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MINISTRY OF CHILDREN AND YOUTH SERVICES

Evaluation of the Child Welfare ADR Service Delivery System in Ontario

Final Report

February 2013

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1. EXECUTIVE SUMMARY

BACKGROUND

This evaluation of the Alternative Dispute Resolution (ADR) service delivery system was undertaken between February and October 2012 on behalf of the Ministry of Children and Youth Services (MCYS) to determine whether or not the current system is achieving its goals in the most efficient manner and to provide recommendations for improvement. The project was not intended to examine the efficacy of ADR, the qualifications of ADR service providers, or the quality of services provided to, or impact of services on, clients. The evaluation methodology included analysis of historical ADR data and information; a review of literature and ADR service delivery systems in other jurisdictions; an electronic survey and consultations with Children's Aid Societies (CASs), ADR Transfer Payment (TP) agencies, Ministry Regional Offices (ROs), and rostered child protection mediators (CPMs) and family group conferencing coordinators (FGCCs); and analysis and documentation of findings, conclusions and recommendations in this final report.

OVERVIEW OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Use of ADR in Child Protection Case Management

ADR, either informally or formally, has been used in most jurisdictions for more than 20 years, including Ontario. Since amendments to the *Child and Family Services Act* in 2006 requiring CASs to consider whether ADR could assist in resolving any issue related to a child or youth or a plan for the child's care where the child is or may be in need of protection, the use of ADR in Ontario has increased almost four-fold, from less than 400 referrals in 2006-07 to about 1,400 referrals in 2011-12. A large majority of CASs anticipate that they will be making greater use of ADR over the next several years. There is insufficient data from Ontario and other jurisdictions to project any specific expectation or target for the future use of ADR; however, continued growth in service volumes will present both challenges and opportunities for the ADR service delivery system in terms of the need for increasing capacity, maintaining timely referrals and quality services, and sustainability.

Lessons Learned from Other Jurisdictions

There is limited information and data on ADR service delivery systems in other jurisdictions to compare with Ontario's system, particularly since child protection services in most jurisdictions are directly operated by government versus Ontario's child welfare agency system. What can be concluded from the review is that other jurisdictions with active ADR programs appear to be using ADR more frequently than Ontario and the key factors contributing to its successful use elsewhere are: ADR is given a "first" or high priority in child protection case management, is "championed" by leaders that actively promote its use and benefits, has strong support from the legal system, and is delivered through a rapid and timely referral process through organizations with a critical mass of relevant experience and expertise.

Patterns in the Use of ADR in Ontario

Although the overall use of ADR across Ontario is increasing, its role as a tool in child protection case management varies widely by individual CAS. According to data reported by CASs to the Ministry in 2011-12, the use of ADR by individual CAS ranges from few or no referrals up to a referral rate that represents more than one-third of all cases that are being transferred to ongoing protection. The primary factors that influence how often ADR is being used by a CAS in Ontario include the internal philosophy, leadership of senior management, case management process, and staff training; the receptivity of CAS child protection workers, CAS legal counsel, court justices, legal counsel for children, and legal counsel for families; and the ability of the service delivery system to provide a quick and timely response to ADR referrals. The most important factor contributing to the growing use of ADR is the positive experience of participants and the benefits being derived from the process itself as evidenced in the testimonials that are being provided by participants.

Value for Money of the Existing Service Delivery System

Based on available ADR data and feedback from the evaluation survey and regional consultations, the ADR service delivery system appears to be delivering value in terms of the benefit being received within the resources consumed. There may, however, be opportunities for improving value for money of the service delivery system by increasing the percentage of new ADR referrals that become completed ADR cases (which averaged 54% province-wide and ranged from 32% to 77% across individual regions in 2011-12).

In terms of resources consumed in ADR service delivery, CASs and ADR TP agencies have, and continue to implement process improvements and share best practices to streamline services, speed up the referral process, and contain costs. There may be opportunities to reduce ADR TP agency costs for program management and administration (which averaged 26% of total ADR costs province-wide and ranged from 10% to 41% across individual regions for the first six months of 2011-12) through continued process improvements. More accurate and consistent cost data is needed to identify the underlying reasons for the variations in costs and opportunities for improvement.

Regional variations in the conversion of new ADR referrals into completed cases suggest that there are significant differences in the criteria and processes for how potential ADR cases are being initially identified, how families and their legal counsel are reacting to the opportunity to participate in ADR, and family circumstances that arise during the ADR process itself. There may be opportunities for increasing the rate of conversion of new ADR referrals into completed cases and for establishing benchmark rates that could be applied across the system by addressing the underlying factors for the variations; however, better data needs to be developed in order to do so.

ADR Service Delivery Model

The existing ADR service delivery model was rated as effective or very effective by 63% of CASs, 47% of ADR TP agencies and 66% of Ministry regional offices responding to the evaluation survey, indicating some potential for improvement. Based on input from the regional consultations and other service delivery system models identified through the jurisdictional review, three ADR service delivery model options were identified and evaluated against a common set of criteria. These included (i) maintaining the existing model that includes service delivery through ADR TP agencies, ADR service providers and CASs (“mixed” model); (ii) delivering all ADR services through single ADR TP agencies as a single point of access to ADR services in each region (“broker model”); and (iii) eliminating the ADR TP agencies and providing all ADR services through CASs (“direct model”).

The second model was found to be the best option. Single ADR TP agencies in each region would provide centres of ADR expertise and knowledge that promote ADR, educate stakeholders in its use, and support CASs in identifying the best method and matching the most appropriate service provider to the needs and circumstances of each case. The single point of access to a broad range of qualified and experienced local service providers would also lead to more timely and consistent services and greater use of ADR across the province. The costs and risks to implement this option would be minimal.

Service delivery for Aboriginal Approaches to ADR has been developed “from the ground up” to reflect the distinct needs and traditional practices of each community and to provide culturally appropriate services delivered by Aboriginal facilitators or elders within, or closely associated with, the respective communities. For this reason, no consolidation of Aboriginal agencies or CASs currently providing Aboriginal ADR is recommended. However, Aboriginal Approaches to ADR should remain an integral part of the overall ADR service delivery system to ensure close coordination, support capacity building for Aboriginal service providers, and facilitate sharing of best practices across all methods of ADR.

Managing the Demand and Supply of ADR Service Providers

The overall use of available ADR service provider resources was rated as good to excellent by 59% of CASs, 47% of ADR TP agencies and 67% of Ministry regional offices responding to the evaluation survey also indicating some room for improvement. Consultations with key stakeholders, including rostered CPMs and FGCCs, identified opportunities to make more consistent use of the entire provincial rosters of CPMs and FGCCs and to ensure that all ADR TP Agencies are providing appropriate training, facilitation and mentoring for ADR service providers. The availability of Aboriginal ADR service providers and Aboriginal service provider training could also be improved through more coordination and sharing of training programs and materials among Aboriginal ADR service providers and communities and consideration of the establishment of an Aboriginal ADR roster. The availability of CPM and FGC services in French needs to be improved through the recruitment and training of additional Francophone and French speaking service providers for some Francophone communities.

Roles and Responsibilities of Key Stakeholders

The roles and responsibilities of key stakeholders can be clarified and strengthened to improve the management and coordination of the ADR service delivery system, with CASs focusing on making effective use of ADR under the recommended service delivery model, ADR TP agencies being further developed as local centres of best practice, rostering agencies continuing to provide oversight of service provider professional development and training and mentorship programs, and MCYS enhancing its role in managing the service delivery system and monitoring the use of ADR across the province. Regional and Provincial ADR committees of key stakeholders can help to continuously improve the service delivery system by sharing information, identifying service needs, gaps or issues, providing advice, and sharing best practices related to all methods of ADR.

Information Management and Performance Reporting

The ADR service delivery system can be more effectively managed by providing better management and performance reporting information to monitor trends in service volumes and costs, allocate funding based on needs and agency performance, evaluate overall system performance, and continuously identify opportunities for improvement.

Ministry ADR Funding

Funding for ADR can better support service delivery and improve system performance by providing multi-year service contracts with appropriate performance targets for ADR TP agencies and building in greater flexibility for timely reallocation of funding between regions to meet unanticipated changes in service volumes while demonstrating the Ministry's ongoing commitment to the program.

Final Conclusions

ADR is widely supported by most CASs and is seen by many children, families and representatives from the legal system as a beneficial process for resolving disputes and developing plans of care collaboratively as an alternative to court. Stakeholders have made considerable progress in establishing an effective ADR service delivery system since inception of the program in Ontario in 2006. There is a need to further develop a highly effective system that meets the needs of children and families, provides timely and quality services, makes the best possible use of trained and qualified ADR resources, provides cost effective services, and supports the continued growth in the use of ADR as part of child protection case management. The recommendations from this evaluation will help support future growth in the use of ADR through a more consistent, cost effective and efficient service delivery system.

2. INTRODUCTION

This report sets out the findings, conclusions and recommendations related to the evaluation of the Alternative Dispute Resolution service delivery system (ADRSDS) in Ontario undertaken by Bay Consulting Group on behalf of the Ministry of Children and Youth Services (MCYS or the Ministry) between February and October 2012.

2.1 Background

The existing ADR program was established as part of the Child Welfare Transformation agenda initiated by MCYS in 2006. As of 2006, amendments to the *Child and Family Services Act* (CFSA) require CASs to consider whether a prescribed method of Alternative Dispute Resolution (ADR) could assist in resolving any issue related to a child (or youth) or a plan for the child's care where the child is or may be in need of protection. ADR is a strategy intended to streamline court processes and encourage alternatives to court. It focuses on a strengths-based, inclusive and collaborative approach to resolving child protection disputes and encourages the involvement and support of the family, extended family, and the community in planning and decision-making. While it is mandatory for a CAS to consider whether ADR could assist in resolving any issue related to the child or a plan for the child's care, the use of ADR is voluntary for children and their families.

The 2006 amendments to the CFSA also permit the court, at any time during a child protection proceeding, and with the consent of the parties, to adjourn the proceeding to permit the parties to utilize a prescribed method of ADR to attempt to resolve the issues in dispute. In addition, on applications to vary or terminate an openness order before or after an adoption, the court may, with the consent of the parties, adjourn the proceeding to permit the parties to utilize a prescribed method of ADR to attempt to resolve any issues related to the proceeding.

Along with the amendments to the CFSA, the new Ontario Regulation 494/06 "Methods and Procedures Regarding Alternative Dispute Resolution" was passed into law outlining:

- Characteristics of prescribed methods of ADR that must be undertaken with the consent of all participants, can be terminated at any time by any of the participants, must be conducted by an impartial facilitator who has no decision-making power, must adhere to the regulation with respect to confidentiality and access to records and information and must not be an arbitration;
- Rules respecting the confidentiality of and access to records and information requirements; and
- A transition provision for a prescribed method of ADR commenced prior to proclamation in a particular case with respect to a particular child.

Ontario's ADR regulation and ministry policy directive prescribe four approved methods which may be used by CASs to assist in resolving any issues related to a child in need of protection or the plan of care for that child. These are:

- **Child Protection Mediation (CPM)** where child protection workers and the family (including the child where appropriate) and any other person putting forward or proposing to participate in a plan for the child, work together with the aid of a trained and impartial child protection mediator with no decision making authority to address child protection concerns;
- **Family Group Conferencing (FGC)** bringing together the family (and child where appropriate), extended family, community, child protection workers, and service providers to develop a plan that addresses identified protection concerns with the assistance of a trained and impartial coordinator with no decision making power;
- **Aboriginal Approaches** that are traditional methods of dispute resolution, including circle processes established by Aboriginal communities or organizations, bringing together the family, extended family, community members and child protection workers in developing a plan that is supported by the participants and/or the Aboriginal community and addresses protection concerns with impartial service providers skilled in traditional methods with no decision-making power; and
- **“Other Methods”** that meet the principles outlined in the ADR regulation, and have been assessed and approved by the Executive Director of the CAS involved.

2.2 Purpose of the Evaluation

A number of issues and concerns related to the delivery of ADR services were raised by stakeholders that warranted this evaluation including:

- Differences in regional service delivery practice and the promotion of ADR to CASs, court justices (court or the bench), and legal counsel for children and youth and legal counsel for families (bar) - for example, differences in the extent to which ADR has been integrated into the culture and practice of CASs and varying levels of knowledge and acceptance of ADR by the bench and bar across the province;
- Uncertainty as to whether or not the current service delivery model maximizes ADR funds in the most cost effective manner;
- Differences in MCYS regional office (RO) practices regarding the scope of service eligible for funding, with some ROs supporting ADR early in the child protection process to resolve issues prior to court involvement and others not funding ADR until after the court is involved;
- Inconsistent access to child protection mediators (CPMs) and family group conferencing coordinators (FGCCs) due to unequal geographic distribution of qualified providers, as well as challenges in obtaining training and mentoring in remote regions;
- Limited availability of Aboriginal Approaches to ADR, and sometimes limited uptake by CASs; and
- Limited availability of ADR services in French.

After several years of building and delivering ADR services across the province, an independent evaluation to assess progress and accomplishments to-date and opportunities for improvement was considered to be timely.

2.3 Project Objective and Scope

The objective of this evaluation was to conduct an independent review of the ADRSDS in order to:

- Determine whether or not the current system is achieving its goals in the most efficient manner; and
- Provide recommendations on how to improve the ADRSDS in Ontario, including consideration of alternate service delivery models.

The scope of the project included identification of strengths, challenges, improvement opportunities, and development of recommendations with respect to:

- Structure of the system, including the role of ADR Transfer Payment (TP) agencies;
- Use of ADR;
- Process for referrals;
- Value for money (benefit received within the resources available);
- Ease of navigation for CASs and client families;
- Whether four distinct streams of ADR services (including CPM, FGC, Aboriginal Approaches and Other Methods) is an effective model;
- Current system of rostering ADR service providers, including the process for rostering, the efficacy of a rostered model, and mechanisms for training;
- Availability of Aboriginal Approaches to ADR;
- Availability of French language ADR; and
- Current reporting requirements.

For the purposes of this evaluation, the ADR service delivery system is defined as beginning with the identification of an opportunity for the use of ADR and ending with the completion and documentation of the ADR process and closure of the ADR case.

This evaluation was not intended to examine the efficacy of ADR, the qualifications of ADR service providers, the quality of services provided to or impact of services on clients, or any other matter relating to direct service delivery to clients.

2.4 Methodology

The methodology for the evaluation included:

- Analysis of available ADR data and information reported by CASs and ADR TP agencies to the Ministry since inception of the program to identify trends, patterns, and opportunities for increasing the use of ADR, improving services, or better reporting and management;
- A literature review and jurisdictional scan (jurisdictional review) of other ADR systems in Canada, the United States and other jurisdictions worldwide to identify alternative service delivery models, best practices and lessons learned that may be applicable to Ontario (Detailed findings from the jurisdictional review are included in Appendix A. Specific references to particular findings from the jurisdictional review are included throughout this report where relevant.);
- An electronic survey (evaluation survey) of CASs, ADR TP agencies, ministry regional offices, and rostered CPMs and rostered FGCCs to collect information on the ADRSDS characteristics, strengths, challenges, and opportunities for improvement. Survey responses were received from more than 80% of CASs¹ and ADR TP agencies, all nine MCYS regional offices, more than 25% of CPMs and almost 40% of FGCCs. (Appendix B contains a summary of the evaluation survey responses². References to these responses are made throughout this report where relevant.);
- Consultations to discuss strengths, issues and opportunities for improving the ADRSDS with key stakeholders in all nine MCYS regions, including:
 - CAS child protection and legal services managers and staff
 - ADR TP agency representatives
 - Regional office ADR program supervisor leads
 - Representatives from CPM and FGCC rostering agencies, including The George Hull Centre and the Ontario Association of Family Mediators (OAFM) respectively
 - CPMs and FGCCs
 - Representatives from the legal system and the Aboriginal service community; and
- Developing and documenting the findings, conclusions and recommendations in this report.

2.5 Organization of this Report

This final report is organized as follows:

- Section 3 includes a description of the existing ADR service delivery system, including the policy framework, service delivery structure, stakeholder roles and responsibilities, typical service delivery process, and service provider roster management as background to the analysis, conclusions and recommendations;

¹ Bay Consulting Group would like to acknowledge and thank the Ontario Association of Children's Aid Societies for its role in achieving the high rate of return from CASs by administering the survey on our behalf.

² Appendix B includes province-wide summaries of the survey respondents. In most cases, the number of survey responses at the regional level was too small to draw statistical conclusions and to maintain respondent confidentiality.

- Sections 4 through 12 include the findings, conclusions and recommendations with respect to the jurisdictional review, current and future use of ADR, the value for money being derived from the existing system, optional ADR service delivery models, management of the supply and demand for ADR service providers, stakeholder roles and responsibilities, information management and performance reporting, future funding for ADR, and other issues and opportunities for consideration;
- Appendices A through E contain more detailed supporting material, including the findings from the jurisdictional review, the evaluation survey responses by major stakeholder group, charts setting out the service delivery system structure and typical ADR process pathway, and an evaluation of optional ADR service delivery models; and
- Appendix F contains a summary of the evaluation recommendations.

3. EXISTING ADR SERVICE DELIVERY SYSTEM

This section includes a description of the existing ADR service delivery system across the nine Ministry regions in the Province, including the governing ADR policy framework, access and service delivery structure, roles and responsibilities of the major stakeholders, typical service delivery process, and mechanisms for managing the ADR service provider rosters for CPMs and FGCS. The information included in this section is intended to provide background for the analysis, conclusions and recommendations presented in the following sections.

3.1 Policy Framework

Implementation of Ontario Regulation 494/06 “Methods and Procedures Regarding Alternative Dispute Resolution” is governed by a Ministry Policy Directive (CW 005-06), which took effect on November 30, 2006, requiring CASs to:

- Use one of four prescribed methods of ADR to assist in resolving any issues related to a child in need of protection or the plan of care for that child;
- Use ADR service providers who have specific qualifications and experience and are either on a roster of CPMs or FGCS or, when engaging in an Aboriginal approach, are qualified service providers recognized by the Aboriginal community with whom the child is affiliated;
- Apply specific criteria in determining if service providers are impartial;
- Use written agreements, where possible, which are signed by all participants and contain the confidentiality provisions as set out in regulation; and
- Provide notice to the Office of the Children’s Lawyer (OCL), according to an established protocol, when ADR is proposed.

The policy directive also requires CASs, where possible, to use ADR resources sponsored by and located within an organization other than a CAS. Some CASs had ADR programs within their agencies, prior to the implementation of Ontario Regulation 494/06. The “Other Method” described in the regulation was a means of grandfathering existing ADR programs, as well as mitigating issues around accessibility in regions where ADR resources were limited. Where the ADR facilitator is located within a CAS, this is considered to be an “Other Method” of ADR and:

- The ADR facilitator must have a dedicated and distinct role, separate from the child protection role and the child welfare team;
- The ADR facilitator must not have access to client files or the CAS information database, nor read CAS case recordings or court reports;
- The ADR facilitator must report to senior management, not to a child protection supervisor, in order to avoid any perceived or real conflict related to specific child protection cases; and
- The ADR facilitator should maintain an office and conduct ADR outside the CAS office.

3.2 Access and Service Delivery Structure

The ADR service delivery system has been organized to provide ADR services according to the Ministry's nine regions. A chart showing how ADR services are currently being accessed and the ADR service delivery system structure by method of ADR, region and method of access to ADR services is included in Appendix C.

The ADR policy directive was intended to support the creation of a structure with one ADR TP agency providing a single point of access to the full range of ADR methods in each of the nine regions. As highlighted in Appendix C, this structure is currently in place in six of the nine regions³ and the remaining three regions have multiple ADR TP agencies with each agency providing access to only one method of ADR (for example, in Toronto Region, CASs contact the Family Group Conferencing Project of Toronto for access to FGC services, the Toronto Mediation Centre for CPM services, and Aboriginal Legal Services of Toronto for Aboriginal Approaches to ADR). In addition, there are 10 CASs that are providing Other Methods of ADR (CPM, FGC or Aboriginal Approaches).

The term "ADR TP agency" is used throughout this report to refer to agencies that provide access to multiple methods of ADR, as well as those agencies that provide access to a single ADR approach. Some of these TP agencies are "flow through" agencies that receive requests for ADR services, make referrals to other service providers, and pay for the services, whereas, other agencies receive requests for ADR services and provide the services directly. Furthermore, while some agencies may engage in outreach, awareness building and training, in addition to providing ADR services, others may limit their role to processing and paying for ADR referrals. These distinctions are important to keep in mind when reading this report.

As shown in Appendix C, in addition to the variations in the service delivery system structure, CASs are using multiple methods for accessing ADR services, including through an ADR TP agency, by accessing the respective provincial roster of CPMs or FGCs, or by contacting a rostered service provider directly. (There is no provincial roster for Aboriginal ADR service providers.)

3.3 Stakeholder Roles and Responsibilities

The key roles and responsibilities of the major stakeholders for the ADR service delivery system can be summarized as follows:

- MCYS, through the Child Welfare Secretariat and MCYS regional offices, has the prime responsibility for managing implementation of the ADR policy framework, ADR data reporting and funding, and evaluation of ADR service delivery;

³ Excluding two of the six regions (Eastern and Northern Regions) where access to Aboriginal Approaches is provided through a separate Aboriginal agency.

- CASs are responsible for meeting the requirements of the ADR policy directive, identifying opportunities for and promoting the use of ADR, referring cases to ADR TP agencies or to individual service providers, participating in the ADR process, implementing ADR agreements and plans, reporting on service volumes and outcomes, and providing information on the results of the ADR process to the court if applicable;
- ADR TP agencies (and CASs providing Other Methods of ADR) have adopted various roles, but are generally responsible for processing ADR referrals, managing the individual ADR service providers to whom they assign ADR cases, promoting the use of ADR, monitoring and evaluating services, and reporting on service volumes and outcomes;
- The George Hull Centre for Children and Families and Ontario Association for Family Mediation are responsible for managing their respective rosters of FGC and CPM service providers, including training and certification; and
- Individual ADR service providers, including CPMs, FGCCs and Aboriginal service providers, plan, organize and facilitate ADR sessions, document agreements or plans developed through the ADR process, and report on the results.

3.4 Service Delivery Process

Based on input from CASs and ADR TP agencies, the existing ADR service delivery process normally consists of the following major steps:

- A CAS child protection case worker, kinship worker or legal services staff member, or a court justice, identifies the opportunity for ADR, which could also be identified by any other person involved with a child whose family is receiving service from a CAS, including parents or other family members such as grandparents or extended relatives, representatives of schools, lawyers representing the child or the family, or representatives from other community service agencies, who contact the CAS or ADR TP agency⁴ to request a referral;
- The CAS child protection case worker/legal counsel discusses the ADR program and method with family, child and, if necessary, family counsel and obtains the consent of parents/family members, and the child where applicable, to share information so a referral can be made;
- The CAS child protection case worker/legal counsel makes a referral to an ADR TP agency or to an individual provider of ADR services; ultimately, all ADR referrals are made by a CAS, even if the opportunity for ADR is initiated by a court justice or another person associated with the child;
- The ADR method to be used is confirmed; the method is usually identified initially by the CAS and confirmed by the ADR TP agency, or in consultation between the CAS and ADR TP agency;
- The ADR TP agency identifies and assigns an ADR service provider; the CAS may request a specific service provider or the ADR TP agency will assign a service provider based on location, specialization, experience, rotation of available service providers, etc.;
- The ADR service provider meets/consults with the CAS worker/legal counsel to understand relevant issues in the referral and CAS goals;

⁴ For Other Methods of ADR, the independent arm of the CAS assumes the role of ADR TP agency.

- The ADR service provider meets with the parents/guardian/child to explain the process and obtains their consent to participate in the ADR process (from this point the ADR process either goes forward or is declined);
- The ADR service provider plans and facilitates a meeting(s) or circle(s) with key stakeholders to mediate and reach agreement on resolving an issue or to develop a plan for the care of the child often in lieu of or in concert with a court proceeding⁵;
- The ADR service provider documents the agreement or plan reached by all participants and reports on the results of the ADR process to the ADR TP agency, CAS, family, legal counsel for the family, and legal counsel for the child when appropriate; and
- The ADR TP agency closes the file and includes the referral and case result information in its regular reports to the Ministry Regional Office.

The ADR service delivery process is supported through a range of activities, including program management and administration; management and payment of service providers; reporting to the Ministry on case volumes, costs and outcomes; and training, educating and promoting the use of ADR to stakeholders.

A diagram showing an interpretation of the typical pathway through the ADR process is depicted in Appendix D.

3.5 Management of ADR Service Provider Rosters

According to the ADR policy directive, when engaging in child protection mediation or family group conferencing, CASs are required to use a CPM or FGCC from the respective provincial roster. The George Hull Centre for Children and Families is funded by MCYS to develop and manage a provincial roster of certified FGCCs, including training and consulting with agencies interested in developing expertise in FGC. Only family group conferencing coordinators who meet the criteria outlined in the policy directive are eligible to be on the roster. The provincial roster currently includes 82 trained and qualified FGCCs.

The Ontario Association for Family Mediation (OAFM) receives MCYS funding to develop and manage a provincial roster of certified CPMs, including identifying eligibility requirements and screening and training child protection mediator applicants. Only child protection mediators who meet the criteria outlined in the policy directive are eligible to be on the roster. The provincial roster currently includes 101 trained and qualified CPMs.

