a young mom and she feels ashamed that the kids aren't in her care. She felt that she had to take the kids back because that's what was expected by our family and the CAS. She felt that they were looking down on her [participant 1].

The same participant elaborated on the family's ability to move past the power imbalances that exist between the family and the CAS. She stated that:

The CAS was always looking at what my daughter was doing as a parent but never looked at the father. CAS wasn't helping with the custody issues because it isn't their job but I was fearful that my grandchildren would be placed with their father who has a lot of risk factors. My family and I worked together to put together a plan that would help my daughter and keep the kids safe in the meantime without going through the court system and losing all control [participant 1].

Another participant shared that prior to the FGDM meeting she felt that her niece, the mother of the child, was making little attempt to get her life back on track in order to have her daughter returned to her. She expressed that the meeting allowed her to gain an understanding of the pressures that her niece was facing. She stated that:

Some of the things that are expected of the mother and father are going to take a lot of work. I always felt like she just wasn't trying but once I realized what expectations there were, it made sense why she had been struggling. I just think of it as something you have to do as a mother but it isn't always that easy for everyone. The meeting allowed us as a family to take the CAS out of it, and as a family, put together a plan to help support the mother and father in their attempts to become healthy parents again [participant 2].

A third participant discussed her experience when her children were in the care of the CAS and how she felt about the power imbalance between herself and her worker. As noted in my journal, the participant expressed frustration and disappointment in the child welfare system:

My social worker didn't even know the details of the placement of my kids when they were in CAS care. I thought that this may just be a job to her but that these are my kids and I asked myself how would she feel if her kids were in care and the person responsible for them didn't even know the specifics about where they were? It was obvious that she had never been in my situation [participant 4].

A fourth participant expressed how he felt disempowered through his regular dealings with the child welfare system due to his lack of rights and authority as a parent in comparison to his child. In my observations, I noted that the father felt very strongly about this and that he did not believe change would occur without taking some of this control away from children. He stated that:

I think the child welfare system is very imbalanced. Why? Not necessarily between the workers and myself but my rights as a parent and the rights of my daughter. Children have too many rights when it comes down to controlling them. Parents have too many limitations and I can't discipline my daughter as I see fit without her threatening to call the CAS. If I had more control over my daughter, the situation would have never gotten to where it is today [participant 5].

Using this particular discourse, the participant refers to larger, structural issues that make it difficult for him to have authority over his daughter. This is important to note as it is consistent with the literature that discusses individuals existing as part of a larger

society, and that there are structural and institutional issues that impede one's ability to obtain or maintain power. In this case, this father felt that society gives children too many rights which promotes certain behaviour in them (ie. threatening to call the CAS) and that this in turn disempowers him.

Most of the participants associated part of the struggles that they were facing related to power imbalances that exist within the child welfare system and the expectations that are placed upon them. The interview data is consistent with other research on empowerment in regular dealings with the child welfare system versus the FGDM process. In the literature review Chapter, I discuss how the child welfare system often contributes to power imbalances due to its overt use of power and control. The literature emphasized factors which contribute to this loss of power from families and how the FGDM process has attempted to revert this. FGDM is said to provide participants with a voice and a feeling of empowerment that is often lost in the court system.

4.7.3 The Importance of Supports during FGDM

Another sub theme related to the overarching theme of empowerment was the importance of supports during FGDM and the ways in which these supports assisted each participant during the FGDM process. One of the principles of FGDM is that the support network of the family comes together to formulate a plan for the child that is acceptable to both the family and the CAS (OACAS 2003). Research indicates that families are more likely to find a solution when supported by their family and to follow through with the plan because they become accountable to their entire family network rather than solely to their worker (Mirsky 2003).

The participants were asked to talk about any support they had at the meeting. All of the participants shared their experiences of having familial supports present for the entire process and professional supports present for part of the FGDM process. During FGDM, the professionals are not present during ‘family time’ but are present prior to and afterward. All of the participants spoke of both these types of support as being positive and useful in one way or another. One of the participants spoke of being able to overcome many issues because of the support system:

It was actually easy because I had my husband and my sister there. My daughter, [the mother of the children], also had her supports there – a cousin, a friend and a family support worker [participant 1].

She also spoke of how FGDM gave her the ability to speak:

I felt as though I was able to speak freely at the meeting because I was with my family. I was even able to discuss the issues that made me so angry without becoming too upset because of all of the support I had [participant 1].

This same participant reflected on how important it was for her family to be present in order to move forward:

My family helped me realize that no matter how bad the past was, we had to move toward the future. A big part of the success of the meeting was having family there because they can see the things that we don't see [participant 1].

A second participant discussed how her family and friends were there to support her even though they were all struggling with addiction issues themselves. She said that:

Even though we haven't been close and I can't really rely on them for the plan, them being at the meeting helped me. I wish that my son's dad's family would have showed up because they may have helped but having my family there was good for me [participant 4].

The same participant spoke of how the support of the professionals that she was involved with was encouraging for her:

If I didn't have the professionals in my life, I wouldn't know what to do. I have a lot of professional supports, just nothing after 9 to 5. I am very open and can speak for myself but having my support workers there for part of it was encouraging [participant 4].

Another participant echoed a similar experience with the professionals at FGDM and discussed how important her supports were for her in ensuring that everyone knew their roles and responsibilities:

The FGDM coordinator came to my house before the meeting and explained everything. At the meeting, the professionals went over the purpose of the meeting to ensure that we all knew what we were supposed to do. They encouraged us to speak and that everyone's voice was important. I mean, they even had the father on the phone through teleconference because he was incarcerated. This was important for the family [participant 3].

The availability of supports was important to participants, even though some of these participants were not necessarily able to directly be part of the plan. These supports encouraged individuals to speak about their concerns for the children and work together toward a future plan.

4.7.4 Support to participate

In addition to individuals benefiting from the use of supports during the FGDM meeting, the presence or absence of supports also appear to affect the willingness of individuals to participate in FGDM. It would appear that the availability of supports was a major contributor to caregivers feeling that the FGDM process was a positive experience for them. One participant stated that:

I was not accepting when the coordinator first asked me to participate. I actually became quite angry with her and told her that I didn't think I was even going to show up. I ended up going but it was only because my sister and my husband encouraged me to do so. I'm happy that I did end up going [participant 1].

A second participant spoke of how she hesitated because she didn't know the other side of the family and didn't know what to expect:

Initially I approached it with trepidation because I didn't know the dad's side of the family so I didn't know what to expect. I felt biased toward my niece because I didn't know the other side of the family. I hesitantly agreed once I realized that it was a necessary thing for the baby and that I would have supports there. I felt better because I felt supported by the CAS [participant 3].

A third participant commented on the level of conflict in her family and how she didn't believe that they would be able to come together for this process because her family had a difficult time supporting one another:

I was very unsure about this process and I didn't really think that it would go anywhere because we have a lot of conflict in our family. I thought that some people may show up but would leave part way through. But, the professionals went over the purpose of the meeting over and over again and that every person's voice was important. I was amazed at how well we were all able to support one another once we got through the first part [participant 2].

The other two participants who were interviewed both expressed that they were comfortable participating in FGDM however both made reference to the fact that they had good working relationships with their child protection workers so felt that they were aware of what would transpire before they even met with the FGDM coordinator. These individuals already felt supported, by their child welfare workers and this support encouraged them to participate in the process because they knew what to expect from the process.

