

# **Family Group Conferencing: Assessing the long-term effectiveness of an alternative approach in child protection**



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## Abstract

The Family Group Conferencing Project of Toronto (FGCPT), in conjunction with Catholic Children's Aid Society of Toronto, Children's Aid Society of Toronto, and the Centre of Excellence for Child Welfare, has been conducting a study designed to evaluate Family Group Conferencing (FGC) over the first 7 years of the Project. The first objective was to develop a comprehensive picture of families accessing the Project. The second objective was to evaluate the long-term effectiveness of the intervention. This included a comparison of FGC cases pre- and post-conference on indicators of child safety, placement status, and placement stability. This also included a comparison FGC cases ( $n = 97$ ) to those that had not proceeded to conference ( $n = 89$ ), a random sample of child welfare cases ( $n = 94$ ), and a matched group of cases ( $n = 93$ ) on the same indicators. The methodology involved secondary data analysis. Cases referred to the FGCPT had more child welfare involvement than non-referred cases. Although a large percentage of FGC cases had investigations prior to their referral to FGCPT, a substantially lower percentage of cases had investigations following their referral. Results also revealed that over 90% of children who were the focus of conferences remained with or returned to their family groups. Benefits and challenges of the methodology used in the study are also identified.

## Introduction

### What is Family Group Conferencing?

Family Group Conferencing (FGC) is an alternative approach to working with and engaging families in the child protection context. The main objective of FGC is to give the extended family group (i.e., nuclear family, extended family, and friends) a voice in the decision-making process to ensure the safety and well-being of **children who are at significant risk of or in need of protection from abuse and neglect**. An important outcome of FGC is that a significant number of children remain within or return to their family groups.

The rationale behind FGC is that extended family groups have strengths and resources that may be under-valued or overlooked by social services. A main premise of the FGC is that families are experts on themselves and, as such, are considered to be best equipped to plan for the safety and well-being of their children. FGC promotes partnership and collaboration in place of an adversarial approach and facilitates the empowerment of vulnerable and marginalized families.

The goals of FGC provide a foundation for improved outcomes for children. Main goals include:

- Ensuring the safety and well-being of children and other family members
- Facilitating empowerment of marginalized families
- Utilizing family strengths, resources, and expertise when planning for children
- Engendering a sense of belonging in children in a larger family context thereby contributing to their overall well-being, sense of identity, and resilience
- Enhancing collaboration between key parties (e.g., family members and professionals)

### History of FGC

The concept of FGC originated in New Zealand based on concerns of the overrepresentation of aboriginal Maori children within child welfare and juvenile justice systems. Once absorbed into these systems, these children were lost to their families and their culture (Lupton, 1998; Walker, 1996). Furthermore, Maori families were excluded from participating in the decision-making process pertaining to their children. These systems also demonstrated disregard for the more inclusive views of families held by the Maori (Ryburn, 1993; Sundell, Vinnerljung, & Ryburn, 2001). In addition to addressing concerns about the nature and number of out-of-home placements, The Child, Young Persons and Their Families Act and Family Group Conferencing were aimed at broader issues such as empowering families and increasing community participation and accountability (Sieppert, Hudson, & Unrau, 2000).

FGC has been applied in Australia, France, South Africa, the United Kingdom, Sweden, and the U.S. (Lupton, 1998; Maluccio, Ainsworth, & Thoburn, 2000; Sieppert et al., 2000; Sundell et al., 2001). In Canada, First Nations have been using healing and sentencing circles that closely mirror the FGC approach (Ross, 1996). In 1995 – 96, Gale Burford and Joan Pennell (of Memorial University, Newfoundland at the time), conducted the Family Group Decision Making Project at 3 sites (Burford & Pennell, 1995). In 1997, the University of Calgary ran a demonstration project. Two projects have been running out of Friendship Centres in Manitoba, one in Winnipeg and one in Dauphin County. Joan Glode established a project in Nova Scotia that integrates the model with traditional native practices. FGC has been legislated in British Columbia and is being employed within the youth justice system.

In 2002, a comprehensive evaluation was initiated in Child Welfare in Ontario. The result was a series of recommendations that included a focus on research and outcomes, a clearer, stronger connection to community resources such as children's mental health, and a differential approach to responding to lower risk cases. In 2004 the Child Welfare Secretariat was established in part to focus efforts at transforming the province's child welfare practice. The report, *Child welfare transformation 2005: A strategic plan for a flexible, sustainable and outcome oriented service delivery model* (2005), identified priority areas that included differential response, alternative dispute resolution, enhancing permanency outcomes, examining outcomes within the child welfare outcome matrix and looking at the longer-term outcomes for children within the care of child welfare.

One of the key transformation principles is Alternative Dispute Resolution (ADR). The goals of ADR are to streamline court processes and encourage alternatives to court, provide a strengths-based, collaborative approach to child protection, and encourage involvement of family, extended family, and community in planning and decision-making (Child Welfare Secretariat & Ministry of Children and Youth Services, 2006). FGC has been identified as a key method of ADR in Ontario.

The transformation undertaken by Child Welfare has now been enshrined in legislation. Under the Child and Family Services Statute Law Amendment Act, 2006 (Bill 210), Children's Aid Societies must consider a method of ADR that may assist in resolving an issue related to children or plans for their care. In addition, the court, with the consent of parties, may adjourn the process to allow parties to utilize a method of ADR.

### **The FGCPT Model**

The Toronto Family Group Conferencing Project (TFGCP) was launched in September 1998 by a collaborative consisting of the George Hull Centre for Children and Families, the Etobicoke Children's Centre, the Children's Aid Society of Toronto (CAST), and the Catholic Children's Aid Society of Toronto (CCAS). Native Child and Family Services joined as a partner in 2001 and Yorktown Child and Family Centre joined in 2005.

Although the FGCPT follows the New Zealand approach to conferencing, a unique feature and strength of the FGCPT is its structure. The Project itself is a collaborative of 3 child welfare agencies and 3 children's mental health agencies. This collaboration is represented at all levels of the Project.

There are 4 levels to the model:

1. The Project Team is now staffed by 1 fully employed project coordinator, 1 fully employed conference coordinator and 9 contracted part-time coordinators from diverse, cultural, community settings, 4 of whom are seconded from the partner agencies. In addition to the day-to-day supervision from the Project Coordinator, simultaneous joint supervisory consultation from a children mental health and child welfare supervisor is available to coordinators on a monthly basis. These supervisors are from partner agencies and serve as members of the Working Group and Steering Committee.
2. The Working Group is comprised of the Project Coordinator, one representative from each of the partner agencies, and the Director of Research from The George Hull Centre. The Working Group is responsible for developing recommendations regarding policy and

procedures and being available for debriefing after family conferences and is a part of and accountable to the Steering Committee.

3. The Steering Committee is made up of the Working Group as well as directors/branch manager of each of the partner agencies. It is responsible for making decisions with regard to policy and procedures, for the appointment of staff, and for the fundraising and financial management of the project.
4. Research and evaluation are key aspects of the FGCPT. The Project Team, Working Group, and Steering Committee contribute in specific ways to defining and measuring outcomes of the Project. The George Hull Centre for Children and Families, in collaboration with researchers at Catholic Children's Aid Society, the Children's Aid Society of Toronto, and the University of Toronto, are participating in this study on the long-term effectiveness of FGC.

Participation by members of the Working Group and Steering Committee represent some of the in-kind contributions of the partner agencies. The strength of this model is that it allows the project to sit both inside and outside child welfare. This allows for the integration of child welfare and child mental health perspectives. The model also allows conference coordinators to be positioned sufficiently connected with, yet independent of, the child welfare role. This is necessary to facilitate the empowerment of vulnerable and marginalized families within this process.

### **The FGC Process**

There are three distinct phases to the FGC process that will be adopted in principle by this multi-site project:

**The Preparation Phase:** This phase involves the coordinator meeting with all family group members and service providers invited to a conference. Family includes anyone so identified by the parents (i.e., extended family and friends). Some may come from a distance. The goal is to prepare prospective participants by providing them with information about the conferencing process as well as the strengths, concerns and bottom lines identified by the professionals involved with the family.

