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**FAMILY GROUP CONFERENCING: A
DECOLONIZATION JOURNEY FOR ABORIGINAL
CHILDREN & FAMILIES IN CHILD PROTECTION
SERVICES**

By

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A thesis submitted in partial fulfillment of

the requirements for the degree of

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CHAPTER ONE – STUDY BACKGROUND

The Research Question

How can we deepen our understanding of Family Group Conferencing, partnerships, and our collective capacity to support Aboriginal children and families involved in the Child Welfare system?

To further define the scope and focus of this research study, the following sub-questions were explored:

1. Is it possible for an established culture of service delivery (Child Welfare system) to change in a significant manner?
2. How can we make improvements to the existing model operating in Sakaigun Asky Child and Family Services Authority #12, to honour the principles inherent in self-determination, and achieve Alberta Response Model (ARM) outcomes?

The Problem/Opportunity

There continues to be an over-representation of Aboriginal children and families involved in Canada's child welfare system. In Alberta, 42% of the child protection caseload is comprised of Aboriginal cases (Ministry of Children's Services, 2002).

Correspondingly, a higher percentage of Aboriginal children in comparison with any other ethnicity, are 'in care', which refers to children who are under the custody and/or guardianship of a director through a voluntary agreement or court order. The number of Aboriginal children remaining in the system exceeds those leaving.

The statistical information contained in the Report of the Royal Commission on Aboriginal Peoples (RCAP) suggests that Aboriginal people are the first peoples in last place. By all measurements of the human condition, they lead in the statistics of suicide, alcoholism, family violence, family breakdown, substance abuse, poverty, and school dropout. I believe the central question that needs to be asked, and more importantly understood, is, "why are Aboriginal people so unhealthy and in such a dependent position in Canadian society?" Rooted in history and present day circumstances, leading scholars on this subject, such as Linda Smith (1999), propose that this condition is primarily due to the effects of ethnostress, caused by the colonization of Aboriginal peoples.

"Ethnostress occurs when the cultural beliefs or joyful identity of a people are disrupted" (Antone, Miller, & Myers, 1986, p. 7).

Over the years, much time, energy and money has been spent trying to solve the effects of colonization, yet the negative statistics continue to grow. To compound matters, the following demographic was published in the Alberta Learning Native Education Policy Review Fact Sheet (1999): 46% of all Aboriginal people compared to 29% of the province's overall population is in the range 0-19 years of age. Further, the Aboriginal population in Alberta is predicted to become one of the largest in any province or

or territory by the year 2016. Unless we find ways to fundamentally change how we organize and deliver human services, the alarming statistics around ill health and disturbed family life will continue to rise.

As a Metis woman working as the Aboriginal Relations Specialist for Sakaigun Asky, a Child and Family Services Authority in Alberta, I have an opportunity to make a difference. There continues to be an increase in the number of Aboriginal children coming into care. In September 2001, 38% of the child protection caseload comprised Aboriginal cases, and this rose to 42% a year later. Following is a breakdown of the Aboriginal profile taken in September 2002, as indicated in the Children's Services Report:

Aboriginal Profile: There were 5,891 Aboriginal cases in September 2002, which is 42% of the child protection caseload (Ministry of Children's Services, 2002, p. 8).

Figure 1. Ministry of Children's Services

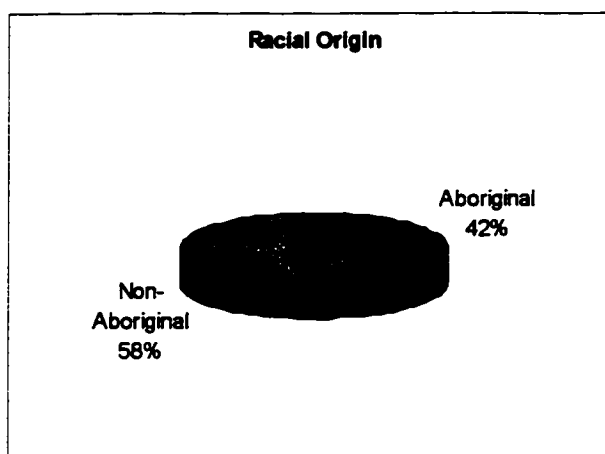
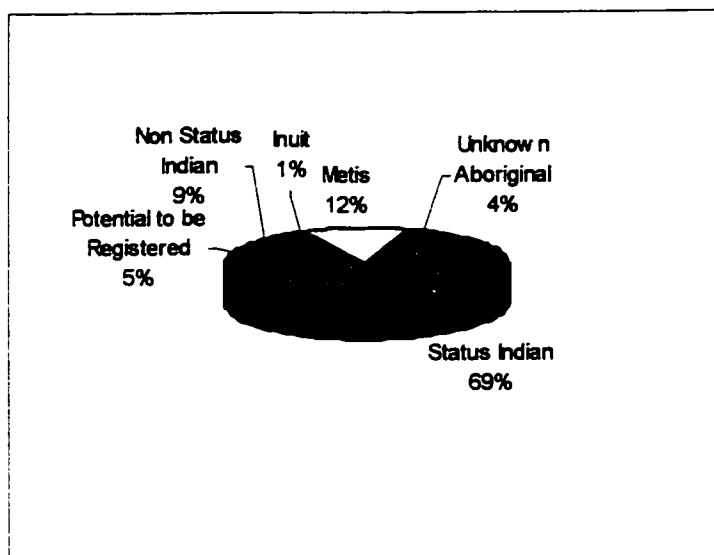


Figure 2 provides the government's legal descriptors for the type of Aboriginal person represented by the 42% above.

Figure 2. Ministry of Children's Services



Given the over-representation of Aboriginal cases in the child welfare system, I would like to explore a different paradigm. The intent of this Participatory Action Research project is to engage in a collaborative inquiry process to deepen our understanding of Family Group Conferencing (FGC), partnerships, and determine how to successfully integrate this Indigenous practice in child protection services for the betterment of Aboriginal children and families. FGC has the potential of serving as a “leverage” point to shift the culture of the child welfare system towards family based decision-making and supporting Aboriginal self-determination. Basically, self-determination means Aboriginal people have “the authority to make their own choices as to how they are governed” (Frideres, 1998, p. 359). There are various applications of this principle found among land and non-land based Aboriginal populations: “politically, this idea is expressed through independence,

self-government, local autonomy, or some other form of increased participation in the governing process” (Friederes, 1998, p. 359). For example, there are a number of First Nation communities in the Province of Alberta who have assumed responsibility for the provision of some or all child welfare services to their band members’ families. Also, the eight Metis Settlements deliver their own child welfare services, and Memoranda of Understandings (MOU) have been signed with Aboriginal organizations, such as the Metis Nation of Alberta, which primarily serves non-land based Aboriginal children and families. The organization sponsoring this research project is Sakaigun Asky Child and Family Services Authority (CFSA), which is mandated by the Minister of Children’s Services. Sakaigun Asky is responsible for providing services to non-land based Aboriginal people, the general population and non-delegated First Nations communities in northeastern Alberta. Non-delegated refers to the First Nations communities that choose to have child welfare services delivered by the provincial government, such as Cold Lake First Nations.

What is Family Group Conferencing (FGC)?

FGC is viewed as an alternative case management strategy in child welfare “that has become increasingly popular in the past decade” (Smith, 2001, p. 4). In actuality, the concept of FGC is an old idea with a new name. According to Scheiber (1995), the roots of FGC trace back to traditional Aboriginal cultures, in which “the care of and decision making for children was considered the natural responsibility of the extended family and community as a whole” (p. 153).

Essentially, FGC is a *process* that serves to enable and empower families to develop a plan for care when child abuse or neglect is imminent. The professionals do not participate in the process of making a plan, but retain an approval function as per legislative requirements outlined in Alberta's *Child Welfare Act*, (1984). This approach offers a liberating opportunity for Aboriginal people to partner with child welfare to bring about a better reality for themselves, their families and their community. On a deeper level, the practice can offer a healing process for internalized oppression. Internalized oppression can be described as a feeling of helplessness, loss of hope or sense of despair, which is often manifested in behaviors that are destructive and harmful to self and others. True healing comes from within, with the love and support of people who genuinely care about the safety and well-being of the child and family. In the words of Chief Jean-Charles Pietacho and Sylvie Asile, Mingan First Nation Community, they say:

The process of healing must be based on our traditional spiritual values of respect, pride, dignity, sharing, hospitality and mutual aid . . . self-reliance begins with the individual, then is built by the family, then by the community, and finally, by our relations with other nations. (Indian and Northern Affairs Canada, 2002, p. 1)

Taking a more holistic family-centered approach in the delivery of child welfare services is supported in present day literature. "The plans for care and protection that families devise usually go beyond what would be minimally adequate by child welfare agencies" (Turner, Watts, Messinger, Lillie, Hardison, & Pennell, 2001, p. 52). Further, Farrow (1997) maintains "these networks and supports, often drawn from friends, relatives, and

neighbors, are closer to, more trusted by, and frequently available to struggling families than most traditional formal services” (p. 23).

The Alberta Response Model (ARM)

In line with the philosophical shift occurring in the child welfare reform movement “where the responsibility of protecting children is increasingly shared between the child protection agencies, communities, and families” (Merkle-Holquin, 1999, p. 4), the Ministry of Children’s Services is spearheading the implementation of a number of policy changes collectively referred to as the Alberta Response Model (ARM). In essence, ARM represents a partnership approach to case management practice that incorporates three primary components: a) differential response, sometimes referred to as diversion for non-protection issues, b) increasing the priority of permanency planning and range of permanent options, and c) increased parental and community responsibility. This policy shift encourages child welfare professionals to partner with family, informal community supports, and community-based agencies in helping children and families either involved with mandated child protection services, or on the brink of involvement. Underlying this notion is a shift in culture from a domination of professional decision-making; to family and informal community supports viewed as capable systems having primary responsibility for the safety of their children. This shift is congruent with the underlying principles of FGC, family-centered and strengths based. “A successful family group conference involves a shift from a decision-making process that is expert-based to one that is family-based” (Gunderson, 1999, p. 11). FGC is cited as a strategy within the ARM for permanency planning and increased parental and community responsibility.

For the past three years, Sakaigun Asky CFSA, has contracted Native Counselling Services of Alberta (NCSA) to deliver the FGC program. Some successes have been realized, in that Aboriginal children have been taken out of care and placed in permanent homes with extended family. But, in my view, based on preliminary research conducted, this program has fallen short of realizing its full potential. Since the inception of the program, there have been limited referrals. From 1999 to 2001, there were only five referrals, out of an anticipated 25-30 referrals expected annually as outlined in the contractual agreement. Social workers either lack confidence in the quality of the program or lack knowledge in how to integrate FGC into case management practice. Generally, trusting relationships have not been developed between child welfare staff and the contracted agency (NCSA), and the program receives little in the way of resources for staff mentorship/training and overall coordination. Therefore, the intent of this research project is to engage in a collaborative inquiry process to determine how to successfully integrate FGC into case management practice for the betterment of Aboriginal children and families. I should clarify that I solidly endorse the use of FGC for both Aboriginal and non-Aboriginal people who come into contact with child protection services; however, I chose to focus on the Aboriginal population given the alarming statistics, the responsibilities of my position working as the Aboriginal Relations Consultant, and my responsibilities as an Aboriginal researcher, woman, and mother. In all likelihood, findings from this research study will be universal in application, but the distinctive nature of this research is to focus on how the child welfare system can respond more effectively in helping Aboriginal children and families needing support to achieve self-reliance.

Significance of the Opportunity

The significance of this participatory action research project for the Project Sponsor is that it offered staff a collaborative learning opportunity to determine how to improve and expand the utilization of FGC to better serve Aboriginal children and families, and attain ARM outcomes. “Over time, the child protection service agency must shift from viewing itself as the provider of all child protective services, and instead begin to catalyze, organize, and in a variety of ways provide leadership to the development of community partnerships for child protection and neighborhood-based systems of service delivery that achieve the result of child safety” (Farrow, 1997, p. 3). Partnerships represent the “glue” in differential response, permanency planning, increased parental and community responsibility. To understand this child welfare reform movement, a brief explanation of each is offered below.

Differential Response

ARM’s first key component, differential response, focuses on providing a more customized response at the “front end” of the child welfare system; this involves providing earlier assessment and support services to lower risk children and families, so their needs are addressed sooner. For example, there were 13,226 reports received from July 1, 2002, to September 30, 2002, and 8,618 investigations completed during the same time period. Of the investigations completed, 2,975 cases were opened (34.5%), as the worker determined that the child required protective services (Ministry of Children’s Services, 2002). Differential response focuses on the remaining reports received that

were not investigated, along with cases investigated but not opened (10,251 or 65.5%). In some instances, no action is required, or a referral to another agency will satisfy the needs of the family. The balance is likely eligible to receive services through diversion programming. The intent is to provide services to these families who do not fall under the child welfare mandate, but still need help in order to reduce the instances of lingering and escalating problems. Sakaigun Asky re-designed its early intervention programming to reflect differential response in conjunction with the announcement of the ARM. Community service agencies, such as the Canadian Native Friendship Centres, Metis Child and Family Services, Catholic School Services, and Family and Community Support Services, are contracted to “stabilize family functioning before a crisis occurs, and to reduce the need for, or chronic dependence on, mandated services” (Sakaigun Asky, 2001, p. 1).

One of the primary tasks of Diversion Workers is linking people to family, informal and formal community supports. Therefore, the use of a formal, full-blown FGC in diversion may not be appropriate or necessary, because of the focus on connecting or re-connecting the family to its support system. From a Child Welfare standpoint, one of the main intents of FGC is to reduce the number of children raised by the system and the length of time spent in high cost, substitute care. The goal is to ensure children in care have an opportunity to be raised in a permanent, stable home that meets their developmental needs. In diversion, children are not in care, but FGC principles are applied. For example, broadening the base of informal family supports ensures services are culturally appropriate, and professionals are working in “partnership” with the family to prevent the

need for more intrusive mandated services. Diversion represents a comprehensive approach in prevention, leading to a longer-term sustainable approach in helping families.

Permanency Planning

The second key component of the ARM is permanency planning, which focuses on increasing the priority of permanency planning and the range of available permanent options. “Children need, above all else, to live in families that offer continuity of relationships with nurturing parents/caregivers, and the opportunity to develop lifetime relationships” (Hebert, 1999, p. 1). Child welfare research tells us overwhelmingly that there are two things that predict good outcomes for children in care: permanency and stability. The ministry’s success in helping children in care obtain lifelong relationships versus multiple moves within the system can be improved considerably. To contend with this reality, Child Protection Services (CPS) has implemented a range of permanency placement options for children where reunification with biological parents is not possible, such as: Kinship Care, placement of child for adoption or private guardianship with Foster Parents or extended family, concurrent planning, long-term Foster Care, and Custom Care Adoptions. A key consideration with all placement options is the opportunity for the child to have his or her entire range of needs met (physical, emotional, cultural, spiritual and legal). This requires an arsenal of informal and formal community supports in order to truly accomplish all facets of a child’s developmental needs, and FGC can help to rally the troops - hence the saying, “it takes a whole community to raise a child”.

Increased Parental and Community Responsibility

The third ARM component in CPS, increased parental and community responsibility, directly impacts the success of the other two outcomes. This policy refers to increasing the expectation that parents who can financially contribute to child care services or placement resources will do so according to ability. This policy also aims at ensuring the birth parents, family and community are actively involved in the planning and decision making for the care of their children. Thus, supporting the philosophy that the best people to protect children and meet their needs are the family and community. FGC offers a solid means by which to encourage CPS to partner with families and communities to support children in need of protection services.

In summary, FGC offers a viable mechanism by which to accomplish all three components of the ARM. FGC principles can be exercised at the front-end of the child welfare system (differential response), and fully utilized for children in care (to increase parental and community responsibility), and can help children obtain lifelong relationships and stability at an early age (permanency). Integration of this model in case management practice will assist social workers in their requirement, as outlined in *Child Welfare Policy*, to:

Consult with, and elicit the active collaboration and participation of appropriate and recognized representatives of the Indian community, and, where appropriate, the Metis and Inuit community, in discussions as part of case planning and decision-making processes concerning all Aboriginal children. Consultation

means the pro-active seeking of information, opinions, input and advice of others (through face-to-face discussion wherever possible) in order to arrive at a decision for which the department is accountable. (Ministry of Children Services, 2001, p. 08-01-01)

The term “Indian” as presented in the *Child Welfare Policy* above, adheres to legal-constitutional requirements, but I would like to take this opportunity to address the use of this term and how it is so poorly understood. According to Bear Heart, a Muskogee Creek Medicine man, he professes:

When Columbus found the natives here, they were gentle people who accepted him, so Columbus wrote in his journal, these are people of God. In his language he wrote “In Dios”, later the “s” was dropped and the Indio eventually became Indian, which originated as “people of God”. (1996, p. 160)

Bear Heart’s recollection about how this history was taught in schools is, when Columbus discovered the new world, he mistakenly thought he had landed in *India*. Apparently, there was a place called the Indus Valley in India, and since the people there spoke a similar dialect and looked like the Euchee tribe in North America, they were also thought to be *Indians*. To end this story on a light note and illustrate the humor among Native people, I have often heard the joke about how lucky Native people are that Columbus was not looking for *Turkey*.

The use of terminology and its impact on Native people and social policy is worthy of a research project in itself. But, for purposes of this study, the terms “Native”,

“Aboriginal”, and “Indigenous” will be used interchangeably to refer to the three broad categories of First Nations, Metis, and Inuit (unless otherwise specified). It should be acknowledged that there is a whole array of tribes/nations/bands within each of these, having their own distinct language, culture, and traditions. Unfortunately, the lack of recognition regarding the incredible diversity among Native peoples is one of the challenges that continually surfaces in our social constructs today.

Potential Causes of the Problem

In order to understand why there is an over-representation of Aboriginal children and families involved with the Child Welfare System today, it is necessary to revisit the past. For that reason, this review will concentrate on the historical relations between government and Aboriginal people in Canada, the impact of colonization, and significant events concerning the evolution of the Child Welfare System.

Prior to European contact, many scholars cite how Aboriginal people were living a healthy communal lifestyle: “prior to White people arriving on Turtle Island (the North American continent), First Nations peoples lived a harmonious life” (Makokis, 2000, p. 17). This marks an era when Elders, parents, and tribal members all shared in the responsibilities of teaching their children tribal values and cultural ways for purposes of community survival. Barbara-Helen Hill (1995) tells how “Indigenous people of the Americas were living free, well-balanced lives” (p. 8). They were considered a spiritual people at one with the Creator and living in harmony on Mother Earth. This harmonious

life was obliterated after the arrival of the “White” man through colonization and policies of assimilation. The following two quotes offer a framework to begin this discussion:

The relationship that has developed over the last 400 years between Aboriginal and non-Aboriginal people in Canada ... has been ... built on a foundation of false promises – that Canada was for all intents and purposes an occupied land when the newcomers arrived from Europe; that the inhabitants were a wild, untutored and ignorant people given to strange customs and ungodly practices; that they would in time, through precept and example, come to appreciate the superior wisdom of the strangers and adopt their ways; or, alternatively, that they would be left behind in the march of progress and survive only as an anthropological footnote. (Report of the Royal Commission on Aboriginal Peoples, 1996, as cited by Henry, Tator, Mattis, & Rees, 2000, p. 119)

Further,

Policies and practices that evolved between Aboriginal peoples and White society over the past four hundred years have been based on the assumption that Aboriginal people were inherently inferior and incapable of governing themselves. Therefore, actions deemed to be for their benefit could be carried out without their consent or involvement in design or implementation. (Henry et al., 2000, p. 119)

This frame of thinking has embedded itself in the evolution of government systems, which began with the creation of the *British North American Act* (B.N.A.) in 1867. This Act served to establish the legal context for the emergence of child welfare law. By the

late 1880's, with "the emergence of societal recognition that children were not just small adults and that the needs of orphaned, abandoned and exploited children required a child-specific response from the state, provinces began to pass new legislation" (Alberta Ministry of Children's Services, 2001, p. 3). Today this legislation is known as the *Child Welfare Act* in Alberta. In addition to caring for orphaned children, the state now had the legal authority to apprehend children from the care of their parents. Children were no longer seen as the exclusive "property" of their parents, and the law recognized the collective responsibility of society (government) to care for children. A 'child rescue' approach was emphasized, and Child Welfare evolved in isolation of other systems due to the focus on legal protection services.

In 1874, Sir John A. MacDonald introduced the original *Indian Act* saying, "Indian children should be taken away from their parents so as to eliminate their barbarian influence and expose children to the benefits of civilization. The teacher has been sent out as an educational missionary to introduce cultural changes in Indian societies" (Green, as cited by Makokis, 2000, p. 17). In 1880, the Canadian government and Churches enacted the residential school system, which according to Bird, Land & Macadam, was one of the most "insidious tools of assimilation", which, in effect, "formalized family breakdown as a matter of national policy" (2002, p. 94).

Residential school had a profound impact on the lives and well-being of Aboriginal people. Honorable Murray Sinclair, Associate Chief Judge, shares how the government passed laws "that said that all of our children could be taken away from our families at

the age of five and locked up in residential schools, away from their families until the age of eighteen and they did that” (Sinclair, 2000, p. 4). Additionally, the Government of Canada took measures denying Native people the legal right to appeal and retrieve their children. Honorable Sinclair explains how Indians first needed the permission of the government to take the matter to court. Also, lawyers who chose to represent an Indian person and, sometimes, went as far as taking the matter in person to England, “were guilty of an offence if they accepted such a retainer, and they could lose their license to practice law” (Sinclair, 2000, p. 11). Despite all attempts to retrieve their children, it was impossible to challenge the authority wielded by the government, police, and the church. “Parents were threatened with jail if they did not co-operate, or else the Indian agent would cut off the family’s rations” (Bird et al., 2002, p. 95).

