A Handbook for Service Providers: Family-Centred Practice and the Wraparound Process in Child and Youth Services

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2016

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Contents:

Chapter One:
Introduction to Partnership, Family-Centred Care and Wraparound Services

Who Is This Booklet For?

This booklet is written for service providers. It is intended to bring better understanding of *family-centred practice* when service providers follow this partnership model of practice. This would also be the situation when you involve a family in the *wraparound process* (a highly coordinated approach to service delivery).

Family-centred practice and the wraparound process not only require that professionals have the knowledge and skill to do practice based on partnership methods, but as well, that *families understand their rights and responsibilities*. In these ways of delivering services, partnership is a two-sided coin: it requires understanding and endorsement both from service providers and service recipients.

This handbook outlines how the family-professional partnership is an essential component of family-centred services for children and youth, and further, what special service planning and family involvement is needed when multiple agencies are coordinated in wraparound care.

What Is The "Professional-Family Partnership" All About?

The word partnership is used routinely in children's health and social services: across the range of paediatrics, child and youth mental health, developmental disability services, juvenile corrections and child welfare. It has become a catch-phrase that is used

loosely, particularly by those service providers that are involved with families that contain children and youth with special needs. Many service providers believe they follow the partnership model, but unfortunately this is more often not true, and not an accurate description of their practice.

In the simplest sense, a partnership involves people doing things together that are of shared interest. In terms of service providers, having a partnership with their clients or patients means that lines of authority and decision-making are shared.

A strong partnership means there is:

- mutual respect between service provider and service recipient,
- mutual acceptance of service decisions,
- treatment or intervention goals of highest importance are agreed to by both service providers and the service recipients, and
- along with mutually agreed to goals, there is common ground on how to check to see if these goals are being reached.

Partnership: An Evolving Service Relationship

Most service partnerships do not happen immediately, nor do they always mean that there is always an equal partnership in terms of decision-making. Some parents will want professionals to "take over" *temporarily* in terms of making decisions about what is best for their child or youth. For example in crisis situations, medical emergencies or in health care circumstances requiring specialized expertise, many parents do not feel able

to decide which services are best for their child, nor are they willing to assume equal decision-making authority. In these situations, professionals will need to feel their way along at first with parents to consider how much authority to share with family members.

For example in child welfare services, the first duty of social workers is to ensure that a child is safe and protected. When child well-being is an issue, they cannot proceed to openly accept a parent's decisions about what is best for their child.

However, these are rare situations when it comes to child health or to child disability services. Most families in these circumstances are best viewed as "normal families with special children". The parents in these families usually bring special expertise about a child or youth that is valuable in child assessment and treatment planning. Their views and values should be respected and attended to by service providers, when a "working alliance" is being developed.

The Service System as a Major Cause of Family Stress

When family surveys are conducted to study the types of stress faced by families with children with mental health concerns, or with complex health care needs, a routine finding is that the *service system itself* is often a major source of stress in the life of the family.

Some parents report that stress caused by the services that are in place to help them, can be more intense than the family stress created by the special needs of their

child or youth. They describe characteristics of service that cause them stress as being those:

- that are organized for the convenience of professionals rather than for the convenience of family members (for example, that require frequent distant travel by family members or that involve appointments at inconvenient times):
- that *lack coordination* between service providers:
    - that lead to repeated questions that ask for the same child and family information, and
    - that are experienced by parents as showing interagency confusion in terms of what must be done;
- that focus on a diagnosis of *a problem,* but do not follow through to provide the resources that are needed to deal with "the problem";
- that move quickly to "fix" things that are of primary importance to the professionals and not necessarily of priority to the family;
- that provide service that is insensitive to a family's culture and values.

When services are delivered that are true to family-centred approaches to practice, family stress based on negative aspects of service delivery is greatly reduced. A consistent research finding, when evaluations are conducted of family-centred practice, is a significant increase in service satisfaction of family members. Family-centred practice has been shown to reduce parenting stress and improve the psychological well-being of family members. Research on wraparound programs that are delivered with high integrity

with the model (i.e., follow the right "steps in the dance") bring heightened efficiencies in the longer term and are more effective in service outcomes.

