

Needs Assessment for The Collaborative Decision-Making Navigator Project

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Background

Families in British Columbia can choose to navigate child protection matters through a variety of processes. Families can go to court to resolve child protection matters or turn to a range of Collaborative Decision-Making (CDM) processes. These processes – which include mediation, family group conferences, family case planning conferences, youth transition conferences, prevention meetings, and traditional decision-making processes – help families resolve their child protection matters outside of court. They also focus on empowering families to share their voices and fully participate in planning their children’s future. In fact, studies demonstrate that CDM Processes give families greater voices in decision-making, improve relationships with social workers, and often lead to better outcomes for families.¹

Access to justice in British Columbia

Though CDM processes can be greatly beneficial to families, they are not widely known about or accessed by families and service providers in BC. Many families do not know about CDM processes and the variety of process options that exist when navigating child protection disputes. Additionally, many service providers working with families in child protection matters do not know about CDM processes, even though families rely on service providers to explain their options to them. Further barriers likely exist to families access to CDM processes, preventing these processes from being accessed and used to their full potential. Given that CDM processes can empower families and lead to beneficial outcomes, lack of access to CDM processes signifies a lack of access to justice in British Columbia.

When considering this access to justice issue, Gender-based Analysis Plus (GBA Plus) is an analytic tool developed by the Government of Canada that allows us to understand more fully who is being impacted by this issue.² While Gender-based Analysis would take into consideration the ways that issues and initiatives affect people based on sex and/or gender, Gender-Based Analysis *Plus* takes into account multiple categories of identity – such as race, sexuality, immigration status, ability – and the ways these categories intersect to significantly impact a person’s experience.³ Because of this, GBA Plus can inform how diverse populations are impacted by problems and how these populations may differently experience policies, programs, and initiatives.⁴

Applying GBA Plus to the issue of access to CDM processes in BC prompts us to consider who is most affected by a lack of access to CDM processes. Additionally, it

¹ See, for example, Focus Consultants, “Evaluation of Longer Term Outcomes of Surrey Court Project Child Protection Mediations: Client, Social Worker, and Mediator Experiences”, Final Report for Ministry of Children and Family Development, Fraser Region, 2009; and, McHale, M. Jerry, Irene Robertson and Andrea Clarke, “Child Protection Mediation in British Columbia”, November 2006.

² “What is Gender-based Analysis Plus?” *Government of Canada*, last modified June 16th, 2022, <https://women-gender-equality.canada.ca/en/gender-based-analysis-plus/what-gender-based-analysis-plus.html>

³ “What is Gender-based Analysis Plus?” *Government of Canada*.

⁴ “What is Gender-based Analysis Plus?” *Government of Canada*.

prompts us to consider the gender, diversity, and identity issues contributing to this lack of access. To begin, Indigenous children in Canada make up more than 53.8% of all children in care, even though they make up only 7.7% of the child population.⁵ Because of this, Indigenous families are disproportionately affected by lack of access to CDM processes and resulting lack of access to justice, as they navigate child protection disputes at a higher rate than non-Indigenous families. Additionally, other groups may experience compounding barriers when accessing CDM processes. Those who occupy marginalized identities or social locations may experience further barriers when accessing or engaging in CDM processes. Further, individuals may occupy multiple categories and navigate access to CDM processes in ways fundamentally affected by their intersecting and compounding identities and social locations. Addressing access to justice in this context requires working towards remedying the barriers to families' access to CDM processes.

GBA Plus also highlights the urgent need to address this issue of access to justice. Given Indigenous communities' devastating experiences of child removal across Canada, Indigenous people's access to justice when navigating child protection matters helps preserve Indigenous families and maintain Indigenous culture key to decolonization and self-determination. Further, Indigenous nations are rebuilding traditional decision-making processes that reflect their practices of child-protection and reclaiming jurisdiction over child welfare. As such, lack of access to CDM processes also constitutes a lack of access to these Indigenous nations' processes and governing systems. For those with marginalized identities who may face prejudice in the justice system – such as racialized communities – CDM processes can allow families to navigate the child protection system in processes adapted to their needs and focused on collaborative and respectful communication.

The Collaborative Decision-Making Navigator project

In response to this problem of access to justice, Mediate BC is developing a Collaborative Decision-Making (CDM) Navigator project that seeks to increase access to justice for Indigenous and racialized communities. This project aims to increase access to justice through two key strategies: Public Legal Education and Information (PLEI) resources on CDM processes and direct legal support to families navigating child protection matters in BC. This project is funded by the Department of Justice's Justice Partnership and Innovation Program (Legal Services and Supports for Racialized Communities).

Tentatively, the PLEI component of this project aims to increase families and service providers' awareness and knowledge of CDM processes through creating and distributing resources on CDM processes and delivering community outreach and educational workshops to service providers. The direct legal support component of this

⁵ "Reducing the number of Indigenous children in care," *Government of Canada*, last modified February 15th, 2023, <https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851>.

project involves hiring two CDM Navigators who will provide process support and advice to families navigating the child protection system.

Research purpose

A critical component of GBA Plus is ensuring that the experiences of an impacted population are considered when defining problems and creating solutions. While staff at Mediate BC and other justice system actors have identified the problem of lack of access to CDM processes, further research and community consultation is needed. Research and community consultation can also test prior assumptions when creating this project and aid the Navigator project in increasing communities' access to justice.

As such, this report presents a Needs Assessment that forms the basis of the CDM Navigator project. This Needs Assessment seeks to understand the problem of Indigenous and racialized families' access to CDM processes in British Columbia. In particular, the Needs Assessment seeks to understand the unmet needs and barriers faced by Indigenous and racialized families accessing CDM processes. From this, the Needs Assessment aims to clarify the priorities and key strategies of the CDM Navigator project.

This Needs Assessment is fundamentally guided by GBA Plus. First, GBA Plus provides a framework for understanding how issues of access to justice disproportionately affect certain populations, spurring the development of the CDM Navigator project. Second, GBA Plus informs the design and execution of this study, including the recruitment of participants, the methods of data collection, and the analysis and conclusions of this report. Third, GBA Plus underscores the recommendations developed in this report, which are intended to meet the needs of diverse populations and consider the ways populations may differently interact with and access the CDM Navigator project.

Participant eligibility and recruitment

Prior to beginning the Needs Assessment, participants were considered from two pools: families who are navigating child protection matters and service providers who are supporting families navigating child protection matters (e.g., lawyers, support workers, legal advocates, counsellors, band representatives, CDM facilitators).

Ultimately, this Needs Assessment chose to focus on service providers who are supporting families navigating child protection matters. This choice was made for three reasons:

- 1) Service providers support and guide many families navigating child protection matters. As such, they can base their comments on CDM processes on multiple families' experiences navigating child protection matters.
- 2) Families navigating child protection matters are likely to be emotionally vulnerable and/or experiencing trauma. Collecting data from families during or

after child protection matters can put undo stress on families.

- 3) Given Mediate BC's pre-existing relationships and partnerships with a variety of justice system actors and organizations in British Columbia, service providers working with families in child protection are easier to connect with. Further, connecting with these actors and organizations can allow Mediate BC to conduct outreach for the CDM Navigator project.

Participants were recruited over a 4-month period between October 2022 and January 2023. Recruitment was done primarily by the principal researcher (PR) on this project, Talia Holy. Participants were recruited based on the following criteria:

- 1) They worked in a professional capacity to support families navigating child protection matters.
- 2) They were located in British Columbia.

Importantly, it was not necessary that service providers have experience working with CDM processes. This is because understanding access to CDM processes requires one to understand who is not accessing CDM processes and why. "Support" in criteria #1 was defined loosely, with service providers supporting families by advocating for them as counsel, providing information and guidance as a legal advocate, facilitating CDM processes, or providing resources and emotional support as a counsellor, band representative, or family support worker.

GBA Plus requires that people of diverse backgrounds and lived experiences are authorities in the development of research projects and initiatives. As such, effort was made to ensure a diverse participant base was recruited. Throughout the recruitment process, the PR evaluated the demographics of participants to ensure that they represented BC's diverse population. Geographically, effort was made to ensure that participants were spread across British Columbia, servicing urban, semi-rural, and rural areas. In areas that lacked adequate numbers of participants, the PR conducted targeted outreach in these areas. This was to ensure that data collected was representative of all areas of BC, and to observe whether access to CDM processes was dependent on location and/or other geographical factors (e.g., rural vs urban areas). Additionally, care was taken to ensure that participants worked with diverse populations. Given this study's focus on uncovering barriers faced by Indigenous and racialized communities, service providers that worked predominantly with Indigenous and racialized communities were recruited for this study.

Participants were recruited in four primary ways:

- 1) Participants were recruited directly by email based on their positions and geographic locations. Participants received an email outlining the purpose of the Needs Assessment and reasons why their participation would benefit the Needs Assessment (Appendix 1). Sixty-eight service providers were contacted directly

via email by the PR.

- 2) Participants were recruited based on pre-existing connections with Mediate BC. Eighteen service providers were contacted via introduction by staff at Mediate BC. Additionally, the PR met with two members of Mediate BC's Board of Directors and two members of Mediate BC's staff to advise on connections with service providers.
- 3) Participants were recruited by email lists and newsletters to service providers in British Columbia. An unknown number of participants were contacted via this method, as information was sent to email lists outside of Mediate BC.
- 4) Participants were recruited by social media. The PR conducted an Instagram Live video (Appendix 1) with Mediate BC, advertising the Needs Assessment and recruiting participants. As of March 2023, this video was viewed 100 times.

Any service providers who expressed interest in participating in the Needs Assessment were sent information on the purpose of the Needs Assessment and how their participation would benefit the Needs Assessment (Appendix 1).

Participants

Ultimately, forty-four participants contributed to the Needs Assessment. This included seventeen lawyers, ten family support workers, eight CDM process facilitators, five legal advocates, two counsellors, and two band representatives (Figure 1).

While forty-four service providers participated in the Needs Assessment, forty organizations/independent service providers were consulted in the Needs Assessment. This is because the PR conducted multiple interviews with certain organizations and conducted interviews with more than one participant.

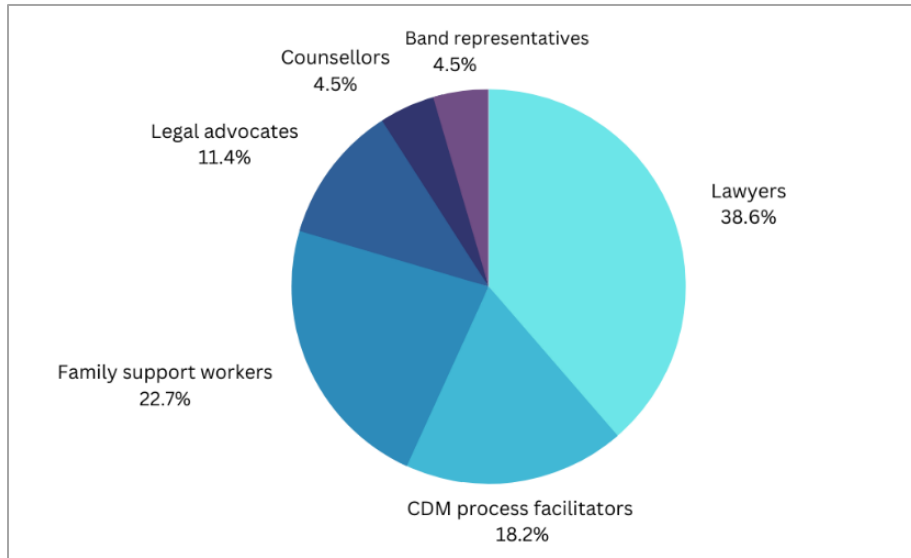
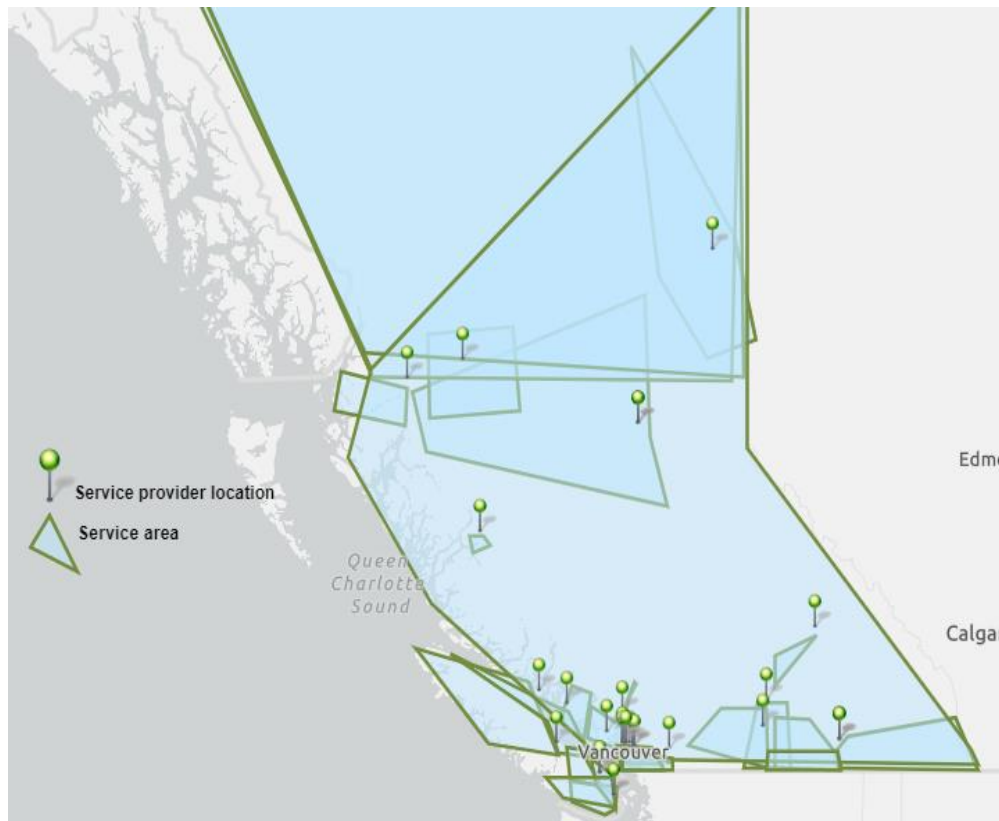


Figure 1: Participants' jobs.

As represented in Map 1, service providers who participated in the Needs Assessment were spread throughout and serviced all of BC. While most participants serviced particular areas, others serviced all of BC. See Appendix 2 for more detailed maps of the geographic locations and regions participants were located within (Appendix 2).



Map 1: Participants' locations and service areas.

Table 1 outlines the regions service providers were located in.⁶

Region	Number of participating organizations
Mainland/Southwest	16
Vancouver Island/Coast	11
Cariboo	4
Thompson/Okanagan	3
Kootenay	3
North Coast	1
Nechako	1
Northeast	1

Table 1: Participants' regions.

Given the high population density of the Mainland/Southwest and Vancouver Island/Coast regions, the highest number of participants were located in these regions. Participant numbers diminished significantly for the North Coast, Nechako, and Northeast regions. However, given the low population density of these region, participants serviced almost the entirety of these regions.

⁶ See here for information on regions of British Columbia: "Regions in B.C," *WelcomeBC*, <https://www.welcomebc.ca/Choose-B-C/Explore-British-Columbia/Regions-in-B-C>.

Participants were asked approximately what percentage of their clients were Indigenous and/or racialized. See Figure 2 for the percentage of Indigenous/racialized clients serviced by participants, by region in BC.

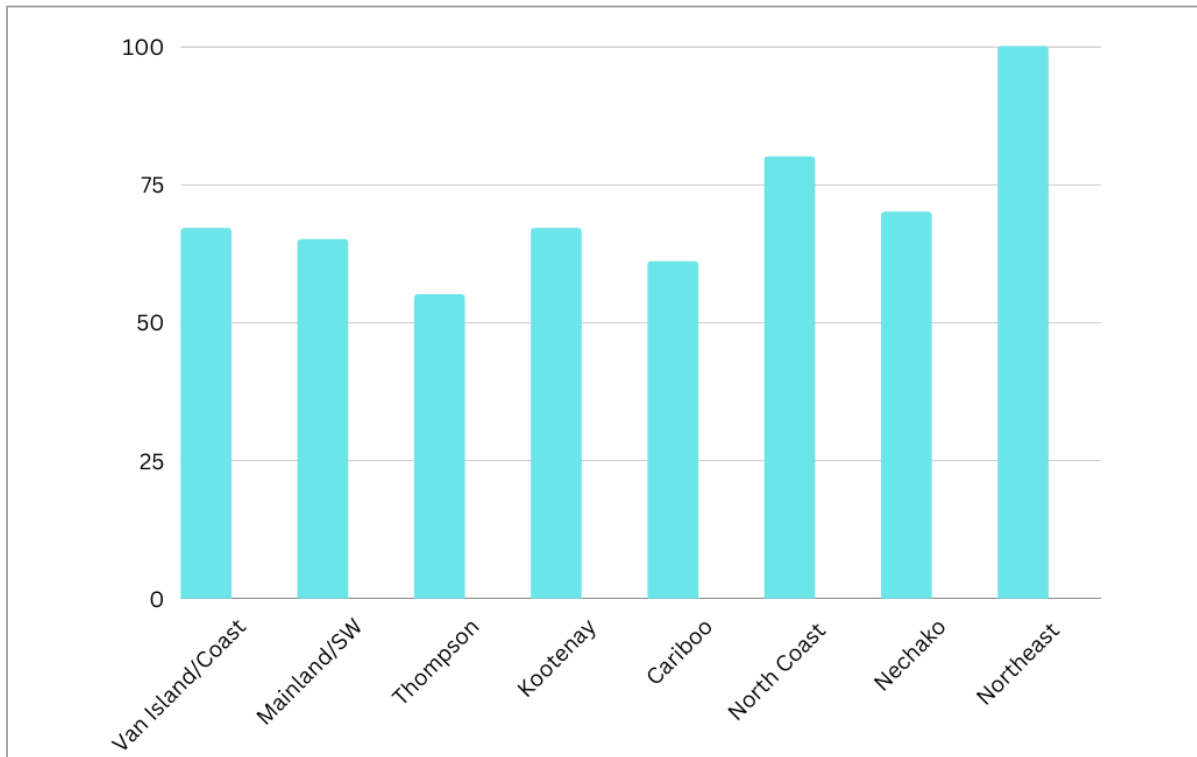


Figure 2: Percentage of Indigenous/Racialized Clients by Region.