The provincial rosters of CPMs and FGCCs are intended to provide province-wide consistency and accessibility with respect to the use of trained and qualified CPMs and FGCCs. There is no provincial roster of service providers for Aboriginal Approaches to ADR.

⁵ In some cases, an agreement can be reached or a plan developed before the actual ADR process is initiated or partial resolution could be reached, which may include agreement by both the family and the CAS to come back to ADR in the future after a trial period to work on other issues.

4. KEY JURISDICTIONAL REVIEW FINDINGS

This section summarizes the key findings from the jurisdictional review and their implications for the use and delivery of ADR in Ontario. Appendix A includes a description of the methodology, detailed findings and information sources for the jurisdictional review. Where relevant, the jurisdictional review findings are incorporated into the analysis and referenced in the remaining sections of this report.

There are three basic service delivery models that apply to specialized services such as ADR

The first service delivery model is a “direct service model” where users find and obtain services directly from the marketplace. The main advantage of this model is the user’s first-hand knowledge of its requirements and the opportunity to deal directly with potential service providers. However, users need to maintain a broad base of knowledge on the availability of resources and devote time and costs to identifying and managing service providers. Many health and social service agencies use the direct service model for finding and using specialized resources, such as for social workers and other certified health professionals of many stripes.

The second service delivery model is a “broker model”, where independent brokers find and match specialized services with needs on request from users. The broker adds value by providing specialized knowledge, advice and expertise, and rapid access to a wide range of independent service providers with different skills and experience to match user needs. Users are able to access services readily without having to spend time and financial resources in searching for service providers and keeping up-to-date with changes in the marketplace. The disadvantages of this model include potentially higher costs, or service delays or less than optimal matches if brokers are experiencing peak demands. Many health and social service agencies also use the broker model to obtain specialized services, such as through nursing or elder care employment agencies.

The third model is a “mixed” model where users have the option of obtaining service either directly or through a broker. While this model provides users with the flexibility to access services through either route, it can lead to inconsistencies in the use of service providers and less than ideal matches of resources with needs. An example of this model is the system for accessing mental health residential beds for children and youth in the child welfare system in Toronto Region, where CASs can seek beds either directly or through a broker (Coordinated Access to Residential Services).

The primary source of information about other jurisdictions is subject matter experts

Significant evidence of ADR was found in more than 20 other jurisdictions; however there is little data or information about the operation or costs of ADR service delivery systems in other jurisdictions to compare with and evaluate Ontario’s ADR service delivery system. Interviews with key informants with extensive knowledge and experience with ADR provided the most information for this review.

The most relevant Jurisdictions for Ontario have government-operated child welfare systems

The most relevant jurisdictions for comparison with Ontario's ADR service delivery system include New Zealand, Australia, some jurisdictions in the United States and the United Kingdom, and some Canadian provinces such as British Columbia and New Brunswick. However comparisons of the service delivery systems are limited by the fact that government directly operates the child welfare systems in these jurisdictions versus Ontario's child welfare agency system.

There are similarities and differences in how ADR is delivered compared to Ontario

ADR service delivery systems in other jurisdictions typically include the three primary methods of ADR practised in Ontario, namely CPM, FGC and Aboriginal Approaches (with the latter two methods sometimes combined under FGC or its equivalent). In contrast to Ontario, CPM methods of ADR in other jurisdictions are often based on other mediation processes from the legal system and are frequently developed and administered by government departments of justice rather than by social service departments. Like Ontario, CPMs are typically third party service providers who are completely independent from government child protection departments.

FGC originated in New Zealand and Australia through adaptation of collaborative circle processes from Aboriginal culture for use in non-Aboriginal jurisdictions. There is no consensus on whether or not FGCs should be completely "independent" from the organization providing child protection services similar to CPMs, or "impartial" service providers located in a separate organizational unit of a child protection government department or agency. This divided opinion in other jurisdictions is reflected in Ontario's current service delivery model which uses both independent FGCs through ADR TP agencies and impartial FGCs through Other Methods of ADR provided by CASs.

Successful Aboriginal ADR in other jurisdictions occurs through distinct, indigenous decision making approaches that are based on individual Aboriginal community traditional practices and beliefs and facilitated by trained and respected trained Aboriginal facilitators or elders from within the family's respective community. These factors reflect the current practice of Aboriginal Approaches to ADR Ontario.

The use of ADR appears to be greater in other jurisdictions than in Ontario

There is little data from other jurisdictions that can be used to compare with how often ADR is used with Ontario. However, based on the limited data that is available and input from key informants, it appears that ADR is being used in a higher percentage of child welfare cases in some other jurisdictions, such as British Columbia, New Brunswick and New Zealand, than it is currently being used in Ontario.

A government department typically performs similar functions to ADR TP agencies in Ontario

There were no other jurisdictions that make use of independent ADR transfer payment agencies as part of their ADR service delivery systems; however, government departments or units that are separate from child protection service departments in these jurisdictions typically fulfill many of the same functions as ADR TP agencies in Ontario, such as managing the supply of ADR service providers to meet system needs, service provider training, matching service providers with specific cases, and quality control.

There is a high level of satisfaction with the delivery of ADR in most jurisdictions

ADR system performance measurement normally focuses on service volume and process measures, such as the number of referrals or number of agreements signed and client satisfaction rates. Most jurisdictions report a high level of satisfaction with ADR and high proportion of agreements reached.

Other jurisdictions provide several lessons learned for the ADR service delivery system in Ontario

Despite the limitations in published data and information, other jurisdictions offer several key lessons learned for the successful delivery of ADR in Ontario. The first of these is that ADR should be given a “first” or “high-priority” in managing child protection cases and giving children and families the opportunity to participate in the process. Secondly, CPM and FGC or Aboriginal Approaches can be used effectively in a complementary fashion, depending on the needs and circumstances of a case and at different times on the same case. Thirdly, “champions” within child protection service organizations are needed to lead and promote the use of ADR, coupled with strong support from youth court judges, legal counsel for children, and legal counsel for their families. Fourthly, the referral process must be timely and completed without jeopardizing child protection requirements or being superseded by the need for court-based decisions. Finally, government departments or agencies delivering ADR need to have a critical mass of ADR services and expertise and be supported by a centralized source of ADR service provider training, technical assistance and peer support.

5. CURRENT AND FUTURE USE OF ADR

Central to whether or not the ADR service delivery system is achieving its goals is the following question: Is ADR being used to its fullest potential as part of child protection case management? This section presents an analysis of the current and future use of ADR, including support for its use by key stakeholder groups, how often ADR is currently being used, highlighting major patterns and variations across the nine Ministry regions, and the estimated future use of ADR and the potential implications for the ADR service delivery system.

5.1 Support for the Use of ADR

The role and significance of ADR in child protection case management depends to a large extent on the degree to which key stakeholder groups support its use. Following is a summary of stakeholder support for each method of ADR as measured through the evaluation survey.

Child Protection Mediation

Support for the use of CPM by CAS child protection workers and CAS legal counsel was rated as good to excellent by a majority of CASs, ADR TP agencies and individual CPMs. However, less than half of CASs rated support from court justices, legal counsel for children, and legal counsel for families as good to excellent. Children and youth and their families themselves were seen as the least supportive of CPM.

In contrast, while less than half of ADR TP agencies also rated support for CPM from legal counsel for families and from children and their families as good to excellent, a majority rated support for CPM from court justices and legal counsel for children as good to excellent. From the individual ADR service provider perspective, CPMs were more likely than ADR TP agencies to rate support from children and youth and their families as good to excellent.

Overall, the survey results and regional consultations indicated that there is strong support from CASs for CPM; however, support from the legal system by region ranges from not very supportive to strong support. The main reasons given for low support from the legal system include a lack of understanding or experience with CPM, a preference for traditional court processes, and a record of mixed success with CP mediations (which can be limited in high conflict situations). CASs, ADR TP agencies, and individual CPMs recognize the importance of support from the legal system and many are actively involved in ongoing promotion and awareness building activities for the bench and bar. The other main issue is the need to build increased support for CPM from children and youth and their families. “Word of mouth” of those who have had a positive experience with CPM has been found by stakeholders to be the best way of building such support.

Family Group Conferencing

Support for the use of FGC by CAS child protection workers and CAS legal counsel, court justices, and legal counsel for children was rated as good to excellent by a majority of CASs and ADR TP agencies. However, a majority of CASs and ADR TP agencies rated support from legal counsel for families as only fair or poor. CASs and ADR TP agencies differed on their rating of support from children and youth and families with only a minority of CASs but a majority of ADR TP agencies rating their support as good to excellent. A majority of FGCCs also rated support from all stakeholder groups as good to excellent, except for court justices and legal counsel for families.

The overall support for FGC appears generally to be strong for all stakeholder groups except for legal counsel for families. Reasons given for the lack of support by this group include a lack of understanding or experience with FGC and a preference for traditional court processes. Overall support for FGC appears to be somewhat stronger than for CPM with the main reason given being that this process is often less centered on resolving specific conflicts or disagreements. As with CPM, many key stakeholders are actively involved in promoting the use of FGC, particularly to legal counsel for families, with direct and “word of mouth” experience being the most effective way of building support.

Aboriginal Approaches

Support for Aboriginal Approaches from CAS child protection workers and CAS legal counsel was generally rated as good to excellent by a majority of both CASs and ADR TP agencies. Support from court justices, legal counsel for children, and legal counsel for families was also rated as good to excellent by a majority of ADR TP agencies; however CASs generally rated these groups as less supportive of Aboriginal Approaches. Support for Aboriginal Approaches from children and youth and families was rated the highest among all four methods of ADR by both CASs and ADR TP agencies.

Other Methods

A majority of CASs rated support by CAS child protection workers and CAS legal counsel for Other Methods of ADR as good to excellent; however, court justices, legal counsel for children, legal counsel for families, and children and families themselves were rated as less supportive. ADR TP agencies had similar ratings of the support for ADR from these groups, albeit with somewhat lower percentage ratings⁶.

⁶ The ratings of support for Other Methods of ADR should be treated with caution since the survey responses and regional consultations indicated that not all respondents may be fully aware of which services fall under this category.

Conclusions

In summary, there appears to be support for the use of all forms of ADR from CAS child protection workers and CAS legal counsel; however court justices, legal counsel for children, legal counsel for families, and children and families themselves are generally seen as less supportive. Most stakeholders consulted during the regional consultations believe that support for ADR is increasing over time as more stakeholders are experiencing how the ADR process works and see its benefits as an alternative to court, and believe that ADR can play an increasing role in child protection case management.

5.2 Current Use of ADR

In 2011-12⁷, there were 1,397 new referrals to ADR province-wide, consisting of 427 referrals for CPM, 655 referrals for FGC, 262 for Aboriginal Approaches⁸ and 53 for Other Methods of ADR⁹. The following charts and accompanying analyses show patterns in the current use of ADR based on actual data for 2011-12.

There are wide variations in the relative use of the four methods of ADR by region

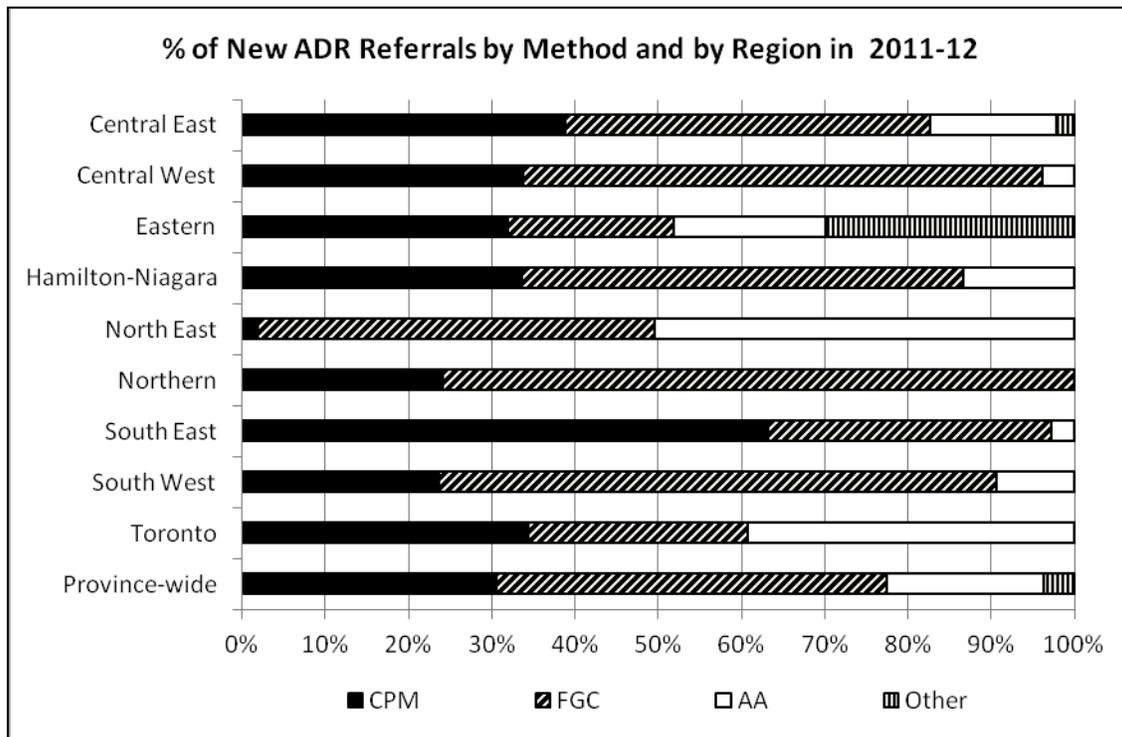
The variations in the use of ADR by method and by region are highlighted in the percentage breakdown of new referrals in 2011-12 in the following chart. The use of CPM as a percentage of total referrals averaged about 31% province-wide, ranging from a low of 2% in North East Region to a high of 63% in South East Region. The use of FGC averaged 47% of total ADR provincially, ranging from a low of 26% in Toronto Region to a high of 76% in Northern Region. Aboriginal Approaches represented an average of 19% of total ADR referrals province-wide, ranging from 0% in Northern Region to 51% in North East Region¹⁰. The reported use of Other Methods of ADR was 43% of total ADR referrals in Eastern Region (for Pathways) and 2% in Central East Region (for the Durham Family Court Clinic).

⁷ All ADR data presented in this section are based on 2011-12 actuals as reported to the Regional Offices by the respective CASs and ADR TP Agencies in each region. Differences in data reporting by year prevent an accurate comparison of the use and costs of ADR since inception of the program in 2006. However, data for 2011-12 is considered to provide a more accurate picture than previous years.

⁸ Aboriginal ADR referrals do not include NAN Legal Services data for Northern and North East Regions, which were not readily available in a similar format.

⁹ Data reported for Other Methods include only Pathways in Eastern Region and Durham Family Court Clinic in Central East Region. As previously noted, a total of 13 ADR services were identified across the province that fit into the Other Methods category, the large majority of which are currently being reported under CPM, FGC or Aboriginal Approaches.

¹⁰ As previously noted, Aboriginal ADR data exclude NAN Legal Services referrals data for Northern and North East Regions.



In analyzing the patterns of ADR use across the province, there were no major relationships noted between the ADR method and such factors as region size, geographical location, number of CASs, or structure of the service delivery system¹¹.

There are wide variations in how often ADR is being used by individual CAS

One way to measure how often ADR is being used across the province is to compare the frequency of new ADR referrals to the total number of cases that are being transferred to ongoing protection by individual CAS¹². In 2011-12, the ratio of new ADR referrals to the total number of cases transferred to ongoing protection for all CASs averaged about 7% and varied widely by individual CAS from little or no use of ADR to a high of 36%¹³. There were no relationships observed between how often ADR was being used and the size, geographic location or type of CAS (e.g. sole purpose, multi-service, Aboriginal/non-Aboriginal agency)¹⁴.

¹¹ Once exception is North East Region which had only 2 reported new ADR referrals in 2011-12 and is the only region that does not have an ADR TP agency that is independent of the CASs.

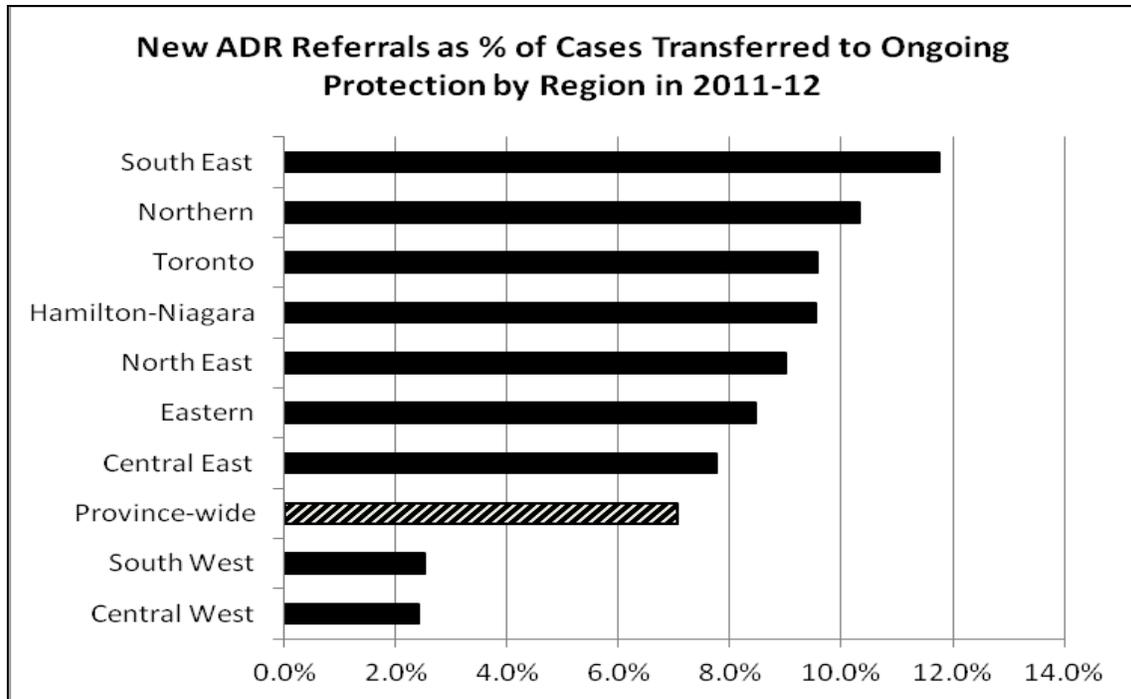
¹² Similar measures are used in several other jurisdictions and was also used by the Ontario Association of Children’s Aid Societies in its report titled *Measuring 2005 Transformation Goals To 2010 Child Welfare Practice, June 2011*.

¹³ Data on the number of cases transferred to ongoing protection are based on 2011-12 preliminary actuals reported to the Ministry by CASs.

¹⁴ ADR new referral data reported by individual CAS is somewhat understated compared to the data reported by the ADR TP agencies as not all cases have been recorded by CASs. Province-wide, the total number of new ADR referrals reported by CASs was 1,259 compared to 1,397 reported by the ADR TP agencies, or an under reporting of almost 10%. See Section 10 for findings, conclusions and recommendations relating to improved information management and performance reporting.

There are wide variations in how often ADR is being used by region

As highlighted in the following chart, when the individual CAS data is rolled up by region, there was also a wide range in new ADR referrals compared to the number of cases transferred to ongoing protection in 2011-12, ranging from less than 3% in Central West and South West Regions up to 12% in South East Region. It is important to note that, there were significant variations in the use of ADR among individual CASs within regions as well as between regions.

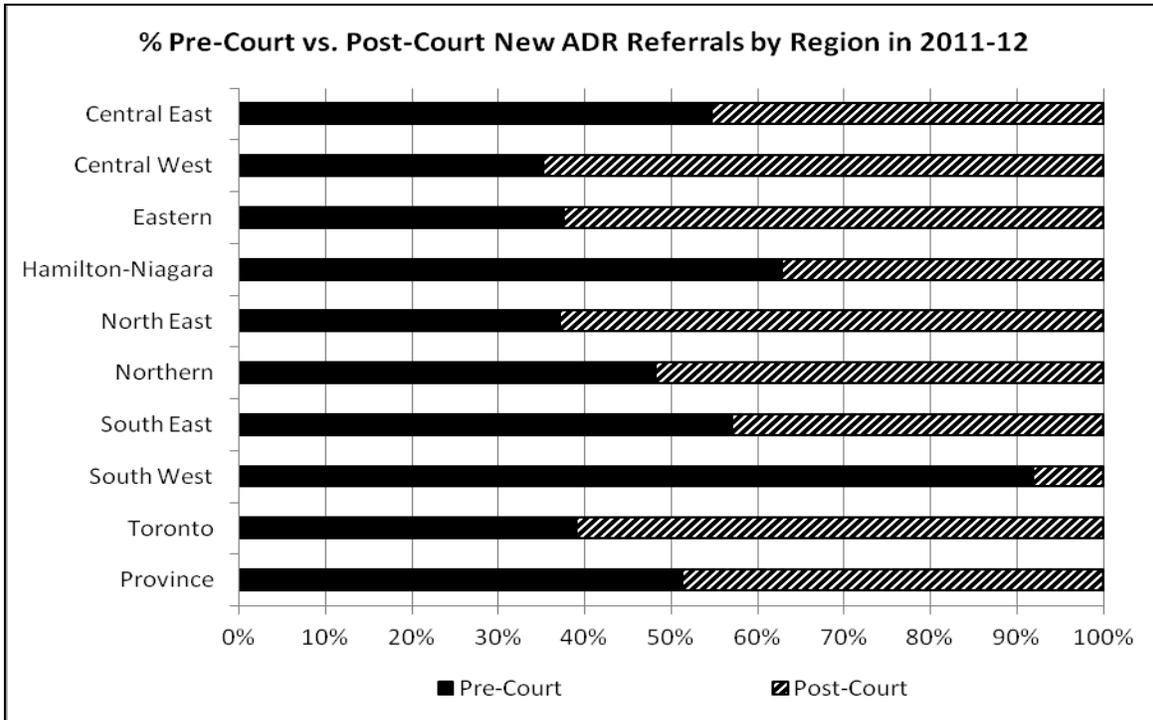


The most important factors contributing to variations in the use of ADR by individual CAS and by region found in the regional consultations were CAS-specific, including the extent to which collaborative approaches to case management have been embedded in the historical practice, policies, culture, and case management process, and the extent to which ADR is championed by agency leadership and staff. Other important factors contributing to the wide variations in the use of ADR identified during the consultations include the leadership and expertise of ADR TP agencies and their working relationships with CASs; the awareness of and experience with ADR by court justices, legal counsel for children, and legal counsel for families; the availability of ADR service providers; and family knowledge and comfort with ADR.

The use of ADR prior to and post-court involvement also varies considerably by region

The measure of the relative use of ADR before and after court proceedings are initiated provides an indication of how early in the case management process ADR is being used to avoid or reduce the costs associated with court proceedings and the related stress on children and youth and their families. As

shown in the following chart, in 2011-12, ADR was used on average equally pre- and post-court (51% versus 49% of new ADR referrals province-wide). However, the average use of ADR before and during court proceedings varied widely by region from a low of 35% pre-court in Central West Region to a high of 92% in South West Region¹⁵.



Inconsistencies in the interpretation and application of the ADR policy directive have contributed to variations in the use of ADR pre- and post-court – for example, in the past the primary focus in some regions has been on using ADR during court proceedings rather than at prior stages or points in the child protection case management process. (See Section 9.6 for findings and recommendations related to the role of MCYS in overseeing the consistent application of the ADR policy directive.)

The ADR referral process has little impact on how often ADR is being used

As noted in the description of the ADR service delivery process in Section 3.4, the process whereby a CAS makes a referral to an ADR TP agency or directly to an ADR service provider is a small part of the overall process for delivering ADR. The referral process normally consists of a telephone call/fax/e-mail and completion of a form with background information about the case by the CAS. Furthermore, in the evaluation survey, the timeliness and ease of navigation of the referral process for CASs was rated as good to excellent by a significant majority of both CASs and ADR TP agencies for all four methods of ADR. Most stakeholders consulted felt that the process of making a referral is straightforward and has little negative impact on how often ADR is being used.

¹⁵ Pre-court and post-court data by individual CAS was not readily available.

Overall, the data indicates the potential to increase the use of ADR across the province

In summary, the wide variations in ADR referrals by the method of ADR, and in its use by CAS, by region, and prior to and during court proceedings indicate that ADR is being used inconsistently across the province. Some CASs are using ADR to a much greater degree than others as part of their child protection case management process. It appears that the potential exists for more CASs to use ADR more frequently and earlier in child protection case management.

5.3 Future Use of ADR

5.3.1 Use of ADR Since Program Inception

Although consistent, year-by-year ADR referral data is not readily available, indications from ministry reports and other sources are that the use of ADR has steadily increased each year since inception of the program, in 2006. For example, an Interim Report by OACAS titled *Measuring 2005 Transformation Goals To 2010 Child Welfare Practice* dated June 14, 2011, showed a steady increase in its use from a total of about 381 ADR cases (or 2.2% of cases transferred to on-going protection) in 2007-08 to 783 cases (or 4.1% of cases transferred to on-going protection) in 2009-10.

