THE FAMILY DECISION-MAKING DEMONSTRATION PROJECT
A MODEL OF INTERVENTION
FOR VICTIMS OF

CHILD ABUSE AND/OR NEGLECT

Submitted to
Victims' Services Funding Program
Victims Services Division

Nova Scotia Department of
Attorney General
Prepared by Family Services of Support Association

February, 1992
## CONTENTS

| 1. Project summary page                                      | page 4 |
| 2. Sponsoring organization                                 | page 6 |
| 3. Statement of need                                        | page 6 |
| 4. How the project will answer the need page                | page 13 |
| 5. How the project related to other government/community efforts to meet the need | page 20 |
| 6. How other organizations/programs provide similar or related services | page 21 |
| 7. Other attempts to address this concern in the community  | page 21 |
| 8. How this project differs from other attempts to address the issue | page 22 |
| 9. Designated population                                   | page 23 |
| 10. Goals                                                  | page 26 |
| 11. Objectives                                              | page 27 |
| 12. Workplan                                               | page 28 |
| 13. Referral mechanism                                      | page 32 |
| 14. Project management and personnel                        | page 33 |
| 15. Evaluation                                             | page 38 |
| 16. Community endorsement                                  | page 44 |
| 17. Budget                                                 | page 47 |
| 18. Appendices: Following page                              |        |
18. Appendices

A. Board of Directors of Family Services of Support (Family SOS)

B. Foster care in crisis in Nova Scotia

C. Survey of child welfare agencies in Nova Scotia

D. Proposal for Priority Needs Grant for Parts A and B of Family Decision-Making Demonstration Project

E. Members of the Advisory Committee for the Family Decision-Making Project

F. Letters of support

G. Family Support and Family Preservation Models in Canada and the United States

H. Job descriptions: a) Project Manager; b) Family Conference Coordinator

I. Bibliography
1. Project Summary

Founded in 1978, Family Service of Support Association (Family SOS) is a community-based nonprofit agency that provides supportive services to parents at risk of abusing and/or neglecting their children. A staff of eleven serves families in Halifax and Dartmouth. In 1991, 246 families received services from Family SOS.

The Family Decision-Making Demonstration Project is based on the "New Zealand model of intervention in child abuse, in which extended family members are brought together to engage in a decision-making process to plan for the care and safety of the child. This decision-making process is successful to the extent that law has mandated it since 1989. As an alternative to the traditional methods of intervention and planning for children, Family SOS is proposing a model that includes the parents of the child and the extended Family in a decision-making process which: 1) ensures that the child will be safe; 2) Empowers the child's family to take responsibility for her or him and make plans that will provide both safety and care; 3) provides the family with services and/or resources necessary for the family itself to care for the child.

The Nova Scotia Children and Family Services Act, 1990 provides a legal framework which is compatible with the Family Decision-Making Model. The Children and Family Services Act, 1990 is based on the principle that every effort should be made to provide the supports necessary to enable children to remain with their families. Moreover, the Act clearly states that the least intrusive means of state intervention in the lives of families are preferable whenever possible. To some extent, child welfare agencies in Nova Scotia currently involve parents and relatives of children in need of protection in planning for the care of children. However, there is no consistency concerning decision-making processes involving parents and relatives, and much is left to the discretion of protection workers and the Family Court process. Moreover, the resources of foster care, group homes and institutional care are overextended and frequently unable to provide quality alternative for children in need of protective services.

Project goals are: 1) To demonstrate the effectiveness of the Family Decision-Making model (the Model) as an alternative to foster care and institutional care for children who are victims of abuse and/or neglect; 2) To demonstrate the effectiveness of the Model as an alternative to the traditional decision-making process, where all major decisions are made for parents and children by child welfare professionals and Family Courts; 3) To develop an infrastructure which will eventually allow the Project to function as an agency that will be integrated into the child welfare system serving the Halifax Metro Area, and/or: 4) To develop a model which can be adopted by child welfare agencies throughout Nova Scotia; 5) To collaborate with police, child welfare agencies, and the Family and Provincial Courts toward developing a protocol for intervening in child abuse situations to enhance the model; 6) To generate interest in the Model in the professional community throughout Nova Scotia; 7) To evaluate the Project using both process and outcome evaluation methods.

The Family Decision-Making Demonstration Project will serve abused and/or neglected children living in the Halifax Metro Area. These children are victims of crime according to the Criminal Code of Canada, under the categories of Assault, Sexual Assault, Sexual Touching, and Duties of Persons to Provide Necessaries. The Project will receive referrals from child welfare agencies in the Halifax Metro Area. Directors, supervisors. And protection workers from these agencies will work closely with Project staff to develop and operate an innovative collaborative method of child welfare intervention.
The total cost of the two-year project is $219,139. The IWK Foundation has been asked for $4,400 to fund a one-day conference for professionals in the Halifax Metro Area who work with victims of child abuse and/or neglect. $214,739 is requested from the Victims' Services Funding Program to hire two full-time staff: a Project Manager and a Family Conference Coordinator. A part-time Evaluator will be hired as a consultant. Substantial services in kind will be donated in the form of staff time, office space and equipment.
2. Sponsoring Organization

Family Service of Support Association (Family SOS) is a community-based nonprofit organization. A Board of fourteen directors serve as volunteers. In this capacity they are ultimately responsible for all Family SOS activities. (See Appendix A, Board of Directors). Family SOS has its office in Halifax and serves resident families in Halifax and Dartmouth. During 1991, 246 families received services from Family SOS.

Since 1978 Family SOS has provided support to parents who are at risk of abusing and/or neglecting, or have abused and/or neglected their children. Family SOS was founded on the philosophy of Dr. Henry Kempe who believed in the capacity of parents to care for their offspring. He believed that when parents were provided with support and understanding, when they experienced relief from the stress of their situations, they would stop abusing their children. He developed a model of parent support and demonstrated its effectiveness in Denver, Colorado during the 1970s. This program statistically confirmed his beliefs. The Family SOS program is modelled after the work of Dr. Kempe and has been supporting and teaching parents how to care for their children effectively for more than twelve years.

The Family SOS staff of 11 includes an Executive Director, an Assessment Worker, and 8 Family Support Workers. The support workers are chosen on the basis of their abilities to empathize with parents within the context of their situations. The Family Support Workers provide emotional support and teach parenting skills, advocacy, and how to access resources. In effect, they teach parents how to become empowered to help themselves. This process of empowerment is made possible because the families choose to accept the support of the agency. Family SOS has no authority over the custody of children or over family income. Family SOS is rooted in the belief that by consistently believing in parents' inherent strengths, by being supportive, and by providing necessary resources, parents can become the authors of their own plans and are thus empowered to carry out those plans.

3. Statement of Need

Children and youth need to be in their own families whenever possible. The only reason for removing a child from h/her family is when there is no other alternative in terms of family
members. need to be involved in the development of plans for the child. The child also needs to be part of that decision-making process whenever possible.

Children who have been abused and/or neglected are victims of crime under Sections 151, 152, 155, 170, 173,215,265,267,268,272 of the Criminal Code. There is considerable agreement among experts that children who have been abused do best when they are able to live with their families in appropriate, healthy environments and, further, that families need supports to enable this to occur.

The Nova Scotia Children and Family Services Act, 1 990 (hereafter referred to as the "Act") is based on the principle that every effort should be made to provide the supports necessary to enable the child to remain living with h/er family. Moreover. The Act clearly states that the least intrusive methods of State intervention in the lives of families are preferable whenever possible. Thus the Act provides a legal framework that could allow more children and youth to remain with their parents or extended family. However, many of the services, infrastructure and financial support needed to make the vision of the Act a reality are not available at present.

A. FEATURES OF CHILD WELFARE SYSTEM IN NOVA SCOTIA THAT ARE UNABLE TO MEET THE NEED

a) Foster care
The goal of foster care is to provide a safe haven for children who are victims in their own homes. It is seen as the best available alternative for children whose parents cannot protect them and/or care for them adequately. But the foster care system is itself in crisis and cannot give children who are victims of abuse and/or neglect either the stability or the nurturing they sorely need. Some critics of the child welfare system in Nova Scotia and

---

1 Criminal Code of Canada, Sections: 215 (1) (a), Duties of Persons to Provide Necessaries; 151, Sexual Interference; 152, Invitation to sexual touching; 155,Incest; 170, Parent and Guardian Procuring Sexual Activity; 173, Indecent Acts of Exposure; 272, Sexual Assault With a Weapon, Threats to a Third Party or Causing Bodily Harm; 273, Aggravated Sexual Assault; 265, Assault; 267, Assault Causing Bodily Harm: 268. Aggravated Assault.

indeed in other parts of Canada and the United States have gone as far as to claim that foster care is often more handful than the original home situation.\(^3\)

In a recent study entitled Foster Care: A Critique of the Present System and Future Directions (1991), Lynn Brogan distributed questionnaires to all "Regular Foster Homes" used by the Dartmouth District Office. For the sample studied, Brogan's findings are as follows:

i) There was a serious and increasing shortage of foster homes;

ii) The supply of active foster homes was inadequate and had resulted in overcrowding;

iii) Matching children to foster homes was rarely achievable under the circumstances:

iv) As a result of inadequate supply, overcrowding, and difficulties matching foster parent preferences with children needing foster care, foster placements were not available for many children and youth;

v) Despite agency efforts to achieve permanency planning (long-term, stable family environments for the child in care), many children in permanent care (wards) had experienced multiple placements.