The personal accounts of those who attended residential schools are laden with horrific stories of physical, sexual, emotional and cultural abuse, which eventually surfaced in the public domain resulting in restitution measures taken by the government and the church. Six and seven generations of Aboriginal people were raised in the residential school system. After three generations, the effects of residential school began to appear statistically in the child welfare system. According to Honourable Sinclair, before the Second World War the number of Aboriginal children in care was minimal, and by the year 2000, the majority of Manitoba’s children in care are of Aboriginal ancestry (Sinclair, 2000).

The loss of culture, community, and family was devastating. Those who did not die in residential school, and made it home, found that their family had moved, died, and if they were there, were often rejected because they were seen as an outsider, raised by the white world, and no longer Indian. The term “apple”, which refers to being white on the inside and red on the outside, still exists in conversation today. Once again, Indian people received messages that reinforced a negative self-image. These same people became parents, and it should come as no surprise that large majorities were unable to raise their children in a nurturing, loving, family environment, since they did not know what this was.

You cannot take a child and separate that child not only from his or her mother and family but also separate that child from his sisters, his brothers, his aunties, his uncles, any adult of any importance to him and put that child in an environment where they don't see a loving and caring family environment and then ask that child to return and become a parent and expect them to be able to function properly. (Sinclair, 2000, p. 7)

My grandmother was raised in a convent until she ran away at the age of sixteen, and my father attended residential school until grade eight. Residential school had a major impact on their lives, the lives of their children and grandchildren, of which I am only beginning to understand the inter-generational effects today.

Generations of addiction, child maltreatment (abuse and neglect) is the result of government assimilation policies. “The addictiveness Aboriginal people experience

serves to keep them from experiencing their inner self, the feelings and the awareness to challenge the source of pain, suffering, disease or oppression” (Makokis, 2000, p. 42). This phenomenon is best summed up by the words of an Elder, “hurt people, hurt people”.

The impact of government policy towards Aboriginal people resonated with me while facilitating a session for non-Aboriginal staff working in women’s shelters. One of the frustrations expressed was “that it didn’t seem to matter how many parenting courses we offer - it doesn’t make a difference, Aboriginal parents continue to be neglectful, administer inappropriate discipline, etc. they don’t seem to get it”. Later, I reflected upon this frustration expressed and came to the conclusion that the program was focused at the wrong level, ‘parenting skills’. The challenge of how to help Aboriginal people become better parents, lies at a much deeper level: it requires an inner journey of self-development, understanding the impact of colonization and, for many, learning about traditional ways and spirituality. Today, Native people are searching for their roots, trying to find out who they are, what it means to be a Metis or Cree person, and learning about love in a healthy family context. Reclaiming one’s identity and pride in Aboriginal ancestry is essential in today’s world, where there is still so much negative imagery associated with being an “Indian”. How can one “nurture” their children when they never experienced nurturing themselves?

From the 1890’s to 1970’s, the numbers of Aboriginal children in substitute care continually climbed, and the federal policy of assimilation was still being administered.

Stories were told about child welfare workers coming onto the reserves and taking children from families who were then adopted out by persons of non-Aboriginal ancestry. A graduate student shared such a story with me during my residency at Royal Roads University. She discovered that her mother was taken from a reserve in Saskatchewan, and placed in a very affluent English home in Victoria where she was “raised with all the finery’s of life, learned how to play piano, etc.” She was raised and expected to behave as a ‘white’ person. Before her death, she shared with her daughter the anguish about never really knowing ‘who’ she was. After the passing of her mother, this student obtained a copy of her mother’s records from Social Services, in search of her own ancestry. The file was so thick and incomprehensible that she solicited the support of the Metis Nation to review her records, and one sentence revealed the identity of her mother. She was a Cree woman from Saskatchewan. Her mother was never told. This student is now a card-carrying member of the Metis Nation in British Columbia, and reclaiming her Native identity.

To compound an already mis-guided Child Welfare system, in 1966 the federal government instituted The Canadian Assistance Plan. This was the first time provinces could receive federal dollars targeted specifically for the delivery of Child Welfare Services; the conditions attached to that funding greatly impacted the development of provincial child welfare systems. “In order to qualify for federal cost-sharing, provinces had to show that the state was the legal guardian of the child or that the mandated child welfare authority was, in some manner, directly supervising the care of the child” (Alberta Ministry of Children’s Services, 2001, p. 6). This funding policy further

emphasized an intrusive role in child welfare and biased the system towards substitute care versus family preservation.

By the early 1980's, this child rescue approach was coming under heavy criticism from the public and various political organizations. In Alberta, a moratorium on adoptions was enacted by the early 1990's due to the lobbyist efforts of the First Nations communities who "called for the end of the sixties scoop practice of apprehending children and placing them in non-Aboriginal homes" (Alberta Ministry of Children's Services, 2001, p. 9). First Nations agencies emerged to deliver statutory services within their reserve communities. In this same time period, declining resources combined with "more severe and complex cases flooding the system" (Farrow, 1997, p. 3) motivating government officials to explore new options. Many provinces passed new acts that placed more emphasis on exploring less intrusive measures, family preservation and prevention, before resorting to taking children into "high-cost" substitute care. In Alberta, the second revision of the *Child Welfare Act*, which was proclaimed July 1st, 1985, reflected this shift. Unfortunately, "child welfare delivery systems were not able to evolve in a manner consistent with the ideological shift in the legislation" (Alberta Ministry of Children's Services, 2001, p. 9).

In support of this ideological shift, in 1966, the Canada Health and Social Transfer (CHST) replaced the Canadian Assistance Program. CHST combined all federal cost sharing for health, post secondary education, social assistance and social services into one super block transfer. Expenditures on social programs no longer influenced the

amount of money to be transferred from the federal government, and provinces had to contend with picking up the increased costs in Child Welfare. Once again, this caused provincial Child Welfare systems to re-think how they were doing business.

But, even with this change in the federal funding formula, Child Welfare continued to focus on the child protection mandate, because the system is mandated by legislation to respond to any protection concerns reported. A tremendous amount of staff time is consumed with investigations at the expense of family preservation. To address this and other related issues, the Province of Alberta is currently undergoing a review of the *Child Welfare Act*. We have a challenging reality to contend with: “the caseload in Alberta has grown by approximately 88% over the last eight years and the numbers of children becoming subjects of Permanent Guardianship Orders have increased proportional to this overall caseload growth” (Alberta Ministry of Children’s Services, 2001, p. 1). This past year the number of Aboriginal children in care has climbed from 38.67% to 41.97% in Alberta. These statistics include delegated First Nations Agencies and Metis Settlements.

To cope with increased pressures not only to the child welfare system but also to all Ministry services in Alberta, such as health, justice, and education, Minister Pearl Calahasen launched the Aboriginal Policy Framework, “Strengthening Relationships”, in September 2000. A section in this framework deals with improving the socio-economic opportunities for Aboriginal peoples and communities; which involves supporting individual self-reliance and initiative; and working with First Nations, Metis Settlements and other Aboriginal communities in developing their economies to better sustain their

populations. This framework policy directs the Ministries to address Aboriginal well-being and self-reliance in their business planning and annual reporting requirements.

The Province of Alberta Aboriginal Policy Framework encapsulates a central theme presented in the Royal Commission on Aboriginal Peoples (RCAP), which is that governments need to fundamentally change how they relate to First Nations, Metis, and Inuit populations to combat the ever-increasing socio-economic costs for both Aboriginal and non-Aboriginal people in Canada. The RCAP report maintained that tweaking social policy will not work, and

The Commission concluded that delaying fundamental reform would cost far more in the long run: this economic analysis was affirmed by the Royal Bank of Canada's 1999 prediction that delaying Aboriginal policy reform will cost Canada \$7.5 billion annually to offset the effects of poverty, ill-health, unemployment and social disintegration. (Bird et al., 2002, p. 137)

The crux of the message is that "Canada's attempts to assimilate Aboriginal people (so they become "just like" other Canadians) have been disastrous in the past, and will not work in the future" (Bird, et al, 2002, p. 133). The Government of Alberta's Aboriginal Policy Framework represents this shift, as does the ARM in Child Welfare, FGC, and Restorative Justice models.

In summary, FGC offers a viable solution in Child Welfare, one that is less adversarial and works on the principles of strengthening relations and partnership. FGC is a grass-roots opportunity to enhance Aboriginal well-being and self-reliance and, if properly

implemented in true partnership with the Aboriginal community, will build community capacity. “Aboriginal self-reliance means the ability of First Nation, Metis and other Aboriginal communities and individuals to manage their own affairs, develop a sustainable economic base, and participate in partnerships with governments and private sector” (Alberta Ministry of Aboriginal Affairs, 2000, p. 11). Given this reality, it is imperative for child welfare professionals to understand the “big picture”, the wider significance of their work in the context of working with Aboriginal children and families. FGC proliferates basic fundamental principles of social work practice. Self-determination and self-reliance for Aboriginal people is everyone’s business. RCAP concluded that education is the biggest and most powerful component in government reform for improving relations with the Aboriginal community.

This historical overview was meant to provide greater insight into the root causes of the problem regarding the over-representation of Aboriginal children in care. Revisiting the past is necessary in order to appreciate and comprehend the changes required in “how” and the “way” in which services need to be delivered in Child Welfare. Taking a partnership approach that promotes capacity building and self-reliance appears to be the focus in the twenty-first century.

CHAPTER TWO – LITERATURE REVIEW

Review of Organizational Documents

This section outlines organizational documents I have reviewed that directly support the nature of this research project. These documents are contained within the Ministry of Children's Services, and Sakaigun Asky CFSA; clearly, support for the utilization of FGC is evident both at a provincial and regional level.

2002-05 Ministry and Sakaigun Asky Business Plans

The Ministry of Children's Services Business Plan focuses on the key components contained within the ARM. Similarly, the Sakaigun Asky 2002-05 Business Plan has the same focus as directed by the Ministry in its Business Plan. The following reference supports the utilization of FGC in the Sakaigun Asky CFSA Business Plan:

Core Ministry Business Goal 2.2: Children in need will be protected and supported by permanent, nurturing relationships.

Outcomes: Children and youth in need are protected from abuse. Children and youth in care are placed in secure, life-long relationships and stay connected to family and community.

Key Focus: Transforming child welfare and improving outcomes for children and families. Increasing the number of children in care who are reunited with their families or placed in permanent, nurturing relationships.

Strategy 2.2.2: Utilize Family Group Conferencing to increase natural and extended family/community involvement in establishing permanency plans for Aboriginal children and youth. (Sakaigun Asky, 2002, p. 12)

A second area in the business plan that has direct relevance in support of Aboriginal self-determination, partnerships, and increasing the level of family and community involvement in decisions that affect them is as follows:

Core Ministry Business Goal 3: Promoting healthy communities for children, youth and families

Goal 3.2: Communities will have the capacity to plan and deliver services that promote the well being of children, youth, and families

Outcomes: Communities are responsive to the needs, values and cultures of children and their families. Children, youth and families have opportunities to participate in decisions that affect them. Albertans are aware of and involved in addressing issues faced by children, youth, and families.

Key Focus: Strengthening the capacity and self-reliance of communities to plan and deliver services to meet the needs of children, youth and families.

Strategy 3.2.2: Partner with community agencies to increase the communities' capacity to meet the needs of children, youth, and families.

Strategy 3.3.3: Provide opportunities to ensure children in care have the opportunity to be connected to their culture. (Sakaigun Asky, 2002, p. 15)

Lastly, a staff member in Children's Services, Trish Smith, MSW, wrote a report entitled "Partnerships in Child Welfare Practice: Family Group Conferencing", December 2001. The intent of the report was to inform the Child Welfare Act Review Committee about FGC in response to requested submissions on innovative child welfare practices. In her paper, she suggests that consulting with "Alberta's Aboriginal communities would be an essential part of the process to assess the fit of the FGC model for implementation in Alberta" (p. 36). This is the primary intention of this research study, which is to partner with the Aboriginal community to determine the fit, and how to effectively integrate FGC into child protection services.

Other Relevant Documents

The researcher has reviewed the following documents and web sites in order to obtain a better understanding of the context and circumstances on child welfare reform, Aboriginal and government relations, and conferencing models utilized in justice, schools, and Child Welfare agencies worldwide.

- ❑ **Strengthening Relationships.** (2000). This is a Government of Alberta Aboriginal Policy Framework that focuses on strengthening partnerships with First Nations, Metis and Inuit.

- ❑ **Aboriginal Policy Initiative.** (2000). This is a cross-ministry strategy to improve service delivery for Aboriginal people. Inherent in this document is information

about process and strengthening partnerships that is directly applicable to the major project.

- ❑ **Royal Commission on Aboriginal Peoples (RCAP) (1996).** One of Canada's most recent and historic documents that provides relevant statistical information and recommendations relevant to strengthening relations between Aboriginal people and the federal government.
- ❑ **Gathering Strength: Canada's Aboriginal Action Plan.** (last updated 2002). The Department of Indian Affairs and Northern Development published this document in response to RCAP.
- ❑ **The Child Welfare League of Canada.** This Association promotes best practices and serves as an advocacy role "voice" for practitioners.
- ❑ **National Centre on Family Group Decision Making (FGDM).** This is a program of the American Humane Association and offers resource materials and publications in FGDM models, of which one is FGC.
- ❑ **Alberta Association of Social Workers.** This organization offers publications regarding best practices and resource materials relevant to the research topic.
- ❑ **Other Provincial Social Worker Publications.** Contain articles regarding 'partnerships' in child welfare service delivery and FGC.

- ❑ **Real Justice & Restorative Practices:** These websites offer publications, conferences, and other resources on the use of restorative practices such as Conferencing in Justice, Child Welfare, and Schools.

- ❑ **Community Justice Forums.** Aboriginal Policing, Canada Justice, has created a program called Community Justice Forums, which mirrors the principles in FGC. Both models are grounded in family and community based decision-making. They offer an alternative conflict resolution process, versus utilizing the judicial system.

Review of Supporting Literature

To help support this research study, this section contains a review of the literature on FGC in Child Welfare practice: a) Origin and use of FGC, and b) FGC Model and Process. These areas of the literature provide essential background material to help inform the research question. In doing so, it brings forth greater understanding about FGC, and captures learnings from other researchers and scholars on this subject.

a) Origin and use of Family Group Conferencing

The use of FGC in Child Welfare originated in New Zealand with the creation of the *Children, Young Persons and Their Families Act* in 1989. According to Wilmot, the creation of this Act “was a result of the concerns raised by the indigenous Maori

population over standard child welfare practices and their implications on tribal families” (2000, p. 1). In the early 1980’s, the Maori leadership became aware of actions taken by the New Zealand government who, due to protection concerns, were removing Maori children from tribal family homes at excessive rates. These children were primarily placed in non-relative state care, “resulting in a culture clash with the child welfare system” (Wilmot, 2000, p. 1). Consequently, the Maori people lobbied for legislation that would incorporate traditional tribal ways (Whanau Hui or FGC) to resolve issues of care and protection for their children.

In addition, prominent persons such as Mike Doolan, Chief Social Worker for the Children, Young Persons and Their Families Agency in New Zealand, strongly supported this type of legislation. This is evidenced by his 1988 paper *From Welfare to Justice*, which “urged that legislation be framed that gives whanau/family real status in the decision-making process of the judicial system” (Doolan, 1999, p. 2).

According to Barbour (1991), this legislation, and particularly the emphasis placed on FGC, grew out of a number of political concerns, including:

- (a) the perceived disintegration of traditional family structures and growing number of youths, particularly minorities, living in out-of-home care; the increased length of time in these care settings; and the multiple nature of these placements;
- (b) a shift toward reducing government interventions;
- (c) increased emphasis on community participation and accountability; and

- (d) decentralization of government services to local solutions. The Act enables and empowers families to make and implement decisions in cases of abuse, neglect and delinquency.

Since 1989, after this legislation was enacted, there has been international interest in the use of FGC, both as pilot projects and with statutory changes. In the same year, FGC legislation was passed in England and Wales (*The Children's Act*) and Victoria, Australia (*The Children and Young Persons Act*). "All have in common an underlying commitment for the State to work in partnership with families for the protection of children" (Swain & Ban, 1997, p. 35).

In Portland, Oregon, legislation went into effect in October 1997, "mandating that caseworkers consider having a Family Decision Meeting within 60 days of placement for every family whose children are in substitute care for more than 30 days" (Rodgers, 2000, p. 5). In 1996, the province of British Columbia designed FGC legislation, *Child, Family and Community Service Act*, which was proclaimed in June 2002.

In Canada, FGC sites include: "Montreal, Quebec; Sparwood and Fort St. John, British Columbia; Regina, Saskatchewan; four sites in Manitoba; three sites in Newfoundland; Etobicoke, Ontario; and Toronto, Ontario" (Smith, 2001, p. 4). The first FGC program in Alberta was a joint project in 1997 between Alberta Family and Social Services, the University of Calgary, and the Calgary Family Service Bureau, which operated for approximately one year. Two models are currently operating in Northern Alberta,

Neegan Awaw'sak, and Sakaigun Asky CFSA's. Both regions have placed a focus on using FGC for children placed in high cost, non-relative care. This past year, Edmonton CFSA has started training staff, and their program is in the beginning stages of development. Alberta is currently undergoing a *Child Welfare Act* review and it remains to be seen if FGC will be legislated. The Ministry is currently working on developing a provincial FGC training program.

A common reference found in the literature akin to FGC is Family Group Decision Making (FGDM). FGDM is “an umbrella term that primarily encompasses FGC and family unity meetings, which materialized as an important process to help strengthen families and create safety for children who are identified as being at risk of intrafamilial abuse or neglect” (Wilmot, 2000, p. 1). Within the United States, there are 37 programs that use FGDM, and “all but 5 use the Family Group Conferencing model, in which the family is left alone to develop a plan” (Rodgers, 2000, p. 10). The primary difference between FGC and Family Unity Meetings (FUM) is that, with FGC, private family time is considered a core element in the process, whereas, FUM does not include private family time.

Some of the earliest child welfare applications of FGDM processes were directed at early intervention opportunities to prevent out-of-home placement for children. For example, in 1995, Newfoundland and Labrador implemented FGDM “to eliminate or reduce violence against child and adult family members and to promote their well-being” (Pennell & Burford, 2000, p. 4). In the first year of implementation, 32 families had

conferences convened, and a large majority of children “were residing with their parents or relatives where apprehension was considered imminent” (Pennell & Burford, 2000, p. 4). There were a total of 472 participants, of which 384 were family group members and 88 were service providers. According to the results of this initial pilot, it was clearly evident that project families made more progress than comparison families in achieving greater safety. With increased caseloads and numbers of Permanent Guardianship Orders, “one place where FGDM has been increasingly used, is in agency reunification efforts with families whose children have already been placed outside the parental home by the court system” (Wilmot, 2000, p. 1).

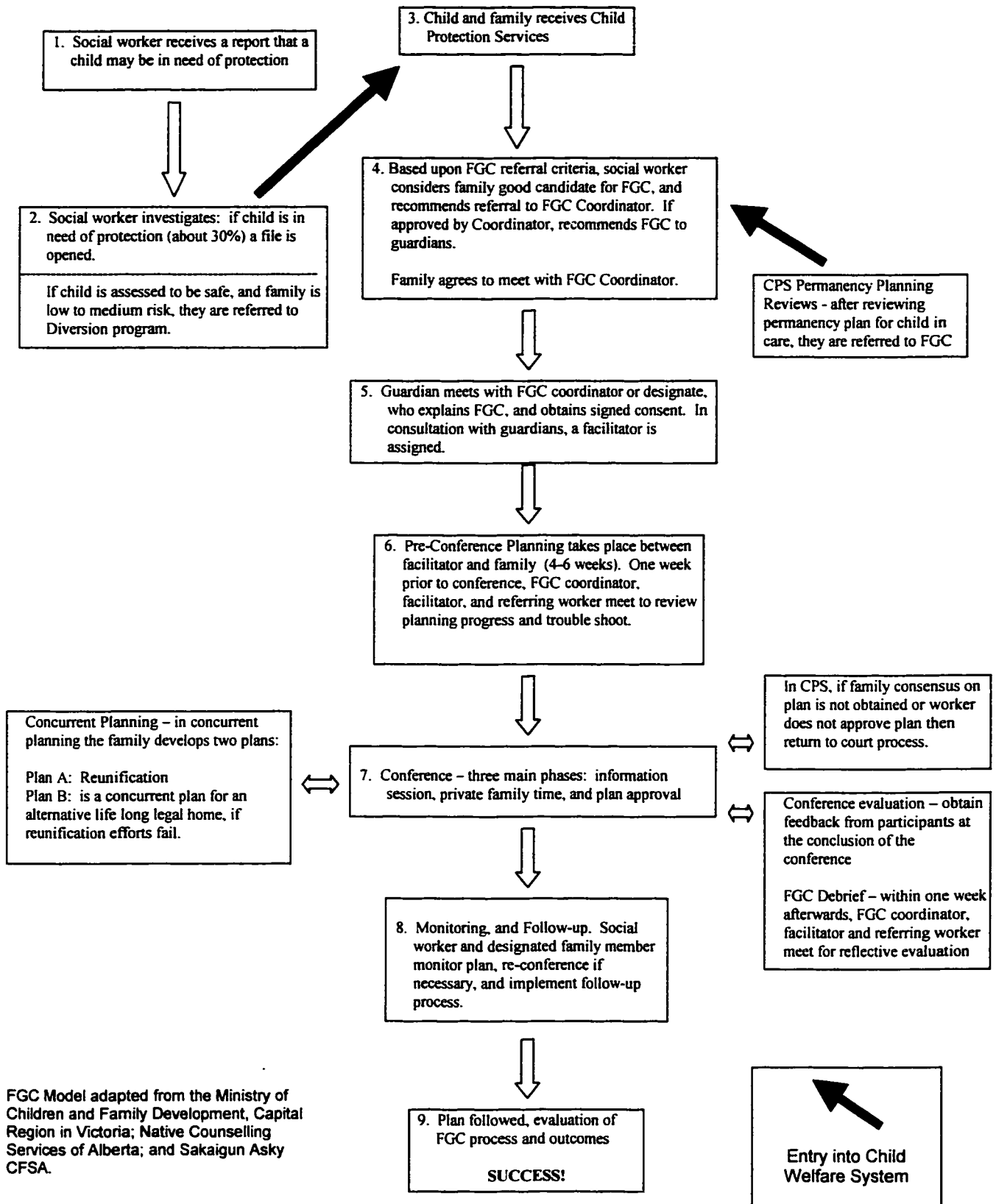
Pennell and Burford offer a good description of FGC for children in care. They propose that “by tapping into the strengths of families and their communities, family group decision making brings together the family in which the abuse or neglect took place, with their relatives, friends, and other significant supports to develop a plan to stop the maltreatment” (Pennell & Burford, 2000, p. 2).