On average, participants across all regions reported that 69% of their clients were Indigenous and/or racialized. Regionally, the Northeast region reported the highest average percentage of Indigenous/racialized clients, at 100%. This is followed by the Nechako region, at 70%; the Vancouver Island/Coast region, at 67%; the Kootenay region, at 67%; the Mainland/Southwest region, at 65%; the Cariboo region, at 61%; and the Thompson-Okanagan region, at 55%.

It is important to note that the average percentage of Indigenous/racialized clients reported by participants should not be taken to indicate the average percentage of Indigenous/racialized clients navigating child protection matters in these regions. This is because the PR specifically sought out certain organizations that serviced Indigenous and/or racialized families, given the focus of this Needs Assessment. Because of this, participants likely reported higher numbers of Indigenous and/or racialized clients than other service providers working in their regions. Further, given that there was only one participant from the Northeast, North Coast, and Nechako regions, these results should be further substantiated.

Importantly, participants included in this study work with a large percentage of Indigenous and racialized clients navigating child protection matters across all regions of BC. As such, they are strong authorities on the barriers faced by Indigenous and

racialized clients navigating child protection matters in BC.

Objectives

The research objectives of this Needs Assessment are as follows:

- 1) Identify which populations are accessing CDM processes and which populations are failing to access these processes.
- 2) Use GBA Plus to identify and understand the unmet needs of, and barriers faced by, Indigenous and racialized communities when accessing and/or engaging with CDM processes.

More broadly, this Needs Assessment's overall objectives are to:

- 1) Contribute to the development of the CDM Navigator project through GBA Plus that determines key priorities and strategies for the project's development.
- 2) Contribute to the CDM Navigator project's overall objective of increasing access to justice for Indigenous and racialized communities through PLEI resources and direct client legal support.

General Approach

The Needs Assessment's objectives can be translated into the following research questions:

- 1) Which populations are accessing CDM processes? Which populations are failing to access these processes?
- 2) What are the unmet needs and barriers faced by Indigenous and racialized communities when accessing and/or engaging with CDM processes?

Research question #1 is best answered quantitatively, through analysis of disaggregated data on which populations are accessing CDM processes and navigating child protection matters in other ways. Disaggregated data is data that is broken down into attributes, such as race, gender, and other identity categories.⁷ However, there is little to no disaggregated data collected by service providers on families' use of CDM processes.

Given the limited sources of data and the limited time frame the PR had, it was decided that research question #1 would be preliminarily answered through qualitative data.

Research question #2 is best answered qualitatively, as qualitative data will best allow for the needs and barriers of communities to be identified and fully explored. Qualitative

⁷ "Disaggregated Data and Analytics Framework," *Government of Canada*, last modified July 15th, 2022, <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/committees/lang-mar-28-2022/disaggregated-data-analytics-framework.html>.

methods allow participants to expand on complex issues and drive the findings of the research project with minimal research design and intervention from the PR.

As such, both Research Questions #1 and #2 were explored qualitatively in this project, through a combination of semi-structured interviews and questionnaires.

Data collection

Data collection occurred through interviews and questionnaires. The majority of participants were interviewed by the PR in a thirty-minute to one-hour semi-structured interview. Semi-structured interviews use open-ended questions that allow participants, rather than researchers, to guide interviews and share their original insight. Researchers then follow up with other questions relevant to data collection for the study. This interview style was chosen to align the methods of this Needs Assessment with the principles of GBA Plus, which emphasize the need to allow participants to guide the development of a project with their knowledge. This method allows the Needs Assessment to be “led by and for” people from the communities in question.⁸ By allowing participants to guide the conversation during interviews, they were able to speak to any barriers they had witnessed, including ones the PR had not yet considered. Additionally, by letting participants guide interviews, the PR aimed to minimize the influence of her own bias or presumptions on the interview process and data collection.

The PR conducted twenty-six interviews with participants from twenty-four organizations. While the majority of interviews were with one participant, some interviews were with multiple participants. The PR also conducted multiple interviews with different members of the same organizations, when one member of an organization indicated to the PR that interviewing another member of their organization was necessary to collect all relevant data.

During the interviews, the PR began by explaining that interview data was anonymous, and that interview participants would not be asked for any personal information. She also mentioned that any information given by participants could later be redacted. She then introduced the CDM Navigator project and the Needs Assessment, situating the interview within the larger context of the project. She then asked questions on:

- what CDM processes the service provider was familiar with.
- what barriers they had observed to families’ access to CDM processes.
- how these barriers affected diverse and intersectional populations.
- how a service like the CDM Navigator project could address these barriers (Appendix 3).

⁸ “Gender-based Analysis Plus (GBA Plus), *Government of Canada*, last modified October 13th, 2022, <https://women-gender-equality.canada.ca/en/gender-based-analysis-plus.html>.

Not all interview participants were able to answer all questions, as not all participants were familiar with CDM processes. Staff at Mediate BC attended occasional interviews to learn from interview participants, ask questions, and share more information about the CDM Navigator project. As such, some of the interviews served outreach purposes for the CDM Navigator project. However, the PR took care to ask all questions for the Needs Assessment prior to staff at Mediate BC significantly engaging with the interview participants, to emphasize the neutrality of the interview process and not influence the participants' answers.

During the interviews, the PR recorded the interviews or took detailed notes, depending on the preferences of the participants. The PR took care to repeat back points made in the interview to the participants, to ensure that she was interpreting participants correctly. By doing so, the PR made effort to mitigate her bias when interpreting comments and ensure that participants felt comfortable with the way their words were interpreted. After the interview, the PR reviewed the interview transcript to make sure all information was accurately recorded. If uncertainties existed in the interview transcript, the PR would follow up with the participant to correct any uncertainties.

All interviews took place over the phone or on Zoom, allowing the PR to communicate with participants across BC. Care was taken to ensure that the design of the interviews did not prevent access to any participants, in accordance with the principles of GBA Plus. If a participant could not participate via telephone or Zoom, the PR was prepared to either send the participant a written questionnaire or travel to conduct an in-person interview.⁹

The PR also created two questionnaires for participants, one for lawyers and one for mediators. Though the PR also interviewed lawyers and mediators, it was decided that lawyers and mediators would participate predominantly via questionnaire, given Mediate BC's access to large listservs of lawyers and mediators. Lawyers and mediators, who have especially busy schedules, may also be more likely to fill out a questionnaire than participate in a one-on-one interview. The questionnaires covered all information and questions asked in the interviews. Both the lawyer survey and mediator survey asked a few additional questions on lawyers and mediators' knowledge of CDM processes. This information was collected to help Mediate BC potentially develop training resources for lawyers and mediators. Twelve lawyers and five mediators responded to the questionnaires.

Data analysis methods

Both research questions #1 and #2 were answered through a qualitative thematic analysis of interview and questionnaire transcripts. This involved reading through transcripts and identifying and tagging key patterns and themes that emerged from the data. The PR made sure to closely track information present in these transcripts, rather than relying on her own interpretations. Doing so helped align her analysis with GBA

⁹ Travel was dependent on budget and time constraints of the project.

Plus's principals of foregrounding community-based knowledge and checking one's assumptions.

To further answer research question #1, the PR recorded information on participants' locations, jobs, populations they worked with, and level of familiarity with CDM processes. This information allowed the PR to roughly calculate regional differences in levels of familiarity with CDM processes and variations in familiarity across jobs. From this, the PR approximately determined where BC families were likely to encounter service providers with different levels of familiarity of CDM processes and what populations were most impacted by service providers who had low levels of familiarity with CDM processes.

Constraints

There are a few key constraints on this study. First, GBA Plus identifies that disaggregated data is key to understanding the differential effects problems and initiatives have on diverse populations in Canada.¹⁰ As previously discussed, little disaggregated data exists on who is using CDM processes in BC. Given the choice to focus on service providers, rather than families navigating child protection matters, little precise disaggregated data emerged from this Needs Assessment. This is because interviews and questionnaires focused on service providers' observations and generalizations, rather than specific families' experiences. Though service providers were asked to identify what proportion of their clients were Indigenous and/or racialized, it is impossible to accurately turn their general observations into disaggregated data on families' access to CDM processes. In the Evaluation of this project, disaggregated data should be collected to test some of the analysis and conclusions of this report. Further, the constraints placed on this report by lack of existing disaggregated data highlight the necessity of service providers collecting disaggregated data on families' use of CDM processes, to better identify and address access to justice issues.

Second, during interviews, participants were not asked whether they observed their clients navigating specific barriers (e.g., cultural barriers, geographic barriers). Instead, they were asked open-ended questions that allowed participants to talk about anything they wished. This interview method was chosen by the PR to encourage participants to guide the scope of the Needs Assessment, rather than prompting them to talk about specific needs or barriers. However, this data collection method has its limitations. While the PR recorded the number of times each barrier was reported, it is possible that a participant observed a barrier but did not mention it in their interview. As such, the percentage of times a certain barrier was reported by participants may be underestimated. This should be taken into consideration when reading the results of this study.

Third, while the PR made a significant effort to ensure broad and diverse representation of participants in this study, a greater number of participants would have produced more

¹⁰ "Gender-based Analysis Plus (GBA Plus), *Government of Canada*.

externally valid data. It is possible that participants' observations do not reflect community members they speak for or other service providers in their regions. This should be taken into consideration when reading the results of this analysis. Further analysis with a greater number of participants from each region would produce more externally valid results.

Key findings

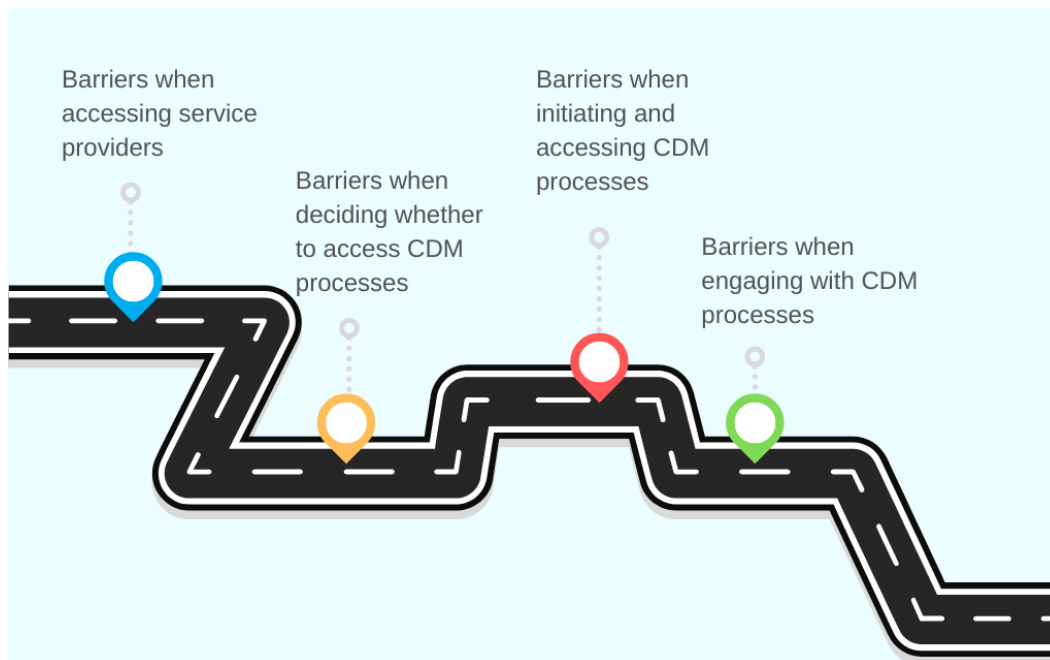


Figure 3: Barriers to accessing CDM processes.

This Needs Assessment aims to identify key barriers faced by Indigenous and racialized families when accessing or engaging in CDM processes. This Needs Assessment finds that barriers can arise at any stage as families navigate child protection matters and access CDM processes (Figure 3). First, many families struggle to access service providers. This is a barrier to accessing CDM processes as service providers are often critical to introducing families to process options and supporting them in accessing CDM processes. Second, even when families manage to access service providers, their service providers may not know about CDM processes or recommend them. Moreover, families may have their own reservations about accessing CDM processes. Third, for families who decide to use CDM processes, there may be barriers to initiating and/or accessing these processes. Fourth and finally, families who do access CDM processes may still encounter barriers to engaging in these processes.

1) Barriers to accessing service providers

To begin with, families face barriers to accessing CDM processes before they even attempt to access these processes. 23% of service providers interviewed and surveyed reported that families navigating child protection matters face challenges accessing

service providers. Service providers are broadly defined here and include justice system actors such as lawyers, legal advocates, family support workers, and counsellors.

Given challenges in accessing service providers, participants report that some families were unable to access the support they needed to initiate CDM processes. Families did not learn about CDM processes, did not have support when accessing these processes, or only accessed support after their child protection matter had significantly progressed. As a result, they did not have the necessary support to access or engage in CDM processes.

1.1) Families' hesitancy and lack of information when accessing service providers

56% of participants who reported barriers to families access to service providers explained that families hesitate and lack information when accessing service providers. Participants reported that families are often hesitant to reach out for support when contacted by MCFD. Additionally, families are often unaware of the support that is available to them. This can delay families contacting service providers. As families often rely significantly on service providers to provide them with process options when navigating child protection matters, many families will not learn about CDM processes. Of the service providers who identified this issue, 80% mentioned that new immigrants to Canada are disproportionately affected by this barrier, as immigrants to Canada may face language barriers, isolation, and a general lack of understanding of the Canadian legal system that can prevent them from reaching out to service providers.

Participants also reported that immigrant groups, particularly South and East Asian communities, tend to comply with MCFD and not realize that they can advocate for themselves during child protection matters. One service provider noted that “a lot of people don't know that when a social worker calls you, you can reach out for advice.”¹¹ Further, another participant identified that “immigrants are very fearful of being in trouble with the law. For some clients, it may not be safe to [be in trouble with the law]”¹² due to precarious immigration status or fear of deportation. Because of this, many immigrants may hesitate to advocate for themselves with MCFD and involve lawyers or other service providers in their child protection matters.

Language barriers also make it difficult for new immigrants to advocate for themselves or connect with English-language services. Additionally, there is a lack of information on the child protection system translated into languages other than English and French, which makes it additionally challenging for immigrant families to learn about relevant service providers and process options. Given this hesitancy and lack of information, participants reported that when immigrant families do decide to reach out to them, it is

¹¹ Anonymous, “Interview with Talia Holy,” 10/31/2022.

¹² Anonymous, “Interview with Talia Holy,” 10/28/2022.

often after their children have already been apprehended. This makes it more challenging for service providers to provide meaningful support.

Interestingly, a participant who works with new immigrants reported that immigrants often struggle to access support after they have settled in Canada for a few years. Immigrant families tend to receive social support during their first years of arrival. However, after a few years, immigrant families often find themselves without support and still lack the confidence or knowledge to navigate child protection matters. At this point, immigrants may find it especially challenging to access service providers to guide them through child protection matters.

In addition to new immigrants, 20% of participants who identified this barrier mentioned that Indigenous families often struggle to reach out to service providers and “don’t know the support people they can look for.”¹³ Participants stated that Indigenous families are often unaware of the culturally relevant supports they can access when navigating child protection matters. Given the long-standing historical connections between the child welfare system and the cultural genocide enacted against Indigenous people in Canada,¹⁴ many Indigenous people are understandably distrustful of process options or support services when navigating child protection matters.

Further, 20% of participants who identified this barrier reported that parents often argue that children and youth should not access support services during child protection matters, as doing so will complicate the child protection matter. As such, children and youth face barriers to accessing service providers due to the hesitation and misinformation of their parents. Participants reported that this barrier is especially concrete for immigrant children and youth, as they face barriers to accessing service providers due to their parents’ hesitation and their position as immigrants.

