



## **REFERRAL WORKER INFORMATION:**

### **What is a Family Decision Making Circle?**

Family Decision Making (FDM) is a circle where members of the child's family come together with significant others and members of the child's community who are, or might become, involved to assist the family to develop a plan to care for their children.

The circle is arranged and facilitated by an independent FDM coordinator. The family and FDM coordinator make the final decision about who participates, and it can be anyone the family identifies as important to the child/ren. It ensures the decision-making ability of families and is culturally centered and strength based. Family decision making is about bringing families, supports and community together in a good way to discuss the needs of the children and to make plans to support those needs.

### **What are the strengths of FDM?**

FDM helps to promote and develop the capacity of Indigenous families and communities to care for and protect children and supports child and family development.

FDM often helps to:

- Avoid the need for court involvement
- Ensure the family knows about and has access to resources that can help
- Build stronger relationships by helping families work out problems together

FDM recognizes and acknowledges the right and capacity of Indigenous families and communities to care for and plan for their children. FDM respects and understands Syilx ways of being and knowing.

## **History and values of FDM**

This program evolved from the Aboriginal Family Group Conference (FGC) model which was developed in New Zealand in 1989. It has since evolved into what is now the Family Decision Making program to ensure that the Syilx perspectives and Syilx way is enacted, thereby strengthening families and creating a better future for all Indigenous children in Okanagan territory. This program is based on the principles of Enowkin'wixw, where family roles are viewed as equal in establishing common ground. The circle ceremony has protocols and is a sacred space to acknowledge differing perspectives. It has always been the practice of the Nation to care for and ensure that all children within our Nation and territory are protected and safe. For this reason, the program services all Indigenous children within the territory.

### **Referrals:**

The program receives referrals from Bands, School Districts, Friendship Centres, MCFD Social Workers, Community-based agencies or Parents/Family members. Note: Children/Families who are deemed at high risk prior to MCFD involvement will be placed in higher priority.

### **Roles:**

#### ***The FDM Coordinator:***

This position is independent of the Band, Friendship Centre and Ministry of Children and Family Development (MCFD). FDM Coordinators require information about the family situation that is necessary to coordinate a circle and ensure that all circle members are informed and that there is openness and acceptance to prioritize this model. They work to ensure balancing of the circle, and to recognize power differentials, levels of family community disempowerment and work to balance those; they ensure that people can come together in a good way.

#### ***The Family:***

The family's role is to actively participate in planning for the child's safety, wellness, permanency, culture and any other area they decide to be appropriate and important. It also may include supporting the parents in developing a wellness plan.

***The Formal Supports:***

The role of formal supports at an FDM is to provide information and offer consultation and resources to family members. It is not the role of formal supports to make assumptions about the family’s situation or circumstances.

***MCFD Social Workers:***

In situations where there is MCFD involvement, the social workers’ role is to agree to support and resource family plans when all safety concerns have been addressed. Also, social workers’ must be mindful of their responsibility to follow the Aboriginal Policy and Practice Framework (APPF) in British Columbia. This understanding of APPF informs their intention behind engaging and supporting the family with Family Decision Making. It is not the role of social workers to make assumptions about the family’s situation or circumstances.

***Family Driven Process:***

At the heart of FDM is the idea that it is a family-driven process which means that the family will determine:

- Who will be invited to participate
- The location and food to be served at the meeting
- The culture and ceremony to be incorporated
- Elder involvement
- Support People
- Follow Up

***Circle Format:***

Since this is a family driven process, the format is dependent on the family and community culture.

**1st Round—Opening**

Prayer / Smudge / Song  
Introductions  
Confidentiality

**2nd Round - Information Sharing**

Family Strengths  
Risks/Concerns  
Questions

Ground Rules

Sharing

**3rd Round—Private Family Time**

Discuss the Concerns

Decide on a plan

**4th Round—The Plan**

Present the Plan

Discuss the Plan

Questions/Get Clarification

Agreement to the Plan

***Preparation:***

The coordinator will meet with all participants to prepare them to attend the family circle. The coordinator will work to ensure the family understands: the FDM process; outline what is understood as the needs of the children; purpose of the conference; all the options available to them; and the legal processes if applicable. The coordinator also ensures that the family is able to come together in a good, safe way and that the circle is balanced.

***Considerations:***

- FDM's are not designed or expected to resolve every issue that a family may face.
- As requested by the family there may be a follow-up family circle to review the plan and see how everything is going.
- Because FDM follows family process the circle itself may last anywhere from a couple of hours to one/two days depending on the issues and how quickly everyone can reach an agreement.
- A written copy of the plan will be sent to all participants who attended the FDM
- FDM's are not extensions of MCFD's alternate dispute resolution processes: (FCPC/FGC). The expectation is that the plans that come from an FDM will be prioritized moving forward.
- FDM's take longer to prepare for than MCFD alternate dispute resolution processes, due to the balanced nature of the Circle.
- FDM coordinators are independent workers and do advocate for traditional processes to both the family and professionals, while remaining neutral to the family's outcome. For example: Encouraging communal rights discussions vs.

independent rights (western ideology), while supporting the family with their decision either way.