From the participants' perspectives, the ability to bring support people to the meeting affected the decision of whether or not the caregiver would participate. This finding is important because it reflects the FGDM process and principles and focuses on the inclusion of family. This hesitation felt by caregivers is also significant because I

have not been able to find any relevant literature that has studied whether the availability of supports encourages individual participation in FGDM. This may be a topic for further research.

4.7.5 Being ‘Heard’ at the Meeting

The concept of one’s voice being heard at the FGDM meeting is a main tenet of the FGDM process. This theme emerged quite frequently throughout the interviews. Research supports that individuals who have participated in FGDM have felt that their voices have truly been heard (Helland 2005). This is significant as it is consistent with anti-oppressive research that focuses on the voices of those who are often ignored. As Dumbrill(2006)suggests, it is important that families involved in the child welfare system are heard in order for the family to feel empowered and for positive changes to be made in the child welfare system.

The interviews revealed that participants felt that they were able to speak up at the meeting and discuss all of the issues that were important to them. There is a distinction between whether one is able to speak and whether one feels that they are actually being heard. Within the data, I found that most participants referred to both the ability to speak at the meeting and the idea of being heard by other family members. One individual expressed how her ability to speak increased throughout the meeting:

At the beginning I didn’t feel like I was able to discuss everything because I knew that there were a lot of people there who weren’t happy because I have the child and they want the child. As the meeting went on, this changed and if I thought that I needed to say something, I did [participant 3].

She then went on to speak of being understood and heard by the others:

It was good because the other people there seemed to understand where I was coming from once I explained why I was doing certain things the way I was [participant 3].

This same participant explained how her familial supports assisted her in being able to discuss all of the issues that were important to her:

I was able to discuss everything! Absolutely! I didn't want to bring up issues of money because I felt bad but my family brought it up so that a plan for support was put together. It is expensive to raise a child so I was grateful that my family addressed it and now I am getting some financial support from the extended family [participant 3].

A second individual echoed a similar experience and spoke about how she had a difficult time speaking up but her issues were still addressed and her voice was heard:

I didn't really feel like I could say everything that I wanted to at first because there seemed to be a lot of people telling me what to do. I'm really shy and don't like to voice my opinion but I was able to bring stuff up through people, like my friends. I would tell them what I wanted to say and then they would say it for me. I wouldn't have been too happy if I didn't have any say [participant 4].

A third participant noted her concern having to forget the past and not discuss it but she indicated that this inadvertently helped her move toward the future in a positive manner:

I had an issue with the fact that we couldn't discuss the past. We had to start from today. I wanted to bring up the issues that angered me but I was able to discuss everything as long as I addressed it in a positive way. Even though only being able to talk about the present was frustrating, I found that being able to tell everyone my piece was important [participant 1].

This same participant spoke of how being heard allowed her to move forward:

It really addressed our [participant and daughter] anger and made me realize that we had a lot of things to work out still. Being able to communicate helped me move forward instead of backwards. My family helped me to recognize that focusing only on the past wasn't going to solve anything [participant 1].

A third participant spoke of how FGDM allowed her to be heard and understood by the other family members:

The meeting really let us focus on the baby and not the other issues. For example, the grandmother wanted the child for extended periods of time and I explained how this would disrupt the baby's schedule and routine and she understood. The grandma changed her opinion 100% after I explained to her why it wouldn't be good for the baby to go with her for weeks at a time. It was as though we all went in with our own agendas but eventually we were all working together for the sake of the baby [participant 3].

A fourth participant identified that he was able to speak at the meeting however he felt that what he said wasn't actually heard by the other participants. He felt that the mother of the child wasn't really 'hearing him' but indicated that he was able to get everything out that he felt was important:

I think I was able to discuss everything that I needed to. It was good because I was able to get everything that was on my mind out on the table. I really don't think that the mother listened to what I was saying but at least I got to say it [participant 6].

The data from the interviews showed that participants found it helpful to have supports present to either assist them with discussing the issues that were important to them or being heard at the meeting. Both of these factors were identified as helping them move forward.

4.7.6 Enhanced Communication

Another sub theme to emerge during the interviews relates to enhanced communication between family members during and after the FGDM process. Enhanced communication differs from participants feeling as though they were able to speak up or were heard at the meeting. It refers to an increase in communication amongst individuals involved in FGDM. As the literature suggests, FGDM is said to provide families with a chance to formulate a plan together, with other family members and friends. A comprehensive study completed on the FGDM in child welfare found that many participants expressed enhanced communication among family members after the

meeting (Hunstman 2006). Often, families struggle in this area due to unresolved issues and ongoing conflict amongst them. The data from my interviews reflected similar findings. Participants felt that communication was a key component of reducing conflict during and after the meeting. One participant spoke of how communication improved both during the meeting and afterward:

Communication had been an issue in our case. At the meeting, we were able to really focus on how to improve this so that everybody knew how the baby was doing. We established communication for the mom and aunt [who had care of the child] by Skype and a telephone schedule. This helped alleviate a lot of the issues [participant 2].

A second participant expressed her frustration with her daughter and how their lack of communication prior to the meeting had been causing many arguments and issues:

My daughter and I would end up fighting a lot because we would bring up issues from the past that had angered both of us and we would end up in a fight. I found that being able to communicate really addressed our [participant and daughter] anger and made me realize that we had a lot of things to work out still. Being able to communicate helped me move forward instead of backwards. My family helped me to recognize that focusing only on the past wasn't going to solve anything [participant 1].

This same participant expressed how she and her daughter are able to communicate more effectively since the FGDM meeting took place:

My daughter hasn't been able to get the services that she needs yet so she hasn't been able to take the kids back but I find that our relationship is better already. When she isn't able to take the kids for a visit, she tells me and I understand this better because she knows best what she can do and handle. When I feel like I am getting frustrated, I will ask my extended family to talk to her so that we aren't always arguing. As a whole, our entire family communicates better now [participant 1].

A third participant explained how she saw the level of communication shift in such a short period of time:

We went into this meeting with some hesitation, many of us not even really knowing anything about one another. But with the group of people together, we had to build relationships and learn to communicate with each other. What normally happens over a period of months, happened right away. It was interesting because we all gained an understanding of each person at the meeting just from talking. The shift seemed to happen after the professionals all left and we all had to sit in the room and talk [participant 3].

This same participant also expressed the improvement in communication since the meeting:

We haven't had the plan in place for long but already my niece has come to visit four times, the grandparents call a lot and the dad calls from jail [participant 3].

One participant discussed how he did not feel that communication had improved between himself and his child's mother due to the ongoing conflict between them. However, he did note that there was a short period of time where they seemed to be able to communicate better with the assistance of a professional.

I've been trying to communicate with the mother for 14 years and it is never going to happen. I think if she had been supported from the other side, we would have gotten somewhere. The only thing I did notice was that we seemed to get somewhere when the facilitator came in about halfway through the meeting. This seemed to get us on track. I think we would have been able to talk to each other if the facilitator would have come in more often and guided us [participant 5].

Some of the participants noted enhanced communication during and after the FGDM meeting. One participant did not feel that the communication had enhanced significantly due to the ongoing conflict. As discussed in the literature review, lack of communication and the increased level of stress often faced by caregivers cause issues within the family which can prevent plans from being implemented. By enhancing the communication among those at the meeting, it would seem that relationships improve and the level of conflict decreases.

