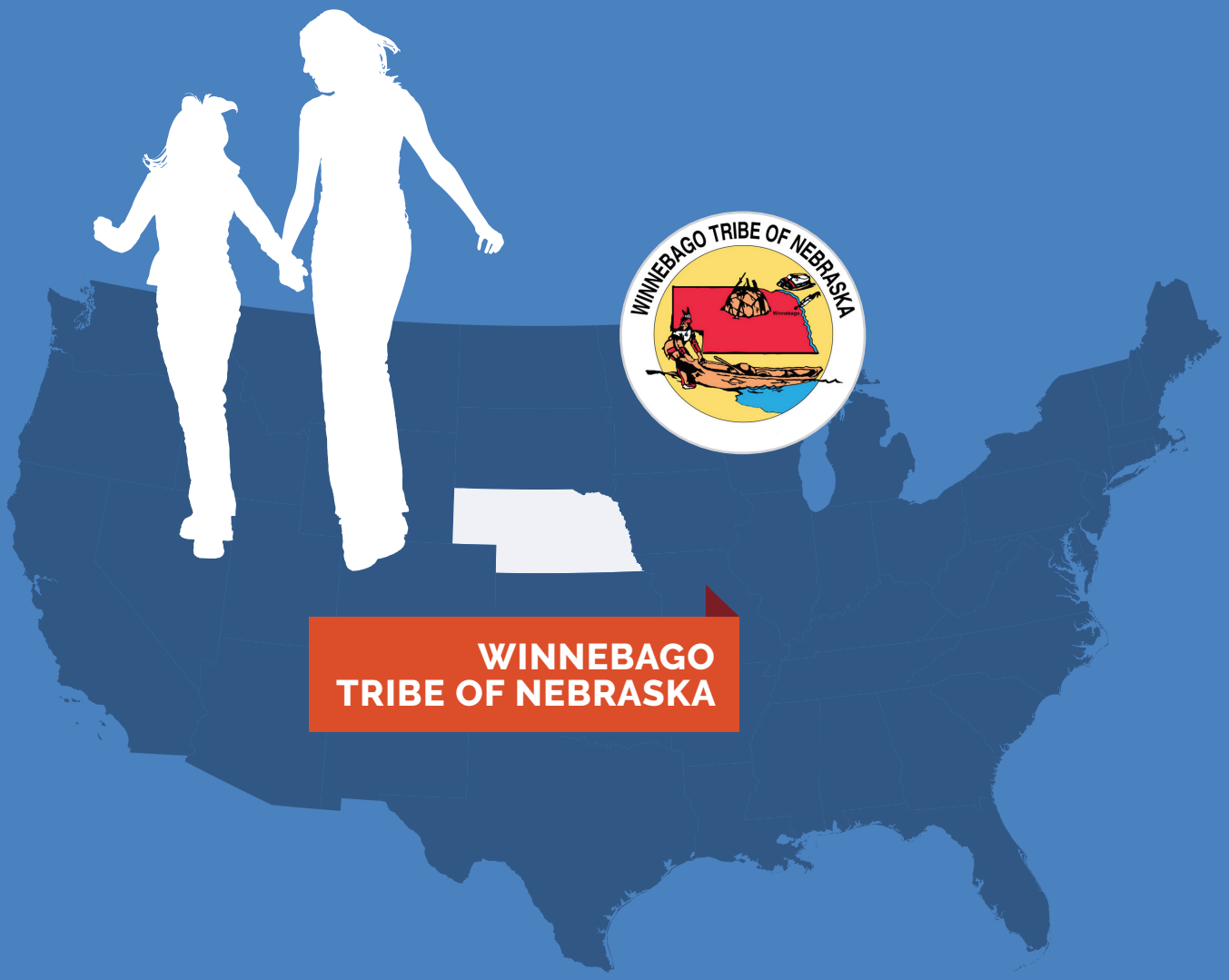
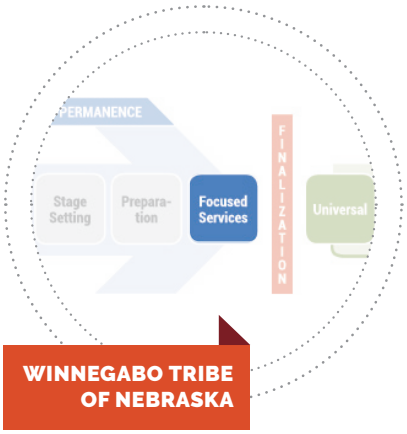


