

The Principles of Wraparound: Chapter 2.4

Creating Community-Driven Wraparound

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The King County Blended Funding Project

The King County Blended Funding Project (the Project) was created as part of a Robert Wood Johnson grant designed to meet the needs of children who had experienced years of failure in the mental health, child welfare, education and juvenile justice systems. The Project demonstrated extraordinary success in working with a historically difficult and isolated group of families and youth. Youth referred to the Project had long histories of multiple placements. Their families had limited or no support systems. Thus, it was believed that the most effective wraparound effort would be one that emphasized building support systems to engage families in their communities.¹ Family participants were trained and supported in managing the process and were given control of the resources. Ultimately, the program evaluation for the Project demonstrated that the program's ability to develop community relationships and supports for families were among the most important factors in its success.

Many of the families had been involved in wraparound processes prior to coming into the Project. The teams had been primarily professionally driven because the families were so isolated they had few or no natural supports to participate on their teams. A lack of trust of systems was pervasive among the families. Families were not ready for "another program" that looked the same as other programs

¹ In this discussion, "community" refers to individuals and not agencies. When discussing system-driven wraparound, we are referring to wraparound based in service-providing agencies.

that they felt had failed them. There needed to be a different approach for engagement, program development and a shift in how the process was managed.

The Project went through several ups and downs. Initially the planning was totally centered on family needs and worked inside and outside of existing service structures and many of the system rules. This resulted in tension with funders and system regulators. The approach was described as “too pure” to wraparound principles. Changes were put in place as a requirement for funding. The energy was moving away from community to meeting bureaucratic requirements. The quality of outcomes and community involvement decreased. The Project was beginning to look like several other programs that families felt had failed them in the past. The introduction of the concepts of co-production (to be discussed later) to families helped move back to a more community-based approach while still meeting systemic requirements. Discussed here are some observations about factors that helped the Project and its participants move through the tension between system requirements and the desire to implement wraparound that is truly based in the community. In the end, achieving a wraparound process that focused on developing community where none was available was made possible by utilizing the strengths of family members in the Project to provide both services and support for each other.

What Did this Wraparound Effort Look Like?

From the beginning, the parents’ level of participation and involvement was unique. The parents took leadership roles in all aspects of the Project. Family members who had a lot of training in wraparound helped design the structure, trainings and project evaluation. They developed a wraparound program that relied heavily on parents supporting other parents.

One of the goals of the Project was to ensure that the families were part of a supportive community. This was achieved by using parent partners who reached out and engaged families. There was also a separate and independent parent-led organization that was created to become the hub of community activity for Project participants. The

organization was a provider of parent partner and training services. The parent organization went through several iterations over the years and eventually focused less on service provision and more on mutual support and Co-Production.

The Project evaluation highlighted the need for developing a supportive community. Unlike many evaluations, the evaluation of the Blended Funding Project was used as a guide to keep the Project aligned with its values. When the Project strayed, the evaluation helped bring it back to its original vision. As was true in all parts of the Project, the evaluation was created and implemented by family members. The evaluation demonstrated that relationships among family members and the community were a significant factor in families’ success. As a result, connectedness to supportive individuals and institutions was measured as a key indicator of success in the evaluation. This reinforced the Project’s focus on building supportive community relationships for families and youth. (A fuller description of this innovative evaluation has been published previously. See Vander Stoep, A., Williams, M., Jones, R., Green, L., and Trupin, E., 1999.)

Creating Community-Driven Wraparound

To create a truly community-driven wraparound effort, the Project emulated early wraparound work that operated outside the mainstream of traditional service systems. Instead of conceiving itself as a system intervention or service, the Project took a community-based approach in working with children and families. Resources were directed at members of the community working together to do “whatever it takes” to achieve positive outcomes for children and families.

Historically, such an approach to wraparound has demonstrated success and became appealing to systems because it reduced need for services and kept children out of expensive residential services. However, as system-of-care thinking and family-centered work gained acceptance, it became a preferred approach for the formal system itself to use in working with children and families with complex needs. This once radical approach became a mainstream approach, often embedded in the mental health system. As it became codi-

fied in mental health, requirements increased and standards were established. Wraparound plans became surrogate treatment plans and the system itself began controlling the process. Wraparound began to look like the system. Wraparound did not transform the system but in many cases was transformed by the system.

As described by Mario Hernandez and Sharon Hodges in the Michigan Outcome Project (Hernandez, Hodges, Macbeth,

Sengova, & Stech, 1996), different stakeholders propose different outcomes. The desired outcomes as stated by families are different than for system directors and providers. Families are concerned about the quality of their lives while, as mentioned above, systems want to reduce service utilization. Desired outcomes drive program design and structures.