4.8 Theme 2: Improved Outcomes for Children

The child welfare system is often associated with creating instability for children as those who are taken into care often experience numerous placements (OACAS 2010). A goal of family group decision making is to reduce the number of placements for children by placing them with family members while ensuring that they continue to develop and grow in a healthy manner. Studies show that kinship placements result in fewer placements than when children are placed in foster care (Beeman et al. 1998; Courtney and Needell, 1997). Outcomes for children have been studied and continue to need further study, but preliminary findings indicate that kinship care homes reduce the number of moves for children, are less traumatic for children and permit continuity of care within or close to the family (GPAC 2003). The idea, as supported by Barksy (1997), is that FGDM allows for family to be involved in the decision making for their children and therefore the results are typically better outcomes for children. In my study, it was difficult to examine the outcomes for children with respect to number of placements since the individuals I interviewed had only recently participated in FGDM therefore it was difficult to measure this on a long term basis. For this particular study, I did not interview children who had been the subject of the FGDM meeting therefore it was not possible to generate any ideas on what their thoughts were with respect to the outcomes.

During the interviews however, some of the participants made reference to the well being of the child since a plan was implemented at FGDM and how the child had improved. One participant spoke of the progress the child had made since there was a stable placement for her:

A main reason why I won't allow overnight access to other family members houses is because I finally got her in a routine. At the beginning, she would scream at night and was having a really hard time. She now has a routine and it works for us [participant 3].

A second participant spoke of how her grandchildren had also made progress since they had been residing in a stable environment and were having regular access to their mom:

The kids are doing so much better! I've had them on and off since they were babies but now that they know that this is their home, they have improved. And, because my daughter visits when she feels able to, the quality of her visits is way better and I notice how much more the kids enjoy it [participant 1].

Two of the other plans that were developed by two of the participants and their families did not succeed therefore they did not refer to the well being of the children or whether changes had occurred.

4.8.1 Child as the Focus of the Meeting

During the interviews with the participants, I noted that a common topic arose at various times throughout the interviews. Every participant made at least one reference to the children having been the focus of the meeting. Some participants went so far as to say that having the focus on the children allowed them to be able to move forward and to put the other issues aside. This in turn enhanced the outcomes for children as plans were able to be developed with the child as the centre of the plan. One participant stated:

The meeting really helped because there were a lot of people who were upset that I had the child because they thought that they should have the child. The meeting really let us focus on the baby and not the other issues. For example, the grandmother wanted the child for extended periods of time and I explained how this would disrupt the baby's schedule and routine and she understood. The grandma changed her opinion 100% after I explained to her why it wouldn't be good for the baby to go with her for weeks at a time. It was as though we all went in with our own agendas but eventually we were all working together for the sake of the baby [participant 3].

A second participant spoke of how the FGDM process was something that their family needed because the focus was on the child:

I think that family group decision making was a very good thing. It was something that we needed because we were all arguing and having a hard time focusing on what was most important – the baby [participant 2].

A fourth participant echoed a similar opinion, indicating:

The whole thing was a success because everyone was able to realize that the kids were the primary concern. Most of the participants were comfortable with their input and the resulting plan [participant 1].

A third participant discussed how the FGDM allowed for her family to come together to focus on the needs of the children, rather than looking at her mental health:

My family doesn't understand mental health so they point the finger really quickly. But they haven't been there when my kids have been put into care. This meeting allowed for us to focus on the future for the kids and that if I need to be hospitalized again, what will happen to the children – rather than looking at me and my problems [participant 4].

It is interesting to see how participants felt that they were able to come together with other individuals to implement a plan in the best interests of the child. This finding is supported in the literature, which speaks to the family having the ability to put the needs of the child first in order to implement a safety plan.

4.9 Theme 3: Ability to Implement and Maintain Long Term Plans for Children

A third theme that was examined during this study was the ability to implement and maintain long term plans for the child. The intent of FGDM is to implement plans for children involving those who are important in the child's life in order to prevent them from going into the care of the CAS. One of the primary goals of Ontario's child welfare system is to ensure that children who have been removed from their parents' homes are reunified or placed in another permanent situation in a timely manner (Geen 2003). The

length of time that a plan is needed differs with each family. I asked each participant to speak of the ability to implement and maintain plans with respect to their individual family needs. In all cases, the families were able to implement a safety plan for the child. Although the ability to implement a long term plan and the ability to maintain the plan may seem to be two different themes, I merged these together because during the interviews the participants tended to conflate these two themes. Also, each participant had only recently participated in FGDM therefore it was difficult to examine actual long term maintenance of plans. The sub themes which emerged when discussing plans for children were the availability of supports in rural Ontario and the length of time that the family was able to maintain the plan. I discuss each of these in greater detail below.

4.9.1 Availability of Supports in Rural Ontario

As discussed in the literature review, the services available to individuals in rural Ontario differ significantly from the services available to individuals in larger, urban areas. The availability of supports has a large impact on a family's ability to maintain plans for children for several reasons. First, parents of children often require services and supports in order to address the risk factors that are preventing their children from being returned to them. Secondly, kinship providers often require services and supports such as daycare and financial support. Belanger (2008) found that rural communities face significant challenges with respect to the availability of resources while lacking supportive social services such as addictions programs and mental health services. During the data analysis, I found that many of the participants referred to the availability or supports in northern Ontario, or lack thereof. This developed into a subtheme. One participant spoke of how her family was able to implement a plan for the children but that

their timeline had to be adjusted due to her daughter being unable to access addiction services in the area:

We're still maintaining the plan that we put into place in November 2009. Mom hasn't been able to take the kids back yet because there are services that she needs that she can't get access to. Until she gets the help she needs, the kids can't go with her [participant 1].

Another participant, a mother, indicated that at FGDM, they implemented a tentative date for her daughter to be returned to her. She expressed concern with respect to this:

We put a plan in place and I agree with everything that I have to do but it is such a short period of time considering that I can't even go to treatment for another few months because of the wait list. We have a backup plan in place until I am able to complete everything [participant 4].

The same participant spoke of the lack of support she received once her daughter was apprehended:

It was kind of stupid. Once my daughter was taken from me, the CAS didn't help me anymore because the risk to my child was gone. How am I supposed to get her back without any support? I was also kind of upset that my aunt didn't receive any financial support. Really, she is saving my daughter from going into care and nobody helps her [participant 4].

Another participant expressed concern with the lack of support received from social services once she became a kinship provider:

It is ironic the way it works. Once I became a kinship provider for the child, CAS just kind of fell out of my life. I mean, I still see them and call them and stuff but they aren't involved with me because there are no risk factors. I am sort of at the bottom of the priority list [participant 3].

Another commonality that emerged related to supports was the lack of financial support available to kinship providers. One participant spoke of how it is difficult financially to support the children and how the system prevents them from receiving support.

We have to maintain what we're doing until the kids can go back home but it is expensive. If we could get more financial support for diapers and things, it would be easier. We don't get any assistance from the government because we wouldn't go through the whole background check that they wanted us to do to become 'kinship providers'. So now we have the kids because I would have never let them go into care, but we don't get any financial support [participant 1].

Another participant, a kinship caregiver, expressed similar financial concerns with getting funding from the government:

I have to get documents from the CAS and then I have appointments with Ontario Works in order to get funding, but first I have to show the documents and CAS hasn't sent them yet...it is all just very confusing. I have to pay to have her immunized and I have never been to the grocery store so much in my life [participant 3].