Each of the above statements is discussed in more detail in Appendix B: Foster Care in Crisis.

According to Brogan:

No valid sense of logic and rationale seems apparent with respect to how the foster care system operates. One would assume that if our society has laws and mandates to remove children from homes deemed inadequate by society's standards, surely the foster care program, the program that receives the majority of children coming into care, would be given priority by our child welfare system and by society. Surely

---

\(^3\) Agathorus, references to research by Agathorus, 1983; Besharov, 1988; Grans1ee & Henderson, 1987
. the program was not intended for a child to enter a system worse than what he/she came from. Much to this social workers dismay and disappointment"

more often than not, children who come into the foster care system are victimized by it.
(Brogan, 1991)

But the problem goes deeper than the inadequacy of the foster care system itself. Even if all the inadequacies could be remedied, the fact remains that going into foster care can mean losing one's original family, one's identity, and one's sense of belonging.

b) Other childcaring institutions

The severe and increasing shortage of foster homes and the growing proportion of older, more troubled children and youth who may be unsuited to foster care have resulted in the necessity of placing many children and youth in other types of available facilities or of allowing youth to live independently as the only alternative they will accept.

In Halifax County as of March 31, 1990, more than half (52%) of the 276 wards were not living in foster homes. Of these, only a small proportion were living in group homes, treatment centres, the S.O.S. Village or Independence House. According to discussions with social workers, most were either living on their own at ages as young as 17, or they were on the street. Of these, some were prostitutes; some were homeless. Most of the wards indicated in Table 1 in the "other" category were either homeless, prostitutes, or refusing to have anything to do with their social workers.
TABLE 1
Children and Youth in Permanent Care and Custody in Halifax, County
March 31, 1990

(Age: birth through 19 years)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster homes</td>
<td>124</td>
<td>45.0%</td>
</tr>
<tr>
<td>Independent living (*)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>boarding houses/Independence House</td>
<td>80</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
<td>14.5%</td>
</tr>
<tr>
<td>Group homes/S.O.S Village/Home for Coloured Children</td>
<td>24</td>
<td>8.6%</td>
</tr>
<tr>
<td>Treatment Centres</td>
<td>8</td>
<td>2.9%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>276</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Independent living refers to wards living in boarding houses, etc. and receiving financial support from an agency.

C) Child welfare agencies

In October 1991, Family SOS conducted a telephone survey of child welfare agencies in Nova Scotia. A questionnaire was mailed to Executive Directors or District Supervisors of all 19 Children's Aid Societies, Family and Children's Services and District Offices. The mailing was followed by phone calls.

The survey consisted of 8 open-ended questions. (See Appendix C) The purpose of the survey was to learn to what extent and in what ways agencies were involving extended family in planning and in the care of children in need of protection. Sixteen agencies responded to the survey; 14 by phone and 2 in writing. The designation of the respondent was left to the head of the agency. As a result, agency heads, casework supervisors and protection workers were involved in answering the survey questions.

In summary, all 16 agencies involve extended family in decision making and planning to some extent. Definitions of "extended family" include relatives identified by the parents and other persons considered by the parents to be "family" such as friends and neighbors. All
respondents stated that there are situations in which they do not consider consultation, or Placement of the child with extended family.

All respondents were supportive of involving extended family in planning for and care of children in need of protection. It was particularly encouraging that although before the survey, none of the respondents knew about the New Zealand Family Group Conference Model, several had come to an understanding of the potential advantages of using this type of approach. The following are some examples:

• "Shared decision making adds different perspectives on the problems and possible solutions."

• "The family feels empowered because they are consulted. Feeling empowered gets the family to start resolving its own situation."

• "A fundamental principle is that the ultimate goals must be identified by the clients. they must be attainable, and the clients must be committed. By involving the family, the family defines the problem and resolves it. A group format... allows this to happen. The agency is there only to ensure that the child's needs are being met and that the agency's mandate is fulfilled."

• "Extended family placements tend to work better. Relatives are very committed to the child."

One respondent, upon hearing a brief description of the New Zealand Family Group Conference Model, said that many of the disadvantages of the present system could be worked out "if you had people to do the homework."

Responses to the question "Do you see any disadvantages in involving extended family members in decision making and/or planning for a child in need of protection?" highlight some of the weaknesses of planning and fostering with extended family under the present system. These responses are particularly useful because they point out some needs to be considered for implementation of the Family Decision-Making Demonstration Project:

• There are not enough supports available to relatives.
• When workers are not able to offer sufficient resources to relatives, the worker may not consider the possibility of involving them.

• It is difficult to administer a large extended family group.

These comments raise some of the critical issues that have been dealt with in the New Zealand Family Group Conference Model. It is the intention of this demonstration project to resolve these difficulties.

d) Decision Making and Planning for Children in Need of Protection

Although the decision-making process used in child welfare agencies appears to vary somewhat from agency to agency, there is a consistent pattern as well. For example, once the decision has been made to open a case, if removal of the child is being considered, a case conference is held. This usually includes the workers on the unit and the supervisor for the unit. However, the child, parents, and relatives are not part of this process. Before and after the case conferences, the protection worker may consult with one or both parents, with the child, and with any number of extended family members. In some situations, the worker may meet jointly with one or both parents and with one or two relatives. More often s/he will meet with family members individually.

In summary, it appears that decision-making for the protection of the child often includes extended family members, Child welfare agencies have developed consistent decision-making processes for planning for the child's protection within their own agencies. However, these processes differ among agencies, Therefore, consistency is lacking concerning decision-making processes, both within agencies and among agencies, on how to involve extended family members. This is left up to individual workers. Finally, even when individual workers involve extended family members in decision making and planning, a consistent process is not followed. Sometimes family members are seen individually; occasionally the worker sees the family collectively. It is unlikely that resources will be made available for out-of-town family members to meet with the Protection Worker and the child's parents.
4. How the Family Decision-Making Demonstration Project will answer the need

A) THE BEGINNINGS OF THE FAMILY DECISION-MAKING MODEL IN NOVA SCOTIA

In October 1990, Family SOS learned of a model of intervention in child welfare which is practiced in New Zealand. This model is designed to empower families to develop individualized plans to provide care for their children. It is based on a belief in the dignity of individuals and their capacity to accept responsibility for their decisions and to construct solutions to their situations, when provided with opportunities, assistance and the power to do so.

In May 1991, Family SOS presented a proposal to the Victims' Fine Surcharge Program of the Nova Scotia Department of Attorney General. This proposal was designed as a first step toward the development of a demonstration project modelled after the New Zealand example.

This proposal was accepted and initiatives were developed to engage the community in the development of this proposal to implement the Family Decision-Making Demonstration Project (See Appendix D).

B) ACTIVITIES UNDERTAKEN DURING THE DEVELOPMENTAL PHASE OF THE FAMILY DECISION-MAKING DEMONSTRATION PROJECT

As a result of this project, the following activities and events occurred:

i. An Advisory Committee was established comprised of professionals and individuals. (See Appendix E for a list of committee members.) This committee has met frequently to assist in the development of the Family Decision-Making Project. The committee has agreed to a further two meetings when the project is funded in order to establish a steering committee for the project.

ii. Laurie Gabites, Community Liaison Officer of the New Zealand Police, an expert on the New Zealand Family Decision-Making Model, was sponsored to visit Nova Scotia from November 3
to November 8, 1991 to conduct a one-day orientation workshop for community groups and individuals on models and systems of intervention in child abuse from a New Zealand perspective. Mr. Gabites also gave orientation and held discussions with staff from the three Halifax Metro child welfare agencies and police from Halifax, Dartmouth and the RCMP. As well, he consulted with personnel from the Family and Children's Services Division of the Nova Scotia Department of Community Services, the staff of Family SOS and the Project's Advisory Committee. He brought with him for use in Nova Scotia extensive literature and other relevant resource materials. He also presented workshops in Manitoba at the request of Family and Children's Services, Portage La Prairie, Manitoba and The School of Social Work at the University of \l\anitoba based on the initiatives of the Family Decision-Making Demonstration Project being developed by Family SOS.

iii. Consultations were held with community groups and professionals to provide information about the Family Decision-Making Demonstration Project and to gather information on the needs of children and youth who are victims of abuse and/or neglect. As a result, a great deal of support for the project at the community level has been forthcoming, and the beginning of the development of an infrastructure for implementation of the project is in place. (See Letters of Support, Appendix F.)