In summary, it appears that FGC is extensively utilized for children in non-relative state care, and also has excellent application as a prevention strategy when apprehension is imminent. Whichever the case, in its most simplistic form the primary purpose of FGC is to “build and strengthen the natural caregiving system for the child” (Rodgers, 2000, p. 48). This concludes a synopsis regarding the origin and application of FGC in child protection services.

b) The Family Group Conference Model and Process

This section includes a diagram of the model and a description of the major components within the FGC process. This is not an exhaustive review, since that would consume this entire report and beyond. The intent of this section is to give the reader a deeper understanding on how to integrate this model into case management practice, along with issues to consider for success.

Family Group Conferencing Model



FGC Model adapted from the Ministry of Children and Family Development, Capital Region in Victoria; Native Counselling Services of Alberta; and Sakaigun Asky CFSA.

Description of FGC Model

This section will include a description of the FGC model components, which includes: A) Referral Process, B) Pre-Conference Planning, C) Conference, D) Monitoring and Follow-up, and E) Evaluation. A prevalent issue today is the debate concerning the legislation of FGC in Child Welfare and, therefore, this section of the literature review will conclude with a brief discussion on this topic, entitled, “Should FGC be legislated?”

A) Referral Process

In the model diagram shown on the previous page, it illustrates that a social worker can refer either after an investigation, or at any time in the permanency planning process. Ideally, the social worker would discuss the referral with their supervisor and the FGC Coordinator before recommending this process to the family. Then, with the consent of the legal guardians, the worker refers the family to the FGC Coordinator or designate, who can explain the process and obtain signed consent. In consultation with the guardians, a facilitator is then selected and the pre-conference planning begins. In Alberta, roughly 70%, of the reports received by child welfare determine that the child is assessed to be safe, but the family is considered low to medium risk. In these situations, after screening or investigation, the family may be referred to the early intervention Diversionary programs/Family Enhancement Path, or other community services. In these cases, FGC is not viewed as necessary or appropriate, since apprehension is not imminent. “The FGC is a developed model for extended families to significantly

contribute to decision-making when their children are at risk and have come to the notice of the authorities” (Burford & Hudson, 2000, p. 158).

Defining FGC Coordinator and Facilitator

A distinction in the use of the terms “coordinator” and “facilitator” needs to be made.

For purposes of this study, the FGC coordinator refers to the person responsible for ensuring the smooth functioning of the overall program, which includes: monitoring and evaluation, supporting child welfare staff and facilitators in their roles and efforts to work collaboratively; providing mentorship and training. The FGC facilitator, on the other hand, refers to the person responsible for working directly with the social worker and legal guardians in planning the conference, which includes: pre-conference planning, facilitation of the conference, follow-up conferencing if required, and evaluation. The coordinator is focused on achieving goal directed program outcomes, whereas facilitators are more concerned with process in order to achieve conference outcomes as determined by the parent/family, and referring worker.

Target Population and Implementation Tips

Careful thought and consideration regarding the target population for the conferencing program needs to be considered by the organization. Is FGC “a child protection service for all families seen to be at risk as in New Zealand, or as an alternative service to conventional practices for families and children likely to be placed in out-of-home living arrangements?” (Burford & Hudson, 2000, p. 189). According to Pennell, too often she has found “that agencies view FGC as another *tool in the tool kit*, that is in addition to

what they are already doing” (1999, p. 4). She maintains that this assumption disregards the core principles of FGC: family responsibility, advancing children’s rights, respecting cultural diversity, and building state-community partnerships. “All of these principles require a re-thinking of the roles of agencies and a reshaping of how they work with families, community groups, and other services” (Pennell, 1999, p. 4). In Child Welfare agencies where FGC is not legislated, implementation of FGC takes time, starting with small successes and growing from there. As social workers develop a greater understanding and accept the change in their role regarding “how” they work with families, the program eventually finds its rightful place in practice. Authorities piloting the program may be wise to narrow the target population or limit the volume of referrals to properly manage this change from a financial and human resource perspective. Full-scale implementation may be costly, and such an abrupt change may be met with confusion and resistance. By slowly introducing this concept into the system, it will be less of a “shock” and perhaps more palatable for social workers.

B) Pre-Conference Planning

After the FGC referral process has been successfully completed, the facilitator will endeavor to meet with the legal guardians (usually the parents) and begin to plan the logistics of the conference, which involves:

- a) obtaining contact information for all known paternal and maternal family members, fictive kin, community members who have a stake and interest in the family and child’s well-being, spiritual support (Elder or pastor), and other professional

members, i.e. Alcohol and Drug Treatment Counsellor, Youth Counsellor currently involved with the child and family;

- b) identifying a support person for each of the immediate family members;
- c) determining a date and location for the conference; and
- d) researching and noting culturally relevant aspects that should be included in the conference.

After this initial meeting with the parents, the facilitator begins to contact and invite these people to the conference. Ideally this occurs in person, then via telephone, and as a last resort, an invitation letter by mail. This process takes anywhere from four to six weeks. The parents may want to take the initiative to contact some of the conference participants first to advise them of the meeting and that a FGC facilitator will be contacting them. This should be encouraged, since it is their meeting. In any event, the facilitator should connect with everyone prior to the conference to ensure they have a sound understanding of the intent of the conference, who is attending, inform them about what is considered acceptable and unacceptable behavior, and to satisfy any questions they may have regarding their role in this event. “Some family members may be initially uncertain about participation, as they fear they will be exposed in front of professional strangers” (Swain and Ban, 1997, p. 38). Also, they are often surprised that they have been contacted, given reasons of confidentiality, and further taken back when informed that the family is required to develop the plan for care. This is quite a switch from conventional Child Welfare practice and, therefore, often met with suspicion. Ensuring that families select the venue and time for the meeting is crucial in demonstrating this

good faith; “it is pointless holding an ‘empowering’ meeting in an uncomfortable setting at a time which is inconvenient to most family members” (Swain & Ban, 1997, p. 38). Conversely, it is equally important for the facilitators to spend time “preparing the various professional agencies for the conference, explaining to them that their role is as an information provider and not a decision-maker” (Swain & Ban, 1997, p. 38). At times there may be disagreement among professionals regarding what information needs to be provided. In these situations, it is helpful to have a meeting with the professional workers a few days before the conference itself, so they can air out any discrepancies and ensure they prepare a comprehensive presentation that brings out all the necessary information so the family can then develop a plan to deal with the priority issues.

Pre-Conferencing Time Requirements

Pre-conference planning is time consuming and essential for success. Lisa Merkel-Holguin, Director, National Center on FGDM, has discovered that agencies often inadequately fund the facilitator positions. This position is highly complex, involves an array of skills, and is extremely time consuming. She maintains that the facilitator role should be separated from statutory workers, and Merkel-Holguin estimates that proper conference planning and preparation takes approximately 22 to 35 hours (Burford & Hudson, 2000). Additionally, Ted Keys and Anna Rockhill, who studied the Oregon conferencing practices, correlated less favorable results to poor pre-conference efforts that “often amounted to little more than a recorded set of instructions left on the phone with family by the child protection workers” (Burford & Hudson, 2000, p. 192).

Use of Facilitators

There have been many adaptations in the use of facilitators. Child Welfare agencies have trained child protection and non-protection workers, and some have contracted with community agencies or private consultants to provide this service. Clearly, authors on the subject recommend an outside third party is the best alternative. Since social workers are responsible to carry out an assessment (prove maltreatment), and are in charge of services, this “inevitably means that there are positions to defend, and work attitudes and histories that affect the view of the service needed” (Marsh & Crow, 1998, p.45). A contracted community agency or private consultant is “perceived” to be without bias, has no decision-making power, or vested interest in the outcome since they are not involved in the assessment of the problem, nor responsible for service delivery. Families are more receptive to this process if they believe the facilitator to be neutral and unbiased. Since the intent is to empower the family, impartial facilitation on family ground is necessary.

C) Conference

The FGC Conference usually occurs in a day, afternoon, or evening and, according to the literature, is comprised of three primary segments: information sharing, private family time, and plan approval. Following is an explanation of each, with a brief notation about ways to open and close the conference.

Conference Opening

It is important to determine culturally relevant practices and beliefs when designing an appropriate way in which to open a session that is familiar and agreeable to the family.

For example, in Aboriginal culture, smudging with sweetgrass and presenting an offering to an Elder, such as tobacco, so they can ask the Creator to assist in the process for the day (opening prayer) encompasses traditionally acceptable practice. Likewise, hospitality is highly valued in some cultures and, therefore, the host family may want to say a few words at the beginning to thank everyone for coming and make them feel welcome.

Prior to the meeting portion of the FGC commencing, there are a number of areas that should be covered by the facilitators to ensure safety, comfort, and clarity. Based on my experience and review of the literature, I would recommend the following areas be covered:

- a) the intent and purpose for the conference;
- b) process for the day/agenda: information giving, private family time, plan approval, monitoring & follow-up, and evaluation;
- c) ground rules to guide appropriate conduct, ensure safety and respect of participants;
- d) housekeeping items: smoking, washrooms, break-out rooms, dinner and/or travel arrangements, etc.;
- e) participant introductions, if not already covered in the opening, and;
- f) allow for questions regarding the process or any other concerns to be expressed before commencing with information sharing by professionals.

Information Sharing

This primarily involves a presentation by the referring social worker regarding the child and the family's involvement with protection services. The intent of this presentation is to inform conference participants about the child protection concerns, and the areas that need to be addressed in order to reduce or eliminate the need for child welfare involvement in this family's life. Other professional members might also attend and share information that is directly applicable to the nature of the child protection concerns and provide information about resources they can offer. These persons might include: the child or family mental health therapist, psychologist, school or youth counsellor, police or probation officer. The rule of thumb is that professionals should not outweigh the number of family members, support persons, and fictive kin present. During this time the facilitator attempts to outline on a flipchart "the key questions the family need to consider in their private time, in order to meet the protective needs of the child" (Swain & Ban, 1997, p. 38).

Following the presentation, family members should be given ample opportunity to ask questions for clarification only. The child welfare system is laden with legal terminology and full of jargon; therefore, it is necessary to allow participants an opportunity to ask questions before going into private family time. This question period is not an examination or interrogation of the social workers case management practice. Given the adversarial nature of the child protection system, angry, frustrated parents or family members will often try to point fingers, diffuse blame, or disagree with the assessment or actions taken by the child welfare worker. Allowing the discussion to venture into this

arena counteracts the intent of the conference, causes negative energy and further conflict. If facilitated properly, this process offers an opportunity to eliminate “us-them boundaries between families and the service system, which only perpetuate problems and limit solutions” (National Child Welfare Resource Centre for Family-Centered Practice, 2000, p. 10). Maintaining a focus on the child helps participants focus on the task at hand, which is to develop a plan for the child’s safety and upbringing.

Private Family Time and Concurrent Permanency Planning

The second phase of the conference involves leaving the family alone to develop a plan for the safety and care of the child. This may also include determining what actions and support is necessary for rehabilitation of the parents, when reunification is an option. If the child is living in non-relative care and reunification with biological parents is an option, concurrent planning is what the model diagram suggests. “Concurrent planning provides for parental reunification and rehabilitative efforts while simultaneously developing an alternative permanent plan for the child” (Katz & Robinson, 1999, p. 4). In the printed materials offered by Sakaigun Asky CFSA, Plan A involves all of the specific actions required with timelines to address the safety concerns and achieve reunification, and Plan B is a concurrent plan for an alternative lifelong permanent home, if reunification efforts fail. With concurrent planning, the child is immediately placed with the family member willing to care for this child until they are able to safely return to their parents’ care, and if not, the child remains there until their adult life. Either way, the child is given an opportunity to be raised in a permanent, stable, culturally appropriate home. This feature eliminates ‘foster care drift’. In situations where

reunification is no longer an option, FGC offers parents (if available) and family, the opportunity to develop a permanent plan and, within their capacity, assume responsibility for the safety and care of the child. The alternative is that child welfare decides, with minimal or no family consultation.

Proponents and Opponents of Private Family Time

The issue of private family time is an area of debate. Proponents of private family time maintain that the family members needs to be left alone to summons or reclaim some of their strengths, be given a chance to harness their own resources, to express themselves without professional scrutiny, and given a chance to take responsibility. Social workers do not need to know all the details and rationale for the family's decision; hence, family secrets can remain secrets. They only need to know that the plan ensures the child's safety. Also, in Alberta, a home assessment is required as stipulated in *Child Welfare Policy* before placement of a child in care, and the family should be informed of this policy by the referring social worker during the information sharing session.

Opponents of private family time maintain that the family needs support, especially low functioning families, to help guide their conversation and maximize productivity. Social workers are fearful that children may be used as a scapegoat, pawn, or be emotionally traumatized by this process. In some instances there is concern violence might breakout, or that a dominating family member will exercise coercion. There is a long list of worries. However, several research studies denounce these inhibitions, and strongly support the use of private family time. Burford & Hudson (1998) found that in the

majority of instances family time was used profitably to address the information presented, the child's needs, and to formulate a plan. They concluded it was not only the professionals that were anxious about leaving families alone, sometimes the families themselves were also leery, "fearing that their family lacked the practical or emotional resources to participate" (p. 112). Generally, families appreciated the work provided by the facilitator in preparing them for the conference but "the overall feeling of the family members was that it had not been as difficult as anticipated" (Burford & Hudson, 1998, p. 112). As a support and safety feature, the facilitator stays on site and is easily accessible by the family, if needed. As well, the social worker should also be in close proximity should the family require assistance or have questions that need answering before a tangible plan can be drafted.

Plan Approval

After the family is satisfied with the plan for care they have developed, the facilitator is called back to review the plan and ensure all required elements are contained, such as: specific goals, timelines, rehabilitation activities, behavioral changes required to ensure safety, the existence of a concurrent plan, and so forth. Once this is ironed out, the social worker is asked back to the family meeting, and a family member presents the plan. The facilitator guides this discussion, some negotiation and clarification may take place, and the plan is approved on the basis that it meets the safety and developmental needs of the child. Also, during this time, the family advises the social worker who will be the family's contact person for monitoring the plan. Often this person is an extended family

member, but the family can select anyone in attendance at the conference to serve in this capacity.

In the event the family reaches no consensus, or the social worker does not approve the plan, things revert to the pre-conference state and traditional case management resumes. The statistics regarding social worker approval and achieving family consensus are extremely encouraging. The Swedish Association of Local Authorities found that “of the seventy-four plans that were included in the study, seventy-two (97 percent) were accepted by social services. Of the two unacceptable plans, one was accepted by social services at a later date” (Burford & Hudson, 2000, p. 200). All families were able to agree on a plan and private family time took an average of 160 minutes. The Swedish study concluded that FGCs empowered the families, and “family members were supportive and determined to solve the problems effectively” (Burford & Hudson, 2000, p. 200). This experience is the same for the Sakaigun Asky FGC program. For each of the conferences convened over the past three years (approximately 10), all were approved by the social worker and family consensus was achieved.

Conference Closing

Once again the family may want to close the meeting based on their spiritual or cultural practices. This may involve a prayer by an Elder or pastor. As well, the family may want to consider the idea of planning a celebration when the child is reunited with their parents, extended family, or permanently placed in an alternative, legal lifelong home.

D) Monitoring and Follow-up

An important element in the family plan includes a section on monitoring and follow-up. It is the facilitator's responsibility to ensure that all parties genuinely agree with the plan, so there is a high level of buy-in and ownership. The form of monitoring may vary widely from case to case and, therefore, needs to be flexible. Given the responsibility for case management, social workers usually have a large monitoring role and a family member usually from within the extended family, perhaps fictive kin, is also chosen to help monitor the plan. Close monitoring of the plan will help to accommodate changes necessary to achieve the goals set. A downscaled conference may be necessary to obtain valuable feedback from the family in assessing the progress or successful completion of the plan. Successful completion of the plan needs to be clearly defined at the front end to ensure all parties fully understand their roles, expectations, and how to define success.

Once the initial conference has ended and the plan has been agreed to, written up, and circulated, the facilitator discontinues his or her involvement with the process. From beginning to end, they are to remain neutral and not concern themselves with outcomes, only process. Their services may be called upon once again to facilitate a follow-up conference if required. But, unless a feedback loop is built in, facilitators will often not be aware of the long-term outcome. Does this matter? Is it important for facilitators to be aware of conference outcomes? This question should be explored in the design of the overall FGC program.

E) Evaluation

An opportunity for conference participants to provide feedback at the conclusion of the conference is necessary for continual improvement. Also, within one week after the conference, a debriefing meeting between the FGC coordinator, social worker, and facilitator is suggested in the FGC model diagram. The purpose is to review what went well, not so well, and discuss recommendations for improvement. This allows for continuous learning. Lastly, a long-term evaluation framework should be designed to measure the effectiveness of FGC against the intention of FGC. But, first the question, “what are we trying to accomplish with FGC?” needs to be answered and, more importantly, understood by the organization. Then one can map out the evaluative framework against the intended outcomes. What we measure is what we value, and it is important to remember whose doing the measuring and to ensure no one is marginalized in the process.

Should FGC be legislated?

An area of debate in the professional community is whether FGC should be voluntary or mandated through Child Welfare legislation. New Zealand’s perspective is that “unless the FGC is a legally mandated process, it is susceptible to the changing views of policy makers and has the potential to become a weak shadow of its intended self” (Doolan, 1999, p. 5). There are others who uphold that the process needs to be voluntary. The rationale is that child welfare practice should do things *with* people on a voluntary basis, rather than *to* or *for* them. This notion is paramount in restorative justice principles,

which are closely aligned with FGC. “Because restorative justice is grounded in community involvement, it is not possible to implement a comprehensive restorative justice system without community ownership and support” (Pranis, 2002, p. 1).

At this juncture, I rest with the opinion that legislation of the “program” is not necessary, what is relevant are the underlying principles supporting this program. Therefore, I would suggest that child welfare legislation remains at higher-level principles rooted in values. For example, if “partnership” and “family based decision making” were seen as a guiding principle in legislation to be reflected in service delivery, we would see increased parent, family and community involvement. This value would permeate child protection services and encourage a variety of partnership models in permanency planning, such as FGC. In addition, maintaining a flexible program delivery system is more favorable for responding to environmental changes and accommodating diverse family needs. Core principles and values transcend overtime and provide the framework for the way in which services are delivered. If the principle “family based decision making” were legislated, undoubtedly, this would translate into important issues of respecting cultural diversity, child safety and family preservation. Partnership means, “the sharing of power and decision making” (Smith, 2001, p. 3), and true partnership accommodates values of egalitarianism and inclusion, where everyone is treated equally and fairly, with openness and respect. Therefore, it is not FGC that needs to be legislated, rather the principles upon which it rests, which is what I believe Mr. Doolan is trying to convey in his comment about FGC becoming “a weak shadow of its intended self”, unless legislated.

Egalitarianism and inclusion are also core values found in Aboriginal paradigms.

Aboriginal worldview is cyclical, holistic, relational, and views all things as being equal and to be treated with respect. “The creator made everybody, as equal, including humans, animals, plants, and inorganic life” (Cawsey, Little Bear, Cooper, Galet, Bertolin & Franklin, 1991, p. 9-4). FGC aligns with this frame of thinking. The principle of inclusion allows for participation of family, extended family, fictive kin, community members, spiritual leaders and professionals, who care about the safety of the child and the well-being of the family as a whole. As Margaret Wheatley suggests, “it is the participation process that makes the plan come alive as a personal reality. People can commit themselves because it has become real for them” (Wheatley & Kellner-Rogers, 1998, p. 69). This notion supports relational accountability, where everything is connected and affected. According to Pranis, FGC intertwines accountability and support:

Answering to those you love and who love you, as well as those you hurt, is at the heart of conferencing. Knowing that you are loved and lovable, even if you have made a mistake, makes it possible to face the pain of full disclosure of the impact of your behavior. And those who love you know it is good for you to face yourself in a full understanding of what you did to others—but it would be harmful to you to do that without love and support. Accountability is a natural byproduct of appropriate caring. (Burford & Hudson, 2000, p. 43)

Pranis (as cited by Burford & Hudson, 2000) claims the child protection system yields enormous power over the physical lives of families and can lay down ultimatums, but has

proven virtually powerless in affecting their minds and hearts. The desired behavior change child welfare workers are looking for needs to come from the mind and heart. Conferencing honours the integrity of the family and self in the process of healing by taking an empowering approach. It offers an opportunity for a caring approach in setting limits on behavior and enacting deeper level change.

This concludes a review on the FGC model, process and issues for consideration.

Clearly, FGC casts a wide net and encourages widespread participation for those who care about the well-being of the child and family. The conferencing process builds cohesiveness in the development of shared values to formulate a plan. It helps social workers in their efforts to broaden their own cultural lens, and become more open and accepting to different ways of doing things. Creative solutions that are culturally appropriate and satisfy developmental needs can then be found in achieving permanency and stability for a child.

CHAPTER THREE – CONDUCT OF RESEARCH STUDY

Research Methods

The form of systematic inquiry chosen for this project is Participatory Action Research (PAR), which encourages people to work collaboratively in finding new ‘ways of knowing’. It is about meaning-making and discovery, and involves “the systematic gathering and analysis of data followed by a conscious process of evaluation and reflection on the lessons learned” (Greer, 2001, p. 1-10). The key principle in Participatory Action Research is that organizational members are involved from the very beginning in the design and execution of the research. This participation continues to the very end with the production of conclusions and the implementation of recommendations. A mentorship collaborative, comprised of key organizational and community members, was established by the researcher for this said purpose. Participatory Action Research is client focused, subjective in nature, pragmatic in purpose, cyclical, and relies heavily on inductive approaches based in real-world settings. This research study is based in a real world setting, is problem focused, and necessitates organizational change.