**The Conference** is the second phase and is divided into 3 segments:

- a) **Opening and Information Sharing:** This is the beginning of the conference and is marked in a ritual manner chosen by the family group (e.g., lighting a candle, singing a song). Both family members and professionals attend this segment. The coordinator outlines the purpose of the conference and each person introduces themselves, sharing a hope for the day. Participants establish guidelines for a respectful process. Service providers present their reports and are available to answer questions. A speaker, at the request of the family, may address a topic relevant to the family group (e.g., depression, addictions).
- b) **Family Private Time:** During this period, family group members meet alone, without involvement of service providers or the coordinator, to craft a plan that addresses the child welfare concerns, builds on family strengths, and ensures the future safety and well-being of the child. This time permits the family to discuss and share any intimate or confidential matters.
- c) **Review of the Plan:** In this stage, the family group presents their recommendation for a plan to the child welfare representatives at the meeting (e.g., Family Services worker and

supervisor). The plan is accepted if the child protection team is assured that the child's well-being and safety needs have been addressed.

### **FGC as an Ecological Approach**

The FGC process clearly is an “ecological” approach to working with families. The Differential Response Committee (2004) has argued for an ecological approach that is child-focused, family-centred, and community-based. Greef (2001) also refers to the “ecology” of the family as a means for assessing the strengths and vulnerabilities in kinship plans and argues that there is a need to understand supports that exists within the family and the wider network and an awareness of supports within the neighbourhood and community. In a review of the literature on evaluations of child welfare interventions, Dufor, Chamberland, and Trocmé (2003) identified factors that have been addressed and neglected in the literature at the levels of the child, parent, familial, and community.

Bronfenbrenner's Ecological Approach to development can serve as a theoretical model for evaluating FGC (Bronfenbrenner, 2005; Cuning, 2005; Thomas, 1996). Bronfenbrenner posits that development is constructed based on an interaction between the child and their environment and that the child carries with them personal characteristics and abilities that are embedded in a series of nested systems shown in Appendix A (Adapted from Santrock, 1994). The first systems, the *Microsystems* reflects the immediate environment in which children are involved (e.g., family, classroom, peer group, child service workers etc.). These Microsystems interact to form *Mesosystems* (e.g., family interactions with child protection professionals and other service providers). Beyond those are *Exosystems*. While this system does not directly affect the child, it does affect their immediate settings (e.g., Child Welfare agencies, parent's job, extended family members, community). Finally, *Macrosystems* reflect overarching philosophies and patterns (e.g., organizational culture). Within this model, FGC's may be considered to be ecological *Ecological Transitions* (i.e., events that allow for movement between contexts), serving to move the *Exosystems* of extended family and neighbours into the *Microsystems* of the child and serving to alter *Mesosystems* (e.g., relationships between families and child protection professionals and other service providers), and even changing the practice of child welfare at an individual and organizational level (*Exosystem* and *Macrosystem*) (Bronfenbrenner, 2005; Cuning, 2005; Thomas, 1996). This ecological model can assist in framing a comprehensive evaluation of the FGC process.

### **Research into FGC**

Early evidence suggests that the FGC process contributes to several positive outcomes including: increased safety for children and other family members, fewer children placed in or remaining in care, greater stability in placements, satisfaction with plans and improved relationships both within the family group and between family members and professionals (Cashmore & Kiely, 2000; Marsh & Crow, 1998; Pennell & Burford, 2000; Sieppert et al., 2000; Shore et al., 2004; Vesneski & Kemp, 2000). Research in the area of kinship care also suggests better cognitive, behavioural and emotional functioning and satisfaction for children in kinship versus regular foster care (Chapman, Wall, & Barth, 2004; Cuddeback, 2004; Flynn, 2002; Mosek & Adler, 2001). However, research concerning FGC remains scant.

Most research associated with FGC relates to participant satisfaction with results showing consistently high satisfaction rates with the FGC process. Sieppert et al. (2000) reported that the majority of 143 participants completing evaluations reported high levels of satisfaction with their level of preparation for the conference, people attending, freedom to express themselves, and the

plan that was developed. Marsh and Crow (2000) noted similar levels of satisfaction for family members around plans. Similarly, Sundell and Vinnerljung (2004) found that the majority of 413 family members participating in 66 FGCs were satisfied with various aspects of the FGC process including opportunity to express their views, having their opinion respected, the plan developed through the process. Although satisfaction may be high initially, Marsh and Crow found satisfaction with plans decreased in the 4 – 6 months post-conference due to problems with plan implementation.

Other positive outcomes also have emerged from the literature on FGC. For example, Marsh and Crow (2000) found that social workers and other professionals tended to be impressed with plans developed by families particularly in terms of the creativity of plans and, in some cases, plans forced professionals to reconsider the child's situation. Vaneski and Kemp (2000) add another dimension to the FGC literature by providing a brief thematic overview of strengths identified via a qualitative analysis of intake sheets and family plans. Although methodology and specifics of the analysis are not reported, themes that emerged included improved child/family relations, improved parent/child relations, positive views of family members by service providers, positive family support, and positive functioning for both parents and children. A hallmark study of FGC involved the Family Group Decision Making Project of Newfoundland and Labrador, one of the earliest applications of FGC in North America (Pennell & Burford, 2000). A total of 32 families participated in the project with the majority of these referrals originating from child welfare. Although abuse and neglect were primary reasons for referrals, family and cross-generational violence also was evident in the project families. Results indicated that the majority of participants felt that the family was better off as the result of the conference. Further to this, child protection events were significantly higher for conference families in comparison to a control group of families pre-conference. However, post-conference, child protection events were cut in half for project families whereas protection events increased for the comparison group. Child protection activity decreased for project families as did incidents of wife/mother abuse. Overall, the findings suggest that the FGC process contributed to improvements in the family situation and increased safety for children and other family members.

Although evidence from Pennell and Burford (2000) suggests that FGC offers positive outcomes for children and families, a recent study has provided somewhat mixed findings. Sundell and Vinnerljung (2004) compared long-term outcomes of 97 children involved in 66 FGC's to a random selection of 104 children from Child Protective Services. The groups were compared at the index investigation (i.e., the investigation when FGC occurred) and at 6-month time intervals over a 3-year period on factors such as referral rates, reports by extended family, substantiated problems, service provision, out-of-home care, and case closings. Generally, FGC children were more likely to be re-referred in the 3 years following index investigation with a greater number of these referrals being substantiated relative to the comparison group. Overall, the number of children receiving services decreased over time for both groups, however, FGC children tended to receive services for a longer period of time than the comparison group. Although FGC children were more likely to be placed in out of home care and for longer periods the comparison group, FGC children were as likely as to move from placements outside the home to in-home services. Although these outcomes are perhaps less positive than predicted, it should be noted that at the index investigation, children in the FGC group were more likely to have been previously investigated by child protection and have greater severity of problems than children in the comparison group suggesting that the FGC families experienced greater difficulties at the outset. Further to this, because there is limited information

regarding the history and severity of problems prior to the investigation leading to the FGC, it is not known if the FGC may have ameliorated more negative outcomes for these children and families

In addition to increased safety, there also is evidence in the literature of increased stability in placements of children who are planned for through the FGC process. Shore et al. (2004) investigated 70 conferences that occurred in Washington State and found that re-referral rate post-conference for 133 children was fairly low at 6.8%. They also found that placements tended to be stable with approximately 10% (14/137) experiencing a change in planned care.

Although emerging, quantitative research studies with comparison group designs to assess the effectiveness of FGC are scant. Those that do exist do not consider the families in depth prior to the FGC process. To determine the effectiveness of this intervention while posing minimal risk to vulnerable families, the current project is archival in nature, based on secondary data. The purpose of the study is multi-dimensional. There are three critical objectives:

1. To develop a comprehensive understanding of the cases accessing TFGCP by examining various demographic variables.
2. To evaluate the long-term effectiveness of the FGC process by:
  - a. Comparing indicators of child safety and placement stability for FGC cases pre-conference and post-conference.
  - b. Comparing FGC cases on indicators of child safety and placement stability to 3 control groups: 1) cases that have been referred to but have not proceeded to conference, 2) a matched comparison group, 3) and a representative group of “average” cases from child protection agencies.
3. To strengthen links to researchers within child welfare

The study also provides a preliminary overview of the longitudinal impact of FGC and is a critical step in the evaluation framework of the FGCPT as seen in Table 1.