Improving Effectiveness of Child and Youth Services

Family-centred care and wraparound programs are intended to bring more *effectiveness* in service delivery through family-professional partnerships in service planning, and better community coordination in service delivery.

At the *line-level*, or place of direct contact between service providers and service recipients, there is a growing number of professionals in child and youth services who recognize the importance of family in the life of a child or youth, and who respect the expertise that parents bring that is based on parents' understanding of the daily activities and strengths of their children. These professionals know that in most cases you cannot adequately help a child without working closely with that child's family.

Unfortunately many *organizational barriers* still exist that block service coordination and that limit the scope of professional practice. For example many professionals carry large caseloads which restrict their scope of service, and limits are imposed on the time they can spend with their clients. This administrative control tends to force them to concentrate on specific needs of a child or youth. They are not allowed by the bureaucracies in which they are employed to take a more comprehensive view in assessing child or youth situations and planning service.

Different governmental departments (e.g., health, children's social services, education, etc.) are termed "service silos" with their own set of ways of seeing and defining service need, and designing the response to this need. Because of this, attempts to integrate services at the highest governmental levels have been difficult.

Service coordination at the local community level appears to offer more promise of success. However, children and youth services in community settings in Canada need to be adequately resourced by provincial governments (who hold authority and budgets for the delivery of health and social services).

Delivering Family-Centred Programs and Services At The Local Community Level

Family-centred practice involves a trusted family-professional partnership that applies to both the identification of service goals, and planning of how these service goals will be met.

In special situations involving children or youth with complex service needs, and that call for input by multiple agencies, wraparound care can be activated. Wraparound care is best conducted within a family-centred practice model, and also requires close partnership between a family and *a team of professionals*. More information on wraparound programs will be offered in Chapter 5 of this booklet.

There has been evidence that shows that although family-centred practice is endorsed in children's service across North America, it has had minimal impact to date

on ongoing service delivery decisions (particularly in Canada). In short, many people "talk the talk" but do not "walk the walk". Understanding why this lack of actual progress has happened will hopefully become more clear to you when basic practice components of family-centred practice are more fully explained in the next chapter of this booklet.

Family-centred practice is not simply one alternative in a number of practice alternatives. It is a dramatic shift in the way professionals do their business. The shift from professional-centred practice to family-centred practice requires a major change in the *culture* of how services are thought about and delivered.

The changes that are needed in how professionals practice is where we next turn our attention. In Chapter 2, the essential and basic components of family-centred practice are identified and described.

Chapter 2:

What Are The Essential Components Of Family-Centred Practice

What is Family-Centred Practice?

Allen and Petr have provided a simple and functional definition of family-centred care[1]:

> Family-centered service delivery, across disciplines and settings, recognizes the centrality of the family in the lives of individuals. It is guided by fully informed choices made by the family and focuses upon the strengths and capabilities of these families.

You can take three bits of information from this parsimonious definition of family-centred services:

- informed family choices,
- professional practices that respect family expertise and
- professional practices that are based on *seeking and building strengths and resiliency in family members*.

Within this definition is the idea that service should not only be looking for problems for professionals to fix, but should also should be attentive to family *capacity-building*. That is, services should try to build on and expand a family's strengths and resources. They should do this to assist the family to become more skilled in meeting ongoing mental health or family stressors, and to become more resilient when facing life's challenges.

This *strengths perspective* assumes that despite life's demands and stressors, all persons and families possess strengths and resources that can be activated in some ways to meet these challenges. When service providers identify and build on people's strengths, this action creates opportunities for the people they are working with to improve their *environmental supports* (that is, *external* resources from outside the family) and bolster their *psychological coping abilities* (the *internal* or cognitive resources of individual family members). These internal and external family coping resources are recognized, in stress and coping theory, as being important to improve people's ability to solve or better deal with their life challenges.

How is the "Strengths Perspective" Applied in Professional Practice?