MCYS data for 2011-12 shows a continuation of this trend with almost 1,397 new referrals or, as highlighted in the previous section, 7% of cases transferred to on-going protection)¹⁶. Indications from the large majority of CASs from the regional consultations are that this trend is expected to continue as more CAS workers and CAS legal staff, court justices, legal counsel for children and legal counsel for families experience first-hand the benefits of ADR. Continuing efforts by ADR TP agencies to establish service provider resources in some under-serviced areas (for example in Northern Ontario), and promote its use and increase awareness within CASs, are also expected to contribute to future growth in the use of ADR.

5.3.2 Use of ADR in Ontario Compared to Other Jurisdictions

Despite the continued growth in the use of ADR in Ontario, and although comparable data on the use of ADR in other jurisdictions is limited, the use of ADR appears to be less frequent than in other jurisdictions with similar programs. For example, in 2011-12, British Columbia (B.C.) experienced a similar number of ADR cases as Ontario (1,348 reported ADR referrals in B.C. versus 1,397 ADR referrals in Ontario)¹⁷. Given the difference in the size of the child and youth populations served between the

¹⁶ Only order of magnitude comparisons of historical OACAS and MCYS data should be made due to past limitations in the accuracy of reported data and possible differences in the definition of ADR cases and new referrals used in the two different sources of information.

¹⁷ ADR referrals for B.C. and Ontario include all methods of ADR.

two provinces¹⁸, it appears that ADR is being used relatively more often in B.C., where, under legislated policies and procedures, family group conferencing, mediation and traditional (Aboriginal) decision making are presumed to be the first choice for child welfare decision making and for resolving child welfare disagreements, and court is the alternative.

Input from key informants during the jurisdictional review also supports the notion that ADR is being used less frequently in Ontario than in other jurisdictions. However, there is insufficient data either within or beyond Ontario to develop any estimates or targets for the future use of ADR in the province.

5.3.3 Strategies for Increasing the Use of ADR

According to the large majority of CASs, ADR is proving to be a valuable resource for resolving disputes and developing plans as part of child protection case management. Toward this end, many CASs and ADR TP Agencies are working closely together in developing strategies and sharing case examples and best practices to overcome barriers and increase the role and successful use of ADR. Some of the main strategies being implemented include:

- Creating ADR “champions” within their organizations to actively promote the use and benefits of ADR (typically a designated director, manager or supervisor lead for ADR);
- Increasing the awareness of families, CAS child protection workers, CAS legal staff, court justices, legal counsel for children, and legal counsel for families of ADR and its benefits, such as through promotional material, face-to-face meetings, testimonials, and “lunch-and-learn” sessions; and
- Educating and supporting CAS child protection workers and CAS legal staff in the appropriate use of ADR, particularly earlier in the process when ADR might have a major impact on the case direction and outcome.

Recommendation 1.0

CASs and ADR TP Agencies recognize the value of ADR to children and their families and have implemented a range of strategies and approaches for increasing its use as part of child protection case management. The use of ADR has grown almost four-fold since inception of the program in 2006 and CASs are projecting greater use in the future.

It is recommended that:

- CASs and ADR TP Agencies should continue to develop and implement leadership, promotional and educational strategies and share best practices that support the increased use of ADR starting as early as possible during the child protection case management process¹⁹.

¹⁸ According to Statistics Canada 2012 population estimates, the population aged 0-14 years of age in B.C. is 684,100 versus 2,200,300 in Ontario.

¹⁹ Refer also to Sections 9.4 and 9.5 for recommendations on regional and provincial ADR committees that could support sharing of information and best practices within and across regions.

5.3.4 Potential Implications of the Increasing Use of ADR

Available data and information developed through the evaluation survey and regional consultations indicate that ADR is playing an important and increasing part in resolving disputes and developing plans for the care of children within the child protection system but has not yet reached its full potential role as part of child protection case management. Continued growth in service volumes will present both challenges and opportunities for the ADR service delivery system in terms of the need for increasing capacity, maintaining timely referrals and quality services, and sustainability. The following sections address potential improvements to the value for money, service delivery model, management of service provider resources, stakeholder roles and responsibilities, information management and performance reporting, and funding that will help address these challenges and opportunities.

6. VALUE FOR MONEY

This section provides an analysis of the “value for money” of the existing ADR service delivery system, in terms of the benefit being received (as measured by the completion of ADR cases) within the resources consumed (as measured by cost per unit of service), together with recommendations for improvement.

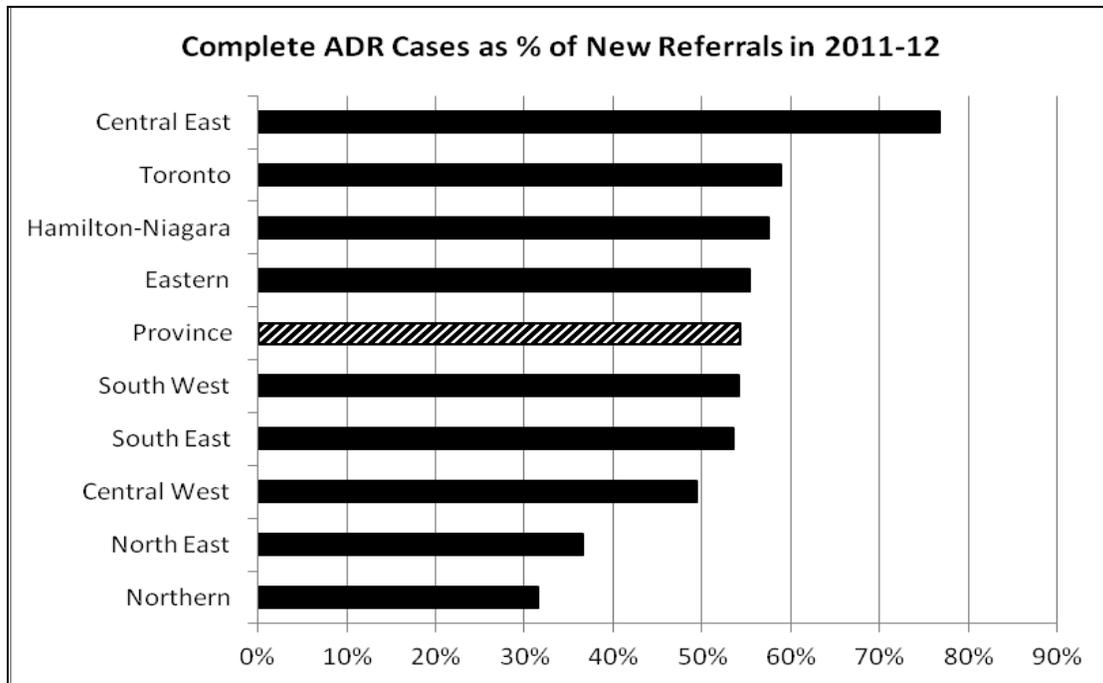
6.1 Conversion of New ADR Referrals into Complete Cases

The number of new ADR referrals, while a reflection of the use of ADR, tells only a partial story of the role and benefits of ADR in child protection case management. A high number of referrals is not necessarily a full measure of how well the system is functioning if many of these referrals do not result in the development of agreements or plans.

One measure of the benefit being received from the ADR service delivery system is the conversion of new ADR referrals into successful completed ADR cases. According to information reported in 2011-12, the number of completed cases represented 54% of all new ADR referrals province-wide. The major reasons for new ADR referrals not resulting in completed cases reported for 2011-12 included referrals that were on waiting lists, were declined, or with no resolution. Patterns in the conversion of new ADR referrals into completed cases are analyzed below followed by recommendations for increasing the completion rates.

The conversion of new referrals into completed cases is within a narrow range for most regions

Province-wide, there were 759 completed cases or an average of 54% of total new ADR referrals in 2011-12. As highlighted below, while the average percentage of completed cases ranged from high of 77% of total new ADR referrals in Central East Region to a low of 32% in Northern Region, the majority of regions show a percentage conversion rate of between about 50% and 60%. Further analysis of ADR referral volumes, showed no relationship between how often ADR is being used (the total number of new ADR referrals) and the conversion rate into completed cases by region.



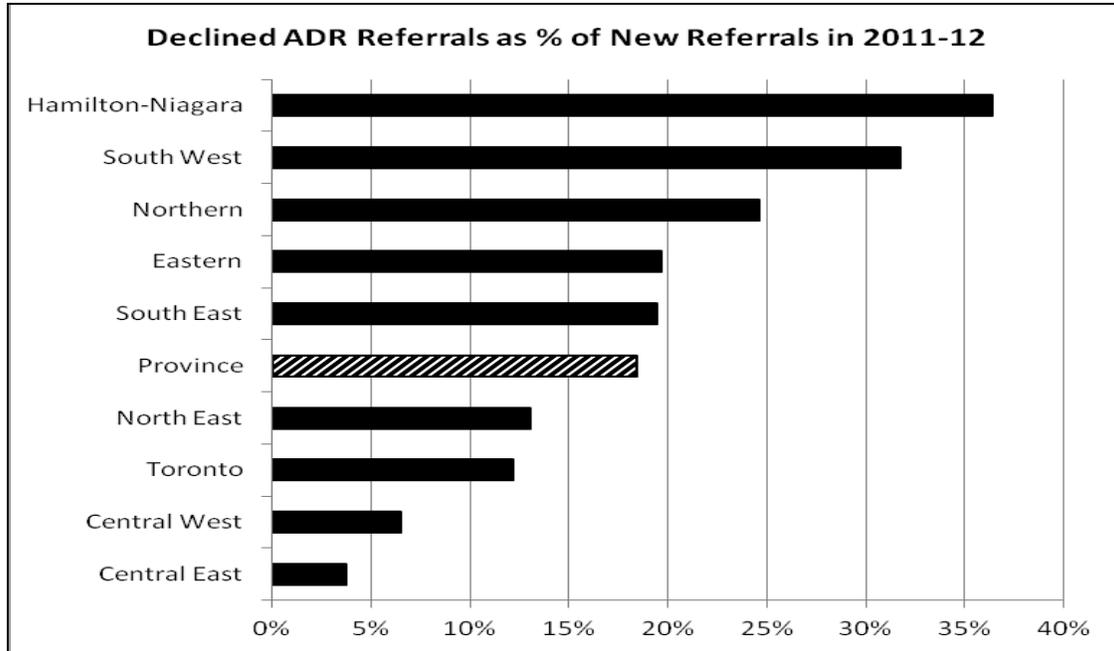
Waiting lists for ADR services are generally not a significant factor

As of year-end 2011-12, there were 62 referrals reported by ADR TP agencies as waiting for ADR services, or about 4% of the total number of 1,397 new referrals in 2011-12. The waiting list included 42 FGC referrals and 20 referrals for Aboriginal Approaches of ADR concentrated in Hamilton Niagara, North East, Northern and Toronto Regions. There were no CPM cases on the waiting list. The major reason identified for these waiting lists was a lack of available service providers (for example, in Toronto where there was a waiting list for FGC of three months).

It is important to note that the reported wait list data is incomplete; input from the regional consultations indicated that in some cases CASs are not making new ADR referrals because of a lack of available service providers or immediate funding.

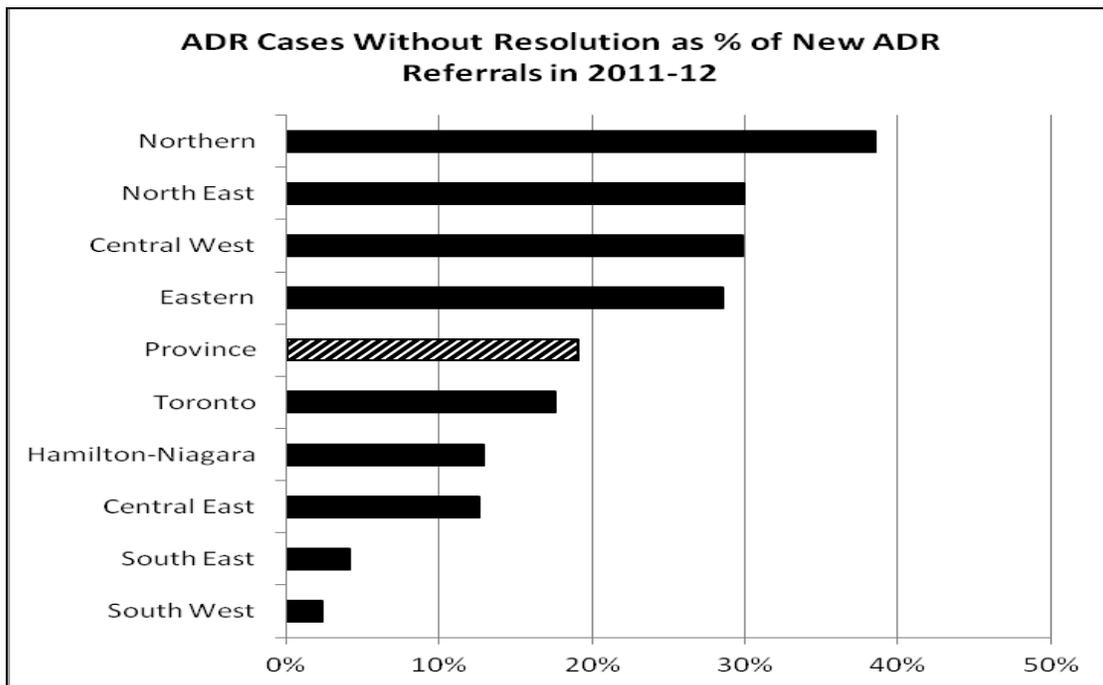
Declined ADR referrals are a significant factor in some regions

In 2011-12, 258 (or 18%) of new ADR referrals province-wide were declined before the ADR process could be either initiated or completed. The following chart shows that the rate of declined referrals by region ranged from a low of 4% in Central East Region to a high of 36% in Hamilton Niagara Region. The most common reasons given by stakeholders for ADR referrals not going ahead were families who were not willing to participate in the process and lack of support from legal counsel for children and legal counsel for families.



ADR referrals not resolved are a significant factor in some regions

During 2011-12, a total of 267 (or 19%) of new ADR referrals province-wide ended without resolution. The average rate of “no resolution” referrals by region ranged from a low of 2% in South West Region to a high of 39% in Northern Region. The most common reasons given for ADR referrals ending without resolution were lack of agreement among or a decision to abandon the process by family participants.



Recommendations 2.0

Without accurate historical figures or comparative data from other jurisdictions, it is difficult to assess the adequacy and effectiveness of an average 54% conversion rate for new referrals into complete cases or the reasons for differences in conversion rates across regions. Variations across regions in 2011-12 suggest that there are significant differences in the criteria and processes for how potential ADR cases are being identified in the first instance, and in how families and children, and their respective legal counsel, are reacting to the opportunity to participate in ADR, as well as their support for and experience during the process. The service delivery process needs to be examined in more detail by each region to identify opportunities for addressing the underlying issues and improving the rates of successful completion of ADR.

It is recommended that within each region:

- The criteria and processes used for identifying new ADR referrals should be examined and a more consistent process developed.
- The reasons for new ADR referrals being declined and ending without resolution should be examined in detail and measures taken to improve the successful completion of ADR cases.
- Consideration should be given to establishing guidelines or benchmarks for converting new referrals into completed cases and/or creating other measures for monitoring the successful delivery of ADR.

6.2 Costs of ADR Services

The following charts show regional patterns related to the cost of ADR service delivery as reported by ADR TP agencies and CASs funded to provide ADR in 2011-12.

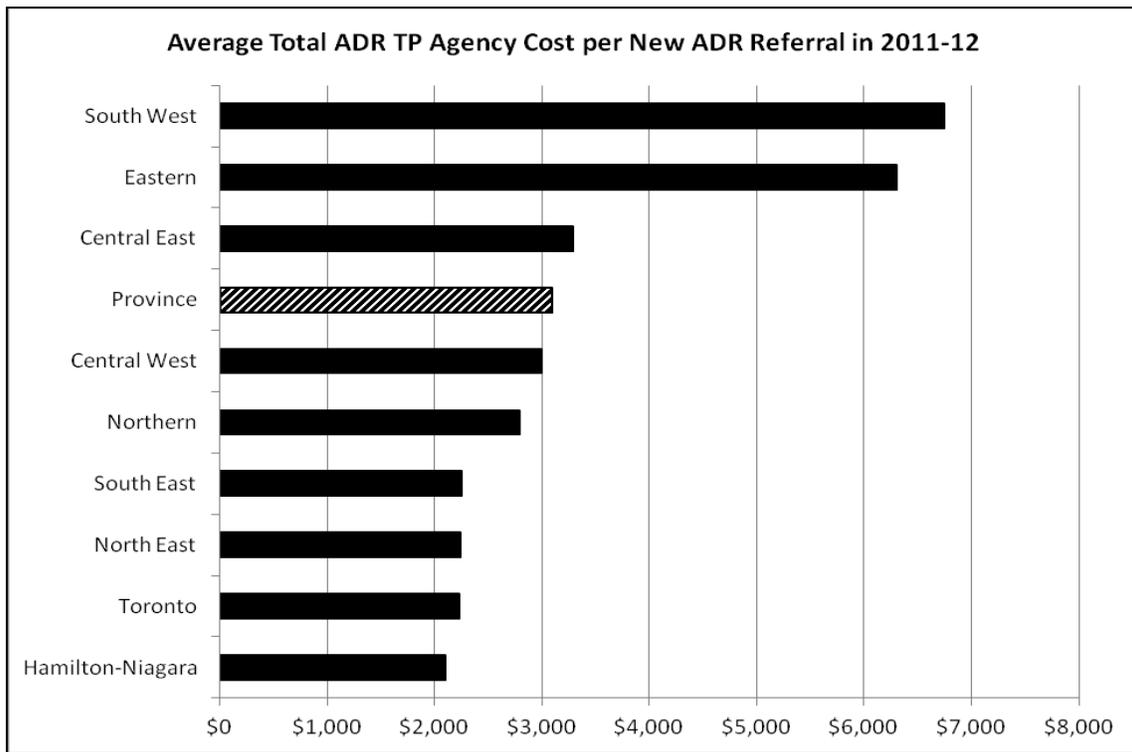
The average total ADR TP agency cost per referral is significantly higher in two regions

The total actual expenditures of the ADR TP agencies and CASs funded for ADR service delivery were \$4.3 million in 2011-12²⁰. The province-wide average total agency cost per new ADR referral was \$3,100. There was a lack of comparative cost data from other jurisdictions to help assess the relative order of magnitude of these costs or cost effectiveness on a per case basis.

As noted in the following chart, the average total agency cost per new ADR referral ranged from a low of about \$2,100 in Hamilton Niagara Region to a high of \$6,750 in South West Region, with the majority of regions within the \$2,000 to \$3,000 range and at or below the provincial average²¹.

²⁰ All figures in this section include MCYS ADR funding for the six multi-service ADR TP agencies supported by the policy directive, eight other agencies providing access to a single method of ADR, and six CASs providing ADR services under Other Methods. (Funding for NAN Legal Services, which is provided under a different program, is excluded.)

²¹ The average total agency cost per complete case showed a similar pattern for 2011-12, ranging from a low of \$3,656 in Hamilton Niagara Region to a high of \$12,466 in South West Region with the majority of regions within the \$3,600 to \$6,200 range and many below the provincial average of about \$5,700.



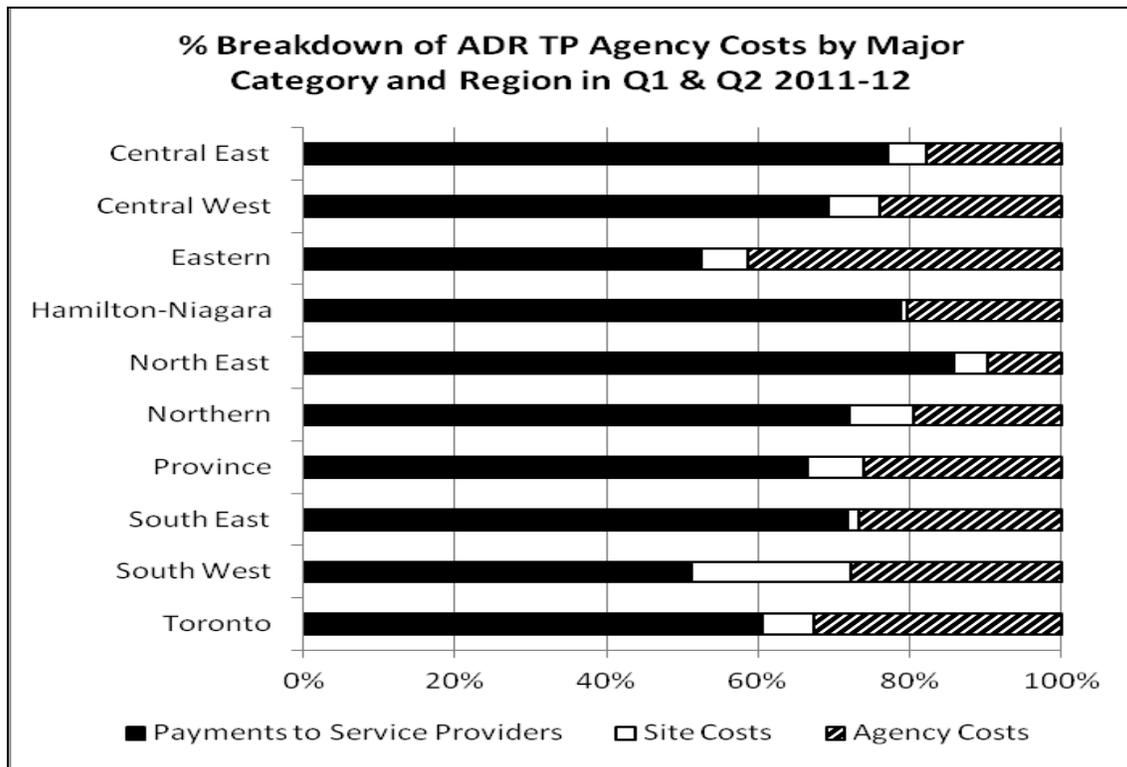
There were no clear relationships identified between the average total ADR TP agency cost per new ADR referral and ADR service delivery system design (such as the number of ADR TP agencies in a region), geographic location, or service volumes (such as number or mix of new ADR referrals by method of ADR). Reasons for the higher total agency costs in South West and Eastern Region are explored below.

There is a wide range in average total ADR TP agency cost per referral by cost category by region

A breakdown of average total ADR TP agency costs by major cost category in each region for the first six months of 2011-12 highlights some of the reasons for the variations in ADR costs²². The following chart shows significant variations in how ADR costs were spent for payments to service providers, site costs and agency costs²³.

²² The cost data by major category is for Q1 and Q2 2011-12 only as this data was not reported for the full fiscal year.

²³ While a breakdown of ADR TP agency costs by major category can provide a general overall picture of how ADR TP agency funding is being spent, it should be noted that there may be variations in how agency costs are defined and reported across regions and between individual agencies. More consistent and accurate data is required before drawing more specific conclusions from agency cost data.



The majority of agency costs are for payments to service providers and vary widely by region

As highlighted in the above chart, payments to service providers (including fees and expenses) accounted for the majority of ADR TP agency costs, averaging 67% province-wide and ranging from a low of 51% in South West Region to a high of 86% in North East Region. This wide range indicates inconsistencies in the proportion of total ADR funding that is going directly into facilitating issue resolution and case planning across regions (and may also be partly due to inconsistencies in how ADR data is being reported).

Site costs consume a small proportion of total agency costs in most regions

Average ADR TP agency site costs (including food, space rental, travel and other related expenses) were 7% of total agency costs province-wide, and were generally less than 10% of total ADR TP agency costs (except for South West Region at 21.1%).

The primary driver of site costs was reported during the regional consultations as being the number of people that participate in FGC and Aboriginal Approaches to ADR and the related travel, venue and accommodation costs which can be significant, particularly when many people from distant locations attend multiple sessions for a single case. CPM, with generally fewer participants and sessions per case, was considered to have a more limited impact on the variations in site costs.

Program management costs consume one-quarter of total agency costs and vary widely by region

Agency costs (for program management salaries and benefits and administration) accounted for 26% of total agency costs and ranged from a low of 10% in North East Region to a high of 41% in Eastern Region. Some of the regional variations are due to differences in management and administrative support service arrangements and special service requirements, such as for French translation.

According to the survey responses and regional consultations, the administrative burden for all methods of ADR was not considered to be a significant issue for CASs and ADR TP agencies, with a significant majority considering administrative burden to be very little or about right. A somewhat smaller majority of CPMs and FGCCs felt that the administrative burden for ADR was very little or about right. However, as noted above, management and administrative costs vary significantly by region and consume a significant proportion of total ADR funding.

Recommendations 3.0

It is important that going forward, agency costs for program management and administration are minimized with maximum dollars going into service provider payments and site costs in order to provide a greater proportion of ADR funding for direct service delivery and to contain future cost increases. Given the low volumes of ADR cases processed by some ADR TP agencies, program management and administration costs can be expected to increase at a lower rate than service provider payments and site costs if the volume of ADR cases increases as anticipated. This should result in a reduction of the total average cost per referral (in current dollars) and increase the benefit received within the available infrastructure and resources for ADR.