C) THE NEW ZEALAND MODEL OF INTERVENTION IN CHILD ABUSE

i. Development of the Family Group Conference model in New Zealand

The Family Group Conference was first developed in 1986 by Maoris and New Zealanders of European origin working together. Inspiration for the model came from the Maori extended family, or whanau. Family Group Conferences were originally held only for Maori families. However, it was soon discovered that the model worked equally well for other families.

As this model was developing, child protection teams were being established around New Zealand. The Lower Hutt District team began organizing case conferences that included the family of the victim as well as child welfare workers, police, and staff of community agencies who had contact with child abuse victims.
Parallel with these developments, the national Department of Social Welfare had been holding consultations directed toward reforming its child welfare legislation. After five years of discussions, government decided to adopt the Family Group Conference nationwide as a means of intervention in child abuse.

The Family Group Conference became the central feature of the *Children, Young Persons and their Families Act 1989*. This Act is based on the principle of allowing, whenever possible, the child or young person to stay within the family. The Family Group Conference is regarded as the essential process through which this possibility may occur.

**ii. The Family Group Conference**

When a child who is a victim of sexual abuse or serious physical abuse and/or neglect is identified to be in need of care and protection, those involved in the investigation of abuse (i.e., police and Social Workers) report the case to a Care and Protection Coordinator who then meets with the parent(s) of the child in order to plan a Family Group Conference. The Coordinator's first task is to identify and record all members of the child's extended family, including a category known as "friend of the family". The Coordinator decides whether or not to include the abuser in the Family Group Conference.

Once a decision has been made in terms of who is to be included in the Family Group Conference, the Coordinator must then "educate" the participants about the process. This is seen to be of crucial importance in terms of the effectiveness of the Family Group Conference. "Families need to know what is expected of them and what to expect of others... Unless they are informed of the new processes, their past expectations of methods of resolving issues based on their and others' contact with social welfare, police and courts will dominate their decision making." (Office of the Commissioner for Children, 1991).

Considerable work goes into planning Family Group Conferences to make it possible for all those who wish to attend to be present. Resources are made available to allow relatives who live in other parts of New Zealand or abroad to travel to the conference. The Family Group Conference has three parts:
I. An information-sharing session for all group participants. The Care and Protection Coordinator, the Social Worker, and other relevant professionals (e.g., pediatrician, teacher) attend this and the third part of the Conference. The Care and Protection Coordinator decides whether the child should attend the Conference based on their age and maturity. In preparation for the second part of the Conference, family members are advised that there plans must address the concerns of safety and needs of the child.

2. The family meets alone to formulate ideas. No records are kept of this part of the Conference, except for the decision made by the family. In other words, the family is guaranteed confidentiality.

2. The family returns to the group and presents its plans for the child. Resources needed to implement the plan are discussed and negotiated. Once the plan is approved by the group, the Department of Social Welfare is obliged to resource the decision.

Resources vary considerably from one situation to the next according to the needs of the family:

Family Group Conferences commonly result in a decision that a parent or child or young person ... will go to counselling or that another professional, most commonly a social worker, will provide continued support. Such an outcome was reported in 69 percent of cases in the sample studied. Sometimes the counselling is psychological, sometimes for substance abuse, sometimes to assist with educational problems. Social work or other professional assistance can vary from practical help in making arrangements for housing, benefits, counselling and support programmes, etc., to providing ongoing support, supervision and monitoring. Other types of programmes, such as parenting skills, anger management, assertiveness, and women's refuge are also mentioned. The most common type or outcome specified in the plans devised in the Family Group Conference is the provision of financial assistance covering for example, travel, clothing, board, recreation, or basic domestic necessities. Financial assistance was mentioned for 76 percent of cases in the sample studied. (Office of the Commissioner for Children, 1991)

If the family or the group as a whole cannot come to an agreement, the Care and Protection Coordinator may arrange another meeting. In other words, every attempt to find a solution within this process is exhausted before the Family Group Conference is declared to have failed. If no acceptable decision is reached, then the case is referred to the Family Court.

iii. Evaluation of the First Year of the New Zealand Act

Legislation mandating the use of the Family Group Conference has now been in effect for two years. How well has the Family Group Conference model been working so far? The
most current response to this Question is the *Appraisal of the First Year of the Children Young Persons and Their Families Act, 1989*. This appraisal provides both quantitative data and an overview of the Family Group Conference process.

- Of the 12,079 cases notified by Child Care and Protection Authorities, 28% were referred to the Care and Protection Coordinator who contacted the family to plan a Family Group Conference.
- Agreements were reached in 92 percent of Family Group Conferences.
- Two percent (of all 12,079 cases) were sent to the Court in order to seek a declaration. (Ward of the State Order)

*A Qualitative Overview:*

It seems clear that the new legislation has been successful in its goals for achieving decisions through the involvement of families... There is also evidence of success in the more general goals of reducing the use of institutions and COUt1S while protecting children and making young offenders accountable for their decisions.

Skeptics who suggested that the families of these children and young people would not participate and cooperate are being proved largely wrong. Most families have been playing a full part. Sometimes they are reluctant to work with the agencies they have learned to regard negatively in the past. Sometimes their initial attempts to provide better support for their young people fall down, but second and even thirds attempts can prove to be successful. The involvement of the wider family has often shared the responsibility and increased support for the original caregivers.

There has been a dramatic downturn in the use of foster homes and institutions. [This] appears to have been achieved through family involvement in decision making.

(Office of the Commissioner for Children, 1991)

**D) OUTCOME FINDINGS OF NORTH AMERICAN STUDIES OF CHILDREN IN FOSTER HOMES AND IN PLACEMENTS WITH RELATIVES**

The findings from the first year of the New Zealand model since the passage of the Children, Young Persons and Their Families Act, 1989 have been exceptionally positive. At the same time, a number of questions as yet remain unanswered. Outcomes in terms of
quality of care for children are not yet clear. Because this data is not presently available, a brief literature review was conducted in order to provide a basis of comparing outcomes for children who remain within their extended families with children who are placed in foster homes.

i) Outcomes for children who have been reunified with their families after foster home placements

A literature review conducted by Barth in 1987 (in Pettingill, 1991) surveyed 106 studies to examine the impact of the reunification of abused and/or neglected children with their families. According to this review:

- 83 percent of 319 abused children who were reunified with their families were not re-abused when intensive family services were provided: 78 percent of children were not re-abused when such services were not provided. (Five-year follow-up study.)

- The average placement stability over 4 studies totalling 950 children was 76.25 percent. "Placement stability" here refers to the success of the reunification of the children with their families in the sense that the children were able to remain at home during the periods of time studied.

- Children generally preferred living with their families to other care arrangements.

ii) Outcomes of placement of children with extended families

- A study of extended family foster homes in New York City (Thornton, 1991) found that most foster parents who were relatives demonstrated a long-term commitment to the children. Relatives were willing to take responsibility for the children in their care until the children were old enough to be independent.

- According to Fein (in Pettingill, 1991), children who had been placed with relatives did better when reunited with their families than children who had been in other types of placements.
E) HOW THE FAMILY DECISION-MAKING MODEL WILL ANSWER THE NEED

The Family Decision-Making Demonstration Project, based on the New Zealand model, will answer the need as follows:

1) It will maximize the possibility for children who are victims of abuse and/or neglect to remain with their families, in keeping with the philosophy of the Nova Scotia Act.

2) It will provide an alternative to foster homes, group homes and institutions.

3) It will develop a consistent decision-making process that will seek out and engage extended families in planning for children who are victims of abuse and/or neglect.

4) It will develop a consistent process that will allow collective decision-making by professionals and family members for children who are victims of child abuse and/or neglect.

5) It will develop a process of decision-making that empowers families to assume responsibility for the care and protection of children who are victims of child abuse and/or neglect, and thereby enhance opportunities to realize the objectives of the Act.

6) It will develop a model of decision-making that consistently ensures that every child/youth who is able is provided with the opportunity to participate in decisions affecting plans for h/her, either through direct participation in the Family Group Conference or through other means.

7) It will develop a model which can eventually be used consistently by all Nova Scotia child welfare agencies.

8) It will develop an infrastructure for the model which can be integrated into the child welfare system in Nova Scotia.