1.2) Lack of service providers

Second, 33% of participants who reported barriers to families’ access to service providers explained that this was due to lack of service providers. First, participants reported that organizations in their regions are short-staffed. This results in longer wait-times, overworked service providers, and inadequate support for families. As one participant noted, “since we’re so short-staffed, everything takes a little bit longer.”¹⁵

Second, participants reported high turnover rates in their organizations. High turnover rates can result in greater numbers of inexperienced service providers who have limited relationships with community members. Participants explained that community

¹³ Anonymous, “Interview with Talia Holy,” 01/05/2023.

¹⁴ The Truth and Reconciliation Commission of Canada, “Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada,” Ottawa: Government of Canada, 2015, p. 1.

¹⁵ Anonymous, “Interview with Talia Holy,” 02/08/2023.

members are often hesitant to reach out to service providers when they feel that they are inexperienced or unfamiliar with their communities.

Third, participants reported that in regions with shortages of service providers, families often rely on service providers from neighbouring areas. However, these service providers often struggle to establish relationships with neighbouring communities, further deterring families from seeking their help.

Notably, 100% of participants who identified these issues worked in Northern and remote areas of BC, in the Cariboo, North Coast, and Northeast regions. While these issues may occur across the province, service providers from remote communities immediately identified the lack of service providers as a key barrier faced by their communities. Further, the participants who identified these issues reported that, on average, they worked with approximately 75% Indigenous people. While the North Coast region is made up of 60% First Nations people,¹⁶ First Nations people make up only 6% of the population in the Cariboo region¹⁷ and 7% of the population in the Northeast region.¹⁸ As such, it appears that Indigenous people in these regions are disproportionately affected by the child welfare system and by the lack of service providers in these areas. Lack of adequate information and support from service providers can create a significant barrier to Indigenous people's access to CDM processes.

1.3) Lack of no-cost legal services

Third and finally, 33% of participants who reported barriers to families' access to service providers explained that this was due to a lack of no-cost legal services. While no-cost legal services are available to families across BC through Legal Aid BC, families must meet financial requirements to be eligible for no-cost legal services. Participants reported that some families' income may exceed the threshold for Legal Aid; as a service provider stated, "Mom will be working full time and multiple minimum wage jobs – she can't get legal aid."¹⁹ However, families still cannot afford to hire a lawyer due to the high costs of legal services.

As a result, families are left to search for no-cost legal services or advocacy, which can be challenging to access and are often understaffed. Families may not receive adequate legal representation and struggle to find support staff who can provide adequate information or support. Moreover, service providers reported that CDM facilitators are sometimes hesitant to run CDM processes when families do not have adequate legal representation.

¹⁶ "North Coast," *British Columbia Assembly of First Nations*, <https://www.bcafn.ca/first-nations-bc/north-coast>.

¹⁷ "Cariboo," *British Columbia Assembly of First Nations*, <https://www.bcafn.ca/first-nations-bc/cariboo>.

¹⁸ "Northeast," *British Columbia Assembly of First Nations*, <https://www.bcafn.ca/first-nations-bc/northeast>.

¹⁹ Anonymous, "Interview with Talia Holy," 12/19/2022.

Notably, 33% of participants who highlighted this issue emphasized that it is often experienced by immigrant families. One participant explained that “newcomers and international students are often working 1-3 minimum wage jobs. They have the mindset that they need to establish themselves here and send money back home to their families in other countries. Also, their religious beliefs tell them to work hard and not take from the system.”²⁰ As such, the precarity of being a new immigrant, pressure and responsibility of establishing oneself in a new country, and cultural values of new immigrants may push them to work multiple jobs and become ineligible for Legal Aid. Because of this, new immigrants may be disproportionately affected by this barrier, as they may struggle to access legal supports and CDM processes.

Overall takeaways

Families navigating child protection matters may struggle to access service providers, which can impede their ability to initiate and engage in CDM processes. First, families’ hesitancy and lack of information can diminish their ability to access service providers, especially in the case of new immigrant families, Indigenous families, and children and youth. Second, families struggle to access service providers in remote Northern regions of BC, where there is limited-service provider capacity. This barrier appears to disproportionately affect Indigenous families. Third and finally, families struggle to access legal service providers when they are ineligible for Legal Aid, such as new immigrant families working multiple jobs.

2) Service providers’ lack of knowledge on CDM processes

Even if families can access service providers, they still face barriers to accessing CDM processes. 43% of participants surveyed and interviewed demonstrated a lack of knowledge of CDM processes. This can pose a significant barrier to families’ access to CDM processes, as families rely almost entirely on service providers to provide them with accurate information on their process options.

2.1) Service providers don’t know about CDM processes

Participants interviewed and surveyed for this Needs Assessment demonstrated highly variant knowledge of CDM processes. While some service providers were very familiar with CDM processes, others did not know that CDM processes existed.

In this report, participant knowledge of CDM processes is ranked on a scale of 1-5:

Level 1	Participants do not know that CDM processes exist.
Level 2	Participants have limited knowledge of CDM processes (are aware they exist but do not use them; are aware they exist but have significant misconceptions about them).

²⁰Anonymous, “Interview with Talia Holy,” 10/31/2022.

Level 3	Participants have knowledge of CDM processes (have some awareness and experience of CDM processes but do not use them frequently).
Level 4	Participants have significant knowledge of CDM processes (have significant awareness and experience of CDM processes, do not have major misconceptions about CDM processes, familiar with a few key CDM processes, may facilitate CDM processes).
Level 5	Participants have expert knowledge of CDM processes (have extensive experience supporting clients in these processes, have knowledge of almost all CDM processes, may facilitate CDM processes).

Table 2: Levels of knowledge of CDM processes.

As demonstrated in Figure 4, most participants in this study exemplified Level 4 (38.6%) or Level 3 (29.5%) knowledge of CDM processes. This was followed by Level 1 (13.6%), Level 5 (11.4%) and Level 2 (6.8%). It is important to note that participants in this study are more likely to be familiar with CDM processes than other service providers. This is because participants opted into this study and those who were already familiar with CDM processes were more likely to contact the PR about participating in this study. Additionally, the PR sought out members of organizations who regularly work with families in

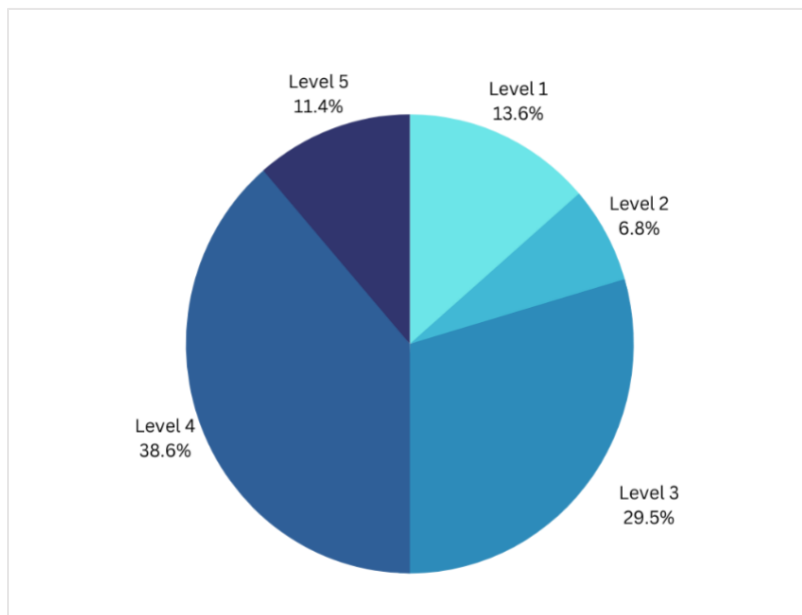


Figure 4: Participants' levels of knowledge of CDM processes.

CDM processes and/or facilitate CDM processes. For these reasons, it is likely that the number of service providers with Level 3, 4, and 5

knowledge are overestimated in this study and the number of service providers with Level 1 and 2 knowledge are underestimated in this study.

Importantly, families that work with service providers with Level 1 knowledge face barriers to accessing CDM processes, as they will not be introduced to CDM processes as potential process options. As many families fully rely on service providers for knowledge and support when navigating child protection matters, families who encounter service providers with no knowledge of CDM processes are very unlikely to access CDM processes. Additionally, service providers with Level 2 knowledge, who

had limited knowledge of CDM processes or hold fundamental misconceptions about CDM processes, are also unlikely to introduce their clients to CDM processes.

See Table 3 for information on which jobs participants held depending on their different levels of knowledge. Participants who were Legal Advocates, Counsellors, and Family Support Workers were most likely to demonstrate Level 1 and 2 knowledge of CDM processes. Notably, 80% of all Legal Advocates interviewed demonstrated Level 1 or 2 knowledge, whereas 40% of all Family Support Workers interviewed demonstrated Levels 1 or 2 knowledge and 50% of all counsellors interviewed demonstrated Level 1 or 2 knowledge. Though a greater number of participants would be required to substantiate these findings, it appears that families who work with a legal advocate are more likely to receive little information about CDM processes or be advised not to participate in these processes.

Job	Level 1	Level 2	Level 3	Level 4	Level 5
Lawyer			8	8	1
CDM Process Facilitator				4	3
Family Support Workers	2	2	4	2	
Legal Advocates	3	1		1	
Counsellors	1		1		
Band Representatives				2	

Table 3: Participants' levels of knowledge based on their jobs.

As mentioned in Section 1.3, access to legal representation can be challenging for families who do not qualify for Legal Aid and do not have enough income to hire a lawyer. In this context, it is likely that families will turn to legal advocates, who assist families in navigating the legal system but do not provide legal representation or advice. Families may also rely on support workers or counsellors. When comparing lawyers' and

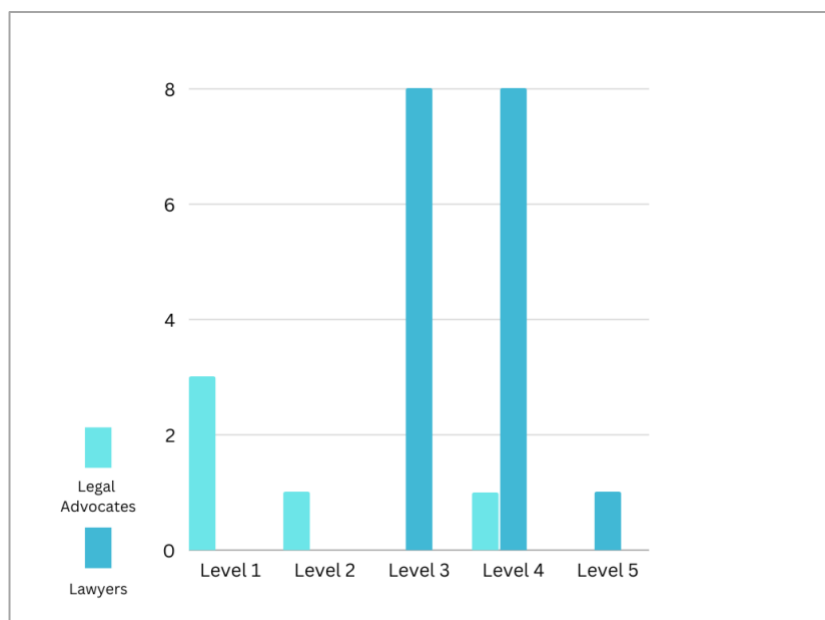


Figure 5: Legal advocates vs lawyers' knowledge of CDM processes.

legal advocates' knowledge of CDM processes (Figure 5) it appears that families who work with lawyers are more likely to be introduced to CDM processes than families who work solely with legal advocates. This is further supported by the fact that the sole legal advocate who demonstrated Level 4 knowledge of CDM processes worked directly with a lawyer, unlike the other legal advocates who participated in this study.

As previously mentioned in Section 1.3, 33% of service providers who identified the issue of lack of access to service providers specified that immigrant families are commonly ineligible for legal aid but unable to hire lawyers. Additionally, families who feel hesitant to access lawyers may be more likely to turn to legal advocates or other support workers; participants highlighted that immigrant families often turn to immigrant support organizations, rather than lawyers, when navigating child protection matters. Additionally, families who have prior negative experiences with lawyers may be more hesitant to work with legal counsel. As such, immigrants and those with prior negative experience working with lawyers may be more likely to turn to legal advocates. These groups may face significant barriers to accessing CDM processes due as many legal advocates' lack knowledge of CDM processes.

Additionally, service providers who demonstrated a Level 1 or 2 knowledge of CDM processes were located predominantly in the Vancouver Island/Coast region and the Mainland/Southwest region of BC (Figure 6).

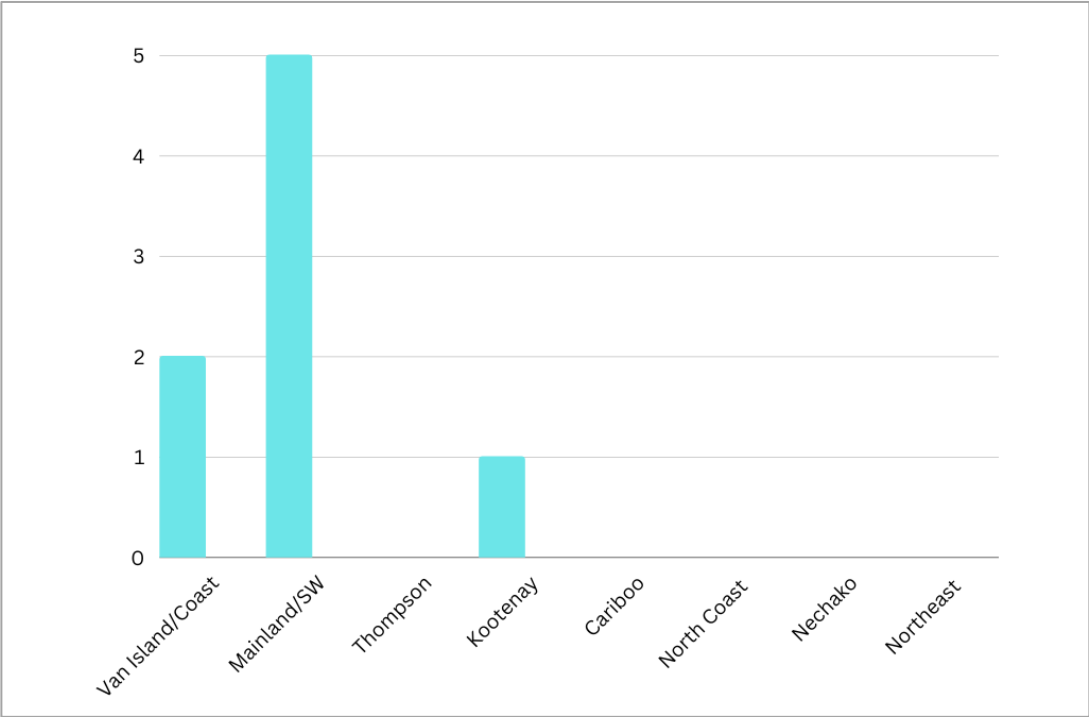


Figure 6: Level 1 and 2 participants by region.

As the number of participants in this study is limited, it is unclear whether participants' lack of knowledge represents greater trends in these regions. Further, the greatest number of participants in this study are located in the Vancouver Island/Coast and Mainland/Southwest regions, explaining why these regions would record a higher number of participants with Level 1 and 2 knowledge. However, it is worth noting that some service providers interviewed and surveyed in these regions were not aware of CDM processes. Additionally, two participants mentioned specifically that facilitators in the Kootenays region were generally unaware of CDM processes. As such, families working with service providers in these regions may struggle to access CDM processes.

2.2) Service providers have negative perceptions of CDM processes.

Just because service providers know that CDM processes exist does not mean that families working with these service providers can access them easily. 28% of participants in this study know that CDM processes exist but hold negative perceptions of these processes. These participants do not recommend CDM processes to clients or only recommend them in specific contexts. This is a barrier to families' access to CDM processes, as families rely significantly on service providers to provide them with information on CDM processes and help them access these processes. As such, families working with service providers who have negative opinions on CDM processes will be less likely to access these processes.

See Table 4 for a breakdown of what percentage of participants from each region hold negative perceptions of CDM processes.

Region	% of participants from region with negative perception of CDM processes
Vancouver Island/Coast	9
Mainland/Southwest	31
Thompson-Okanagan	67
Kootenay	0
Cariboo	25
North Coast	0
Nechako	0
Northeast	0

Table 4: Negative perceptions of CDM processes by region.

Interestingly, participants held negative perceptions of CDM processes most predominantly in the Thompson-Okanagan region (67%), Mainland/Southwest region (31%), and Cariboo (25%) region. There was no clear correlation between knowledge of CDM processes and negative perceptions of CDM processes; regions' average knowledge of CDM processes did not correlate to their average negative perception. Further, given that the number of participants in each region was not consistent across all regions, we cannot confidently say that families are more or less likely to encounter

service providers with negative opinions in particular regions. However, it is worth noting that certain regions did have high levels of participants with negative opinions of CDM processes.