This same participant also expressed that she believes that it is important for family to help if they can:

If I didn't have the financial means, I don't know what I would do. Families really have to step up. It is a double edged sword - I have the financial means but no support from the others. If you think about it, the mothers often don't have money when their kids are taken from them so I don't receive much support from the baby's mom. People need financial support and often people will make the commitment but won't follow through because they can't afford it [participant 3].

From the participants' perspectives, the availability of supports impacted their willingness and ability to care for children in kinship placements. It is interesting to note that although financial support was mentioned as a hardship from some of the kinship providers, they did not appear to see this as a disincentive to care for the child.

The financial support provided to kinship providers, while lacking, appears to be consistent throughout the province of Ontario as kinship providers are funded by Ontario Works. The concern noted by most participants was related to the lack of social services, such as assistance for addictions and mental health within the region. Both kinship providers and birth parents referred to the length of time that it was taking to access

services. This period of time caused for delays in the return of the children to birth parents as the parent was unable to attend the necessary treatment facility or access the supports that were required.

4.9.2 Ability to Implement and Maintain Plan

Another subtheme to emerge in this study was the ability to implement and maintain a plan for the child. All of the participants indicated that they were able to implement a plan that was approved by the CAS. The goal of FGDM is to implement a safety plan for children in order to prevent them from entering the care of the Society (OACAS 2003). This does not necessarily mean that a plan for the placement of the child must be put into place. In some cases, FGDM is used in order to prevent the children from having to be moved from their parents to a kinship caregiver. In my study, some of the parents had care and control of their children but came to FGDM to implement different types of safety plans for the children to prevent them from harm or having to go into the care of the Society. One participant discussed how there were more issues than just the placement of the children that had to be planned for and that the family was able to do this:

The plan was to help the kids go back to mom eventually. But, we had other issues to plan for as well – my daughter wanted a mother-daughter relationship and I had to get past the other issues before we could move toward that. It is hard to look at having a mother-daughter relationship when I am raising my daughter’s kids you know? But in the plan, we were able to talk about how we could rebuild this relationship. I think that until the kids go back home though, our relationship won’t be as strong as we both would like it to be. My daughter knows now that she needs to be emotionally, spiritually and physically healthy before the kids can go home and we can work on our relationship [participant 1].

Another participant spoke of how the plan addressed all of the concerns:

The plan we made was incredible. We figured out access between mom and baby, where the child would live, what would happen if mom didn’t get her act together,

which family members would visit and when and what the parents had to accomplish before the baby could go home [participant 2].

A third participant discussed how the FGDM allowed her family to implement a preventative plan in case she was unable to care for her children:

We put a plan in place so that I could get help before things get bad again. The plan also helped my family understand so that they could see it before it got bad. We sort of had two plans – one for an everyday plan to prevent me from getting in a rut again and one for an emergency plan – just in case things did get bad again [participant 4].

With respect to plan maintenance, participants had different experiences with the plan either being a success or not. As mentioned earlier in this chapter, all of the participants who were interviewed had participated in FGDM within the last three months therefore it was difficult to gain an understanding as to whether the plans were successfully maintained on a long-term basis. Although all participants were able to implement plans for the children, not all plans were able to be maintained. All participants spoke of why they felt that the plan was either able to be maintained or not.

One participant spoke of the lack of follow through of the family:

The plan itself was good but it broke down immediately because the aunt didn't enforce anything – she was a main part of the plan but she didn't follow through. She didn't implement or enforce the plan in any way, shape or form. If everyone would have followed through and we all supported the plan, we would have gotten somewhere [participant 5].

A second participant echoed similar thoughts on why the plan that was created was not able to be maintained:

The plan broke down after about one month. This plan that we put together didn't work. One of my friends was a big part of the plan and she doesn't talk to me anymore. She was a big part of the plan so without her, the plan fell apart. My brother was supposed to help too but he is in school so he can't really help either. It is like none of the plan really happened – we just talked about it happening. It's hard because I don't have many positive supports in my life so I don't have many people that I can rely on to be part of the plan. I don't really have any normal

people in my life, except my service providers – and they can't really be part of the plan, like babysit and stuff [participant 4].

These findings seem to be consistent with those from the literature related to the longevity of the plan. Individuals felt that supports and consistency were needed in order to ensure the plan could be maintained.

On another note, certain participants spoke of the success of the plan. I think it is important to note that these individuals were kinship caregivers, not the biological parents, and their views may differ from those of the parents. In the case of kinship caregivers, their needs may differ than those of the parents therefore if their needs are met by the plan then they will be satisfied. Parents may feel that the plan was because their children were not returned to them. However, from the interviews that I conducted, the success of the plan was a common theme that arose within the data. One participant discussed how the plan has been maintained and will continue to be maintained as long as required:

My grandkids have essentially been with me since they were infants. They aren't going into care – I would never let that happen. They will stay with me until my daughter gets her life back on track and can take them back [participant 1].

A fourth participant expressed a similar commitment to the plan maintenance:

The goal is for the baby to go home. My niece is a good mother – she just needs to work on some things before the baby can go home. We have already decided that if she doesn't accomplish everything by June, then the baby will stay with me until she has accomplished everything [participant 3].

The interviews differed in whether or not the participant felt that the plan was able to be maintained. It would appear that a main cause for placement breakdown from the participant's perspective was related to the degree of support from the extended family and friends.

4.10 Concluding Remarks for the Analysis Chapter

In this chapter I have provided an in-depth analysis of the experiences of the caregivers, both birth parents and kinship providers, who have participated in the FGDM process and set these within the context of the principles of FGDM in Ontario. While examining the themes of empowerment of participants, outcomes for children and the ability to implement and maintain long term plans for children, as well as the sub-themes that emerged during the analysis, I determined that some of the findings are consistent with the existing literature while other data are not. There were some areas that were evidently important to participants that did not necessarily have much existing literature related to it. For example, enhanced communication among family members was a strong and consistent theme in the interviews, whereas it was not an area that stood out in the literature. However, overall, it would appear that caregivers agree that the FGDM process is a useful process in child welfare matters. Overall, this analysis has demonstrated that the participants in this study experienced the FGDM process as a way to empower families, to provide individuals with a voice and to provide better outcomes for children. These differences, as well as the similarities and differences between the participants' stories and the literature, lend themselves to some specific directions for further research and policy and practice implications which I speak to in the following chapter.

Chapter 5: Discussion and Conclusion

In this chapter, I reintroduce my purpose statement and research question. I discuss my findings in light of how they contribute to the existing literature related to my topic and in view of the principles of FGDM as outlined in policy and program documents. I introduce possible implications for practice and policy and I discuss the strengths and limitations of the study. Lastly, I provide suggestions for further research and address my personal experience while conducting this research.

5.1 Purpose Statement and Research Question

The central purpose of this qualitative study was to explore the experiences of caregivers who had participated in the alternative dispute resolution process of FGDM in rural Ontario. Specifically, my goal was to determine whether these caregivers felt that the process was a positive experience for them and whether the findings from the interviews were consistent with the other sources of data to which I referred. These included the legislative framework as set out by the MCYS in Bill 210, the guiding policies from the AHA and the literature that I consulted. During the data analysis, the themes that emerged were related to three of the fundamental principles of FGDM established by the MCYS: the empowerment of families, outcomes for children, and the ability to implement and maintain plans for children. Another goal in conducting this study was to contribute to the existing literature on this specific topic as there are few qualitative studies that explore the lived experiences of caregivers, and to my knowledge, none have been conducted in rural Ontario.