The strengths perspective is a major shift away from traditional service delivery. It requires service providers to pay attention to the strengths and resources that are already in place, or lying dormant, in each family and in children or youth. Instead of looking for problems in a narrow way, for professionals "to fix", it seeks to identify and build on natural strengths in people and in families to deal with their ongoing life challenges.

It requires the skill of giving special attention to what is said by family members, and to recognize past examples of when positive coping and resiliency occurred in their lives in the past. This is not as simple and straight-forward as it sounds. Many service providers consider themselves as employers of the strengths perspective, but have not mastered the skills needed. It often requires special training (and close supervision) to

actually go beyond traditional counseling methods, and develop the capacity to work with people's strengths and positive capacities. What also complicates this approach to practice is that service recipients also have difficulty identifying their own personal strengths and coping resources. Many people who come to health and social services for assistance are as "problem focused" as are the professionals who serve them.

Strengths-based methods have been developed to improve the effectiveness of professionals, by serving to enhance the coping abilities of youth and their family members. It should not be used as an excuse for moving to offload the responsibility, for caring for children and youth with special needs, onto the backs of under-resourced families.

The First Step In a Service Partnership: Building a Working Alliance

No matter what the service context (health, mental health, education, child welfare, etc.), practice setting (community agency, hospital, etc.), or professional discipline (medicine, social work, psychology, nursing, etc.), family-centred practice at the most basic level requires that professionals are capable of building and maintaining a positive *working alliance*. The working alliance is based on a *goal-driven collaboration* between the service provider and service recipient. That is, everyone involved should feel they are working together towards a common goal.

Since parents represent the central authority in a family, and at best can serve as the hub of a family's activities, this must be recognized and respected by providers of child and youth services. When involved with parents, they must be able to:

- communicate openly and clearly,
- leave people feeling that they and their situation is understood,
- build confidence that the professional can be trusted to be helpful to them and their child or youth,
- and build hope that assistance provided by the professional will make things better and not worse in the life of the family.

This is not suggesting that parents hold no responsibility for maintaining respectful and clear communications in their relationships with the professionals who assist them. Family-centred practice does not mean that family members have a right to be rude or abusive. But professionals do hold the responsibility for maintaining open and trusted communications with parents (and whenever possible, with other family members).

Family-centred practice requires *understanding and competence* on the part of both family members and professionals. It is best if both sides of the 'family member–service provider' partnership understand the rights and expectations of their role and their responsibilities in family-centred practice, so that they may participate in a way that is consistent with the principles of the model.

Basic Requirements in Maintaining a Working Alliance

There are two basic service requirements that need to be in place for a positive working alliance to be developed and maintained:

First, there has to be an *adequate level of contact* between the parent and professional. When family members believe that their ongoing contact with a professional is too infrequent or patchy than what they expect to happen, then a trusted and informed partnership cannot exist.

Second, when *adequate and helpful information* is seen as being provided, this fuels and supports the working alliance between the parent and professional. This is a 'two-way street' in which professionals need to provide relevant and accurate information, and parents and youth need to feel that they can be open and honest in their disclosure of information about their lives.

Facilitative Counselling: A basic approach in service delivery

Most often family-centred or wraparound services include 'facilitative counseling'. This involves open discussions, and a commitment to sharing information and advice that seeks to solve practical issues and problems in living.

Sometimes families with children or youth with special needs benefit from individual therapy or family therapy. However many of these families do not need in-depth clinical therapy. Further, this kind of in-depth clinical work does require advanced expertise on the part of the service provider and is not often easily available (in particular it is often difficult to access in rural and isolated communities).

Comparing Facilitative Counseling, Family Therapy and Service Coordination

In family-centred practice, family-centred **facilitative counseling** usually begins in early contact with families, with the anticipation that a family is 'normal' and proceeds with this assumption (until there is evidence and experience with family members that proves otherwise). That is, it is first assumed by service providers that they are dealing with a normal family that is facing unusual and challenging life circumstances.