It is recommended that:

- The definitions and specific items included under the three major ADR TP agency cost categories of service provider, site, and agency costs should be refined to increase the consistency and accuracy of cost reporting.
- The breakdown in total ADR TP agency costs by major category should be reported on a regular (at least annual) basis.
- Regional Offices should monitor and evaluate ADR TP agency costs more closely to identify reporting inconsistencies and opportunities for reducing or containing ADR costs, particularly with respect to program management and administration.

6.3 Process Improvements for CASs

Input from the survey and regional consultations indicated that many CASs are taking steps to improve the effectiveness and efficiency of their ADR processes and services, overcome barriers or constraints in the existing system, and support the appropriate use of ADR and therefore contribute to the value for money of the system. For example, process improvements identified during this evaluation by CASs include:

- Developing and building in policies, processes and procedures for using ADR as part of case management, such as case conferencing, case notes, communication between child protection and legal services staff and ongoing staff training;
- Developing and documenting clear guidelines and ADR referral forms and processes for child protection workers and legal staff on what type of cases and circumstances are best suited for ADR;
- Establishing compensation arrangements that support staff participation in weekend family group conferences (e.g. flexible working hours, time-off arrangements); and
- Developing agreements and plans as part of e-forms recording systems accessible to CAS staff.

Recommendation 4.0

Ongoing process improvements by CASs are important to obtaining the best possible benefits and use of existing ADR resources in the short term, helping to contain future costs, and building in capacity for service delivery at higher volumes. ADR service delivery can be made more cost effective and efficient through internal improvements by CASs, including those that have already been implemented by some CASs and are considered by stakeholders to be best practices.

It is recommended that:

- CASs should work together to share and implement on-going ADR process improvements that will increase the effectiveness and efficiency of the ADR service delivery system, including best practices that have already been implemented in CASs across the province.

6.4 Process Improvements for ADR TP Agencies

Service delivery for all methods of ADR can also be made more effective and efficient through internal process improvements by ADR TP agencies, including those that have already been introduced by some agencies and are considered to be best practices by stakeholders. For example, process improvements by ADR TP agencies identified during this evaluation include:

- Streamlining the referral process to provide faster referrals and “best matches” of service providers with case-specific needs, including urgent referrals;
- Assisting CASs in improving and standardizing processes and approaches for considering the use and method of ADR;
- Consistent with service delivery best practices and recognizing case complexities and timelines, establishing service delivery targets, such as maximum number of days for forwarding referrals to service providers, contacting participants and reporting agreements and plans to participants, average number of hours per case, number of FGC meetings per case, total elapsed calendar time to complete cases, and calendar time for post completion follow-up; and

- Identifying, testing and implementing new service delivery arrangements (e.g. ADR TP agency staff providing on-site CPM consultations for CAS child protection workers with respect to their child protection cases during designated CAS court days).

Recommendation 5.0

ADR TP agencies (and service providers) play a central role in providing value for money through the ADR service delivery system by continually improving the effectiveness and efficiency of the services they provide. On-going process improvements by agencies and service providers can help improve service delivery, obtain the best possible use of ADR resources, and contain current and future ADR costs.

It is recommended that:

- ADR TP agencies should work together to share and implement on-going process improvements that will increase the effectiveness and efficiency of the ADR service delivery system, including best practices that have already been implemented in some ADR TP agencies across the province.

7. ADR SERVICE DELIVERY MODEL

The existing ADR service delivery model is based largely on the central role of ADR TP agencies as independent “brokers” for providing ADR services as requested by CASs. The service delivery model was rated as effective or very effective by 63% of CASs, 47% of ADR TP agencies and 66% of Ministry regional offices responding to the evaluation survey. While there is general support for the existing model, a number of issues and opportunities for improvement were identified by key stakeholders. This section includes an evaluation of the existing model together with optional ADR service delivery models against a common set of criteria and presents a recommended model.

7.1 Considerations for Optional Service Delivery Models

Several key issues for the delivery of ADR services which affect the fundamental design of the service delivery system were raised during the consultations and considered in developing and evaluating optional service delivery models. These include whether or not the four existing methods of ADR should be continued; the “independence” versus “impartiality” of ADR service providers; single versus multiple methods for accessing ADR services; the role of ADR TP agencies; and whether or not Aboriginal Approaches to ADR should be delivered in the same fashion as the other methods of ADR.

7.1.1 Methods of ADR

The four existing methods of ADR, including CPM, FGC, Aboriginal Approaches and Other Methods, provide a range of options for resolving disputes related to a child in need of protection or a plan of care for that child. The continuing need for each of these methods and the relationships between them are central to the design of an ADR service delivery model.

CPM and FGC

CPM and FGC are the “cornerstones” of alternative dispute resolution methods and the most frequently used and recognized forms of ADR used in child protection across the province and in most jurisdictions around the world. According to CASs, ADR TP agencies and key informants from other jurisdictions, each plays a distinct and complementary role in resolving disputes around specific issues and developing comprehensive plans of care as part of child protection. Many jurisdictions focus on the use of FGC as a priority for case planning in child protection case management, with CPM being applied when specific issues need to be resolved in order to complete an overall case plan or for cases that are before the Court. CPM and FGC used in concert are the basis for an effective ADR service delivery system.

Aboriginal Approaches

Aboriginal Approaches are the equivalent ADR cornerstone to CPM and FGC for Aboriginal children and their families. These approaches are defined by the distinct values, traditions, and dispute resolution practices of their First Nation, Inuit or Métis community and are facilitated by Aboriginal service

providers or elders from the respective communities. Each community places a high value on its distinctiveness from other Aboriginal communities and the need for its own individualized approach to ADR that dovetails with Aboriginal best practice case management and other Aboriginal services within its community.

The continued availability of Aboriginal Approaches to ADR is important for both Aboriginal CASs serving their respective communities as well as for non-Aboriginal CASs when called upon to serve Aboriginal families, especially those in geographic areas that are not served by an Aboriginal CAS and families living off-reserve.

Other Methods

The category of “Other Methods” of ADR was originally created to provide a way for ADR services, in use prior to the CFSA amendments in 2006, to continue to be provided while ADR service delivery system capacity was being developed through ADR TP agencies. Since then, the number of ADR services being provided by CASs under the category of Other Methods has increased. As previously described in Section 3, none of these Other Methods is distinctly unique to one of CPM, FGC or Aboriginal Approaches to ADR. The primary difference in the large majority of cases is the service delivery mechanism is through a CAS rather than an ADR TP agency.

Given the lack of significant differences between Other Methods and CPM, FGC or Aboriginal Approaches, the need for a distinct category of ADR for Other Methods is questionable. There is no such category used in any of the other jurisdictions that were examined as part of this evaluation. Other Methods could be incorporated into the other streams of ADR service delivery provided through ADR TP agencies.

7.1.2 Independent versus Impartial ADR Service Providers

Collaborative planning and decision-making processes, such as child centered or family case conferencing, are often part of child protection case management within CASs. It is primarily when CAS child protection case workers decide, or Court Justices request, that a facilitator with no prior involvement with a case could assist in resolving issues or developing plans, or that it is deemed beneficial to the child to move the case out of the court arena for the early resolution of issues, that ADR is undertaken with the consent of families, and children when appropriate.

For CPM, other jurisdictions typically require the use of “independent”, third-party service providers (often managed or coordinated through government departments or ministries of justice) who provide “arms length” or “neutral” services for the mediation process. The independent model for CPM is emulated in Ontario through the use of third party ADR TP agencies and supported by input from key stakeholders during the consultations with CASs, ADR TP agencies and individual CPMs.

The literature on FGC indicates that the outcomes achieved are closely related to the level of trust and confidence that participants have in the process and that FGCCs should be seen to be “neutral” or unbiased. Other jurisdictions with directly operated child welfare systems use FGC service providers from separate government organizational units. While not from an independent third party, these service providers are considered to be “impartial” in so far as they are not directly connected to child protection services. For the Ontario model, this is equivalent to the current practice in some CASs of using FGCCs and Aboriginal service providers who meet the criteria set out in the ADR policy directive for Other Methods of ADR.

Opinion from the regional consultations and individual FGCCs on whether FGCCs need to be independent versus impartial was divided. Proponents for independent FGCs cited the need to ensure that service providers are completely unbiased and free of potential influence from CASs and that they are seen as such by families and their legal representatives. Advocates of using impartial FGCCs believe that these objectives can be achieved through CAS delivered services that meet the requirements for Other Methods of ADR. Based on the experience in other jurisdictions and in Ontario, the case for independent FGCCs is not as strong as for CPMs.

In summary, based on stakeholder input and the jurisdictional review findings, an independent, third-party service provider is required for CPM and is preferable, but not necessarily essential, for FGC or Aboriginal Approaches.

7.1.3 Single versus Multiple Methods of Accessing ADR Services

According to the evaluation survey responses, CASs access ADR services through three different methods. As shown in the following chart, the method of access for CPM, FGC and Aboriginal Approaches used most often by CASs is through an ADR TP agency. However, CASs frequently access ADR services by contacting an individual service provider directly or, in the case of CPM or FGC, by finding a service provider from the respective provincial roster. Access to service providers for Other Methods of ADR provided through CASs is normally directly to a CAS staff person in a separate part of the organization²⁴.

Methods of Accessing ADR Services Used by CASs

Method of ADR	Through an ADR TP Agency	Directly from an Individual ADR Service Provider	Directly from a Provincial Roster	Does not Access ADR Service
Child Protection Mediation	59%	21%	18%	18%
Family Group Conferencing	63%	30%	18%	5%
Aboriginal Approaches	46%	24%	N/A	30%

Note: Respondents were asked to check all methods of access that they use so the totals do not add up to 100%.

²⁴ All CPMs and FGCCs accessed through the three methods, are members of the respective provincial roster with the exception of service providers who provide ADR services through Pathways in Eastern Region.

Multiple methods of accessing ADR can lead to inefficiencies and delays in finding qualified service providers and matching the best available resources to the needs of children and their families and the particular circumstances of each case. For example, some CASs may be waiting for a particular known service provider to become available before making a referral for ADR when there are other qualified individuals who could be available to provide this service.

A single point of access to ADR via a single ADR TP agency in each region could provide the following advantages and benefits:

- Use of specialized ADR expertise and knowledge to promote the use of ADR and find and match the most appropriate service provider with each specific case, including service providers with specialized skills and experience (such as dealing with high conflict situations or parent-teen conflict cases, providing culturally appropriate services, or in permanency planning matters);
- Access to a group of locally available rostered CPMs and FGCCs and Aboriginal service providers, who are either ADR TP agency staff or who can be obtained through contract service agreements to provide timely response;
- Relieving CASs of the responsibility for, and work involved in, finding and contacting service providers to meet their needs and keeping up-to-date with the availability of qualified service providers; and
- Consistency in reporting on the use of ADR.

The main potential disadvantage of a single point of access through an ADR TP agency would be possible delays obtaining a timely response through a third party compared to a CAS contacting a service provider directly or through a roster. However, any such delays should not be significant given that the referral process itself is straightforward and experience in the field indicates that referrals through ADR TP agencies are generally being completed on a timely basis subject to the availability of service providers.

7.1.4 Role of ADR TP Agencies

As previously mentioned in Section 4, other jurisdictions that provide ADR typically have child welfare systems that are directly operated by government. As part of this role, government typically provides independent CPMs through a third party and impartial FGCCs through service providers who are either government employees that report separately from child protection services or independent practitioners. Ontario is unique among jurisdictions in providing child welfare services through children's aid societies that are transfer payment agencies separate from government and, insofar as ADR is concerned, in using ADR TP agencies as independent "brokers" between CASs requesting ADR services and ADR service providers. In their role as brokers, ADR TP agencies promote, educate and support stakeholders in the use of ADR; provide objectivity and expertise in confirming the most appropriate method of ADR and finding and matching service providers with individual case needs; and assume the burden for managing the quality and timeliness of service delivery and payment of service providers.

7.1.5 Delivery of Aboriginal Approaches to ADR

As highlighted in Appendix C, Aboriginal Approaches to ADR are currently being accessed by CASs through three service delivery channels, depending on the geographic area of the province and whether or not the family is closely involved with its respective Aboriginal community or is located on- or off-reserve. These include:

- One or more Aboriginal agencies providing ADR services in Eastern, Hamilton Niagara, North East, Northern and Toronto Regions (including Aboriginal CASs in North East and Toronto Regions);
- Single ADR TP agencies in Central East, Central West, South East, and South West Regions that also provide CPM and FGC; and/or
- Directly to an Aboriginal service provider.

In addition to these channels, some Aboriginal CASs follow the distinct dispute resolution practices of the communities they serve as part of child protection case management. While such practices are not formally recognized as part of the provincial ADR program, they serve an important role in Aboriginal case management.

According to input from the regional consultations, the existing approaches and array of service delivery providers for Aboriginal ADR have been established across the province to meet the distinct, culturally appropriate needs and traditional practices of each Aboriginal community, while maintaining options for Aboriginal families living off-reserve or not closely connected with their communities. Consolidation of Aboriginal Approaches under a single point of access in a region would be contrary to meeting this goal.

7.2 Evaluation Criteria

The existing ADR service delivery model and model options were evaluated against a common set of criteria that include key characteristics for a cost effective ADR service delivery system and the potential costs and risks associated with implementation. The criteria were identified on the basis of input from the consultations and the jurisdictional review and are as follows:

1. Provides fair and unbiased services.
2. Supports the appropriate use of ADR as part of child protection case management.
3. Provides timely and prompt service in accordance with the needs and circumstances of each case.
4. Provides trained and qualified service providers that best match the needs of children and their families and the issues in dispute.
5. Provides consistent access to and quality of ADR services anywhere in the province.
6. The costs for program management and administrative support are sustainable over the long term.
7. The costs for implementing any necessary changes in services, stakeholder roles and system structure are manageable.
8. The potential risks of service disruptions, negative staffing impacts, or operating cost increases from implementation can be reasonably mitigated and managed.

7.3 Evaluation of Service Delivery Model Options

With the foregoing considerations in mind, three ADR service delivery model options were identified and evaluated. These options include: (i) Maintaining the existing service delivery model (“mixed” model); (ii) Delivering all ADR services through ADR TP agencies (“broker” model); and (iii) Delivering all ADR services through CASs and eliminating the ADR TP agencies (“direct” model).

In order to maintain an ADR service delivery system that is able to meet the distinct needs of each Aboriginal community, no changes to the existing system of Aboriginal ADR service providers are included in the options in this section.

The following is a description and evaluation of each option. A more detailed evaluation of each option against the individual evaluation criteria is included in Appendix F.

7.3.1 Option One: Existing “Mixed” Model

Description

Maintain the existing “mixed” service delivery model through a combination of ADR TP agencies and ADR service providers as intermediaries and directly through CASs and implementing the other recommendations from this evaluation as follows:

- Continue to use the four existing methods of ADR;
- Continue to use independent service providers for CPM and either independent or impartial service providers for FGC and Aboriginal Approaches;
- Continue with the existing multiple methods of CASs accessing ADR service providers through ADR TP agencies, by contacting a service provider directly or going to the provincial rosters for CPM or FGC; and
- Maintain the existing configuration of ADR TP agencies and CASs for delivering all ADR methods.

As noted earlier, the existing service delivery model was considered to be an effective model by a majority of stakeholders who responded to the evaluation survey.

Key Strengths/Benefits

- Independent ADR TP agencies could provide fair and unbiased services, objective experience and expertise to support CASs in identifying opportunities and providing access to a broad range of service providers to best match services with needs;
- The close affiliation of child protection and legal staff and ADR staff in the same CAS could provide quick response; and
- There would be no implementation costs or risk of service disruptions since no changes in stakeholder roles and system structure would be necessary.

Key Weaknesses/Risks

- The non arm's length role of CASs in providing Other Methods of ADR through impartial service providers may provide mixed messaging to families on their rights and opportunities to use ADR and a real or perceived bias in service delivery;
- Access to ADR services through multiple methods of access in each region can produce delays, and result in sub-optimal matches of needs with service providers and inconsistencies in service delivery within and between regions;
- Program management and administrative support costs are consuming approximately 26% of total ADR funding and may consume a larger proportion of total costs in the future; and
- Continuing with the existing model may add further delays in establishing consistent access to ADR across the entire province.

7.3.2 Option Two: ADR TP Agency "Broker" Model

Description

Build on the single ADR TP agency model that currently exists in many regions to establish a full "broker" model with a single ADR TP agency providing a single point of access to ADR services in each region and implementing the other recommendations from this evaluation as follows:

- Continue to use CPM, FGC and Aboriginal Approaches of ADR;
- Transfer the delivery of Other Methods of ADR from CASs to ADR TP agencies;
- Use only independent service providers for CPM, FGC and Aboriginal Approaches;
- Use the existing single ADR TP agency in six regions as a single point of access to ADR services;
- Create a new ADR TP agency to provide a single point of access to ADR for North East Region; and
- Replace the existing multiple ADR TP agencies in Hamilton Niagara and Toronto Regions with a single ADR TP agency providing a single point of access to ADR services in each region²⁵.

Under this option, the existing Aboriginal Approaches being delivered by Aboriginal agencies would be maintained and Other Methods of ADR would be phased out over time as existing or new ADR TP agencies build capacity and take on responsibility for delivering these services.

Consideration was given under this option to further consolidating the number of ADR TP agencies by combining agencies between or among regions to combine and therefore potentially reduce program management and administrative costs through economies of scale. However, as previously noted, there was no clear evidence found within the existing system of a relationship between the size of the ADR TP agency and the program management and administrative costs for supporting direct service. Furthermore, any potential efficiencies and cost benefits from further consolidation could be outweighed by service disruptions and the costs of implementation. Based on population size and

²⁵ The existing provincial role of The George Hull Centre in training, certifying and maintaining the provincial roster of FGCCs would not be affected by the consolidation of ADR services under a single agency in the Toronto Region.

distribution within each region, geography, the need for rapid and timely response, and anticipated future increases in ADR volumes, an ADR TP agency configuration that mirrors the Ministry's nine regions would provide an appropriate balance between access to service and cost.

Key Strengths/Benefits

- Independent ADR TP agencies could provide unbiased services, objective experience and expertise to support CASs in identifying opportunities and confirming the best method of ADR, and providing access to a broad range of service providers to best match services with needs;
- Access to ADR services through a single point of access in each region could reduce or eliminate delays as CASs are waiting for a known ADR service provider to become available, support best possible matching of needs with service providers, and improve the consistency of service delivery within and between regions;
- The proportion of total ADR funding devoted to program management and administrative support costs might be reduced in the short-term and could be contained in the future through a smaller number of ADR TP agencies; and
- There would be limited implementation costs for the establishment of single ADR TP agencies in the three regions that do not already have such agencies.

Key Weaknesses/Risks

- The existing ADR service delivery systems in the three regions that would be affected are considered by many stakeholders to be working well.
- There may be some risk of short-term service disruptions that could result in a reduction of referrals when putting the three new single ADR TP agencies in place.
- Existing ADR funding for program management and administrative support in the three regions affected may not be sufficient to cover the program management and administrative costs for the newly created agencies.

7.3.3 Option Three: CAS “Direct” Model

Description

Eliminate the ADR TP agencies and transfer the responsibility for arranging ADR services on the “open market” for ADR service providers to the CASs and implementing the other recommendations from this evaluation as follows:

- Continue to use the four existing methods of ADR;
- Continue to use independent service providers for CPM and either independent or impartial service providers for FGC, Aboriginal Approaches, and Other Methods;
- Eliminate all ADR TP agencies (with the exception of existing Aboriginal agencies providing ADR services);

- Provide CASs with access to ADR services on the “open market” as follows:
 - CPM through the provincial CPM roster or directly from a rostered service provider
 - FGC through either in-house services (Other Methods), the provincial FGC roster, or directly from a service provider
 - Aboriginal Approaches from existing Aboriginal agencies providing ADR services or directly from an Aboriginal service provider
- Establish a new central agency to coordinate other functions that are currently being provided by ADR TP agencies (or possibly assign responsibility for these functions to the George Hull Centre for Children and Families and OAFM), including awareness building, training CAS staff and ADR service providers, planning ADR resource requirements, monitoring the use of and satisfaction with ADR, promoting and enforcing performance standards, and otherwise working closely with MCYS and the CASs.

Under this option, CASs would take on the responsibility for delivering all methods of ADR with the exception of Aboriginal Approaches currently being delivered by Aboriginal agencies. As noted above, a new agency or coordinating body would be required to ensure fulfillment of a number of responsibilities related to management of services in each region and for the entire system that are currently being provided by the ADR TP agencies as well as the existing regional ADR committees and ADR Provincial Network.

Key Strengths/Benefits

- Close collaboration between child protection and legal staff and FGC service provider staff in the same CAS would support the effective and increased use of FGC.
- Close communication between child protection and legal staff and FGC staff in the same CAS could also support a faster response for all methods of ADR than going through third-party agencies.

Key Weaknesses/Risks

- The non arm’s length role of CASs in providing all methods of ADR through impartial service providers may provide mixed messaging to families on their rights and opportunities to use ADR and a real or perceived bias in service delivery.
- Access to ADR services through individual CASs could produce service delays and sub-optimal matches of needs with service providers if CASs rely heavily on in-house FGC staff and do not maintain up-to-date knowledge of the availability of CPMs and FGCCs on the provincial rosters.
- Program management and administrative support costs for 47 CASs delivering ADR could increase substantially in the short and longer term, particularly if the use of ADR continues to increase.
- There would be significant time and costs required for orienting and training CAS managers and staff to transfer the roles and responsibilities from ADR TP agencies to CASs.
- There would be a significant risk of service disruptions through the elimination of the ADR TP agencies and transfer of their responsibilities to CASs.

7.3.4 Recommended Service Delivery Model

The existing mixed service delivery model under Option One, while offering unbiased services and expertise for the majority of ADR cases, would retain the limitations of multiple methods of access to services and the non-arm's length role of CASs for Other Methods and could become more costly to operate over time. Option Two would overcome these limitations and potentially lead to more consistent services and greater use of ADR across the province. Option Three could increase the level of inconsistency in the delivery of ADR services over the existing model through decentralization of the referral and service delivery process and, over time, become very costly to operate.

Recommendations 6.0

Overall, Option Two would be the most cost effective of the three options, especially in the long run if ADR volumes continue to increase, as anticipated. The major weakness of Option Two would be potential service disruptions in the three regions affected during implementation, which could be mitigated by building the capacity of the new ADR TP agencies prior to transferring ADR services and building close working relationships between the new agencies and CASs.

It is recommended that:

- CPM, FGC and Aboriginal Approaches to ADR should be maintained.
- Other Methods of ADR currently being provided by CASs should be discontinued and phased into the ADR services being provided by ADR TP agencies²⁶.
- A single ADR TP agency should be the single point of access for all referrals to CPM, FGC and Aboriginal Approaches for non-Aboriginal CASs in each region.
- Single ADR TP agencies should be established in the remaining three regions by:
 - Establishing a new ADR TP agency for North East Region
 - Consolidating the existing separate ADR TP agencies delivering CPM and FGC in Hamilton Niagara and Toronto Regions into single agencies for these two regions
- The existing Aboriginal agencies and Aboriginal CASs that provide Aboriginal Approaches to ADR should continue to do so.

7.4 Impacts of Implementing the Recommended Model

7.4.1 Changes to System Structure

As highlighted in Section 3.2 and Appendix C, there are currently 14 ADR TP agencies and eight CASs providing ADR services across the province. Implementation of the recommendations for phasing-out all Other Methods of ADR and making all ADR referrals through ADR TP agencies under Option Two

²⁶ Pathways, which is being provided through an ADR TP agency in the Eastern Region, should be fully integrated with CPM, including harmonization of service provider qualifications with the OAFM roster and hourly rates.

would result in new single ADR TP agencies being created in three regions and the existing FGC services of 6 CASs being transferred to ADR TP agencies. (The existing service delivery options for Aboriginal Approaches, including two Aboriginal CASs, would be maintained.) The resulting system configuration, with changes from the existing structure highlighted in bold, would be as follows:

Recommended ADR Service Delivery System Structure by Method and by Region

Region and No. of CASs	Child Protection Mediation	Family Group Conferencing	Aboriginal Approaches
Central East (5 CASs)	<ul style="list-style-type: none"> Blue Hills Child and Family Centre 	<ul style="list-style-type: none"> Blue Hills Child and Family Centre 	<ul style="list-style-type: none"> Blue Hills Child and Family Centre
Central West (5 CASs)	<ul style="list-style-type: none"> Associated Youth Services of Peel 	<ul style="list-style-type: none"> Associated Youth Services of Peel 	<ul style="list-style-type: none"> Associated Youth Services of Peel
Eastern (4 CASs, 1 Aboriginal CAS)	<ul style="list-style-type: none"> Family Services of Ottawa 	<ul style="list-style-type: none"> Family Services of Ottawa 	<ul style="list-style-type: none"> Wabano Centre for Aboriginal Health
Hamilton Niagara (5 CASs)	<ul style="list-style-type: none"> Single ADR TP Agency 	<ul style="list-style-type: none"> Single ADR TP Agency 	<ul style="list-style-type: none"> Six Nations Child and Family Services Niagara Chapter Native Women Single ADR TP Agency
North East (3 CASs, 1 Aboriginal CAS)	<ul style="list-style-type: none"> Single ADR TP Agency 	<ul style="list-style-type: none"> Single ADR TP Agency 	<ul style="list-style-type: none"> NAN Legal Services Payukotayno CAS Single ADR TP Agency
Northern (4 CASs, 4 Aboriginal CASs)	<ul style="list-style-type: none"> Thunder Bay Counselling Centre 	<ul style="list-style-type: none"> Thunder Bay Counselling Centre 	<ul style="list-style-type: none"> NAN Legal Services Thunder Bay Counselling Centre
South East (3 CASs)	<ul style="list-style-type: none"> Counselling Services of Belleville and District 	<ul style="list-style-type: none"> Counselling Services of Belleville and District 	<ul style="list-style-type: none"> Counselling Services of Belleville and District
South West (8 CASs)	<ul style="list-style-type: none"> ADR Link London Family Court Clinic 	<ul style="list-style-type: none"> ADR Link London Family Court Clinic 	<ul style="list-style-type: none"> ADR Link London Family Court Clinic
Toronto (3 CASs, 1 Aboriginal CAS)	<ul style="list-style-type: none"> Single ADR TP Agency 	<ul style="list-style-type: none"> Single ADR TP Agency 	<ul style="list-style-type: none"> Aboriginal Legal Services of Toronto Native Family and Child Service of Toronto Single ADR TP Agency

7.4.2 Implementation Costs

The estimated costs for implementing Option Two would not be significant and could potentially be met with less than a 1% increase in overall ADR funding. Initial operating funding for the new ADR TP agency in North East Region and the consolidated agencies in Hamilton Niagara and Toronto Regions could be largely, or possibly completely, met through reassignment of existing ADR funding for CASs currently delivering FGC services and the existing multiple ADR TP agencies that would be eliminated from the service delivery system in these regions. The North East Region would likely require some additional funding for agency costs for program management and administration of the new ADR TP agency since the existing funding for CASs for this purpose is minimal. (See also Section 11 for findings, conclusions and recommendation related to future funding for the overall ADR service delivery system.)