Table 1. FGCPT evaluation logic model

| Area                        | Outcomes  | Indicators  |
|-----------------------------|---|---|
| <b>Referrals</b>            | <ul style="list-style-type: none"> <li>✓ Increase referrals to project</li> <li>✓ Sustain referrals</li> <li>✓ Develop broader support/infrastructure</li> </ul>  | <ul style="list-style-type: none"> <li>✓ Analysis of FGC data: referrals, sources, location, knowledge</li> <li>✓ Policy shifts, funding support</li> </ul>   |
| <b>Conference (Process)</b> | <ul style="list-style-type: none"> <li>✓ Develop understanding of and benchmarks for key aspects of conference process</li> <li>✓ Refine/inform conference process</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Analysis of FGC data: length, logistical cost, coordinator cost, child placement, attendees</li> <li>✓ CSQ's from all conference participants</li> </ul>   |
| <b>Conference (Impact)</b>  | <ul style="list-style-type: none"> <li>❖ Increase child safety</li> <li>❖ Increase placement stability</li> <li>❖ Increase involvement of family system</li> <li>○ Improve child well-being</li> <li>○ Improve various relationships</li> </ul> | <ul style="list-style-type: none"> <li>❖ Analysis of Child Welfare data including: history, child apprehension and placement, placement shifts, and discharge</li> <li>○ Child functioning</li> <li>○ Family and Child Welfare functioning</li> </ul> |
| ✓ Complete                  | ❖ In progress   | ○ Outstanding   |



## **Hypotheses**

FGC remains an innovative approach within the Canadian Child Welfare context. Anecdotally, coordinators and child welfare staff have reported that FGC was chosen as a method of working with families who workers had “run out of ideas” for and families who presented with serious problems. Based on this direct experience, it was hypothesized that cases referred to FGCPT would present with problems that were of a more serious nature than other groups based on various child welfare indicators

Given the findings of Pennell and Burford (2000) and Shore et al. (2004), it also was hypothesized that factors of safety and stability would improve after FGC and conferenced cases would show increased safety and stability relative to referred cases. Finally, it was predicted that conferenced cases would show long-term evidence of safety and stability.

## **Method**

### **Sample**

The sample for the study will consist of four groups: 1) Conferenced – cases that have been referred to and completed the FGC process cases ( $n = 97$ ); 2) Referred – cases that have been referred but have not proceeded to conference ( $n = 89$ ); 3) Matched – a comparison group matched to conferenced cases on year of initial contact with child welfare and admissions to care ( $n = 93$ ); and 4) Random – a group of “average”, randomly selected child welfare cases ( $n = 94$ ). A breakdown of the sample by case type and child welfare agency is provided in Table 2.

Table 2. Sample breakdown by case type by agency

| Type        | CW1<br>( $n = 131$ ) | CW2<br>( $n = 242$ ) | Total<br>( $N = 373$ ) |
|-------------|----------------------|----------------------|------------------------|
| Conferenced | 30                   | 67                   | 97                     |
| Referred    | 41                   | 48                   | 89                     |
| Random      | 30                   | 64                   | 94                     |
| Matched     | 30                   | 63                   | 93                     |

### **Procedure**

There was no recruitment of participants required for the study. Data was collected from case files and a secondary data analysis approach was employed. Researchers from the lead agency met several times with research, quality assurance, and IT personnel from both child welfare agencies to gather background materials to determine data that was relevant to the project and regularly collected by both agencies. Based on this, researchers at the lead agency prepared a list of variables as indicators of family demographics, child welfare involvement, child safety, and placement stability.

The variable list was reviewed with research, quality assurance, and IT personnel in both agencies to determine which data fields best provided the information specified in the indicator variables. Data fields also were reviewed to ensure, as much as possible, equivalency between both agencies. The final list of variables is included in Table 3.

Table 3. Final list of variables

|  |
|--|
| <b>■ Demographic information</b>   |
| <ul style="list-style-type: none"> <li>• Caregiver D.O.B., marital status, gender, relationship to child</li> <li>• Child(ren) D.O.B., gender, cultural group</li> </ul>   |
| <b>■ History of child welfare involvement</b>  |
| <ul style="list-style-type: none"> <li>• Type and date of each opening</li> <li>• Nature of verification status for each opening</li> <li>• Close date and status for each opening</li> </ul>  |
| <b>■ Investigation history</b>   |
| <ul style="list-style-type: none"> <li>• Investigation opening and closing dates</li> <li>• Eligibility Spectrum and Safety Factors, Risk Assessment</li> </ul>  |
| <b>■ Placement history</b>   |
| <ul style="list-style-type: none"> <li>• Reason and dates for admissions to care</li> <li>• Types of placement (i.e., resource type)</li> <li>• Placement changes and reasons for change</li> <li>• Discharge reasons and dates</li> </ul> |

After variables were selected, IT staff developed syntax files to extract key variables from different sources within their respective data systems. Non-identifying case numbers then were provided to IT staff at both agencies for data extraction purposes. Information for the above variables for the length of involvement with child welfare was drawn for each case referred to the FGCPT. The first set of complete data came from CW1 with a data cutoff point of June 15, 2005. This was used the data cut point for the study and all data files that we received after this date were truncated to June 15, 2005. Some key demographic variables (e.g., marital status, family structure, major source of income, and cultural background) had significant levels of missing data and were excluded from analyses.

Both agencies had undergone information systems and practice changes over the past 20 years for which data spanned. In some cases, microfiche searches were conducted to complete data on key variables such as presenting problem codes, dates and reasons for opening and closing, and dates of investigations.

Although the original plan was to construct a matched comparison group to FGC families based on key dimensions of family structure and nature of presenting problems, this was not possible. The matching proved difficult for several reasons including the fact that family structure was highly fluid and, in one agency, history of family structure was overwritten with updates to the system. Additional problems were encountered when attempting to match on problem codes when multiple codes were assigned to a single opening.

Based on this, two criteria were used to determine a matched group: 1) year and month of initial opening to child welfare (e.g., January 1997); and 2) admission to care. Year/month information also was used to select the “random” group of cases.

For the first criterion, initial date of contact (year/month) was generated for all conferenced cases submitted to both agencies. The agencies then provided a list of all cases that matched the

year/month combinations. The sampling option in the EXCEL data analysis tool-pack was set to randomly select case numbers that corresponded with the predetermined year/month initial opening dates. Using the randomly selected cases numbers, a data file containing all of the study variables was provided by both agencies. Initial examination of the data files revealed that randomly selected cases had significantly fewer child welfare openings than conferenced cases. Because of this the matched control group was constructed based on year/month of first contact with child welfare and the second criterion of whether or not there was a record of children coming into care. If the matching conferenced case had child placements, a case that matched on year/month of initial opening and on child placement was randomly selected using the same procedure identified above. If the conferenced case had no child placements, the case was matched on year/month of initial opening only. Once random and matched groups were extracted, data files were merged for each agency. In the case of CW2, full random and matched comparison groups could not be constructed. Four cases could not be matched for the random group. The same was true for three cases in the matched group and in two cases, only one matched case was available preventing the process random selection.

The final step before data was analyzed was the verification process. Approximately, 20% of cases from each agency were subjected to a data integrity check. Extracted data was compared to file information on key variables of case openings and placement information.

### **Design**

Due to the nature and complexity of the data, several designs have been applied in the study. The study is exploratory in nature relying on descriptive statistics to gain an understanding of characteristics (based on child welfare data) of families referred to the FGCPT. The study also is quasi-experimental in nature. One aspect of the study involves a comparison of the four groups (i.e., conferenced, referred, random, and matched cases) also on the above factors. Another phase of the study involves the pre-post comparison of conferenced and referred on indicators of child welfare involvement, child safety and placement stability. Brief date is the demarcation between pre, post-test and serves as a common point of reference for conferenced and referred families. Brief date marks the date at which the family consented to participate in the FGC process and the project coordinator begins the “preparation phase”. Finally, because data extends over the course of 6 years for some cases, the study also is longitudinal in nature.

### **Results**

Data was analyzed using SPSS v.14. A mixed design was employed with type of case serving as the between subject variable and time as the within subject variable for conferenced and referred cases. Data was examined using descriptive and non-parametric analyses and analysis of variance. Results are presented in terms of history of involvement with child welfare and child placement. Pre-post referral comparisons are included in each section for conferenced and referred cases. Due to the nature of the data from both agencies, results are presented separately for both child welfare agencies and merged where possible.

### **History of Involvement with Child Welfare**

#### **■ Number of openings to child welfare**

An opening refers to a period of time during which a case is receiving some sort of active service from a child welfare case worker. For CW1, a one-way ANOVA indicated significant differences between groups [ $F(3,127) = 6.33, p < .001$  (CW1)], [ $F(3, 238) = 5.31, p < .001$  (CW2)]. Post hoc analysis revealed that referred cases had significantly more openings to child welfare than either

matched or random cases for CW1 whereas random cases had significantly fewer openings than the other groups for CW2. Table 4 shows descriptive statistics for number of openings broken down by case type by agency. Although ANOVA is robust to non-normal data, non-parametric analyses (Kruskal Wallis) confirmed significant differences in number of openings for both CW1 [ $X^2(3) = 22.41, p < .001$ ] and CW2 [ $X^2(3) = 21.41, p < .001$ ].

