

National Quality Improvement Center

QIC • AG

Adoption & Guardianship
Support and Preservation

A Program funded through a five-year cooperative agreement with
Department of Health and Human Services,
Administration for Children and Families, Children's Bureau in partnership with:
Spaulding for Children
The University of Texas at Austin,
The University of Wisconsin-Milwaukee, and
The University of North Carolina at Chapel Hill

QICHAT: FAMILY GROUP DECISION MAKING



March 21, 2018

WELCOME AND INTRODUCTIONS

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GOAL OF THE QIC-AG

- The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a five-year project working with eight sites that will implement evidence-based interventions or develop and test promising practices which if proven effective can be replicated or adapted in other child welfare jurisdictions. Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families after adoption or guardianship has been finalized.

QIC-AG LEADERSHIP TEAM



QIC-AG is funded through a five year cooperative agreement with Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

❖ Spaulding for Children



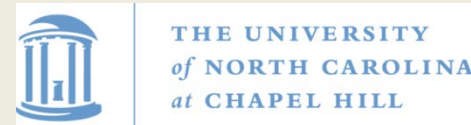
❖ University of Wisconsin-Milwaukee

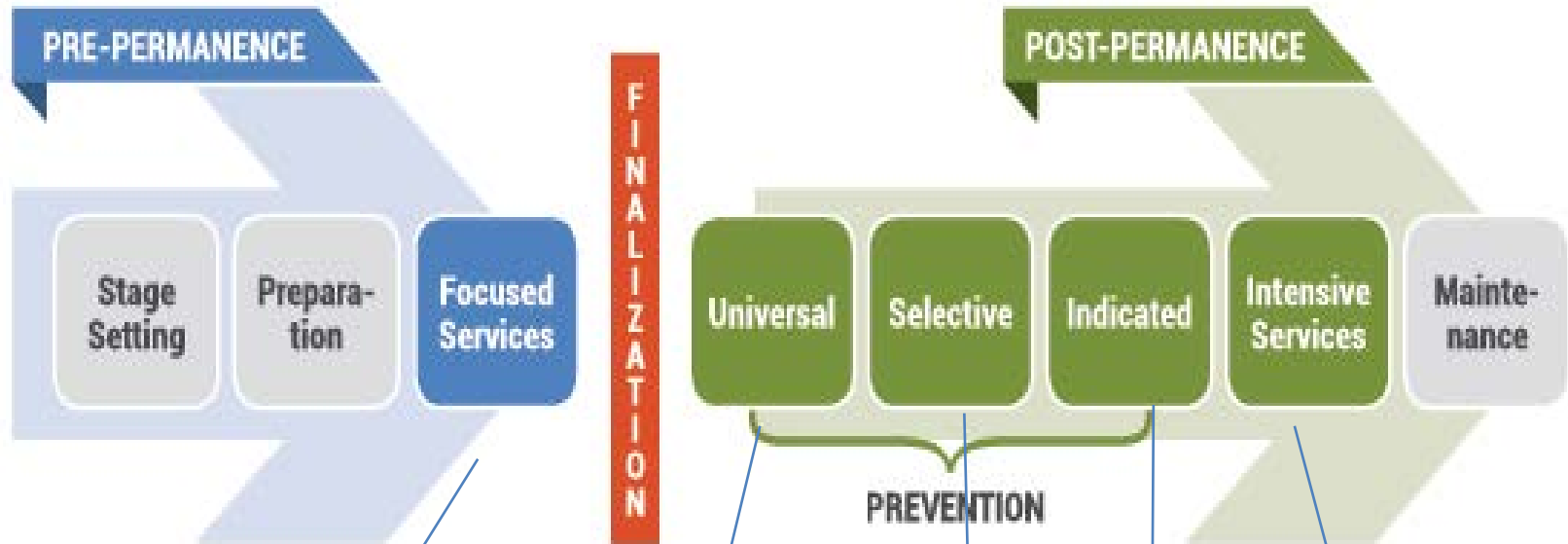


❖ University of Texas at Austin



❖ University of North Carolina at Chapel Hill





Texas & Winnebago Tribe

Vermont

New Jersey & Illinois

Wisconsin & Catawba

Tennessee

OVERVIEW OF FAMILY GROUP DECISION MAKING



■ Overview

- FGDM and specifically the Family Group Conference has Indigenous roots.
- Guided by 6 core elements each intentionally restores decision making authority to families.
- Winnebago Implementation is modeled based on the original work of the Maori from New Zealand.
- Adapted to meet the specific cultural needs and context of Winnebago Families.
- Two Designated Coordinators.

■ Eligible Children and Families

- Children over 12 with a court ordered non-reunification permanency goal.

OVERVIEW OF FAMILY GROUP DECISION MAKING



■ Reason Selected

- Increases family choice in decision making related to permanency.
- Respects the Tribes historical, culturally competent, family engagement practices.
- Utilizes evidence based practice to help Winnebago Children who cannot be returned home to attain permanency *with* support from their families.
- Respects the family to make the best plans for its children and future generations.

■ Short Term Outcome Goals

- 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.

OVERVIEW OF FAMILY GROUP DECISION MAKING



■ Training

- 3 day Family Group Conferencing Coordinator training.
- Ongoing Supervision provided by the Kempe Center.
- Additional “Peer”- coaching provided by Family Service Rochester (FSR.)