WINNEBAGO *FGDM*: WAŽOKI WOŠGĄ GICĄ WO'ỤPI

INTERVENTION IMPLEMENTED BY THE WINNEBAGO TRIBE OF NEBRASKA FOR THE QIC-AG PROJECT

OVERVIEW OF THE QIC-AG

The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a 5-year federally funded project that promotes permanence (when reunification is no longer a goal) and improves supports for adoptive and guardianship families. Working in partnership with eight sites, the QIC-AG is identifying and testing promising practices and evidence-based models of support and services for children and families both pre and post permanence. Effective interventions are expected to achieve long-term stable permanence in adoptive and guardianship homes not only for waiting children but also for children and families after adoption or guardianship has been finalized. To learn more about the work of the QIC-AG, please go to www.qic-ag.org.



The QIC-AG created a Permanency Continuum Framework to help structure work with sites and families pre and post permanence. The Continuum Framework was developed on the premise that children in adoptive or guardianship families fare better when their families are fully prepared and supported to address issues before they arise, and if issues arise, before they escalate into a crisis. The Continuum Framework is comprised of eight intervals; three intervals start prior to finalization (*stage setting, preparation,* and *focused services*); three intervals continue after finalization and focus on prevention services (*universal, selective,* and *indicated services*); and the last two intervals focus on the provision of *intensive services* and *maintenance of permanence*.

The Winnebago Tribe of Nebraska is implementing an intervention that falls into the **focused interval** on the Permanency Continuum Framework. Focused services are targeted for children who are experiencing challenging emotional, behavioral, or mental health issues that might negatively affect their movement to permanence through adoption or guardianship. Focused services are designed with a two-fold purpose. First, focused services are intended to meet the emotional, behavioral, and mental health needs of children whose current needs are hindering permanence. Second, focused services are designed to enhance the capacity of each family to meet the needs of their child and, ultimately, become a permanent resource.

OVERVIEW OF INTERVENTION SELECTED BY WINNEBAGO AS DESIGNED BY THE DEVELOPER

Family Group Decision Making (*FGDM*) is being implemented in the Winnebago Tribe of Nebraska. *FGDM* as it is being used by Winnebago, has been approved by the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect at the University of Denver. The roots of *FGDM* reach back to indigenous practices of the Maori people of New Zealand. *FGDM* honors the inherent value of involving family groups in decision making about children who need protection or care. In the *FGDM* process, a trained coordinator (who is independent of the child's case) brings the family together to create and carry out a plan that will ultimately achieve permanence for the child. From the outset, it is understood that the families will lead the decision-making process, and that the statutory authorities will agree to support family plans that adequately address agency concerns. *FGDM* processes are not conflict-resolution approaches, therapeutic interventions, or forums for ratifying professionally crafted decisions handed down to families. Rather, *FGDM* is a deliberate, intentional practice that restores the balance of power to the families. The *FGDM* process is designed to serve children, their parents, and a broad "family group" defined as people to whom the child's family is connected through kinship or other relationships.

The *FGDM* curriculum is based on six core elements and eight values, which are also used to help evaluate practice in *FGDM*. The role of the *FGDM* coordinator is clearly delineated in the four-stage framework and various processes of *FGDM*. The first set of processes is focused on the family's referral. The second set of processes is focused on engagement, including assessing whether the family group wants to have a conference, and if so, preparing the family for the family-group conference. This step ensures that all prospective participants are well informed and have the information pertinent to the decision-making process. The third set of processes occur during the actual family decision-making conference(s), during which the family is given a period of *private family time* to develop an action plan addressing the specific needs of their child or children. The final set of processes occur after the family decision-making conference, and are intended to support the family in ensuring follow-through and re-visiting the action plan. The family-group conference can be convened in any location where the family is comfortable meeting together. A typical family-group conference

