**Starting Points for Family Centered Practice and the Wraparound Model of Care**

**Family Centred Practice** is based on a shift of relationship and power, between family and service providers, from service providers being the “expert” decision makers, to a recognition of the relevent knowledge and expertise of family members in problem identification and analysis. Key to this shift in service relationship is the recognition of the importance of being in “partnership” with families (see FamilySmart). Family Centred Practice serves as a conceptual basis for wraparound care; all service delivery should be family centred, but only youth/family with complex issues may need a wraparound care process.

*“It just took one person in the meeting to facilitate a family centred, strengths based approach, and the whole meeting took a family centred focus with the family”*

**Ideas for Starting Points:**

* Review the FamilySmart practices and participate in the FamilySmart Training through Institute of the Families.
* Read Dr. Barry Trute’s West Kootenay Handbook (available on Drop Box) and/or his book co-authored with Dr. Hiebert-Murphy on Partnering with Parents: Family Centred Practice in Children’s Services
* Within your agency, review your Family Centred Practices. Share policies on service collaboration your agency has written with other agencies. Review the extent to which these policies align with Family/Smart and Family Centred Practices, and the extent to which the policies are adhered to in your agency.
* As a team, ask a youth and family to share their experience of care being Family Centred. How would youth/families describe the services they have received from you?
* As a team, discuss how you are Family Centred as members of a community network of services? Often, it is the care between agencies the place where linkages to family centred practice are broken. Review some recent cases to see whether a family centred approach applied to service transitions. Ask yourselves, do you have a culture of family centred/FamilySmart practice in your community where this practice is “just the way we do things here”?
* Engage in training to review the principles of partnering with youth and families, and comprehend how the conversation changes when a Family Centred Practice approach is facilitated.
* Test taking a more Family Centred approach within your agency with a small group of youth with complex, multiple service needs and their families and who are served by multiple agencies. Explore the wraparound model by having a meeting of youth/family where they identify their preferred service team members, where they identify their existing strengths, and identify their desired service outcomes. Discuss the difference these changes make including the differences in how each of you **feel** about the experience. Discuss how you might embed these changes into ongoing practice. Discuss how the linkages between agencies can be improved.
* Train service providers in the wider community about Family Centred Practice and share your LATs learning. How can each person facilitate a different conversation that focuses on partnering with parents?

**Wraparound care** is a highly specialized care coordination tool. The West Kootenay LAT is using the wraparound model to identify the broken linkages in their community’s system of care. As the linkages are made or repaired, they document what this best practice model looks like in a Pathway to Care.

**Ideas for Starting Points:**

* Read Dr. Barry Trute’s Handbook (available on Dropbox) or his book co-authored with Dr. Hiebert-Murphy on “Partnering with Parents: Family Centred Practice in Children’s Services”, and other materials on the Wraparound Process.
* Review the materials developed by the West Kootenay LAT to support their tests of change for Wraparound Care (check back regularly since the team is continuing its tests of change)
* Test using the Wraparound Care process with a very small number of youth/families and rigorously review in PDSA cycles. Youth and families also will need knowledge and support to engage differently as “partners” in Family Centred services and a Wraparound process of service coordination. Review the way the community/providers wrap around the youth and family and the linkages maintained between services.
* Train others in the community about Family Centred Practice and the Wraparound Process.
* Train service providers (who typically would be at a case conference) to be a Resource Coordinator rather than embedding it in one or two people’s role, as this enables broader community capacity.

**Difference between Traditional Case Management Meetings and Wraparound Meetings**

As summarized from the presentation by Dr. Barry Trute, in West Kootenay, July 2016

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| **Traditional Case Management Meeting** | **Wraparound Meeting** |
| Professional service providers who are involved with youth | Team members are only those that family identifies to be at the meeting; includes both professionals and also involved family and friends |
| Discussion is focused on the “target” client/patient to exchange youth information and service history | The team starts with a shared appreciation of the social-ecology of the youth and family (facilitated by tools like genograms and ecomaps) |
| Expertise resides in and stays with clinicians; skills used to address assessed needs of those receiving treatment or support | Family enabled and empowered; service providers build from the identification of family strengths and then address family priority needs |
| Key concerns of service provides leads the work | Key concerns of family leads the work; they have “voice and choice” |
| Youth and family get access to what service providers think they need (and that fits within agency protocols). | Youth and family choose what they want to access, and service providers help them achieve their goals |
| Youth and family navigate through the system of service silos as they meet service protocols of each available program or agency | Service coordinator will navigate the system for youth and families as needed: consult with key service providers to facilitate and coordinate |
| Service mentality is “I know what is best for you” | Family identifies “what is best for them” |
| Information exchanged but little service integration across agencies | Service coordination and integration of resources is key element |
| First meeting often is team of service providers with minimal youth/family participation | First meeting is with the family. Team members involved are those that family identifies as most trusted and valued resources |
| Few family home visits and most interviews and services take place in agency settings | Family leads in the determination of time and place of meetings |
| No integrated **family** services that go beyond focus on the “target” youth | Parents and youth are assisted by both formal support (professional) and informal family support (extended family and friends) |
| No vision of family as “senior” service partners with all decisions made by service providers | Parents are recognized for the expertise they hold on their youth and on the life of their family |
| Service providers take over in all instances | In crisis – family may want service providers to take over temporarily but not permanently |
| Care plan based on determined needs of youth | Family-centred support plan (FCSP) created |