5.2 Relationship to Literature and Context

There is a significant amount of research that has been completed related to FGDM. However, there is little research directly related to my topic and the question that I was seeking to answer, or the geographical area in which I conducted my study. The study that I completed did appear to support some of the related literature. In this section, I discuss how the findings from my study support the literature while examining the three key principles: empowerment, outcomes for children, and ability to implement and maintain plans for children. I also discuss how the findings from the interviews relate to the legislative framework and guiding policies surrounding FGDM in rural Ontario as discussed in Chapter 2.

5.2.1 Empowerment

A main tenet of FGDM is to empower the family in order for them to develop plans that they find suitable, without so much intervention from the CAS. Families are able to be creative when developing plans and this may prevent children from entering into the care of the CAS. Plans that are developed by professionals are based upon the knowledge and network of the professional whereas families base their plans on their own unique network and resources, to which professionals have little access. My findings show that participants felt as though the FGDM process was empowering for them in different ways, based on their definition of empowerment. This finding supports numerous studies that suggest FGDM is a unique form of ADR due to the degree to which it empowers families (Adams and Chandler, 2004; Burford and Adams, 2004; Pennell, 2004). The use of FGDM allows for the family and their immediate community to play the central role in identifying how they can address concerns and the best way to

implement solutions. In this study, it was critical to explore why participants felt that the FGDM process was empowering for them. As outlined in Chapter 2, the AHA set out five critical guiding policies that are essential when involved in the FGDM process. One of these policies spoke to the importance of the child welfare agency recognizing that the family group has the ability to develop plans for their children when they are given the time and resources needed to do so.

One of the sub themes to emerge related to empowerment was the use of supports during the FGDM process. Participants spoke of the use of supports as a main factor in their willingness to participate in FGDM. Several suggested that they would not have agreed to participate if their family had not encouraged them to do so. This finding supports studies that suggest that families often do not trust the child welfare system due to past experience and it would appear that families are more apt to participate in FGDM when it is suggested by someone other than their social worker (Helland 2005).

My findings demonstrate that in order for participants to feel empowered during FGDM they relied on supports such as friends and family members being present to either support them or to speak on their behalf. The participants who expressed that they felt supported at the meeting appeared to have more success with the outcomes. This finding supports other studies that speak to the power of supports and extended family during the FGDM process and that often success in the process is based on the attendance of family members (Gunderson 1998; Merkel-Holguin, 2003).

One of the participants spoke of a lack of participation from her family that resulted in an inability to formulate a successful plan. She indicated that although they were able to implement a plan, it was never able to be maintained due to the lack of

involvement from the family. She indicated that the FGDM coordinator attempted to have these family members present but that they did not show up when it was time.

Another essential practice as set out by the AHA relates to the importance of supports at the meeting and that time and resources need to be put in place in order for family members to be able to attend the FGDM process. The guiding policies indicate that this will signify the agency's acceptance of the importance of family groups. The findings suggest that there is a significant amount of weight placed on the family and others supports being present for the meeting which is consistent with the guideline policies.

The findings also show that participants felt that the FGDM process enhanced the communication amongst the family members. Families who participate in FGDM may have ongoing conflict between them which can often make it difficult to communicate with one another. The FGDM process allows for a forum to discuss the issues at hand and provide a better sense of understanding. Several of the participants spoke of the process allowing them to communicate more effectively and this in turn assisted them in overcoming barriers. They also indicated that the process helped to reduce conflict within their families as the enhanced communication allowed for each individual to develop an understanding of one another's viewpoint. Some of the participants indicated that once they were able to discuss the underlying issues, they were able to problem solve together and their relationships with one another improved immediately. A study conducted by Holland et. al (2008) had similar results when examining communication between family members. One family reported that after the meeting they used the FGDM process within their home to resolve disputes and they feel as though it has increased their ability to talk

to one another and listen to each other. In addition to this, a study completed in Labrador and Newfoundland with FGDM participants found that the process strengthened positive ties amongst them, reduced some of ongoing conflict and enhanced communication within the family (Pennell and Burford 2000). The guiding policies from the AHA set out the importance of the family having the opportunity to meet on their own in order to work through the information that they have received (AHA 2010). The findings from the interviews are consistent with the goal that during the private family time, communication evolves between the family members.

In addition to enhanced communication among members, my findings support that each individual found that the FGDM process allowed for them to speak up about the issues that were of importance to them. This in turn created a sense of empowerment. All too often, the voices of those involved in the child protection system are ignored and the FGDM process has allowed for these people to be heard. A quantitative study completed by Sandau-Beckler et al. (2002) found that 95% of participants felt as though they were able to express themselves during the FGDM process. One of the participants in my study had her friend speak on her behalf because she did not feel comfortable speaking during the process but she indicated that regardless of who spoke, she felt that her concerns were heard.

Based on the data collected from the interviews in comparison to the guiding policies as set out by the AHA, the FGDM process appears to be living up to the requirement of being an empowering and non-oppressive method of ADR. The MCYS has set out the goal of ADR methods such as FGDM to be inclusive and collaborative and encourage the involvement and support of the family, extended family and community

(MCYS 2006). Based on these findings, I feel confident in saying that the FGDM process is fulfilling what it is set out to accomplish in these areas.

5.2.2 Outcomes for Children

The second principle that was examined during this study relates to the outcomes for children. While conducting this study I found that at the time of interview, none of the children who were the focus of the FGDM process were in the care of the CAS after the FGDM process had taken place. This in itself would suggest that the outcomes for children are positive. Participants consistently spoke of the FGDM process as though it transformed the ways in which they typically had dealt with issues in the past. It appeared that families had been focusing on their anger and other issues rather than the child.

The findings from this study show that participants were able to keep the children as the focus of the meeting, which assisted them in staying on track and avoiding unnecessary conflict amongst the members. Helland (2005) speaks of participants finding the FGDM process beneficial as it provides them with a different way of looking at the issues, which in turn results in better outcomes for children. In speaking with the FGDM coordinator, she indicated that sometimes families will begin discussing issues that are not related to the best interest of the child and that she has had to remind families that the focus of the meeting is not about their issues, but about the child.

It seems that if families are able to keep the focus on the child, they are able to overcome many obstacles and avoid any unnecessary arguments. The guiding policies as set out by the AHA cover how it is important that the best decisions and possible plans for children are made. Based on the information collected by participants, it would appear that there is consensus that this was in fact the case in each of their scenarios. The

guiding policies do not speak directly to ensuring that the focus of the meeting is on the children however they do refer to families being able to care for and protect their children and need to be reminded of this by the child welfare agency. It would appear that a main component to ensuring that the best outcomes for children are achieved, that the child needs to be the focus during the process.

5.2.3 Implementation and Maintenance of Plans for Children

There have been some studies completed on whether or not families are able to implement and maintain plans for their children while participating in FGDM. One such quantitative study conducted in Newfoundland and Labrador concluded that FGDM assisted the family in developing a plan for the children however, many of the participants found that both family members and social agencies had not followed through on their assigned tasks (Pennell and Burford 2000). Another found that families had a difficult time maintaining their plan after the conference due to lack of follow through (Berzin et. al 2009). Similarly, in my study, some of the participants expressed frustrations with either their family members or the social agencies with whom they were involved. Two of the participants explained how they were able to implement plans but that these plans fell through at the onset due to lack of follow through on the behalf of the family members. The other participants expressed satisfaction with the plan implementation and maintenance. In these cases, the participants expressed that the family and social agencies were following through on their part which allowed for the maintenance of the plan.