can average 22-35 hours of preparation, and the initial conference typically lasts an average of 3-6 hours, with a meal provided during the private family time. Each of the *FGDM* components must be delivered with fidelity; however, *FGDM* is not a manualized intervention. The *FGDM* model can be implemented by community members who have been trained to coordinate the *FGDM* processes. The family must respect the coordinator as someone who is unbiased and trustworthy. Initial and ongoing training in *FGDM* is available through the Kempe Center.

WHY *FGDM* WAS SELECTED BY THE WINNEBAGO TRIBE OF NEBRASKA

The Winnebago Tribe did not have a recognized, culturally competent, family engagement practice to promote decision-making related to permanence. The Maori version of the *FGDM* intervention (i.e., rooted in indigenous practices) was chosen to support Winnebago families in determining the best permanency option for their children. This version of *FGDM* was adapted to reflect the Ho Chunk culture and language of the Winnebago Tribe of Nebraska. These adaptations will enable the Winnebago Tribe to implement a culturally relevant permanency practice and increase legal permanence outcomes for Winnebago children. The adapted version of the *FGDM* intervention will be used to support Winnebago families in determining the best permanency option for their children.

For the Winnebago Tribe of Nebraska, the *FGDM* target population is children ages 5-18 years old, who have a non-reunification permanency plan. The target population includes children for whom a permanency resource has not been identified (i.e., children waiting for an adoptive or guardianship family to be identified).

The Winnebago Tribe hopes to achieve the following short-term outcomes through *FGDM*:

SHORT-TERM OUTCOMES

- **increase families' knowledge of permanency options**
- **increase children and families' protective factors**
- **increase knowledge of Winnebago-specific permanency pathways**
- **increase the number of children who achieve permanence**

ADAPTATIONS MADE TO *FGDM*

Because the *FGDM* model is well aligned with Ho Chunk values, and the intervention's flexible delivery design allows for cultural and individual differences that occur in families, the *FGDM* intervention required few adaptations to meet the needs of the target population identified by the Winnebago Tribe. The adaptations fall into two categories: (1) a cultural overlay to determine appropriate cultural values, and (2) a training that allows enough time for reflection on culturally responsive practices raised in the implementation of the *FGDM* intervention.

- **Cultural Overlay.** Elders identified a name for the project that would represent the intervention using the Ho Chunk language; the chosen name, Ważokį Wošgą Gicą Wo'ųpį, translates to English as, "possible cultural family choices." Additional cultural adaptations were made to *FGDM* to reflect the cultural strengths of the Winnebago people and to emphasize that these the cultural strengths could be used to create a pathway to permanency planning for Winnebago children and families. These adaptations included the following changes:

- Developing a logic model based on a circular conceptualization of the objectives (versus a Western, linear conceptualization);
- Renaming the processes, procedures, and protocols using Ho Chunk language and congruent with Ho Chunk culture.
- Enhancing the core values by adding "respect for wisdom of elders" and "the importance of community."
- Using the Winnebago kinship system of roles and responsibilities in lieu of a Western genogram.
- Recognizing the diversity of beliefs and practices among Winnebago families.
- Aligning permanency options with Winnebago Tribal Code.

» **Training.** Child & Family Services (CFS), Family Support Workers, received a 3-day *FGDM* Coordinator training that included instruction on the four-stage *FGDM* framework and the process used for the *FGDM* meeting. For each phase, those training for the role of coordinator discussed ways of adapting the stages and processes to be Winnebago-specific. Following that training, the facilitators traveled to Family Interventions Strategies in Rochester, MN to observe family-group conferences. Based on the coordinators' observation of *FGDM* in practice, a few additional adaptions were made to the intervention to further ensure that the language on all documents honored the Ho Chunk language and values of the community.