Individual or family therapy, which may be activated as part of an overall comprehensive service plan, engages with families with the expectation that a family may be 'stuck' in its response to a serious life challenge or crisis.

For example, family therapy may include treatment that deals with such things as:

- helping a family *reorganize itself* to better meet life's demands as a family unit (such as considering 'who does what' in the family, how family emotions are communicated, etc.), or
- taking steps to the resolve and heal serious relationship conflict, or
- dealing with significant psychosocial needs in family members when addressing chronic mental health concerns such as anxiety, depression or substance abuse.

Family therapy requires special expertise on the part of a therapist as it goes well beyond individual counseling to address serious parent, child or youth mental health concerns in the context of their family life.

Facilitative counseling and family therapy start at a different point in terms of basic working assumptions, they address a different type of client need or service goal, and require a different level of practice skill. The family therapist needs a higher level of service mandate or 'client permission.' That is, the family therapist goes beyond practical help and basic problem solving (that usually comes from facilitative counseling), and must obtain client permission to enter the emotional life of the family. This requires a more profound level of family trust and therapist expertise.

Service coordination is seen as an essential aspect of family-centred child and youth services. Family-centred care cannot happen in a fragmented and chaotic service system. Families of children or youth with serious or complex health or mental health issues, and who receive care from multiple service providers, will be appropriate candidates for wraparound teams.

The resource coordinator role on the wraparound team can be held by a family member. But more often is held by a professional. It depends on the complexities of the service network involved in the life of the family, and on the wishes and capabilities of the members of the family. This will be looked at more fully in Chapter 5 of this booklet.

Chapter 3:
Family-centred Practice and Family Empowerment

What is Empowerment All About?

Family empowerment may be understood as a process in which the service provider acts as a promoter of stronger *personal empowerment* or *self-agency*. Strong self-agency is when you feel that you can take care of major challenges in your life on your own. So when taking part in family-centred services, family members should feel as a result of their work with a professional, that they leave feeling strengthened in their ability to advocate on behalf of themselves, or advocate for other family members when it comes to finding and getting needed services.

For parents of children or youth with special needs, empowerment means having a real say in decisions that affect their family or the lives of their children or youth. As a result of family-centred services, youth should feel that they have a stronger voice in managing life issues, and an increased sense of strength as a person.

Further, it is optimal if family members feel more *socially empowered*. For example, if they feel more ability to advocate and become socially and politically active to improve services for families like their own.

Strong personal and social empowerment is not something that suddenly appears one day, but is something that develops over time. Evidence of empowerment may be seen when parents and youth[2]:

- move from positions of passive recipients of service to ones in which they take an active role in managing the full range of issues related to family well-being and meeting their own needs;
- identify multiple choices and courses of action for themselves and their family members;
- engage with the service system in meaningful roles at various stages of their development and the life-stage of their family;
- feel more confidence in their abilities to manage difficult situations;
- see their families as authoritative (that is: having knowledge and decision-making ability);
- and, for some, to take on political advocacy and social action.

Empowerment As a Fundamental Aspect of Family-Centred Practice

Parents and youth should not feel that they must follow in a passive and obedient manner, to whatever suggestions or directions professionals offer. In many situations, these suggestions or directions from professionals are best seen by family members as creating *learning opportunities* for them to consider.

Service plans are not meant to be fixed in stone, but should be actively reviewed by family members. That means watching and judging how well a service plan has been delivered, and how effective the results of the service have been. Even for something that is beyond their ability and knowledge, such as a prescription by a physician of helpful medications, it is best if they understand the intent of the

medication, and what to expect if the medication is working for their child or youth. Depending on the age, abilities, and maturity of youth, it is important to know how he or she feels about the value of the medications for himself or herself.

If professionals are seeking to help in ways that empower, service recipients will feel as if they are becoming more confident and skilled. For example, parents will feel that their parenting morale is improving, and feel more confident that they are becoming more of the kind of mother or father they would like to be. In the case of youth, they should feel more confident that their voice is being heard, and that they are less socially anxious because of stronger personal confidence.