Thus, it is not surprising

that the families in the Project wanted a structure very different than those that were in existence and that were “blessed” by the systems. As communities implement “high-fidelity wraparound,” leaders of such efforts need to maintain a focus on creating community-driven wraparound and be aware that system-driven wraparound effects design and implementation. By being aware of these factors and looking to families and communities as resources, wraparound efforts will be more likely to achieve core principles such as “community based,” “family driven,” and “natural supports” in practice.

Family-Run vs. System Ownership

Bureaucracies are managed from the top down. Policy decisions may be made with community input but rules and procedures are passed down through silos. Funding is managed through contracting requirements that put limits on spending and what can be purchased. Such limits shape

the thinking of those providing wraparound. Funding of service selection is ultimately constrained within certain parameters. Those who know the system can manipulate it to make it work, but frequently those who know the rules limit creativity and dialogue by saying what cannot be done. As a result, conversations about family and community needs inevitably turn to a discussion about rules and services and creativity is lost.

This is in contrast to a family-driven system where controls and decisions are based at the family/community level. The management of funds in the Project was totally flexible. Decisions were made at the team level for all services and nonservices. Teams did not appreciate being restrained by bureaucratic rules. When limits were imposed, they would fight to maintain their independence. When questioned, families took great pride and power in saying, “It was a team decision,” voicing their choices as rights.

Funding is usually seen as the most significant resource for helping children and families within systems. The use of families and individuals as non funded resources is frequently an afterthought to planning. In the Project there was a shift in emphasis and individuals and families were utilized as the major resources and giving more responsibility to communities helped this happen. This strategy became the most significant factor in creating change.

The example below demonstrates the difference between system-run vs. family-run teams:

One mother, referred to the Project, had adopted her nine-year old daughter from an Eastern European orphanage at the age of four. The girl had been severely abused, was nonverbal, and had experienced four years of extreme malnutrition. The daughter was in an acute psychiatric hospital because of her aggressive behavior. The mother had been asked by a hospital psychiatrist, “Why did you ever adopt this child? She will never be able to live outside an institution!” They saw no hope. A team representing the various systems was formed to find alternatives to hospitalization. No residential programs or foster homes would accept her.

During a referral call a team member said, “We have a great team but we do not know what to do with this child.” The team perceived itself

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as strong because it worked collaboratively across systems but it was at a loss to find workable options. For the team members there was a sharing of frustration that created a divide with the family. The reaction was projected as frustration with the family and they started to define the family as pathological. The mother's perception of the same team was that it was a huge barrier to getting needs met and that team members had no understanding of her or her child. Her response was to get an advocate and a lawyer to see if she could force the team to provide her with services, including residential care and specific therapies for her daughter.

Shortly after the family entered the Project, a new approach yielded different outcomes. Her

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first contact with the Project was a parent partner who took her to her neighbors to talk about her situation. To the mother's amazement, they found people not only willing to help but eager to reach out. For instance one of her neighbors was an emergency medical technician and was willing to be on call for her 24 hours a day. A local horseback riding business offered riding lessons in exchange for the daughter grooming horses. There were several other supports found in the community but

the mother reported later that one of the most supportive things the parent partner did was buying her daughter a tooth brush. The smallest of basic needs had great importance to her and was symbolic of caring.

The parent partner was very tuned in to the range of needs for the family, not just the behavioral problems of her daughter. This helped the mother feel very supported and with the help of her parent partner she created a team complete-

ly without professionals. Her experience with her new team was quite different. She saw them as supportive and available for her and her family. Services were added that she felt were effective, including alternative therapies that would not be available in traditional service systems. Since funds were flexible, those services were contracted for and purchased by the Project. Her daughter was returned to the community from the hospital and had a program designed to meet her needs and her family's needs. Help was available immediately when she needed it. The mother led the team and did much of her own case management. Eventually her daughter became her own team leader. The ownership of the process had shifted from system representatives to the family.

Dependence on the System

The example above is not uncommon for individuals who find themselves dependent on systems. The mother was desperate for help, had exhausted her resources and was being told there was nothing that could be done. It felt to her that help was being withheld from her family. That was not the case; it was just that no one could think of service options that would work. The mother and the team of professionals had all viewed the situation through the same lens, looking for professional resources and looking to the same source for funding: the bureaucracy. When she came into the Project, a whole new set of resources became available that no one had known how to access—neighbors and friends from whom she had withdrawn because of her family struggles. Her parent partner was aware of this and had a different idea of what kind of help to seek out and who to approach.