9) It will provide a model of practice which may lead to an alternative to court proceedings in care and protection cases, and subsequently reduce legal costs for such cases.
F) STRUCTURE OF THE FAMILY-GROUP CONFERENCE IN THE FAMILY DECISION-MAKING DEMONSTRATION PROJECT

In the demonstration project, the Family Group Conference process will be comprised of the following parts:

i) In collaboration with the Protection worker (from the child welfare agency), the Family Conference Coordinator (for the project) will identify, record, and make every effort to contact all relatives of the child where it is determined that they wish to be involved.

ii) The Family Conference Coordinator will develop plans and make the necessary arrangements for a Family Group Conference.

iii) The first part of the Conference (which includes all participants) will involve the sharing of information and reports so that each participant is fully aware of the situation and concerns of each other. The family members will be asked to develop plans in consideration of the concerns expressed.

iv) The family will be provided with privacy and time to develop plans for the child.

v) The family will return to the original group and present their plans. The group will discuss the plan and negotiate the resources. Follow up plans in terms of who does what will be included in the plan.

vi) The Family Conference Coordinator will prepare written documentation of the plan and distribute it to each participant.

5. How the project relates to other government/community efforts to meet the need

The Family Decision-Making Demonstration Project is consistent with the philosophy and direction of the Act, which states that "the Minister and the agency shall take reasonable measures to promote the integrity of the family,... [including] self-help and empowerment
of parents whose children have been, are or may be in need of protective services." 4

As well, this project is consistent with the philosophy and mandate of Family SOS, which is a prevention of child abuse program.

Currently, child welfare agencies are involving extended families in the plans for children who are in need of care and protection. This is evident from the survey completed by Family SOS (See Appendix C), and from discussions with social workers in the field of care and protection.

According to police, child welfare and health professionals, there is a desire to coordinate services and protocols for investigating, intervening and working with families where there is child abuse and/or neglect. This is evident from the very positive response to the Family SOS invitation to form an Advisory Committee for the development of this project and from the support letters for the project (See Appendices E &F).

6. How other organizations/programs are involved in providing similar or related services in this community to a similar target group

1) To our knowledge, there is no organization in the Halifax Metro Area, in Nova Scotia, in Canada, or in the United States that provides a similar type of service (Appendix I. the Bibliography, includes titles of literature reviews and studies reviewed.) The only known exceptions are approaches used by First Nations peoples on reserves.

2) Child welfare agencies provide a related service. The Family Decision-Making Mode! will complement current efforts of child welfare agencies and is consistent with the philosophy of child welfare practice in Nova Scotia.

3) Family SOS provides a related service, based on the model developed by Dr. Henry Kempe. (See Part 2 of this proposal.)

---

4 Nova Scotia Children and Family Services Act, 1990, Section 13 (2), Types of Services. Section 2 (1) and 9 (Functions of agency) are also directly relevant.
7. Other efforts to address this concern in community

Child welfare agencies make considerable effort to involve extended family in child protection plans. Family members are usually consulted individually. Occasionally, family members may be consulted collectively. However, this is rarely the practice. As well, Child welfare agencies provide many of the support services that the Family Decision-Making Model will also utilize.

8. How this project differs from other attempts to address the issue

This is a new approach in North America. It has, however, been developed in New Zealand, where it has been mandated by law since 1989. It builds on the strengths of the traditional child welfare intervention approach but proposes a different method to achieve a family-oriented solution, rather than an agency-oriented solution.

In Nova Scotia, in Canada, and in the United States, intervention models do not make use of the considerable resources of the extended family, either for decision making or for caregiving and/or helping to support the child in h/her family of origin. Several models of prevention and intervention are in use in Canada and in the United States whose purpose is to support the family and keep families intact. (See Appendix G.) For example: family preservation models, including the Homebuilders Model; family Support" models; and the concept of natural helping networks.

In the Family Decision-Making Model:

- Family members are brought together as a group. In the traditional child welfare model, family members are approached individually, and only with the consent of the client parent.

- Financial resources are made available which allow extended family members to become part of the decision making process.

- Family members are recognized as having equal expertise with professionals in terms of decisions affecting plans for their children.
• Decisions are made by the family, and the experts are asked to act on their decisions, as long as the decisions are consistent with two basic principles: 1) the child's needs must be met, 2) use of resources must be reasonable.

• Children are generally included in the Family Group Conference at earlier ages than in Nova Scotia. According to the Children and Family Services Act 1990, children age 12 and over must be asked about their preferences. In the last analysis, however, they are advised of the final decision.

• In the final analysis the most significant difference between the Family Decision Making Model of intervention and traditional child welfare approaches is the acknowledgement that when families are the authors of their own plans, they tend to see those plans through. When plans are presented to them by professionals, they are less likely to follow through. It is this fundamental difference which will direct and shape the activities and guidelines for implementing the Family Decision-Making Demonstration Project.

9. Designated population

A) Characteristics of population

Children and youth identified for the project fit into two categories. They are:

I) Victims of crime according to the Criminal Code:
   i. Sexual abuse
   ii. Physical abuse
   iii. Neglect

See the footnote on page 7 for relevant sections of the Criminal Code.

2) Determined by a child welfare agency to be "in need of protective services" as defined by the Act; an Application has been made to Family Court.

B) Age Range
Birth to age 19 years (under the provision of the new Act).
C) Geographical area
Halifax, Dartmouth and Sackville, as well as other areas served by the three child welfare agencies in the Metro Area.

D) Size of population

According to the 1990 Department of Community Services Annual Report, on March 31st 1990, 542 children were in care and custody in Halifax County (Halifax, Dartmouth, Bedford, Sackville and other areas of the county). This included 17 children who were in care and custody with their parents.

According to the latest statistics available from the Nova Scotia Child Abuse Register, during 1990, Court Orders for Care and Custody for 67 children were given to the three Halifax Metro Area child protection agencies. For the same three agencies, 2,273 children were determined to be in need of child protective services. In the province as a whole, more than 11,000 children were receiving child protective services. 5

The estimated number of anticipated referrals to the Family Decision-Making Demonstration Project is based on a combination of factors.

First of all, in the New Zealand experience, during 1990, 28 percent of all cases (12,079) were referred for Family Group Conferences. In the Halifax Metro Area, 2,273 children were receiving protective services during 1990.

No recent data are available for the average number of children per family for families with children. 6 Therefore, an estimate of two (2) children per family has been used. Using this figure, the estimated projection of families likely to need protective services in the Halifax Metro Area in 1992 is based on 2,273 children receiving protective services during 1990. This translates into 1,136 families likely to need protective services in the Halifax Metro Area in 1992.

---

5 Nova Scotia Department of Community Services Annual Report, 1990, Care and Custody Orders: Dartmouth, 26; Halifax, 33; Sackville, 8. Children provided with protective services: Dartmouth, 1,643; Halifax, 356; Sackville, 274
6 The most recent data from Statistics Canada are from 1986. However, the 1986 census figure of 1.3 children per family is for all families, including childless couples.
Based on the New Zealand experience of 28% referrals for Family Group Conferences, it could be anticipated that approximately 318 families in the Metro Area could benefit from referrals to the Family Decision-Making Model of intervention in child welfare issues (28 percent of 1,136 families).

However, the Family Group Conference model is so well integrated into the child welfare system in New Zealand that it has become the primary method of intervention. In fact, it has almost replaced Family Court hearings. The estimated number of referrals in the Metro Area based on the New Zealand experience, therefore, reflect future projections for referrals to the Family Decision-Making Model after the conclusion of the demonstration project.

In terms of projected numbers of referrals to the Family Decision-Making Demonstration Project, because criteria are restricted to families where applications to the Family Court have been made, it is appropriate to consider the number of instances in which Court Order for Care and Protection occurred.

Statistics reveal that in 1990, 67 children were given over to child welfare agencies through Care and Custody Order in the Halifax Metro Area. Based on the estimate of two children per family, 33 families would have been eligible for referrals to the Family Decision-Making Model using criteria outlined in this proposal if it had existed at that time. (See section (5): "Criteria for inclusion/exclusion of specific groups."

The projected number of referrals to the Family Decision-Making Demonstration Project is based on: 1) the estimated number of families in which Care and Protection Orders were issued in the Metro Area during 1990, 2) the anticipated response from child welfare agencies.

It is anticipated that, because the concept of the Family Decision-Making Demonstration Project is new and the first few months of the project will be used to hire staff and develop referral mechanisms (See Section 12: Workplan, and Section 13: Referral Mechanisms) it is likely that not all eligible families will be referred during the first year of the project, even though the agencies have indicated support for the project. (See Appendix F.) Thus it is anticipated that of the estimated number of eligible families, approximately one third (⅓) will be referred during the first year of the project. The second year of the project, it is anticipated that with more awareness of the project and use of it by child welfare agencies, the number of referrals will increase.
substantially. Thus it is anticipated that referrals will increase to 22 families during the second year of the project.