8. MANAGEMENT OF ADR SERVICE PROVIDERS

According to the evaluation survey responses, the overall use of available ADR service provider resources was rated as good to excellent by 59% of CASs, 47% of ADR TP agencies and 67% of Ministry regional offices. This section includes the findings, conclusions and recommendations related to the management of the supply and demand for trained and qualified ADR service providers, including CPMs, FGCCs, Aboriginal service providers and French language service providers.

8.1 CPMs and FGCCs

ADR TP agencies (and CASs providing Other Methods of ADR) are fulfilling their service provider needs primarily through a combination of their own employed staff and/or fee for service providers whom they have used in the past. While these arrangements can provide the best match between resources and needs on a timely basis in most cases, CPMs and FGCCs are not always readily available when required. For example, the availability of CPMs was rated as good to excellent by 70% of CASs but by only 42% of ADR TP agencies and the availability of FGCCs was rated as good to excellent by 64% of CASs and 58% of ADR TP agencies. Several areas in the province where better access to CPMs or FGCCs is required were identified during the regional consultations, including:

- CPMs in Eastern Region;
- FGCCs in Sudbury and Toronto; and
- FGCs and CPMs for expanding into geographic areas in the Northern and North East Regions where ADR needs are not being served by locally-based service providers.

Despite the limitations in the supply of CPMs and FGCCs in some areas, many individuals from the provincial rosters report that they are being used infrequently or not at all – from the perspective of ADR service providers, the use of available resources was rated as fair or poor by 71% of the CPMs and 54% of the FGCCs who responded to the evaluation survey. Only 56% of CPMs and 62% of the FGCCs indicated that they were currently providing ADR often and no CPMs and only 20% of FGCCs stated that their services are normally accessed through the roster. Many rostered service providers could have difficulty in developing and maintaining proficiency in CPM and FGC at these low levels of utilization. Furthermore, inconsistencies in the extent of training, facilitation and support provided by ADR TP agencies for CPMS and FGCCs were identified during the consultations, with some agencies providing extensive support and other agencies limited support.

The need for ADR service providers is continually evolving as the use of ADR increases and the socio-demographics of the populations that are being served change. For example, in some regions, according to input from the regional consultations, there is an increasing demand for culturally appropriate services in different languages. Under the recommended ADR service delivery model, single points of access should contribute to improved, more consistent use of rostered service providers, including those with specialized skills or cultural backgrounds that meet the needs of specific ADR cases. At the same

time, there is a need for the rostering agencies to periodically review the existing rosters to ensure there is an adequate supply of active service providers to meet the evolving local needs.

In addition to issues with the supply and demand for ADR service providers and use of the provincial rosters, many CASs, ADR TP agencies, and service providers expressed a need for more initial and refresher training and mentoring for both CPMs and FGCs, as well as more initial background training in the child welfare system for individuals who are not familiar with the system. The FGC Provincial Resource Committee at the George Hull Centre for Children and Families in Toronto is working well in addressing training issues with respect to the FGC roster; however training and mentoring is not always being carried out in the field. While training provided by OAFM is limited to a three-day course to qualify as a CPM, ongoing professional development opportunities are currently being established.

Recommendations 7.0

The availability of qualified CPMs and FGCCs to meet local needs for ADR services could be improved through better use of the provincial rosters of CPMs and FGCCs, enhanced service provider training and mentoring programs and more consistent training, facilitation and support by ADR TP agencies.

It is recommended that:

- ADR TP agencies should continue to manage their needs for service providers to meet CAS requirements through a combination of employed staff and/or fee for service providers depending on the most cost effective operating model.
- ADR TP agencies should also use the provincial CPM and FGC rosters as part of the process for identifying and assigning service providers to specific ADR cases and communicate their evolving needs to The George Hull Centre and OAFM.
- The needs for initial and ongoing training and mentoring of CPMs and FGCCs should be reviewed and programs enhanced by The George Hull Centre and OAFM with support in the field from the ADR TP agencies.
- The FGCC and CPM rosters should be reviewed on a regular basis by The George Hull Centre and OAFM respectively to ensure that all members are receiving adequate training, mentoring and work experience to maintain their proficiency in accordance with professional standards.

8.2 Aboriginal Service Providers

Since there is no provincial roster for Aboriginal service providers, CASs that make use of Aboriginal ADR obtain their services either through a local ADR TP agency or directly from an Aboriginal facilitator or elder from the local community²⁷. The availability of Aboriginal service providers was rated as good to excellent by only 40% of both CASs and ADR TP agencies. Factors contributing to this low rating included a lack of locally available Aboriginal service providers or a choice between service providers,

²⁷ According to input from Aboriginal CASs, Aboriginal Approaches may be facilitated by professionally paid service providers or by volunteers or elders within the respective community.

large geographic areas that must be covered in the north, ADR services that are in their infancy stage, and high turnover of service providers. A provincial roster for Aboriginal service providers might help to improve the availability of service providers.

Evidence of good Aboriginal service provider training by individual Aboriginal ADR TP agencies was found during the consultations in the form of detailed training manuals (for example, NAN Legal Services and Wabano Centre for Aboriginal Health). Although Aboriginal service provider training is primarily geared toward the distinct culture and collaborative decision-making practices of each community, there are common elements, such as background to child welfare system and the litigation process, which could be shared across Aboriginal Communities.

Recommendations 8.0

The availability of Aboriginal service providers for Aboriginal Approaches to ADR could be improved and Aboriginal service provider training enhanced through more coordinated efforts.

It is recommended that:

- ADR TP agencies serving Aboriginal children and families should meet on a periodic basis to coordinate their needs for Aboriginal service providers, share training materials, and address other capacity building issues with respect to the management of Aboriginal service providers.
- The feasibility of developing a common core curriculum and materials for training ADR Aboriginal service providers that can be supplemented by individual communities to reflect their own history with the child welfare system, culture, beliefs, and collaborative practices, should be evaluated by Aboriginal ADR stakeholders across the province.
- The Ministry should continue to promote capacity development in Aboriginal Approaches to ADR.
- The ministry should consider exploring the development of a roster for Aboriginal Approaches to ADR.

8.3 French Language Services

The large majority of CASs did not rate the availability of ADR service providers who provide CPM, FGC or Other Methods of ADR in French (85%, 79% and 60% respectively) so this does not appear to be a significant issue for CASs in most parts of the province. However, of the remaining CASs, the majority rated the availability of CPM, FGC and Other Methods of ADR in French as poor. These CASs were typically located in Central East and Eastern Regions.

ADR TP agencies considered the availability of ADR services in French as a more important issue. Almost half rated the availability of CPM and FGC services in French as only fair or poor (88% did not rate the availability of Other Methods in French). ADR TP agencies rating the availability of CPM and FGC services in French as fair or poor were typically located in the Central East, Eastern, Hamilton Niagara, South West and Toronto Regions.

During the consultations, the lack of availability of French language ADR services was raised as an issue only in Central East and Eastern Regions where significant percentages of the population speak French as their first language. A lack of choice from a limited number of French language service providers may be contributing to the problem. Also, in some cases, a preference for Francophone, rather than simply French speaking, service providers was declared.

Recommendation 9.0

The availability of ADR services in French needs to be improved in some parts of the province through the recruitment and training of additional service providers.

It is recommended that:

- The need for additional French speaking and/or Francophone CPM and FGC service providers for areas that require ADR services in French should be determined by local ADR TP agencies in conjunction with The George Hull Centre and OAFM and additional resources recruited and trained for the respective provincial rosters.

9. STAKEHOLDER ROLES AND RESPONSIBILITIES

This section discusses the roles and responsibilities of key stakeholder groups in the ADR service delivery system, including CASs, ADR TP agencies, rostering agencies, regional and provincial ADR coordinating committees, and MCYS. The findings, conclusions and recommendations focus on how these stakeholders can work together to best support the increased use and value for money of ADR, the recommended service delivery model, and improved management of ADR service providers.

9.1 CASs

As previously noted, CASs support ADR and the large majority have seen its benefits and developed processes for its use as an effective tool as part of case management. As CASs continue to embrace collaborative approaches to child protection, ADR can play an important role in resolving disputes and developing plans when an independent facilitator is appointed. CASs can make the best use of ADR by building in requisite approaches, processes, education and training and sharing best practices.

Recommendation 10.0

Under the recommended service delivery model, CASs could focus on identifying opportunities to use ADR effectively and making referrals to ADR TP agencies that are responsible for managing ADR services.

It is recommended that:

- As the Other Methods of ADR are phased out, the primary role of CASs in ADR should focus on building in and optimizing its use as an integral part of child protection case management, including identifying and initiating ADR opportunities, and working closely with ADR TP agencies in making referrals and promoting its use and benefits with families, court justices, the legal community and others.

9.2 ADR TP Agencies

ADR TP agencies have proven to be an effective mechanism for delivering CPM, FGC and Aboriginal Approaches to ADR services across the province through their independent role and expertise in managing ADR service delivery. The most effective agencies have taken a proactive approach to championing, promoting and building awareness of ADR with all stakeholders, working closely with CASs in identifying opportunities and matching service providers to specific cases, maintaining and supporting a group of local service providers with the skills and experience to match specific CAS needs, and managing all aspects of the delivery of ADR services, including training, facilitating, mentoring and evaluating service providers and developing service and process improvements. Their experience and expertise have evolved along with the growth in ADR service volumes since the inception of the program and, as previously mentioned, many are sharing best practices for improving the service delivery system.

Recommendation 11.0

ADR TP agencies have a growing base of experience and expertise to fulfill the evolving needs for ADR.

It is recommended that:

- ADR TP agencies should be developed as regional centres of best practice in the delivery of ADR through sharing best practices and ongoing improvements in the delivery of ADR services and the training, mentoring and support of ADR service providers.

9.3 Rostering Agencies

The George Hull Centre for Children and Families and OAFM play an essential role in the ADR service delivery system by developing and maintaining their respective provincial rosters of trained and qualified CPMs and FGCCs. As ADR service volumes continue to increase, The George Hull Centre and OAFM can work with ADR TP agencies and other stakeholders in making better use of the existing rosters, responding to short-term shortages in the supply of local service providers, and managing the supply of qualified rostered service providers to meet evolving provincial needs over the longer term.

Recommendation 12.0

The role of the rostering agencies in providing oversight of service provider professional development and training and mentorship programs at the provincial level will be essential to the continued successful delivery of ADR.

It is recommended that:

- The George Hull Centre for Children and Families and OAFM should continue to focus on building and maintaining active rosters of trained and qualified ADR service providers and working closely with ADR TP agencies and CASs in addressing evolving needs (such as increased access to French language service), managing the demand and supply of resources, and training and mentoring service providers.

9.4 Regional ADR Committees

Currently, in many regions there are ADR committees comprised of ADR TP agency and CAS ADR leads that meet periodically to help coordinate the delivery of ADR services and share ADR information and best practices. These committees are seen by participants as being a useful and effective way for stakeholders to work together in developing the local ADR service delivery system and dealing with local service delivery issues and opportunities. However, not all regions have formal committees that are meeting regularly and some of these committees are more proactive than others.

Recommendation 13.0

It is important that key stakeholders and service providers from CASs and ADR TP agencies in each region meet on a regular basis to address ADR service delivery system needs, service gaps or issues (such as the conversion rate of new ADR referrals into completed cases discussed in Section 6.1), and to share information on trends, new policies and directives, and best practices related to all methods of ADR within their respective areas.

It is recommended that:

- There should be an ADR committee in each region, led by the ADR TP agency and with representation from CASs, that meets on a regular (e.g. quarterly) basis to proactively address ADR needs, issues and opportunities within the geographic area and to refer such items to a provincial ADR advisory committee, where appropriate.

9.5 Provincial ADR Advisory Committee

An informal, province-wide network of five ADR TP agencies was established in 2009 for the purpose of meeting periodically to share ADR information, including ADR statistical data, forms, referral processes, promotional ideas, concerns and suggestions. Expanded to include all ADR TP agencies in 2011, this provincial ADR Network is co-chaired by two ADR TP agency leads and includes representatives of all methods of ADR as well as from The George Hull Centre. According to participants, after some initial “growing pains”, representatives on this Network are working together effectively in addressing common issues and concerns. There is an opportunity to build on the past efforts and successes of this group in addressing issues and opportunities related to CPM, FGC and Aboriginal Approaches to ADR that are not necessarily within the purview of any one region or stakeholder group and are found to be potential “gaps” in the management of the ADR service delivery system. For example the ADR Network could play a significant role in:

- Identifying and addressing trends in current and future requirements for ADR services (such as changes in service volumes and the need for more specialized or culturally-specific services);
- Proposing solutions to common service delivery issues (such as establishing standard hourly rates and mileage rates for ADR service providers);
- Developing new or improved service delivery processes or guidelines (such as for referral processes, service response times, and quality standards);
- Developing common materials for CASs and other children’s services agencies to share in promoting the use and benefits of ADR to families, court justices, legal counsel for children, legal counsel for families, and other stakeholders; and
- Sharing best practices across ADR TP agencies and CASs.

Recommendations 14.0

The provincial ADR Network can play an enhanced, more formal advisory role in addressing issues and opportunities in the delivery of ADR services that cross individual methods of ADR and regions in the province.

It is recommended that:

- The ADR Network should be formally designated as the “Provincial ADR Advisory Committee”, accountable to MCYS.
- The role of the Provincial ADR Advisory Committee should be to provide advice to ADR TP agencies, CASs, rostering agencies, and the Ministry on issues and opportunities related to the optimum use of ADR and improvements to the ADR service delivery system.
- Membership on the Committee should include representation from ADR TP agencies, CASs, The George Hull Centre, OAFM, the Child Welfare Secretariat and MCYS regional offices.
- The core membership of the provincial ADR committee should be supplemented from-time-to-time, depending on the issues or initiatives being addressed (for example, through the addition of individual ADR service providers, the OACAS, or ANCFSAO).
- The chair and membership on the committee should be rotated on a regular basis to broaden the ownership and participation in the process and bring in new ideas and experience from across the system.
- The Committee should share best practices and provide advice on the implementation of system improvements to key stakeholders including MCYS, Office of the Children’s Lawyer, ADR TP Agencies and CASs, and to court justices, if appropriate.

9.6 Ministry of Children and Youth Services

MCYS, through the Child Welfare Secretariat and Regional Offices, has led the establishment of the ADR service delivery system and supported the use of ADR since inception of the program in 2006. As noted in Section 3.3, the Ministry plays the lead role in managing and monitoring the ADR policy framework, evaluating service delivery performance, managing information, and funding the system.

The majority of CASs and ADR TP agencies responding to the evaluation survey rated support from the regional offices as good to excellent for all methods of ADR. At the same time, stakeholders in several regions indicated that the Ministry could be playing a more “visible” role in leading the overall management and development of the ADR service delivery system, for example by:

- Formally designating a provincial ADR lead;
- Providing more consistent application of the ADR policy directive across the regional offices; and
- Providing stronger encouragement of ADR, including promotion of its use within CASs and participation in stakeholder activities at the provincial level.

Recommendation 15.0

MCYS can build on its past efforts to establish the ADR service delivery system and enhance its role in managing and monitoring the use of ADR across the province.

It is recommended that:

- The Child Welfare Secretariat and Ministry Regional Offices should play a more visible and proactive role in overseeing the consistent use of ADR and management of the ADR service delivery system.

10. INFORMATION MANAGEMENT AND PERFORMANCE REPORTING

Processes for monitoring and reporting ADR data were rated as good or excellent by two-thirds of CASs and Ministry regional offices and virtually all ADR TPA survey respondents. However, analysis of the information monitoring and reporting system, previous ADR reports, and input from the regional consultations identified the following issues and weaknesses in the existing information management and performance reporting system:

- Limitations in the accuracy of ADR referral, case and cost data due to a lack of clear definitions of the data elements required for completing the MCYS reporting templates;
- Year-to-year variations in Ministry ADR data reporting and timing requirements and differences in regional office interpretation of information requests from the Child Welfare Secretariat;
- Differences between CAS and ADR TP Agency reported referral data in some regions due to undercounting by CASs, including referrals that are going directly to individual service providers²⁸;
- Duplication and differences in processes between ADR TP agency year-to-date contract reporting for the regional offices and quarterly ADR data reporting requirements for the Child Welfare Secretariat; and
- The need for common, agreed-upon measures for monitoring and evaluating system and individual agency performance.

Recommendations 16.0

Limitations in existing data and the information management and performance reporting system make it difficult to accurately monitor trends in ADR volumes and costs, evaluate performance or allocate funding. Primary sources of data required to improve monitoring and reporting include CASs, ADR TP agencies, individual service providers, and the Office of the Children's Lawyer.

It is recommended that:

- The ADR monitoring and performance reporting system should be overhauled to provide more accurate, consistent and timely information and metrics to monitor trends in service volumes and costs, assign and reallocate funding based on needs, evaluate performance, and identify opportunities for improved service quality and cost effectiveness.
- MCYS should seek input from ADR stakeholders in revising the monitoring and performance reporting system through the Provincial ADR Advisory Committee recommended in Section 9.

²⁸ As previously noted, in 2011-12, CASs reported 10% fewer ADR referrals than the ADR TP agencies.

11. ADR FUNDING

The total funding provided by the Ministry for ADR service delivery has increased from approximately \$2.0 million in 2005/06 to \$4.3 million in 2011/12. The need for increased funding can be expected to continue based on the increased use of ADR that is anticipated by most CASs. It will be important that future funding increases are related to service volumes and linked to the performance of ADR TP agencies under the recommended service delivery model. In addition, the following issues were identified with respect to the current approach to ADR funding:

- Not all ADR services are being funded consistently across the province; only 6 out of 10 CASs that are providing Other Methods of ADR are receiving ADR program funding while the remaining 4 CASs are funding ADR services from within their budgets. In addition, Aboriginal CASs that practice traditional in-house methods of ADR are funding these services from within their budgets;
- Funding is being provided to ADR TP agencies on a fiscal year-to-year basis only without any commitment to future years' funding; this approach is creating uncertainty over the renewal of funding and future funding levels and difficulties for agencies in making future resource plans and commitments; and
- Reallocation of funding between regions to balance spending with service volumes toward year-end can be slow, resulting in waiting lists or lost referrals due to budget shortfalls.

Recommendations 17.0

Ministry funding for ADR needs to be more closely related to service volumes and agency performance while reflecting the recommended service delivery model and demonstrating an ongoing commitment to the program.

It is recommended that:

- The method of funding ADR TP agencies should become annualized through an approach that captures all ADR cases, provides stability, reflects growth in case volumes, builds in a consistent and appropriate level of spending for program management and administration, and provides flexibility for quick reallocation between regions and ADR TP agencies based on needs.
- ADR TP agency funding should be closely linked to improved data and new performance measures developed for the monitoring and performance reporting system as recommended in the previous section.
- ADR TP agencies should be provided with multi-year service contracts with appropriate performance targets and accountability commitments.
- MCYS should discontinue funding CASs directly for providing ADR services in conjunction with phasing out the Other Methods of ADR.

12. OTHER ISSUES AND OPPORTUNITIES

Several other issues and opportunities were identified that are beyond the scope of this evaluation that should be given some consideration in managing ADR services in the province. These issues include: Considering the provision of ADR when a case is first referred for child protection services; revising and updating the ADR policy directive; and evaluating the role and outcomes of ADR within the child welfare system in Ontario.

12.1 Early Response

A message from stakeholders heard consistently throughout the regional consultations was the opportunity to engage in ADR more frequently, earlier in the child protection case management process. Some other jurisdictions have established methods of ADR at the “front-end” of child protection cases for complementary use with CPM, FGC and traditional approaches²⁹. For example, in New Brunswick, an “Immediate Response Conference” may be held by a trained, third-party FGCC working in close collaboration with the child protection worker when a child is assessed to be at risk and is being taken into protective care. In B.C., FGC is integrated into a front-end, rapid response case management system that mainstreams collaborative decision making within child protection.

According to key informants from these jurisdictions, early response models have contributed to better case planning, reduced resistance to ADR, and increased uptake of CPM and FGC, and may be worth considering for Ontario. Some CASs in the province are practicing similar collaborative processes through family centered case conferencing. Further study would need to be undertaken to determine the feasibility and options of increasing the use of ADR at the front-end of the child protection case management process.

12.2 ADR Policy Directive

The existing ADR Policy Directive needs to be reviewed and updated to better promote the role and use of ADR in child protection case management, incorporate the roles and responsibilities of CASs, ADR TP agencies and rostering agencies in the existing ADR service delivery system, and reflect any recommendations that are implemented as a result of this evaluation.

12.3 Outcomes and Impacts of ADR

ADR is considered by many experts in other jurisdictions to be “cost neutral” – it may mitigate but does not significantly reduce court costs. While there is limited data world-wide on the impact of ADR on court costs, key informant input from the jurisdictional review indicates that it is more likely to produce positive child and family outcomes and less emotional turmoil than court and can lead to reductions in

²⁹ Some jurisdictions use the term “traditional” to refer not only to Aboriginal cultures but also to other distinct cultures.

admissions to care, improved worker-family relations, an increase in opportunities for families to stay intact, and a reduction of the amount of time a child and family spend in contact with the child welfare system.

Further study is needed to evaluate the benefits and outcomes of ADR in order to solidify its role in child protection case management. Some of the issues identified that were beyond the scope of this evaluation that could be examined include:

- The outcomes and benefits of ADR (for example, New Brunswick has experienced reductions of 25% in permanent care and 21% in temporary care agreements);
- The impact of ADR on court time and costs for CASs and the court system;
- The extent to which ADR agreements and plans are being implemented; and
- The extent to which ADR agreements and plans are proving to be sustainable over time.

Appendix A: Detailed Jurisdictional Review Findings

A.1 Research Questions

The jurisdictional review was undertaken to identify best or promising practices in the delivery of ADR in other jurisdictions for use in evaluating the ADR service delivery system in Ontario. The key operational issues and questions to be explored where information was available included:

1. How often is ADR being used?
2. How is ADR being delivered?
3. Are intermediaries between child welfare providers and ADR service providers found in other systems and, if so, is their role beneficial to efficient and cost effective service delivery?
4. How is the demand and supply of qualified service providers being managed to provide timely and effective ADR referrals?
5. How are Aboriginal ADR services provided? Is there a different ADR service delivery system for Aboriginal children and their families?
6. What is the role of the legal system in identifying ADR cases?
7. How do other jurisdictions measure the success of their ADR service delivery systems?

In addition to the above questions, the jurisdictional review included the identification of service delivery models being used for other children's and social services that might be considered as options for Ontario's ADR service delivery system.

A.2 Methodology

A.2.1 Literature Review

The literature search process examined multiple databases that encompassed the worldwide high-quality (peer-reviewed) literature regarding ADR with a special focus on articles published since the year 2000 and those that provided a cross-jurisdictional analysis.

The search strategy began with the highest-level terms (e.g. "alternative dispute resolution" AND "child welfare"). This phase of the search identified over 1,000 articles. Building on the results and keywords discovered during the initial search, the literature review progressively focused on uncovering cross-jurisdictional comparisons (e.g. "conflict resolution" AND "family justice system" AND "social welfare" OR "legal process" AND "Commonwealth countries"). The results yielded nearly 300 articles. Further refinement retained 80 articles that provided valuable information on ADR across multiple jurisdictions.

