



*Family and  
Community Circle*

# Redwood County Family & Community Circle

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## **Mission Statement**

Family Circle will provide a strength-based process to enhance the ability of families and communities to keep children and families physically and emotionally safe and unified. Acting through the Circle, community members and family members will play an equal role in encouraging and assisting families to identify and enhance their strengths to find solutions.

The Circle process will:

- Honor the presence and dignity of every participant
- Value the contributions of every participant
- Emphasize the connectedness of all things
- Support emotional and spiritual expression
- Give equal voice to all\*

(\* Pranis, Kay. *The Little Book of Circle Process: A New/Old Approach to Peacemaking* (Intercourse, PA: Good Books, 2005).

## **Referral Sources:**

- Community members
- System stakeholders (family services, probation, Courts, etc)

## **Referral Criteria:**

- Any family in the community who would like ongoing support and connections.
- Any family living in Redwood County.
- Any family in need of solution-focused safety planning and health.

## **Process:**

- Referral source discusses Circle option with family, may invite RJ Coordinator to answer questions.
- Referral form signed by family, sent to RJ Coordinator.
- RJ Coordinator meets with family, provides entrance forms and schedules first Circle.
- Family attends scheduled Circles until transition out of the Circle.

## **What is Circle?**

Circle is a value laden process whereby the community helps take responsibility and provides support for its community members. Community is defined by people and not solely by geographical area. Circle is a different way to have conversations, actually sitting in a circle and using a talking piece to direct the dialogue at times. It is a partnership with the system; the system is sharing its authority with the community. Circle is empowering for all who participate, giving everyone a voice in the outcome. The Circle is about accountability, and it provides an opportunity for every voice to be heard and healing to occur in the family and community. The Circle is about decision making; decisions are not the responsibility of one person or a small group of people. The responsibility lies with the group, and all decisions are made by consensus. The Circle is about shared leadership; there is no hierarchy; no one ranks above anyone else in circle. The Circle is about equality; when disagreements are voiced, negotiations proceed, and consensus building is utilized.

## **Values of Circle**

The core value of the circle process is reflective of both the necessary qualities which need to be present for each circle to have meaning as well as a reflection of important SHARED values of the community. No value carries more significance than any other; they are interdependent, sharing certain features among them. Participation in the circle process indicates acceptance of these values both in word and action. This is not a complete list of the shared values in the circles.

### **Respect**

Respect acknowledges the dignity and worth of each individual. It ensures that every participant experiences acceptance into the Circle, and ensures that everyone is heard with equality. Respect in the Circle means that all members of the Circle participate within the guidelines set by the Circle.

Respect is also important in understanding the concept of honoring the talking piece. When others are holding the talking piece, it is important for participants to view the piece as an opportunity for reflection. When the talking piece is rested for open discussion, it continues to have importance and should be honored with discussion in a respectful manner. The talking piece is a symbol of the interconnectedness and shared responsibility of the participants in the Circle, and it should be held respectfully.

### **Equality & Shared Leadership**

The actual leadership of the Circle rests with the Circle itself. It is the responsibility of all circle members to share the leadership; there is no hierarchy, and no one ranks above anyone else. Everyone in the Circle is given equal opportunity to speak with use of the talking piece.

## **Consensus**

All decisions made in the Circle process are done by consensus. Consensus means that those who come together for discussion and decision making agree to listen to all perspectives, and are flexible in working toward a common agreement. Participants understand from the outset that it is unlikely that the group's consensus will exactly match their preference, but instead, a decision everyone can live with will be reached. Everyone, regardless of their titles and roles, has an equal voice in the Circle, and they have ample opportunity to express their points of view. Respect is critical in achieving the consensus decision-making necessary for circles to be successful. Decisions are not the responsibility of one person or a small group of persons. The responsibility lies with the group present; decisions in circle are not carved in stone and can be altered to fit the circumstances at any time. Equality and use of the talking piece are critical in reaching consensus in circle.

## **Confidentiality**

Confidentiality in circle is often stated as, "What is said in circle stays in circle." Personal and sensitive issues are often discussed in circle by all present. This shared value promotes honesty and respect. All participants are expected to honor this value. The only exceptions to confidentiality in circle are mandated reporter requirements as noted below.