The total number of referrals to the Family Decision-Making Demonstration Project over two years is estimated to be at least 33 families: 11 during the first year, and 22 during the second year. The maximum number of referrals anticipated during two years is 66 families. This is based on an estimated 33 families per year according to 1990 statistics for Child Custody Orders.

Another factor for consideration is based on discussions with child welfare personnel. who indicate that under the Act, they expect Applications to the Family Court to increase significantly. This is due to the implementation of new assessment tools to determine more accurately those situations which are higher risk situations, and because the new legislation requires that Protection Workers qualify before the Family Court their decisions to intervene in the lives of families. However, this is pure speculation at this point as no statistics are available. Therefore, this phenomenon has not been included in considerations for estimated numbers of referrals to the Family Decision-Making Demonstration Project.

E) Criteria for inclusion/exclusion of specific groups

The foremost criteria are: a) victims of crime, b) age, c) place of residence and d) in the care of participating child welfare agencies. Only children for whom Applications have been made to Family Court will qualify for the services of the Family Decision-Making Demonstration Project.

10. Goals

1) To demonstrate the effectiveness of the Family Decision-Making Model of intervention as an alternative to foster care and institutional care for children who are victims of child abuse and/or neglect.

2) To demonstrate the effectiveness of the Family Decision-Making Model of intervention as an alternative to the traditional decision-making process, where all major decisions are made for parents and children by" child welfare professionals and Family Courts.
3) To develop an infrastructure which will eventually allow the Family Decision-Making Project to function as an agency that will be integrated into the child welfare system serving the Halifax Metro Area, and/or:

4) To develop the Family Decision-Making Model as a model which can be adopted by child welfare agencies throughout Nova Scotia.

5) To collaborate with police, child welfare agencies, and the Family and Provincial Courts toward developing a protocol for intervening in child abuse situations to enhance the Family Decision-Making Model of intervention.

6) To generate interest in the Family Decision-Making Model in the professional community throughout Nova Scotia.

7) To evaluate the project using both process and outcome evaluation methods.

II. Objectives

1) To hire a Project Manager, Family Conference Coordinator, and contract an Evaluator for the project.

2) To create a Steering Committee as a subordinate committee of the Board of Directors of Family SOS.

3) To organize a) regular meetings with a core group of representatives of organizations that will participate directly in the project, and b) less frequently, meetings with representatives of organizations that have an indirect role.

4) To develop an infrastructure, terms of reference, policies and protocols in order to establish good channels of communication, within the project
and with participating agencies and government departments

5) To educate staff of organizations that will participate both directly and indirectly in the project. This objective will be met by offering:
   a) small group training and consultation, both initial and ongoing, for social workers and supervisors in participating agencies;
   b) a One-Day Conference for professionals from the Halifax Metro Area who will be participating in the Family Decision-Making Demonstration Project. (IWK Foundation funding has been requested for all conference expenses.)

6) To plan and hold Family Group Conferences during phases Two and Three of the demonstration project. (See Workplan)

7) To review plans made at the Family Group Conferences and the progress and safety of clients and their families following the Family Group Conference for a period of at six months.  

8) To offer the services of project staff to present the Family Decision-Making Model to child welfare agencies in Nova Scotia. Staff will travel to these agencies.

9) To produce and print 30 copies of a policy manual in consultation with participating child welfare agencies. The manual will serve as the basis for the adoption of the Family Decision-Making Model by interested agencies in Nova Scotia.

10) To produce a 5 - 10 page handout for general distribution and print 500 copies.

12. Workplan for project staff

---

7 Family SOS will assume responsibility for the 6 month period after the end of the Demonstration Project.
Note: The workplan for the external evaluator, a contract position, is presented separately under Section 15: "Evaluation."

PHASE ONE

First Month:

1) Executive Director of Family SOS and Program Committee of SOS Board:
   a) Develop an interview instrument and selection criteria for interviewing candidates;
   b) Advertise position of Project Manager;
   c) Interview candidates and make selection by end of month.

2) Executive Director, Program Committee of the Board of Family SOS and Advisory Committee recruit members for a Steering Committee, to include at least one member of the Program Committee and several members of the Advisory Committee.

Second month:

1) The Steering Committee holds its first meeting.

2) The Steering Committee develops a Hiring Subcommittee, composed of the Project Manager and Executive Director, as well as members of the Steering Committee and the Board of Family SOS, and develops an interview instrument and selection criteria for interviewing candidates for Family Conference Coordinator.

3) Hiring Subcommittee advertises for candidates for position of Family Conference Coordinator.

4) Hiring Subcommittee interviews candidates for Family Conference Coordinator and selects a candidate, to begin immediately.

5) Staff meets with staff of participating child welfare agencies to develop protocols for referral from agencies to Family Decision-Making Project. It is recognized that each child welfare agency has its own internal structure. Therefore, a separate protocol may have to be developed with each agency.
6) Project Manager develops record-keeping methods and forms.
7) Project Manager develops data collection methods.

8) Project Manager, Executive Director of Family SOS and Steering Committee develop detailed plans for One-Day Conference (for which funding has been requested from the IWK Foundation).

9) Project Manager and two members of Hiring Subcommittee advertise for, interview candidates for, and hire candidate for position of Conference Planner (part-time for 3 months). (The funding for the Conference Planner position is included in the proposal submitted to the IWK Foundation.)

PHASE TWO

Third month:

I) Participating child welfare agencies begin referring families to Family Decision-Making Project.

2) Family Conference Coordinator begins to plan Family Group Conferences with families that have been referred.

3) Family Group Conferences begin.

4) Steering Committee meets.

5) Conference Planner sends out invitations for One-Day Conference and performs other tasks related to planning the Conference.

Beginning third month and ongoing throughout the project:

Efforts to secure future funding:
The Project Manager is responsible for efforts to secure future funding and will work in conjunction with the Executive Director of Family SOS and the Steering Committee. Her activities include, but are not limited to:

1) Working with both the Steering Committee and the Inter-Agency Committee to develop plans for future funding for the project.

2) Looking for funding from foundations (for example, the Laidlaw Foundation).

3) Negotiating with Health and Welfare Canada for funding (At present, the project meets the criteria for funding under the Family Violence Initiative.).

4) Continuing the dialogue with Family and Children's Services in Potlatch-LaPrairie, Manitoba. (The Manitoba agency is initiating a model of child welfare intervention based on the New Zealand Family Group Conference Model.)

5) Following-up contacts made in British Columbia and Ontario

Fourth month:

(1), (2), (3), and (4) are the same as for the third month.

5) Family Conference Coordinator does follow-up with families for whom Family Group Conferences have been held.

6) One-Day Conference is held in Halifax.

7) Inter-Agency Committee is formed as an outcome of One-Day Conference.

8) Conference Planner completes follow-up to Conference and compiles data from self-administered evaluation forms.

9) Project Manager prepares a post-conference report, including analysis of evaluations and recommendations for the development of the Inter-Agency Committee.
10) Inter-agency Committee meets.

11) Project Manager distributes post-conference report to IWK Foundation, Steering Committee, Project Officer of the Victims' Services Funding Program, and all participants.

**Fifth month through twenty-third month:**

(1), (2), (3) and (4) are the same as for the third month.

5) Project Manager sends letters to all child welfare agencies in Nova Scotia outside of Halifax Metro Area, offering to meet with agency staff to represent the Family Decision-Making Model.

6) Project Manager begins to meet with staff of child welfare agencies that respond to the letters. This process will continue through the twenty-third month.

7) Subsequent meetings of Inter-Agency Committee: every three months after the fourth month.

**PHASE THREE**

**Twenty-fourth month:**

1) Staff and Steering Committee make plans for continuation of Family Group Conferences by Family Decision-Making Demonstration Project and/or child welfare agencies.

2) Project Manager prepares, prints and distributes Family Group Conference manuals to all child welfare agencies in Nova Scotia.

3) Project Manager prepares, prints and distributes 500 copies of a 5 - 10 page handout describing the Family Group Conference and the Family Decision-Making Demonstration Project.

**13. Referral Mechanism**

I) Developmental Stage:
A series of meetings/workshops will be held with staff of each of the participating child welfare agencies to develop a preliminary referral mechanism. (Child welfare agencies have different internal mechanisms for reviewing: their cases).

2) Implementation Stage:

The referral mechanisms developed in the Developmental Stage will be put into action. As stated in Section 10 (6), referrals will be accepted from participating child welfare agencies according to the criteria established.

14. Project Management and Personnel

   a) Responsibility for the project and progress reports

Ultimately, the Board of Directors of Family SOS is responsible for all activities of the project. The Project Manager and Family Conference Coordinator will report and are directly responsible to the Executive Director of Family SOS. The Executive Director of Family SOS will report to the Program Development Committee of Family SOS at least once a month. The Chairperson of the Program Development Committee will report to the Family SOS Board of Directors at regular monthly meetings and/or as required.