A second and equally important consideration is that the methodology needs to address issues of marginalization. As discussed in Chapter One, Aboriginal people are a marginalized group in Canadian society. Qualitative research (PAR) accommodates marginalized groups since it “offers participants the opportunity to tell their stories from

their point of view in an unpretentious, natural, comfortable setting” (Makokis, 2000, p. 92).

The critical questions that communities and Indigenous activists often ask include:

“Whose research is it? Who owns it? Whose interests does it serve? Who will benefit from it? Who has designed its questions and framed its scope? Who will carry it out? Who will write it up? How will the results be disseminated?” (Smith, 1999, p. 10).

Pressing deeper, these questions hinge upon judgments people are trying to make when determining whether the researcher has ‘pure’ intentions, or a hidden agenda. These questions often arise due to the tremendous distrust Aboriginal people have with research. Smith (1999) maintains that western researchers (outsiders) have sought to “extract and claim ownership of aboriginal ways of our knowing, our imagery, the things we create and produce and, then, simultaneously reject the people who created and developed those ideas and seek to deny them further opportunities to be creators of their own culture and own nations” (p. 1). For the past 20 years, I have heard Aboriginal leaders, Elders and, in particular, my father, Larry Desmeules, former President, Metis Nation of Alberta (1988-1993), comment to government officials when trying to advance the position of Aboriginal people in Canada, that “Aboriginal people are the most studied population by non-Aboriginal people in Canada, yet this has made little difference in the betterment of their lives.” In his opinion, research studies became barriers for action to be taken. His position was that Aboriginal people know what needs to happen. What they need is a voice, along with permission and support to act on behalf of their own affairs, in partnership with the rest of Canadian society.

According to Smith, the term 'research' is "inextricably linked to European imperialism and colonization" (1999, p. 1). A recent illustration of this reality is the use of the term FGC. Several years ago when Sakaigun Asky CFSA hired a consultant to design this program, I can recall Aboriginal people in the region suggest the term 'healing circle' be used, since the term FGC held no meaning for them. The research consultant chose not to honour their input. As an Aboriginal researcher (insider), one of my objectives is to ensure Aboriginal views are not marginalized in this project.

...the goal of a different model of research is clear. It should empower the people who are normally just the objects of the research, to develop their capacity to research their own situations and evolve their own solutions. It should embody a relationship where expertise is a resource available to all rather than a form of power for a few. (Connell, as cited by Kirby & McKenna, 1989, p. 26)

This community action research project offers a collaborative approach for inquiry, providing all stakeholders with the means to take systematic action to resolve the problem concerning the overrepresentation of Aboriginal children in care. Participatory action research enables "indigenous researchers to work as researchers within their own communities" (Smith, 1999, p. 127). Additionally, a Mentorship Collaborative was enacted to ensure the research was conducted with integrity, and the findings accurately reflect the data collected from participants.

As a researcher, I am bound by personal and professional ethics to reveal my own subjectivity in this research. As a Metis person, I proudly honour both my European

ancestry (Switzerland – origin of my surname “Desmeules”), and my native ancestry, Cree and Ojibwa. However, a significant feature of my Euro-Canadian heritage is that it has afforded me privilege: the privilege to obtain an education, work as a professional, and the luxury of being raised in a stable, loving home. This privilege is actually basic human rights in Canada, but regrettably, minority classes are not obtaining these same opportunities. Essentially, my lightly colored skin affords me certain rights and privileges not experienced by my darker colored Aboriginal relations. Another Metis woman and author, Kim Anderson, masterfully explains this experience. She wrote a book to help dispel the abuse and suffering endured by Native women with the hope her novel “will advance the decolonization of our womanhood, and in doing, create a healthier future of all Native peoples” (Smith, 2000, p. 17). I was enamored by the similarity of her life experience with mine, as a Metis woman living within one world, with two diametrically opposed worldviews. In her book, “A Recognition of Being: Reconstructing Native Womanhood,” she shares how people would say to her that she doesn’t look Indian, which is what I have heard my whole life. In a brilliantly simplistic fashion, she explains how her lightly colored skin affords her privilege and serves to define her purpose, which is best spoken in the words of a Penobscot Elder:

She is that way for a reason. She can go to places we can’t go. She can speak in places we can’t speak. People like her have been part of our culture ever since time began. We have always had people like her to do the work we can’t do.

(Anderson, 2000, p. 31)

It is my intent to utilize the privilege afforded me to conduct this research in an ethical manner to benefit both my Euro-Canadian and Native relations, for the betterment of Aboriginal children and families, and Canadian society as a whole.

In closing, I would like to share that initially I felt 'evaluative' research would be more appropriate for this study, since FGC has been operating in the region for three years. But, I changed my mind after discovering that the intent of the program is not well understood by staff working in the organization or by Aboriginal people living in the region. Since evaluation research is about making judgments and comparisons about 'what is' with what 'should be', it became apparent that the whole question of 'intention' is unclear. There existed no collective or shared understanding between the Aboriginal community and government regarding why FGC is important. What is its intention? What should it look like? Therefore, I decided to start at the beginning in a true partnership approach to re-search its intention. Then an evaluative framework can be designed to measure the intended outcomes agreed upon by all concerned.

Ethical Considerations

This section explains how the researcher accommodated the humanistic and ethical principles, as outlined in the Royal Roads University Research Ethics Policy.

Additionally, this research project was approved by Royal Roads Ethics Committee in September 2002, prior to the commencement of the data collection phase.

According to Greer, there are two broad categories that research ethics fall into: “1) a commitment to doing research with integrity, and 2) treating participants with respect, care and consideration” (2001, p. 1-14). More specifically, according to Royal Roads University Ethics Research Policy, there are eight principles to which research involving human subjects must adhere. Following is a brief explanation of the eight principles, and measures taken by the researcher for compliance:

Respect for human dignity: several actions were taken by the researcher in the data collection phase to eliminate any negative adverse effects on the participant’s dignity or welfare. For example, ensuring a safe and respectful environment for the focus group sharing circle, and supporting the FGC facilitators and social workers in a positive manner.

Respect for free and informed consent: the researcher fully explained the FGC program and research project to participants, and they signed a voluntary consent form. Participants were informed that without prejudice they could withdraw, raise concerns or change their mind at any time in the process.

Respect for vulnerable persons: Based on the opinion of an authorized third party, such as a psychiatrist, the researcher determined if subjects were “competent to give free and informed consent” (RRU Ethics Policy, 2002, p. 4).

Respect for privacy and confidentiality: All raw data was kept in a locked filing cabinet. No one but the researcher and the participant who provided the information reviewed the data. Group categories, rather than names, were used for data entry and research reporting.

Respect for justice and inclusiveness: Optimally, research processes need to foster egalitarianism, where both parties are considered equally legitimate. From “the onset, research should be based on a presumption of sharing power rather than usurping and further monopolizing it” (Palys, 1997, p. 115). Unfortunately, a power imbalance exists between social workers and clients and, therefore, the research methodology accommodated the existence of this power imbalance. For example, Aboriginal clients were given an opportunity to share their perspectives away from professional scrutiny, in an unpretentious and comfortable setting.

Balancing harms and benefits: throughout the project, the researcher clearly conveyed that participation is voluntary and no repercussions will result from a refusal to participate. Clients were informed that participation would not have any change or affect on their current status and standing with social services.

Minimizing harm: According to Palys, “humanistic obligation requires us to consider our research participants and minimize or make negligible the adverse effects of research on them” (1997, p. 92). To help minimize harm, I was accessible to participants who wanted to call me afterwards or meet one-on-one to debrief their experience. FGC

facilitators and participants often connected with the researcher afterwards. This helped participants come to terms with negative feelings generated from participation and eliminated any adverse effects. As well, I made certain the participants were assured they were heard and understood.

Maximizing benefit: The research process needs to support participants in maximizing benefits derived by their participation. I explained to social workers the benefits of their participation, such as increased job satisfaction by achieving positive outcomes for Aboriginal children in care. I spent time explaining the benefits of this research to members in the Aboriginal community such as helping Aboriginal children in care, and moving closer towards a model of service delivery that is more empowering for families.

Mentorship Collaborative

As mentioned previously, the researcher formed a Mentorship Collaborative comprised of the Project Sponsor and co-informal sponsors. The purpose of the collaborative was to advise and support the researcher from the beginning to end of the project, which includes: methodology, data collection, and interpretation of study findings. Some members expressed interest in continuing to support the project after the research was completed. Throughout the study the researcher frequently consulted with members on the collaborative either in person, by email, or telephone. A face-to-face meeting of the

collaborative was not necessary, although many participated in the focus group sharing circle. Following are the people who participated on the Collaborative:

- **Gord Johnston**, Chief Executive Officer, Sakaigun Asky Region #12 CFSA. On behalf of Sakaigun Asky, Gord Johnston sponsored the research project. Tremendous support and resources were made available in order to facilitate the research, including time allotted for the researcher to write the final report. In addition, the following staff persons within Sakaigun Asky were regularly consulted given their technical knowledge and level of interest:
 - ◆ **Joni Brodziak**, Director of Programs (South). She is Metis, has an extensive background in child welfare, and provided advice to the researcher on how to solicit staff and client participation in the project. At various stages, she provided input and advised the researcher on issues pertaining to the integration of FGC into case management practice.
 - ◆ **Brenda Wasylik-Phillips**, Casework Supervisor. She offered insight into many areas: how to overcome challenges experienced at the FGC referral stage with resistant clients, how to adequately prepare social workers for a conference, and shared her views regarding the intention of FGC in child protection services.
 - ◆ **Brian Clark**, Social Worker. He offered technical advice from a field perspective and constructive views regarding the effective application of FGC into case management practice throughout the duration of the project.
- **George Bretton, and Veronica Morin, Elders**. Provided guidance to the researcher as it pertains to empowerment and self-reliance for Aboriginal children and families,

use of traditional ceremonies in conferencing and blending of traditional values with FGC process.

- **Dr. Bill Wong**, Director, Accountability and Support Division, Ministry of Children's Services. On frequent occasions the researcher solicited feedback and input regarding the major project proposal, methodology, data collection, and final report recommendations. He was supportive and insightful.
- **Dr. Patricia Makokis**, Director of Curriculum Development, Blue Quills First Nations College. Pat has an extensive background in research, leadership and program development ideology in capacity building, increasing self-reliance and self-determination for Aboriginal people. She provided mentorship support in all phases of the project.
- **Allen Benson, CEO, Native Counselling Services of Alberta.** The researcher worked closely with this organization since Sakaigun Asky contracts this agency to deliver the FGC program. Allen made it possible for several staff members to provide consultative advice and support, and the people directly involved were: Randy Sloan, Director of Operations; Linda Miersch, Northern Region Manager; and Gloria Auger, Criminal Court Worker and FGC Facilitator.

Data Gathering Tools and Study Conduct

The following data gathering tools were proposed in the Major Project Proposal and approved by the RRU Ethics Committee: a) interviews, b) questionnaire survey, c) observation of a FGC and post-conference interviews and, lastly, d) focus group sharing circle. This section will involve a description of each information gathering process, participant groups involved, the procedures used to engage participants, and study conduct outcomes.

To solicit widespread participation in the data collection phase, in September 2002, I made presentations to the Senior Leadership and Regional Management Team for Sakaigun Asky. The intent was to receive feedback and support in accessing participants for each of the data collection methods selected for the study. I also made a presentation to staff members at Native Counselling Services of Alberta for this same purpose. Following is a description of the four data collection tools proposed, and implementation results.

- a) Interviews** – the plan was to conduct in-person interviews with three to five former FGC Aboriginal clients who participated in an FGC in the past two or three years. The intent was to target a biological parent, a youth/child in care, and extended family member(s) such as a grandparent, aunt or uncle. It was determined that the Casework Supervisors would supply names and contact information to the researcher, which did not happen. In discussions with Casework Supervisors and a Director, the

reasons may have been any one or a combination of the following: i) former clients whose child protection file was closed, precludes the researcher from contacting the client for reasons of ethics in Child Welfare Policy, ii) clients in crisis or too unstable (low mental competency) are exempt from participating, iii) unknown whereabouts of clients; and d) staff unwilling to provide names for any number of reasons (no time, lack of interest).

Since participation in the research project was voluntary, the researcher did not push the issue, fearing that by appearing “forceful” in any way, may cause resistance and jeopardize the project early in the data collection phase. Therefore, in consultation with the Project Sponsor, this methodology was dropped knowing that the third data collection method (observation of a FGC) would provide the researcher with direct access to Aboriginal clients who experienced this process.

- b) Questionnaire survey** – the researcher asked the Project Sponsor and Native Counselling Services of Alberta to identify staff within their organizations that had experience with the FGC program over the past two to three years. They received a letter of invitation to participate in the research project (see **Appendix A**). The results were favorable; four completed questionnaires were returned out of six child welfare workers identified. One worker was away on extended leave, and the other person indicated they did not have the time to complete the survey. One questionnaire was returned from the two FGC facilitators that were identified by

Native Counselling Services of Alberta. The survey results were tabulated into summary form to maintain respondent anonymity.

- c) Observation of a FGC (sharing circle or post-conference interviews) - on November 16, 2002, I observed an FGC that was referred in early October by a social worker in the region. The FGC facilitator and social worker signed the research participant consent form (see **Appendix B**), and the researcher also met personally with the biological parent and grandmother to obtain signed consent. After this point, I allowed the pre-conference planning process to commence, and approximately four weeks later observed the conference. On the morning of the conference, I introduced the research study to the rest of the participants and sought permission to observe the process. After discussion, questions, and minimal debate, they agreed to participate in the study and each participant signed the consent form. I took observatory notes throughout the entire day and, after the conference was over, had an opportunity to debrief the experience over dinner with the Casework Supervisor and FGC facilitator. The dialogue was rich with fresh insight, and key learnings were recorded in my researcher's journal. A couple of days later, the FGC facilitator agreed to meet with me and brainstorm ways to improve the conference process that would address some of the challenges experienced. These recommendations were tested out a couple of weeks later when I ended up facilitating an FGC on November 30, 2002. This occurred because the NCSA facilitator was on bereavement leave, and on the recommendation of the referring social worker with the consent of the family, I stepped in as the facilitator for the day rather than postponing the conference. This**

afforded me an unplanned experiential learning opportunity, which is one of the wonders of engaging in Participatory Action Research in a real-world setting. Key insights from this experience were entered into my researcher's journal.

At the end of the Conference, I asked participants to identify on a sheet of paper whether they would be willing to participate in a telephone interview within the next week, and thirteen people signed up. I elected to go with a telephone interview since many of the conference participants lived out of province. The telephone interview was semi-structured and the following questions were asked:

- 1) did you feel adequately prepared prior to attending the FGC? (prompts: did you understand the purpose for the meeting? did you understand your role?)
- 2) what did you like/dislike about the conference?
- 3) do you have any recommendations that would improve this FGC process for other Aboriginal children and families?
- 4) do you want to add any other comments or any questions?

Within one week after the conference, I had a telephone interview with three participants (biological father, Elder, and uncle) and interviewed three more participants within six weeks afterwards (grandmother, grandfather, and sister). The researcher recorded the key messages conveyed in the interview on computer using Microsoft Word. At the end of the interview, some of the key phrases were read back to participants to ensure the notes taken accurately reflected what they were trying to convey.

d) Focus Group Sharing Circle - a mixture of participants from the Mentorship Collaborative, Sakaigun Asky staff, Aboriginal FGC participants, and community members attended a focus group sharing circle on November 29, 2002. The researcher consulted members on the Collaborative regarding their availability to attend, and to identify other people they felt could contribute to the topic. In attendance were 13 participants from the following organizations and community-based programs in the region: Native Counselling Services of Alberta, Ministry of Children's Services, Sakaigun Asky Children Services, Blue Quills First Nations College, Mannawanis Canadian Native Friendship Centre, Saddle Lake Restorative Justice, Women's and Men's Healing Circle's, and St. Paul Sexual Abuse Healing Program. Among persons connected with these agencies listed were Aboriginal people involved as participants with the FGC program, a psychologist, a Cree language instructor and historian, educators, facilitators, people knowledgeable in the Alberta Response Model, Sakaigun Asky CFSA staff from all levels in the organization and, lastly, mothers, fathers, and grandparents.

The researcher served as the facilitator for the session and Elders were consulted on how to design the day, as were the members of the Mentorship Collaborative.

Three main focus questions were posed during the day. They were:

- 1) what do you believe is the intent or purpose of FGC?

- 2) how can the existing FGC model operating in the region be enhanced from an Aboriginal perspective to achieve ARM outcomes, and honour the principles inherent in self-determination? and,
- 3) what key components or considerations are necessary for successful implementation of FGC into case management practice? (see **Appendix C**)

The design of the space for the focus group sharing circle was carefully planned to help participants feel comfortable. An FGC resource table was set up for participants, candles were lit in the four directions (north, south, east and west), and chairs arranged in a circle format. Refreshments and snacks were provided throughout the day, along with lunch by the Project Sponsor. The researcher greeted people arriving; they received an information package, name tag, and were required to sign the participant consent form. The session began with an opening prayer and a grounding circle. The grounding circle is a traditional Aboriginal practice that the Elders on the Mentorship Committee suggested be used to open the session, and helps to reinforce the ideology that everyone is equal; there is no hierarchy. There are three things participants were asked to speak about in the grounding circle: explain who you are, where you are from, and your interest in the topic today. This circle took over an hour to complete, and participants spoke passionately about the topic. A break was provided and, next, a video on FGC, produced by Health Canada, was screened illustrating the process for a family experiencing domestic violence. The decision to use this medium was to accommodate any low literacy levels and to bring everyone up to speed on the application of FGC in child protection services. Then,

three focus questions were discussed in the next three rounds: what is the intent of FGC? how can the model be enhanced to achieve ARM outcomes and Aboriginal self-determination? and what components are necessary for successful implementation into case management practice? The last round consisted of a sharing circle for participants to share their thoughts about the day or the topic. The researcher advised participants what would be happening with the data and offered a copy of the final report for those interested. The session ended with a closing prayer.

The Focus Group Sharing Circle was videotaped and a recording secretary captured the dialogue on laptop. Unfortunately, the sound on the videotape was inaudible and after consulting with a sound technician it was concluded that the audio levels were too low to distinguish voices. The researcher also jotted down notes throughout the day. After the session, the researcher debriefed the day with the Aboriginal FGC facilitator and key insights were entered into the researcher's journal.

In conclusion, it needs to be mentioned that in addition to the above four data collection methods, a number of action research learning cycles took place which are best described in the following excerpt by Stringer (1996):

As experience will show, action research is not a neat, orderly activity that allows participants to proceed step by step to the end of the process. People will find themselves working backward through the routines, repeating processes, revising procedures, rethinking interpretations, leapfrogging steps or stages, and sometimes making radical changes in direction. (p. 17)

In this PAR project, I engaged in continual dialogue with people to learn about the diverse perspectives regarding the intention of FGC. In addition, at the beginning of the data collection phase, in September 2002, the Sakaigun Asky CFSA Senior Leadership Team appointed me with FGC Coordinating responsibilities. This spurred on tremendous learning dialogue among staff, FGC facilitators, and clients, in my effort to support the process, build trusting relationships and foster teamwork. In November, I had an opportunity to attend a Community Justice Forum Training Event designed by Canadian Justice, Aboriginal Policing, which informed me about principles and applications closely aligned with FGC. Regular communication with the Mentorship Collaborative took place and, generally, the focus of the conversations centered upon the intent and purpose of FGC, how to strengthen the program, and what are realistic and desirable results in relation to achieving ARM outcomes and Aboriginal self-determination. I met with other FGC Facilitators and with Lynn King, Provincial Child Welfare Trainee Coordinator regarding the FGC program. The culmination of all this learning activity has helped me to deepen my understanding about the intention of FGC and to formulate my thoughts around key elements for successful integration into Child Protection Services, which is presented in the next Chapter on study findings, conclusions and recommendations.

CHAPTER FOUR – RESEARCH STUDY RESULTS

The discussion on research study results includes three main areas: study findings, conclusions and recommendations. *Study findings* contain a detailed description of the action research findings and observations made during the study completion. *Study conclusions* will describe the conclusions maintained by the researcher supported by the study findings and other related literature, and lastly, the researcher will provide *study recommendations* based upon the conclusions reached. The format for presenting the research study results will comprise two primary subject areas and be categorized as follows:

- A) Intention of FGC: study findings, study conclusions, and study recommendations
- B) FGC model and process: study findings, conclusions, and recommendations will be contained in each section of the model: referral, pre-conference planning, conferencing process, post-conference follow-up and evaluation.

A) Intention of FGC: Study Findings, Conclusions and Recommendations

Study Findings

This section involves a composite of information gathered through the data collection tools employed, through ongoing dialogue the researcher had with the Mentorship

Collaborative, and through learning opportunities afforded by providing FGC coordination duties for the Child Welfare Authority. The following describes, what “I heard” as the researcher.

Participants expressed a variance of opinion regarding their perception about the intention of FGC. From the perspective of an Aboriginal FGC Facilitator, Doreen Ferguson, D.D. Native Consulting Ltd, High Prairie, Alberta, the intent of FGC is “to empower the family to take the responsibility to make decisions for their own children”. When asked further about how to do this effectively, she replied, that “you’d do this through presentation, education, information, and giving them that opportunity and voice to put it together in a plan that they own”. Doreen takes an empowering approach, one that purports self-reliance and self-determination. She spoke about how FGC has always been there, that “it came from our forefathers, which was taken away hundreds of years ago . . . this practice goes back to tribal ways, when members sit together in a circle and determine what to do.” According to Sharon Steinhauer, Blue Quills First Nations Social Work Coordinator, “the power of the circle and the process works” and that “FGC is a reclaiming of an old practice that has been lost, and can be re-found”. From the perspective of Gloria Auger, FGC Facilitator for Native Counselling Services of Alberta, the intent of FGC is “to empower families to build a healthy and safer environment for their children, for children to experience fewer moves within the child welfare system, and should reunification not take place, that extended family members may be considered for placement”.