My findings are also consistent with other studies related to the longevity of plans. Participants of this study felt that supports and consistency were needed in order to

ensure the plan could be maintained. This is difficult in rural Ontario where there is a lack of support available for families. For the programs that are available, there are often wait lists of several months, if not a year. This is problematic for several reasons: if a parent has to attend a treatment centre in order to address their addictions before they are able to care for their child, this can take months. Additionally, where caregivers are responsible for children who require counseling services, and there is such a long wait, issues may arise in the home and the placement may ultimately breakdown.

Financial security is also important when measuring the success of FGDM plans. From the participants' perspectives, the availability of supports impacts people's willingness and ability to care for children in kinship placements. Kinship providers have expressed concern when caring for children due to the lack of financial support (Geen 2002). It is interesting to note that although financial support was mentioned as a hardship from some of the kinship providers, they did not appear to see this as a disincentive to care for the child/ren. This may be due to the fact that the kinship providers that I interviewed all felt that they were financially secure. Had I interviewed individuals from a lower economic class, the findings may have differed.

The results of this study are consistent with the current literature related to the implementation and maintenance of plans formulated by the family. The guiding policies from the American Humane also cover the importance of commitment from the child welfare agency when implementing and maintaining plans. As per these guidelines, it is the CAS' responsibility to assist the family in implementing their plans by providing the services and resources necessary. However, as discussed, the resources are spread out in rural Ontario. Therefore, it is difficult to ensure that the families are receiving the support

and services they need. The CAS cannot be fully accountable for ensuring the implementation of the plan as the CAS has no control over what services are available in the community or how long wait times are to access these services. There is a need for ongoing support from numerous individuals and agencies once the plan has been implemented in order to ensure its success. Pennell and Burford (2000) state that in order to maintain a healthy and safe family the responsibility cannot be placed on any one societal sector or agency. It must be a collective effort of families, community organizations and government services.

5.3 Strengths of this Study

One of the major strengths of this study is that it adds to the sparse qualitative literature examining the experiences of caregivers in family group decision making processes. There are studies from the viewpoints of social workers and FGDM coordinators, however very few from the perspectives of the caregiver. The studies that do focus on family members are mostly quantitative in nature, where the participants responded to answers on a questionnaire. Although my research was a small-scale qualitative study, the findings contribute to the existing body of FGDM literature. In addition to this, the study that I conducted was in rural Ontario and I have been unable to find any literature related to this topic focusing solely on this region. The reason that the geographical location is significant is because there are fewer resources and services available to individuals in rural communities versus large, urban centres. Therefore, as revealed in the findings, the ability to maintain plans is affected by the lack of services available, a finding that may be useful to policy analysts and program developers.

Another strength of this study has been the ability to provide participants with the opportunity to speak about their personal experiences in child welfare. Very rarely are individuals who are involved in the child welfare system asked about their opinions on the processes that affect them. Following an anti-oppressive framework, my study focused solely on the experiences of the participants, thus empowering them by giving them the opportunity to tell their story.

A third strength of this study is the methodology I chose to use while conducting the research. I chose a case study method limited geographically and with a small number of participants in order to gain a clear understanding of each individual experience and the context of those experiences. Should I have chosen a larger group size, I would have been unable to spend as much time as I did with each participant and reading and re-reading the data that they provided to me. Although I chose a small group size, there were only five people who contacted me to participate. Therefore, each person who expressed interest was able to participate in the study. I chose to use the interview to provide each participant with the ability to speak openly about their experience and feelings toward the process rather than having them fill out a questionnaire which would have omit much of the in-depth information that I was seeking. The data that I received was rich and I was able to analyze it deeply and thoroughly.

There are other strengths related to the analysis in the study. As Braun and Clarke (2006) explain, thematic analysis allows for flexibility in order for themes to emerge. The use of thematic analysis allowed for consistent patterns to develop, evolving into themes that were based on the information that each participant found was important to them.

The use of other types of analysis may not have allowed for this degree of flexibility and some of the most valuable information may have been missed.

5.4 Limitations of this Study

As with any study, there are limitations. In my particular study, I found some limitations that I discuss further here. First, although I believe that there are benefits to using a small number of participants, there are some obvious limitations to this as well. With respect to the use of case study some limitations exist. Some scholars support the notion that case study does not allow for generalization and predictability (Yin 2003). These views are based on the fact that case studies often focus on smaller sample sizes and therefore cannot be generalized to a larger population. In my particular study, I am unable to generalize the findings to a larger population. The results of my study will not be used as a way to predict FGDM outcomes but rather, to examine experiences of those who are often not heard in the hopes of using their opinions and suggestions as a way to improve the FGDM process. Although it may have been beneficial to have a larger number of participants it would have been impossible for me to conduct interviews throughout the entire region while maintaining the same level of interview and analysis depth that I was able to by limiting the study size to five participants.

Secondly, it was difficult to ensure that all caregivers who had participated in the process since 2002 were invited to participate in this particular study. The reason for this is that the FGDM coordinator does not maintain contact with these individuals after the FGDM conference is over. Therefore, she did not have the updated addresses or contact information for the caregivers. The number of individuals in rural Ontario who have

actually participated in the process is not excessively large either so there were not many letters sent to people inviting them to participate in the study.

The use of the standardized open-ended interview method may have also contributed to limitations of this study. Wimmer and Dominick (1997) explain that a disadvantage to using a form of open-ended interview is that it can cause confusion for both the interviewer and interviewee. For instance, the participant may not fully understand the question at hand and therefore will not respond as they would if they had a full understanding of what is being asked or the researcher may interpret what is being said differently than what is meant. In my particular study, all participants were able to ask for clarification and they were able to refrain from answering the question if they felt that it was either confusing or for any other reason.

Another potential limitation to using interviews as a method of research is that interviewing individuals on a one to one basis requires a degree of rapport building that if not constructed, can result in faulty information being conveyed to the researcher. I was honest with each participant and explained that I had once worked as a child protection worker and I made it very clear that the information that was being discussed during the interview would have no impact on the services they receive from any community agency (unless there was a disclosure of child abuse). I believe that all participants felt comfortable during the interviews as evidenced by their willingness to meet with me and discuss each question that was asked of them.

5.5 Implications for Policy and Practice

As this is a small, preliminary study, it is unlikely that the findings can be generalized for all of rural Ontario although I think that they may highlight some matters

that FGDM planners and programmers might address. Based on my particular findings, I present some possible avenues that may be considered by service providers in the field of child welfare when working with families who may have participated in FGDM in the past or who may participate in the future.

The major issue that I noted that will undoubtedly affect policy and practice related to the lack of policies governing the FGDM in the District of Algoma and the non-consistency throughout Ontario. As demonstrated, it is difficult to generalize findings from rural to urban areas. But, with no consistency in the policies directing how FGDM processes should occur, the chance of what **should** happen according to policies and what **is** happening in practice, can very well be two different things. There is consistency with respect to the knowledge and experience required by all FGDM coordinators, However, this appears to be where it ends. On the other hand, in keeping with what the FGDM coordinator told me as well as the preamble of the AHA policy guidelines, there is still a need to keep the process flexible.