Of the service providers who held negative perceptions of CDM processes:

- 40% felt that families were not adequately supported during CDM processes.
- 30% felt that CDM facilitators were often biased against families and supported MCFD.
- 20% felt that CDM processes did not effectively resolve child protection disputes.
- 20% felt that CDM processes were unsafe for participants experiencing family violence.
- 20% felt that CDM processes were culturally unsafe for Indigenous, racialized, and new immigrant families.

See Table 5 for occupations of service providers who held negative perceptions of CDM processes.

Position	Lawyers	CDM Facilitators	Family Support Workers	Legal Advocates	Counsellors	Band Representatives
% of participants with negative perceptions	12%	25%	50%	40%	0%	0%

Table 5: Negative perceptions of CDM processes by job.

Family support workers and legal advocates made up the highest percentage of participants with negative perceptions of CDM processes. Family support workers and legal advocates also recorded the lowest levels of knowledge of CDM processes. As such, it is possible that these negative opinions stem from a low level of knowledge. Alternatively, CDM facilitators and lawyers also expressed negative perceptions of CDM processes. As CDM facilitators and lawyers demonstrated the highest level of knowledge of CDM processes, it is also possible that participants who are very familiar with CDM processes have critiques of these processes that stem from their experiences.

While negative perceptions of CDM processes stemmed from service providers' prior experiences of CDM processes, it is interesting to note that many of these service providers expressed misconceptions about CDM processes or a lack of knowledge of CDM processes when sharing negative perceptions. Of the service providers who held negative perceptions of CDM processes, 50% expressed common misconceptions about these processes. These included that:

- Mediation was not an effective way to resolve child protection matters.
- Mediators represent MCFD and are not impartial parties.

- Court processes are safer for families than CDM processes.
- Mediated agreements cannot be enforced.
- CDM processes are rigid and unadaptable, especially for Indigenous and racialized families seeking cultural accommodations.

Additionally, 40% of service providers who held negative opinions about CDM processes critiqued CDM processes for issues that could be resolved, revealing a lack of knowledge of how CDM processes could be adapted to meet families' needs.

Participants revealed a lack of knowledge on:

- How families and support workers can initiate CDM processes.
- How CDM processes can be adapted to help ensure participant safety for those experiencing family violence.
- How CDM processes can be adapted to meet cultural needs.
- How CDM processes can be adapted to ensure families are supported during meetings.

As such, many of these critiques stem from participants' lack of information on CDM processes and the ways they can be adapted to meet families' diverse needs.

Service providers who held negative opinions about CDM processes worked with approximately 76% Indigenous and/or racialized clients. This is slightly higher than the average percentage of Indigenous and racialized clients reported by service providers (69%). This may be the result of service providers who critiqued CDM processes for lack of cultural considerations and who likely worked with Indigenous and racialized families. Regardless, it highlights that many service providers working with Indigenous and racialized families have negative opinions about CDM processes and do not always recommend these processes to their clients. This creates barriers to these communities' access to CDM processes.

Notably, 100% of participants in this study who work exclusively with women expressed negative opinions about CDM processes. Particularly, they expressed hesitations about the safety of CDM processes for participants experiencing family violence. One service provider stated, "I very rarely recommend mediation to people because we view it as a breeding ground for family violence. Often, especially in situations where people don't have lawyers with them in mediation, it can be a place where power and control can really thrive."²¹ Participants reported that these opinions are common among family violence communities, with one participant stating that "In cases where clients are at risk of domestic violence, it is agreed upon by most workers that we don't recommend clients mediation."²²

As such, it appears that there are serious hesitations about CDM processes in family violence communities and support organizations that primarily service women. Women

²¹ Anonymous, "Interview with Talia Holy," 10/07/2022.

²² Anonymous, "Interview with Talia Holy," 11/04/2022.

are three times more likely to experience intimate partner violence than men in British Columbia.²³ Intimate partner violence is also experienced at disproportionately high rates by women living in remote areas and by Indigenous people.²⁴ As such, it is more likely that these communities will access service providers working in family violence and encounter negative opinions about CDM processes. These negative opinions about CDM processes can significantly hinder families' ability to access these processes.

Overall takeaways

Families continue to face barriers accessing CDM processes even after connecting with service providers. First, participants in this Needs Assessment had varying levels of knowledge of CDM processes; some participants did not know what CDM processes are. This creates a significant barrier for families who rely on service providers for information. As legal advocates, family support workers, and counsellors demonstrated the lowest knowledge of CDM processes, families that work predominantly with these service providers may receive less information on CDM processes. Immigrant communities may be particularly vulnerable to this barrier, as participants highlighted that many immigrant families are ineligible for Legal Aid and hesitate to seek legal support.

Additionally, many participants in this Needs Assessment had negative perceptions of CDM processes, which further impedes families' access to these processes. Participants reported that they do not recommend CDM processes to families or only suggest them in specific contexts. Notably, all participants in this study who worked with women experiencing family violence held negative perceptions of CDM processes. As such, women and other groups who disproportionately experience family violence may be more likely to encounter service providers' negative perceptions of CDM processes.

3) Families are skeptical about CDM processes

Even if families work with service providers who are knowledgeable about CDM processes, they may still hesitate to access these processes. 28% of participants in this study reported that families themselves are skeptical to initiate or engage with CDM processes. This creates significant barriers to their participation in CDM processes.

3.1) Due to prior experiences

First, 45% of participants who identified that families are hesitant about CDM processes mentioned that this hesitancy stems from families' prior experiences with MCFD and/or other government bodies. Families worry that any interaction with MCFD will inevitably harm them and doubt the ability of CDM processes to provide an alternative route through the child welfare system.

²³ "Gender-based violence, sexual assault, and domestic violence," *Government of Canada*, <https://www2.gov.bc.ca/gov/content/safety/public-safety/domestic-violence>.

²⁴ "Gender-based violence, sexual assault, and domestic violence," *Government of Canada*.

In particular, 60% of participants who discussed families' hesitation due to prior experiences reported that Indigenous families were disproportionately impacted by this barrier. Participants reported that Indigenous families expressed distrust of MCFD and skepticism that their voices would be heard in CDM processes. They felt that collaboration with MCFD would serve no beneficial purpose, as "no matter what, the kids will still be taken, all the intergenerational trauma still comes back."²⁵

Additionally, a participant highlighted that families with members who engage in substance use are particularly hesitant to participate in CDM processes. Many family members who use substances have prior negative experiences with the government and believe that their substance use will not be met with understanding or compassion. They fear that their abilities as parents will be immediately dismissed because of their substance use.

Another participant explained that children and youth often hesitate to access CDM processes, due to their prior experiences with the Ministry and legal system. The service provider stated, "I think in knowing and considering [CDM processes] as an option, a lot of my clients have been very hesitant. They're hopeless and used to being disregarded when they voice their opinions and not being given equal weight to adults."²⁶ Instead, children and youth are drawn to court processes, as they believe a lawyer will advocate for them and finally allow for their voice to be heard.

For youth who use substances, the intersection of these two social locations can create significant hesitancy to engage with CDM processes. A participant reported that youth who use substances often feel that they have no choice but to disengage when interacting with anyone who works with MCFD. This is because they fear that they will be negatively penalized and that their voices will be further disregarded due to their substance use.

3.2) Due to cultural background and/or identity

Second, 36% of participants who identified this barrier reported that families' hesitancy stems from their cultural backgrounds and identities. 100% of participants who mentioned this issue highlighted that Indigenous families often do not feel safe accessing CDM processes, as they feel threatened by any government process related to child protection. This is a result of the deeply harmful child welfare policies enacted by the Canadian government that were key to the attempted destruction of Indigenous people's cultures.

As a participant explained, "within our nations and communities, both urban and on-reserve, we carry those histories with the colonial government. It's really challenging with those histories. Everyone's at a different place with their healing process."²⁷

²⁵ Anonymous, "Interview with Talia Holy," 01/25/2023.

²⁶ Anonymous, "Interview with Talia Holy," 10/26/2022.

²⁷ Anonymous, "Interview with Talia Holy," 02/08/2023.

Because of this, participants reported that many Indigenous families struggle to believe that CDM processes will value their ideas or authentic selves. Additionally, participants reported that Indigenous families fear that navigating child protection matters will be significantly harder for them compared to non-Indigenous families, and that their children will be apprehended regardless of what processes they undertake.

Importantly, for Indigenous families, cultural identity and history is often tied to prior experiences with MCFD. Child protection laws and policies in Canada have fundamentally affected Indigenous communities and created significant intergenerational trauma for many Indigenous families. Because of this, participants' reports highlight that no clear boundary exists between Indigenous people's hesitations about CDM processes due to prior experiences with the ministry or cultural identity – for many Indigenous families, these two factors are fundamentally related.

Second, 50% of participants who mentioned this issue highlighted that racialized families are hesitant to access CDM processes, as they feel that they will be judged and misunderstood by these processes. Service providers reported that many of their racialized clients live in multigenerational family structures. As such, some racialized families fear that CDM facilitators will invalidate or misunderstand their family structures. Participants reported that this is especially the case for new immigrant families, who often feel additionally uncomfortable navigating Canadian legal systems due to their lack of knowledge about these systems and language barriers. Participants explained that CDM processes can be especially intimidating to immigrant families, as they often feel unable to communicate or advocate for themselves.

Third, a participant reported that LGBTQ2S+ families are skeptical of CDM processes, as they fear homophobia and/or transphobia from CDM facilitators. While CDM facilitators may not be explicitly homophobic or transphobic, families fear microaggressions and misgendering and “don't have a lot of faith in the system to provide [CDM processes] that are appropriate for queer families.”²⁸ Further, given that legal systems have historically denied LGBTQ2S+ people's human rights, LGBTQ2S+ families often assume that participating in a CDM processes is no different than a harmful court process.

LGBTQ2S+ families also fear how CDM facilitators will perceive them. The participant reported that non-binary individuals often fear that they will not be perceived as androgynous enough and/or that their identity will be delegitimized by their facilitator. Bisexual, pansexual, asexual, polyamorous, trans and non-binary individuals fear that though facilitators may have some knowledge of more mainstream gay and lesbian communities, they will not be aware of other LGBTQ2S+ identities and may not understand their perspectives and/or family structures. Further, parents with LGBTQ2S+ children are often afraid of accessing CDM processes. Given that “it's so often voiced in

²⁸ Anonymous, “Interview with Talia Holy,” 12/08/2022.

public opinion that letting a child be queer and trans is harming them,”²⁹ some parents worry that facilitators will not support them in allowing their children to access gender-affirming healthcare.

LGBTQ+ Indigenous and Two-Spirit families face intersecting barriers when deciding whether to access CDM processes. The participant reported that LGBTQ+ Indigenous and Two-Spirit families face many of the same hesitations as Indigenous families mentioned above, including skepticism that the system will not apprehend their children and fears that they will be discriminated against in these processes. However, the participant reported that LGBTQ+ Indigenous and Two-Spirit families face additional hesitations, as many of the cultural processes set up to meet Indigenous people’s needs do not take into consideration LGBTQ+ Indigenous and Two-Spirit families’ needs. For example, families are hesitant to work with Indigenous facilitators, as they are uncertain whether they know how to work with LGBTQ+ Indigenous and Two-Spirit families. Families fear these facilitators may reproduce homophobia and/or transphobia, regardless of their Indigenous identity.

Further, the participant reported that LGBTQ+ racialized families face intersecting barriers when deciding whether to access CDM processes. LGBTQ+ racialized families may face many of the barriers identified above when racialized families’ access CDM processes. Additionally, the participant reported that many LGBTQ+ racialized families worry about how facilitators will perceive intergenerational LGBTQ+ families. Further, racialized LGBTQ+ families express hesitation entering into processes where they feel their queerness and/or transness will be scrutinized, especially given the ways that dominant culture often perceives LGBTQ+ people as white. As the participant explained, “there is a way that service providers, especially white service providers, have an assumption that queerness looks white and transness looks white” that creates hesitation for LGBTQ+ racialized families considering accessing CDM processes.³⁰

3.3) Due to privacy concerns

Third, 18% of participants who identified that families are hesitant about CDM processes mentioned that this hesitancy stems from families’ concerns about privacy and community involvement. One participant highlighted that families are skeptical of CDM processes because they encourage the involvement of family members and support people in resolving child protection matters. Having family members and support people know intimate details about their child protection matters creates hesitancy for some families. Another service provider highlighted that, although CDM processes are confidential, many families believe that their family members and service providers will share their personal information. Additionally, the service provider emphasized that “there’s a lot of lateral violence in these communities and people don’t

²⁹ Anonymous, “Interview with Talia Holy,” 12/08/2022.

³⁰ Anonymous, “Interview with Talia Holy,” 12/08/2022.

always feel safe with their own people.”³¹ As such, some families are hesitant to initiate CDM processes due to experiences of lateral violence and other forms of harm in their communities.

Critically, 100% of participants who identified this issue reported working with exclusively Indigenous families. Additionally, 100% of participants who identified this issue worked with families in rural and semi-rural communities and on reservations. As such, concerns about privacy and community involvement may be felt more acutely by Indigenous families in small rural communities and reservations. This can create significant hesitancy for families accessing CDM processes.

Overall takeaways

Many families are skeptical about engaging in CDM processes, even after connecting with service providers and learning about these processes. First, for many families, fear that cultural difference or identity will be discriminated against and misunderstood in CDM processes creates hesitation when engaging with these processes. This is especially the case for Indigenous, racialized, immigrant and LGBTQ2S+ families. Second, other families have prior experiences with MCFD or government agencies and fear that CDM processes will not improve their experiences with these institutions. This is especially the case for Indigenous families, families with members who use substances, and children and youth. Third and finally, families are skeptical about engaging in CDM processes due to concerns about privacy and community involvement. This was reported exclusively by service providers working with Indigenous communities in rural/semi-rural communities and reservations, emphasizing the ways in which living in smaller, close-knit communities can create additional barriers to participation in CDM processes.

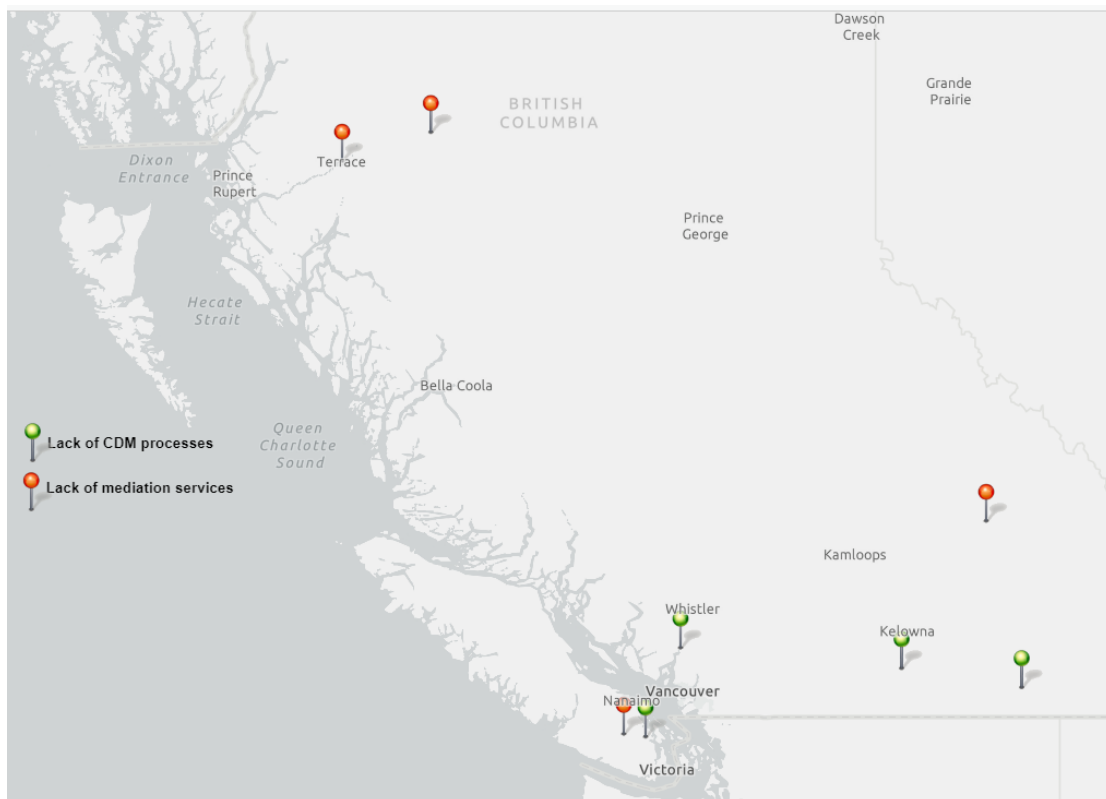
4) Barriers initiating CDM processes

Even if families decide to engage in CDM processes, they still face barriers to initiating these processes. Barriers to initiating CDM processes can ultimately result in delays or cancellations to CDM processes, preventing families access.

³¹ Anonymous, “Interview with Talia Holy,” 10/17/2022.