In this study, child protection staff expressed interest in finding ways to improve service delivery for Aboriginal children and families involved with protection services. Brenda Wasylik-Phillips, Casework Supervisor for Sakaigun Asky CFSA, expressed in the focus group sharing circle, that “we have seen a lot of kids grow up in our system and probably didn’t do a very good job with them, and I’ve watched these kids become adults and then see their kids become system kids”. For Brenda, the value of FGC lies in the family and community connections that are established and maintained for children in care, so they become healthy adults and break the cycle. Brian Clark, Social Worker, reiterated the same concerns as Brenda, and expresses his frustration “that we have seen and worked with children, who now have their children going through the system again”.

A question asked at the focus group sharing circle, was “What do you believe to be the intention or purpose of Family Group Conferencing?” Following are direct quotes in response to this question:

“To heal people, to live in peace, kindness to share with each other, to form a functional family.”

“To build a relationship that is in harmony with others, to grow, learn and change through relationships.”

“To bring us from harm to harmlessness as best that can be accomplished within that relationship.”

“To recognize options and have choices.”

To strengthen families; healthy families are dependent on our tradition of strong healthy women, our women’s power has been negated, FGC allows everybody’s voice to be heard once more, right now the children’s voices are not heard that often. FGC puts the balance back into families; that is the way to become self-determined people.

“To engage community services to help build a plan for the family to start healing, important since families are not sure who to reach out to, or what is available.”

While watching the film on FGC produced by Health Canada, I thought about my own family and my father being very violent, and thought if the teachings went with the circle how powerful that would have been to help keep my family intact versus divorced. It gives a voice back, had my father been able to voice his woundedness and have us listen along with my mother, it has such potential if it is done in an honourable way. A lot of blame was placed in the video, and I believe the intent is to bring wounded families back so they can survive.

“To bring harmony back to the family, to repair the harm of what has been caused, give everyone an equal voice, children, adults, etcetera. To make everyone feel that they have control and are heard.”

I see FGC as being a way of affirming the intent and purpose of Child Welfare services to protect children and keep them with family. Despite families being wounded and in pain, all children want their families to stay together.

“Let’s face it, kids love their parents, and parents love their kids. And that is the essence of FGC, to find that love and connection again.”

“By having family, extended family come together we can find creative solutions.”

FGC should happen early in the child protection process. If you haven’t been around your parent for awhile it’s harder to re-build that relationship. Sometimes, if we can do this earlier, then maybe child protection services don’t have to be involved.

“FGC demystifies the issues, and brings the problem out in the open; it opens the door for further help. Some family members in the circle may not even realize what is happening for the child, and will give accountability.”

It’s about reclaiming, reclaiming ourselves, we use the circle at the College all the time and it is amazing the power of a circle, and with the added power of prayer it’s amazing what happens. We need to help these families reclaim a tool, a mechanism in healing.

FGC increases accountability and desired changes in behavior. It is easy to walk away from a relationship with a therapist as there is no relationship lost there, but to face people that you have to live with everyday, it is harder to walk away, but it is also a greater change process because you have to be accountable, because they know you.

“FGC circle is more respectful, since there is no time limit. A therapist is time restricted and a circle is not.”

“Is FGC an appropriate name for Aboriginal communities? Conferencing is a business term, perhaps it should be called “Family Grounding Circle”. This is a warm, powerful process that’s about family, in a family context.”

The views expressed by social workers regarding the intent of FGC were primarily interpreted through the lens of conventional case management practice. Following are responses expressed by social workers regarding their reasons for making an FGC referral, and their understanding regarding the intent of this program. This input was received via questionnaires, and during pre-conference meetings with social workers:

“For family to come up with a plan for the child in order to avoid an application for Permanent Guardianship Order.”

The client had a huge family that appeared to have resource potential. Family was important to this child and he clearly was connected but had been triangulating—so all parties needed to be involved. The large extended family showed some interest but would then back away or become burnt out due to lack of support from other family members—this provided them an opportunity to be a part of the whole process, understand the situation and participate as a team member with this child’s best interest in mind.

“Permanency for the child.”

This approach was presented to our Region as another tool to use when evaluating permanency plans for children. It meets our basic philosophy of keeping families together whenever possible. It also made me more aware of the possible family and community resources for my family that I was not aware of before the process began.

“To remove the need for a Supervision Order, and the need for child welfare involvement.”

“Custody Agreement currently in place, and want to prevent the need for more intrusive legal action to protect the child.”

“Placement of child in foster care with extended family under private guardianship.”

“Allow the family to come up with case plans so that families will be successful in caring for their children.”

Utilizing the efforts of all significant people in a child's life to come up with a Permanency Plan that will keep a child out of foster care, and with family or friends that can more appropriately care for the child.

“Empowering families and their choices/decisions.”

Underlying intent of FGC is to empower families to remain involved/engaged in the children's care and planning for long-term needs. Family is the most important piece in a child's life and we must do everything in our power to keep everyone connected and responsible.

Study Conclusions

The study findings and further review of the literature on the subject of FGC, and Aboriginal healing practices lead to a number of conclusions, which are articulated in this section.

Westernization of an Indigenous Practice

It appears the FGC concept, traditionally referred to as healing circles in Canada, is Indigenous in origin and has been infused into mainstream Child Welfare systems. What does this mean? What values underscore Western versus Indigenous paradigms? Is there a difference between the two, and will this affect how the model is operationalized? What meaning does FGC have for Aboriginal people regarding its intention, and is this different from Euro-Canadian interpretation?

The study findings clearly reveal a distinction in interpretation regarding the intention of FGC. The whole question of intention remains unclear among the parties. There is limited recognition by non-Aboriginal participants regarding the value of FGC in serving as a decolonization strategy to increase self-reliance and Aboriginal self-determination. Whereas, Aboriginal participants frequently acknowledged the impact of colonization on Aboriginal peoples and, in their own words, essentially described how FGC is a practice that offers a deconstructing process for internalized oppression. Rupert Ross, Assistant Crown Attorney in northwestern Ontario and leading scholar on exploring Aboriginal approaches to Justice models, maintains that conferencing derives its power from the worldviews that shape them. “If Western justice professionals don’t understand what shaped them in the first place, we’ll quickly bend them out of shape. If that happens, if we westernize them, consciously or unconsciously, I suspect that their power will be substantially eroded” (Burford & Hudson, 2000, p. 6).

Understanding the origin of conferencing and its intention from an Aboriginal worldview is imperative. This has a direct bearing on how FGC is applied in Child Protection services and, in the words of Mr. Doolan, so that it doesn’t become “a weak shadow of its intended self” (1999, p. 5). Going one step further, by deepening our collective understanding of this process and supporting Aboriginal communities in reclaiming this traditional practice, will also simultaneously assist Child Welfare in their (prevention, preservation, protection, and permanency) efforts. ***Therefore, study findings conclude that the integration of FGC into a Western model of service delivery (Child Welfare system) needs to be considered carefully.***

Restoration of Aboriginal Matriarchal System

A common theme discussed by Elders and Aboriginal participants is the role of Native women, and how their role has been negated through westernization and colonization.

The erosion of matriarchal structures through government legislation and assimilation policies suppressed the role of women in Indigenous societies. Elders spoke about the importance of restoring traditional women's roles in order to regain balance and harmony within the family and the community. According to Anderson, Western patriarchal and Aboriginal matriarchal systems are diametrically opposed. "Many of the traditions we now know stem from Euro-Christian patriarchal ideals, and many of our own Indigenous traditions have been twisted to meet western patriarchal hegemony" (Anderson, 2000, p. 36). In order to reclaim Indigenous ways, Anderson suggests that we must question how these traditions are framed and whether they are empowering versus creating further damage if interpreted from a Western patriarchal framework.

The core values in a matriarchal system also underscore core values in healing circles or conferencing, which are: "equality and fairness, consultation, consensus and peaceful dialogue, tolerance, respect for diversity, generosity, and respect for the earth" (Bird et al., 2002, p. 125). Therefore, in the eyes of Indigenous people, they see the intent of FGC as honouring the matriarchal system in order to restore healthy family functioning – helping the child. In the focus group sharing circle, an Aboriginal participant spoke about how healthy families are dependent upon our tradition of strong healthy women, and leading authors support this position. "Strengthening the participation of Aboriginal women and restoring their respected and honoured roles in Aboriginal communities may

well be the single most important factor in ensuring the well-being of the community and a healthy return to Aboriginal people being in charge of themselves” (Bird et al., 2002, p. 125).

Decolonization Process

A pinnacle notion supporting FGC is its ability to serve as a decolonization process. Battiste (2000) talks about colonization and decolonization at the social and spiritual level versus legal or political one. Her perspectives are based on her experiences working with the United Nations on the issue of decolonization or liberation of Indigenous thought. She submits the following:

That one of the most destructive of the shared personal experiences of colonized peoples around the world is intellectual and spiritual loneliness. From this loneliness comes a lack of self-confidence, a fear of action, and a tendency to believe that the ravages and pain of colonization are somehow deserved. Thus, the victims of colonization begin, in certain cases, to blame themselves for all the pain they have suffered. (Battiste, 2000, p. 7)

She maintains the antidote is for colonized people to connect with other colonized peoples who share the same experiences and feelings. *For rehabilitation and the healing process to begin, Aboriginal families need to learn about the impact that colonization has had on their lives, their family, their community, to make sense of things, and put things into perspective.* “The First Nations description of spirit involves one’s identity and sense of oneself” (Jackson, 1999, p. 28). Debra Jackson, Chartered Psychologist, working in Northeastern Alberta, submits that if the goal of empowerment

is the central factor, then professionals from within Western culture have to design strategies to assist Aboriginal clients to regain personal power and control over their lives. There are many ways in which to do this, one of them is “educating people about the ways in which oppressive systems operate and what their effects are on the individual” (Jackson, 1999, p. 66). According to Battiste (2000), there are five phases of a people’s decolonization. This first phase is rediscovery and recovery, and involves “rediscovering one’s history and recovering one’s culture, language, identity, and so on is fundamental to the movement for decolonization” (Battiste, 2000, p. 153). ***If family group conferencing is aimed at empowerment and increasing family and community responsibility for the care and protection of the child, then acknowledgement of the decolonization process and incorporation into the FGC model has to be considered.***

The next four phases of decolonization that Battiste offers: mourning, dreaming, commitment, and action, are relevant features to incorporate when designing the FGC process. FGC is not an event or program, it is a process based on Indigenous philosophy, laws and customs. If exercised properly, mainstream child welfare systems can honour this traditional practice in their service delivery system, and reverse the impact of colonization which is a process that began 500 years ago, and continues today. “Healing, in Aboriginal terms, refers to personal and societal recovery for the lasting effects of oppression and systematic racism experienced over generations” (Lane, Bopp, Bopp, & Norris, 2002, p. 11). Those working on the front lines in many Aboriginal communities view healing as a decolonization therapy, such as the Community Holistic Circle Healing team working in Hollow Water First Nation, southeast Manitoba (Lane et al., 2002).

The Circle

Aboriginal people, in particular Elders, continually alluded to *the circle* when talking about FGC. ***Incorporating the use of the circle in FGC practice is essential in honouring ceremonial ways, customs and laws in Indigenous culture.*** This stems from Aboriginal philosophy, where a cyclical and holistic viewpoint is taken, there is a constant flow of energy, and all things are considered animate, imbued with spirit and interrelated. Wholeness and connectedness is used to explain Mother Earth, everything is connected and inter-dependent for survival. Events, life, all things are spoken about in terms of cycles and patterns of cycles, such as recurrences in the seasons of the year, migration of animals, renewal ceremonies, songs, and stories. The holistic healing model addresses the physical, mental, emotional, and spiritual aspects of life. This is why conferencing is equated to the circle. “The traditional circle emphasizes equality; everyone is at the same level. This process is less intimidating, garners more information, and empowers the community” (Bird et al., 2002, p. 114).

Scholars now recognize the power of the circle. In Restorative Justice, Ted Wachtel, President of the International Institute for Restorative Practices claims, “conferences and circles do more than increase the number of participants in the process. They also reduce reliance on the individual mediator or expert and place greater responsibility on the community itself” (Wachtel, 2002, p. 2). He introduced the social discipline window, which speaks about how the justice system uses a punitive and authoritarian approach to social discipline, which has proven highly unsuccessful in changing behavior. He claims,

conferencing uses a restorative and permissive practice, which is more effective since this approach does things *with* people, rather than *to* or *for* them.

The New Zealand child protection conference, although sometimes modified or renamed, has been widely adopted in social work. All of these processes shift decision-making from the professional to the family and community and create a safe container for the free expression of emotion. (Wachtel, 2002, p. 2)

The circle offers a process for healing that allows for the expression of emotion - affect. Inner-change is a highly emotional process versus a cognitive one; it involves journeying from the head to one's heart. This notion is supported from research conducted by John Braithwaite, an Australian sociologist who introduced the concept of reintegrative shaming:

In a nutshell, Braithwaite believes we can use the dynamic of shame in a positive way to change behaviour, and that shame is the reason we do not commit crimes. People are shamed either internally through some sort of developed conscience or externally through family and friends. According to his theory, very few people will not experience shame in one of these forms with the exception of a sociopath. (Royal Canadian Mounted Police, 1998, p. 11)

Donald Nathanson, an American psychiatrist, agrees with Braithwaite. He developed a model called the Compass of Shame based upon his claim that all human beings, regardless of ethnicity, are born with nine innate affects or emotions. The Community Justice Forum model designed by Aboriginal Policing Services, Royal Canadian

Mounted Police, helps offenders move through a process that enables them to take responsibility for their actions, repair the harm, re-establish positive relations, and successfully reintegrate back into the community. The victim, offender, and all affected by the incident attend the Community Justice Forum, and the facilitator follows a well-designed script that supports participants through this emotions-based change process. “Scripts have been developed to ensure that facilitators do not inadvertently deviate or hinder the ability of the group to complete this process, since reintegrative shaming occurs in a specific sequence” (RCMP, 1998, p. 21).

My intent is not to review these models in depth, but to illustrate the importance of designing a conferencing process that allows for this emotional change process to occur. Traditional Aboriginal healing circles incorporate this affect, and the Elder, medicine man or woman, help guide people through this affective change or healing process. Incorporating the use of the circle in FGC practice is a mechanism upon which to elicit affect. The use of the circle has also made its way into mainstream education. While attending my second residency at Royal Roads University in Victoria, for the graduate studies program in Leadership and Training, the circle was often used by faculty members to debrief, problem-solve, grieve, heal, and regain one’s energy, spirit and connection with self and others.

In summary, this study revealed tremendous insight regarding the intention of FGC and in the words of the study participants, they voiced the potential that FGC has in “bringing wounded families back so they can survive, restore balance, repair harm, and increase

accountability and desired changes in behavior.” The intention of FGC goes beyond taking a child out of foster care and permanency placement; on a deeper level it affords the opportunity for decolonization to empower the family and community to heal, and keep children safe, loved, and healthy. According to Kim Anderson, Indigenous Nations all share a similar approach when it comes to children; all children are found in the center of the circle, at the center of the community:

Aboriginal children are precious to us because they represent the future. They are not considered possessions of the biological parents; rather, they are understood to be gifts on loan from the Creator. Because of this, everyone in the community has a connection to the children, and everyone has an obligation to work for their well-being. Each one of us has a responsibility to them. (Anderson, 2000, p. 158)

The Western paradigm is quite different; and in a legal context birth parents are the only recognized authority over the child and, in cases of abuse and neglect, the government assumes this authority. In Aboriginal context, the child is at the center, along with Elders (grandparents), then women, and men. The authority comes from the Elders, women, and men in the community, who listen to the needs of the child, convene a conference/healing circle, and figure out a way to solve the problem. Biological parents are important in this system, but the community is equally important, not one step removed. FGC recognizes this Indigenous worldview, and provides front line workers with an Indigenous model from which to work. Conventional case management operates from a Western paradigm, and has largely proven ineffective when working with Aboriginal children and families.

Once again it needs to be mentioned that caution has to be taken not to Westernize this model in such a fashion that it becomes unrecognizable from an Indigenous worldview. The existing FGC model needs to be re-visited from this deeper level perspective, and thought given on how to incorporate this different paradigm of authority.

Study Recommendations

The study findings and conclusions lead to the formulation of the following recommendations developed by the researcher, which were reviewed by the Mentorship Collaborative.

Partnership Approach

Chapter one outlined historical relations between government and Aboriginal peoples in Canada, which served to offer insight into the established culture of service delivery in the child welfare system and how it needs to change. The notion of self-governance and self-determination where Aboriginal people are given decision-making power and authority to make choices over their own lives is the current agenda. FGC is a family group decision-making model of service delivery. Many First Nations communities and Metis Settlements now have their own Child Welfare Agencies. But for non-land based Aboriginal people, meaning those living off reserve and off Settlement in Alberta, taking a partnership approach is the only available avenue. It needs to be said that the researcher is not suggesting that delegated Aboriginal agencies would not benefit by reclaiming this Indigenous practice in Child Welfare but, since they govern their own

affairs, it is merely a choice they can make without any additional recognition or permission.

It is therefore recommended that a true partnership approach be taken in the design and delivery of the FGC model. For social services to work in partnership with the Aboriginal community in a consensus decision-making fashion to design and deliver this model as it pertains to working with Aboriginal children and families. Scholars support this shift, according to Farrow (1997), “that the heart of an improved system must be community partnership for child protection” (p. 3). In his opinion, this would ensure effective service delivery in CPS by extending public responsibility and family empowerment for child safety.

Establish an Aboriginal Relations Committee

Given the study conclusion that there are differences of opinion regarding the intention of FGC, developing a shared vision in partnership with the Aboriginal community should be a first step in improving the existing service delivery model. Everyone needs to be on the same page regarding the intention of FGC. ***To develop a shared vision and harness the expertise of Aboriginal people living in the area, the researcher recommends the establishment of an Aboriginal Relations Committee.*** The mandate would be to undertake a review of the current model, recommend and oversee the implementation of changes, monitoring and evaluation. The principles of the program need to be collectively established. It is the dialogue, and the process of discussion that will make this shared vision come alive and be meaningful to people. Leadership, Elders, and

members in the Aboriginal community need to be involved as well as staff at all levels within the child welfare agency. Values of honesty, respect, and equality need to be maintained. Aboriginal culture honours diversity and inclusiveness and, therefore, persons from other minority ethnic groups who reside in the region should also be invited to participate on this committee. The experience of oppression is universal among minority populations.

One of the roles of the committee members is to serve as gatekeepers, which is a technique recommended by Battiste (2000) in service delivery models. These are people who understand the effects of colonization and are in a position of influence to act upon any perceived act of hegemony. She classifies these persons as postcolonial thinkers who are able to keep Western European thought in check. In the Child Welfare context, gatekeepers could be Elders, Aboriginal Relations Specialists, cultural historians, persons knowledgeable in anthropology, sociology, and people who understand colonization, oppression, and decolonization processes from experience, such as former child welfare clients. In order for true integration to occur, Battiste suggests a move towards a postcolonial paradigm. "Put simply, a postcolonial paradigm would accept knowledge from differing cosmologies as valid in their own right, without them having to adhere to a separate cultural body for legitimacy" (Battiste, 2000, p. 87). In this way, both worldviews can come together and work in unison, rather than at odds, or one at the expense of the other.

The Aboriginal Relations Committee needs to accommodate the matriarchal system in the FGC model. Matriarchy is an egalitarian system based on positive values of caring in human relations, where the welfare of the family and community supercedes that of the individual, and much emphasis is placed on kinship and the interdependency of the female and male roles for survival.

Aboriginal women guided by their traditions are not likely to exclude men from the circle despite the sensitivity of topics such as domestic or sexual abuse.

Though men are usually the perpetrators of women's victimization, their involvement in the circle is vital to the healing process. For the circle of healing to take place, the participants must include males, females and children. All have a place in the circle. (Bird et al., 2002, p.125)

Understanding how matriarchal societies work, and how to integrate this into the conferencing process is important for the well-being of the family. Colonization has greatly marginalized Aboriginal women, and care has to be taken to ensure FGC does not further denigrate this group in policy or practice.

Collaborative Learning Strategy

To deepen collective understanding about the intention of FGC and successful application of this model in Child Protection services, a comprehensive learning strategy is recommended. There is already movement by the Ministry of Children's Services to design a Provincial FGC Training program. ***It is recommended that the design and delivery of a training program be done in partnership with the Aboriginal community.***

In addition, ongoing support and mentorship for the social workers and FGC facilitators should be provided for continued learning and quality improvement. The FGC Coordinator at the regional level could provide this continued support. A person designated within the Child Welfare Agency championing this model of service delivery, looking after the process of development, training, and implementation is a full time job, and adequate resources should be considered. Collaborative learning opportunities utilizing all methods of adult learning should embody this strategy. Experiential learning is one of the most effective learning methods and activities could entail: listening to the teachings of an Elder, attending traditional cultural ceremonies such as a sweat lodge or pipe ceremony, job mentorship, mini-training role plays, pre and post-conference debriefing sessions or greater use of circle processes in day-to-day operations. In addition, self-directed learning activities should be encouraged and connected to job performance.

This study has enlightened me on the deeply complex issues involved in the rehabilitation or healing of Aboriginal families in order to ensure children are safe, healthy, and raised in loving, nurturing environments. At various degrees, understanding the intent of FGC has to do with philosophy, psychology, sociology, anthropology, and history. This type of learning occurs over a lifetime, and a comprehensive learning strategy needs to be considered in order for an established culture of service delivery to change in a significant manner.