The Project Manager is responsible to Family SOS. For day-to-day supervision, s/he is responsible to the Executive Director. After the first few weeks of the project, it is expected that s/he will be able to meet with the Executive Director on a weekly basis. The Project Manager will meet monthly with the Program Development Committee and will submit written monthly reports of 2 to 3 pages. S/he will attend Family SOS Program Development Committee meetings 3 or 4 times a year. S/he will also prepare a written report to be presented at the Annual General Meeting of Family SOS.

The project will submit written reports to the Victims' Services Funding Program according to requirements specified in the contract with the Victims' Services Division. Project staff will also be available for additional verbal reports upon request.
b) How the project will be managed

The Project Manager, in addition to h/er other duties (See Job Descriptions, Appendix H) will be responsible for the day-to-day management of the project.

c) Responsibility for bookkeeping and disbursement of funds

The Project Manager is responsible for bookkeeping and disbursement of funds. Cheques will be signed by a board member of Family SOS and the Executive Director.

d) Organizational accountability

Family SOS is accountable to the government and community organizations that provide its financial support, i.e., Nova Scotia Department of Community Services and the United Way, as well as several foundations. Family SOS is also responsible to the community at large in accordance with the terms and conditions outlined by each funding source.

The treasurer of Family SOS monitors all financial transactions on a monthly basis and issues a treasurer's report at monthly board meetings. Similarly, the Project Manager will submit a financial statement to the Executive Director, who will present the report to the Family SOS Program Development Committee and the Board of Directors.

Family SOS has an annual financial audit prepared by an independent auditor. As well the Department of Community Services audits all Family SOS records annually. The project will be included in the independent audit.

Family SOS is accountable both to its Board of Directors and the Victims' Services Funding Program.

e) Qualifications and special training required of proposed staff and contractors
Staff Qualifications and Training

1. Project Manager
   - Masters degree in Social Work or Public Administration
   - Extensive experience in administration/management in a community-based agency or government agency that delivers a social program
   - Strongly preferred: Experience with child welfare

2. Family Conference Coordinator
   - A degree in Social Work (M.S. W. preferred) or counselling
   - Training and experience in family therapy, including Brief Family Therapy
   - At least 3 years' experience in child welfare

Contractor Qualifications

1. Evaluator
   - Demonstrated experience in designing, implementing and writing evaluations
   - Masters degree in Social Work, Public Administration, Sociology or related field of study
   - Knowledge and experience in both quantitative and qualitative methods of evaluation
   - Able to provide h/her own workspace

2. Auditor
   - Service of a Chartered Public Accountant will be donated by Family SOS.

f) Proposed locations of project offices, and the rationale for choosing these locations

An office will be established in Halifax or Dartmouth.

Rationale for the location:
i) It is anticipated that the majority of families referred will live in the Halifax Metro Area.

ii) If the primary caregivers and most of the professionals involved live or work in the Metro Area, most participants in the Family Group Conferences will be available. Travel arrangements for other participants from out of the area will be minimized.

iii) An office in Halifax or Dartmouth will provide easy access to participating staff and other professionals for meetings. Thus participation is more likely to occur for the development of the infrastructure.

iv) Family SOS staff and Board members are located in the Halifax-Dartmouth area. Thus supervision is convenient and available on a day-to-day basis.

g) Operating hours of project

The office will be open 8:30 - 4:30, Monday to Friday. The outreach work with families, i.e., home visits with family members, workshops and Family Group Conferences will operate over and above these hours according to the needs of family members and the project.

h) How the organization will continue to support the project after the time frame for which funding is required

Family SOS is committed to the long-term goal of establishing the Family Decision-Making Model in Nova Scotia. To that end initiatives have been undertaken and will continue to be developed throughout the timeframe of the project. Following the implementation of this model it is anticipated that a new agency will be created and that a protocol and manual for implementation of the model will be in place for use by child welfare agencies. The following steps will be taken toward the creation of an independent agency to continue the implementation of the model until it has been thoroughly integrated into child welfare practice:
i) The Steering Committee will become the foundation for a Board of Directors or the Family Decision-Making Project.

ii) A Family Decision-Making manual for use by child welfare agencies will be in place.

iii) Staff will have gained experience and developed expertise in using the model.

iv) The beginnings of some training materials will be available toward the development of staff training initiatives required by child protection agencies that wish to adopt the model into their current practice.

v) Job specifications will be available.

vi) A substantial evaluation report will be completed for funding bodies to consider applications for support.

vii) Substantial efforts will be made to secure funding from a variety of sources.

Family SOS has already begun to consider possible funding sources and ideas. For example, there has been significant interest from Family and Children's Services, Portage La Prairie, Manitoba and the School of Social Work, University of Manitoba. The Family SOS proposal for the current initiative to develop the proposal was sent to these interested parties. As a result, Laurie Gabites was sponsored by these groups to present the New Zealand model following his work with Family SOS in November 1991.

The Family Decision-Making Model of intervention in child abuse and/or neglect situations has received significant interest and attention from professionals in other parts of Canada. Some contacts have been made with these individuals by Laurie Gabites during his visits to Canada in 1990 and 1991. This Family Decision-Making Demonstration Project has support from foundations and government for the continuation of the Family Decision-Making Model in Nova Scotia, and to promote the model in other parts of Canada.
15. Evaluation

An external Evaluator will be hired on contract to begin in the fourth month for the duration of the project. S/he will be paid on the basis of a daily consultant's fee for 5 days' work per month. S/he will be responsible to the Steering Committee.

A combination of qualitative and quantitative instruments will be used. Qualitative in-person Interviews will use questionnaires as instruments. The questionnaires will include both open-ended and close-ended questions.

A) PURPOSE OF EVALUATION

The purpose of the evaluation is to determine to what extent the Family Decision-Making Demonstration Project has been successful in terms of its Goals. Therefore, the evaluation will seek to measure which features of the model have worked, in terms of the Goals: how well they worked; and which have not worked as well. The evaluation will also ask why successful goals were attained, and why other Goals have not been fully attained. In the case of the less successful achievement of Goals, the evaluation process will determine how and/or whether the model can be modified in order to meet the Goals more effectively.

B) PROCESS AND OUTCOME METHODS OF EVALUATION

The evaluation will include both process and outcome methods and instruments. Data collection for the first interim report will begin in the fifth month. and the first report. Including recommendations, will be submitted in the ninth month, (See subsection (D): Time frame and work plan for evaluation.) In the tenth month, the Steering Committee will review the report and recommendations, and revise the project accordingly. The interim evaluation process will be repeated between the eleventh and sixteenth months.

The final report will give considerable attention to the changes made as a result of the two interim reports, and the extent to which these changes were helpful in terms of the attainment of goals. The Evaluator will also submit monthly activity reports to the Executive Director of Family SOS. The Executive Director will include these reports in her submissions to the Victims' Services Funding Program.
C) ACHIEVEMENT OF GOALS

First Goal: To demonstrate an alternative to foster care and institutional care for victims of child abuse and/or neglect.

The Evaluator will consider the following:

- What were the decisions made by families?
- What was the extent of involvement of Protection Workers following decisions?
- Of the total number of families referred, how many were able to reach acceptable decisions?
- Of the total number of families referred, how many children were with their parents and/or extended families at the end of the project?
- How many children were placed in foster or institutional care at any time during the project. And for how long?
- What types of services were used to support families' decisions?
- What was the cost of each plan, and of all the plans collectively?

Second Goal: To demonstrate the Family Group Conference as an alternative to the Traditional child welfare model, in which the professionals make the decisions.

The Evaluator will consider the following:

- In how many instances was it possible/not possible to arrange a Family Group Conference?
- How many meetings did each family need in order to reach a decision?
- In how many instances was it necessary to provide travel expenses for relatives in order for them to attend Family Group Conferences?
- Were there difficulties in getting families involved? If so, what were they? How were these resolved or not resolved?
- Were there difficulties in getting professionals involved? if so, what were they? How were they resolved or not resolved?

- What were the successes and difficulties in terms of each phase of the process:
Third Goal: To develop an infrastructure to allow the Family Decision-Making Model to function as an independent agency serving the Halifax Metro Area.

- Were written terms of reference, policies and protocols established?

- How were they established? How many meetings were required? Who participated in the meetings, and to what extent?

- What issues were discussed? How were they resolved or not resolved?

- Were there barriers outside of the participating agencies in the development of an infrastructure? If so, what were they? How were the problems resolved or not resolved?

- What initiatives were identified to secure future funding?

- Were all of these initiatives followed up? If not, why not?

- How successful were these initiatives? Were there obstacles, if so what were they?

- How cost effective is the model in terms of size of caseload, balanced with other cost factors, such as cases that did or did not proceed to Family Court?