Table 4. Number of openings by case type by agency

| CW1     |             |                   |                   |                   |
|---------|-------------|-------------------|-------------------|-------------------|
|         | Conferenced | Referred          | Random            | Matched           |
| Mean    | 2.97        | 3.32 <sup>a</sup> | 1.67 <sup>a</sup> | 1.73 <sup>a</sup> |
| Median  | 2.00        | 2.00              | 1.00              | 1.00              |
| Minimum | 1.00        | 1.00              | 1.00              | 1.00              |
| Maximum | 12.00       | 11.00             | 4.00              | 4.00              |
| Total   | 89.00       | 136.00            | 50.00             | 52.00             |
| SD      | 2.77        | 2.32              | 0.92              | 0.87              |
| CW2     |             |                   |                   |                   |
| Mean    | 2.70        | 2.77              | 1.63 <sup>b</sup> | 2.38              |
| Median  | 2.00        | 2.00              | 1.00              | 2.00              |
| Minimum | 1.00        | 1.00              | 1.00              | 1.00              |
| Maximum | 11.00       | 7.00              | 6.00              | 15.00*            |
| Total   | 181.00      | 133.00            | 104.00            | 150.00            |
| SD      | 2.77        | 2.73              | 1.02              | 2.15              |

\*outlier

\*<sup>a</sup> differences among groups

\*<sup>b</sup> differs from other groups

### ■ Number of child welfare investigations

Investigation, the period of time during which a case is being investigated for allegations of abuse, information was available for CW1 only. ANOVA results indicated a significant difference in the number of investigations between groups. Post-hoc analysis demonstrated that conferenced and referred cases had significantly more investigations than random cases but not matched cases [ $F(3,127) = 6.33, p < .001$  (CW1)] (See Table 5).

Table 5. Number of investigations by case type for CW1

| CW1     |                   |                   |                      |         |
|---------|-------------------|-------------------|----------------------|---------|
|         | Conferenced       | Referred          | Random               | Matched |
| Mean    | 1.47 <sup>a</sup> | 1.37 <sup>b</sup> | 0.63 <sup>a, b</sup> | 0.83    |
| Median  | 1.00              | 1.00              | 0.00                 | 1.00    |
| Min     | 0.00              | 0.00              | 0.00                 | 0.00    |
| Maximum | 6.00              | 7.00              | 3.00                 | 3.00    |
| Total   | 44                | 56                | 19                   | 25      |
| SD      | 1.46              | 1.32              | 0.93                 | 0.75    |

\*<sup>a, b</sup> differences between groups

In addition to total number of investigations during the history of the case, percentage of cases involving investigations for CW1 also was examined. Chi-square analyses indicated that case types also differed significantly in the percentage of cases that had investigations [ $X^2(3) = 14.57, p < .01$ ].

Approximately 77% and 81% of conferenced and referred cases, respectively, had child welfare investigations at some point in their involvement with child welfare whereas the same was true for only 40% of random and 67% of matched cases as seen in Figure 1.

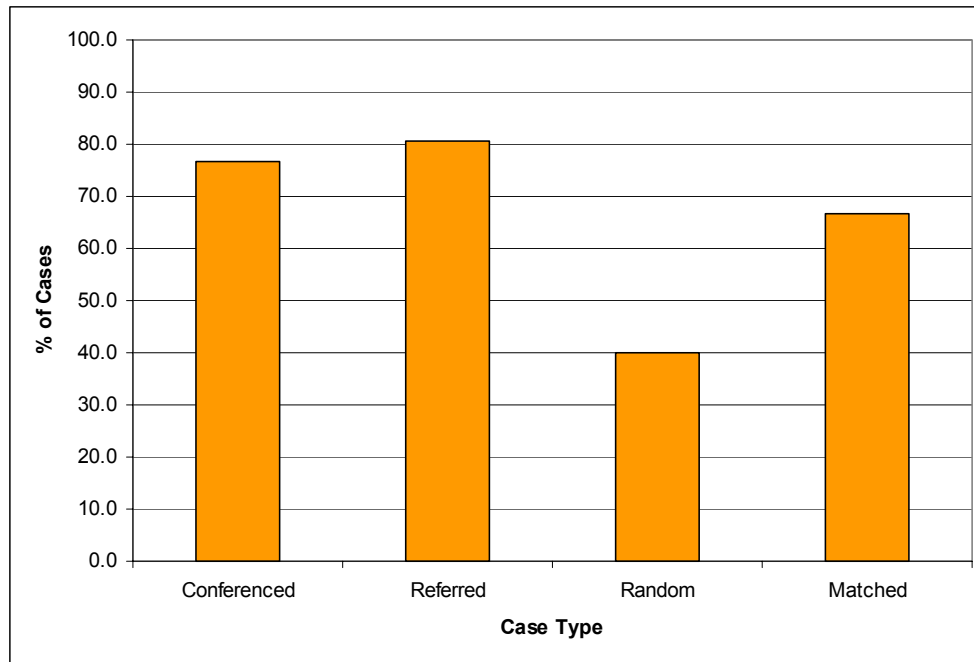


Figure 1. Percentage of cases with investigations for CW1 ( $n = 131$ )

### ■ Initial eligibility spectrum ratings

Initial eligibility spectrum ratings for the main types of presenting issues that were common across both agencies were also analyzed. In 1997 a standardized tool was developed to be used across all Child welfare agencies in Ontario in order to determine eligibility for service (Ontario Child Welfare, 2000). The full eligibility spectrum code includes a classification of the problem type and severity level. In this paper we report only the 5 problem categories from ratings taken at the “first evaluation” which occurs at the time the child welfare worker receives the referral report on the case. . Areas included physical/sexual harm, harm by omission, emotional harm, abandonment/separation, and caregiver capacity. These accounted for 62% of initial eligibility spectrum codes for all openings in CW1 and CW2. Type of eligibility spectrum codes by case type by agency are presented in Table 6. Chi-square analyses indicated that frequency of ES codes was related to case type for CW1 [ $X^2(12) = 35.95, p < .01$ ] but not CW2 [ $X^2(12) = 13.55, n.s.$ ]. In CW1, FGC referred cases had openings that made up 42% of all harm by omission codes, 48% of abandonment/separation codes, and 50% of caregiver capacity codes. Conferenced cases had the largest proportion of physical/sexual harm by commission codes (35%). Emotional harm codes were most likely to occur for random cases (5%).

### ■ Length of involvement

Length of history of involvement also was examined for closed case in both agencies (See Table 7). This was used for cases closed at the data cut point of June 15, 2005. Length of involvement was equivalent to the number of days between the dates of initial opening to child welfare to case close date. Results of one-way ANOVAs revealed significant differences in length of involvement for

both CW1 [ $F(3, 98) = 12.08, p < .01$ ] and CW2 [ $F(3, 177) = 12.33, p < .001$ ]. In CW1, both conferenced and referred cases had significantly longer histories with the agency than either random or matched groups who did not differ from each other. A similar trend was noted in CW2 where conferenced cases again differed from both random and matched cases and referred case which differed from the random group. In both agencies, conferenced and referred families did not differ from each other in length of involvement. Because data for both CW1 and CW2 was skewed, non-parametric analyses also were conducted. Kruskal Wallis tests confirmed the significant differences in median length of involvement for CW1 [ $X^2(3) = 38.57, p < .01$ ] and CW2 [ $X^2(3) = 36.48, p < .01$ ]