This concludes the section on study findings that focuses on deepening our collective understanding of FGC, partnerships and capacity to support Aboriginal children and families involved in the child welfare system. Insight was gained on many fronts, and in order for FGC to be meaningful and effective for Aboriginal people, the following summarizes areas worthy of consideration:

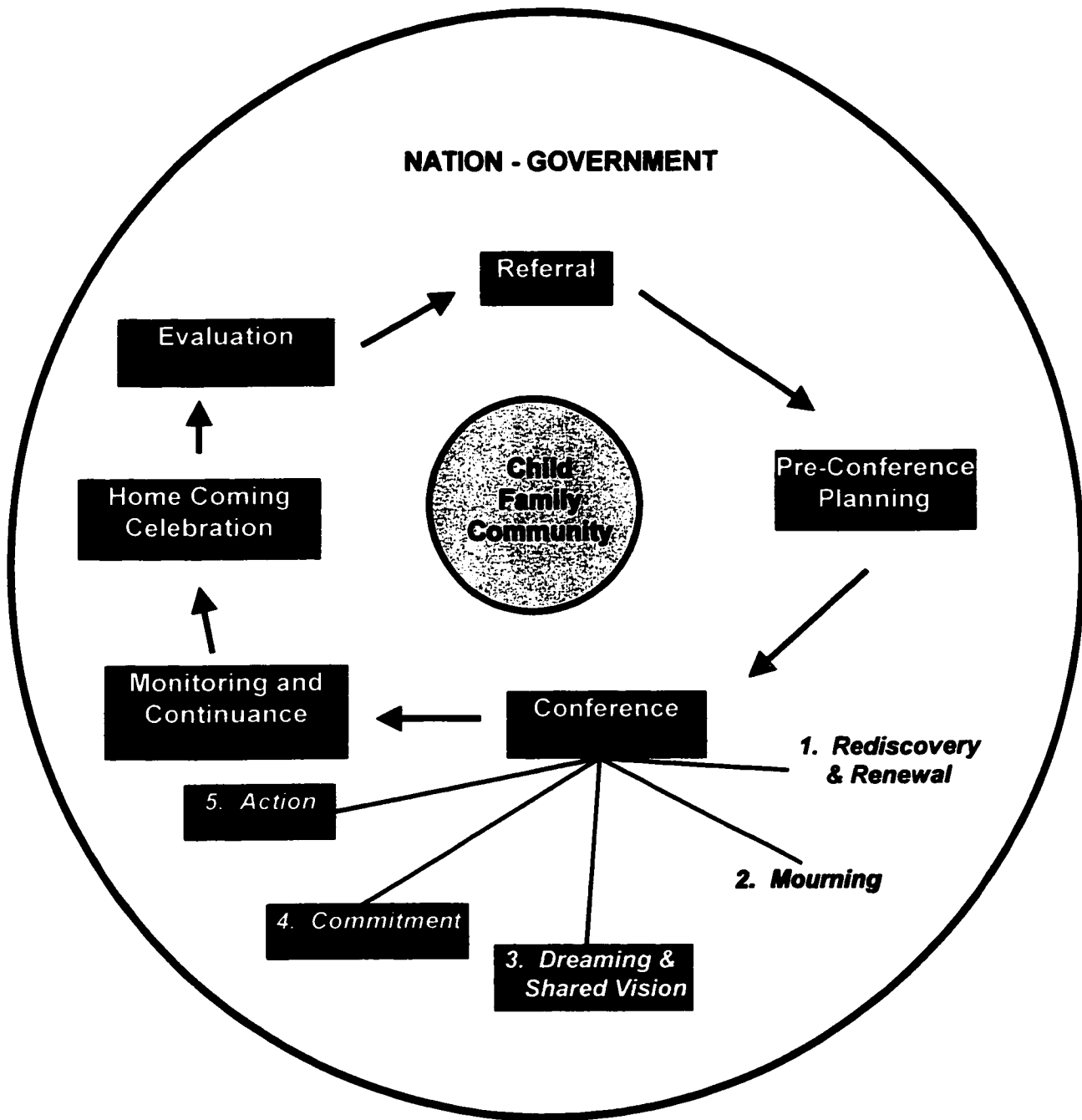
- a) Indigenous and Western worldviews differ, and movement towards a postcolonial paradigm that recognizes differing cosmologies is required, in short, to ensure Western hegemony does not marginalize Indigenous worldview.
- b) Restoration of the matriarchal system, the circle, and traditional healing practices.
- c) If healing and empowerment are part of FGCs intentions, then learning about the impact of colonization and relation-based healing processes linked to family and community needs to be incorporated.
- d) A true partnership approach needs to be taken for FGC to be effective—this partnership can take the form of an Aboriginal Relations Committee, which is responsible for developing a shared vision, revisiting the existing model, and supporting the implementation of the program, training and evaluation. The existing FGC model is operating within a Western paradigm, and this Indigenous practice needs to return to its place of origin to reclaim its healing power.
- e) Lastly, it is recommended that the name “Family Group Conferencing” be reviewed after a shared vision is established to ensure it appropriately describes the ‘intention’ of this process. The word conferencing is a business-meeting term

found in Western culture. Whereas, this process is about restoring harmony, healing, and how to take care of the gifts on loan from our Creator, the children.

In the opinion of the researcher, FGC has the potential to serve as decolonization therapy in Child Protection Services, should the respective parties choose to exercise this potential.

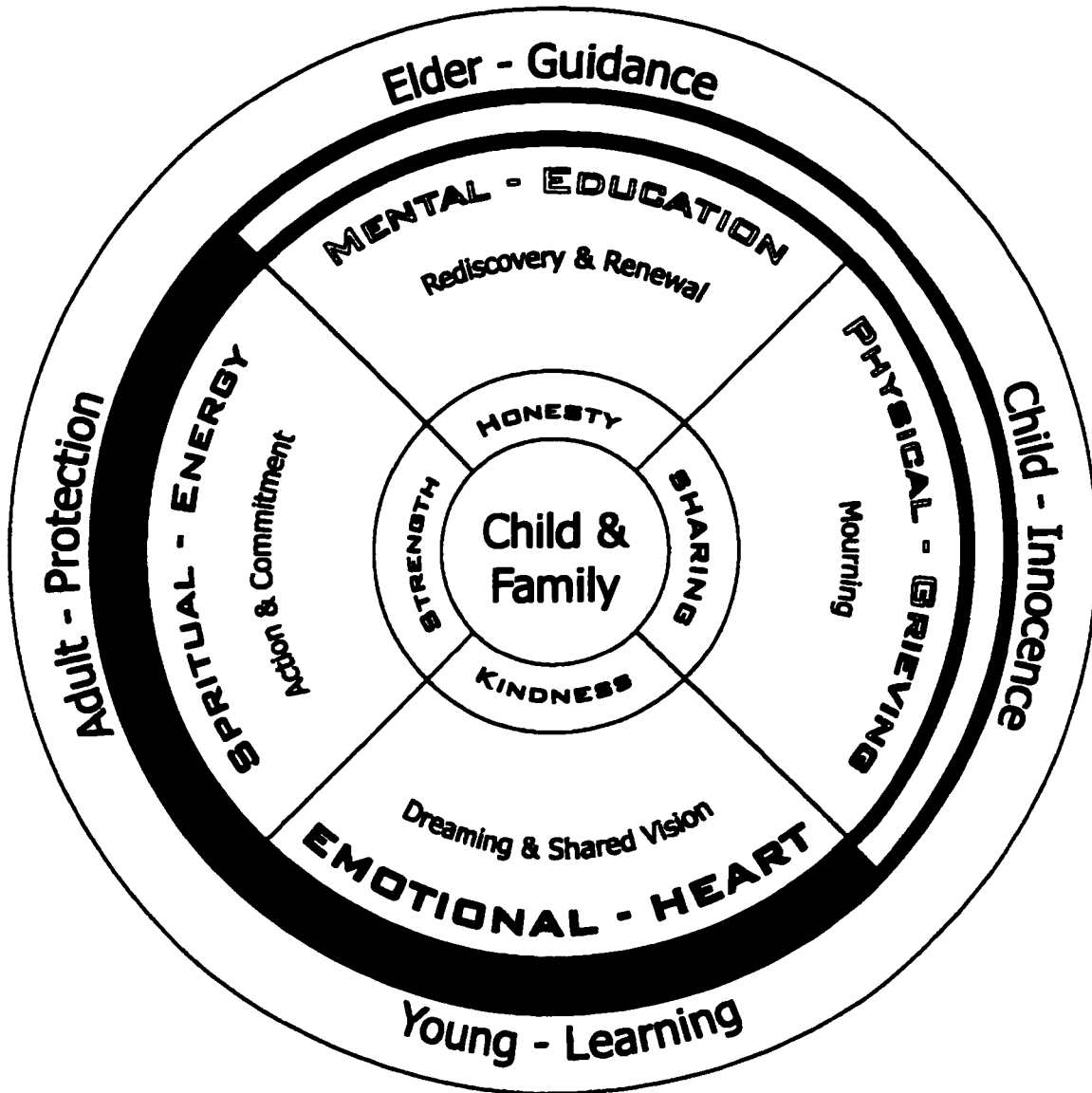
B) FGC Model and Process – Study Findings, Conclusions, and Recommendations

This participatory action research project allowed for open dialogue and input from all stakeholders on how to improve the existing model operating in the region to achieve ARM outcomes and Aboriginal self-determination. This section includes two diagrams. The first diagram is a revised version of the model presented in Chapter two, along with a description for each major component. To make this presentation manageable, the findings, conclusions and recommendations are found in each of the following components: A) referral, B) pre-conference planning, C) the conference, D) monitoring of the plan/continuance of the healing process, E) coming home celebration, and F) evaluation. The second diagram explains in more detail the five stages in Decolonization Therapy that occurs within the conference section of Diagram #1. The researcher incorporated Battiste's five stages of decolonization into a medicine wheel diagram to demonstrate the healing process as a starting point for illustration.



*Decolonization Therapy or
Process: 5 phases*

Decolonization Therapy



Legend

Outer circle represents 4 stages of life

Inner circle represents 4 natural laws

A) Referral Stage

Respondents from survey questionnaires (staff and FGC Facilitators) were given an opportunity to comment on their experiences about the existing program, and *four themes emerged in the study findings*: timeframe, communication, referral criteria, and training.

Time Frame: The majority of survey respondents 80% (four out of five) indicated they were unsatisfied with the length of time it took from the point of referral to the date upon which the FGC was convened. When this time period exceeded 12 weeks, satisfaction levels were low. When the time period was less than six weeks, satisfaction levels were high. It is therefore concluded that FGC facilitators need to establish time frame expectations at the outset with the referring social worker. Time frames must also meet with client expectations, and this category added to the referral package.

Communication: A common theme surfaced regarding low levels of communication between the referring worker and FGC facilitator. There was expressed interest in the need to have a face-to-face referral meeting, rather than only a paper process. As well, expressed need for regular communication throughout the pre-conference planning stage. Social workers and FGC facilitators were generally satisfied with the referral process, and felt the paper work requirements in the referral process were appropriate.

Consequently, in order for this program to operate successfully, it is concluded that all parties need to be regularly updated on what is going on so they feel comfortable with the process, informed, and are working in unison for the benefit of the client. Therefore, it is recommended that pre-conference planning meetings take place within one week after

signed consents have been obtained from the legal guardians, and regular communication maintained up until the day of the conference. The intent of this meeting is to give the social worker an opportunity to explain the referral to the facilitator, so they are fully informed and understand the nature of the child protection circumstances and family situation. This type of meeting could also potentially incorporate members of the Aboriginal Relations Committee to provide support for the family, if deemed appropriate.

In the spirit of participatory action research, which encourages the incorporation of learnings as the organization moves through the research process, the researcher tested out this pre-conference meeting practice. Since November 2002, three FGC pre-conference referral meetings have been convened within one week after signed consents were obtained. In the opinion of the researcher and based on feedback received from social workers and FGC facilitators, these meetings helped to re-affirm the roles and minimized triangulation by the client. In these meetings participants review the intent of the FGC, reasons for referral, identify family members and other professionals that should be invited to the conference, troubleshoot, and jointly establish an appropriate time frame for when the conference should take place. In situations where a child is from a First Nations community or Metis Settlement, a social worker from the respective Child Welfare Agency is invited to attend this pre-conference referral meeting. This helps reinforce a supportive team approach, sharing of information, and establishing a common understanding regarding the intent of the conference.

Referral Criteria and Process: Survey respondents feel they fully understand the criteria upon which to make a referral. The decision to make an FGC referral to the client is determined by the social worker, in consultation with the Casework Supervisor. Since the inception of the FGC Coordination position, this person is also consulted regarding the appropriateness of the referral. In reviewing the FGC referrals for the past three years, they often involved Aboriginal clients who have made minimal or no progress in accomplishing the goals set forth in the case management plan. Clients referred were initially given months to participate in conventional case management practice, and after repeated failure to comply, the worker made the referral. In some instances the reason for referral involved a child who could no longer be returned to their parents, was living in foster care, and the intent was to place with extended family. Client child welfare status ranged from supervision agreement to permanent guardianship order, but a common denominator was case plan non-compliance.

In the referral process, a common theme arose regarding the need to obtain signed consents from legal guardians. Social workers dealing with resistant clients or those who they were unable to locate, questioned if a signed consent from the birth parent is necessary before making a referral. They sometimes looked to NCSA facilitators and/or the FGC Coordinator to make the presentation to resistant clients and obtain signed consent. In cases where parents were resistant or unable to locate, and when the child in care is under a Temporary or Permanent Guardianship Status Order, there was general consensus that the FGC referral should still be made. The rationale provided is that the needs of the child should prevail, and if extended family can contribute to the child's well

being and development, they should be given an opportunity to participate in a decision making process to develop a permanency plan.

It is recommended that, whenever possible, signed consent be obtained from legal guardians, and if this option is unavailable, seek the signed consent from another family member/spiritual leader (such as grandparent or Elder). This process is meant to be empowering, and it's imperative for the parent/family to decide if they want to take this route, otherwise, this idea may be met with suspicion. Obtaining signed consent is as much a symbolic measure as it is a legal one, and meant to establish a positive psychological contract. Given the rocky history between Child Welfare and Aboriginal peoples, there continues to be low trust levels and consequently it is important to pay close attention regarding the manner in which the referral process is handled.

The study findings reveal that social workers have a tendency to offer the FGC program as an option to the client only after repeated non-compliance of the case plan. Therefore, it is recommended that the FGC program be presented to the client at the beginning of case management, and allow the client the option to select this route at any time during their involvement with child protections services. Allowing the client to choose offers a more empowering approach. Until FGC is seen as a best practice, it is likely that social workers will continue to refer cases where little or no progress is being made, essentially when they are stuck after exhausting all other options.

There were no concerns raised in the research study regarding the referral criteria. The criteria offer an inclusive approach to accommodate a diverse range of clients and client circumstances. There are only three prescribed conditions to consider when making a referral. They include: children and participant safety is paramount, family decision-making is honoured, and parents have the mental and emotional capacity to give informed consent.

A final recommendation is that an Aboriginal person should be making the FGC presentation for Aboriginal clients. Who presents the FGC idea to the client (the messenger) is as important as the content or presentation itself (the message). A power imbalance exists between the social worker and client, therefore automatically disqualifying the existence of a non-threatening relationship. As long as the social worker has the ability to remove the child and place him/her in state care for reasons of abuse or neglect, a power imbalance exists. Since true healing comes from within and is a voluntary process, this power imbalance needs to be recognized and another person in a non-threatening role should be making this FGC presentation. This person should be able to speak the clients' language in terms of related experience, culture, language and history. Essentially, this strategy is a core community development principle whereby community members are doing for themselves. It is recommended that the social worker seek permission from the client first before arranging for someone to come and talk to them about this option. This act signifies removal from conventional case management regime and shift towards empowering the parents and family. It is also at this point that the family can decide what the intention of FGC should be, should it be about healing, or

only a decision making process in which to develop a plan for the care and safety of the child? The FGC presentation could be made by an Elder, former FGC participant, the organizations Aboriginal Relations Specialist, FGC Facilitator or Coordinator.

Training

Training was previously mentioned in the first section of this chapter, but since lack of training was an ongoing issue expressed throughout the study, it is worthy of a second mention. In addition to provincial training programs, regional ongoing training segments would be beneficial, Native Counselling Services of Alberta and Sakaigun Asky CFSA staff involved in the delivery of this program should have the opportunity to come together and hash out process nuances. Having the partners work together to develop shared understandings will help build trust and foster a team approach in the delivery of this 'new' concept. This is a highly complex process laden with issues of oppression and colonization. It is, therefore, imperative for staff working in both worldviews to connect on a personal and professional level to gain a greater understanding about their biases and explore the full potential of this healing model. In the opinion of the researcher, FGC is a philosophy, along with a best practice and healing program.

B) Pre-Conference Planning

The study revealed that a number of mini-conferences were taking place among family members during the pre-conference planning stage. Extended family members were talking on the phone and meeting in-person to talk about the nature of the FGC, and some had not spoken to each other in months or years. It is therefore concluded that the

process of restoring family ties begins in the pre-conference stage. Since children are in the center of the circle, they provide strong rationale for families to set their differences aside and bind together. At this point, an Elder or other spiritual leader should be selected by the family and be available to support them in this process.

A common issue surfaced pertaining to travel arrangements and the provision of financial support for family members to attend the conference. In addition, payment for facility rental and other related conference expenses was a frustration expressed by social workers and facilitators. Currently, the case manager handles the financial arrangements and this is often questioned, since this is a time consuming task and seen as the FGC facilitator's role, associated with conference planning duties. Family members get confused about whom to speak to regarding approval for travel expenses. Consequently, it is recommended that a review take place between Native Counselling Services of Alberta and Sakaigun Asky CFSA to determine how to coordinate and approve conference expenses for family member travel. One way is for the contracted agency to handle all these matters directly, and simply bill back the Authority. Whichever method is chosen, the point is to ensure that family members do not have to seek permission from the case manager to cover travel expenses; otherwise the perception of hidden agendas, power and control may undermine the intent of this process and blur the distinctive roles between the facilitator and case manager.

C) The Conference

Study findings reveal a need to offer unstructured family visitation time, either the night before the conference or first thing in the morning. There is considerable trepidation by family members to attend the meeting. This was made known to the researcher through feedback received from participants. A common stress related symptom expressed is having very little sleep the night before. Some of the reasons provided were: a) re-connecting with family members they have not seen in years, b) fearing they may be judged for actions to date, c) feeling uneasy and unsure about the nature of the meeting, and d) concern about the fate of the children and other loved ones directly impacted, such as the parents, siblings, and grandparents. It is important to give family members time to ease into this potentially uncomfortable setting. If there is no opportunity the night before for the family to get together, on the day of the meeting an hour should be allotted for unstructured visitation time. This also gives latecomers a chance to arrive; social workers and other professional staff members can also converse with everyone on a casual basis to increase comfort levels.

Native Counselling Services of Alberta has adopted a one-day conferencing process that utilizes traditional practices. Based upon study findings, consultation with the Mentorship Collaborative, reading other research studies and scholars on the subject of FGC and healing, I expanded the current model and designed a three-day conference agenda. *The Conference needs to extend beyond a day in order to move beyond family based decision-making and serve as a decolonization process or therapy to restore healthy family functioning in a sustainable manner.* Study findings consistently

revealed that the one day session allowed for a decision making process upon which to determine placement for children and to develop a plan for their care, but the plans consistently fell short of concrete rehabilitation strategies for parents, and commitment by family and community members to support restoration of healthy family functioning. The conferencing process needs to be expanded in order to engage the whole family system.

As the researcher, I choose to adapt Battiste's (2000) five-stage decolonization process into a medicine wheel model (see page 95) into the Conference agenda. Day one addresses the first and second stage of the decolonization process, which involves rediscovery and recovery, and mourning. This entails learning about the effects and impact of colonization, the natural coping mechanisms for individuals experiencing intergenerational trauma, the effects of oppression on individuals, families, communities, nations, and grieving about loss and victimization. This primarily takes the form of story telling in the healing circle, where all participants are considered equal; they are all teachers and learners.

Day two and three are designed to help participants move through the next phases of the decolonization process to continue the healing process associated with internalized oppression and develop a plan for the safety and care of the child. As a starting point, I designed an outline agenda incorporating the next phases of dreaming/developing a shared vision, commitment, and action. This sample agenda incorporating the five

decolonization phases is offered as a beginning template for future consideration on how the existing model could be adapted to incorporate a healing component.

A common foundation principle held across Canada by Aboriginal peoples revealed in a recent study, *Mapping the Healing Journey* (Lane et al., 2000) is that the healing of individuals and the healing of communities must go hand-in-hand. This study supports that healing programs need to teach about the effects of oppression, provide an opportunity to grieve, and begin to understand and demonstrate a new way in which to live - one that is inextricably linked to family and community relationships in order to produce sustainable well-being. Only in this way will the recycling of trauma be interrupted. We can no longer use models that work exclusively with Aboriginal clients on an individual level, focusing only on the addiction, hurt, pain, disease or dysfunction. A relationship-based healing process is necessary in an Indigenous context.

Many communities have learnt that healing work needs to be intimately linked to relationships with Elders and other cultural leaders, as well as to ceremonies and protocols designed for personal development and for the restoration of healthy relationships with families and communities. (Lane et al., 2002, p. 5)

The following is an outline for a two to three day conferencing process that incorporates this relations-based healing component.

The Conference (Day One)

- **Casual visitation time** – to allow family, social workers and others to socialize and connect on a personal basis.

- **Family opening appropriate to culture** - such as smudging with sweetgrass; which should be optional once again to allow everyone to feel comfortable and accepted.

- **Opening Prayer by an Elder or priest** – if requested by family.

- **Host family welcoming** – allowance for the parents, children, grandparents or other family member to offer a simple welcoming, perhaps a gift offering, song, or prayer.