4.1) Process availability

20% of participants in this study reported that CDM processes' lack of availability in their regions prevented families' easy access to these processes. Some CDM processes – including family group conferences, family case planning conferences, youth transition conferences, and traditional decision-making processes – are available only in select areas of BC. Though mediation is available across BC, 10% of participants in this study reported issues accessing mediation.



Map 2: Locations of participants with issues accessing CDM processes.

See Map 2 for the geographic locations of participants who reported issues accessing CDM processes or mediation services. Key areas of note include Southeastern BC, in the Thompson/Okanagan and Kootenay regions; Northern BC, in the North Coast and Nechako regions; and Vancouver Island, in the Vancouver Island/Coast region.

In Northern BC, participants highlighted that a low number of mediators prevents access to CDM processes. Participants in Northern BC reported that families and service providers are overly reliant on a limited number of mediators' schedules and will often be forced to delay mediation beyond reasonable timelines. Further, these participants reported that approximately 70% of their clients are Indigenous. As such, it is likely that the issue of lack of mediators in Northern BC disproportionately affects Indigenous families attempting to access CDM processes.

4.2) Transportation issues

If CDM processes are not available in an area, families can be transported to areas with available CDM processes. However, when CDM processes are not located in families' immediate areas, there are often additional barriers to families' access to these processes. 25% of participants in this study mentioned issues transporting their clients to CDM processes. Participants explained that families who live outside of city centres struggle to transport to CDM processes, as many of these areas are not serviced by transit and families often do not have access to cars. Families that live far away may also need to arrange overnight accommodations. While transportation and accommodations may be paid for by MCFD, some participants expressed confusion on how to arrange MCFD payment for transportation costs. Additionally, some participants remarked that they are not always provided enough funds by MCFD to cover transportation and hospitality costs for their clients.

Participants who reported this barrier were spread across BC. However, participants did mention that transportation is especially challenging for families in rural areas. As one participant explained, "we do have clients that live outside of city areas – they're not serviced by regular transit, and they don't have cars. It becomes very hard for them to access any of these processes."³² Additionally, another participant reported that in faraway communities, "there's a resistance of professionals to go to those communities and difficulty of transportation of families to more populous areas,"³³ creating further barriers to families' access to CDM processes.

Participants who mentioned issues of transporting rural families to CDM processes all worked with exclusively or majority Indigenous families. As such, Indigenous families living in rural/semi-rural areas or on reservations may be particularly affected by issues of transportation when attempting to reach faraway CDM processes. Further, one participant mentioned that "it's especially challenging transporting people who might not be able to travel easily or can't leave the house for a long time."³⁴ Elders, people with disabilities, or anyone who would struggle to travel long distances may be additionally impacted by this barrier, as transportation is challenging to arrange with special accommodations or even impossible in certain circumstances. Further, those who cannot be away from their families for a long time – such as mothers or other family members performing household and reproductive labour – may struggle to take significant time away from their households to travel to and attend CDM processes.

4.3) Technological issues

If CDM processes are not available in an area, families can access certain CDM processes online or via teleconference. However, 35% of participants in this study reported issues with their clients' access to online and teleconference processes. One

³² Anonymous, "Interview with Talia Holy," 01/25/2023.

³³ Anonymous, "Interview with Talia Holy," 02/02/2023.

³⁴ Anonymous, "Interview with Talia Holy," 01/05/2023.

participant explained that “even if we do a virtual mediation, we have the issue of whether people are on a cellphone and have minutes or reliable access to video calling.”³⁵ Many families do not have reliable access to internet or phone services, which limits their ability to access virtual/teleconference CDM processes.

See Map 3 for the geographic locations of participants who reported technological barriers to families accessing CDM processes.



Map 3: Locations of participants reporting technological barriers to families' access to CDM processes.

Interestingly, the great majority of participants who identified this barrier were located in two distinctive areas: the metro Vancouver area and regions of Northern BC. This aligns with reports from participants; 50% of participants who identified this barrier highlighted its prevalence in remote Northern areas with unreliable service. Participants report that remote and underserved Indigenous communities in these areas are particularly affected by this barrier. This creates significant barriers to Indigenous families' participation in CDM processes, in addition to the participation of elders, band representatives, and key Indigenous community members. Further, 29% of participants

³⁵ Anonymous, "Interview with Talia Holy," 01/25/2023.

who identified this barrier stated that it is particularly felt by low-income and/or homeless families who cannot afford devices or stable internet access. This may explain the prevalence of participants who identified this barrier in metro Vancouver, given the high number of homeless people living in this area.³⁶ As Black and Indigenous community members are disproportionately affected by homelessness in BC, families from these communities may be more likely to face technological barriers, in addition to cultural barriers, when accessing CDM processes.³⁷

Further, a service provider highlighted that when CDM processes occur virtually or via teleconference, many families will join these processes from their homes. This poses a significant barrier for participants experiencing intimate partner violence and other forms of domestic violence who may not be able to speak freely during CDM processes in their homes. As domestic violence in BC is disproportionately felt by women, Indigenous people, and women living in remote areas,³⁸ families from these groups are more likely to face intersecting technological, cultural, and/or geographic barriers when accessing CDM processes.

4.4) Resistance from director's counsel and social workers

Finally, 23% of participants stated that families struggle to initiate and access CDM processes due to director's counsel and social workers' preferences. First, participants reported that "there are different relationships between social workers, director's counsel, and parent's counsel across BC."³⁹ Participants reported that in certain areas, such as the Lower Mainland, director's counsel is supportive of CDM processes and encourages social workers to undertake these processes. Alternatively, participants reported that in certain areas, such as Northern Vancouver Island and Northern BC, director's counsel is hesitant to allow social workers to participate in CDM processes. Additionally, director's counsel can be hesitant in these areas to allow social workers to talk to families and parent's counsel without director's counsel present. This can create additional delays in communication between families and social workers and lessen the possibility of relationship-building and information sharing between parties.

Participants also reported that scheduling CDM processes with director's counsel and social workers can create significant delay in initiating these processes. A participant explained that "when director's counsel is on the table, their schedule is tight and it limits their ability to come to [CDM processes],"⁴⁰ resulting in unreasonable delays for families. This can prompt service providers to not recommend CDM processes and/or families to choose alternate routes when navigating child protection matters.

³⁶ "Findings of the 2020 Homeless Count in Metro Vancouver," *Vancity*, [/https://www.vancitycommunityfoundation.ca/initiatives/2020-homeless-count](https://www.vancitycommunityfoundation.ca/initiatives/2020-homeless-count).

³⁷ Douglas Todd, "The painful demographics of homelessness," *Vancouver Sun*, last modified April 4th, 2022, <https://vancouver.sun.com/opinion/columnists/douglas-todd-the-painful-demographics-of-homelessness>.

³⁸ Gender-based violence, sexual assault, and domestic violence," *Government of Canada*.

³⁹ Anonymous, "Interview with Talia Holy," 02/03/2023.

⁴⁰ Anonymous, "Interview with Talia Holy," 10/31/2022.

Overall takeaways

Once families decide they want to initiate CDM processes, there are still barriers to their access. CDM processes are not readily available across all of BC. Families attempting to access processes that are not in their immediate area face multiple barriers.

Transportation to CDM processes can be challenging to arrange, affecting predominantly rural and Indigenous communities. Additionally, access to online and teleconference processes can be challenging for families, especially rural, low-income, and/or homeless individuals who do not have access to internet or phone services.

Given these barriers, CDM processes may be challenging to access for families navigating child protection matters. Finally, families can face barriers to initiating CDM processes due to director's counsel and social workers' preferences. Director's counsel and social workers' relationships to CDM processes vary across the province, affecting families in specific regions of BC.

5) Lack of ability to engage with processes once they have been accessed

Even if families access CDM processes, they still face barriers to fully engaging in these processes. Families may struggle to feel comfortable, share their voices, and/or understand what is occurring during CDM processes. Because of this lack of engagement, families may not benefit from CDM processes. This can fuel service providers' negative perceptions and misconceptions about CDM processes (Section 2.2), creating further barriers to future families' access to these processes.

5.1) Location of processes

First, 20% of participants in this study identified that families struggle to engage with CDM processes when they take place in certain locations. Locations such as MCFD offices or boardrooms can be intimidating to families. Participants reported that families feel like processes that take place in MCFD offices are not neutral and will not favour them, as "the families are already feeling traumatized by that system and now they're participating in a process in that physical location."⁴¹ Additionally, families can be triggered by certain physical locations, especially families who have prior negative experiences with government systems. "Going into hospitals, clinics, and MCFD offices can be a triggering factor for families" and limit their confidence and ability to fully engage in CDM processes.⁴² Some families prefer to postpone or cancel their CDM processes if other spaces cannot be found. Participants emphasized the importance of seeking out neutral spaces for CDM processes, as neutral spaces help "support the neutrality of the meeting."⁴³

50% of participants who identified this barrier mentioned that it significantly affects those with prior experiences with MCFD, who may be especially emotional in certain locations

⁴¹ Anonymous, "Interview with Talia Holy," 12/02/2022.

⁴² Anonymous, "Interview with Talia Holy," 01/19/2023.

⁴³ Anonymous, "Interview with Talia Holy," 01/30/2023.

given their previous experiences. 63% of participants who identified this barrier mentioned that Indigenous communities tend to be particularly affected in non-neutral spaces, given Indigenous people's disproportionate representation in the child protection system and the broader effects of child welfare policies on Indigenous communities. Finally, a participant reported that immigrant families find MCFD offices particularly challenging to be in, given that many immigrants fear trouble with the law due to the precarity of their immigration status and discomfort in a foreign legal system.

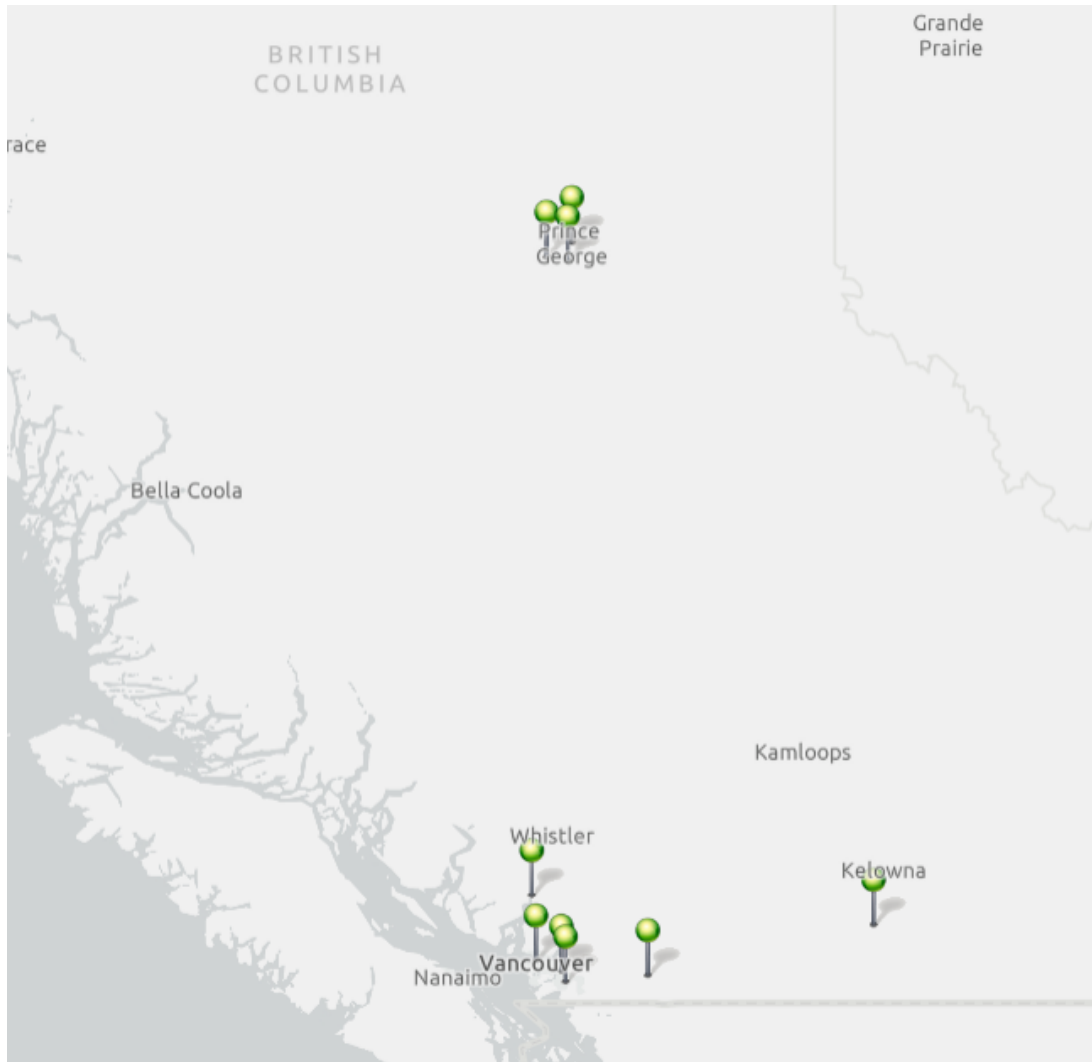
While it is possible that families and their support workers request CDM processes be moved to neutral locations, 25% of participants who identified this barrier did not know that families or service providers could request to change the locations of CDM processes. Instead, they assumed that MCFD had full control over the location of processes. Additionally, 38% of participants who identified this barrier were located in rural areas and explained that it is more challenging to find neutral space for CDM processes in rural communities. Rural communities may have limited neutral space large enough and/or equipped to hold these processes. As such, families in rural communities may struggle to engage in CDM processes, as they are more likely to take place in non-neutral spaces.

5.2) Reliance on technology

Second, 23% of participants in this study reported that families experience barriers engaging in CDM processes due to a lack of technology. Participants described that their clients often lack access to phones, reliable cell service, and Wi-Fi. While technology is used to access online/teleconference CDM processes (see Section 4.3), it is also used by service providers and CDM facilitators to communicate with families prior to CDM processes. Facilitators will often reach out to families via email or telephone to schedule meetings with families. During meetings with families, facilitators will introduce families to the CDM process, ask families questions, and learn about any accommodations or access needs families may have. Similarly, service providers talk to families via phone and email to schedule CDM processes and prepare them to participate in CDM processes.

When families do not have reliable access to technology, this significantly hinders facilitators and service providers' ability to connect with them. Participants report that this often negatively affects families' ability to engage in CDM processes; 44% of participants who identified this barrier stated that lack of technological access prevents families from adequately preparing for CDM processes, while 22% of participants stated that lack of technological access often leads to CDM processes being delayed or not occurring at all. Further, we can presume that lack of technological access prevents many families from ever engaging with service providers or exploring process options when navigating child protection matters. As data in this Needs Assessment comes exclusively from service providers who are already working with families, it is likely that the prevalence of this barrier is underestimated.

See Map 4 for locations of participants who identified this barrier.



Map 4: Locations of participants reporting technological barriers to families' engagement with CDM processes.

Similarly to Map 3, which identified technological barriers to participants' access to online/teleconference CDM processes, in Map 4 participants are located in the Lower Mainland and regions of Northern BC. This corresponds with two issues affecting access to technology: lack of cell service and resources in Northern BC and higher numbers of homeless people in urban areas. 33% of participants who identified this barrier highlighted its prevalence in remote areas and noted that this barrier especially affects Indigenous communities in these areas. Similarly, 44% of participants who identified this barrier stated that low-income and/or homeless families were most likely to lack technological access key to engaging in CDM processes. Further, a participant reported that "some of the homeless people we serve are transient – they travel from their communities and to different areas a lot,"⁴⁴ making it additionally challenging for

⁴⁴ Anonymous, "Interview with Talia Holy," 01/31/2023.

service providers to connect with families. As previously mentioned, Black and Indigenous community members are disproportionately homeless in BC.⁴⁵ As such, families from these communities may struggle to engage in CDM processes due to lack of technology.

Further, 56% of participants mentioned that families who have mental health and addiction issues may struggle to engage with facilitators and service providers via technology. Even if families do have access to technology, those with mental health and addiction issues may face additional barriers when preparing for CDM processes. Participants report that families struggling with mental health and/or addiction issues may be significantly harder to reach and engage with or require supports beyond the capacity of the facilitator or service provider. As such, those with mental health and/or addiction issues may struggle to engage in CDM processes, as they may not receive the proper support needed to engage in these processes.

5.3) Cultural barriers

Third, 20% of participants in this study highlighted the prevalence of cultural barriers to families' engagement in CDM processes. First, 75% of participants who identified this barrier explained that Indigenous and racialized families can feel disengaged from CDM processes due to previous experiences of racism and discrimination. Many families are skeptical that power will not be abused in CDM processes and that they will not experience racism and discrimination; "just by calling someone a social worker, they have power over the family."⁴⁶ Participants also reported that Indigenous and racialized families feel that CDM processes are no different from court processes. This is especially the case for families with prior experience of MCFD or negative interactions with government and/or legal systems. Some family members have even grown up in care themselves, rendering it difficult for them to "communicate with or relate to MCFD in a positive way."⁴⁷

Second, 38% of participants who identified this barrier explained that Indigenous and racialized participants felt apprehensive of CDM processes due to a lack of cultural integration or diversity. Some felt that CDM processes lacked any consideration of cultural diversity and felt immediately hostile to Indigenous and racialized. A participant stated that many Indigenous families in these spaces ask, "will I be culturally safe? Or will I once again be dominated by a colonial lens, by a colonial system, in a colonial government?"⁴⁸ This participant explained that Indigenous families often feel ostracized from CDM processes due to the lack of Indigenous cultural values that are integrated into these processes. For example, they highlighted that CDM processes' lack an

⁴⁵ Todd, "The painful demographics of homelessness," *Vancouver Sun*.