- How completely was the necessary infrastructure in place by the end of the project?

Fourth Goal: To demonstrate the Family Decision-Making Model as a model for child welfare agencies in Nova Scotia.

- To what extent were project staff involved in providing services to child welfare agencies (for example, workshops and conferences)? How many presentations were given outside of the Halifax Metro Area?
• Is the model seen as workable within other child welfare agencies? Evaluations from workshops will be useful here.

• How many copies of the Family Decision-Making policy manuals were produced and distributed?

**Fifth Goal:** To develop a protocol, in cooperation with police, child welfare agencies, and the courts, that will enhance the effectiveness of the Family Decision-Making Model.

• Has the protocol been fully developed within the time frame of the Project? If not, what remains to be done?

• How have the obstacles to the development of the protocol been addressed?

• To what extent did members of the Inter-Agency Committee (participating staff of police departments and RCMP, child welfare agencies, Bryony House and Family Courts) participate in the development of the protocol?

• To what extent has the Family Decision-Making Model been useful/not useful, from the perspective of the Inter Agency Committee

**Sixth Goal:** To generate interest in the Family Decision-Making Model in Nova Scotia within the professional community.

• How many meetings were held with child welfare agencies, police departments, Family Courts, child mental health clinics, etc?
Evaluation of this Goal includes the report from the One-Day Conference

**Seventh Goal:** To evaluate the Family Decision-Making Demonstration Project

It is the responsibility of the Project Manager to ensure that the evaluation is completed According to the terms and conditions of the contract.
D) TIME FRAME AND WORKPLAN FOR EVALUATION

Second month:

I) Steering Committee develops terms and conditions of contract for Evaluator.

2) Contract is submitted to Project Officer of Victims' Services Funding Program for review and approval.

3) Tenders are put out.

Third month:

1) Proposals are received from candidates for Evaluator contract.

2) Steering Committee develops a Hiring Committee

3) Proposals are reviewed and ranked by Hiring Committee.

4) Interviews are held with top ranking candidates

5) Evaluator is selected

Fourth month:

1) Evaluator submits design of Evaluation and instruments to Steering Committee for approval.

2) Steering Committee reviews design and instruments, and negotiates with Evaluator for revisions.

3) Evaluator submits revised design and instruments to Steering Committee.

4) Steering Committee submits design and instruments to Project Officer of Victims' Services Funding Program for review and approval.
5) Evaluator and Steering Committee revise design and instruments following review by Project Officer.

Fifth month:

1) Data collection begins.

Note: All interviews with family members will be on a voluntary basis.

Sixth through ninth months:

1) Data collection continues.

2) Submission of First Interim Report, with recommendations, to Steering Committee and Project Officer of Victims' Services Funding Program.

Tenth month:

1) Review of First Interim Report by Steering Committee and Project Officer of Victims' Services Funding Program.

Eleventh through fifteenth month:

1) Process described for fifth through ninth month is repeated.

Sixteenth month:

1) Process described for tenth month is repeated.

Seventeenth through twenty-second months:

1) Final data collection process begins, including in-depth interviews.

Twenty-third month:

1) Process described for tenth month is repeated for Final Report.
2) Final Report is also submitted to participating child welfare agencies.

Twenty-fourth month

1) Final Report is reviewed and accepted by Steering Committee, staff of participating child welfare agencies, and Project Officer of Victims' Services Funding Program.

16. Community Endorsement

a) Names and phone numbers of organizations that may be contacted for their views on the project:

i) Children's Aid Society of Halifax, Marilyn Peers, Executive Director 425-5420
ii) Department of Community Services, Dartmouth District Office, Duncan Rosnok, District Supervisor 424-329-3298
iii) Department of Community Services, Sackville District Office, Graeme Fraser, District Supervisor
iv) IWK Child Abuse Team, Dr. John Anderson, 4218 8111
v) Service for Sexual Assault Victims, Ann Keith, Executive Director 455-4240
vi) Halifax Police Department, Vincent MacDonald, Chief of Police 421-6854
vii) Bryony House, Karen Thomas, Executive Director 423-7183

b) Letters of support from community organizations:

See Appendix F for letters of support.

c) Indications of financial or in-kind support from the community:

The following organizations or individuals have committed in-kind support, as indicated:

i) Letters have been received or are anticipated from the following organizations, indicating that they will authorize staff to participate in an inter-agency committee for two years:
Children's Aid Society of Halifax; Department of Community Services, Dartmouth District
Office; Department of Community Services, Sackville District Office; Halifax Police
Department; Dartmouth Police Department; Bryony House; Halifax and Dartmouth Family
Courts; Dalhousie Legal Aid; Metro Community Law Clinic; Nova Scotia Legal Aid Clinic.
Collectively, this donation of time will be considerable.

ii) The Executive Director of Family SOS will donate approximately ten hours per month as
supervisor to the staff and project.

iii) The Board of Family SOS will donate its time. In particular, Board members serving on
the Steering Committee will donate considerable time to attend monthly meetings.

iv) Other members of the Steering Committee will donate their time to attend monthly
meetings.

v) Howard Harawitz, a computer programmer and professor at the Nova Scotia Institute of
Technology, will donate his time to consult with Project staff for the development of a book
keeping system and data base for evaluation.

vi) The Nova Scotia Department of Government Services will donate office furniture

vii) Family SOS will share the use of its photocopier.

viii) Family SOS will donate office space and secretarial support during the first two
months of the project.

ix) The Chartered Public Accountant who prepares the annual audit for Family SOS (on a
voluntary basis) will donate h/her time to prepare an annual audit for the family Decision-Making
Demonstration Project.
17. Budget

The Family Decision-Making Demonstration Project is a 24-month project distributed over three fiscal years. It is designed to begin on August 1, 1992. Budget monies for each of the three fiscal years are given below. Details of the budget are given on budget worksheets provided by the Victims' Surcharge Funding Program.

Years Two and Three each include 4 percent cost of living increases.
<table>
<thead>
<tr>
<th><strong>Salaries, benefits and contract</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Mgr. @ $35,000/yr</td>
<td>$23,333</td>
</tr>
<tr>
<td>Family Conference Coordinator @ $35,000/yr</td>
<td>$10,309</td>
</tr>
<tr>
<td>Benefits for 2 staff members @ 10%</td>
<td>$3,427</td>
</tr>
<tr>
<td>Contractor (Evaluator) at $750/day x 5 day, 5/mo. for 5 mo</td>
<td>$3,750</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Facility</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent, heat, electricity</td>
<td>$4,173</td>
</tr>
<tr>
<td>Phone</td>
<td>$1,203</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Miscellaneous</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel, including travel for relatives</td>
<td>$2,110</td>
</tr>
<tr>
<td>Equipment rental (computer system)</td>
<td>$848</td>
</tr>
<tr>
<td>Administrative costs</td>
<td>$1,080</td>
</tr>
<tr>
<td>Additional expenses (Discretionary fund for families, contractor expenses)</td>
<td>$1,425</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>One-Day Conference</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds for planning and holding this event requested from IWK Foundation</td>
<td>$4,400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TOTAL</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$56,688</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TOTAL REQUESTED FROM VICTIMS' SERVICES FUNDING PROGRAM</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$52,288</td>
<td></td>
</tr>
</tbody>
</table>
YEAR TWO  April I, 1993 to March 31, 1994

<table>
<thead>
<tr>
<th>Salaries. benefits and contract</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Mgr. @ $36,400/yr.</td>
<td>$36,400</td>
</tr>
<tr>
<td>Family Conference Coordinator @ $36,400</td>
<td>$36,400/yr.</td>
</tr>
<tr>
<td>Benefits for 2 staff members @ 10%</td>
<td>$7,280</td>
</tr>
<tr>
<td>Contractor (Evaluator) @ $260/day x 5 $ days/mo.</td>
<td>15,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent, heat, electricity</td>
<td>$8,680</td>
</tr>
<tr>
<td>Phone</td>
<td>$1,620</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel, including travel for relatives</td>
<td>$6,255</td>
</tr>
<tr>
<td>Equipment rental (computer system)</td>
<td>$1,323</td>
</tr>
<tr>
<td>Administrative costs</td>
<td>$1,373</td>
</tr>
<tr>
<td>Additional expenses</td>
<td>$3,557</td>
</tr>
<tr>
<td>(discretionary fund for families, contractor expenses)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$118,388</td>
</tr>
</tbody>
</table>
**YEAR THREE April 1, 1994 to July 31, 1994**