In this way, the literature search identified relevant articles from the following jurisdictions:

- Canada (Alberta, British Columbia, Ontario, Quebec, and Saskatchewan);
- United Kingdom (England, Wales, Scotland, Northern Ireland);
- Western Europe (Belgium, France, Germany, Ireland, Spain, Sweden);
- Central/Eastern Europe (Hungary);
- Australia and New Zealand;
- Other Commonwealth countries (Trinidad and Tobago);
- Middle East (Israel);
- Asia ex-Australia and New Zealand (China, Malaysia, Hong Kong, Singapore);
- Pacific Islands; and
- United States (primarily Florida, California, Minnesota, Indiana, and Washington, but also Idaho, Oregon, Colorado, Texas, North Carolina, Louisiana, Nebraska, and Oklahoma).

In addition to the jurisdictional articles, among the 80 relevant articles were those that presented information about ADR for “clusters” of jurisdictions (e.g., England, Wales, and Australia taken together).

The literature review also identified several articles regarding Aboriginal/Native ADR in other jurisdictions (United States, Pacific Islands, Saskatchewan).

In general, the most relevant articles for the purposes of this evaluation presented ADR in Western democracies (Canada, USA, UK and Western Europe, and Australia and New Zealand). Even so, there are valuable insights, issues and concerns contained in articles from other jurisdictions.

Analyses indicated that the formal literature tends to focus on legal systems, the relationship between legal systems and child welfare systems, and policy considerations regarding ADR. As anticipated at the start of this evaluation, there was limited information about the operational aspects for ADR service delivery except for legislation and regulations.

A.2.2 Methodology for Jurisdictional Scan

The literature review helped to identify more than 15 key informants who were able to provide cross-jurisdictional information about ADR. The majority of these informants were international experts who have decades of experience in ADR in multiple jurisdictions worldwide. To these were added key informants who were able to supply details about ADR in jurisdictions that were of particular relevance, such as British Columbia and New Brunswick. As a group, the key informants provided invaluable cross-jurisdictional assessments regarding selected models for ADR delivery, contextual factors (e.g. policy, political and funding) that influenced the choice of ADR delivery model, and key operational factors related to the implementation of diverse ADR models (e.g. referrals, reporting, administration, costs, provider training, quality insurance, feedback from clients).

A.3 Overview of Other Jurisdictions

A.3.1 Canadian Jurisdictions

In 1993, Newfoundland and Labrador was the first Canadian jurisdiction to pilot-test family group conferences as an ADR strategy. The results were positive but FGC was never fully implemented, although the legislation was changed to permit use of family group conferences, child protection mediation and other forms of ADR in child welfare.

Currently, the most relevant jurisdictions for Ontario in Canada are New Brunswick and British Columbia. Each province implemented ADR differently. New Brunswick first studied ADR models carefully, then selected the best features from several different ADR models, and finally integrated them during an intensive short-term systems transformation process. British Columbia brought together two co-operative planning and ADR processes (mediation and FGC) through a more gradual process of capacity building. Both provinces strengthened existing Aboriginal Approaches during ADR implementation.

A distinguishing feature of both the New Brunswick and the British Columbia models is that they place a “presumption of priority” on collaborative decision-making, that is, there is an expectation that a collaborative process will be used in most cases with few exceptions. If a collaborative process is not used, then the child protection case worker must describe the reasons for this decision. In short, collaborative processes are seen as the preferred option to court ordered decisions and they are used for case planning and to resolve disputes during the life of a case.

A.3.2 Non-Canadian Jurisdictions

On the international stage, New Zealand is considered the “Gold Standard” jurisdiction for ADR in child welfare. Over a 20-year period, New Zealand built a rights-based child welfare system with collaborative decision-making at its foundation (Doolan, 2007a). The term “rights based” refers to the rights of a child and family to participate in child welfare decisions that affect them. To achieve this end, the New Zealand model adopted local Aboriginal Approaches to collaboration (Walker, 1996). The Ontario model of FGC has been strongly influenced by the New Zealand approach. Two important differences, however, are that in New Zealand the child welfare system is directly operated by government and ADR is mandatory in most child welfare situations.

ADR models in several other countries also have special relevance to Ontario including especially those that adopt a “community development” perspective, such as the United Kingdom and Australia. A community development perspective (Burford, 2001) strives to develop the local capacity for ADR in communities throughout the jurisdiction, as does Ontario. Further, a number of jurisdictions in the United States were also found to have aspects of ADR policy and service delivery, particularly CPM and FGC, which are relevant to Ontario. These include the states of Alabama, Alaska, Arizona, California, Connecticut, Colorado, Florida, Hawaii, Illinois, Minnesota, Pennsylvania, Texas, and Washington.

A.4 Service Delivery Models

With the lack of information on ADR service delivery models in other jurisdictions, consideration was given to service delivery models used in the delivery of other health, social and children's services. Three basic models found in other jurisdictions that apply to the delivery of specialized services such as ADR and can be compared in terms of their relative costs and benefits in the Ontario setting.

The first model is a "direct service model" where users find and obtain services directly from the marketplace. The main advantage of this model is the user's first-hand knowledge of its requirements and the opportunity to deal directly with potential service providers in order to obtain the best match to its needs. However, this model requires users to build in-house expertise related to the service, maintain a broad base of knowledge on the availability of resources in the marketplace, and devote time and costs to identifying and managing service providers either on staff or through service contracts. Many health and social service agencies use the direct service model for finding and using specialized resources, such as for social workers and other certified health professionals of many stripes.

The second service delivery model is a "broker model", where independent brokers find and match services with needs on request from users. Under this model, brokers may provide services through a combination of employed staff and outside paid resources to meet service volumes and specific user needs. The broker adds value by providing users with specialized knowledge, advice and expertise, and rapid access to a wide range of available service providers with different skills and experience to match their needs. Users are able to access services readily without having to spend time and costs in searching for service providers and keeping up-to-date with changes in the marketplace. The user's clients benefit through the best possible match with independent service providers. The disadvantages of this model include the additional costs for the broker, and potential service delays or less than optimal matches between needs and services for some users if brokers are experiencing peak demands. (Broker costs can be lower than user costs under the direct service model due to a broker's better knowledge of the marketplace or economies of scale.) Many health and social service agencies use the broker model to obtain specialized services, such as through nursing or elder care employment agencies.

The third model is a "mixed direct service/broker model" where users have the option of obtaining service either directly or through a third party. While this model provides users with the flexibility to access services through either route, it can lead to inconsistencies in the use of service providers and less than ideal matches of available resources with needs. An example of the mixed model is the service delivery system for accessing mental health residential beds for children and youth in the child welfare system in Toronto Region, where CASs can match child welfare clients to residential treatment beds either through a broker (Coordinated Access to Residential Services or C.A.R.S.) or directly through per diem beds or purchased services alternatives.

These three models were considered in identifying and evaluating optional service delivery models for ADR as part of this evaluation.

A.5 ADR MANDATES AND MODELS

A.5.1 Use of the Term “ADR”

It is important to recognize that the term “ADR” is not used in many other jurisdictions, primarily because it is believed that the term draws attention towards the “dispute” aspect and away from the “collaborative planning and decision-making” parts of the process. The preferred term for ADR is a broader one, such as the term “Child Welfare Collaborative Planning and Decision Making” that is used in British Columbia. An umbrella term such as “collaborative decision-making processes” permits multiple approaches, including Aboriginal Approaches. The use of a broader term also reinforces the notion that CPM and FGC are different but complementary approaches to ADR.

A.5.2 ADR Mandates

The jurisdictional review identified three basic types of mandates that form the basis for structuring different models of ADR policies and service delivery. These are legislative, procedural and practice mandates described briefly as follows:

- A **legislative mandate** establishes the entitlements for child and family to a collaborative process under law. In strong ADR jurisdictions, the entitlement is extended directly to the clients, whereas in other jurisdictions, ADR may be offered at the discretion of the child protection service providers (e.g. New Zealand, Kent, U.K.).
- A **procedural mandate** designates the ways in which certain policies and procedures must be conducted while retaining administrative rights to review and appeal. In the case of ADR, a procedural mandate regulates the ways that a child welfare case is processed and collaborative decision-making is achieved. A strong procedural mandate may make ADR a priority feature of child welfare case management (e.g. British Columbia and New Brunswick).
- A **practice mandate** defines the methods of ADR permitted, introduces standards of practice and training, and encourages child welfare service providers to use the approved ADR method. The decision to use ADR and the specific type of ADR is at the discretion of child protection staff and ADR practitioners. Because ADR is at the discretion of staff, it creates anxieties regarding choice of methods, ADR process, and outcomes (e.g. most jurisdictions in Canada and the United States).

When ADR is required by legislative or procedural mandate, the literature and key informants indicate that it results in fewer court cases, fewer children taken into care, and more children able to remain in family or extended family settings. However, during the jurisdictional review, several international ADR experts expressed concern that a practice mandate alone is too open to interpretation and may not provide sufficient incentive for child welfare workers to select ADR approaches.

A.5.3 CPM Models

CPM is an ADR process with the major purpose to resolve disagreements regarding a child, a plan of care for the child, communications between the two parties or a dispute between a child welfare service provider and the family. The end result is the resolution of a dispute (Association of Family and Conciliation Courts, 2012). In some jurisdictions, such as British Columbia, the Ministry of Justice offers CPM to child welfare clients, child welfare agencies, judges/lawyers, and to families and their children.

Even so, many jurisdictions place CPM under family engagement strategies. As a family engagement strategy, CPM is used to bring together parents, lawyers, child welfare professionals, and sometimes other family members, to form an ongoing collaboration that is usually absent in the adversarial proceedings (Olson, 2004). This use of CPM provides time to identify issues important to the child and family and to create a case plan or placement agreement tailored to their unique situation. When properly implemented, CPM empowers parents by engaging them in the decision-making process. It is an important tool that many jurisdictions have embraced (Firestone, 2009).

Under the “Child Welfare Collaborative Planning and Decision Making” ADR model in British Columbia, CPM is offered under the Ministry of Justice and FGC and Family Group Decision Making (FGDM) under the Ministry of Children and Family Development. The two Ministries work in close collaboration to jointly administer CPM and FGC.

Since CPM implementation in late 1990’s there have been efforts in British Columbia to safeguard the “neutrality” of mediators. For example, services are provided on contract to the Ministry of Attorney General through an independent roster of 82 trained mediators from the private sector administered by the British Columbia Mediator Roster Society. Initial and ongoing training and mentorship are provided through the private sector with some government support.

Direct government involvement in the operation and delivery of child welfare services in other jurisdictions has the advantage of providing direct government oversight and clear accountability for ADR. On the other hand, although the simplest structure may be direct involvement by the provincial government, key informants noted that ADR funding is usually divided into different streams. Justice usually funds CPM (which is typically initiated by the courts) and child welfare funds FGC (which is usually initiated by child welfare service providers) and other approaches to ADR. Informants from B.C. reported that it is often difficult to fund and manage different ADR options when more than one Ministry is involved.

A.5.4 FGC Models

Although the “pure” FGC model originated in New Zealand, many hybrids and variations have developed in different jurisdictions since that time (Merkel-Holguin, 1998; Merkel-Holguin, Nixon & Burford, 2003). Irrespective of variations, the essence of FGC is an affirmation of the contributions of the community to

child welfare and child protection (Burford, 2001). FGC brings a “natural” community of family, relatives and persons concerned with the child and family to the decision making process. Family group conferencing is about recognizing that the family, the kinship network, and the broader community all have something unique and vital to offer and then giving them sufficient time to develop a feasible solution with minimal interference.

In the English-speaking world, child welfare is typically grounded in a court system where much child welfare work is linked to evidence gathering. Implicit within this model is the idea that the worker’s central role is to protect the child from the family. In contrast, the first step in FGC is to reach out to the child/youth and family (Doolan, Nixon & Lawrence, 2004) so they can draw upon the strengths of their natural community.

Because the philosophy of FGC does not reflect the rest of the child welfare system in many jurisdictions, according to the literature and the jurisdictional review successful implementation of FGC requires:

- Strong legislative and/or procedural mandates;
- Champions within the system;
- Well-trained FGC service providers; and
- Adequate oversight and feedback.

On the other hand, the State of Washington found that FGC was too costly and took too much time. During the jurisdictional review, Washington reported that it has discontinued FGC and replaced it with a Family Team Decision Meeting (FTDM) format developed through Casey Family Services (Annie E. Casey Foundation, 2002). In the view of Washington, a benefit of FTDMs is that the ultimate decision rests with the child welfare staff whereas in the FGC format the decision-making lies with family members who develop their own plan.

Proponents of a strong, rights-based model of FGC, however, strongly oppose substituting FTDM for FGC. They feel that it undermines the intention of FGC to work with the strengths of the extended family to have them develop a feasible plan and it places too much decision-making power in the hands of the child welfare system.

British Columbia has introduced a model that includes a quick initial case planning conference between the family and the people who support them with a trained child welfare worker to discuss and agree upon fundamentals like goals and initial plans. The child welfare worker leads the process, and there is no neutral person involved to conduct the meeting. The Province has found that early family meetings can enable collaborative decisions for some child protection concerns, visiting schedules, voluntary care or special needs agreements, or plans for children to stay with friends or family. In addition, family meetings during the initial stage of the process can also help families to learn more about child welfare services.

A.5.5 Aboriginal Approaches to ADR

As previously mentioned, FGC in New Zealand and Australia adopted the collaborative circle process used in Aboriginal culture (whereas non-Aboriginal jurisdictions focused on litigation and courts to solve disputes). According to key informants, however, an important historical distinction is that New Zealand never sought to treat indigenous people separately, unlike Canada and the United States. The New Zealand government prescribed only one law for all citizens. The developers of FGC concentrated on how indigenous people solved problems. They noticed great similarity across world, including Canada.

There are three key components to FGC in New Zealand that have been adopted from Aboriginal processes. First, Aboriginal decision making involves all those affected by issue; it is therefore important to widen the net and include the extended family and those that support it. Second, it is important to take the time needed to arrive at a solution, rather than scheduling fixed time slots. Third, it is crucial to search for consensus.

As a result, the New Zealand model uses FGC as vehicle for people from any culture to use their own cultural methods including private family time as part of the process. After the family knows why there is a need for a plan, it has time to work through issues and make the plan on its own. This is where Pacific, Asian and Maori cultures can reflect their own family ways of dealing with the situation. Providers can tell from results that significant cultural events have taken place. Both the literature review and key informants involved in the jurisdictional scan reported that before FGC, expert committees made decisions and those decisions did not respond to cultural beliefs and perspectives.

In the United States, the jurisdictional scan found that talking circles and healing circles are used widely in Native American communities and a tribe in Arizona was implementing a court improvement project. Only a few tribes have modified FGC to meet their cultural needs and there is limited promotion of FGC or other Aboriginal Approaches to ADR.

In some jurisdictions, such as British Columbia, CPM is also an option offered to Aboriginal families. Mediation can help Aboriginal families in situations where family members and child welfare workers disagree on the best way to meet a child's individual needs. It may be used at any time when there are concerns about a child's safety, even before the child is removed or after a court hearing. Mediation can be used to resolve a wide number of issues, such as the type of services a family will receive, terms and conditions of supervision orders, or resolving a dispute that would otherwise have to be settled in court. For Aboriginal families, CPM in British Columbia typically involves the child's parent(s) or guardian, a child welfare worker and a mediator. Other people who have significant ties with the child or family can also be involved, in particular, representatives of the Aboriginal community or a Delegated Aboriginal Child and Family Services Agency. The jurisdictional review indicated that it is important to be able to explain clearly to Aboriginal families how CPM works, who may be included in the CPM process, and how CPM differs from other options, such as Aboriginal Approaches to ADR and traditional dispute resolution.

A.6 Use of ADR

A.6.1 Use of CPM

Accurate and complete data about the use of CPM in other jurisdictions was not readily available with one exception. In 2011-2012, the British Columbia Ministry of Social and Family Services completed a total of 826 child protection mediations with a 95% settlement rate, or about 32% of the total of some 2,582 cases where children were removed from their families³⁰.

According to the literature review (Giovannucci & Largent, 2009; Thoennes, 2009) and CPM experts contacted during the jurisdictional review, how often CPM is used depends on three key factors: support from youth court judges, adequacy of funding and stakeholder buy-in. The numbers of cases that receive CPM are largely determined by judicial support and funding levels. Buy-in by stakeholders (government ministry/department, child welfare providers, child protection workers, families, court judges, legal counsel for children, and legal counsel for families) largely shapes the quality of CPM. According to these experts, to increase CPM uptake, key stakeholders involved in the dispute must recognize the value of CPM as an effective vehicle for resolving issues in the best interests of the child. These sources also indicated that jurisdictions which offer CPM on a voluntary basis alone do not have high rates of uptake. Uptake is higher if judges order CPM and they are more likely to order CPM if they value the CPM process, have experienced positive results from CPM, and if sufficient funding is available.

These sources also indicated that timing also may be an obstacle for CPM (and for other forms of ADR) in child welfare. If CPM is introduced when the problems arise and completed quickly, it can resolve cases more quickly and effectively. In the long term, CPM has proven to save time. On the other hand, if a case goes on a waiting list or if CPM is delayed for any reason, the mandatory child welfare timelines are likely to force a decision before effective CPM can take place.

A.6.2 Use of FGC

Accurate and complete data about the use of FGC in other jurisdictions was not readily available with few exceptions. In 2011-2012, the British Columbia Ministry of Social and Family Services completed a total of 552 family group conferences, or about 21% of the total of some 2,582 cases where children were removed from their families. New Brunswick has recently averaged approximately 218 FGC referrals per year. In New Zealand, each year approximately 90% of 8,000 care and protection cases and 8,000 cases in the youth justice system participate in a collaborative decision-making process, primarily FGC.

³⁰ These statistics enumerate multiple referrals for the same family as one case and include a CPM orientation session and a mediation session.

During the jurisdictional review, key informants voiced concern that if FGC uptake was too low, it would have little impact on initiatives to increase collaborative practices and to reduce the use of courts. This has been the experience in other jurisdictions where FGC had been used marginally, rather than as a core response. For example, New Zealand had to legislate a policy change that required the use of FGC before making a care or protection decision (Doolan, 2007b). This change had the immediate effect of reducing litigation by 90%. British Columbia legislated policies and procedures regarding “a presumption in favour of collaborative planning and decision making” to increase participation of children, youth and families in the process (BC Ministry of Child and Family Development, 2008).

Several international FGC consultants and researchers expressed concern that child welfare systems in some jurisdictions were not implementing FGC properly. At the minimum, the process requires a social worker and FGC coordinator to work with families and those who support them to prepare the process properly which can take from 10 to 30 hours on average. Some jurisdictions, however, have adopted abbreviated family conferencing approaches. A child welfare worker may run the sessions without a FGC coordinator. Further, there may be little or no preparation of participants, and the extended family and other interested parties may be excluded. These international FGC consultants and researchers stressed the importance of ensuring that each FGC session was led by a trained FGC coordinator, adequate time was allocated for preparation, the right people were invited to the session, and the FGC coordinator had experience dealing with complex child welfare cases.

To be successful, these individuals emphasized that there must be sufficient numbers of FGCCs to achieve a quick response to FGC referrals and avoid waiting lists. Otherwise, there was the risk that child welfare policies and procedures would force decision-making before a family group conference could take place.

A.6.3 Complementary Use of CPM and FGC

According to the key informants, effective collaborative child protection decision-making results from the appropriate use of both CPM and FGC. The literature supports CPM as an effective way to help families and child welfare agencies resolve their differences. Before or after mediation, FGC may be used to involve the extended family in case planning and to enhance key decisions, such as the placement of the child. Because CPM tends to be owned by the court system and FGC by the child welfare system, there is the need for these two systems to develop a shared understanding about the appropriate use of both CPM and FGC in child protection situations (Firestone, 2009).

Some jurisdictions focus on FGC alone for child welfare cases. Jurisdictions with strong FGC models, such as New Zealand, use FGC in all or most situations where there is a need to intervene with a family and to develop a plan (Doolan 2007a). When invoking emergency powers in New Zealand, the family court is obligated to refer the matter for FGC. The family conferencing process brings together and supports the wider family working out a solution. The court intervenes only when the FGC process involving a child welfare agency and a family is not able to develop a plan (Doolan, 2007b).

Jurisdictions with strong FGC models tend to apply other ADR approaches, such as CPM, only if FGC is not successful. In these jurisdictions, CPM is used only if a collaborative approach fails, but generally it is not necessary. To return to the New Zealand example, the FGC process produces a plan in some 90% of the cases (Doolan, personal communication). In jurisdictions with a strong FGC model, CPM is used mainly to resolve problems or address family conflicts, such as disputes between mother and father or between mother/father and a child welfare agency. In contrast, FGC is used to increase family strengths and to balance power inequalities between participants, including asymmetrical power relationships between the family and the child welfare agency (Doolan, 2007b).

There are few published outcome studies that provide clear evidence of greater effectiveness for one approach to ADR over another. A review of the evidence-based research, however, raises concerns that FGC may not be best approach for reducing child maltreatment (Shlonsky, Schumaker, Cook, Crampton, Saini, & Backe-Hansen, 2009). The level of resources and trained mediators/coordinators in local jurisdictions may influence the effectiveness of CPM and/or FGC. For example, if there are only a few trained FGCCs available, long waiting lists may result, thereby preventing timely use of FGC and eroding the effectiveness of FGC as a method of ADR.

Over the last decade, some jurisdictions (e.g. Newfoundland and Labrador, New Zealand and British Columbia) have been experimenting with a “triage process” that uses evidence-based research and best practice guidelines to guide decisions about the choice of ADR in specific situations (Pennell & Burford, 2000; Salem, 2009). Although some jurisdictions have developed triage guidelines (e.g., BC Ministry of Child and Family Development in 2008), the research remains inconclusive about the best triage process for selecting FGC or CPM. In general, the practice experience is that child welfare providers tend to promote FGC and the courts promote CPM.

Both the literature review and key informants indicated that FGC is more successful if there is a significant champion or visible leadership in the area, and the same can be said for CPM (American Humane Association, 2010; Giovannucci & Largent, 2009; Mayer, 2009). Another factor is the relationship between the local child welfare agencies and the local ADR providers. Key informants noted that well established ADR providers have more FGCCs on staff, so they can respond to demands quickly. Because they have larger budgets, they can pay their FGCCs to attend mandatory team meetings, thereby increasing their connection to the ADR agency and the ADR team.

A.7 Cost Benefit of ADR

A. 7.1 Costs of ADR Service Delivery

Data on ADR service delivery costs was difficult to obtain and compare, with a few exceptions. For example, an FGC Pilot Project in Minnesota had total expenditures for project planning, site visits and training of \$210,000 for 62 cases over an 18-month period for an average cost per case of about \$3,400 (Minnesota Supreme Court, 2000).

As another example, according to a study in Arizona (Franklin, 1999), the average cost per family for personnel costs, employee benefits, professional services, travel, and other operating expenses over a one-year period was approximately \$4,800, based on 135 families served. Because of variations in services and costing methodologies, these costs should be viewed as broad estimates only. Overall, there was insufficient data to provide any valid benchmarks for ADR service delivery costs that could be compared to Ontario.

A.7.2 Impact of ADR on Child Welfare Costs

Although firm data are limited, the emerging consensus appears to be that ADR is cost neutral or it reduces costs over time (Marsh & Crowe, 1998; Wheeler & Johnson, 2003). In general, ADR is considered by experts to mitigate but not significantly reduce court costs; however, for the same level of costs, ADR is more likely to produce positive child and family outcomes. One notable exception, is New Zealand, which claims that with FGC, only 10% of its caseload actually goes to court, representing a significant cost savings if ADR were not used.

There is little reliable data on the impact of CPM or FGC on court costs because the systems in each jurisdiction are too complex and varied and CPM or FGC may be used for multiple purposes and at multiple times during the life of a case. Furthermore, the literature and key informants during the jurisdictional review emphasized that courts in North America have responsibility that cannot be delegated as matter of public policy. When examining court costs, therefore, it is important to differentiate whether or not the court is deciding an issue which could be resolved by mediation or FGC, or whether or not a court is preserving its role by approving a decision. To develop accurate data, one would need to look at those engaged in ADR and match with non-ADR clients to estimate what it would cost without ADR. Costs also vary depending on whether ADR is referred at first contact or later. Also, as a rule, court costs and legal fees have been found to increase over time whether or not ADR is used.

A.7.3 Impact of ADR on Child Protection Outcomes

Based on responses to a 2005 survey, Theonnes (2009) concluded that mediation is successful in producing agreements. She noted that in most programs, 60 to 80 percent of the cases ended with agreements that addressed all of the issues before the court, an additional 10 to 20 percent of the cases resulted in partial agreements, and only about 10 percent of the cases that begin with mediation reached no agreements. Overall, CPM appears to offer a more rapid resolution of issues in a case than in non-mediated cases.

With ADR, collaborative decisions are likely to produce better outcomes (e.g., child remains with extended family). With a collaborative agreement, a higher percentage of children will stay with relatives thereby creating better outcomes and reducing service delivery system costs for residential care. Although it is difficult to measure the cost effectiveness of ADR conclusively with current data, Theonnes (2009) provides some examples of studies that support these claims. For example, an

evaluation study in Louisiana found that cases mediated prior to disposition were more likely to have a resolved disposition within 30 days and that 71 percent of the mediation and only 44 percent of the non-mediated cases had a child leave foster care for a permanent home within a 12 month period. Another evaluation examined by Theonnes in Washington, D.C. found less time from the initial hearing to disposition and from the initial hearing to permanency for ADR cases.