Table 6. Breakdown of initial eligibility spectrum codes by case type by agency

| CW1                    |              |              |              |              |                |
|------------------------|--------------|--------------|--------------|--------------|----------------|
|                        | Conferenced  | Referred     | Random       | Matched      | Total          |
| Physical/Sexual Harm   | 17<br>(34.7) | 12<br>(25.5) | 10<br>(20.4) | 10<br>(20.4) | 49<br>(100.0)  |
| Harm by Omission       | 7<br>(26.9)  | 11<br>(42.3) | 5<br>(19.2)  | 3<br>(11.5)  | 26<br>(100.0)  |
| Emotional Harm         | 1<br>(5.9)   | 4<br>(23.5)  | 9<br>(52.9)  | 3<br>(17.6)  | 17<br>(100.0)  |
| Abandonment/Separation | 5<br>(18.5)  | 13<br>(48.1) | 2<br>(7.4)   | 7<br>(25.9)  | 27<br>(100.0)  |
| Caregiver Capacity     | 22<br>(34.4) | 32<br>(50.0) | 4<br>(6.3)   | 6<br>(9.4)   | 64<br>(100.0)  |
| <b>Total</b>           | <b>52</b>    | <b>72</b>    | <b>30</b>    | <b>29</b>    | <b>183</b>     |
| CW2                    |              |              |              |              |                |
| Physical/Sexual Harm   | 25<br>(25.8) | 21<br>(21.6) | 21<br>(21.6) | 30<br>(30.9) | 97<br>(100.0)  |
| Harm by Omission       | 18<br>(35.3) | 13<br>(25.5) | 8<br>(15.7)  | 12<br>(23.5) | 51<br>(100.0)  |
| Emotional Harm         | 9<br>(23.1)  | 8<br>(20.5)  | 10<br>(25.6) | 12<br>(30.8) | 39<br>(100.0)  |
| Abandonment/Separation | 13<br>(34.2) | 15<br>(39.5) | 4<br>(10.5)  | 6<br>(15.8)  | 38<br>(100.0)  |
| Caregiver Capacity     | 52<br>(34.9) | 36<br>(24.2) | 23<br>(15.4) | 38<br>(25.5) | 149<br>(100.0) |
| <b>Total</b>           | <b>117</b>   | <b>93</b>    | <b>66</b>    | <b>98</b>    | <b>374</b>     |

### ■ Openings pre-post brief

Conferenced and referred cases for both agencies were compared pre-post brief on number of openings using a 2 (case type) x 2 (time) ANOVA. Results indicated a significant decrease in the number of openings after the briefing process for CW1 [ $F(1, 65) = 61.72, p < .001$ ] and CW2 [ $F(1, 172) = 208.39, p < .001$ ]. Average number of openings decreased from pre- to post brief for both conferenced and referred cases for both agencies as seen in Table 8. No significant effect was found for either case type [ $F(1, 65) = 1.31, n.s.$ ] [ $F(1, 172) = 1.31, n.s.$ ] or case type x time interaction [ $F(1, 65) = 0.25, n.s.$ ] [ $F(1, 172) = 0.96, n.s.$ ]. Non-parametric Wilcoxon analyses confirmed the decrease for CW1 [ $Z = -6.33, p < .01$ ] and CW2 [ $Z = -36.48, p < .01$ ]. See also Figure 2.

Table 7. Length of involvement (days) with child welfare by case type by agency for closed cases

| CW1     |                              |                           |                         |                          |
|---------|------------------------------|---------------------------|-------------------------|--------------------------|
|         | Conferenced ( <i>n</i> = 18) | Referred ( <i>n</i> = 27) | Random ( <i>n</i> = 30) | Matched ( <i>n</i> = 27) |
| Mean    | 2565.22 <sup>a,b</sup>       | 3009.52                   | 677.60 <sup>a</sup>     | 1091.70 <sup>b</sup>     |
| Median  | 1284.00                      | 2444.00                   | 155.55                  | 682.00                   |
| Minimum | 50.00                        | 610.00                    | 0.00                    | 11.00                    |
| Maximum | 8303.00                      | 6708.00                   | 4519.00                 | 4935.00                  |
| SD      | 2763.82                      | 2727.00                   | 1065.01                 | 1149.27                  |
| CW2     |                              |                           |                         |                          |
|         | Conferenced ( <i>n</i> = 37) | Referred ( <i>n</i> = 33) | Random ( <i>n</i> = 62) | Matched ( <i>n</i> = 49) |
| Mean    | 1974.24 <sup>a,b</sup>       | 1425.72 <sup>c</sup>      | 642.44 <sup>a,c</sup>   | 1171.36 <sup>b</sup>     |
| Median  | 1441.00                      | 1334.00                   | 234.50                  | 838.00                   |
| Minimum | 1.00                         | 9.00                      | 1.00                    | 2.00                     |
| Maximum | 6967.00                      | 4695.00                   | 3507.00                 | 3579.00                  |
| SD      | 1491.63                      | 1020.01                   | 811.05                  | 1051.30                  |

\* a, b, c differences between groups

Table 8. Descriptive data for openings pre-post briefing for conferenced and referred cases

| CW1     |             |          |             |          |
|---------|-------------|----------|-------------|----------|
|         | Pre-Brief   |          | Post-Brief  |          |
|         | Conferenced | Referred | Conferenced | Referred |
| Mean    | 2.67        | 2.92     | 0.30        | 0.38     |
| Median  | 2.00        | 2.00     | 0.00        | 0.00     |
| Minimum | 1.00        | 1.00     | 0.00        | 0.00     |
| Maximum | 12.00       | 10.00    | 5.00        | 3.00     |
| Total   | 80.00       | 108.00   | 9.00        | 14.00    |
| SD      | 2.51        | 2.23     | 0.95        | 0.76     |
| CW2     |             |          |             |          |
| Mean    | 2.32        | 2.64     | 0.43        | 0.30     |
| Median  | 2.00        | 2.00     | 0.00        | 0.00     |
| Minimum | 1.00        | 1.00     | 0.00        | 0.00     |
| Maximum | 8.00        | 6.00     | 7.00        | 3.00     |
| Total   | 151.00      | 116.00   | 28.00       | 13.00    |
| SD      | 1.56        | 1.38     | 1.09        | 0.63     |

### ■ Investigations pre- post-brief by case type

A 2 (case type) x 2 (time) ANOVA revealed a significant time effect with a decrease in number of investigations following the FGC brief date [ $F(1, 69) = 196.77, p < .001$ ] for CW1. Effects for case type [ $F(1, 69) = 0.03, n.s.$ ] and case type x time interaction [ $F(1, 69) = 0.78, n.s.$ ] were not significant. Descriptive data for investigations pre-post brief for CW1 are presented in Table 9.

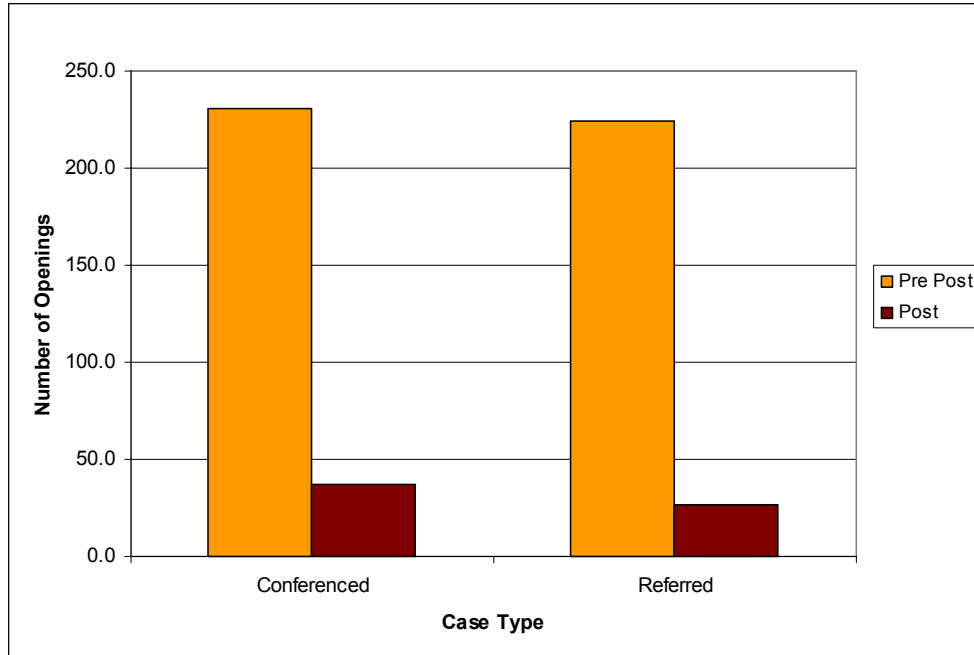


Figure 2. Number of openings pre- post-brief by case type

Table 9. Descriptive data for number of investigations pre-post brief for CW1

| CW1     |             |          |             |          |
|---------|-------------|----------|-------------|----------|
|         | Pre-Brief   |          | Post-Brief  |          |
|         | Conferenced | Referred | Conferenced | Referred |
| Mean    | 1.27        | 1.27     | 0.20        | 0.25     |
| Median  | 1.00        | 1.00     | 0.00        | 0.00     |
| Minimum | 0.00        | 0.00     | 0.00        | 0.00     |
| Maximum | 6.00        | 6.00     | 3.00*       | 2.00     |
| Total   | 38.00       | 46.00    | 6.00        | 10.00    |
| SD      | 1.39        | 1.31     | 0.61        | 0.49     |

In terms of percentage of cases with investigations pre-post brief, 70% of conferenced cases and 63% of referred cases had investigations prior to briefing. However, only 13% of conferenced cases and 22% of referred cases did so after the brief date as seen in Figure 3.