- **Family Grounding Circle** – this is a practice recommended by two Elders on the Mentorship Collaborative, Veronica Morin and George Bretton. This process involves each participant in the circle sharing who they are, where they are from, and their interest in coming to the conference. Upon the advice of the Elders, the grounding circle was utilized in the Sharing Circle Focus Group Session, and offered an invaluable learning experience. The grounding circle quickly allowed study participants to experience affect. Study participants easily moved from their heads to their hearts when talking about who they are, where they are from, and their interest in coming to the session. The grounding circle served as a powerful mechanism and safe environment for participants to reveal truths about themselves, their desires, passions and frustrations. This process works by having the speaker hold an object (usually a rock) and, once finished speaking, passing the object to the next person to their left (clockwise). No questions are allowed, or interruptions, when a person is speaking and all other participants should be attentive to the person who is speaking. There is no time limit, and people can pass if they prefer not to speak at this time.

“The rules that govern the circle are based upon the Laws of the Creator, those laws are: (a) Honesty, (b) Kindness, (c) Sharing and (d) Respect” (Ross, 1996, p. 197).

In an FGC Conferencing process, this grounding circle may take the better part of the entire morning, but it is well worth the exercise since it begins the process of getting people to open up and feel comfortable in talking about themselves, sharing their stories, and listening to others.

Genuine dialogue in which people feel safe enough to speak and listen in a nondefensive manner requires skills and a life perspective that many non-Western indigenous cultures are far more comfortable with than we are in the West; that is, speaking and listening from the heart, as well as feeling comfortable with and honoring silence. (Umbriet, 1997, p. 2)

According to Umbreit, who is the Director of the Center on Restorative Justice and Peacemaking, “conflicts develop within a larger emotional and relational context characterized by powerful feelings of disrespect, betrayal and abuse” (1997, p. 1). He recognizes how Indigenous people throughout the world have developed conflict resolution methods to promote the healing of relationships within communities and how western cultures are inclined to focus on immediate resolution of problems, which is how the existing FGC model is designed. The danger, Umbreit maintains, is that an agreement might be reached by focusing on settlement and decision-making, but the underlying emotional conflict remains. In his opinion, FGC by Maori people in Australia, healing circles and other practices among Aboriginal and First Nation

people in Canada, “all provide beautiful examples of spiritually grounded forms of resolving conflict through a journey of healing and peacemaking” (Umbreit, 1997, p. 2). The grounding circle introduces this new way of operating early in the conferencing process and sets the tone and climate for restoring relationships. Often, parents with addictions have severed family ties and they need to be given a chance to restore these family ties and resolve the emotional conflicts. This has to happen before the family can truly move to a place where they are able to work in harmony together to ensure the health and well-being of the child.

- **Review of Agenda and FGC Process** - facilitator reviews FGC purpose, process and agenda. This is a time whereby the facilitator modifies the process or agenda based upon participant needs and expectations. Housekeeping items are reviewed and questions answered.

The issue of addressing latecomers needs to be dealt with at this time. In the study FGC that was observed, a latecomer arrived and negatively impacted the process by not being aware of the ground rules, being very disruptive and disrespectful. It is recommended that family members either define a protocol for integrating latecomers, or choose not to allow latecomers into the healing circle. This issue should be discussed when the facilitator is reviewing the agenda.

➤ **Review Ground Rules** – The facilitator reviews the ground rules that pertain to appropriate conduct and ensure safety for all participants. Based upon study findings the ground rules recommended include:

- ◆ Respect the circle, treat everyone with kindness, respect, honesty, and dignity
- ◆ No laying blame, suspension of judgment
- ◆ Everyone has a story we can all learn from; learn from others perceptions and identify your own assumptions
- ◆ Everyone’s voice needs to be expressed and heard
- ◆ Honour what is shared in the circle – maintain confidentiality
- ◆ We are here for the children, keep the focus on them, through them we will heal

Rediscovery & Recovery, and Mourning

Story Telling. Battiste (2000) suggests that storytelling is one of the most powerful forms of learning/healing. The first two stages of the decolonization process offered by Battiste, the rediscovery/recovery phase and mourning, encompass story telling. This session can begin with a presentation or story offered by the Elder, FGC Facilitator or other cultural historian, regarding the history of Aboriginal peoples in Canada and the impact of colonization and oppression. Participants need to understand what Indigenous families were like pre-European contact, in order to appreciate and provide a context for them to develop a shared vision of how they would like their family to function. The impact of the residential school legacy needs to be reviewed along with intergenerational trauma, to provide the context for participants to begin sharing their stories.

For the healing journey to begin, individual persons (biological parents, children, extended family and community members) need to be given a chance to share their stories, coupled with the professionals who are considered equal in the circle.

Colonization and oppression has affected every Canadian, and it is important to honour this reality and share understandings for learning, for healing.

According to a recent study published by the Aboriginal Corrections Policy Unit, Solicitor General Canada, storytelling represents the first step in the healing journey.

“The healing journey of individuals often begins when they come face to face with some inescapable consequence of a destructive pattern or behaviour in their life or when they finally feel safe enough to tell their story” (Lane et al., 2002, p. 59). Stories told from everyone’s perspective in the circle offer an emotion and relation-based healing process for people to begin to understand the source of the pain, and their woundedness. There can be no threat of consequences, otherwise people will not open up and trust others with their stories.

Story telling is an effective way to help individuals who have spent a significant part of their lives unaware or denying that their pattern of behaviour is destructive or harmful to themselves and others around them. There are numerous techniques to help participants begin to articulate their story, and one is by drawing a picture of something traumatic that happened in their life and then explaining their picture to members in the circle. This gives people a chance to visit but not stay in that moment of time, so they can get rid of

the 'poison' that is causing them pain. This first phase will take at least one day to complete and, possibly, a day and half or two days, depending upon the number of participants. Time has to be taken at the front end to ensure safety, and lay the groundwork for participants to feel comfortable in sharing their stories.

For example, in a recent Healing the Wounds Residential Workshop that I attended, a psychologist presented information about coping skills for individuals who have experienced trauma, some of which are numbness, denial, and addiction. This presentation was helpful for people to identify their own coping mechanisms. Also, during the story telling phase, the participation of children needs to be screened given the child's cognitive and emotional level, age, perceived harmful/healing effects of having them listen to stories about trauma, and state of readiness for them to share their own story. Since residential school survivors and their off-spring are often Child Welfare clients, the stories shared can be quite horrific as they pertain to emotional, physical, sexual, mental, and spiritual abuse. The intent is not to re-traumatize the children in care but, rather, to help them. Therefore, one way to ensure safety is for each member in the group to decide if they think their story should be heard/not be heard by the children, and they also may want to consult with the professional person or Elder to make certain children participating in this process will not be harmed further. Naturally, the parents should have a say in this matter, and definitely the children should be asked what they would prefer to do. It needs to be said that not all stories will be about trauma. Some participants may be able to share some very bright aspects of the family's history and give others an opportunity to learn about their family's history and culture in a positive sense.

The story-telling phase allows participants to grieve and to mourn. This is “a time when people are able to lament their victimization” (Battiste, 2000, p. 154). Battiste claims mourning is an essential phase of healing, which allows victims an opportunity to emotionally process, to release, in order to move forward into the dreaming phase. During the story telling and mourning phase, it is important to ensure there is someone in the circle skilled in providing additional help for those needing assistance should they emotionally breakdown. A second important element in the mourning phase is forgiveness, which is an essential part of healing. “Unless people learn to forgive (not forget), they are still holding onto feelings that hurt them” (Lane et al., 2002, p. 46).

The story telling phase (recovery and rediscovery, and mourning) should be separated in time from the next phase which is dedicated to developing the plan for the safety of the child and restoring harmony and balance in the family. People should not feel rushed, and they need to feel safe and comfortable. After day one, an optional sweat lodge should be provided or other family activity to promote healthy family interaction and healing. If the intention of FGC is healing, then this first phase is required before allowing the family to begin developing a plan for the safety and care of the child. Tackling the first two decolonization phases this in one day is very ambitious and the need to look at two days may be necessary. Ultimately, the participants set the pace, and every family will operate differently.

The Conference (Day Two & Three)

The start of day two may involve continuance of story telling for those who didn't have a chance to share the first day, and once finished, a ceremony should take place to honour the hard work and courage displayed. The purpose of the ceremony is to bring closure to the mourning, the pain, and to celebrate rediscovery and recovery of the family's history and culture. The ceremony does not have to be elaborate, but needs to symbolize the end, and the beginning of a new pattern of life, re-birth. To signify new life, a sweat lodge is a relevant cultural activity for the family, since it is very connected to this healing paradigm.

Many of us begin to look for the significance of birth, creative energy and lifegiving as it appears in our ceremonies. Ojibway midwife Carol Couchie interprets the sweat lodge has often been equated with the womb of mother earth. During the ceremony, a fire is lit outside the lodge, and the grandfathers and grandmothers (rocks) are placed in that fire. Couchie interprets these as the genes of the ancestors. The fire/heat represents male energy and enters the womb/lodge, which represents female energy through the rocks. After this symbolic act of procreation, the people inside the sweat lodge go through a period of growth. Like new life, their growth takes place in a hot, dark, wet, female place. When they crawl out, it is as though they are being born. The line of cedar that trails out of the sweat lodge is like an umbilical cord; it is the lifeline. The firekeeper watches from outside in the same way a midwife attends a birth. It is her or his job to make sure that everything is safe, to care for the life line, and allow the birth process to happen. (Anderson, 2000, p. 165)

Dreaming/Shared Vision, Commitment & Action

The next three decolonization phases are: dreaming, commitment and action, and they help facilitate the process of recovery, individual transformation and family renewal.

The third phase, dreaming/shared vision, is “where the full panorama of possibilities is expressed, considered through debate, consultation, and building dreams on further dreams, which eventually become the flooring for the creation of a new social order” (Battiste, 2000, p. 155). This is where family members, fictive kin, and community members can explore the full gamut of possibilities. At the front end of this phase, social workers offer information about legal options and all avenues available regarding permanent placement for the child, such as Private Guardianship, Adoption, Specialized Foster Care, and Supervision Agreements. The social worker also needs to clearly articulate the child protection concerns, explain the options that would not be entertained by Child Welfare, and why. They need to explain what behavioural and environmental aspects need to change before the children can be returned to their parents. As well, they should provide information about services available to support family members in their rehabilitation. After all of this information has been presented, and the family clearly understands the child protection circumstances and options, the professionals then leave and private family time commences.

The first order of business is for the family to come up with a shared vision about what they would like their family to be like, to look like, in three years time. This provides the guiding light or northern star upon which all actions in the plan must be based. This

could take anywhere from two hours up to the better part of a day. There are many facilitative techniques to help the family develop a shared vision, and my suggestion would be to design a hands-on visual exercise that is highly participatory. This will allow the family to have fun, and to get the job done in a time conscious way. “Human beings must be active participants in the unfolding of their own potentialities” (Ross, 1996, p. 277).

On day two or three of the FGC, after the shared vision is established, the family members express their level of commitment (fourth phase of decolonization process), and determine directions they need take to ensure child safety, individual and family healing. This should easily fall into place, since the real hard work has already taken place in the first three phases. Estimated time frame is one to three hours. Then the family determines specific actions (last decolonization phase) based upon family consensus regarding the commitments they have chosen to take. It is important that family consensus is reached and that action is not directed by outsiders, otherwise “the action taken cannot truly be said to be the choice of the colonized people” (Battiste, 2000, p. 158). Once again, this should be relatively easy, though crucial to develop, and will take probably one to three hours to complete. It is recommended that a tool be developed utilizing the medicine wheel as a guide to help the family develop a holistic healing plan that encompasses the following areas: physical, mental, emotional, and spiritual.

Private family time is imperative at this stage; this is discussed in Chapter Two, and research supports the importance of private family time. Having professionals, the

facilitator and non-family members remain in the room inhibits the power of this process, which is to encourage empowerment, relational accountability, child safety, family preservation, and self-determination. Sometimes a family may want a facilitator to stay in the room but they should respectfully decline while, at the same time, be in close proximity in case family members request assistance. The family needs to give this their initial “best shot”, and the studies on private family time have shown positive results.

Prior to leaving the room, the facilitator should secure a family leader to help guide the discussion, and a family monitor to record the conversation. Sometimes this may be the same person. In helping the family select the leader the facilitator can ask, “which person does everyone consider to be the head of the family?” Or “Who do you feel is respectful of your opinion and everyone else’s?” This person could also be fictive kin or a spiritual leader, but everyone needs to feel comfortable with this person leading the private family time session.

Visual aides and other tools should be left in the room by the facilitator, as a guide to help the family in developing a plan. Everything should be set up on flip charts: the problem, the dream/shared vision, commitments, directions, actions written in specific detail, such as who’s going to do what, how and when. The more information shared during the story telling, mourning and dreaming/shared vision phases, the better equipped the family will be to develop a solid plan. Once the family has finished developing the plan, the facilitator is brought back to review this plan with the family, prior to the social worker returning. When the social worker returns to the meeting, the family leader or

monitor presents the plan to the worker, which is either approved in full, or in part with some amendments. In rare instances when the plan is not approved by the social worker or in the event the family is unable to come up with a plan they all agree with, then the whole process reverts to conventional case management practice, and the legal court process resumes. Reverting back to square one is what would happen today with the existing FGC model, and perhaps a review of other options should be examined.

Concurrent Planning and Re-defining Reunification

The study findings revealed the need to explain the concept of concurrent planning to the family and endorse a broader definition of reunification. Historically, family preservation and child protection in Child Welfare have been regarded as separate notions in conventional case management practice. According to Whittaker & Muluccio (2002), these are complimentary concepts and therefore we need to rethink the definition of family reunification. Currently, Sakaigun Asky, handles concurrent planning in FGC practice as either/or: either return the child to the parents (Plan A) or place the child with an alternative life long caregiver (Plan B). Whittaker & Muluccio (2002) propose that this either/or orientation is simplistic, and not in the best interest of the child and family. Consequently, a conclusion reached by the study is to endorse a new definition of family reunification,

one that regards it as a dynamic process that seeks to meet the unique needs of children and their families in an individualized way and that underscores the value of maintaining and enhancing connectedness or reconnectedness between

children in foster care and their families or members of their kinship system.

(Whittaker & Muluccio, 2002, p. 121)

Such a view casts a more inclusive net to accommodate parents who can never be a daily caregiver, but want to maintain kinship bonds using other forms of contact. This wider definition accommodates diverse family circumstances, and is important to consider since a disproportionate number involved with CPS come from minority and low-income families. Essentially, the aim in concurrent planning should be

to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection—from full re-entry of the child into the family system to other forms of contact, such as visiting, that affirm a child's membership in the family. (Malluccio, Warsh, & Pine, 1993, p. 6, as cited by Wilmot, 2000, p. 2)

FGC is then a process by which to help a child achieve permanency and reunification. A spiraling out effect is that FGC can help break down the system's tendency to pit one sector of service (out-of-home care) against the other (family support). A broader definition of reunification adopted in concurrent permanency planning will help to resolve this longstanding service delivery dilemma between protecting children and family preservation, and is more in tune with Indigenous holistic perspectives.

In situations when the children are unable to return to their parents, FGC offers parents (if available) and family the opportunity to develop a permanent plan and, within their capacity, assume responsibility for the safety and care of the child, to re-establish connection with extended family, their heritage, their culture and their community. The

connection with extended family, their heritage, their culture and their community. The alternative is child welfare decides, with minimal or no family consultation, and cultural ties are nominal or severed completely. In the words of Veronica Morin, Elder, this is far from an ideal situation. She has helped many First Nations children return to their home community after growing up in long-term foster care. She speaks about how much they suffer having lost ties with their community, their culture, and their identity. In her words she would say, “they feel lost”.

In summary, *the key central feature recommended by the researcher based upon study findings and the literature review, is that a healing component or decolonization therapy be employed into the existing conferencing process.* Otherwise, rehabilitation is compromised for parents and family members connected to the children in care. In a holistic manner, FGC is intended to strengthen the family’s capacity to care for their children. In conferencing, recognition of Aboriginal worldview is essential, which professes that all children are gifts from the Creator, we do not own them, and it is our collective responsibility to take care of them, not the sole responsibility of the legal parents. The FGC model needs to incorporate traditional practices to honour its intention, healing for the family to take care of the children.

D) Monitoring of the Plan - Continuance of the Healing Process

To facilitate the continued process of recovery, individual transformation and family renewal, a monitoring mechanism needs to be in place to support the healing process and accommodate changes. This could take the form of regularly scheduled conferences in

person or via telephone, with key players involved in the family plan. The FGC facilitator or coordinator, or the family leader/monitor, could organize and facilitate these sessions. The intent is to provide encouragement and continued motivation for family members to achieve plan outcomes, and to celebrate small successes along the way.

After the initial conference, the momentum can begin to wear off over time, the length of the healing journey becomes apparent, and support often drops off. In order for required behavioural change, parents need to continue working on the driving forces that sustained the unhealthy behaviours that put their children at risk of abuse or neglect in the first place. The individual may have stopped their addictive behaviour, but still needs intensive therapy to heal deep wounds, thus enabling them to move towards developing a new identity and life pattern. This is a long-term process. There may be a need to re-conference with the larger family group on a much smaller scale, depending upon progress and circumstances of the children in care.

E) Coming Home Celebration

Once the family vision or dream has been reached as articulated in the plan, the FGC process can come to a close. This should be celebrated in some form of “coming home” celebration to acknowledge this success, which may be defined by the family in many different ways, given a broader definition of reunification. From the child’s perspective this may signify an adoption, private guardianship, return to birth parents, or any other number of permanent placements, along with connecting or reconnecting with their community, culture, or heritage. From the family’s perspective this home coming may be

defined as: bringing harmony back to the family, becoming a functional family, becoming self-determined people. The timeframe from the beginning to the end of the FGC (decolonization) process described is approximately one to three years. It is hoped that a community development, or rippling out effect, takes place whereby the families who have undergone this process can work with other families in their communities. This intensive therapeutic/healing approach has great promise in breaking the cycle of intergenerational trauma for the participating families.

F) Evaluation

Currently, a comprehensive evaluation framework does not exist for this program. There are conference evaluation forms available for family and community members, but none for social workers or other professionals. As a short-term measure, to accommodate this gap, it is recommended that a conference evaluation form be designed for all conference participants. In addition, post-conference debriefing meetings with the social worker and FGC facilitator should also be convened to promote team learning and quality improvement. Lastly, in addition to the written evaluation form, a verbal feedback mechanism (for example, telephone interview) should also be implemented for a random sampling of family and community members, to accommodate low literacy levels and the oral tradition of Aboriginal culture.

As previously mentioned, the intention of FGC needs to be collectively established first, before designing an evaluation framework. Evaluation is a way of checking to see whether a program is doing what it is intended to do. Is the program meeting its

objectives? To what extent? Why or why not? Are the goals and activities working towards the intended outcomes? This study determined that there are fundamental differing perspectives between the Aboriginal community and Child Welfare regarding the intention of this program. Since what we value is what we measure, it is important for all parties to be in sync regarding the intention of this program, before attempting to track and measure its success in a comprehensive manner.

CHAPTER FIVE – RESEARCH IMPLICATIONS

Organization Implementation

The results of participatory action research usually require the sponsoring organization to undertake changes in order to honour input received and, more importantly to address the issues revealed in the study findings. This section provides a description of the implementation processes, and implications if the changes are not undertaken.

Mentorship Collaborative Action

Since participatory action research is cyclical and based in a real world setting, it makes sense that a discussion about implementation processes cycle back to the Mentorship Collaborative. Therefore, members on the Mentorship Collaborative, and other persons named by the Collaborative, should convene to discuss the study findings, conclusions, and recommendations. In a one-day session, this gathering should allow members an opportunity to dialogue and determine actions required to implement study findings. It is recommended that this meeting take place within the next couple of months to validate the work provided by study participants, and ensure key issues are acted upon regarding the utilization of FGC in Child Protection Services. Ideally, some of the members on the Mentorship Collaborative will also serve on the Aboriginal Relations Committee at the regional level, which will allow for easy transition and continuance.

Partnering with the Aboriginal Community

The methodology utilized for implementation of study findings has to incorporate the participation of people who are directly impacted by changes in an equal partnership. It is recommended by the researcher that the organization continue to work in partnership with the Aboriginal community from this point forward. This will help to elicit a shared understanding regarding the spirit and intent of FGC. All perspectives should be honoured and considered with equal merit. Study findings revealed that the current FGC model focuses on decision-making versus healing. The literature and study findings provide a solid argument for incorporating a healing component. The central question that needs to remain at the forefront is, “who is this model intended to serve, and what is its intention?” If this process is really about empowerment, partnering with the Aboriginal community to design and deliver a healing component is non-negotiable.

Shift Towards a Decolonization Process

Essentially, this research project focused on how Child Welfare can partner with the Aboriginal community to effectively deliver FGC for Aboriginal children and families. This action requires a paradigm shift and represents significant change in the organizational culture. FGC has the potential to serve as a decolonization process, and the capacity to effectively address ARM outcomes. This study demonstrated how these two intentions are inter-dependent. In order to be effective, FGC needs to be delivered in a true partnership with the Aboriginal community taking a community development approach. The anticipated benefits are tremendous growth and learning opportunities for

all partners, and long-term sustainable change within family units to meet the developmental needs (mental, emotional, spiritual, and physical) of their children.

Implications of Non-Action

The implication if the changes recommended in this study are not undertaken is the continuance of an expert-based model of service delivery. Empowering families and communities to take responsibility for their own healing will be compromised.