Empowerment means different things for each person and each family. It is not only based on personal coping resources of the person, such as self-esteem and positivity (that is: the ability to see the positive aspects of life situations), but also on family coping resources, such as not struggling with poverty and not feeling part of an oppressed group in society. In that sense empowerment draws on many levels of resources: personal, family, community and society.

Parent self-help groups and organizations

Some families welcome and benefit from contact with parent-to-parent organizations. Creating linkages between groups of parents of children or youth with special needs can provide important social support. Parents who have a range of experience can share expertise, information, service connections, and coping resources.

Further, parent-to-parent support can be a different, and important, resource compared to what professionals can provide. It can deal with issues of social isolation, mutual sharing of frustration with the quality of services being received, or offer better understanding of the larger scope of regional politics (that can facilitate or hinder the local availability of child and family support resources). In this respect, parent-to-parent groups can serve to inform and empower parents and families.

In What Ways are Child and Youth Services a Political Problem

It should be noted that blocks to empowerment practice do not just depend on a professional's attitudes towards family-centred practice, or their professional preparation in terms of skills for such practice. It also depends powerfully on institutional or agency support for this kind of service delivery. If professionals are carrying large caseloads that limit the time they can dedicate to any one family, and if their service role is kept highly focused and narrowly defined as short-term crisis management, then empowerment practice is administratively strangled.

In many governmental jurisdictions and geographic locales, it has been parent groups, and their skilled political lobbing, that has brought change in how services for children and youth are delivered. Parents' groups have provided the important initial political push for service delivery change and treatment resource development.

The implementation and political endorsement of family-centred care in the United States followed the powerful action of parents' lobbies and has led to important

changes to state and federal legislation. In Canada no similar legislation exists that mandates family-centred care in children's services (that is: makes it required by law), at provincial or federal levels, except for beginning accomplishments by the Province of Alberta.

Unfortunately this progress towards family-centred practice in children's and youth's programs has largely been blunted in Canada by the fact that children's services have had a tendency to look for ways to be more *cost efficient*. The prevailing theme has been "do more with less". This has been apparent in health care, in education, and in child and family social services. Although there are short-term monetary gains to cost-cutting within service delivery, this invariably leads to a steady erosion in *service effectiveness* (that is, having sufficient resources to get the job adequately done). This is a particularly important issue in rural and remote communities. Diminishing effectiveness in meeting health and mental health service objectives, because of budget cuts and resource limitations, has widely been of frustration both to front-line service providers and to service recipient families.

Professionals are in many ways limited in how far they can go to enhance the *social or political empowerment* of families. Many professionals do not hesitate to advocate on behalf of individual families and children. They do add their voices to those seeking to make services more accessible and to correct injustices in the service system. However, few are involved in social action or fighting for more community service

resources. It is difficult for them to promote parent collective actions that are in conflict with the agencies and organizations that employ them.

In the past the most powerful voice that sought to improve services and governmental resources that are available to children and youth have been parents and the parents' groups that represent them. That is why social empowerment is so important in family-centred practice. The democratic force of such parents' organizations and their collective voice should never be under-estimated.

Chapter 4
Social Networks and Social Support

Why is Social Network Support Important in Family-Centred Practice?

Family-centred practices draws on *ecological theory*. This theory explains that people are nested in families, families are nested in communities, and communities are nested in culture. That is why it is important to look at individual difficulties, not just in terms of psychological stressors in a person's mind, but more carefully consider a person's problems in the context of the social situation in which these problems are taking place. When dealing with personal crisis or personal stress, it is important to look beyond the person, and consider what elements in that person's social environment may be holding problems in place or making problems worse.

Why is Family and It's Social Relationships Important?

The family is the central and enduring environment in which a child lives and develops. The family teaches us about such basic things as:

- how to communicate with others
- how to express love or anger
- what is fair (basic ethics) in the world
- the use of physical force in settling problems
- being a man or woman in our culture
- how to be a mother or father to the next generation

However, other relationships outside of the immediate family are also important. This changes somewhat over the developmental stages of children and families (for example, youth can become more sensitive to and influenced by their peers as they seek to pursue their independence, having 'one foot in the family and one foot outside the family'). In family-centred practice special attention must be given to the broader environment outside of the family home, which includes friends, extended family, neighbours, schools, and community organizations and groups.