⁴⁶ Anonymous, "Interview with Talia Holy," 02/03/2023.

⁴⁷ Anonymous, "Interview with Talia Holy," 12/13/2022.

⁴⁸ Anonymous, "Interview with Talia Holy," 01/19/2022.

emphasis on relationship-building that ostracizes Indigenous families and makes it clear that Indigenous cultural values are not foregrounded in these processes or spaces.

Finally, a participant identified certain Indigenous families can feel disengaged from CDM processes because they do not take into consideration specific Indigenous nations or groups' culture. While some CDM processes include cultural ceremonies and other aspects of Indigenous culture, certain families feel that these processes are stereotyped and ostracizing, as they do not consider the specificity of different Indigenous cultures. For example, Métis families in BC are often "presented with a process that's not Métis and is pan-Indigenous and is confusing" to families who come from unique cultural backgrounds.⁴⁹

Participants who identified this barrier were located across BC. As such, it appears that cultural barriers disproportionately prevent Indigenous and racialized families from engaging in and benefiting from CDM processes across the province.

5.4) Language barriers

Fourth, 15% of participants in this study identified language barriers as preventing families from engaging in CDM processes. Families who do not speak English fluently may have interpreters present during CDM processes to ensure that all participants understand each other. Additionally, some facilitators may speak the language of participants. However, 67% of participants who identified this barrier stated that their clients had issues working with interpreters. Participants explained that interpreters do not always understand the nuances of child protection case, and as a result may inaccurately interpret families. Some participants also struggled to schedule CDM processes with interpreters or find proper interpretation services.

Further, 50% of participants who identified this barrier stated that families with limited levels of English can struggle to engage in CDM processes. One participant reported that issues can occur when "the client speaks enough English that the social worker thinks that they understand,"⁵⁰ but the client does not know what the social worker is saying. Family members may also feel hesitant to share their perspectives if they do not feel comfortable speaking in English. Moreover, some family members may struggle to understand other participants.

100% of service providers who identified this barrier stated that it prominently affects immigrant families who do not speak English as their first language. In particular, participants mentioned that families affected by this barrier often speak one of the following languages:

- Punjabi
- Hindi
- Mandarin

⁴⁹ Anonymous, "Interview with Talia Holy," 12/02/2022.

⁵⁰ Anonymous, "Interview with Talia Holy," 02/03/2023.

- Cantonese
- Farsi
- Korean
- Arabic
- Burmese
- Tigrinya
- Tagalog
- Ukrainian

Notably, 100% of participants who identified this barrier worked in urban areas, with 83% of participants working in the Lower Mainland. As such, it appears that language barriers to engaging in CDM processes are most likely experienced by new immigrant communities in urban areas of BC.

5.5) Legal jargon

Fifth, 18% of participants in this study mentioned that families can struggle to engage in CDM processes due to the legal jargon often used in these processes. Lawyers, facilitators, and other service providers may use legal jargon during CDM processes and not stop to explain to families what legal terms mean. Because of this, families can fall behind during CDM processes. Additionally, participants reported that families can struggle to understand what is happening during CDM processes or what the implications of CDM processes are for their child protection matters. Finally, participants reported that many of the documents families are required to fill out contain legal jargon that is inaccessible to families; one participant explained that “it’s not because [families] are illiterate, the forms are just so challenging for people.”⁵¹

Importantly, 43% of participants who identified this issue mentioned that this barrier is felt disproportionately by immigrant families, who often already face language barriers to understanding and engaging in processes. Further, 29% of participants who identified this issue mentioned that this barrier is felt disproportionately by children and youth, who may already struggle to process complex information discussed during processes. Finally, 14% of participants who identified this barrier mentioned that it is felt disproportionately by those with developmental disabilities. Participants with developmental disabilities or who are neurodivergent may struggle to process information or require certain access needs to be met to do so. Participants who occupy multiple of these categories would likely face compounding barriers to engaging with CDM processes.

5.6) Facilitators’ lack of knowledge

Finally, 20% of participants in this study stated that families’ struggle to engage with CDM processes while working with facilitators who lack knowledge to provide

⁵¹ Anonymous, “Interview with Talia Holy,” 12/19/2022.

appropriate services. First, 63% of participants who identified this barrier mentioned that some CDM process facilitators do not know how to accommodate different cultural backgrounds. This is especially the case for non-Indigenous, racialized people, as facilitators are often trained in Indigenous cultural competency but lack training in or understanding of other cultures. While facilitators are often aware that they must culturally plan for Indigenous children, one participant stated that “there is no cultural plan for racialized children.”⁵² The participant mentioned that South Asian cultures are not understood by many facilitators, including cultural differences in parenting styles and cultural practices that are not adequately taken into consideration when creating plans of care for children. Because of this, South Asian and other racialized communities can feel ostracized and misunderstood during CDM processes. They may also face higher barriers when asserting their ideas for their children’s care compared to other communities.

Second, 25% of participants who identified this barrier mentioned that some CDM facilitators do not know how to include children in CDM processes. One participant stated, “mediators talk about including children, but I know very few mediators who include the child in mediation.”⁵³ In particular, participants mentioned that CDM facilitators often struggle to structure CDM processes when children are involved or include children’s voices in meaningful ways. Many facilitators fear that they are doing harm to children by including them in CDM processes, even though participants who work with children identify that “[CDM processes] can be incredibly meaningful for kids to participate in.”⁵⁴

Third and finally, 25% of participants who identified this barrier felt that CDM process facilitators did not know how to work with families experiencing family violence. Though family violence training is taken by many facilitators, participants reported that facilitators still do not pick up on dynamics of family violence and/or make appropriate accommodations for family members. One participant stated that CDM processes can be “a place where it might not be as easy to pick up the different ways where people try to intimidate or control each other.”⁵⁵ This can make CDM processes unsafe for families and very challenging to engage in as a result. As previously mentioned, domestic violence and other forms of family violence are disproportionately experienced by women, Indigenous people, and women in rural communities.⁵⁶ For family members who are experiencing violence, CDM processes may be additionally challenging to engage in.

See Map 5 for the locations of participants who identified facilitators’ lack of knowledge as preventing families’ engagement in CDM processes.

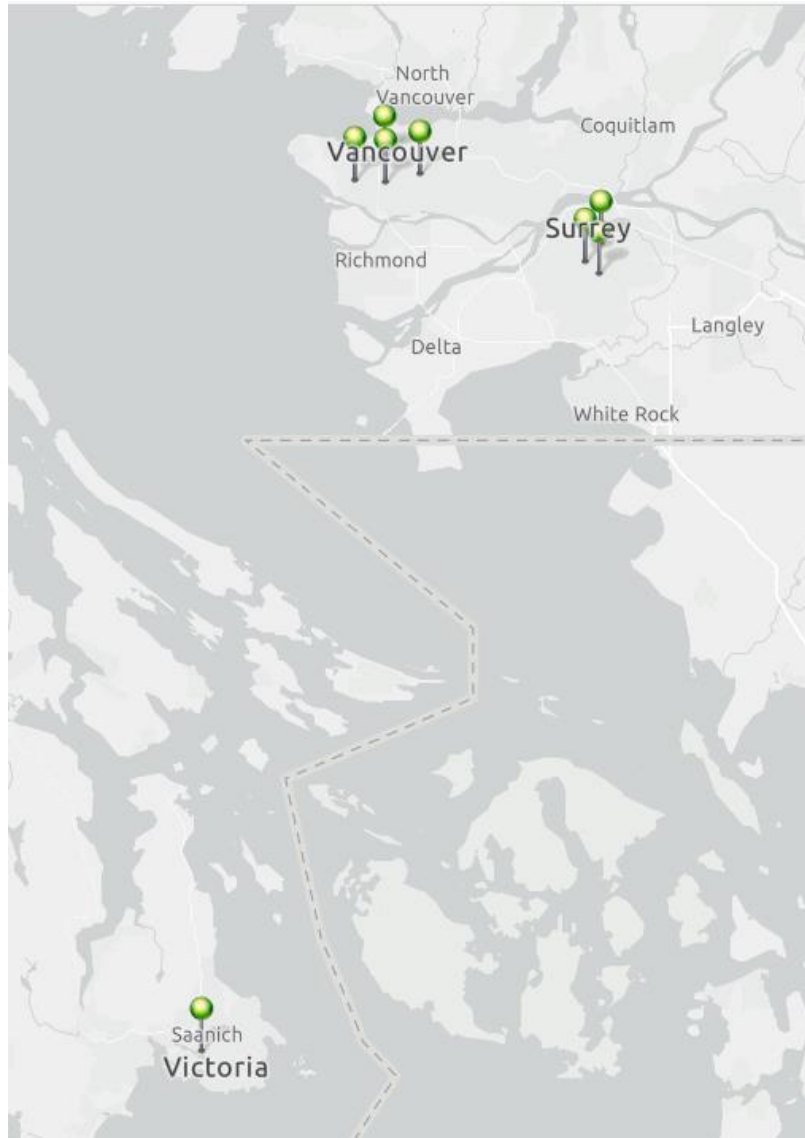
⁵² Anonymous, “Interview with Talia Holy,” 10/31/2022.

⁵³ Anonymous, “Interview with Talia Holy,” 10/26/2022.

⁵⁴ Anonymous, “Interview with Talia Holy,” 10/26/2022.

⁵⁵ Anonymous, “Interview with Talia Holy,” 10/07/2022.

⁵⁶ Gender-based violence, sexual assault, and domestic violence,” *Government of Canada*.



Map 5: Locations of participants reporting CDM facilitators' lack of knowledge.

Interestingly, all but one participant who identified this barrier are located in the Metro Vancouver area. This may be because organizations that work specifically with racialized communities, children and youth, and those experiencing family violence tend to be located in this region.

Overall takeaways

Even if families can access CDM processes, they still face barriers to their engagement in these processes. First, families can struggle to engage with CDM processes if they feel threatened by the location of a CDM process. This is especially the case for families with prior experiences of MCFD. Second, families can struggle to engage with CDM processes if they do not have access to technology, as facilitators and service providers use technology to contact and prepare families for these processes. This is especially the case for participants located in rural areas and those who are experiencing

homelessness, mental health issues, and/or addiction. Third, families can struggle to engage with CDM processes if they face language barriers to understanding and articulating themselves during these processes. This barrier is faced predominantly by new immigrants to Canada. Fourth, the complex legal jargon used during CDM processes can prevent families' understanding and engagement in these processes. Fifth, families can struggle to engage with CDM processes when they feel threatened, ostracized, or misunderstood due to their culture. Finally, families can struggle to engage with CDM processes due to certain facilitators' lack of knowledge working with diverse populations. Families' struggles to engage in CDM processes may reinforce service providers' negative opinions of CDM processes and create barriers to access for future families working with these service providers.

6) Recommendations

Recommendations in this report were developed by the PR. Recommendations stem from needs articulated by participants and participants' ideas on how to develop the CDM Navigator project. See Appendix 4 for a full list of participants' comments on how the CDM Navigator project should address issues of access to justice.

6.1) Overall strategy

This Needs Assessment finds that barriers can arise at any stage as families navigate child protection matters and access CDM processes. As such, the CDM Navigator project should use multiple strategies to address different barriers to families' access and engagement with CDM processes and increase access to justice for Indigenous and racialized communities.

Mediate BC developed the CDM Navigator project to include both PLEI and direct service components. While both PLEI and direct service remain critical to increasing families' access to CDM processes, this Needs Assessment recommends that the timeline and scope of PLEI and direct services be re-evaluated.

This Needs Assessment highlights the significant need for increased PLEI on CDM processes. Most overtly, service providers' lack of knowledge on CDM processes (Section 2) creates fundamental barriers to families' access to these processes, given the reliance families often have on service providers to guide them through their child protection matters. Additionally, this Needs Assessment highlights the need for increased PLEI to families struggling to access service providers or understand the child protection system and to families and service providers unsure how to adapt CDM processes to their needs. Many of the barriers identified in this Needs Assessment can be challenged if service providers and families gain knowledge of CDM processes and how these processes can be adapted to meet families' needs.

Direct service by CDM Navigators is invaluable, given that Navigators will be knowledgeable of CDM processes and focused on connecting Indigenous and racialized families with the supports they need. However, given that only two CDM

Navigators will be hired under the current budget of this project, the number of families that can receive direct service from Navigators is limited. Further, given service providers' lack of knowledge, Navigators may struggle to support clients in accessing CDM processes when many of the service providers families work with do not recommend these processes. Given the general lack of knowledge on CDM processes, it is possible that Navigators will be overwhelmed by families looking for support or struggle to find families interested in working with them.

Given these reasons, this Needs Assessment recommends that the CDM Navigator project begin by focusing primarily on PLEI to address the gaps in knowledge of both families and service providers. Doing so will help challenge barriers to CDM processes that stem from families and service providers' lack of knowledge on CDM processes. As families and service providers gain knowledge to access and engage with CDM processes, Navigators can focus on conducting direct service and building service providers' capacity in other communities. **This Needs Assessment recommends the CDM Navigator project focus on five key priorities: 1) developing PLEI for service providers, 2) developing PLEI for families, 3) developing training resources, 4) building service providers' capacity, and 5) providing direct service.**

6.2) Developing PLEI for service providers

Ensuring that service providers are familiar with and educated on CDM processes should be a key priority of the CDM Navigator project. PLEI should inform service providers about CDM processes and how they can initiate these processes for their clients (Section 2.1). PLEI should also directly address service providers' misconceptions about CDM processes (Section 2.2). Certain PLEI should target specific service providers, to provide information and address misconceptions particularly relevant to certain professions. As this Needs Assessment identifies legal advocates as having particularly low levels of knowledge about CDM processes (Section 2.1), Navigators should focus on providing PLEI to legal advocates.

Additionally, many service providers know of CDM processes but do not know how to adapt these processes to their clients needs. PLEI should explain how service providers can adapt processes to clients needs and address barriers families may face when engaging with CDM processes (Section 5). For example, PLEI should include information on:

- How to adapt CDM processes to different families' needs (Section 3, 5).
- How to access CDM facilitators skilled in working with certain populations (Section 3, 5).
- How CDM processes differ from court processes and why families would choose CDM processes (Section 3.1).
- Who can participate in CDM processes (Section 3.3).
- What confidentiality agreements are maintained during CDM processes (Section 3.3).

- How to arrange transportation to CDM processes (Section 4.2).
- How families can access technology needed to participate in online/teleconference CDM processes (Section 4.3).
- How families and service providers can talk to social workers and director's counsel who are resistant to CDM processes (Section 4.4).
- How to access neutral locations for CDM processes (Section 5.1).
- How to access interpreters for CDM processes (Section 5.4).
- How to support families through CDM processes (Section 4.5).

PLEI to service providers should take the following forms:

- Online resources (text, audio, video) that provide service providers with in-depth and specific information on CDM processes. As participants reported that service provider turnover is often high (Section 1.2), online resources can be accessed at any time and help ensure that new service providers learn about CDM processes. Online resources should include captions and translations into multiple languages to ensure they are accessible to all service providers. This material should be distributed widely to service providers across the province.
- In-person workshops that bring together multiple service providers to learn about CDM processes. In-person workshops may allow the CDM Navigator project to directly address misconceptions about CDM processes and build relationships with service providers. Given high turnover of service providers, in-person workshops should reoccur in certain areas and be accompanied with permanent online resources. In-person workshops are especially important in communities with limited access to internet services, such as remote communities in Northern BC, or communities with limited knowledge of CDM processes, such as communities in the Kootenays region.
- Print materials that provides service providers with in-depth information on CDM processes. Print materials should be distributed in communities that do not have easy access to internet services, such as remote and underserved communities in Northern BC.

6.3) Developing PLEI for families

Ensuring that families are familiar with and educated on CDM processes should be a key priority of the CDM Navigator project. As highlighted in Section 1 of this Needs Assessment, many families struggle to access service providers when navigating child protection matters. PLEI for families should explain what the child protection system is and how families can connect with service providers. The CDM Navigator project should focus on directly educating families who are less likely to connect with service providers (Section 1).

Topics covered should include:

- The child protection system in Canada, including what MCFD is, what constitutes a child protection concern in Canada, and what to do if MCFD contacts you about a child protection concern (Section 1.1).
- How to access service providers when navigating a child protection matter (Section 1.1, 1.2).
- What to do if you are ineligible for Legal Aid (Section 1.3).
- Common legal terms used during child protection processes (Section 5.5).