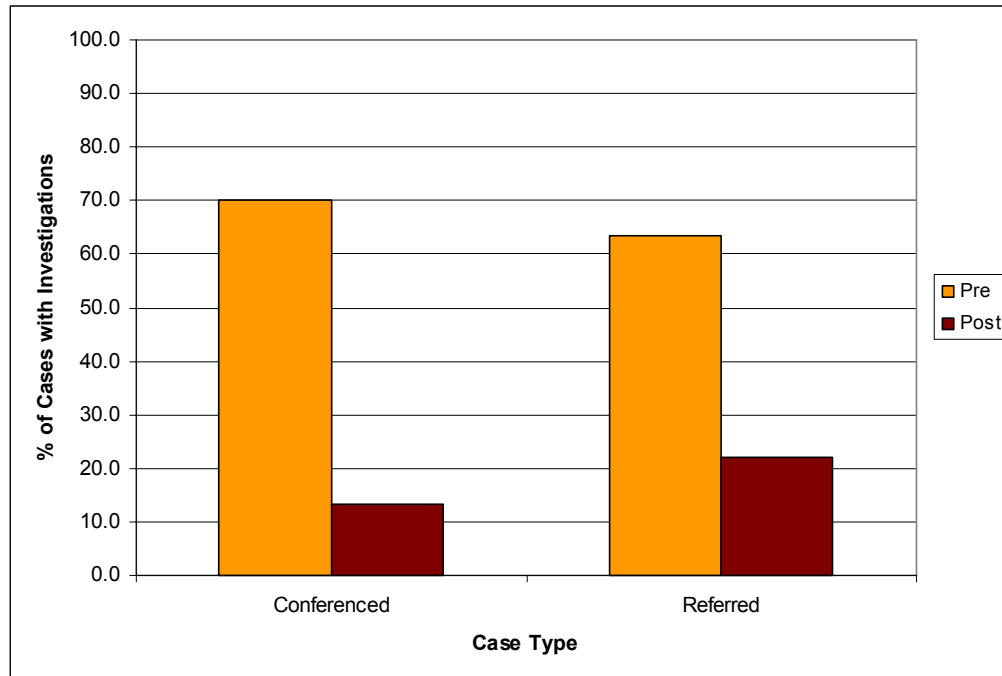


Figure 3. Percentage of conferenced and referred case with investigations pre-post brief.

### **Child Placement**

In terms of child placement, number of children admitted to care, number of admissions to care, number and type of placement changes and child location at the end of the data collection period were examined.

#### **■ Admissions to care**

Admission to care occurs when a child becomes the responsibility of the child welfare agency. During an admission to care a child may reside in a variety of places while being formally “admitted”. For admissions to care, approximately 72% (CW1) and 68% (CW2) of the children who came into care in this study came from conferenced and referred cases respectively. These cases also constituted approximately all 77% and 73% admissions to care for the study sample. As seen in Table 10, the highest percentage of children and admissions to care comes from conferenced cases for CW2 but referred cases for CW1.

Like percentage of cases with investigation, percentage of cases with children admitted to care for CW1 also was examined. Chi-square analyses indicated that case types again was related to whether or not children were admitted to care for both CW1 [ $X^2(3) = 47.63, p < .01$ ] and CW2 [ $X^2(3) = 64.01, p < .01$ ]. For CW1, approximately 83% of conferenced and matched cases had children admitted to care. The same was true for 71% of referred cases and 10% of random cases. A similar pattern was observed in CW2 with 76% and 77% of children from conferenced and matched cases, respectively, coming into care. Sixty-five percent of referred cases and 17% of random cases had children admitted to care.

Table 10. Number of children admitted to care and number of admissions to care by case type and agency

| Number of Children Admitted |                       |                       |
|-----------------------------|-----------------------|-----------------------|
|                             | CW1                   | CW2                   |
| <b>Conferenced</b>          | <b>45</b><br>(30.6)   | <b>113</b><br>(46.5)  |
| <b>Referred</b>             | <b>60</b><br>(40.9)   | <b>52</b><br>(21.4)   |
| <b>Random</b>               | <b>7</b><br>(4.7)     | <b>13</b><br>(5.3)    |
| <b>Match</b>                | <b>35</b><br>(23.8)   | <b>65</b><br>(26.7)   |
| <b>Total</b>                | <b>147</b><br>(100.0) | <b>243</b><br>(100.0) |
| Number of Admissions        |                       |                       |
| <b>Conferenced</b>          | <b>68</b><br>(34.1)   | <b>157</b><br>(47.9)  |
| <b>Referred</b>             | <b>86</b><br>(43.2)   | <b>81</b><br>(24.7)   |
| <b>Random</b>               | <b>7</b><br>(3.5)     | <b>16</b><br>(4.9)    |
| <b>Match</b>                | <b>38</b><br>(19.1)   | <b>74</b><br>(22.5)   |
| <b>Total</b>                | <b>199</b><br>(100.0) | <b>328</b><br>(100.0) |

### ■ Placements

Placement refers to the type of resource category (place) that the child physically occupies while “in the care” of the child welfare agency. Placement types can include, but are not limited to, foster homes, hospitals, treatment facilities, and even temporary visits to parent homes. A child may occupy one or more consecutive placements during a single “admission to care”. One-way ANOVA of number of placements indicated a significant effect of case type for CW2 [ $F(3,239) = 2.63, p < .05$ ] but not CW1 [ $F(3, 143) = 0.84, n.s.$ ]. For CW2, referred cases had significantly more placements than matched cases. Table 11 contains descriptive statistics for placements by case type and agency.

### ■ Placements pre-post brief

Further ANOVAs showed that number of placements decreased significantly after the brief date for CW1 [ $F(1, 103) = 4.96, p < .05$ ] but not CW2 [ $F(1, 163) = 2.10, n.s.$ ] as seen in Table 12. Non-parametric tests, however, indicated a significant difference pre-post brief for both CW1 [ $Z = -2.85, p < .05$ ] and CW2 [ $Z = -3.15, p < .05$ ]. Examination of placement types for CW1 that prior to brief date for CW1, approximately 3% of placements were with parents for both conferenced ( $n = 92$ ) and referred cases ( $n = 135$ ). Following the brief date, the percentage of placements with parents increased to 35% ( $n = 66$ ) for conferenced cases and remained relatively unchanged, 6%, for referred cases for CW1. For CW2, a placement with parents/guardians was 4% and relatives 4% for conferenced cases and 3% (parent/guardian) and 2% (relative home) for referred cases prior to brief. Following the brief date, placements to parents/guardians was 11% and to relatives was 2.9% for conferenced cases and 6% (parents/guardians) and 3% for referred cases.

Table 11. Descriptive statistics for placements by case type by agency

| CW1     |             |                   |                   |         |
|---------|-------------|-------------------|-------------------|---------|
|         | Conferenced | Referred          | Random            | Matched |
| Mean    | 3.51        | 3.43              | 1.42              | 3.14    |
| Median  | 2.00        | 2.00              | 1.00              | 2.00    |
| Minimum | 1.00        | 1.00              | 1.00              | 1.00    |
| Maximum | 19.00       | 16.00             | 2.00              | 13.00   |
| Total   | 256.00      | 338.00            | 67.00             | 180.00  |
| SD      | 3.62        | 3.41              | 0.53              | 3.17    |
| CW2     |             |                   |                   |         |
| Mean    | 3.48        | 4.31 <sup>a</sup> | 2.62 <sup>a</sup> | 2.23    |
| Median  | 2.00        | 3.00              | 2.00              | 1.96    |
| Minimum | 1.00        | 1.00              | 1.00              | 1.00    |
| Maximum | 44.00       | 24.00             | 7.00              | 12.00   |
| Total   | 526.00      | 291.00            | 42.00             | 214.00  |
| SD      | 5.06        | 4.48              | 1.76              | 1.82    |