Families of children with special needs are often resilient and many are able users of their social resources. Even when their social networks are small, they make good use of the limited social resources that may be available to them. For example, they may have people in their lives that understand and assist with their child or youth with special needs (high intensity support), and others that are available to them just for the purposes of fun and recreation (low intensity support).

Usually service providers want to know who is in the life of the family that can provide support to the family, and what kind of support do each of these people provide. This can include such things as material and financial help, practical help around the home, emotional support, providing useful information, respite and child care, going out with to have fun, etc. This is not suggesting that larger social networks, involving many people, is necessarily better than small social networks. The *quality* and f*requency* of each contact is important, as is *the type of support* offered by each person.

Some people in the life of the family can be disruptive and unhelpful, so the more of these people is not a good thing. What is important, in an overall sense, is the question of how satisfied are family members with the support they are receiving from key people in their lives such as professionals, friends, and extended family (such as grandparents, aunts and uncles, etc.). Do they think there is a good fit between the support they are receiving, and the kinds of support they feel they need?

Thinking About Formal and Informal Social Support

It is clear that the family's social network can be a major source of support and resources to help families meet their needs. Support may come from the family's 'natural' or *informal* support network (e.g., friends, extended family, religious organizations) as well as the *formal* support network (e.g., professionals, community organizations and agencies).

The fit between a family's needs and the social support that is available to them is one focus of assessment in family-centred practice. Improving the capability of natural and informal networks to provide support is a recognized activity in family-centred services.

Going Beyond the Family Boundary in Family-Centred Practice

Attention to social environment will vary widely across professions dealing with children and youth. Some will not routinely go deeply into information about social support. Much will depend on the *type of service* that is being delivered, and the *kind of*

professional that is working on a particular issue. Some specialized professionals, like paediatricians working in emergency care or behavioural therapists doing focused programs of treatment, will not go deeply into social supports and resources available to a family and a child or youth. They will spend less time on this information than service providers who are involved in chronic or enduring health or mental health issues. These chronic issues may involve an illness (for example, some types of cancer) or habit (for example, alcohol addiction) that persists for a long time. But it is important that all service providers understand how family-centred practice is done, and can work in concert with the other professionals who do routinely go more deeply into a family's social support network.

Families with children or youth with special needs tend to be isolated, with small social support networks. Parents in these situations often are running as fast as they can to keep up with childcare, household tasks, seeing professionals, and dealing with their workplace. This can lead to many negative feelings such as isolation, chronic fatigue, or low parenting morale. In some of these circumstances, resources provided by informal social networks can be as important as is counselling offered by professionals.

<u>When Social Support Hinders Rather Than Helps</u>

In family-centred practice it is understood that social networks can also be sources of stress. Having to deal with others, and explain family challenges, can be troublesome for some parents when they have contact with extended family (such as grandparents) or friends (such as from their work or religious communities) who they meet or socialize

with on a regular basis. Dealing with doctors and other professionals is often also seen as stressful by parents. Even parents who are professionals themselves are anxious when they need to disclose information to other professionals about their personal or family life (when they become service recipients or patients).

Some parents see receiving support from people outside their immediate family as a sign of failure, and feel a sense of vulnerability when asking for help. Therefore the manner in which social network support is explored by service providers in family-centred practice, requires sensitivity and a capacity to follow a line of questioning that only goes as deep in the information collected as is necessary.

Exploring social network support is a routine part of assessment in most family-centred services. The scope of this type of information gathering should be consistent with the wishes and needs of the family. If a parent simply wants to know about a specific source of help for costs of transportation to a hospital, only information related to that need needs to be explored. In this example, it may be that a friend or family member could provide needed transportation, or that funds are available from a health agency to cover costs of transportation to the hospital. However, in more complex situations such as parent “burn-out” or “social isolation” it would be more appropriate for a service provider to ask more fully about the parent’s social world.

