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VRAC

European Regional Development Fund



VRAC

It takes a village to raise a child

Cross border workshop Wraparound Care

NOVEMBER 2019



Development shared vision on implementation of WAC



D.2.1.2 Cross-border and co-created developed starting concept with set of agreements of all stakeholders

The frontline teams develop a shared vision on how to implement the concept of Wraparound Care.

This will be developed in stages:

- ❖ 6 local focus groups with children, young people, 6 with parents to clarify their needs.
- ❖ 6 local focus groups with the stakeholders on how they will in teams address the needs (and which training they require during the pilot)
- ❖ **1 Cross-border development workshop on Wraparound Care with external expertise and PP's input**
- ❖ Finalising in 6 team meetings (1/pilot)

Wraparound Care (US)

Founded in 1980's.

WAC is a model for organizing **integrated care** for families with an accumulation of problems.

It exploits **their resolving power**, involves **their social network** and pursues their empowerment, **gives families control** over their own situation, to realize **their hopes and dreams**.

It organizes cooperation between **different sectors**.

It is **an answer to** fragmented assistance from an **expert model**.

The strength lies in **the combination of family support and coordination of care**.

It may look different from one community to another but it is a process and always driven by the same **10 principles**.

10 principles

Family and Youth Voice and Choice

Team Based

Natural Supports

Collaboration

Community-based

Culturally Competent

Individualized

Strengths Based

Persistence / Unconditional Care

Outcome Based

1. Family and Youth Voice and Choice

The perspective of the child/youth/family is **central** during all phases of the process.

Planning is grounded in family members' **perspectives**, reflects family **values and preferences**.

The family worker supports children/youth/family in expressing what they want to achieve and in setting goals and priorities.

2. Teambased (not in the adaptation)

The **team** consists of individuals **chosen by** the child, youth and family.

These individuals can come from a **formal network** such as service providers as well as an **informal network** incl. family, friends and community relationships.

A care coordinator will offer family support and coordinates the process of care.

One generalist

⇒ If needed will form a “team”

⇒ Team: possible negative effect on empowerment

⇒ Generalist is part of a multidisciplinary team

3. Natural supports

The child, youth, family and other team members **actively seek out and encourage the full participation** of individuals chosen from the **informal network** to be a part of the child, youth and family's natural support system.

These natural supports are fully involved in the activities and interventions of the family plan, these supports are involved in the tasks they are able to help with.

The relationship between the youth and family and their natural supports **must be reciprocal**.

4. Collaboration

Team members work cooperatively and **share responsibility** for developing, implementing, monitoring and evaluating a **single family plan**.

The plan reflects a blending of the perspectives, mandates and resources of the team members.

The plan guides and coordinates the work of each team member as all work towards achieving the goals set by the child, youth and family.

5. Community-based

The team seeks to implement services and supportive strategies in the **most inclusive** and most **accessible** settings.

The team will work to maintain the child, youth in the least restrictive setting possible, promoting the **safe integration** of the child, youth into **family, home and community life.**

6. Culturally Competent

The process demonstrates respect for the **values, preferences, beliefs, culture and identity** of the child, youth and family.

The family plan is built upon the **lifestyle** of the youth and family reflects **their strengths** and includes activities that **make sense** and are **attainable**.



7. Individualized

To achieve the goals in the family plan, the family use specialized help and services if necessary. This service is sought and coordinated by the family with the support of the family worker.

During the process, the family worker continues **to check** whether the **service and assistance are still tailored to the goals** of the family and tailored to the family.

A lot of attention should be given to **communication** and forms of communication.



8. Strengths Based

The WAC process and family plan starts with the existing **capabilities, knowledge, skills and assets** of the child, youth and family, their community and other team members.

By encouraging the family to set **achievable goals**, choosing appropriate actions and **noticing the smallest positive changes**, the family builds up knowledge, competencies, and experiences of success, and is able to believe in **self-efficacy**.

Preventing the family from **becoming the victim** and the family worker as the savior.