### ***Confidentiality and Trust***

The need to respect the family-driven process, confidentiality and safety which all work toward building trusting relationships with the family requires that referring workers:

- Contact the coordinator before bringing others, such as practicum students, therapists and counsellors to the FDM circle – this gives the coordinator an opportunity to contact the family for their consent
- Understand that the circle is not the time to introduce new information to the family; Present all relevant information, in an understandable and concise way, prior to the circle, and during the *Information Sharing* round of the circle, that will be essential for the family's deliberations.
- Prior to the Circle, and during the *Information Sharing* round of the circle, share all of the relevant information with the family that will be essential for the family's deliberations including:
  - The agency's expectations, as they relate to their legislative delegated authority.
  - Updates of any core information that was previously shared.

### ***Program Entry Criteria***

Our services are provided for Indigenous families with children between the ages of 0–19 living in Okanagan territory. The family:

- Is involved or at risk of involvement with child and family services
- Has a significant planning issue or decision to make regarding the child
- Understands the FDM process and voluntarily agrees to actively participate in the process

### ***Ineligible Conditions***

As this program services every family situation that requires planning for children, ineligible conditions will be rare situation. Ineligible conditions may arise following the Intake and Family Information Discovery processes. Examples include:

- Where the worker and/or family do not allow for key decisions to be made by the family group (i.e., if one parent wants to exclude the other parent or when someone wants to exclude relevant family members significant to the child's life).
- If the agency/social worker is unable to be clear about expectations.
- If the family makes a voluntary and informed decision not to move forward.

Conditions may also arise when the family is unaware of the referral, and not included in the initial conversations about the FDM process. For this reason, it is vital that the referring worker have a conversation with the family regarding what FDM entails and the engagement necessary for success. This package can be used as a guide, prior to the FDM coordinator having a conversation with the family.

### ***Referral Process (Referring Worker)***

In keeping with the spirit of FDM that family voice and choice is acknowledged and respected, referrals are based on voluntary request of the persons served. The referral process involves the referring worker, the family group and the FDM Team lead and/or coordinator. Families who are not aware of the process or voluntarily consent to the process are **not** appropriate referrals for FDM. The following procedure will assist in making appropriate referrals.

### ***Procedure***

1. If the referring worker is unsure that the family situation is right for the family the worker will contact the FDM Team Lead for clarification; both will then decide if the referral is appropriate. If inappropriate, the family and social workers will be provided with a written summary outlining the reasons and recommending alternate resources.
2. For appropriate referrals the referring worker talks with the primary family member(s) to introduce them to FDM and the role of the FDM Coordinator(s).
3. The referring worker and/or the FDM team describes to the parents or primary caregivers:
  - The purpose of FDM
  - The agency's view that the family is a better decision-making body than the agency

- Their right to have family and/or community members who are involved in the child's life involved in the planning and of the need for release of information re: contacting potential participants
  - The voluntary, and family-driven aspect of the family's involvement in the FDM process
4. The referring worker ensures that the following information is explained to the family:
- FDM is a way for families to lead decision making in partnership with the child welfare agency
  - The family's plan will be given preference over any other plan after the agency's concerns and protective issues are addressed
  - FDM includes the family group as defined by the family, in planning for the child's safety and well-being
  - The referring worker and family work together to determine the clear purpose for the family meeting or a plan or decision that needs to be made
  - All critical information is honestly shared with the family about concerns and the agency's and court's child safety expectations
5. When the referring worker and family agree that FDM is an appropriate service, the referring worker and family:
- Complete and send the Referral Form to the FDM Team Lead. Alternately, the referring worker introduces the family to the FDM Team Lead and/or Coordinator.
  - The Coordinator contacts the family to begin the FDM process starting with orientation and preparation phases.

***Appropriate Referral Quick Checklist:***

1. The agency agrees to support and resource the family plan wherever possible?
2. The agency believes the family is a better decision-making body than the agency?
3. The family's plan will be given preference over any other plan after the concerns and protective issues are addressed?
4. All critical information has been shared honestly with the family about concerns and the agency's and court's child safety expectations?

5. The FDM process has been explained to the family?
6. The family voluntarily consents to the FDM process?
7. There is a child and family service concern evident?
8. The agency agrees to follow practice that demonstrates the Aboriginal Policy and Practice Framework in British Columbia?

**For all more information, please contact:**

**Main Contact:**

Brittany Wolsey, FDM Team Lead

[FDM.Lead@syilx.org](mailto:FDM.Lead@syilx.org)

**For referral inquiries:**

Brittany Wolsey, FDM Team Lead

[FDM.Referral@syilx.org](mailto:FDM.Referral@syilx.org) or 250-707-0097 ext. 152

**FDM Coordinators:**

Karyn Wilson, Senior Coordinator

[FDM1@syilx.org](mailto:FDM1@syilx.org) or 778-363-6011

Natacha Perez

[FDM3@syilx.org](mailto:FDM3@syilx.org) or 778-392-7532

Debra Chouinard

[FDM2@syilcx.org](mailto:FDM2@syilcx.org) or 250-938-7458

## **Appendix B-1: The Spirit of Indigenous-led Practice: Family Decision Making (FDM)**

The referral process to access the Family Decision Making (FDM) program is grounded in Indigenous-led and family empowerment concepts; both of which are ideas central to decolonizing mainstream system-led service. Deviating from the FDM process contributes to the perpetuation of colonial practice.