Chapter 5
The Wraparound Process

What is Wraparound?

Wraparound service is family-centred in its methods, but is primarily for the development of more thoughtful *service coordination*. It involves collaborative and integrated inter-agency or inter-professional planning for the delivery of family and youth services, and for more effective distribution of needed family support resources. It is based on the idea that all health, education and social services involved in the life of a family should be delivered in a coordinated way. All services should be flexible and tailored to meet the needs of each family and youth.

It encourages professionals to go outside of their narrow agency-based way of seeing things, and engage in collaborative planning with other agencies. That is, individual services are planned and activated as part of a coordinated system of care. It is usually community or inter-agency owned, rather than being under the control of any one agency. Sometimes an agency that has the major concerns about what is happening in the family (such as the school if it is the agency that has the most issues with a youth's behaviour) may take the lead in coordinating a wraparound team if that is the wish of the family.

Wraparound follows a family-centred perspective in how it is set up and run. It challenges service providers to fit their service agendas into a family's service priorities. It requires services to be sensitive and respectful of a family's culture and values.

Wraparound services must be delivered in an unconditional manner (that is: without rigid requirements or demands on the family). One exception to this is the legal requirement that a child or youth must not be at risk of abuse or exploitation. In situations of suspected or confirmed child abuse, *a safety plan* must be in place before service coordination issues can be addressed.

Wraparound always includes ongoing attention to service delivery goals and specific outcomes of service plans. That is to make sure that any plans or interventions, that are approved by service providers and the family, are fully set in motion and completed.

The Resource Coordinator and the Wraparound Team

Families receiving service from multiple agencies for complex health or mental heath issues are candidates for wraparound care. In these situations a *wraparound resource coordinator* is identified that takes the lead in arranging for all of the key service providers or agencies, who are actively involved in the life of the family, to join together to form a wraparound team. It is optimal if the family feels comfortable with each member of the team.

There are circumstances in which a team member may not be seen by a parent as a “friend of the family” but will participate. For example, if child welfare *protection services* are concerned about child wellbeing or safety, it is best if they have a place on the team. Then they can state openly and directly with the family the terms of what

protection services need to see achieved by the family. That is, so that child welfare protection services will be able to see what changes happen in the life of the family. When they are assured that the child is safe, they often withdraw from continued active involvement with the family.

Another example might be the participation of the police or other members of juvenile justice such as probation officers. This makes sure that judicial needs and legal requirements are recognized and dealt with as part of the creation of a family service plan.

In some situations it will be a trusted service provider who will take on the job as the family's resource coordinator on the wraparound team. In some locales (such as the West Kootenay) *designated resource coordinators*, who have specialized training and knowledge, do resource coordination as their primary employment role. In many communities in British Columbia this presently is not the case, so wraparound resource coordinators will often be professionals who already have an active involvement with the family on behalf of their service agency. In some special circumstances, it might be a parent who has received services in the past, who is no longer an active service recipient, and who has had special training in resource coordination.

<u>What are the First Steps in Putting Together a Wraparound Team?</u>

The *usual* first step taken by a person who is identified as the resource coordinator is to meet with those doing the parenting in a family. Their first task will be to talk with the parent(s) about potential membership of the wraparound team. The resource

coordinator will often know which of the local agencies are most involved with the family. They may suggest certain service providers as being most appropriate members of the family's wraparound team. The parent(s) may wish to have other trusted persons on the team to assist them. This might include clergy, close friends, or extended family members. Ultimately, membership on the team should be approved by the family.

Once team membership for the family is identified, the resource coordinator will make sure that a *formal consent form* is signed. That is a form in which parents (and youth when appropriate) give consent for information exchange between the members of the wraparound team. In order for services to be coordinated, each person participating on the wraparound team will need to work in close concert with other members of the team. That means they will need to share information about what specific services are being delivered, and how the family members are responding to those specific services.