\*<sup>a</sup> differences between groups

Table 12. Placements pre- post-brief for conferenced and referred cases by agency

| CW1     |             |          |             |          |
|---------|-------------|----------|-------------|----------|
|         | Pre-Brief   |          | Post-Brief  |          |
|         | Conferenced | Referred | Conferenced | Referred |
| Mean    | 2.04        | 2.25     | 1.46        | 1.83     |
| Median  | 1.00        | 1.00     | 1.00        | 1.00     |
| Minimum | 0.00        | 0.00     | 0.00        | 0.00     |
| Maximum | 19.00       | 12.00    | 8.00        | 11.00    |
| Total   | 92.00       | 135.00   | 66.00       | 71.00    |
| SD      | 3.12        | 2.85     | 2.14        | 2.01     |
| CW2     |             |          |             |          |
| Mean    | 1.97        | 2.50     | 1.50        | 1.81     |
| Median  | 1.00        | 2.00     | 1.00        | 1.00     |
| Minimum | 0.00        | 0.00     | 0.00        | 0.00     |
| Maximum | 29.00       | 16.00    | 42.00       | 11.00    |
| Total   | 223.00      | 130.00   | 170.00      | 94.00    |
| SD      | 3.04        | 3.01     | 4.13        | 2.81     |

### ■ Location after Discharge

Location after discharge refers to where the child is released to following discharge from an admission to care. This may include living independently, returning to family, or being placed in an adoptive home. Chi-square analyses showed that location at discharge was significantly dependent on case type for CW1 [ $X^2(3) = 9.27, p < .05$ ] and approached significance for CW2 [ $X^2(3) = 6.46, p < .09$ ]. For conferenced cases, 93% and 79% of children were no longer in care at the end of the

data collection period for CW1 and CW2, respectively. The same was true for 80% (CW1) and 73% (CW2) of referred cases. Matched cases had the highest proportion of children no longer in care (97% - CW1, 88% - CW2) whereas random cases had the lowest proportion of children no longer in care for both CW1 (71%) and CW2 (62%). Table 13 shows that conferenced and matched cases had higher percentages of children returning to parent or guardian than either referred or random cases in both agencies.

Table 13. Location at discharge by case type and agency.

| <b>CW1</b>                       |                     |                     |                    |                     |
|----------------------------------|---------------------|---------------------|--------------------|---------------------|
|                                  | <b>Conferenced</b>  | <b>Referred</b>     | <b>Random</b>      | <b>Matched</b>      |
| <b>Aged Out</b>                  | <b>2</b><br>(4.4)   | <b>0</b><br>(0.0)   | <b>0</b><br>(0.0)  | <b>2</b><br>(5.7)   |
| <b>Return to Parent/Guardian</b> | <b>37</b><br>(82.2) | <b>44</b><br>(72.1) | <b>5</b><br>(71.4) | <b>29</b><br>(82.9) |
| <b>Adoption</b>                  | <b>3</b><br>(6.7)   | <b>2</b><br>(3.3)   | <b>0</b><br>(0.0)  | <b>0</b><br>(0.0)   |
| <b>Care/Wardship Terminated</b>  | <b>0</b><br>(0.0)   | <b>2</b><br>(3.3)   | <b>0</b><br>(0.0)  | <b>3</b><br>(8.6)   |
| <b>In Care</b>                   | <b>3</b><br>(6.7)   | <b>13</b><br>(21.3) | <b>2</b><br>(28.6) | <b>1</b><br>(2.8)   |
| <b>Total</b>                     | <b>45</b>           | <b>61</b>           | <b>7</b>           | <b>35</b>           |
| <b>CW2</b>                       |                     |                     |                    |                     |
| <b>Unknown/Other</b>             | <b>9</b><br>(8.0)   | <b>6</b><br>(11.5)  | <b>1</b><br>(6.3)  | <b>2</b><br>(3.2)   |
| <b>Return to Parent/Guardian</b> | <b>73</b><br>(64.6) | <b>24</b><br>(46.2) | <b>9</b><br>(56.3) | <b>47</b><br>(75.8) |
| <b>Adoption</b>                  | <b>5</b><br>(4.4)   | <b>6</b><br>(11.5)  | <b>1</b><br>(6.3)  | <b>3</b><br>(4.8)   |
| <b>Transfer to Other</b>         | <b>2</b><br>(1.8)   | <b>2</b><br>(3.8)   | <b>0</b><br>(10.5) | <b>2</b><br>(3.2)   |
| <b>In Care</b>                   | <b>24</b><br>(21.2) | <b>14</b><br>(26.9) | <b>5</b><br>(31.3) | <b>8</b><br>(12.9)  |
| <b>Total</b>                     | <b>113</b>          | <b>52</b>           | <b>16</b>          | <b>62</b>           |

**■ Where are they: A detailed view of children at the focus of FGC**

A closer look at child location pre-conference, immediately post-conference and at study end for CW1 ( $n = 51$ ) revealed that 43% of children were in care at the time of their conference, 55% were within their family system and 1 child was not yet born. After their conferences, 96% of children returned to their family systems within 3 months. By the end of the study period it is assumed that 94% remained within their family systems as they had not come into the care of child welfare with the average length of time from conference being 3 years. Comparisons are shown in Figure 4.

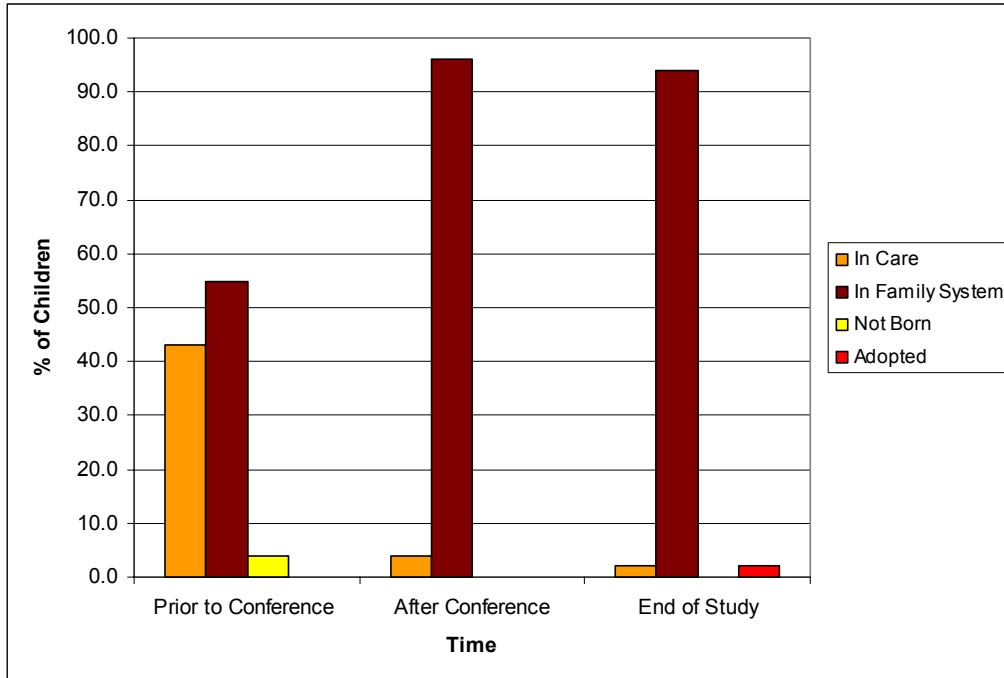


Figure 4. A detailed view of child placement at pre-, post-conference\* and study end for children from CW1 conferenced cases  
 (\*Note: Children assumed to be with family system as they are not returned to care)

### Discussion

The current research has provided the FGCPT, and child welfare, some important information regarding FGC. This information includes a deeper understanding of the nature of cases presenting to the FGCPT, how those cases compare to other child welfare groups, some of the impacts after connecting with the FGC process, and some of the longer-term outcomes. This discussion will review these aspects as well as side benefits, challenges, broader implications, and directions for future research.

### FGC Cases

Results of the study support the original hypothesis that cases referred to the FGC process would present with problems that were of a more serious nature than other groups based on various child welfare indicators. Data confirms that referred cases had more openings than either random or matched groups in CW1. Conferenced, referred and matched groups all had a greater number of openings to CW2 than the random group. Although investigation data was only available for CW1, both conferenced and referred cases had more investigations than random cases. These two groups also had a greater percentage of cases with investigations than either comparison group. In keeping with these results, conferenced and referred cases also had significantly longer involvement with the child welfare system than either the random or matched groups.