## **Honesty**

Accountability is an indisputably important element in the circle process; trust is necessary for accountability. But neither of them can be achieved without honesty. People need the support of others to make affirmative changes in their lives, and honesty is the basis for building those strong relationships within communities. Furthermore, dishonesty can quickly result in hostile feelings which undermine the circle process. Therefore, it is necessary for each participant to strive for honesty with themselves and others, and to speak with honesty in circle.

## **Compassion**

Compassion indicates a genuine concern for the welfare of others. For the supportive relationships of circles to be built, participants need to enter the circle process open to feeling compassion for others. A compassionate focus on harm and healing, combined with the flexibility of circles, allows those harmed to be involved in the circle process in whatever ways are comfortable for them. This harm-focus opens the circle to visiting many issues which may underlie the referring incident and which would probably not otherwise be acknowledged. Compassion felt by circle participants enables the Circle to take positive action to repair those issues which contributed to the harm done.

***Holding a circle means creating a safe space where these values are honored.***

## **Confidentiality and Mandated Reporting**

Personal and sensitive issues that are discussed in the Circle are kept confidential between the Circle members, including names of families involved. One of the primary values of the Circle is that what is said in the Circle stays in the Circle. All participants are expected to honor that value. The Restorative Justice Coordinator will keep a running log of brief summaries of the Circle meetings; this will remain factual and objective. It will be available for review by Circle members during Circle meetings in the event a member misses a meeting.

The following are exceptions to the confidentiality of circles. If any of the following are disclosed in a circle, the Restorative Justice Coordinator/Circle Keeper shall report it immediately to the appropriate agency using the required form.

- Threats of homicide
- Threats of suicide
- Abuse of a child
- Abuse of a pregnant woman
- Abuse of a vulnerable adult

The Restorative Justice Coordinator and all Circle Keepers will receive mandated reporting training.

## Redwood County Family & Community Volunteer Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

1. I have read the Family & Community Circle Handbook and met with the coordinator to discuss the Circle process.
2. I understand the purpose of the Circle is to provide a strength-based process to enhance the ability of families and communities to keep children and families physically and emotionally safe and unified.
3. I understand the seriousness of my role in the Circle. The Circle is partnered with Social Services and the Justice System; therefore, confidentiality is important. What is said in the Circle stays in the Circle. If I disrespect this request, I could be asked to discontinue my participation in the Circle process.
4. I understand that if I plan to have any one-to-one contact with referred parties outside of the Circle, I will be asked to share my plan with the Circle and/or coordinator.
5. I understand that in order to participate in Circle I must submit to a background check. This is done to protect all participants from volunteers with backgrounds of predatory/aggressive behavior not to exclude persons based solely on past convictions.
6. I understand that the Redwood County Family & Community Program has the right to refuse/reject a volunteer's request to participate at any time if they are a threat to the integrity of the Circle and its values.
7. If I choose to provide transportation for any youth or their families, I attest that I have a valid driver's license in the state in which I reside and the vehicle I am using has the insurance legally required by Minnesota State Statutes.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

## **Redwood County Family & Community Circle Program REFERRAL FORM**

If you are seeking admission into the Family & Community Circle Program you must agree to the following conditions:

### **I understand and agree to the following:**

1. I agree that my participation in this process is voluntary.
2. Once referred to circle, I agree to fully cooperate with the Circle process. If I am evicted from the Circle for any reason, the referring party will be notified. The Circle has the right to modify the Safety Plan for non compliance or make changes because of circumstances at any time.
3. I understand that my right to privacy is generally protected by state and federal law. However, due to my participation in the Family and Community Circle program, I relinquish a degree of privacy to gain the benefits of the Circle process.
4. I understand and agree that if during this process I disclose information about physical abuse, neglect or sexual abuse of a child, or maltreatment of a vulnerable adult, this information must be reported to the local welfare agencies. This includes the police department or the county sheriff under Minnesota Statute 626.556 or 626.557. The report may result in further court proceedings, including criminal prosecution.
5. I understand that the Family & Community Circle Program contains a survey component while attending the program and it continues for two years after completion of the program. The surveys justify and sustain the program through measured outcomes.
6. I have reviewed this information with my attorney or have been given the opportunity to consult with my attorney at my expense, but I have chosen not to.