Most of the practice implications that I discovered related to the ability of families to maintain their plans. Most participants expressed concern with the lack of services available in rural Ontario. There are extensive wait lists for counseling services, treatment centres, doctors and geared to income housing to name a few. In urban centres, there are numerous social services agencies and organizations providing these services in comparison to rural Ontario and individuals residing rural areas cannot access these services. There are many situations that leave families unsupported. In most of the interviews, participants expressed frustration in the wait times for services such as drug and alcohol treatment and counseling. These types of services are often part of the plan

that the family develops and the lack of availability can cause the plan to fall through. Unfortunately, these services are developed, implemented, and mandated by the government. Without further funding for these types of programs, the programs may not improve and the guiding policies as set out by the AHA will become impossible to adhere to.

In addition to this, every participant stated that their ability to maintain their plan was based on whether or not those involved in the plan would follow through. Two participants expressed that their plans fell through at the onset due to lack of follow through from the other members of the plan not doing what they committed to. All of the participants who expressed satisfaction with the implementation and maintenance of the plan indicated that those involved in the plan were fulfilling their responsibilities. Whether this was a financial responsibility, providing respite to the kinship provider, or being the liaison between the parent and kinship provider, all participants expressed that without these, the plan would have fallen through. Family group decision making is a tool that is used to encompass an entire group of people and community in order to assist with the care of a child or children. Therefore, would it not make sense to assume that if the key players do not follow through with their responsibilities, then the plan will ultimately fail?

In addition to a need for follow through from their family members, participants also expressed concerns over the lack of follow through from service providers. It is important for child protection workers to continue working with the family for a period of time after the plan has been implemented in order to ensure that the plan is viable. Although the FGDM process often assists in alleviating many of the child welfare

concerns, there is a need for ongoing support and monitoring. Where there is high conflict within families, one cannot assume that after the FGDM process, the family now has all of the tools it needs in order to address each and every ongoing concern. However, having been employed as a child protection worker in rural Ontario, I am aware that with caseload demands, it is often challenging to continue to provide high quality support to families on an ongoing basis when other children who are at risk become the priority. Again, the government funds these types of programs therefore it is a matter of whether funding is available in order to ensure that more child protection workers are able to spend the time required with the families with whom they work.

One of the other major implications for practice is related to the empowerment of the family. As discussed throughout this thesis, empowerment was a main focus of my research and a main tenet of FGDM as reflected in the policy directive as well as the guiding policies. The findings demonstrate that empowerment took place insofar as families were able to develop plans for their children when given the opportunity to do so. In each case, plans were able to be implemented, preventing any children from going into the care of the CAS. As per the guiding policies, there is a need to believe in families and provide them with the tools they need to make their own plans, outside of court. As the literature shows, families are the experts of their own lives and know better than anyone what they need and how they can accomplish it.

5.6 The Need for Further Research

As stated, this study was a small, preliminary study and unique to rural Ontario. With these findings, I believe that there is a need for further research in this area. It is unique and important not only because of the geographical area in which it was

conducted, and the participants were the focus, rather than the professionals. Seldom are these individuals asked for feedback and their experiences with FGDM may differ across the region. In order to develop or revise existing policies, there is a need for further research to determine the needs of the family in order to ensure that the FGDM is a success for them.

In this particular study, I was only able to interview a handful of people, and each of these individuals had participated in FGDM within the last 3 months. In order to determine the longevity and maintenance of plans, further research is required. By studying families who participated in FGDM a long time ago or following current families over time, information will become available as to whether or not the FGDM is a success on a long term basis from the perspective of the family.

Another possible direction for future research is related to ADR approaches that are used by Indigenous People. My study focused on the FGDM process that is offered through the Thunder Bay Counselling Centre for individuals involved with the Children's Aid Society of Algoma. I studied the experiences of participants' who had participated in one type of FGDM process. The participant that resided within a First Nation Community had participated in the process offered by the TBCC with the same facilitator who had facilitated the process for all of the other participants' and their families.

As set out in the guiding policies of FGDM, the family must be able to apply their own cultural and ethnic decision making practices when participating in FGDM. The First Nations Child and Family Caring Society of Canada focuses on research and projects related to child welfare in First Nations communities and conducting a study on

the use of ADR, specifically FGDM in specific First Nations Communities may be an area for future research since the processes differ.

Other possibilities for future research involve conducting a larger, quantitative study on the experiences of families who have participated in FGDM in rural Ontario to complement this small-scale qualitative study. With further research in this geographical area, data would be available as to whether the needs of the family are met in comparison with families who have participated in larger, urban areas.

Social workers delude themselves with the notion that they can mould people by means of their interventions. Professionals cannot compare to fundamental forms of empowerment in terms of effectiveness. When professionals implement a plan *for* families, they are not being anti-oppressive social workers. They are simply trying to fix the problem themselves. By allowing the family to create their own plan, they are not dictating what the family should do but instead, giving them the tools to make their own decisions. The use of alternative dispute resolution practices is worthy of closer examination, not only because the best solution is for the family to come together to develop solutions, but also because it will give insight into new relations between government and citizens (Gunderson 1998).

In this chapter, I restated the focus and purpose of this study and outlined how my research supported existing literature. I then discussed the strengths and limitations to this study and discussed the implications on practice and policy. Finally, I discussed possible directions for future research.

5.7 Conclusions

Guided by the policies set out by the AHA and the goals of FGDM as set out by the MCYS, this research attempted to explore the experiences of families who have participated in FGDM in rural Ontario. In pursuit of gaining an understanding of each individual experience, I interviewed individuals, consulted the relevant literature, and analyzed the guiding policies and other related legislation in order to determine whether the findings were consistent with what the process is set out to accomplish. Based on the analysis, it would appear that in more areas than not, the process is serving its intended purpose. However there are definitely areas of further research that are required. There are indicators that families feels unsupported to maintain plans on a long term basis.

This research study was a new experience for me. It included many challenges and many fulfilling experiences for me. I learned that the use of family court in the lives of families is rarely successful and that families are much more open to alternative dispute resolution methods such as family group decision making. With the implementation of these types of ADR processes, one can hope that the energy that currently goes into intervention in the family can be put in empowering them to make the best decisions for themselves and their children. The primary function of conferencing is to have the family make decisions collaboratively. Understanding the relationship between building the capacity of families, the involvement of supportive communities, and long-term outcomes for children is more likely to contribute to our knowledge about the effectiveness of the process of FGDM

APPENDIX A: POSTER**FAMILY GROUP DECISION MAKING RESEARCH PROJECT**

Are you a parent or caregiver?

Have you participated in the family group decision making process offered by the Children's Aid Society of Algoma?

If you answered 'yes' to these questions, I would like to hear your story. I want to speak to parents/caregivers who have participated in family group decision making in the District of Algoma. I want to hear your thoughts on your experience with the process, good or bad.

Even if you aren't the biological parent of the child, or a parent to the child at all, if you have participated in family group decision making as a caregiver, I want to talk to you. You can be an aunt, uncle, cousin, grandparent or even a family friend.

Participation in the 'Family Group Decision Making' Research Project is completely voluntary and the information that you provide will be kept confidential and anonymous. It is completely up to you where you want to meet and any costs related to childcare or transportation will be covered. In addition to this, you will be offered a \$20 gift card for Food Basics or Walmart to recognize my appreciation for your time.

Please be aware that this research is being conducted as part of the requirement for me to complete a Master of Arts degree in Dispute Resolution from the University of Victoria. This research is not in any way being completed for the Children's Aid Society of Algoma.

Interviews are being scheduled for the week of _____ 2009. If you are interested in talking to me, please give your name and telephone number to Marion Mitchell, Family Group Decision Making Facilitator and she will provide it to me. I, the researcher (Carrie-Lynn Sherwin) will then contact you. You can also email me at carrie_sherwin@hotmail.com or call me directly at 705-971-6719. Thank you.