There are many apparent benefits of ADR, but these must be carefully determined and measured by a combination of quantitative and qualitative measures. According to the Miami Evaluation Study (National Council of Juvenile and Family Court Judges, 2001), some of these benefits included improved relationships between child welfare workers, the court, and families; fewer or no placement moves for the child; and expedited court and child protection services involvement for case services and case closure. There is the belief across many jurisdictions that CPM and FGC are preventative and, as a result, over time reduce case costs.

With ADR there may be a significant cost-benefit through the reduced amount of time a child and family spend in the system, when compared to the usual costs without ADR of services to the family, foster care, or the cost of convening court proceedings over time. Key informants also felt that the outcomes for children and families are likely to be better, more sustainable, and save money in the long run. The data from Minnesota and Arizona studies seems to point to a trend whereby children's out-of-home placements are either less restrictive or avoided entirely. Additional research is needed to confirm whether ADR reduces the costs of placement-related services over time and whether these savings exceed the costs associated with an ADR program.

A.8 Management of ADR Service Provider Resources

A.8.1 Child Protection Mediators

The literature and jurisdictional review key informants agree that CPM requires external mediators (Firestone, 2009; Giovannucci & Largent, 2009; Mayer, 2009, 2004). External mediators clearly bring impartiality to the mediation situation that helps to manage conflict. Courts want an impartial mediator and having an impartial, external mediator helps to balance the potential power differential between the disputing parties.

A community-based model adopts a community development perspective and strives to develop the capacity for ADR in each local community. Most jurisdictions in the United States, Canada, U.K. and Australia and New Zealand employ a community-based model to a greater or lesser degree. This requires a mechanism in each community to recruit, train, match, mentor, pay, and monitor an adequate supply of mediators and to be a resource for child welfare agencies. If these roles are not filled by local ADR transfer payment providers, then the roles and responsibilities must be filled by another mechanism, such as a provincial/regional organization or directly by government or child welfare agencies. In any case, the roles and responsibilities also must be filled in a way that is responsive to local child welfare and community needs.

A.8.2 Family Group Conferencing Coordinators

Key informants and the literature (e.g., American Humane Association, 2010) indicate an ongoing argument worldwide about the central role and degree of independence of the FGCC. For example, New Zealand, with a strong, rights-based model of FGC, argues that the FGCC must be neutral to prevent power imbalances and intrusion by the child welfare system into the collaborative decision making process. Others feel that a neutral stance is not necessary and impractical and being impartial is sufficient. The ADR service delivery system in Ontario currently includes both neutral (or independent) FGCCs accessed through ADR TP agencies or directly from the provincial roster and impartial FGCCs provided by CASs under Other Methods of ADR.

It is worthwhile to look more closely at the New Zealand model, because it is widely considered to be the gold standard for FGC work (Doolan, 2007a, 2007b). With a change in legislation that gave the “presumption of priority” to FGC, the New Zealand child welfare system experienced an immediate need for scores of coordinators the moment the law went into effect. New Zealand was resolute in its determination to employ FGCCs from within the child welfare services department. To maintain the neutrality of FGCCs, the law conveyed statutory power to the individual FGCCs. The child welfare department can support but cannot contravene the power of the FGCCs. In the New Zealand model, FGCCs have full-time positions in the child welfare department but they are considered to be independent providers of FGC services.

In the opinion of several key informants who know ADR systems worldwide, there is no evidence that embedding FGCCs in a child welfare agency cannot work. For example, the UK found no difference between FGCCs who were in-sourced and those who were outsourced. Following the lead of New Zealand, other jurisdictions have organized the FGC function as an independent unit within a child welfare department. For example, New Brunswick has in-sourced FGC, but the FGCCs are organized as an independent group. This appears to work well in jurisdictions that have procedural mandates that define clear roles and responsibilities for FGCCs.

The American Humane Association (AHA) takes a strong stance that the notion of independence does not rely on whether the FGC coordinator sits within or outside of a child welfare department or agency. What is important is that the coordinator is independent and has no pre-existing connection to a case. AHA also notes that the placement of coordinators in the child welfare system will affect uptake. In the U.S., pilot tests showed that coordinators from private agencies did not change the child welfare culture enough to get sufficient referrals. For FGC to have an impact, there must be a coordinated and sustained change management approach that affects all levels of a system (AHA, 2012).

In situations where the independence is important, outsourced FGCCs can be hired to supplement internal FGC staff. This hybrid model is used in Wales (U.K.) and British Columbia. These FGCCs are called “sessional coordinators” or “specialist coordinators” – a term usually reserved for those with special skills, such as knowledge of a specific language and/or culture. Key informants noted that

policies and procedures must be properly developed and implemented for the in-sourced and hybrid models to work well and protect clients' interests.

In the United States, key informants report that there is a "free enterprise" approach without active management of FGCCs in most jurisdictions. FGCCs are selected from a register or from promotional material and Web sites and hired directly by child welfare departments. Key informants reported that coordinators feel isolated and often complain about this approach and that some FGCCs change the FGC model and introduce practices not typically included in FGC. For example, one key informant spoke of the addition of "therapy techniques" that made excessive demands on the family. In the key informant's opinion, those adaptations take away from integrity of process and created the impression that FGC is complicated and takes a long time.

Key informants reported that having a centralized source of training, technical assistance, and peer support works very well and is worth the investment. For example, the Pennsylvania Child Welfare Resource Centre at the University of Pittsburg (<http://www.pacwcbt.pitt.edu/>) has successfully provided this resource and developed an FGC network throughout Pennsylvania. The state of Hawaii has done something similar for its O'hana model of Family Group Conferencing and the O'hana Model Courts Program (National Council of Juvenile and Family Court Judges, 2003). FGCCs appear pleased with these centralized resources that train coordinators and the rest of child welfare workforce.

As previously mentioned, Washington State's FTDM has replaced FGC. FTDM originates from the Child Family Practice Group in Alabama (Child Welfare Policy and Practice Group, 2012). Applying this model, the states of Maine, New Jersey, Utah, and Alabama no longer have independent FGC coordinators but use child welfare workers as FTDM transformation agents that organize the family team meetings. The FTDM approach places child welfare system concerns at the centre of the process. Critics complain, however, that FTDM ignores the power imbalances between the agency and family and the need for a coordinator not involved with a case to hold the system accountable.

A.9 ADR Performance Measures

Performance measures for ADR service delivery systems that are being used in other jurisdictions are primarily volume indicators such as number of agreements signed, process indicators such as client satisfaction, and effectiveness measures such as the proportion of agreements reached. There is little focus on other measures of effectiveness or efficiency such as declined referrals, wait times, lost or incomplete cases, cost per unit of service, or ratio of administrative costs to total costs.

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Appendix B: Summary Tables of Evaluation Survey Responses

Introduction

This appendix includes a series of tables summarizing the evaluation survey responses from CASs, ADR TP agencies, regional offices, CPMs and FGCCs rating various aspects of the existing ADR service delivery system. The number of survey respondents to each specific question by stakeholder group is identified (n). These responses are incorporated into the analysis in this report. When more than 50% of the responses to a question were “Don’t Know”, the data was not considered. Region-specific survey responses were used to inform the subsequent regional consultations; however sample sizes by individual region were too small to draw statistical conclusions and maintain respondent confidentiality.

B.1 Summary of Survey Responses Related to the Entire ADR Service Delivery System³¹

B.1.1 Use of Available ADR Resources and Expertise

Use of Available ADR Resources and Expertise in Service Area

Respondent Group	Excellent	Good	Fair	Poor	Don’t Know
Children’s Aid Societies (n=39)	8%	51%	26%	10%	5%
ADR Transfer Payment Agencies (n=17)	0%	47%	41%	0%	12%
MCYS Regional Offices (n=9)	0%	67%	33%	0%	0%
Child Protection Mediators (n=17)	12%	12%	24%	47%	6%
Family Group Conferencing Coordinators (n=22)	14%	32%	36%	18%	0%

B.1.2 Performance of Monitoring and Reporting Processes

Performance of Processes for Monitoring and Reporting ADR Case Volumes and Expenditures in Service Area

Respondent Group	Excellent	Good	Fair	Poor	Don’t Know
Children’s Aid Societies (n=39)	18%	46%	23%	5%	8%
ADR Transfer Payment Agencies (n=17)	29%	65%	6%	0%	0%
MCYS Regional Offices (n=9)	33%	33%	22%	0%	11%

³¹ **Note:** Percentages in the tables in this appendix may not add to 100% due to rounding.

B.1.3 Effectiveness of ADR Service Delivery Model

Effectiveness of Service Delivery Model for Meeting Needs and Opportunities for ADR in Service Area

Respondent Group	Very Effective	Effective	Somewhat Effective	Not Effective	Don't Know
Children's Aid Societies (n=40)	15%	48%	33%	2%	2%
ADR Transfer Payment Agencies (n=17)	12%	35%	35%	0%	18%
MCYS Regional Offices (n=9)	22%	44%	33%	0%	0%

B.2 Summary of CAS Survey Responses

B.2.1 Access to ADR Services as Rated by CASs

Use of ADR by Method by CASs

	Most Often	Next Most Often	Third Most Often	Least Often	Don't Use
Child protection mediation (n=36)	25%	53%	11%	3%	8%
Family group conferencing (n=36)	61%	31%	6%	3%	0%
Aboriginal Approaches (n=30)	10%	13%	57%	20%	0%
Other Methods (n=37)	8%	3%	3%	14%	73%

Methods of Accessing ADR Services by CASs

	Directly from a Roster	Directly from a Service Provider	By ADR TP Agency Referral	Does Not Access
Child Protection Mediation (n=39)	18%	21%	59%	18%
Family Group Conferencing (n=40)	18%	30%	63%	5%
Aboriginal Approaches (n=37)	0%	24%	46%	30%

Timeliness of ADR Referral Process for CASs

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=32)	19%	53%	22%	3%	3%
Family Group Conferencing (n=38)	24%	53%	21%	3%	0%
Aboriginal Approaches (n=26)	15%	46%	19%	12%	8%
Other Methods (n=10)	20%	40%	10%	10%	20%

Ease of Navigation of ADR Referral Process for CASs

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	15%	55%	27%	0%	3%
Family Group Conferencing (n=38)	29%	45%	24%	3%	0%
Aboriginal Approaches (n=27)	19%	56%	7%	11%	7%
Other Methods (n=10)	30%	20%	20%	10%	20%

Ease of Navigation of ADR Referral process for Children and Youth and their Families/Advocates

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	10%	29%	23%	10%	29%
Family group conferencing (n=38)	11%	45%	16%	5%	24%
Aboriginal Approaches (n=27)	11%	33%	19%	7%	30%
Other Methods (n=10)	20%	20%	20%	10%	30%

Availability of ADR Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediators (n=33)	18%	52%	18%	9%	3%
Family group conferencing coordinators (n=38)	11%	53%	24%	11%	3%
Aboriginal Approaches (n=27)	7%	33%	15%	22%	22%
Other Methods (n=10)	30%	10%	10%	10%	40%

Availability of Practitioners who Provide ADR Services in French

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediators (n=32)	3%	3%	0%	9%	85%
Family group conferencing coordinators (n=38)	0%	5%	0%	16%	79%
Other Methods (n=10)	10%	0%	0%	30%	60%

System for Rostering ADR Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediators (n=33)	9%	33%	3%	9%	46%
Family group conferencing coordinators (n=38)	8%	29%	5%	11%	47%

B.2.2 Support for the Use of ADR as Rated by CASs

Support for Use of ADR from CAS Child Protection Workers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	18%	46%	30%	6%	0%
Family Group Conferencing (n=38)	24%	53%	24%	0%	0%
Aboriginal Approaches (n=28)	21%	39%	25%	14%	0%
Other Methods (n=10)	30%	30%	20%	0%	20%

Support for Use of ADR from CAS Legal Counsel

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	18%	46%	30%	6%	0%
Family Group Conferencing (n=38)	26%	50%	18%	0%	5%
Aboriginal Approaches (n=28)	29%	32%	7%	11%	21%
Other Methods (n=10)	40%	30%	10%	0%	20%

Support for Use of ADR from Court Justices

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	18%	27%	39%	6%	9%
Family Group Conferencing (n=38)	21%	40%	8%	16%	16%
Aboriginal Approaches (n=28)	21%	18%	7%	11%	43%
Other Methods (n=10)	20%	20%	20%	0%	40%

Support for Use of ADR from Legal Counsel for Children and Youth

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	15%	24%	39%	6%	15%
Family Group Conferencing (n=38)	16%	34%	24%	16%	11%
Aboriginal Approaches (n=28)	14%	18%	7%	14%	46%
Other Methods (n=10)	20%	30%	20%	0%	30%

Support for Use of ADR from Legal Counsel for Parents/Family Members

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=32)	6%	19%	44%	25%	6%
Family Group Conferencing (n=38)	11%	26%	29%	29%	5%
Aboriginal Approaches (n=28)	11%	29%	0%	21%	39%
Other Methods (n=10)	20%	10%	30%	0%	40%

Support for Use of ADR from Children and Youth and their Families/Advocates

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	3%	18%	30%	21%	27%
Family Group Conferencing (n=37)	5%	35%	27%	5%	27%
Aboriginal Approaches (n=28)	21%	25%	14%	18%	21%
Other Methods (n=10)	10%	30%	10%	10%	40%

Support for Use of ADR from Other Child and Youth Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	3%	12%	15%	18%	52%
Family group conferencing (n=37)	5%	27%	11%	8%	49%
Aboriginal Approaches (n=28)	18%	18%	14%	11%	39%
Other Methods (n=10)	10%	20%	10%	10%	50%

Support for Use of ADR from Ministry Regional Offices

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	24%	39%	15%	3%	18%
Family Group Conferencing (n=37)	27%	46%	16%	0%	16%
Aboriginal Approaches (n=28)	21%	43%	11%	4%	21%
Other Methods (n=10)	10%	40%	10%	0%	40%

B.2.3 Availability of Relevant Training as Rated by CASs

Availability of Relevant Training for Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediators (n=33)	0%	12%	3%	12%	73%
Family group conferencing coordinators (n=38)	13%	37%	5%	5%	40%
Aboriginal Approaches (n=27)	3%	11%	11%	22%	52%
Other practitioners (n=10)	10%	30%	0%	20%	40%

Availability of Relevant Training for CAS Workers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	6%	46%	24%	18%	6%
Family group conferencing (n=38)	8%	45%	32%	11%	5%
Aboriginal Approaches (n=27)	3%	19%	37%	30%	11%
Other Methods (n=10)	10%	40%	0%	20%	30%

Availability of Relevant Training for Court Justices

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	0%	3%	12%	12%	73%
Family group conferencing (n=38)	8%	0%	8%	11%	74%
Aboriginal Approaches (n=27)	0%	4%	7%	26%	63%
Other Methods (n=10)	10%	20%	0%	10%	60%

Availability of Relevant Training for Legal Counsel for Children and Youth

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	0%	15%	15%	18%	52%
Family group conferencing (n=38)	8%	5%	8%	16%	63%
Aboriginal Approaches (n=26)	0%	4%	8%	31%	58%
Other Methods (n=10)	10%	20%	10%	10%	50%

Availability of Relevant Training for Legal Counsel for Parents/Family Members

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	0%	12%	18%	21%	49%
Family group conferencing (n=38)	5%	5%	8%	24%	58%
Aboriginal Approaches (n=27)	0%	0%	11%	37%	52%
Other Methods (n=10)	10%	20%	10%	10%	50%

Availability of Relevant Training for Other Child and Youth Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	0%	0%	0%	30%	70%
Family group conferencing (n=38)	5%	0%	0%	24%	71%
Aboriginal Approaches (n=27)	0%	4%	7%	33%	56%
Other Methods (n=10)	10%	20%	10%	10%	50%

Availability of Relevant Training for Children and Youth and their Families/Advocates

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=33)	0%	0%	0%	40%	61%
Family group conferencing (n=38)	5%	3%	0%	29%	63%
Aboriginal Approaches (n=27)	4%	4%	4%	33%	56%
Other Methods (n=10)	10%	30%	10%	10%	40%

B.2.4 Administrative Burden as Rated by CASs

Administrative Burden/Requirements of the Service Delivery System for CASs

	Very Little	About Right	Excessive	Don't Know
For Child protection mediation (n=33)	21%	61%	15%	3%
For Family group conferencing (n=37)	19%	62%	19%	0%
For Aboriginal Approaches (n=28)	29%	50%	7%	14%
For Other Methods (n=10)	20%	50%	10%	20%

B.3 Summary of ADR Transfer Payment Agency Survey Responses

B.3.1 Access to ADR Services as Rated by ADR TP Agencies

Type of ADR Services Provided by ADR TP Agencies

	Referrals Only	Referrals and Service Delivery	No Services
Child Protection Mediation (n=15)	47%	20%	33%
Family Group Conferencing (n=16)	25%	44%	31%
Aboriginal Approaches (n=18)	17%	28%	56%
Other Methods (n=17)	35%	12%	53%

Timeliness of ADR Referral Process for CASs

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	33%	25%	8%	8%	26%
Family Group Conferencing (n=12)	25%	42%	8%	8%	17%
Aboriginal Approaches (n=7)	43%	14%	29%	14%	0%
Other Methods (n=8)	13%	38%	13%	0%	38%

Ease of Navigation of ADR Referral Process for CASs

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	42%	33%	0%	8%	17%
Family Group Conferencing (n=12)	42%	33%	8%	0%	17%
Aboriginal Approaches (n=7)	43%	14%	29%	0%	14%
Other Methods (n=8)	13%	25%	13%	13%	38%

Ease of Navigation of ADR Referral process for Children and Youth and their Families/Advocates

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	25%	25%	25%	0%	25%
Family group conferencing (n=12)	33%	33%	8%	8%	17%
Aboriginal Approaches (n=7)	29%	14%	43%	0%	14%
Other Methods (n=8)	0%	38%	0%	13%	50%

Availability of ADR Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediators (n=12)	17%	25%	17%	17%	25%
Family group conferencing coordinators (n=12)	8%	50%	8%	25%	8%
Aboriginal service providers (n=7)	7%	33%	15%	22%	22%
Other Methods (n=8)	13%	13%	13%	0%	63%

Availability of Practitioners who Provide ADR Services in French

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediators (n=12)	0%	17%	17%	25%	42%
Family group conferencing coordinators (n=12)	0%	25%	17%	25%	33%
Other Methods (n=8)	0%	13%	0%	0%	88%

System for Rostering ADR Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediators (n=12)	8%	33%	8%	8%	42%
Family group conferencing coordinators (n=12)	8%	67%	0%	0%	25%

B.3.2 Support for the Use of ADR as Rated by ADR TP Agencies

Support for Use of ADR from CAS Child Protection Workers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	0%	58%	8%	17%	17%
Family Group Conferencing (n=12)	25%	42%	17%	0%	17%
Aboriginal Approaches (n=7)	0%	43%	57%	0%	0%
Other Methods (n=7)	0%	43%	14%	14%	29%

Support for Use of ADR from CAS Legal Counsel

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	8%	50%	17%	8%	17%
Family Group Conferencing (n=12)	0%	67%	17%	0%	17%
Aboriginal Approaches (n=7)	29%	29%	14%	29%	0%
Other Methods (n=7)	0%	57%	0%	0%	43%

Support for Use of ADR from Court Justices

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	8%	42%	17%	8%	25%
Family Group Conferencing (n=12)	8%	58%	8%	0%	25%
Aboriginal Approaches (n=7)	29%	29%	29%	14%	0%
Other Methods (n=7)	0%	43%	14%	0%	43%

Support for Use of ADR from Legal Counsel for Children and Youth

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	8%	50%	8%	8%	25%
Family Group Conferencing (n=12)	8%	67%	0%	8%	17%
Aboriginal Approaches (n=7)	14%	57%	14%	14%	0%
Other Methods (n=7)	14%	43%	0%	0%	43%

Support for Use of ADR from Legal Counsel for Parents/Family Members

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	0%	8%	42%	25%	25%
Family Group Conferencing (n=12)	0%	8%	50%	8%	33%
Aboriginal Approaches (n=7)	29%	29%	29%	14%	0%
Other Methods (n=7)	14%	14%	14%	0%	57%

Support for Use of ADR from Children and Youth and their Families/Advocates

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	8%	33%	25%	0%	33%
Family Group Conferencing (n=12)	17%	50%	8%	0%	25%
Aboriginal Approaches (n=7)	57%	29%	14%	0%	0%
Other Methods (n=7)	14%	14%	0%	0%	71%

Support for Use of ADR from Other Child and Youth Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	8%	25%	8%	0%	58%
Family group conferencing (n=12)	8%	58%	0%	0%	33%
Aboriginal Approaches (n=7)	43%	43%	14%	0%	0%
Other Methods (n=7)	14%	14%	0%	0%	71%

Support for Use of ADR from Ministry Regional Offices

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	42%	25%	8%	0%	25%
Family Group Conferencing (n=12)	25%	58%	8%	0%	8%
Aboriginal Approaches (n=7)	57%	29%	0%	0%	14%
Other Methods (n=7)	0%	43%	0%	0%	57%

B.3.3 Availability of Relevant Training as Rated by ADR TP Agencies

Availability of Relevant Training for Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediators (n=12)	0%	17%	17%	25%	33%
Family group conferencing coordinators (n=12)	42%	33%	0%	8%	17%
Aboriginal Approaches (n=7)	28%	0%	43%	14%	14%
Other practitioners (n=7)	14%	14%	0%	29%	43%

Availability of Relevant Training for CAS Workers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	0%	58%	8%	17%	17%
Family group conferencing (n=12)	25%	42%	8%	8%	17%
Aboriginal Approaches (n=7)	0%	14%	14%	29%	43%
Other Methods (n=7)	0%	29%	14%	14%	43%

Availability of Relevant Training for Court Justices

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	0%	33%	17%	17%	33%
Family group conferencing (n=12)	8%	33%	25%	8%	25%
Aboriginal Approaches (n=7)	14%	14%	14%	29%	29%
Other Methods (n=7)	0%	14%	29%	0%	57%

Availability of Relevant Training for Legal Counsel for Children and Youth

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	0%	33%	8%	17%	42%
Family group conferencing (n=12)	8%	33%	25%	0%	33%
Aboriginal Approaches (n=7)	0%	29%	14%	29%	29%
Other Methods (n=7)	0%	14%	14%	0%	71%

Availability of Relevant Training for Legal Counsel for Parents/Family Members

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	0%	33%	17%	17%	33%
Family group conferencing (n=12)	8%	17%	25%	8%	42%
Aboriginal Approaches (n=7)	0%	14%	29%	29%	29%
Other Methods (n=6)	0%	17%	0%	0%	73%

Availability of Relevant Training for Other Child and Youth Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	0%	33%	8%	17%	42%
Family group conferencing (n=12)	8%	25%	17%	17%	33%
Aboriginal Approaches (n=7)	14%	29%	14%	14%	29%
Other Methods (n=7)	0%	29%	0%	14%	57%

Availability of Relevant Training for Children and Youth and their Families/Advocates

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=12)	0%	33%	8%	17%	42%
Family group conferencing (n=12)	8%	25%	17%	17%	33%
Aboriginal Approaches (n=7)	0%	29%	43%	0%	29%
Other Methods (n=7)	14%	14%	0%	14%	57%

B.3.4 Administrative Burden as Rated by ADR TP Agencies

Administrative Burden/Requirements of the Service Delivery System for ADR TP Agencies

	Very Little	About Right	Excessive	Don't Know
For Child protection mediation (n=11)	9%	55%	0%	36%
For Family group conferencing (n=11)	9%	54%	18%	25%
For Aboriginal Approaches (n=8)	0%	63%	13%	25%
For Other Methods (n=6)	33%	17%	0%	50%

B.4 Summary of ADR Service Provider Survey Responses

B.4.1 Access to ADR Services as Rated by CPMs and FGCCs

Methods of Accessing ADR Services by CASs

	Through the Provincial Roster	Directly Rather Than Through a Third Party	Through an ADR TP Agency	Other
Child protection mediators (n=18)	0%	50%	67%	11%
Family group conferencing coordinators (n=26)	19%	42%	65%	8%

Note: Respondents were asked to check all methods of access that apply so the totals exceed 100%.