Within Indigenous philosophy, there are 12 teachings of the sacred tree, and one of them professes that human beings are spiritual as well as physical. (Ross, 1996, p. 276) So in the truest sense, healing and personal development is a spiritual journey. This notion is quite distinct from western therapeutic models, which focus on cognitive and behavioral aspects. The sacred tree teachings also speak about the concept of wholeness, “where all things are connected in some way to everything else. It is therefore possible to understand something only if we can understand how it is connected to everything else” (Ross, 1996, p. 275). For people who are acting out harmful behaviors, they need to connect or reconnect with themselves, and other parts of their life (their family members), to understand their pain, and the impact they are having on others. From an Indigenous perspective, the process of empowerment is rooted in how we as individuals are connected to everything around us; it’s about restoring relationships, which is a spiritual and emotional journey. Traditional Child Welfare case management practice has a different focus, as evidenced in the following chart that illustrates areas of perceived conflict between the two worldviews:

	Therapist	Elders
Style	Need proof of program efficacy Desire for written reports	Accept efficacy of healing Oral tradition
Primary Focus	Cognitive-behavioral	Spiritual-emotional
Treatment Delivery	Clinical	Nurturing
Style	Confrontational/challenging	Non-confrontational
Approach to Treatment/Healing	Goal-orientated and structured Asking for forgiveness not acceptable/appropriate	Process-orientated and unstructured Asking for forgiveness is necessary for healing to occur
Orientation to Offender	Guarded, suspicious	Trusting, caring

(Lane et al., 2002, p. 17)

This chart clearly illustrates why western service delivery models are so ineffective for Aboriginal children and families. The reasons for not acting on the study recommendations could never outweigh the long-term costs already demonstrated by inaction. As indicated in this study, the number of Aboriginal children in care is extremely high, and we have large numbers of second and third generation families in child protection services. The existence of inter-generational trauma has proven costly to the Child Welfare system. However, this financial cost pales in comparison to the maltreatment (abuse and neglect) that Aboriginal children experience from one generation to the next. Some of the lessons learned about healing in research funded by Solicitor General Canada and the Aboriginal Healing Foundation suggest:

- ◆ The healing journey is a long-term process, probably involving several decades.

- ◆ Healing cannot be confined to issues such as addictions, abuse or violence.
- ◆ Healing interventions and programs have most impact when they take place within the context of a wider community development plan.
- ◆ Healing is directly connected to nation building. At some point, there needs to be a merger of program efforts between community healing activities and movements towards self-government and community development (Lane et al., 2002, p. 43).

This increased awareness by government to fundamentally change the way it delivers services is encouraging. The implication of maintaining a focus on a western therapeutic model of service delivery is that it promotes client intergenerational dependency, versus healing, empowerment and self-reliance.

What is healing?

Healing is a developmental process aimed at achieving balance within oneself, within human relationships and between human beings and the natural and spiritual worlds. It has to do with choosing to live in harmony with the basic values and teachings that are at the core of all Aboriginal (as well as other) cultures. “Healing” actually describes a wide range of initiatives, impulses and efforts happening at the levels of the individual, the family, the community, organizations and institutions and the nation (Lane et al, 2002, p. 43).

Future Research

This research study offers a starting point in understanding how to effectively utilize FGC for Aboriginal children and families involved with Child Protection Services.

However, further research on this topic is required. This section describes the implication of the research results on the topic of FGC, Child Welfare, and Aboriginal people, including issues that should be examined further.

This participatory action research project allowed for a unique dialogue to occur on how to deepen our understanding of FGC, partnerships, and improve our collective capacity to deliver services to a specific segment of society that is over represented in our Child Welfare system. Generally, I found there to be lack of research in the area of FGC, Child Welfare, and Aboriginal people, from an Indigenous perspective. It is hoped that this research provides a useful reference and template for future research on this subject.

Continuance of research on the use of FGC

In my opinion, this Indigenous practice has been infused into mainstream Child Welfare Systems, and has undergone many different permutations largely directed by government. Therefore, I would encourage the continuance of research on the use of FGC, and how to effectively partner with the Aboriginal community to integrate this traditional practice in case management practice without compromising Indigenous worldview. Otherwise, the power of this process for healing will continue to be minimized. In this way, capacity building within Aboriginal communities will be

realized, including long-term sustainable change for the betterment of Aboriginal children and families coming into contact with the child protection system.

Further research about intergenerational trauma

Intergenerational trauma is a reality in Canada today, caused by the legacy impact of residential schools on Aboriginal peoples. In Alberta, there were 38 residential schools in operation from the 1830's to the 1970's (Ma'mowe CFSA Cross Cultural Training Resource Guide, 2000, B10-14). According to the Aboriginal Healing Foundation, the unresolved trauma sustained by residential school survivors continues to impact individuals, families and communities today. The Aboriginal Healing Foundation claims that the effects of intergenerational trauma are present, largely because the trauma is not validated, and there is no post-traumatic support for resolution.

Many generations have suffered from the legacy of residential schools even though they did not personally attend the schools. Various forms of abuse, low self worth, anger, depression, violence, addictions, unhealthy relationships, fear, shame, compulsiveness, lack of healthy parenting skills, body pain and panic attacks are passed on from one generation to the next. The new generation, in response to their parents' unresolved trauma, then develops the same or new defense/coping mechanisms and behaviours that, in most situations, are as unhealthy as the behaviours of those who experienced the original trauma.

Breaking the cycle of abuse set in motion by residential schools is essential if Aboriginal communities are to become healthy places for children to be nurtured.

(Aboriginal Healing Foundation as cited by Ma'mowe Child and Family Services Authority, 2000, p. C-14)

Exploring intergenerational trauma and the capacity of child protection services to respond appropriately is worthy of future research. Decolonization processes or therapy is becoming a worldly phenomenon among colonized Indigenous populations. Programs in the social service field need to focus on helping colonized populations reclaim their identity, autonomy, and culture. Future research studies focusing on how to deliver Child Welfare services in a holistic manner, with a focus on healing to break the intergenerational cycle of abuse, needs to be explored in future research.

CHAPTER SIX – LESSONS LEARNED

This concluding chapter entails a brief synopsis of my conduct and management of the participation action research project. Identification of what could have been done better and what processes require change. The intent of this review is to help future researchers avoid similar pitfalls.

If I had a chance to do this over again, I would take a wider brush and delve deeper into the organization, the community, and Aboriginal children and families involved with the FGC program in the region. In hindsight, I should have taken a firmer stance regarding the anticipated time this research project would entail. My lesson learned is that I should have taken full or partial leave of absence from my regular work duties in order to delve deeper. For example, if I had more time during the data collection phase I would have been able to connect with a greater number of research study participants. For instance, thirteen Aboriginal participants consented to a telephone or in-person interview after the observation of an FGC (third data collection methodology), and I was only able to interview six people. Another option could have been to incorporate an element of time into the Project Sponsor Letter of Agreement, which would have alleviated some of my regular work duties, and freed up more time to conduct the research.

As a researcher working full time, and as a full time mother, conducting this “participatory action research” was a lofty endeavor. The data collection phase took

place from September to November 2002. The synthesis of the information and writing of the final report took me an additional three months to complete, which took place during the months of January to March 2003. Graduate students need to be aware of the time consuming nature that participatory action research requires, which is quite intensive over a six month period.

However, it needs to be noted that I was passionate about this topic and, therefore, spent considerable time researching the literature and correlating the study findings. The Royal Roads University (2001) Major Project Handbook indicates that this document should be approximately 70-80 pages. Whereas, I ended up with a much longer document, principally on the belief that research in this area will raise awareness about necessary changes in order to effectively deliver services for Aboriginal children and families. I was working on the assumption that FGC is a strategy upon which to shift the culture of the organization away from an expert-based model of service delivery, to one that honours family and community strengths. This belief fueled my desire to educate the reader about the intention of FGC, and how to reclaim the integrity of its original intention to achieve ARM outcomes, and Aboriginal self-determination. At the end of the day, my reason for selecting this research project rests with an innate desire to help our children who are suffering from abuse and neglect, as a result of colonization and intergenerational trauma. I found this experience to be a powerful self-directed learning opportunity that gave me a chance to take a very critical look at how systems work and at the incredible impact social policy has on people's lives.

In conclusion, I feel satisfied that this research project accomplished its objective, which was to deepen our collective understanding regarding the intention of FGC, partnerships, and how to effectively meet the needs of Aboriginal children and families involved with Child Protection Services. The credit for this work goes to the many people who have contributed to this project, for their insight, commitment, and courage.

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APPENDIX A: Sakaigun Asky CFSA Questionnaire

Royal Roads University – Participatory Action Research

A Partnership Approach in Child Welfare: Family Group Conferencing

Research Question: How can we deepen our understanding of Family Group Conferencing, partnerships, and our collective capacity to support Aboriginal children and families involved in the child welfare system?

Dear Potential Research Participant:

You are invited, on a purely voluntary basis, to participate in a research study, which investigates the intent of Family Group Conferencing, and how we can improve the existing model operating in Sakaigun Asky, to honour the principles inherent in Aboriginal self-determination, and achieve Alberta Response Model outcomes. I am conducting this study in partial fulfillment of the requirements for a Master of Arts in Leadership and Training degree from Royal Roads University.

My credentials with Royal Roads University can be confirmed by telephoning either Barry Stevenson, Faculty Project Supervisor, Royal Roads University at _____ or Ms. Angela Wilson, Program Associate, at _____.

The data from this questionnaire/survey will contribute to the overall research findings, and may be inserted in an anonymous format in the body of the final report, and may also be used in other forms such as professional journals, maintaining the same standards of confidentiality and anonymity.

If you choose to participate in this survey, please fill out the attached questionnaire, and return to me by October 31, 2002. The information collected from this survey will be used and seen by others in this research process, and survey respondents will not be identified. All identifiable information, will be kept in a locked filing cabinet in the researchers' office and destroyed after the study has been completed, May 2003. No one but the researcher or administrative assistant will view the original questionnaire submitted/raw data.

In no way, will participation in this research project cause harm, or have any connection or bearing on a participants' employment status.

Please return your completed questionnaire to (researcher's work email) or my home email at (home email address).

If you have any questions and/or would like more information about this research project, please call me at _____. Your support in this research initiative is greatly appreciated.

Family Group Conferencing Questionnaire For Sakaigun Asky Staff
--

Survey Respondent Information

How many years have you been practicing child protection social work?

- a. Less than 6 months
- b. 6-12 months
- c. 1-2 years
- d. 2-5 years
- e. over 5 years

Are you of Aboriginal descent? yes no don't know

Position Title:

Casework Supervisor Social Worker Specialist Other, please indicate

Prior involvement with FGC:

- a) Indicate approximate number of FGC Referrals:
- b) Approximate number of FGC conferences attended:
- c) Describe type of involvement or experience with FGC not stated above:

FGC Referral Process

1. What was your intent or rationale behind making an FGC referral?
2. a) How long did it take from the point of the referral for the FGC to be convened?
 - a. less than four weeks
 - b. less than six weeks
 - c. less than eight weeks
 - d. less than twelve weeks
 - e. over twelve weeks, please state how many weeks:
 - f. not applicable (n/a)

b) Was this an acceptable/not acceptable time period? yes no n/a
Explain:

1. Do you have any recommendations on how to improve the Referral process?
2. Do you fully understand the criteria upon which to make a referral?
 yes no Somewhat n/a Explain:

Pre-Conference Planning

3. Are you satisfied with the level of information provided by the FGC facilitator prior to the Conference?
 yes somewhat no n/a Explain:
4. What role, if any, do you play in pre-conference preparation?
5. Do you feel adequate pre-conference preparation of FGC participants was provided?
 yes somewhat no don't know Explain:

FGC Conference

6. Do you feel comfortable attending and presenting at the conference?
 yes somewhat no n/a Explain:
7. What did you find went well/not so well during the meeting part of the conference process?
8. Were you satisfied with the plan for care that was developed? yes somewhat
 no n/a Explain
9. What changes, if any, would you recommend for improving the FGC meeting process for Aboriginal children and families?

Monitoring and Follow-up

1. a) Are you satisfied with the follow-up and monitoring arrangements?
 yes no Somewhat Why or why not?
- b) Do you have any recommendations for improvement?

Understanding of FGC

2. What is the most frustrating aspect of your experience with the FGC?
3. What is the most rewarding aspect of your experience with FGC?
4. What do you believe to be the underlying intent behind the concept of Family Group Conferencing?

Training and Casework Impact

5. Would you recommend further training for referring social workers? yes no

Explain:

6. How did participating impact your workload?
7. How did participating impact your relations with the family?
8. Would you recommend:
- i. Participation in a FGC to other families? yes no why/why not?
 - ii. To other social workers? yes no why/why not?
 - iii. Do you think the Authority should continue to support this process?
 - No, please explain why?
 - Yes, as it is currently being done
 - Yes, with changes, explain:

Relationship with Contracted Agency

1. Are you satisfied with the services provided by Native Counselling Services of Alberta (NCSA) to deliver the FGC program?
 Yes Somewhat No Explain:
2. Are you satisfied and/or comfortable with the working relationship that exists between yourself and NCSA Facilitator(s) in the delivery of this program?
 Yes
 Somewhat
 No
- a) What's working well/not so well with the partnership?
 - b) Do you have suggestions on how we can improve the existing partnership?

General Comments

21. Please add any other comments you would like to make:

Thank you for taking the time to complete this survey.

NCSA Questionnaire

Royal Roads University – Participatory Action Research Project

A Partnership Approach in Child Welfare: Family Group Conferencing

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Dear Potential Research Participant:

You are invited, on a purely voluntary basis, to participate in a research study, which investigates the intent of Family Group Conferencing, and how we can improve the existing model operating in Sakaigun Asky, to honour the principles inherent in Aboriginal self-determination, and achieve Alberta Response Model outcomes. I am conducting this study in partial fulfillment of the requirements for a Master of Arts in Leadership and Training degree from Royal Roads University.

My credentials with Royal Roads University can be confirmed by telephoning either Barry Stevenson, Faculty Project Supervisor, Royal Roads University at _____ or Ms. Angela Wilson, Program Associate, at _____.

The data from this questionnaire/survey will contribute to the overall research findings, and may be inserted in an anonymous format in the body of the final report, and may also be used in other forms such as professional journals, maintaining the same standards of confidentiality and anonymity.

If you choose to participate in this survey, please fill out the attached questionnaire, and return to me by October 31, 2002. The information collected from this survey will be used and seen by others in this research process, and survey respondents will not be identified. All identifiable information, will be kept in a locked filing cabinet in the researchers' office and destroyed after the study has been completed, May 2003. No one but the researcher or administrative assistant will view the original questionnaire submitted/raw data.

In no way, will participation in this research project cause harm, or have any connection or bearing on a participants' employment status.

Please return your completed questionnaire to (researchers work email) or home email at _____. If you prefer to send a hard copy by mail, you have two options:

Gayle Desmeules
Personal & Confidential
Work Address

Home Address

If you have any questions and/or would like more information about this research project, please call me at _____. Your support in this research initiative is greatly appreciated.

Family Group Conferencing Questionnaire Native Counselling Services of Alberta – Staff/Facilitators
--

Survey Respondent Information

How long have you been providing FGC Facilitation services?

- a) 0-6 months
- b) 6-12 months
- c) 1-2 years
- d) 2-5 years
- e) Over 5 years

Are you of Aboriginal descent? yes no don't know

Are you a staff member of NCSA? yes no

Indicate approximate number of FGC conferences facilitated:

- a) 1-5
- b) 5-10
- c) Over 10

FGC Referral Process

1. What is the average time frame you are able to convene a conference after a referral?

- a) Less than four weeks
- b) Less than six weeks
- c) Less than eight weeks
- d) Less than twelve weeks
- e) over twelve weeks, please state how many weeks:

1. Are you satisfied with the referral process? yes somewhat no
Why?

2. Do you have any recommendations on how to improve the referral process?

Pre-Conference Planning

3. a) Are you satisfied with the level and amount of information provided by the referring social worker to commence with pre-conference planning?

yes somewhat no Why/why not?

b) Any recommendations for improvement?

4. What main activities encompass work done by you as the facilitator in pre-conference planning?

5. What challenges, if any, do you experience in conducting the pre-conference planning?
6. What needs to happen for you in order to improve your ability to adequately prepare FGC participants for the meeting?

FGC Conference

7. Do you facilitate the private family portion of the FGC meeting?
 always sometimes never Explain reason for your choice:
8. Are you generally satisfied with the plan for care that is developed?
 yes somewhat no Explain
9. What changes, if any, would you recommend for improving the FGC meeting process for Aboriginal children and families?
10. Do you feel competent and confident facilitating the FGC Conference?

Monitoring and Follow-up

11. Do you provide a monitoring and follow-up function after the FGC? yes no
 Explain:
12. a) In your experience facilitating FGC, who generally takes the lead role in monitoring and follow-up?
 b) Ideally, whom do you think should be involved in monitoring and follow-up?

Relationship with Sakaigun Asky

1. a) Are you satisfied and/or comfortable with the working relationship that exists between yourself and Sakaigun Asky staff in the delivery of this program? yes somewhat
 no Explain:
 b) What specific recommendations do you have to strengthen the partnership and delivery of this program?

Training and Support

2. Would you recommend further training for FGC facilitators? yes no
 Explain:
3. Do you think further training is required for referring Social workers? yes no
 Explain:

4. How does working as a FGC facilitator impact your workload?

Understanding of FGC

5. What is the most frustrating aspect of your experience with the FGC?
6. What is the most rewarding aspect of your experience with FGC?
7. What do you believe to be the underlying intent behind the concept of Family Group Conferencing?

General Comments

8. Please add any other comments you would like to make:

Thank you for taking the time to complete this survey.

APPENDIX B: Participant Consent Form

Royal Roads University – Research Participant Consent Form *A Partnership Approach in Child Welfare: Family Group Conferencing*

FGC Observation & Sharing Circle/Interviews

This research project is part of the requirement for a Master of Arts in Leadership and Training.

The student concerned is **Gayle Desmeules**. Ms. Desmeules' credentials with Royal Roads University can be established by telephoning either Barry Stevenson, Faculty Project Supervisor, Royal Roads University at _____, or Ms. Angela Wilson, Program Associate, MALT, at _____.

This document constitutes an agreement to take part in a research program, the objective of which is to explore how we can improve the Family Group Conferencing (FGC) program for Aboriginal children and families involved with the child welfare system.

Participants involved in an FGC agree to have the researcher observe the process. Following the FGC meeting, participants can elect to take part in a ½ hour to 1-hour Sharing Circle within one week afterwards or telephone interview, which will be facilitated by the researcher. The foreseen questions will refer to participant understanding about the 'intent' of Family Group Conferencing, how you felt about the FGC experience, and recommendations for improvement.

The FGC process will be videotaped, unless you prefer the session be taped-recorded only. Participants will be given a copy of the researchers' findings, to review, verify, and revise at their discretion. This information may be inserted in an anonymous format, in the body of the final report, and may also be used in other forms such as professional journals, maintaining the same standards of confidentiality and anonymity. At no time will any specific comments be attributed to any individual unless written consent has been obtained beforehand.

If participants withdraw midstream during either the FGC process or Sharing Circle, causing a major disruption to the process, then the data will be destroyed within 24 hours afterwards and not used in the body of the report.

A copy of the final report will be housed at Royal Roads University.

Identifiable information will be kept locked and secure in the researcher's office and will be destroyed, three years after the study has been completed, June 2005.

There will be no monetary compensation for participating. A summary of the study results will be made available to you at the end (June 2003) upon request.

Similarly if employees or other individuals approached by the researcher elect not to take part in this study, this information will also be maintained in confidence.

By signing this letter, the individual gives free and informed consent to participating in this project.

Name: (Please Print): _____

Signed: _____ Date: _____

Legal Parent/Guardian _____ Date: _____

APPENDIX C: Focus Group Sharing Circle

A Partnership Approach in Child Welfare: Family Group Conferencing

Royal Roads University, Victoria

Project Sponsor: Sakaigun Asky CFSA

Witchikamaso (wee-chee-ka-ma-so) Family Peacekeeping Program

Action Research - Focus Group

- Welcome & Opening Prayer
- Participant Consent form and Review Agenda
- Opening Round: Grounding Circle
- Background History of Research Project
- First Round: What do you believe to be the intent or purpose of Family Group Conferencing as a strategy to achieve positive outcomes for Aboriginal children and families involved with Protection Services?
- Second Round: Learn about FGC model, and explore ways to enhance model from an Indigenous perspective. How can we work towards achieving Alberta Response Model (ARM) outcomes, and honour principles inherent in self-determination?
- Third Round: Discussion on key components for successful integration of FGC into Case Management Practice?
- Closing Round: Sharing Circle & Next Steps

Research Question

How can we deepen our understanding of Family Group Conferencing, partnerships, and our collective capacity to support Aboriginal children and families involved with the Child Welfare system?

Family is the most important piece in a child's life and we must do everything in our power to keep everyone connected and responsible.

Child Welfare Worker

Investigator: Gayle Desmeules

Royal Roads University – Research Participant Consent Form

A Partnership Approach in Child Welfare: Family Group Conferencing

Focus Group Sharing Circle

This research project is part of the requirement for a Master of Arts in Leadership and Training.

The student concerned is **Gayle Desmeules**. Ms. Desmeules' credentials with Royal Roads University can be established by telephoning either Barry Stevenson, Faculty Project Supervisor, Royal Roads University at _____, or Ms. Angela Wilson, Program Associate, MALT, at _____.

This document constitutes an agreement to take part in a research program, the objective of which is to explore how we can improve the Family Group Conferencing (FGC) program for Aboriginal children and families involved with the child welfare system. The project sponsor for this research is Gord Johnston, Chief Executive Officer, Sakaigun Asky Child and Family Services Authority.

The focus group will be videotaped, unless participants prefer the session be tape-recorded only. This information may be inserted in an anonymous format, in the body of the final report, and may also be used in other forms such as professional journals, maintaining the same standards of confidentiality and anonymity. At no time will any specific comments be attributed to any individual unless written consent has been obtained beforehand.

A copy of the final report will be housed at Royal Roads University, Victoria, BC.

Identifiable information will be kept locked and secure in the researcher' office and will be destroyed, two years after the study has been completed, June 2005.

There will be no monetary compensation for participating. A summary of the study results will be made available at the end (June 2003) upon request.

If employees or other individuals approached by the researcher elect not to take part in this study, this information will also be maintained in confidence.

By signing this letter, the individual gives free and informed consent to participating in this project.

Name: (Please Print): _____

Signed: _____ Date: November 29, 2002