Examination of initial eligibility spectrum codes also revealed that for CW1, conferenced and referred cases comprised the largest proportion of physical/sexual harm, harm by omission, abandonment/separation, and caregiver capacity ratings. Although not significant, a similar trend

was seen in CW2 for harm by omission, abandonment/separation and caregiver capacity. The matched group in this agency, however, comprised a larger proportion of physical/sexual harm and emotional harm.

Finally, in terms of child placements, both referred and conferenced families represented the largest proportion of children admitted to care. Although the percentages differed between the two agencies, approximately 70% of all children in the sample that were admitted to care came from the conferenced and referred cases. Not surprisingly, these two groups also comprised the largest proportion of admissions to care. What was interesting is that only one difference was found between the groups (referred versus random for CW2) in terms of average number of placements suggesting that once in care, number of placements did not differ across groups.

Taken together these results support the hypothesis that families referred to the FGCPT have had more “difficulties” with respect to child welfare indicators including history involvement and children coming into care. This is a critical aspect to consider and one that was neglected in Sundell and Vinnerljung’s (2004) study that reported mixed outcomes for FGC cases. The investigation by Sundell and Vinnerljung did not fully investigate the history of families prior to what they refer to as the index investigation. What data was examined indicated that FGC families, relative to the comparison group, were more likely to have been investigated by child protection and appeared to have a greater severity of problems. These factors should have been controlled for (i.e., covaried) in the final analysis of determining program impact.

### **After the Referral**

A second hypothesis in the study was that safety and stability would improve after a conference and that conferenced cases would show stronger outcomes than referred cases. To evaluate this hypothesis, indicators for conferenced and referred cases were compared pre- post-brief data. Brief date served as a common point of reference for both conferenced and referred families. Brief date marked the date at which families consented to participate in the FGC process and the project coordinator began the “preparation phase” which involved contacting family members and professionals regarding the FGC process. Somewhat contrary to the prediction, results indicated a significant decrease in openings and investigations for both conferenced and referred families following their brief date. However, no significant time x case type interactions were found. One interesting finding that did emerge, from data available from CW1, was the shift in percentage of cases with investigations. Pre-brief date 70% of conferenced cases and 63% of referred cases had investigations. Following the brief data, conferenced cases with investigations dropped to 13% whereas 22% of referred cases had investigations.

For child placements, number of placements decreased significantly after the brief date. Again no effect of case type was found. However, in CW1 data, placements with parents increased from 3% to 35% for conferenced cases but only 3% to 6% for referred cases. For CW2 the increase was less significant with placements with family (parents or family) increasing from 8% to 14% for conferenced cases and from 5% to 9% for referred cases.

Overall, results suggest that being referred to the FGC process initiates some form of change for families as evidenced by the dramatic drop in openings and investigations. This change may be both among family members and between families and child welfare, as suggested by Crow (2000) and Vaneski and Kemp (2000). Although both FGC groups showed significant decreases in child welfare involvement, evidence also suggests something added for conferenced families with a shift in

the percentage of cases with investigations following the brief. A greater percentage of conferenced cases came into the FGC process with investigations relative to referred cases but fewer had investigations following the brief date. Additionally, while the reason for placements is unknown, the increase in placements with family for conferenced families, at least in CW1, also is an important finding. Although additional investigation clearly is required, the increase in family placements post-brief for conferenced cases may reflect transitioning back to the family as part of the FGC plan.

### **Where Did They Go?**

Ultimately, a key question that exists is where did children end up? For children who were in care, 82% and 65% of conferenced children ended up returning to their family systems for CW1 and CW2, respectively at the end of the data collection period (Table 13). The same was true for 72% (CW1) and 46% (CW2) of children from referred cases. Again, this finding suggests that completing the conference process results in better outcomes with a greater proportion of children returning to their family systems than children from referred cases.

Although presenting with lesser involvement with child welfare, children from random cases represented the largest proportion of children remaining in care at the end of the data collection period. This finding must be tempered with the fact that generally there were fewer children from random cases actually admitted to care resulting in inflated percentages.

One interesting finding is the number of children from the matched group that returned to their family system. Similar to conferenced families, 83% and 76% of children from matched families from CW1 and CW2, respectively, had returned to their families by the end of the data collection period. Contrary to predictions, a greater proportion of children from matched families in CW2 had returned to their families than either conferenced or random cases. Again, this finding must be interpreted with caution. Although efforts were made to create an equivalent control group to conferenced cases, the matched group still had lesser involvement with child welfare than either conferenced or referred cases which may have contributed to greater proportion of children returning to home.

Very promising long-term results have emerged for CW1 cases. As seen in Figure 4, approximately 43% of children who were the focus of conferences were in the care of child welfare at the time of their conference. For the 55% of children who were within their family systems at the time of their conference, approximately 40% had previously been in care. Immediately after their conferences, 96% of children returned to their family groups with reunions taking 3 months on average. By the end of the study period it seems that 94% remained within their family systems given these children were not in care. The average length of time with family was 3 years suggesting long term stability for these children. It should be noted that one child had been adopted by the end of the study, but it is unknown at this time if the adoption was to a family member.

### **Overall**

It is clear from the evidence that all cases referred to the FGCPT (i.e., referred and conferenced cases) have a more significant history with child welfare than either random or matched groups in terms of openings, investigations, and child placement. Another finding is that being referred to the FGC appears to promote positive shifts in relation to child welfare indicators. However, the mechanisms behind those shifts cannot be determined from this study. Vaneski and Kemp (2000) and Crow (2000) provide some suggestions. Data from the FGCPT suggests that in several cases, families may decline the FGC process and develop their own plans with child welfare. While this is

a positive outcome for families, results suggest that actually continuing forward with the process of a conference provides an added benefit leading to fewer families having investigations, more children coming out of care, and, for one agency, may contribute to the long-term stability for children and families. These findings are in keeping with those of Pennell and Burford (2004) and Shore et al. (2004).

### **Other Outcomes**

In addition to providing some initial outcomes for the FGCPT, there have been other benefits of the current study. This process has taken the initial collaborative relationship among project partners to a new level involving research and evaluation and knowledge exchange. This exchange also has included funders and Ministry partners, offering insight about a promising form of ADR. The study also has provided the FGCPT with an in-depth knowledge of child welfare information systems and data and a new means for conducting comparison group studies with vulnerable populations while posing minimal risk. Finally, it has offered clear, new directions for research.

### **Cautions and Next Steps**

It is important to remember that this study reflects first steps in the evaluation of this promising form of ADR. It provides only a broad overview of a program and its outcomes. Remaining to be investigated are the personal outcomes of child welfare professionals, family members, and most importantly children. Results must still be interpreted with caution due to difference in data systems and practices between the two child welfare agencies.

Investigators interested in pursuing this form of research must consider key process aspects. First, it is important to develop a common language between research and IT to ensure that data is meaningful. Second, it is critical to develop, consistent meaningful decision points with respect to data as information systems, practice issues (e.g., introduction of eligibility guidelines), and historical events (e.g., legislation change, funding cuts) changes.

Clearly there is significantly more work that can and must occur with data from the project. For example, the use of discriminant analyses to identify factors that contribute to cases proceeding to conference to determine what might assist families in that process or to determine what factors are likely facilitate children coming out of care. Another area to investigate is the nature of re-opening for conferenced and referred families. Are these openings due to concerns or are they openings for information or support and do these cases differ in that respect? Most importantly, it is critical to examine the direct experiences of families, professionals, and children and other outcomes associated with their well-being.



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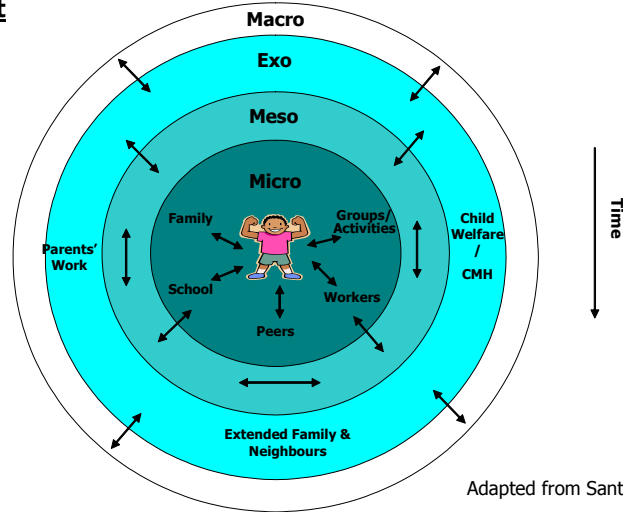
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## Appendix A



## Bronfenbrenner's Ecological Model

### Context



Adapted from Santrock (1994)