Frequency that ADR Services are Provided

	Often	Sometimes	Rarely	Never
Child protection mediators (n=18)	56%	22%	11%	11%
Family group conferencing coordinators (n=26)	62%	23%	15%	0%

B.4.2 Support for the Use of ADR as Rated by CPMs and FGCCs

Support for Use of ADR from CAS Child Protection Workers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	33%	28%	17%	22%	0%
Family Group Conferencing (n=26)	8%	62%	15%	15%	0%

Support for Use of ADR from CAS Legal Counsel

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	28%	22%	22%	22%	6%
Family Group Conferencing (n=25)	4%	20%	24%	20%	32%

Support for Use of ADR from Court Justices

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	33%	28%	0%	11%	28%
Family Group Conferencing (n=25)	12%	20%	24%	12%	32%

Support for Use of ADR from Legal Counsel for Children and Youth

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	28%	39%	6%	17%	11%
Family Group Conferencing (n=25)	32%	36%	20%	8%	4%

Support for Use of ADR from Legal Counsel for Parents/Family Members

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	22%	22%	28%	17%	11%
Family Group Conferencing (n=25)	4%	20%	24%	16%	36%

Support for Use of ADR from Children and Youth and their Families/Advocates

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	17%	44%	6%	17%	17%
Family Group Conferencing (n=24)	29%	33%	21%	8%	8%

Support for Use of ADR from Other Child and Youth Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	6%	22%	0%	17%	56%
Family group conferencing (n=24)	21%	33%	21%	13%	13%

Support for Use of ADR from Ministry Regional Offices

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	6%	0%	2%	22%	67%
Family Group Conferencing (n=25)	20%	12%	20%	12%	36%

B.4.3 Availability of Relevant Training as Rated by CPMs and FGCCs

Availability of Relevant Training for Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediators (n=18)	11%	33%	0%	44%	11%
Family group conferencing coordinators (n=24)	38%	38%	13%	13%	0%

Availability of Relevant Training for CAS Workers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	6%	28%	0%	28%	39%
Family group conferencing (n=24)	21%	38%	8%	17%	17%

Availability of Relevant Training for Court Justices

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	6%	11%	11%	22%	50%
Family group conferencing (n=24)	13%	0%	4%	17%	67%

Availability of Relevant Training for Legal Counsel for Children and Youth

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=17)	6%	12%	12%	24%	47%
Family group conferencing (n=23)	22%	4%	9%	9%	57%

Availability of Relevant Training for Legal Counsel for Parents/Family Members

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	6%	6%	17%	22%	50%
Family group conferencing (n=232)	17%	4%	4%	13%	61%

Availability of Relevant Training for Other Child and Youth Service Providers

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	0%	0%	17%	17%	67%
Family group conferencing (n=24)	17%	8%	13%	21%	42%

Availability of Relevant Training for Children and Youth and their Families/Advocates

	Excellent	Good	Fair	Poor	Don't Know
Child protection mediation (n=18)	0%	0%	17%	22%	61%
Family group conferencing (n=24)	17%	13%	8%	17%	46%

B.4.4 Administrative Burden as Rated by CPMs and FGCCs

Administrative Burden/Requirements of the Service Delivery System for Service Providers

	Very Little	About Right	Excessive	Don't Know
For child protection mediators (n=18)	6%	44%	22%	28%
For family group conferencing coordinators (n=23)	17%	57%	17%	9%

Appendix C: ADR Service Delivery Structure

The following chart shows the existing ADR service delivery structure and how CASs are currently accessing services for each method of ADR in each region across the province.

Other Methods of ADR services are split into two columns, including ADR services that are officially recognized by MCYS under the ADR policy directive, and services that are provided by CASs that adhere to the requirements of the policy directive but are reported as CPM, FGC or Aboriginal Approaches to ADR.

There are three main methods of accessing ADR services, including (i) through ADR TP agencies (which may provide ADR services through a roster of full-time, part-time and/or fee-for-service providers or from one of the provincial rosters), (ii) consulting a provincial roster in the case of CPMs or FGCs; or (iii) directly from an individual rostered service provider or an Aboriginal practitioner. In some cases, CASs are using more than one of these three methods for accessing services. There is no provincial roster for Aboriginal service providers.

ADR Service Delivery Structure and Methods of Accessing ADR Services by Region

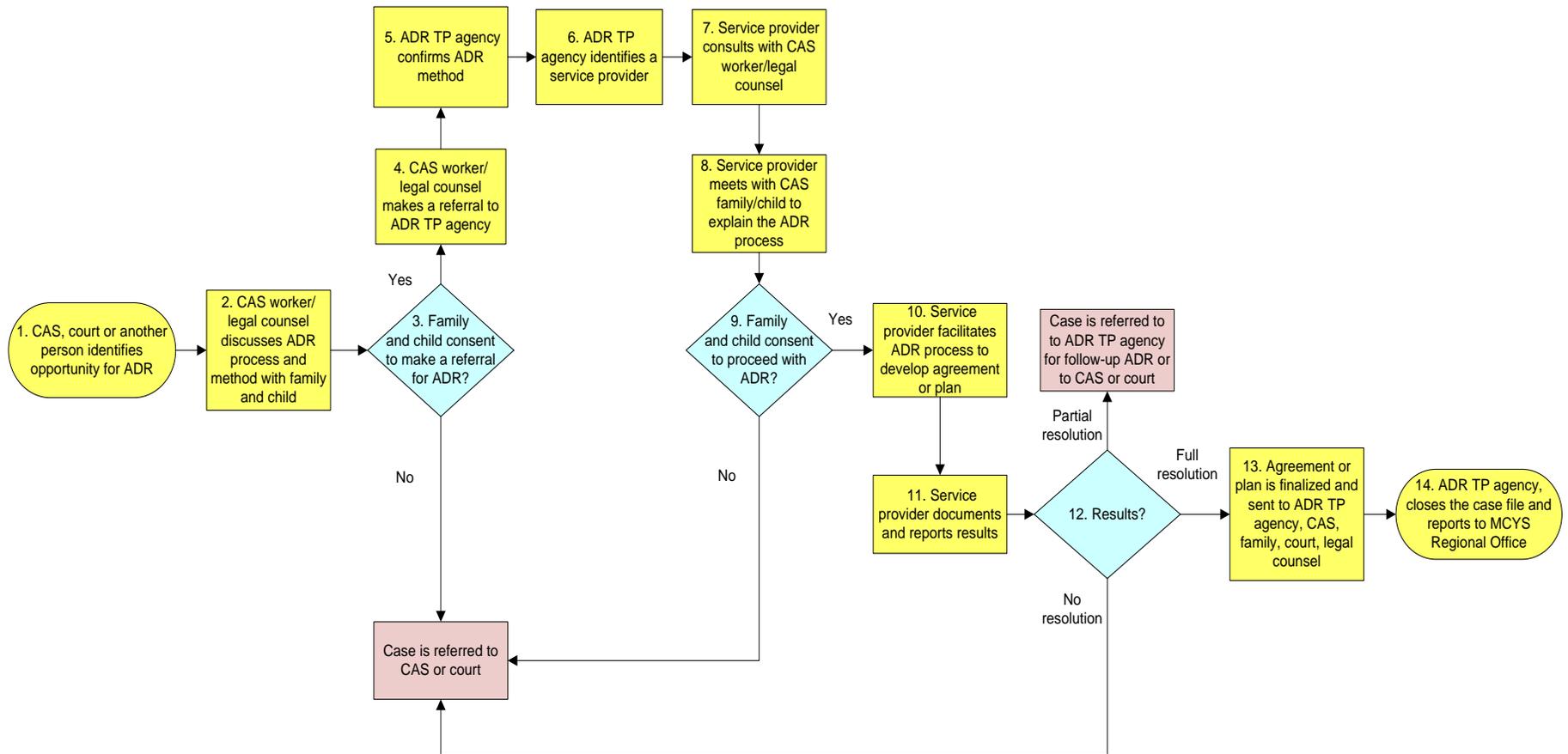
Region and No. of CASs	Child Protection Mediation	Family Group Conferencing	Aboriginal Approaches	Other Methods (per Policy Directive)	Other Methods (reported as CPM, FGC or Aboriginal Approaches)
Central East (5 CASs)	<ul style="list-style-type: none"> • Blue Hills Child and Family Centre • OAFM roster • Direct to a CPM 	<ul style="list-style-type: none"> • Blue Hills Child and Family Centre • OFGCC roster • Direct to a FGCC 	<ul style="list-style-type: none"> • Blue Hills Child and Family Centre 	<ul style="list-style-type: none"> • (Durham Family Court Clinic via Blue Hills Child and Family Centre) 	<ul style="list-style-type: none"> • CPM (Kawartha Family Court Assessment Service via Blue Hills Child and Family Centre) • FGC (CAS of the County of Simcoe)
Central West (5 CASs)	<ul style="list-style-type: none"> • Associated Youth Services of Peel • OAFM roster • Direct to a CPM 	<ul style="list-style-type: none"> • Associated Youth Services of Peel • OFGCC roster • Direct to a FGCC 	<ul style="list-style-type: none"> • Associated Youth Services of Peel • Direct to an Aboriginal facilitator 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • Not applicable
Eastern (4 CASs, 1 Aboriginal CAS)	<ul style="list-style-type: none"> • Family Services of Ottawa 	<ul style="list-style-type: none"> • Family Services of Ottawa 	<ul style="list-style-type: none"> • Wabano Centre for Aboriginal Health • Direct to an Aboriginal facilitator 	<ul style="list-style-type: none"> • CPM (Pathways via Family Services of Ottawa) 	<ul style="list-style-type: none"> • Not applicable

Region and No. of CASs	Child Protection Mediation	Family Group Conferencing	Aboriginal Approaches	Other Methods (per Policy Directive)	Other Methods (reported as CPM, FGC or Aboriginal Approaches)
Hamilton Niagara (5 CASs)	<ul style="list-style-type: none"> • Mediation Centre of Hamilton 	<ul style="list-style-type: none"> • Catholic Family Services of Hamilton • Direct to a FGCC 	<ul style="list-style-type: none"> • Six Nations Child and Family Services • Niagara Chapter Native Women 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • FGC (Family & Children's Services of Niagara CAS) • FGC (CAS of Brant) • Pre-application conferencing (via CAS of Haldimand-Norfolk)
North East (3 CASs, 1 Aboriginal CAS)	<ul style="list-style-type: none"> • Direct to a CPM 	<ul style="list-style-type: none"> • OFGCC roster Direct to a FGCC 	<ul style="list-style-type: none"> • NAN Legal Services • Direct to an Aboriginal facilitator 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • Aboriginal Approaches (Payukotayno CAS) • FGC (NEO Child and Family Services) • FGC (Family, Youth and Child Services of Muskoka) • FGC (CAS of Nipissing and Parry Sound)
Northern (4 CASs, 4 Aboriginal CASs)	<ul style="list-style-type: none"> • Thunder Bay Counselling Centre (Children's Community Network) 	<ul style="list-style-type: none"> • Thunder Bay Counselling Centre (Children's Community Network) 	<ul style="list-style-type: none"> • Thunder Bay Counselling Centre • NAN Legal Services • Direct to Aboriginal facilitator 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • Not applicable
South East (3 CASs)	<ul style="list-style-type: none"> • Counselling Services of Belleville and District • Direct to a CPM 	<ul style="list-style-type: none"> • Counselling Services of Belleville and District • Direct to a FGCC 	<ul style="list-style-type: none"> • Counselling Services of Belleville and District 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • Not applicable
South West (8 CASs)	<ul style="list-style-type: none"> • ADR Link London Family Court Clinic • OAFM roster 	<ul style="list-style-type: none"> • ADR Link London Family Court Clinic • OFGCC roster • Direct to a FGCC 	<ul style="list-style-type: none"> • ADR Link London Family Court Clinic 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • FGC (Chatham-Kent Children's Services CAS)
Toronto (3 CASs, 1 Aboriginal CAS)	<ul style="list-style-type: none"> • Toronto Mediation Centre • OAFM roster • Direct to a CPM 	<ul style="list-style-type: none"> • Family Group Conferencing Project of Toronto • Direct to a FGC 	<ul style="list-style-type: none"> • Aboriginal Legal Services of Toronto • Direct to an Aboriginal facilitator 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • Aboriginal Approaches (Native Family and Child Service of Toronto)

Note: The ADR TP agencies that provide multiple methods of ADR which the MCYS ADR Policy Directive was originally intended to support are highlighted in bold.

Appendix D: Typical ADR Process Pathway

Typical ADR Process Pathway



Appendix E: Evaluation of Optional ADR Service Delivery Models

The following table summarizes the pros and cons of the optional service delivery models discussed in Section 7.

Evaluation Criteria	Option One: Existing Mixed Model	Option Two: ADR TP Agency Broker Model	Option Three: CAS Direct Model
1. Provides fair and unbiased services	<ul style="list-style-type: none"> • Arm’s length role of ADR TP agencies could provide clear separation of roles and responsibilities for child protection and ADR service delivery and assurance to families • Non-arms length role of CASs for Other Methods could provide mixed messaging to families and real or perceived bias 	<ul style="list-style-type: none"> • Arm’s length role of ADR TP agencies for all methods of ADR could provide clear separation of roles and responsibilities for child protection and ADR service delivery and assurance of family rights and opportunities to use ADR 	<ul style="list-style-type: none"> • Non-arm’s length role of CASs could provide mixed messaging to families and real or perceived bias
2. Supports the appropriate use of ADR as part of child protection case management	<ul style="list-style-type: none"> • ADR TPs could provide objectivity, experience, and expertise in advising CASs on best methods and opportunities for ADR • Close collaboration between child protection and legal staff and service provider staff in CASs could support the appropriate use of Other Methods ADR 	<ul style="list-style-type: none"> • ADR TPs could provide objectivity, experience, and expertise in advising CASs on best methods and opportunities for ADR 	<ul style="list-style-type: none"> • Close collaboration between child protection and legal staff and ADR service provider staff in CASs could support the appropriate use of ADR • CPM may not always be used when appropriate by CASs that focus on providing Other Methods of ADR (FGC)
3. Provides timely and prompt service in accordance with the needs and circumstances of each case	<ul style="list-style-type: none"> • Close collaboration between child protection and legal staff and service provider staff in CASs could support quick response for Other Methods of ADR • Multiple methods of access to ADR could delay response or result in lost opportunities due to lack of locally available service providers and under utilization of provincial rosters • CAS access to ADR services through ADR TP agencies could be limited by slow referral processes resulting in service delays or lost opportunities for ADR 	<ul style="list-style-type: none"> • Single methods of access to all methods of ADR could provide the basis for quick and timely access • CAS access to ADR services through ADR TP agencies could be limited by slow referral processes resulting in service delays or lost opportunities for ADR 	<ul style="list-style-type: none"> • Close collaboration between child protection and legal staff and service provider staff in CASs could support quick response for Other Methods of ADR • The response for FGC may be slower for CASs with in-house service providers if workloads exceed capacity and CASs do not have ready access or up-to-date knowledge of FGCCs on the provincial roster • The response for CPM and Aboriginal Approaches may be slower if CASs do not have working knowledge of the provincial CPM roster or Aboriginal service providers

Evaluation Criteria	Option One: Existing Mixed Model	Option Two: ADR TP Agency Broker Model	Option Three: CAS Direct Model
4. Provides trained and qualified service providers that best match the needs and issues in dispute	<ul style="list-style-type: none"> ADR TP agencies have ready access to a range of service providers and the ability to find more distant resources if needed CPM may not always be used when most appropriate by CASs that focus on providing Other Methods of ADR based on FGC Use of internal CAS service providers for Other Methods could limit the range of ADR skills and experience being applied 	<ul style="list-style-type: none"> ADR TP agencies have ready access to a range of service providers and the ability to find more distant resources if needed ADR TP Agencies could develop expertise in finding the best match for cases with special needs and circumstances (such as high conflict situations, special language and cultural needs) 	<ul style="list-style-type: none"> Use of internal CAS service providers for Other Methods could limit the range of ADR skills and experience being applied Lack of CAS knowledge of the service provider resource base could limit the ability to match resources with case needs Finding and matching service providers could be time-consuming and difficult
5. Provides consistent access and quality of services in the province	<ul style="list-style-type: none"> Multiple methods of access to ADR could lead to inconsistent access to and quality of services 	<ul style="list-style-type: none"> Single methods of access to all methods of ADR could provide more consistent services and clear responsibility for service quality 	<ul style="list-style-type: none"> Delivery of ADR by more than 40 CASs could lead to significant inconsistencies in access and quality of services
6. The costs for program management and administrative support are sustainable	<ul style="list-style-type: none"> Individual CAS agency and ADR TP agency costs could increase significantly over time, especially if ADR service volumes continue to increase 	<ul style="list-style-type: none"> Program management and administrative costs could be concentrated in fewer agencies with less ministry oversight CASs could concentrate their efforts on opportunities to use ADR ADR TP agencies could have significant management and administrative costs 	<ul style="list-style-type: none"> Costs for more than 40 CASs could be significantly higher Additional costs could be required for a provincial body to provide some functions of ADR TP agencies The ADR service delivery system could be time-consuming for MCYS to manage
7. Implementing costs are manageable	<ul style="list-style-type: none"> There would be no implementation costs 	<ul style="list-style-type: none"> Implementation costs would not be significant Consolidation of ADR TP agencies would require initial training and orientation of managers and staff 	<ul style="list-style-type: none"> Implementation costs for eliminating the ADR TP agencies would not be significant Orientation and training time and costs for CAS managers and staff could be significant
8. The potential risks can be reasonably mitigated and managed	<ul style="list-style-type: none"> There may be delays in completing the full implementation of the ADR service delivery system in all areas of the province Program management and administrative support costs for Other Methods of ADR may require a higher proportion of total ADR program costs over time 	<ul style="list-style-type: none"> There may be short-term service disruptions during transfer of services to the new single ADR TP agencies in the three regions Existing ADR funding in the three regions affected might not be sufficient ADR service providers currently on staff in CASs might require job transfers and/or compensation 	<ul style="list-style-type: none"> There could be significant service disruptions due to the elimination of all ADR TP agencies Program management and administrative support costs may require a higher proportion of total program costs over time ADR service providers currently on staff in ADR TP agencies might require compensation

Appendix F: Summary of Evaluation Recommendations

Following is a listing of the evaluation recommendations referenced according to the appropriate section numbers in the report.

5. CURRENT AND FUTURE USE OF ADR

5.3.3 Future Use of ADR

Recommendation 1.0

- CASs and ADR TP Agencies should continue to develop and implement leadership, promotional and educational strategies and share best practices that support the increased use of ADR starting as early as possible during the child protection case management process.

6. VALUE FOR MONEY

6.1 Conversion of New ADR Referrals into Complete Cases

Recommendations 2.0

- The criteria and processes used for identifying new ADR referrals should be examined and a more consistent process developed.
- The reasons for new ADR referrals being declined and ending without resolution should be examined in detail and measures taken to improve the successful completion of ADR cases.
- Consideration should be given to establishing guidelines or benchmarks for converting new referrals into completed cases and/or creating other measures for monitoring the successful delivery of ADR.

6.2 Costs of ADR Services

Recommendations 3.0

- The definitions and specific items included under the three major ADR TP agency cost categories of service provider, site and agency costs should be refined to increase the consistency and accuracy of cost reporting.
- The breakdown in total ADR TP agency costs by major category should be reported on a regular (at least annual) basis.
- Regional Offices should monitor and evaluate ADR TP agency costs more closely to identify reporting inconsistencies and opportunities for reducing or containing ADR costs, particularly with respect to program management and administration.

6.3 Process Improvements for CASs

Recommendation 4.0

- CASs should work together to share and implement on-going ADR process improvements that will increase the effectiveness and efficiency of the ADR service delivery system, including best practices that have already been implemented in CASs across the province.

6.4 Process Improvements for ADR TP Agencies

Recommendation 5.0

- ADR TP agencies should work together to share and implement on-going ADR process improvements that will increase the effectiveness and efficiency of the ADR service delivery system, including best practices that have already been implemented in some ADR TP agencies across the province.

7. ADR SERVICE DELIVERY MODEL

7.3.4 Recommended ADR Service Delivery Model

Recommendations 6.0

- CPM, FGC and Aboriginal Approaches to ADR should be maintained.
- Other Methods of ADR currently being provided by CASs should be discontinued and phased into the ADR services being provided by ADR TP agencies.
- A single ADR TP agency should be the single point of access for all referrals to CPM, FGC and Aboriginal Approaches for non-Aboriginal CASs in each region
- Single ADR TP agencies should be established in the remaining three regions by:
 - Establishing a new ADR TP agency for North East Region
 - Consolidating the existing separate ADR TP agencies delivering CPM and FGC in Hamilton Niagara and Toronto Regions into single agencies for these two regions
- The existing Aboriginal agencies and Aboriginal CASs that provide Aboriginal Approaches to ADR should continue to do so.

8. MANAGEMENT OF ADR SERVICE PROVIDERS

8.1 CPMs and FGCCs

Recommendations 7.0

- ADR TP agencies should continue to manage their needs for service providers to meet CAS requirements through a combination of employed staff and/or fee for service providers depending on the most cost effective operating model.

- ADR TP agencies should use the provincial CPM and FGC rosters as part of the process for identifying and assigning service providers to specific ADR cases and communicate their evolving needs to The George Hull Centre and OAFM.
- The needs for initial and ongoing training and mentoring of CPMs and FGCCs should be reviewed and programs enhanced by The George Hull Centre and OAFM with support in the field from the ADR TP agencies.
- The FGCC and CPM rosters should be reviewed on a regular basis by The George Hull Centre and OAFM respectively to ensure that all members are receiving adequate training, mentoring and work experience to maintain their proficiency in accordance with professional standards.

8.2 Aboriginal Service Providers

Recommendations 8.0

- ADR TP agencies serving Aboriginal children and families should meet on a periodic basis to coordinate their needs for Aboriginal service providers, share training materials and address other capacity building issues with respect to the management of Aboriginal service providers.
- The feasibility of developing a common core curriculum and materials for training ADR Aboriginal service providers that can be supplemented by individual communities to reflect their own history with the child welfare system, culture, beliefs, and collaborative practices should be evaluated by Aboriginal ADR stakeholders across the province.
- The Ministry should continue to promote capacity development in Aboriginal Approaches to ADR.
- The ministry should consider exploring the development of a roster for Aboriginal Approaches to ADR.

8.3 French Language Services

Recommendation 9.0

- The need for additional French speaking and/or Francophone CPM and FGC service providers for areas that require ADR services in French should be determined by local ADR TP agencies in conjunction with The George Hull Centre and OAFM and additional resources recruited and trained for the respective provincial rosters.

9. STAKEHOLDER ROLES AND RESPONSIBILITIES

9.1 CASs

Recommendation 10.0

- As the Other Methods of ADR are phased out, the primary role of CASs in ADR should focus on building in and optimizing its use as an integral part of child protection case management, including identifying and initiating ADR opportunities and working closely with ADR TP agencies in making referrals, and promoting its use and benefits with families, court justices, the legal community and others.

9.2 ADR TP Agencies

Recommendation 11.0

- ADR TP Agencies should be developed as regional centres of best practice in the delivery of ADR through sharing best practices and ongoing improvements in the delivery of ADR services and the training, mentoring and support of ADR service providers.

9.3 Rostering Agencies

Recommendation 12.0

- The George Hull Centre for Children and Families and OAFM should continue to focus on building and maintaining active rosters of trained and qualified ADR service providers and work closely with ADR TP agencies and CASs in addressing evolving needs (such as increased access to French language service), managing the demand and supply of resources, and training and mentoring service providers.

9.4 Regional ADR Committees

Recommendation 13.0

- There should be an ADR committee led by the ADR TP agency in each region that meets on a regular (e.g. quarterly) basis to proactively address ADR needs, issues and opportunities within their respective geographic areas and to refer such items to a provincial ADR advisory committee, where appropriate.

9.5 Provincial ADR Advisory Committee

Recommendations 14.0

- The ADR Network should be formally designated as the “Provincial ADR Advisory Committee”, accountable to MCYS.
- The role of the Provincial ADR Advisory Committee should be to provide advice to ADR TP agencies, CASs, rostering agencies, and the Ministry on issues and opportunities related to the optimum use of ADR and improvements to the ADR service delivery system.
- Membership on the Committee should include representation from ADR TP agencies, CASs, The George Hull Centre, OAFM, the Child Welfare Secretariat and MCYS regional offices.
- The core membership of the provincial ADR committee should be supplemented from-time-to-time, depending on the issues or initiatives being addressed (for example, through the addition of individual ADR service providers, the OACAS, or ANCFSAO).
- The chair and membership on the committee should be rotated on a regular basis to broaden the ownership and participation in the process and bring in new ideas and experience from across the system.
- The Committee should share best practices and provide advice on the implementation of system improvements to key stakeholders including MCYS, Office of the Children’s Lawyer, ADR TP Agencies and CASs, and to court justices, if appropriate.

9.6 Ministry of Children and Youth Services

Recommendation 15.0

- The Child Welfare Secretariat and Ministry Regional Offices should play a more visible and proactive role in overseeing the consistent use of ADR and management of the ADR service delivery system.

10. INFORMATION MANAGEMENT AND PERFORMANCE REPORTING

Recommendations 16.0

- The ADR monitoring and performance reporting system should be overhauled to provide more accurate, consistent and timely information and metrics to monitor trends in service volumes and costs, assign and reallocate funding based on needs, evaluate performance, and identify opportunities for improved service quality and cost effectiveness.
- MCYS should seek input from ADR stakeholders in revising the monitoring and performance reporting system through the Provincial ADR Advisory Committee recommended in Section 9.

11. ADR FUNDING

Recommendations 17.0

- The method of funding ADR TP agencies should become annualized through an approach that captures all ADR cases, provides stability, reflects growth in case volumes, builds in a consistent and appropriate level of spending for program management and administration, and provides flexibility for quick reallocation between regions and ADR TP agencies based on needs.
- ADR TP agency funding should be closely linked to improved data and new performance measures developed for the monitoring and performance reporting system as recommended in the previous section.
- ADR TP agencies should be provided with multi-year service contracts with appropriate performance targets and accountability commitments.
- MCYS should discontinue funding CASs directly for providing ADR services in conjunction with phasing out the Other Methods of ADR.