<table>
<thead>
<tr>
<th>Salaries, benefits and contract</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Mgr. @ $37,850/yr.</td>
<td>$12,619</td>
</tr>
<tr>
<td>Family Conference Coordinator @</td>
<td>$12,619</td>
</tr>
<tr>
<td>$37,850/yr.</td>
<td></td>
</tr>
<tr>
<td>Benefits for 2 staff members @ 10%</td>
<td>$2,524</td>
</tr>
<tr>
<td>Contractor (Evaluator) @ $270/day x 5 Days</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent, heat, electricity</td>
<td>$3,008</td>
</tr>
<tr>
<td>Phone</td>
<td>$561</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel, including travel for relatives</td>
<td></td>
</tr>
<tr>
<td>Equipment rental (computer system)</td>
<td></td>
</tr>
<tr>
<td>Administrative costs</td>
<td>$2,168</td>
</tr>
<tr>
<td>Additional expenses (discretionary fund for families, contractor expenses)</td>
<td>$459</td>
</tr>
<tr>
<td></td>
<td>$871</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$1,233</td>
</tr>
</tbody>
</table>

**TOTAL**

**TOTAL OF FISCAL YEARS ONE, TWO AND THREE**

**TOTAL REQUESTED FROM VICTIMS’ SERVICES FUNDING PROGRAM**

$44,063

$219,139

$214,739
18. APPENDICES

A. Board of Directors of Family Services of Support (Family SOS)

B. Foster care in crisis in Nova Scotia

C. Survey of child welfare agencies in Nova Scotia

D. Proposal for Priority Needs Grant for Parts A and B of Family Decision-Making Demonstration Project

E. Members of the Advisory Committee for the Family Decision-Making Project

F. Letters of support

G. Family Support and Family Preservation Models in Canada and the United States

H. Job descriptions: a) Project Manager; b) Family Conference Coordinator

I. Bibliography.
Appendix A

BOARD OF DIRECTORS OF FAMILY SERVICES OF SUPPORT (FAMILY SOS)

I. CHAIRPERSON
Patrick Mabey, Co-Therapist, Youth in Transition Program
Institute for the Study of Women
Halifax

2. VICE-CHAIRPERSON
Rory O'Day Professor
Maritime School of Social Work
Dalhousie University
Halifax

3. SECRETARY
Lorna Carter, M.D.
Dartmouth Medical Centre

4. TREASURER
Tracey Jennings
Coopers & Lybrand
Halifax

5. John Anderson, M.D.
Director, Child Abuse Team
IWK Children's Hospital
Halifax

6. Martha McGinn
Project Coordinator, Youth in Transition Program
Institute for the Study of Women
Mount Saint Vincent University
Halifax

7. Gordon Kelly
Blois Nickerson
Halifax

8. Lynn LeBlanc
Family SOS
Halifax

9. Debbie Wilton
Eastern Passage

II. Margaret Casey, M.D.
North End Community Clinic, Halifax
12. Wendy Bernier  
Dartmouth District Office  
Department of Community Services

13. Joanne Gusella  
Department of Psychology  
IWK Children's Hospital

14. Barbara Moores  
Tantallon

15. Barry Braun  
Halifax
Appendix B

FOSTER CARE IN CRISIS IN NOVA SCOTIA

This appendix is intended to supplement the proposal.

I. There is a serious and increasing shortage of active foster homes
a) "The usage of foster homes has already reached a critical level. Community interest in foster care is declining, and the number of approved foster homes ceasing to foster is 011 the increase." (Brogan. 1991)

b) According to the Department of Community Services Annual Report, the number of foster homes shrank from 891 in 1984-85 to 625 in 1988-89.

c) According to the Federation of Foster Families of Nova Scotia, there was a ten percent decline in the number of foster homes between 1989 and 1990.

2. The inadequate supply of active foster homes has resulted in overcrowding
a) Brogans survey of foster homes in Dalhousie showed an average of two foster children per foster home. The same families had an average of 1.6 of their own children living at home. This gives a total average of 3.6 children in the foster homes surveyed. (Brogan. 1991)

3. Matching children to foster homes is rarely achievable under the present conditions
a) "With staff shortages and few foster homes to choose from, mismatching frequently occurs." (Brogan, 1991)

b) The race and culture of children are not given priority. Rigid qualifying rules for foster parents have created barriers to acceptance for families who are visible minorities. (Brogan. 1991)

4. As a result of inadequate supply, overcrowding, and difficulties matching foster parent preferences with children needing foster homes. foster placements cannot be found for many children and teens

   a) Most respondents in Brogans survey preferred infants and toddlers. L. Brogan. 1991)
   b) However, the largest proportion of children needing placements are older. (I3rogal1. 1991)
   c) Children needing placements tend to be more troubled and more difficult than previously. As a consequence, they are harder to place. (Brogan. 1991)

5. In spite of agency efforts to achieve permanency planning: many wards continue to be moved from placement to placement

   a) On average, foster children in Canada are in 4 placements before the): leave the child welfare system. (Kendrick, 1990)

6. Remuneration for foster Parents is inadequate
a) According to a 1989 FFF ANS survey of 267 foster parents, 100 percent of respondents paid out of pocket. (Brogan, 1991)
b) Eighty percent of respondents in the same survey stated that the rates were a disincentive to fostering. (Brogan, 1991)."
Appendix C

SURVEY OF CHILD WELFARE AGENCIES IN NOVA SCOTIA

October, 1991

Note: There are 19 child welfare agencies in Nova Scotia: Family and Children's Services, Children's Aid Societies, and District Offices. Not all agencies responded to the survey. Responses given below are for the 16 agencies that responded.

1. How does your agency involve extended family members in decision making and/or planning for a child in need of protection?
   1. All 16 respondents involve extended families in decision making and/or planning to some extent.
   1.2 In the opinion of some respondents in agencies providing service in rural areas, extended family networks are stronger in rural areas than in urban areas, and relatives are more likely to live near the parents of the victim.
   1.3 Many of the arrangements made by agencies with extended family are informal. Board rates are often provided.
   1.4 The consent of the parents of the victim (or of the non-offending parent) is usually sought before extended family are contacted. If consent is not offered or given, the extended family are not usually contacted.

2. How would you define "extended family" for this purpose? Is anyone excluded and why?
   2.1 The majority (10) of respondents allow the parent(s) of the victim to decide who is "family" to them. If the parent(s) wanted to include close friends and neighbours as family, agency staff is willing to contact them.
   2.2 Six (6) respondents defined "extended family" more narrowly as relatives... either by blood or marriage. Two of these 6 respondents commented that in their experience, neighbours, friends and teachers were less satisfactory than relatives as foster parents.

3. Is the process you described used at the discretion of the worker, or is it a matter of policy in your agency?
   3.1 Responses to this question were somewhat confusing because respondents tended to have different understandings of the meaning of "policy" and "discretion," and many preferred to use the term "practice."
   3.2 The majority (10) spoke of their involvement with extended family as a matter of
agency "practice," but not as policy.

3.4 Three (3) respondents described their involvement with extended family as policy because both the new Act and the new Child Protection Manual require agencies to work with extended family.

3.5 Several of the 10 respondents who described involvement with extended family as either "practice" or "discretion" stated that their agencies had no written policies or their own regarding the matter.

4. Is the practice described in 3 used in every case?

4.1 No (0) respondents described contacting extended family in every case. The thirteen (13) respondents stated that extended family were not contacted in every case. Of these respondents, 3 stated that extended family were contacted in most cases. The three (3) respondents did not reply to the question.

5. If you don't use the process in every case what are some of the exceptions where you would find it inappropriate?

Reasons given for not contacting extended family were:

5.1 Family feuds.
5.2 Intergenerational abuse.
5.3 Very dysfunctional relatives.
5.4 Parents don't believe child is in need of protection.
5.5 Family is transient, and/or no extended family live nearby.

6. To what extent do you personally support this kind of process?

6.1 Fifteen (15) respondents varied in the tone of their responses from supportive to very supportive.

6.2 One (1) respondent did not reply. This appears to have been an oversight.

7. What are the advantages of this process, from your point of view?

7.1 There were many interesting responses to this question. Some of the wide range of responses are given below.

7.2 Empowerment of the family.
7.3 It supports a relationship that already exists between the child and the family. It is less disruptive both for the child and the family. The child does not lose their identity.
7.4 Decision-making is shared between workers and family.
7.5 "Blood is thicker than water."
7.6 Extended family placements tend to work better than foster homes.
7.7 Relatives tend to be more committed than foster homes.
7.8 It is less expensive for the agency.
8. Do you see any disadvantages?
8.1 Two (2) respondents did not see any disadvantages, provided the extended family is not dysfunctional.
8.2 No orientation or training is available to relatives.
8.3 There is a danger of arrangements being too informal.
8.4 Not enough supports are available to families.
8.5 When relatives are not given financial supports, the worker may perceive relatives as having no role.
8.6 Relatives may be unable to withstand pressures from parent(s) to return the child.
8.7 It is hard to administer a large extended family group, all with vested interests.