Additionally, families are often hesitant to access CDM processes. PLEI should focus on connecting directly with families who are more likely to hesitate when engaging with CDM processes (Section 5). It should address families' hesitations about CDM processes through highlighting the ways that:

- CDM processes can be adapted to meet families' needs (Section 3.2).
- CDM processes may differ from families' previous experiences navigating the child protection system (Section 3.1).
- Families can determine many participants in CDM processes (Section 3.3).
- Families can still attempt to access CDM processes if social workers and director's counsel do not initially agree to these processes (Section 4.4).

PLEI to families should take the following forms:

- In-person outreach in communities. Navigators can set up information booths and participate in community events to connect with families who may be navigating child protection matters. This is especially beneficial for remote and/or underserved communities who may not have easy access to other resources.
- Social media accounts, especially Facebook, can allow Navigators to connect directly with families and share PLEI to families on a platform they are familiar with. Participants mentioned that having an online presence is an important way to communicate directly with families, as many families feel most comfortable accessing information and reaching out for support on social media platforms.
- Audio or visual material that provides family with information on child protection processes in BC. Participants mentioned that sharing information on radio or TV shows is an effective way to reach communities, especially on radio or TV shows geared towards immigrant communities.
- Online materials (text, audio, and video) and print materials that provide families with information on child protection processes in BC. These materials should be shared widely with community centres, schools, counsellors, and other community hubs. They should also be shared with family service organizations. Distributing materials directly to community hubs can help Navigators connect with families who face barriers reaching out to service providers directly, such as immigrants and children and youth (Section 1). Materials should also be shared with family service organizations and other service providers as resources for their clients.

- Online and print materials should be translated into multiple languages. Given the data collected in this Needs Assessment, materials should be translated into at least the following languages: Punjabi, Hindi, Mandarin, Cantonese, Farsi, Korean, Arabic, Burmese, Tigrinya, Tagalog, and Ukrainian (Section 5.4). The CDM Navigator project may also wish to collaborate with Indigenous language organizations to translate materials into Indigenous languages, to support the critical efforts to revitalize Indigenous languages in BC. Online materials should also include captions. Importantly, special care should be taken to ensure that materials are written in plain language and include plain-language definitions (Section 5.5).

6.4) Developing training resources

Developing training resources should be a key priority of the CDM Navigator project. As highlighted in Section 5.6 of this Needs Assessment, many families struggle to engage in CDM processes when facilitators are not adequately trained to work with different communities. Given that Mediate BC manages the Child Protection Mediation Program, Navigators should work with Mediate BC to develop training resources for mediators. Navigators can potentially collaborate with other organizations that host CDM processes to provide them with training and resources.

Training includes information on:

- Trauma-informed practices.
- Working with Indigenous, racialized, and new immigrant communities (Section 5.6).
- Connecting with hard-to-reach families (e.g., those who are homeless or struggle with mental health and addiction issues) (Section 5.2).
- Working with LGBTQ2S+ families (Section 3.2).
- Working with children and youth (Section 3.1).
- Working with participants experiencing family violence (Section 2.2, 5.6).
- CDM processes and how to incorporate these processes into families' plans of care.

Training should include information on facilitating CDM processes and working with families, social workers, and other support people to help ensure CDM processes are adapted to families' needs.

Additionally, the Navigators should work with Mediate BC staff to develop and offer training and resources to certified interpreters on CDM processes (Section 5.4). This training should provide interpreters with knowledge of CDM processes and considerations when working with diverse and intersectional communities.

Care should be taken to ensure that training and resources are available in a variety of formats, including print, online, and in-person. This will help ensure the greatest

accessibility for facilitators and interpreters.

6.5) Building service providers' capacity

Building service providers' capacity should be a key priority of the CDM Navigator project. By focusing on developing PLEI and training resources, Navigators can aim to mobilize the full capacity of service providers and facilitators across the province to help families access and engage with CDM processes. Importantly, Navigators should also focus on supporting communities with limited-service provider capacity, who may still struggle to support families even if they are knowledgeable of CDM processes.

Navigators should tailor capacity-building to the needs of each community. In areas with limited-service provider capacity – such as Northern BC – Navigators should connect with available service providers and work with them to fill gaps and/or address challenges in their own service provision (Section 1.2). Alternatively, in areas with limited knowledge of CDM processes, such as the Kootenays region, Navigators should support service providers by providing ongoing resources and guidance (Section 2).

Capacity-building in communities includes:

- Working with service providers to identify the greatest issues they face.
- Working with service providers to develop resources that address the major issues they face in service provision.
- Working with Mediate BC staff to develop training resources and programs that help increase the number of CDM facilitators in communities.
- Working with multiple organizations in communities to help facilitate better communication and coordination in their service provision.

Navigators should take care that any capacity-building projects in communities are created in consultation with organizations and Indigenous nations from these areas. Navigators should be prepared to travel in-person to communities to deliver services and build relationships necessary to conduct this work.

6.6 Providing direct service

Finally, direct service should remain a key priority of the Navigator project. Navigators should begin the CDM Navigator project by focusing on the prior steps identified in this Needs Assessment. Training and preliminary direct service should occur in the first two years of this project. More extensive and focused direct service should occur in the latter years of this project.

First, Navigators should be trained in trauma-informed practice. Specifically, they should receive cultural competency training focused on working with Indigenous and racialized communities. They may also wish to receive training on queer competency and training on how to work with children and youth. This is dependent on the clientele that Navigators predominantly work with. As Navigators provide direct service, they should continually reevaluate whether further training is needed to work with their clients.

Second, Navigators should focus on connecting clients with other support services. Given the extensive outreach work Navigators will do in different communities across BC, Navigators will develop extensive knowledge of social services available across the province. They can use this knowledge and their personal connections to ensure that clients are able to access supports best tailored to their individual needs. They can provide culturally aware and supportive Navigation services that guide families to the resources they need. They can also work with clients to help tailor CDM processes to their needs. Navigators may attend CDM processes with clients. However, given that Navigators have limited training, they should attend CDM processes exceptionally and only when attending is essential for the client to feel supported during the process.

Importantly, Navigators should not turn away anyone who needs support. Navigator services should be free and accessible to families across the province. Navigator services should be predominantly undertaken virtually or via telephone. However, Navigators should be aware that this may pose a barrier for certain remote and/or underserved communities to access Navigator services (Section 4.2, 4.3, 5.2). In these areas, it may be necessary to travel in-person to connect with communities directly. Doing so can promote Navigator services and ensure families from these communities are able to connect with Navigators.

6.7) Ongoing evaluation

Ongoing evaluation is key for the success of the CDM Navigator project. This is especially the case given this study's reliance on qualitative data. Evaluation should be undertaken to measure the impacts of the CDM Navigator project qualitatively and quantitatively on families and service providers. Disaggregated data should also be collected during the evaluation of this project to further understand which groups are using CDM processes and their experiences of the CDM Navigator project. Moreover, the evaluation of this project should include ongoing community consultations regarding barriers to CDM processes and the activities of the CDM Navigator project. Finally, the CDM Navigator project should closely follow the development of Indigenous governing bodies in BC who are taking on jurisdiction for children and family services under *An Act Respecting First Nations, Inuit, and Métis children, youth, and families*. The CDM Navigator project should be prepared to collaborate with Indigenous governing bodies and develop PLEI, training resources, and direct services to reflect this shift in child and family services.

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Appendix 1: Recruitment materials

Email script:

Hello,

My name is Talia Holy and I'm a researcher working at Mediate BC. I'm reaching out in hopes that we can connect to talk about the new Mediate BC Navigator project, which is aimed at supporting Indigenous and racialized families engaged with collaborative decision-making (CDM) processes (e.g., mediation, family group conferences, youth transition conferences, etc.) in child protection disputes. Currently, we are conducting a needs assessment to identify and clarify the main barriers, needs, and priorities in delivering CDM processes to racialized communities.

We are looking to meet with individuals who work with racialized and Indigenous families in BC child protection disputes, and who may have observations about the accessibility of CDM processes for their clients. In particular, I'd be interested in talking to anyone working in _____ (program name, service area) at _____ (organization).

I'm attaching a document with further information about this project. Please let me know if anyone on your team is interested in participating, or if there's anyone in particular I should contact. Thank you!

Best,

Talia Holy

Attached document:

NEEDS ASSESSMENT FOR COLLABORATIVE DECISION-MAKING NAVIGATOR PROGRAM

Mediate BC is conducting a needs assessment to identify needs and clarify priorities in delivering collaborative decision-making (CDM) navigation processes to racialized communities in the area of child welfare, as well as identifying barriers to learning about and accessing those processes.

This needs assessment will help Mediate BC develop and deliver a Collaborative Decision Making Navigator Program aimed at increasing access to justice for Indigenous and racialized communities through public legal education, information about resources, and direct client support in navigating child welfare processes in BC.

We would like to meet with individuals and organizations who serve, support, or represent Indigenous and/or racialized families engaged in BC child protection matters.

Participating in this research study entails a 30-minute to 1-hour semi-structured interview (in-person or online), in which you will be asked about your observations on client and service provider awareness and understanding of CDM processes, accessibility and functionality of those processes, and barriers to participation in CDM processes.

By participating in this interview, you can highlight community needs that will directly inform the recommendations made in the needs assessment for this project, and the future development of navigation and support services in BC.

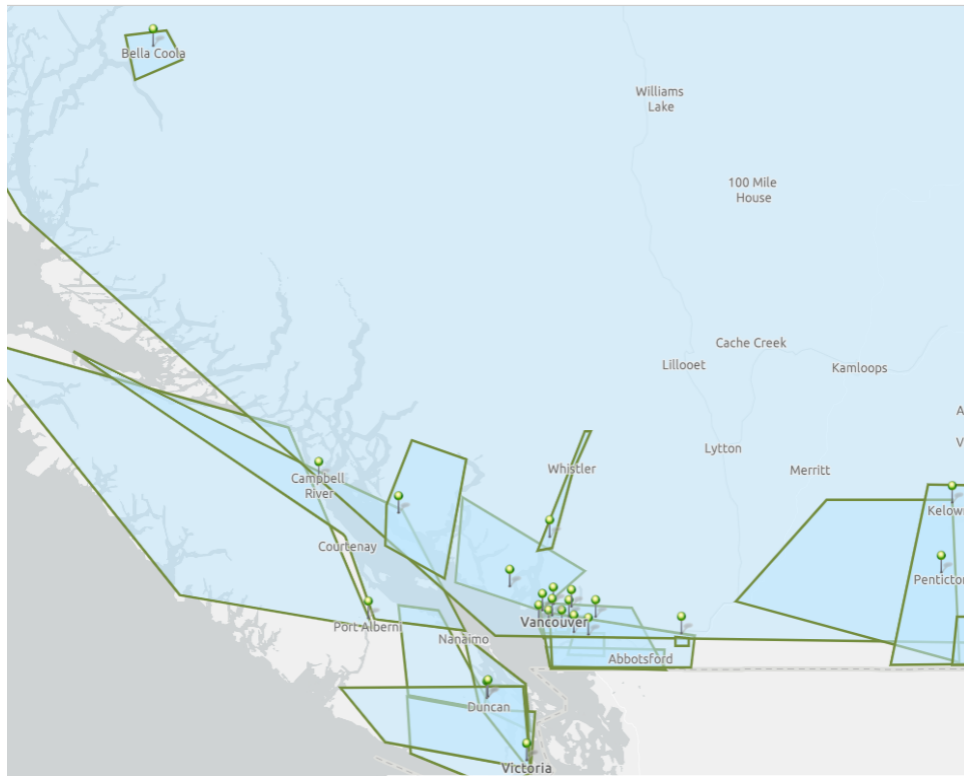
To participate, or for further information, please contact Talia Holy at talia.holy@mediatebc.com.

Instagram Live:

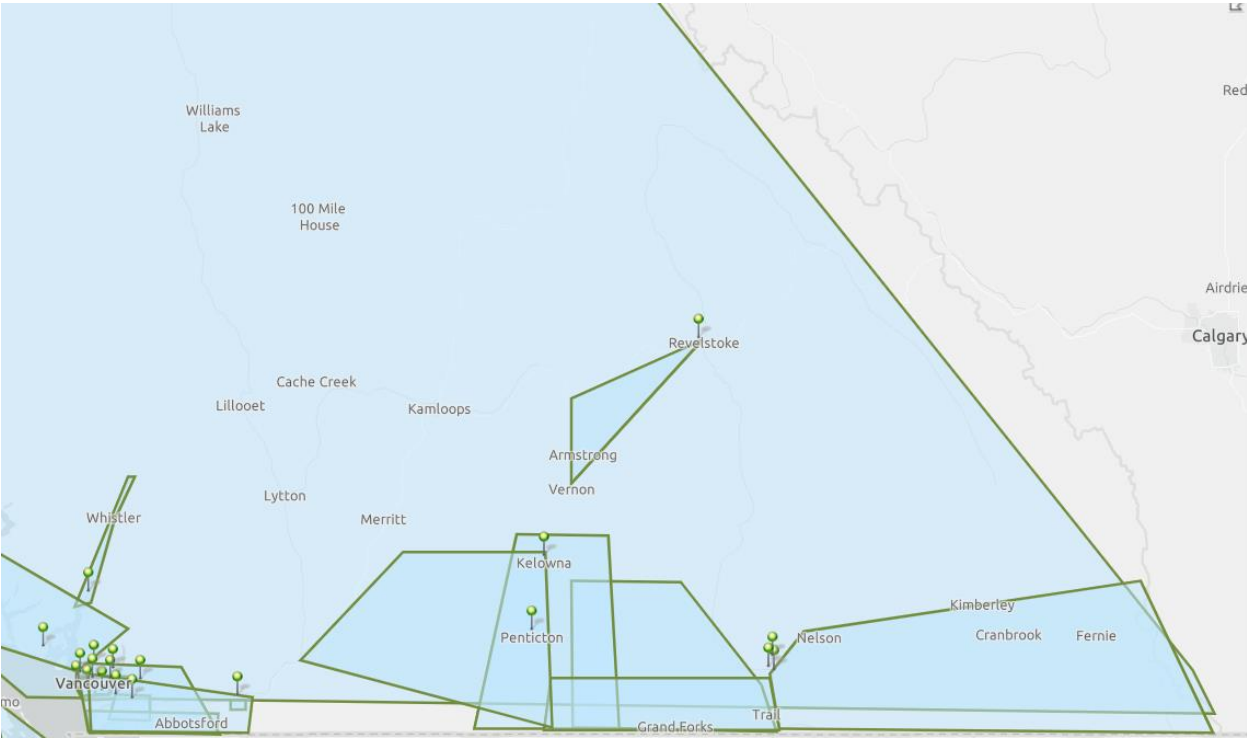
<https://www.instagram.com/p/CjWFjrrTPo/>.

Appendix 2: Additional maps of participant locations

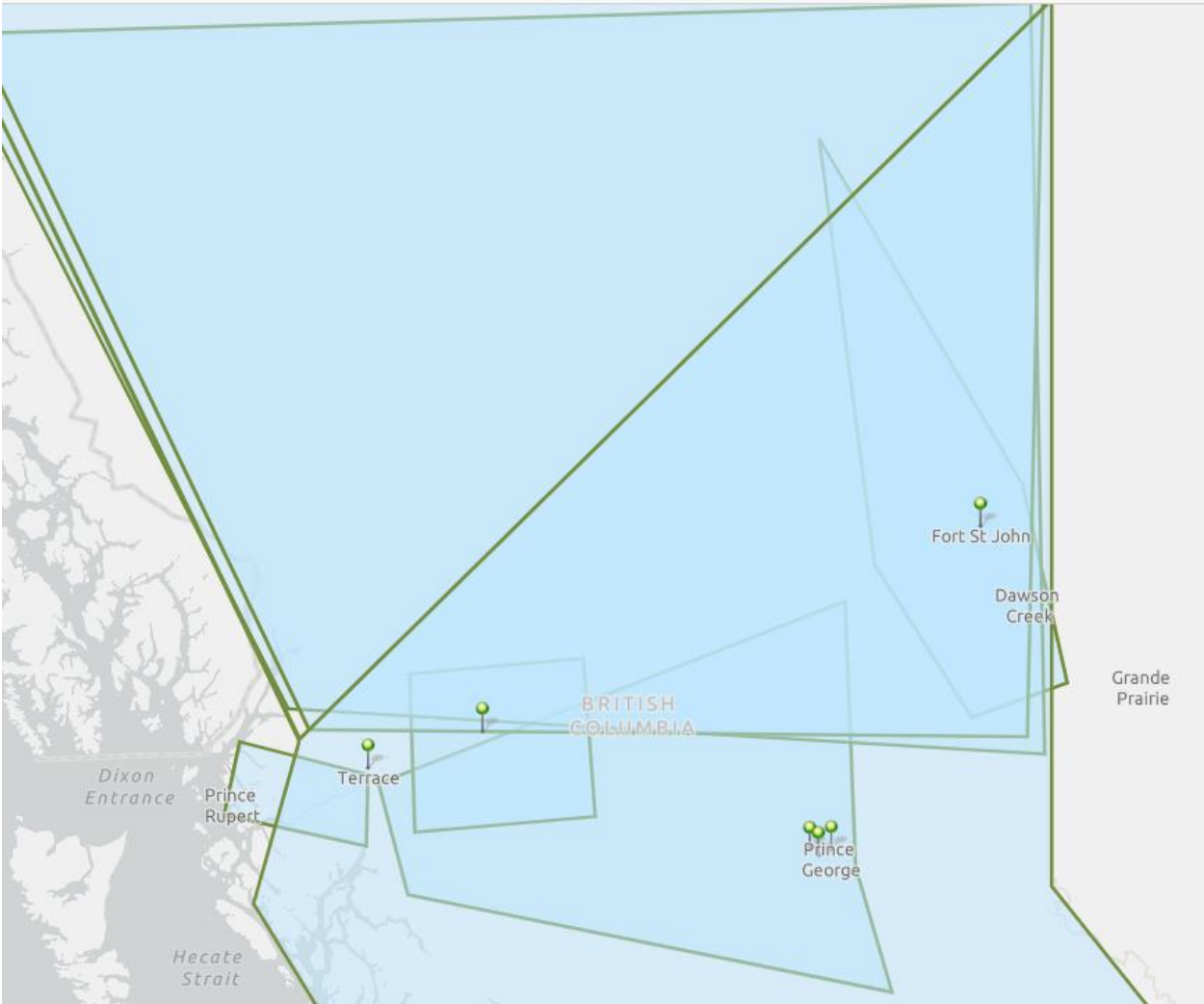
Participating organizations in Mainland/Southwest region and Vancouver Island/Coast region:



Participating organizations in Thompson/Okanagan region and Kootenay region:



Participating organizations in Cariboo region, North Coast region, Nechako region, and Northeast region:



Appendix 3: Interview script and questionnaires

Interview script:

Mediate BC has developed a Collaborative-Decision Making Navigator program. In this program, Navigators will be available to support and guide Indigenous and racialized families as they engage with MCFD. We aim to assist families in understanding out-of-court Collaborative Decision-Making processes as options when navigating child protection disputes. By CDM processes I mean, out-of-court dispute resolution mechanisms that empower families to share their own voices when navigating child protection disputes, such as Mediation, Traditional Decision-Making Processes, Family Group Conferences.