Two documents guide and affirm decolonizing and Indigenized practice relative to FDM; the *Aboriginal Policy and Practice Framework in British Columbia* and Bill C-92.

### **FDM Background:**

The practice of FDM is intended to address the inherent imbalances between child welfare agencies and the children, youth and families they serve. FDM is a family-led process rather than systems-driven with the family guiding who will be invited and how they are invited to the family meeting. Instead of a meeting of service providers to which family is invited, this is a meeting of the family group to which service providers are invited. The process brings together the children's family support networks—parents, children, aunts, uncles, grandparents, neighbours and close family friends—to make important decisions that might otherwise be made by professionals. Community groups and the child welfare agency that has become involved in the family's life also participate to the extent that they provide necessary information for the family to develop its plan. FDM is a voluntary process.

### **Rationale for following the FDM referral process:**

The *Aboriginal Policy and Practice Framework (APPF)* is developed as “a response to historic oppression experienced by Aboriginal people through colonial laws” and “identifies a pathway towards restorative policy and practice.” The framework acknowledges Aboriginal rights and states that “Aboriginal people are in the best position to make decisions that affect their children” youth and families. The APPF also points out the importance of cultural safety in how families engage with services and how the services are delivered. The framework invites practitioners to adopt “a learning-

oriented stance in all working relationships” when engaging with Indigenous communities and service providers.

Bill C-92 further affirms “the rights and jurisdiction of Indigenous peoples in relation to child and family services.” The Bill privileges Indigenous-led decisions and practice:

the Indigenous governing body acting on behalf of the Indigenous group, community  
or people to which a child belongs must be able to exercise without discrimination the  
rights of the Indigenous group, community or people under this Act, including the right  
to have the views and preferences of the Indigenous group, community or people in decisions that affect that Indigenous group, community or people.

**Learning Indigenous Practice:**

The FDM program recognizes that change in practice can take time. Therefore, patience with referral sources as they learn to follow Indigenous practice, is required. However, conflicts are a natural consequence of human interactions and decision-making. When disagreements occur, the conflict resolution guide will be followed to resolve emerging concerns. Because of this re-learning the coordinators role may seem subjective, however there is a responsibility to privilege Indigenous ways of being and knowing, and that coordinators work with the intention of balancing the circle and informing ways of decolonizing perspectives. FDM coordinators are independent workers and do advocate for traditional processes to both the family and professionals, while remaining neutral to the family’s outcome. For example: Encouraging communal rights discussions vs. independent rights (western ideology), while supporting the family with their decision either way.

**What Families Need to Know About the Current Child Welfare Landscape**

As of January 1, 2020, the Canadian government put in place a federal law regarding Indigenous child welfare. This law, called the *Act Respecting First Nations, Inuit and Metis Children, Youth and Families*, sets out country-wide, legal standards for how

Indigenous child welfare services must be provided across Canada. In order to align practices in BC with the new federal law, the Ministry for Children and Family Development (MCFD) developed *Policy 1.1*, which all MCFD workers are required to follow. Below is a brief summary of some important aspects for families to be aware of: Within the *Act Respecting First Nations, Inuit and Metis Children, Youth and Families* (C-92 Act):

- A national definition for what “best interests of the child” (BIOC) means in relation to Indigenous child protection services. In this new definition, the child’s connection to their family, home community, language and culture are equally as important as, and a part of, their physical, emotional and psychological safety. Traditional or cultural family care plans are also to be considered when assessing a child’s safety under this legislation.
- All child and family services across Canada provided to an Indigenous child/family must take into account the child’s culture, allow that child to know their family origins, and promote the principle of substantive equality (this is part of Jordan’s Principle).
- Child protection workers must demonstrate that they have made reasonable efforts to keep Indigenous children with their families before considering removal, unless that would put the child at risk of harm.
- Indigenous children should be placed with family members and/or in homes with their siblings/cousins where possible, and their community’s traditions around customary adoptions must be considered.
- A legally mandated priority list for who children should live with if they cannot stay with their parents. The list is as follows:
  1. With one of the child’s parents.
  2. With another adult member of the child’s family.
  3. With an adult who belongs to the child’s Indigenous community.
  4. With an adult who belongs a different Indigenous community than the child’s home community.
  5. With any other adult.

- If an Indigenous child is placed outside of their family home, there must be ongoing assessment of whether the child can return to their family home. Also, the child's connection to their parents/family is to be promoted.

Within MCFD's *Policy 1.1*:

- Child protection workers are required to give priority to prevention and prenatal support services over any kind of removal, unless doing so would put the child at risk of harm.
- All efforts to contact and involve a family's Indigenous community must be documented.
- If a child is removed, a plan to promote attachment and emotional connection to their family must be developed.

The importance of cultural continuity is to be taken into consideration, children are to be placed with members of their family where possible, and the child's culture is to be respected.