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature of applicant/s)

\_\_\_\_\_  
(Signature of witness)

Send Necessary Referral Information To:  
Eric Johnson Restorative Justice Coordinator  
Redwood County Courthouse  
250 S. Jefferson P.O. Box 130  
Redwood Falls, MN 56283

**Release of Information**



I, \_\_\_\_\_, authorize Redwood County Restorative Justice Coordinator and Family & Community Circle Members to receive, release and exchange information with the following:

- |   |       |
|---|-------|
| <input type="checkbox"/> Restorative Justice Advisory Board | _____ |
| <input type="checkbox"/> Redwood County Attorney's Office   | _____ |
| <input type="checkbox"/> Southwest Health & Human Services  | _____ |
| <input type="checkbox"/> MN Department of Corrections       | _____ |
| <input type="checkbox"/> Redwood Falls Police Department    | _____ |
| <input type="checkbox"/> Redwood County Sherriff's Dept     | _____ |
| <input type="checkbox"/> School                             | _____ |
| <input type="checkbox"/> Medical                            | _____ |
| <input type="checkbox"/> Other                              | _____ |

**Please release any required information concerning my personal history, all psychological, psychiatric, chemical dependency evaluations, treatment records, and all other personal data within your agency.**

*Purpose of Release:* \_\_\_\_\_ *Cooperation with Family & Community Circle Program*

I understand that my records are protected under the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, and cannot be disclosed without my written consent or unless otherwise provided by law. I understand that this data may, after release to the above named entity, be defined as Court Services Data, as defined by Minnesota Statutes Section 13.84, subdivision 1, and as a result may be classified as either public, private or confidential data as defined by the provisions of Minnesota Statutes, Section 13.02. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, supervised release, work release, etc). I also understand that if I do revoke this consent prior to the expiration date, the revocation must be made in writing by me and delivered to the agency listed above.

This consent automatically expires upon discharge from supervision or 1 year from the most recent update shown below, whichever comes first. I also understand that I may choose not to sign this authorization for the release of information and the consequence of that choice has been explained to me.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Subject of Data

\_\_\_\_\_  
Signature of Parent or Guardian

**Redwood County**

## Family & Community Circle Application

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
(Home) \_\_\_\_\_ (Work/Cell/Other)

**Email:** \_\_\_\_\_

**Children & Ages:** \_\_\_\_\_

1. Share what you would like the Circle to know about what brought you to circle.  
(Use the back if needed):
  
  
  
  
  
  
  
  
  
  
2. What are your family's strengths? What do you like about your family?
  
  
  
  
  
  
  
  
  
  
3. How has your current situation affected your family?
  
  
  
  
  
  
  
  
  
  
4. What are your worries at this time?
  
  
  
  
  
  
  
  
  
  
5. How would other family and community members describe your family?
  
  
  
  
  
  
  
  
  
  
6. What do you feel are the next best steps you, as a family, could take in order to strengthen the well-being of your family?
  
  
  
  
  
  
  
  
  
  
7. How do you feel the Circle can help you? What are your best hopes for your family while participating in the Circle program?

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**PERMISSION**

I grant permission for my criminal/traffic record, and any prior social service case information, evaluations, and assessments to be released to the Family & Community Circle.

I will commit my time to attend circle meetings as directed by the Circle. I will inform the Circle of the steps I am or will be taking to progress with my Safety Plan.

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Applicant's Signature

Date

**SUPPORT PEOPLE:** List at least 2 support people. Preferably these individuals will be family members or friends that you would feel comfortable talking to about personal issues during times of need. Support members must read the following and agree to the required activities.

*As a support person, I will attend circle meetings and will work with the Circle to help carry out the plan developed for this applicant. I will be honest and respect the values of the Circle.*

1. \_\_\_\_\_  
Name (print) Telephone Date

\_\_\_\_\_  
Signature

2. \_\_\_\_\_  
Name (print) Telephone Date

\_\_\_\_\_  
Signature

**ACCEPTANCE INTO CIRCLE:**

The Redwood County Family & Community Circle accepts \_\_\_\_\_ rejects \_\_\_\_\_ applicant into the Circle.

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**With support from:**

Redwood County Community Volunteers  
Redwood County District Court  
Redwood County Attorneys' Office  
Southwest Health & Human Services  
Minnesota Department of Corrections  
Redwood County Commissioners  
Redwood County Law Enforcement  
Schools Serving Redwood County  
Yellow Medicine County  
Yellow Medicine County Restorative Justice  
Thrivent Financial  
Building Healthy Families

**Contact Information**

Eric Johnson  
Restorative Justice Coordinator  
Redwood County  
250 S. Jefferson St. P.O. Box 130  
Redwood Falls, MN 56283  
Phone: 507-637-1139  
Fax: 507-637-1141

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