RECRUITMENT: OUTREACH TO FAMILIES

The Winnebago Tribe team is currently in the installation phase. Given this timeline, recruitment has not yet been an issue, but the site team is preparing for recruitment. To alleviate potential barriers with recruitment, the CFS staff have identified the following recruitment activities:

RECRUITMENT ACTIVITIES

» **The CFS Worker will submit an *FGDM* referral to the CFS Supervisor for review**
» **The CFS Supervisor will identify referrals that meet the eligibility criteria;**
» **ACFS Family Support Worker/*FGDM* Coordinator will then reach out to the primary caregiver by phone and/or through a home visit to provide information on *FGDM* such as a recruitment letter and recruitment flyer and to encourage participation.**

A *FGDM* coordinator will be responsible for planning and facilitating the family meetings. During the preparation phase, the coordinator will provide the primary caregiver with an overview and basic information about the *FGDM* process. In addition, the coordinator will work with the primary caregiver to review the case file and identify other adults who are a part of the child's family. During the preparation stage, the caregiver may commit to contacting family members to inquire if they would be willing to participate in *FGDM*. The coordinator will support the caregiver in inviting the family network and be available to explain the intervention to any prospective participant who has questions. Additionally, the coordinator will explain the intervention to other potential participants from the information network, such as service providers, CFS Workers, Counselors, Educational and/or Medical Supports, and any other service provider that is designated as an important person to the *FGDM* conference. The coordinator is responsible for ensuring the family-group conference is accessible to all those who are willing to attend and ensures that a space is identified, that a meal is

planned according to the family's request, that travel needs or teleconferencing are amenable and accessible to participants who have requested such assistance, and that any cultural observances requested by the family are incorporated into the family-group conference.

During the preparation process, before the date of the *FGDM* conference, the family support worker will contact the invited family members to review the culturally adapted assessment tools, including the Winnebago ecomap for adults and children, and the female and male kinship diagrams. The purpose of this review is to determine the familial and communal resources available to the primary caregiver and identified child. Also during the preparation stage, the coordinator will review permanency options for the child with each of the family members. This step ensures that all family members are well informed regarding the permanency options, enabling the family members to make a permanency decision for the identified child.

The family-group conference will open with the traditional/religious custom requested by the family (if any is identified by the family). Each person will be asked to share a brief opening statement. Any "rules" agreed to by the family will be shared, and then the coordinator will briefly restate the goal of the meeting. The coordinator will ask each of the service providers from the Information Network to share information that the family will need in constructing a family plan. This information will include any required elements or constraints affecting the scope of the family plan. Once this information has been shared and the family's questions have been answered, the coordinator will ensure that the family has everything needed to write the plan. At this point, the private family time begins and the coordinator will ask that people begin the meal; the coordinator and service providers will leave the room. Private family time consists of the family and may include unrelated persons that all family members have agreed are natural supports.

Families are making decisions that are not only significant to their child's present day life, but also likely to have a generational impact. Therefore, each family will be supported in having as many conferences as they request to finalize their decisions and family plan. Once the family has developed a plan, the plan will be presented to the Information Network for a review prior to acceptance. Any plan that honors the required elements and constraints will be accepted, honored, supported, and represented to the courts when that is required.

LINKS

More information about FGDM is available from the following websites:

- http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/FGDM/Documents/FGDM%20Web%20Pages/About%20FGDM/FGDM%20Purpose%20Values%20and%20Processes.pdf
- http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/FGDM/Documents/FGDM%20Guidelines.pdf
- http://www.cebc4cw.org/program/family-group-decision-making
- https://pdfs.semanticscholar.org/fc03/4b5805aa23490f628631061ef319944f5d7a.pdf
- http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/FGDM/Training_Consultation/Core_Training/Pages/default.aspx

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CO1122. The contents of this document do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This document is in the public domain. Readers are encouraged to copy and share it, but please credit the QIC-AG.

The QIC-AG is funded through a five-year cooperative agreement between the Children's Bureau, Spaulding for Children, and its partners the University of North Carolina at Chapel Hill, the University of Texas at Austin and the University of Wisconsin-Milwaukee.

MORE INFORMATION
To learn more about the QIC-AG visit ***www.qic-ag.org***