Navigators do this through a two-pronged approach: on one hand, they conduct public education and create educational resources to increase public knowledge about CDM processes in British Columbia. They aim to increase the capacity of service providers to ensure their clients have access to collaborative decision-making processes. On the other hand, they conduct direct family service and work with families and service providers to explore solutions to families' child welfare matters. Anyone can contact the Navigators for services, and they provide short-term, no-cost services throughout British Columbia and focus on serving Indigenous, racialized, immigrant, and rural communities. They connect families with available CDM processes and other service providers and can attend CDM processes with clients as a form of support.

So with that being said, the Needs Assessment, which is what I'm working on, is a research project to determine the key barriers' to Indigenous and racialized families' access to collaborative decision making processes and key priorities that need to be taken into account as we further develop the Navigator service. The primary way we're figuring that out is by talking to members of relevant organizations who work with family members in child protection matters and either witness people using collaborative decision-making processes or not using them for whatever reason.

- Do you have any questions?
- What is your position?
- Where does your organization operate?
- Generally, what percentage of Indigenous/racialized families do you work with? Do you notice any other demographic trends of the families you work with?
- Are you familiar with CDM processes?

- What CDM processes do you work with/know of?
- Do you recommend CDM processes to your clients? Why or why not?
- What barriers have you observed to families' access to CDM processes?
- Have you noticed any barriers that specifically impact Indigenous and racialized populations? Any other groups who are notably impacted by barriers to CDM processes?
- What would need to change for families to access CDM processes more easily?
- Do you see a service like the CDM navigator addressing the barriers you've identified? Anything in particular that would need to be added to it/taken into account?
- Any other information that you would like to share?

Questionnaire for lawyers:

Mediate BC is conducting a Needs Assessment to identify the barriers racialized and Indigenous families experience when accessing Collaborative Decision-Making processes. This survey will collect observations on client and service provider awareness and understanding of CDM processes, accessibility and functionality of these processes, and barriers to participation in CDM processes. You can choose to remain anonymous in this survey and any responses shared in the final Needs Assessment will be anonymous.

*CDM processes seek to support self-determination by all parties. In the child welfare context, common CDM processes include mediation, family group conferences, family case planning conferences, youth transition conferences, prevention meetings, traditional Indigenous decision-making processes, and integrated case management.

- What is your name? (optional)
- In what role do you work with families navigating child protection concerns?
- What geographic areas do you practice in?
- Given the aim of this program to increase access to justice for Indigenous and racialized families, what percent of the families that you work with in child protection are from Indigenous or racialized groups? What Indigenous or racialized groups do you work with frequently?

- Which of the following CDM processes are you familiar with?
 - Mediation
 - Traditional Decision-Making Processes
 - Youth Transition Conferences
 - Family Group Conferences
 - Family Case Planning Conferences
 - Integrated Case Management
 - Prevention Meetings
 - Other
- Which of these CDM processes would you recommend to your clients? In what context would you recommend them?
- Have you observed barriers to clients' access to CDM processes? Have any barriers to access emerged because of a client's social location/identity (e.g., race, gender, geographic location)?
- What would need to change in order for families to access CDM processes easily or in more effective ways?
- Any other information you'd like to share?
- Is there anyone else I should connect with to answer these questions?

Questionnaire for mediators:

Mediate BC Society has launched a [Child Protection Navigator service](#) to support and guide Indigenous and racialized families as they engage with the Ministry of Children and Family Development. Navigators are available now to assist families across BC in understanding available collaborative decision-making (CDM) processes.* Navigators will connect families to appropriate community resources and support families to meaningfully participate in CDM processes.

Simultaneously, we are conducting a Needs Assessment to identify the barriers racialized and Indigenous families experience when accessing Collaborative Decision-Making processes. This survey will collect observations on client and service provider awareness and understanding of CDM processes, accessibility and functionality of these processes, and barriers to participation in CDM processes. You can choose to remain anonymous in this survey and your responses will solely be taken into consideration in relation to the Navigator project. Any responses shared in the final Needs Assessment will be anonymous.

Responses will be collected until Friday, February 3rd.

*CDM processes seek to support self-determination by all parties. In the child welfare context, common CDM processes include mediation, family group conferences, family case planning conferences, youth transition conferences, prevention meetings, traditional Indigenous decision-making processes, and integrated case management.

- What is your name? (optional)
- What geographic areas do you service? (optional)
- Do you observe any demographic trends with the families you work with (e.g. ethnicity, language spoken, place lived, economic background, sexuality, citizenship status)?
- Have you observed any barriers to families' access to or engagement with mediation or other CDM processes?
- Have you observed any barriers to accessing mediation or other CDM processes due to families' social location/identity (e.g. race, gender, economic background)? In particular, have you observed any barriers to Indigenous or racialized families' access to these processes?
- What would need to change in order for families to access CDM processes more easily or in more effective ways?
- How common is it for families who attend mediation to have previously attended other CDM processes? How often do mediations result in a plan to attend another CDM process?
- As a mediator, what information would be valuable for you to know about other CDM processes?
- Any other information you'd like to share?
- Is there anyone else I should connect with to answer these questions?

Appendix 4: Participants' comments on the development of the CDM Navigator project

- Government needs to adapt hours/locations to meet participants needs. Parents are often working multiple jobs and are not able to accommodate going to processes during the day. You need to meet people where they are and adapt to out of work hours.
- Kids need legal education on what collaborative processes are and what their options are early-on in a child protection dispute. They are skeptical of collaborative processes and want a lawyer to advocate for them or are super far down the road of a particular path (e.g., about to go to court). Education in schools, with counsellors and community centers would be ideal. Kids would be receptive to the Navigator program if they were sure that this was someone on their side, rather than an agent of the Ministry. You emphasize that this program is separate from the ministry and is not referred to through the ministry. Navigators need to be trained with working with youth and understand the diverse ways youth want to participate. They need to meet with youth themselves and figure out a plan. For example, a youth might want their voice heard, but may not feel comfortable sharing in front of their parents.
- In the Northern regions, we are less concerns about public education and more about assisting service provision through increasing the prevalence of Northern mediators and connecting them with social workers. We also need better transportation options for facilitators to access communities.
- The Navigator program should make sure it's not an organization out there in name but not capacity. It needs to collaborate with groups and share information and resources.
- The Navigators need to prioritize relationship-building to build trust with families and open the door to communication.
- Service provider information and knowledge is still lacking in the Kootenays. You should facilitate inter-agency meetings. Service providers need to learn about available collaborative processes and how to initiate them, so they don't have to go online and find this information for themselves or call up the MCFD offices.
- Giving information to the service providers would make a big impact in terms of informing service providers, as they ultimately have a closer relationship to the families>

- You should go to Indigenous communities and walk in decorum and protocol and say “this is what we hope to achieve, we would like your input and help contributing to the content of what we want to offer non-Indigenous service providers.” You can create partnerships with Indigenous communities and then reach out to organizations in the Kootenays for educational workshop with food and community building among service providers.
- You need to educate families directly and not just rely on service providers in order to facilitate access to collaborative processes. Social workers often won’t explain processes adequately – designated band representatives need to be informed of these processes so they can work with their clients and explain them, as we often spend the most time with clients and build the strongest relationships.
- There needs to be more Indigenous mediators. These are very personal discussions, and they want people they can trust and feel supported by. Diversifying the roster has allowed clients to be quite happy – it means they can identify with someone, have someone who understands where they are coming from and who can ensure the process is more collaborative.
- There is a lot of turnover at the ministry, and social workers don’t know what to do. This can be remedied by educating support staff to ensure that they can advocate for themselves and ensure they are present at meetings and adequately supporting their clients. Mediators should also be educated in advocating for support staff to be at the table (e.g., members of Indigenous organizations), as mediators are leaving it up to social workers, but social workers don’t know the processes well.
- Clients need to be supported by people who speak the same language as them or who have an interpreter/translator who will explain the process to them.
- Immigrant communities need to be educated on how MCFD works and the different cultural conceptions of violence to prevent misunderstandings with MCFD.
- It would be helpful to go directly to the clients themselves, because of barriers accessing service agencies/MCFD.
- We need support staff to help mediators connect with clients – especially in rural areas and with hard to reach clients like homeless, transient clients.
- In the North, social workers are well informed about the collaborative practices program- it’s families that need the public education. Social workers are

overworked in the North – sometimes it takes an advocate or family member to initiate a meeting, but social workers will often agree.

- Band representatives and DAA people need education as to what collaborative processes are and how to initiate these processes for the families they support.
- Navigators should be advocating for their clients to receive referrals to not just early mediation but all the other collaborative processes. I would like to see more education and information sharing with parents so that they are aware and to prevent them from getting lost in the system by letting things go – they're afraid of the child welfare system and dealing with it and having all these other issues like addiction, mental health, homelessness, poverty. I will say a lot of the people are dealing with those main issues – when they get involved – this results in them getting lost in the system and getting involved in long drawn-out child protection issues.
- Navigator may need to address issues like housing, food, basic social supports – before these families can even think about collaborative processes.
- Reaching out to communities directly and sharing resources with organizations is both important. There is a lot of turnovers in small organizations so you need to develop something that allows for a continuous access to information, even if service providers are switching jobs. You can also go directly to communities and set up a booth. People will come to you with their stories and concerns. Mediators also need to learn trauma-informed practice and understand how to service and navigate connecting with clients who are battling addiction and mental health issues (e.g., people who aren't showing up to mediations/pre-mediation meetings).
- Mediators need to be significantly trained in being non-judgemental and breaking down unconscious biases through regular ongoing trainings. They need to understand judgement and microaggressions, pronoun trainings (including how to correct mistakes about pronouns), and ableism.
- You need to address families concerns about confidentiality. Also, everyone's on Facebook here. Get yourself a Facebook account, it's very important to communicate with people and that's where your clients are.
- There needs to be more consultation with Indigenous and racialized people to figure out what these processes actually need to look like to be representative of people. You need to hire more Indigenous and racialized mediators because there is a lack of representation in mediation. There also needs to be more

Indigenous/racialized workers joining mediations and acting as liaisons.

- A support person can be very helpful for families in collaborative processes. If they only have the social worker or the lawyer it can become adversarial. Support workers are also important as people who can help coordinate the whole process and ensure that everyone is there at the CDM process.
- You need to reach out to communities directly to educate them on child protection – because otherwise they won't know that they can fight child protection orders, or that child protection is something that might happen to them. The South Asian community are especially accessible via TV and radio shows like Omni News. Not everyone has a lawyer and they should be able to access independent legal advice – collaborative processes can create major problems in cases if lawyers aren't properly consulted. You should collaborate with an independent legal advice roster to assist this program – it's not fair that marginalized groups are only been given navigators – that doesn't minimize the need for them to get proper legal advice from a lawyer. Navigators need to work together with counsel and help their clients access some form of legal advice. You also need to make it very clear that Navigators are not lawyers and cannot provide legal advice.
- Immigrant communities need education about domestic violence. A lot of these communities don't define what they're doing as domestic violence. Service providers often run general programs, because they don't have enough time to serve clients individually – Navigators can help fill this role.
- It would be helpful for Navigators to give preparation meetings to clients beforehand to explain what is going to happen, what the outcomes are, your rights going into the meeting, etc. This helps out legal aid lawyers and ensures clients know what is going on. You should also collaborate with other support workers rather than asking the person for all the information on their case – it gets traumatizing to constantly reiterate details of cases. There are a lot of materials needed in key languages like English, French, Hindi, and Punjabi, and there should also be materials in languages that are less common in South Asia as well.
- Mediators feel uncomfortable dealing with kids and they need to be trained in incorporating children into mediation. We need to ensure people know how to control the process in a way that is safe for children, especially when children are Indigenous or of other vulnerable identities. We also need more info on how everyone accesses these collaborative processes, so it's not just dictated by

social workers.

- Social workers do recommend mediation in Northern BC, but often at the point of removal – it would be great to advocate for early mediation. There is also a need for more mediators in Northern BC and a need for support staff like legal advocates.
- Lawyers that work in child protection but don't work through a PLC need information about collaborative processes. Lawyers are generally familiar with mediation, but not other collaborative processes, and how a lawyer can participate if they are legal issues. It would also be good to have cultural competency training for everyone involved as well – facilitators, lawyers, and social workers – to equip them to work with Indigenous families and racialized families, in response to feedback that families don't feel like it's a culturally safe space. We should aim to make cultural considerations default to the space, rather than someone having to advocate for it.
- Advocates can help explain what is going on to families in processes. It is important to have someone else explain the processes who is not a social worker, as families don't often trust social workers or listen to them clearly. Navigators should help create space to see the parent for who they are and acknowledge the experience of the parent and how hard and traumatic it has been – parents are often looking for an acknowledgement of wrong-doing or acknowledgement of the positive changes they have made. Given families discomforts in spaces with social workers there is a strong need for the importance of advocates, especially those who understand their racialized/Indigenous experience within the space. It's also important to educate service providers so they understand collaborative processes – often a family support worker will have the first contact with my client and will inform them of their options.
- There is a lack of knowledge and skepticism of clients about Mediate BC. Mediate BC should build relationships with other organizations that can do a little bit more advertising and really build relationships and ongoing community partnerships. If you've got a Mediate BC brochure in a partner organization, you're going to get people funneled into your program. You should make sure you're building into the program an opportunity for people to refer people to your program and be involved – you shouldn't just meet with the client, but also include their other support workers. This will leverage the client's support structure in a way that ensures you're not handing them off to mediation with no support. This is especially the case for racialized clients who have language barriers, as they may rely more on support staff. By working with these support

staff, they will become champions of the program by being immersed within it.

- Lawyers should be trained in family violence. They don't understand how MCFD can be weaponized in different ways by other parties and other stuff, or the intersectional effects of MCFD involvement, especially for racialized women, and the historical implications of those things, both in terms of like race, but also in terms of gender, and those sorts of things. A lot of it comes down to a lack of education and understanding around the powers at play in the space. There is also a power of witnessing negative things that go on in these processes – and as a Navigator validating that. Especially when you have someone from an Indigenous and racialized community, they will be more able to pick up on these microaggressions. It is also important to
- take notes at these meetings and translate legal jargon for clients and provide space to debrief clients on what happened during a collaborative process and vent their feelings.
- You need to advocate for neutral space for mediations to provide more cultural sensitivity. You need to ensure the social worker has all appropriate people at the table in order to make decision (e.g. supervisor).
- There needs to be more front-line support for parents facing homelessness and addictions. In-person mediations to allow for more meaningful participation and support of participants who would benefit from such participation. More service providers including front line child welfare workers in Indigenous communities to be more aware of the CP Mediation process as well as other collaborative processes. Need more public awareness of CP mediation and referral mechanisms for others to refer to Mediation – as referrals seem to originate from MCFD social workers only.
- Families should be connected with traditional decision-making processes when they are especially traumatized by the legal system/colonial government. There needs to be education for families on interacting with MCFD, options of processes when someone is involved in the system, knowledge of their rights.