Family members may need coaching prior to the first wraparound meeting to reduce any unknowns about the process that will be followed during the team meeting, to reduce their anxiety, and to prepare for active participation in the meeting. The resource coordinator should be sensitive to these families needs, and should provide information and support as required to facilitate the parent(s) participation during the wraparound meeting.

The First Meeting of the Wraparound Team

The resource coordinator will arrange a time and place for the wraparound team to meet that is of convenience to the family.

It is best if at the onset of the first wraparound meeting, each participant is introduced and speaks about their ongoing involvement with the family.

One of the first steps involves the family identifying the *immediate crisis concerns* that are most important to them, and that they want to see addressed by the wraparound team. That is, to speak about what they see as the key issues that need attention by the wraparound team. The service providers can then recognize the most pressing issues for the family, and identify additional key concerns that they wished to be dealt with in the wraparound meetings. This should be done to make sure that family members have full knowledge of what the service providers hold as their priority concerns.

It is important that family members have adequate time to respond to and confirm the priorities of the service providers on the wraparound team. It is optimal if the family anticipates what will be the issues that likely will be identified by the service providers on the team, and come to the meeting prepared to say what they consider to be the most pressing concerns.

At the end of the first wraparound meeting some preliminary, clear, and modest goals will be set to improve the well-being of the child or youth and family. Each person will be identified who is responsible for taking the lead in achieving each of these initial goals, and who is responsible for making sure that the action to meet each goal is put into motion.

It is important that service goals activated by a wraparound team are quickly addressed, and not left in a suspended state, waiting for the availability of specific treatment resources. This is frustrating for families and discouraging for members of the wraparound team. It is a challenging aspect of wraparound services that are initiated in rural communities in which treatment resources are scarce and are enrolled to capacity. This argues for the development of formal policy to direct priority setting, and triage protocols, across local participating agencies and treatment providers in such resource thin community settings. It is not possible to do resource coordination in locales where specific needed services do not exist.

Related to this challenge of dealing with a paucity of treatment resources, is the importance of guarding against long periods of time between wraparound team meetings. Meetings of the team should be scheduled on a regular basis, within reasonable time periods, to keep everyone's attention and commitment active to the process of wraparound care.

Ongoing Wraparound Team Meetings

The resource coordinator will check in on a regular basis with each person responsible for taking the lead on each service goal (on the agreed to schedule). This 'check in' by the resource coordinator involves noting any indicators of progress (or lack of progress), and determining when it would be important to call the next wraparound meeting.

At the start of each continuing series of wraparound meetings, the resource coordinator will introduce any new team members (be they from a participating agency, family member nominee, etc.) who are joining the team. The family should be aware of new team members before they join the wraparound process, and be comfortable with the inclusion of new team members or the persons replacing old team members.

At the start of each wraparound meeting, the resource coordinator will summarize the goals that were previously in place for the team and lead a review of the actions taken to date. During each successive wraparound meeting, the resource coordinator leads the team in revisiting goal achievement, reconsidering adjustments to each goal, or moving forward with new sets of specific service goals.

The resource coordinator will take steps to ensure the ongoing commitment of all members of the wraparound team, and will prepare a set of meeting minutes for each session to be distributed to all team participants.

It is important to understand that the wraparound team is focused on service coordination, *not on doing treatment or therapy as a team*. It is different than the traditional case conferencing that took place when service providers exchanged information, to ensure that they were all up to date on what was happening in the life of the family. The intent of wraparound is to reduce service overlap and confusion, as service providers work in concert with each other, and in partnership with the family.

ENDNOTES

[1] Adaped from: Roberts, R. N, Rule, S. & Innocenti, M. S. (1998). *Family-professional partnership in services for young children*. Baltimore, MA: Paul H. Brookes Publishing, Co.

[2] Kathryn Levine (2013).Capacity building and empowerment practice. In B. Trute & D. Hiebert-Murphy (Eds.), Partnering with parents: Family-centred practices in children's services. Toronto: University of Toronto Press, Chapter 6.