9. Persistence / Unconditional Care

Despite challenges and possible setbacks, the team persists in working towards the goals included in the family plan until the team reaches an agreement that a formal WAC process is no longer required.

The family worker does not give up, gives hope and remains positive.

The family worker is a model for **adequate coping**. **relapse and stagnation** are part of every process, **part of life**.

Dealing with setback is discussed, seen as a **learning opportunity** and can be included in the family plan.



10. Outcome based

The team connects the goals and strategies of the family plan to indicators of success that can be observed and measured. The team monitors progress and revises the plan accordingly.

The support is **practical and targeted**. The family plan forms an important framework.

There is a lot of attention for recognizing and **naming** and celebrating **(the smallest) progress**.

The family worker seeks the **balance between focus and patience**.



10. Safety (added in adaptation)

During the WAC process, the family worker monitors the **safety of all involved** (family members, family worker, others).

If the risks of insecurity are high, this automatically forms a point of attention with priority in the family plan.

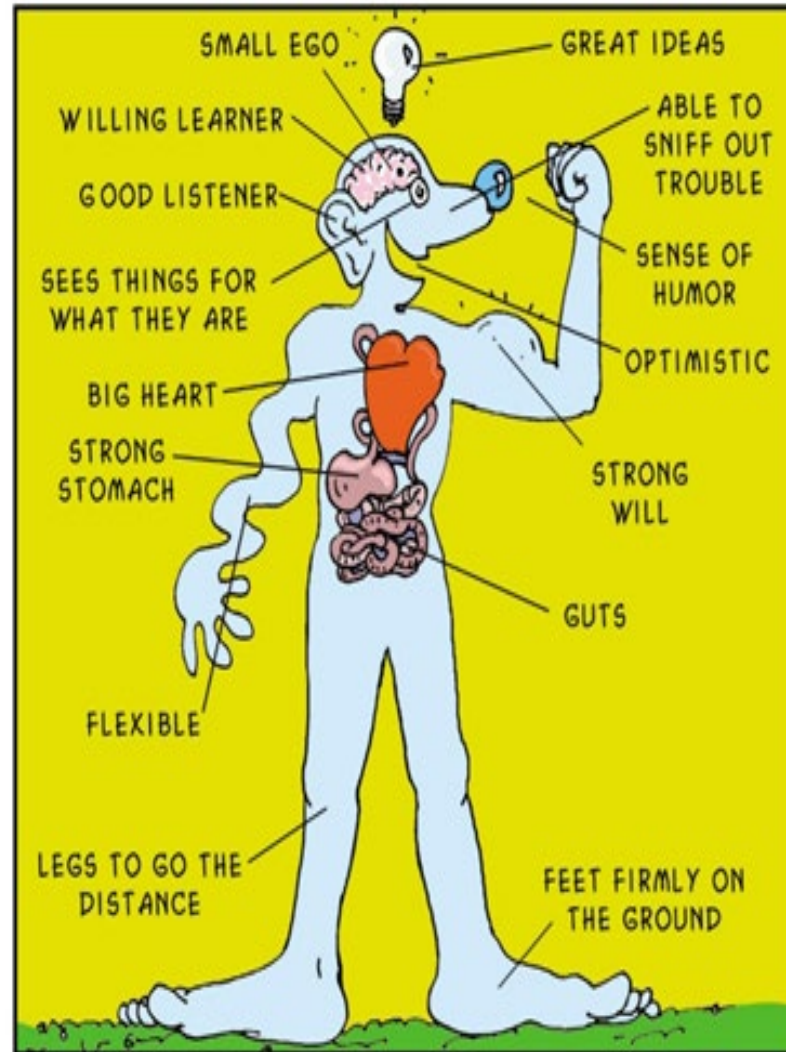
The family counselor observes safety during counseling. Using an **appropriate risk assessment** can provide direction, e.g. signs of safety.

The Theory of Change

The Theory of Change has **four key aspects**:

- ❖ A focus on the youth and families prioritized needs
- ❖ Self-Efficacy
- ❖ The identification and development of a natural support system
- ❖ The integration of plans

Generalist – family worker – care coordinator in team - ...



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