APPENDIX B

Windows Live Hotmail Print Message

Page 1 of 1

Approval of Ethics Review Application - SHERWIN

From: **Human Research Ethics Review** (hrerevu@uvic.ca)
Sent: December 7, 2009 4:12:54 PM
To: 'Carrie-Lynn Sherwin' (csherwin@uvic.ca)
Cc: 'sstrega@uvic.ca' (sstrega@uvic.ca)

Dear Carrie-Lynn Sherwin:

Your Application for Ethics Approval entitled 'Experiences with family group decision making in rural Ontario' has been approved and assigned Protocol Number 09-394.

Beginning January 2, 2008, as per federal regulations, ethics protocols are approved for a one-year period. All Principal Investigators are required to submit a Request for Annual Renewal form prior to the certificate End Date to maintain ethics approval. You will be contacted via email with a prompt for your renewal submission or project completion details approximately six weeks prior to the end date on your Certificate of Approval.

You may begin your research and will receive your Certificate of Approval via regular mail.

Good luck with your study.

Shannon McCallum
Human Research Ethics | University of Victoria | Administrative Services
Building B202 | Victoria, BC | Canada
Tel: 250-472-4545 | FAX: 250-721-8960 | <http://www.research.uvic.ca> | E-mail:
ethics@uvic.ca

APPENDIX C: INFORMATION AND CONSENT FORM
“Effectiveness of Family Group Decision Making in Rural Ontario” Project
PARTICIPANT INFORMATION AND CONSENT FORM

You are being invited to participate in a study entitled *“Effectiveness of Family Group Decision Making in Rural Ontario”* that is being conducted by Carrie-Lynn Sherwin, a student in the Faculty of Public Administration (University of Victoria), specifically the Master of Arts in Dispute Resolution program, and you may contact her if you have further questions at any time by calling 705-971-6719 or by e-mailing her at carrie_sherwin@hotmail.com.

The study aims to find out about the experiences of families who have participated in the process of Family Group Decision Making in the District of Algoma. There is lots of information about the Family Group Decision Making (FGDM) process and the opinions of service providers - but little is known about the experiences of families who have participated in the process. This project provides opportunities for families to talk about their experiences with the Family Group Decision Making process. I want to hear from you about whether you found FGDM beneficial, whether you felt the process was empowering, whether you were able to participate in making the plan for your children and whether you have been able to put that plan in place and sustain it. I am also interested in hearing anything else you want to tell me about your experience with FGDM.

Any person who has been a primary caregiver for a child and has participated in the Family Group Decision Making process is eligible to participate in this project. A caregiver can be a mother or father (including birth parents, step parents, etc.), an aunt/uncle, grandparent or family friend. As long as you have been in a primary caregiver role to the child and have participated in the Family Group Decision Making process, I want to hear from you.

A potential benefit of you taking part in this research is the opportunity to tell your story and reflect on your experiences as a caregiver and an important person in the child's life. Also, your participation in this project may benefit future families involved in the FGDM process by contributing to a greater understanding of the experiences of caregivers. If you choose to participate in this project, you will take part in a face-to-face interview lasting between 1-2 hours. During the interview you will be asked a series of questions about your personal experiences and opinions about being a caregiver involved in the Family Group Decision Making process.

Please note that the interview will not focus on why you were involved with the child welfare system. I am interested in your experiences with the Family Group Decision Making process. I recognize that talking about these issues can be distressing. If you feel any discomfort because of issues that may come up in the interview, I can provide a referral to an appropriate community-based support agency.

As a way to compensate you for any inconvenience related to your participation, you will be offered a \$25.00 gift card for the interview to recognize the appreciation for your time. The \$25.00 can only be given in the form of a gift certificate (Food Basics or WalMart) – it cannot be given as cash. It is important for you to know that it is unethical to provide undue compensation or inducements to research participants and, if you agree to be a participant in this study, this form of compensation to you must not be coercive. If you would not otherwise choose to participate if the compensation was not offered, then you should decline. If you choose to withdraw before the completion of the study, you will still be offered compensation for your participation.

Your participation in this research must be completely voluntary. Whether you participate or choose not to participate will have no bearing on any services you may be receiving, including your job or school. Also, your workers/employers, child or family's social worker(s) or school personnel will not have access to any of the data collected in this project. However, if you provide information about the abuse or neglect of a child, I am obligated by law to provide this information to the Children's Aid Society of Algoma.

If you do decide to participate, you may withdraw at any time or refuse to answer any question, without any consequences or any explanation. If you do withdraw from the study, the researcher would request use of the information you have provided us to the point of your withdrawal, with your consent. However, it is completely your choice whether the researcher uses this information or not.

In order to ensure the accuracy of the information collected, your interview will be audio taped. If you do not want your interview to be audio taped, you can refuse. All data collected through the project will remain confidential. Interview results will be kept in a locked filing cabinet in a locked room, and only I will know your name. Your name will not appear in any transcript, report, write-up or presentation. Your anonymity will be protected by using code numbers to identify the information obtained from individual participants. The raw data (the audiotapes and the transcripts of these interviews) will be erased or shredded at the end of the project and no later than June 2010.

It is anticipated that the results of this study will be shared with others through the researcher's completed thesis and published articles. Many participants in research like to see what "happens" with the research or how it gets written up. If you are interested, I would like you to receive a copy of the project findings; for this reason, I would like to have your mailing and/or e-mail address, so I can share the findings with you as they are available. If you do not want to receive this information or have me keep your contact information for this purpose that is perfectly fine. Participants will have the option to get together in a group after the study is complete to discuss the findings or to debrief their experiences. There will be limitations to confidentiality under these circumstances but the researcher will take measures to respect confidentiality in the group measures.

In addition to being able to contact the researcher (Carrie-Lynn Sherwin) at 705-971-6719, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4545) OR ethics@uvic.ca

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
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In addition, your signature below indicates that you give your permission to allow the researcher to use the information they have collected from you, if you withdraw from the study. Please do not sign this following section unless and until you have reached the decision to withdraw from the study.

<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
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A copy of this consent form will be left with you, and a copy will be taken by the researcher

APPENDIX D: INTERVIEW GUIDE

1. Experience with family group decision making.
 - a. How did you feel about participating in family group decision making?
 - b. Did you feel as though you had enough support at the meeting?
 - c. Did your child or children stay in foster care prior to the meeting?

2. Thoughts on empowerment in the process of family group decision making
 - a. How would you define empowerment/what does it mean to you?
 - b. In the child protection system, there are often issues of power imbalances. In your regular dealings with child welfare, what are your thoughts on these power imbalances?
 - c. Did you feel as though you were able to express yourself freely at the meeting?
 - d. Did you feel that you were able to discuss all of the issues that you felt were important?
 - e. Based on your definition of empowerment, do you feel that you were empowered during the family group decision making process?

3. Ability to implement a safety plan for the child/children
 - a. Were you able to implement a safety plan for the child/ren?
 - b. Was the plan supported by your worker?
 - c. Did you agree with the plan that you implemented if you were able to implement one?

4. Ability to maintain the plan for the time needed
 - a. Did the plan that was put in place breakdown. If so, how long was it able to be maintained?
 - b. How long was the plan needed for?
 - c. Why do you think the plan was a success or not?
 - d. Do you feel that you received assistance from services to help maintain the plan?

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