- Though not part of the FGDM model, each coordinator was trained in basic mediation to sharpen skills in facilitation, (versus leading) and active listening prior to being trained in Family Group Conferencing.

ADAPTATION



■ Cultural Overlay

- Naming by the elders, *Ważokį Wošgą Gicą Wo'ųpi*.
- To be congruent with Ho-Chunk Culture, the processes, procedures, and protocols were translated using Ho Chunk language.
- Enhancing the basic values and core elements by adding “respect for wisdom of elders” and “the importance of community.”
- Using the Winnebago kinship system of role 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.
- Creating and augmenting permanency options.

RECRUITMENT PROTOCOL



■ Protocol

- The CFS Worker submits a FGDM referral to the CFS Supervisor for review.
- The CFS Supervisor will identify referrals that meet the target population 1 (one) criteria.
- A CFS Family Support Worker/FGDM Coordinator then begins outreach to the child(ren) primary caregiver.
- Caregivers are provided with information on FGDM, a recruitment letter and recruitment flyer and encouraged to participate.
- If the family consents to participate, the research partner supports the caregiver in completing a pre-survey, (to support evaluation.)
- Once consenting is completed, the *FGDM* coordinator is responsible for working with the caregiver to plan and convene the family meeting(s).

■ Protocol Modifications

- Recruitment of larger samples of family at a time.
- Enhanced use of in-person outreach.
- Face to Face surveys, may need to also be done electronically, (skype/zoom)

RETENTION STRATEGIES



■ Initial Retention Strategies

- Families are informed in Preparation Phase that the work may require more than one meeting.
- Families are encouraged to identify a family member who will follow up on action items and outreach to the coordinator for help when needed.
- Retention is determined by the families choice to continue in the process beyond the initial meeting.

WAŽOKĪ WOŠGAŲ GICAŲ WO'ŪPIŲ RESOURCES

More information about FGDM is available from the following websites:

- <http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pediatrics/subs/can/FGDM/Documents/FGDM%20Web%20Pages/About%20FGDM/FGDM%20Purpose%20Values%20and%20Processes.pdf>
- <http://www.ucdenver.edu/academics/colleges/medicalschoo/department/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/medicalschoo/department/pediatrics/subs/can/FGDM/Training Consultation/Core Training/Pages/default.aspx](http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pediatrics/subs/can/FGDM/Training%20Consultation/Core%20Training/Pages/default.aspx)

QUESTIONS

Additional Information on the QIC-AG can be found at:

www.qic-ag.org

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