The situation the mother and daughter found themselves in has been described as a “connectivity trap,” in which reduced connections in the community lead to a heightened need for professional services, which leads to further reduction of connections in the community. The spiral leads to greater isolation and a loss of the feeling of being able to control one's life. Typically, families with children with complex needs look to services to fix problems. Professionals are the experts. The relative position of anyone looking for service in this situation is “one down.” There is a built-in

expectation that more services mean better outcomes. If individuals need more support, the way to get it is by being worse off or by continuing to have problems that require service. Many of the families in the Project came to realize this dilemma, and were united against reliance on the systems or “professionals.” As often occurs, a schism had developed between professionals and families due to the lack of positive outcomes.

This is a typical problem in system-driven wraparound: When outcomes are not achieved, families are blamed or professionals are blamed, and the answer is frequently more of the same services. Universally, families and youth were more positive and hopeful when they felt in charge of their lives and were not dependent on the system to meet their needs. The challenge for the Project was to build an effective process by which the community and family were the drivers of the wraparound effort, with professionals and systems providing supports as needed, and most importantly, when identified by families.

Bridging the Gap from System to Community Using Co-Production

The Project supported parent-driven work and created an environment that encouraged mutual dependence, but it learned that it could go further than that. A new theoretical construct came to the Project with the introduction of co-production by Edgar Cahn, author of *No More Throw-Away People: The Co-Production Imperative*. Edgar and Chris Cahn visited the Project and talked with parents about the importance of the work in raising children, building families, and strengthening the sense of community. Their observations and views were invaluable in further directing the Project work.

They observed that wraparound incorporated community-based “natural” supports as a critical element of care. But in most cases those natural supports and services look very much like grass-roots versions of their professional counterparts, as in mentoring, tutoring and so on. This is because the overall prevailing paradigm is treatment centered.

As an alternative, the Cahns have proposed co-production, the idea that clients/consumers can “co-produce” outcomes, as a new twist on wrap-

around. Incorporating a co-production framework turns wraparound from a treatment-centered modality to one that is contribution centered. It focuses on the contributions that clients can offer to one another, and to the larger community. The idea is that, through their contributions, families:

- Experience themselves as assets with skills, capacities and talents that others value,
- Are provided with both psychological and other rewards for doing the real work needed to build the family and community of which they are a part,
- Define themselves as providers as well as recipients of services, and
- Become the creators as well as the beneficiaries of natural support systems that help assure new levels of resiliency.



Thus, the co-production approach adds a new, extended role for community that stands as a critical countervailing force to professional, systematized care.

Co-production builds on the insight that for all its strengths, the wraparound process is limited by a framework that ultimately rests on the provision of services. Professionalized services are the norm. And because they had become the norm, they become the framework within which natural supports are offered. As a result, the difficulties associated with professionalized care, which the natural supports were intended to overcome, remain an inherent characteristic of the overall

system of care.

Identifying individual assets in planning is standard practice in wraparound planning. In the concept of co-production those strengths are put to use not just in the family but in the greater community as well. One of the parents in the Project whose daughter had severe problems, strongly objected to diagnoses. “My child is more than just a borderline personality disorder” was her com-



plaint. She felt no one saw her child’s positive attributes. In the Project her strengths became apparent at family get-togethers. Even though the child had been very self-destructive, she was very gentle and very sweet to younger children. She helped provide child care during meetings. As she became more involved with others, her self confidence grew, her self-image changed, and others’ perception of her changed. She was more than just a borderline personality disorder. She had real personal gifts that were appreciated and she began to form relationships with others that supported her recovery and involvement in the community.

Parent Partners

As mentioned above, the Blended Funding Project was built on evaluation results that showed the number of relationships a family and child had was the most reliable indicator of improvement. Most of the families initially had far more professional relationships than informal relationships. Families had few people to turn to in time

of need and they had limited options of people to be with socially. The family group recognized this and built in social activities for all family members. These were usually in the form of meals or picnics but also included recreational activities. Parent partners were used to engage families not only with the Project but also with social activities. The development of the relationship started with the outreach of the parent partner to introduce families to the Project.

As an example, a parent from one of the families referred had been ostracized by her family after an uncle had sexually abused her daughter. When the parent partner first met the mother, she had no one to include on her team, she was unemployed and had no friends or social groups. The parent partner took an active role in going with her to fill out paperwork, attending school meetings, helping deal with her children in the home, and negotiating with the residential treatment center in which her child was living at the time of referral. They also talked on the phone frequently and were involved in social activities. The relationship changed from being task oriented to social. The mother, who had been very cautious about becoming involved, began to see everyone as supportive. She was able to have her son home and when there were problems, she had professionals to call, but she maintained her closest contact with her original parent partner and called her first.

Utilizing Strengths in the Community

When the Project turned to the contribution-centered approach of co-production, families who were referred to the Project were now evaluated for what they could offer others, with the expectation that they would become an active part of a community. This was not always easy for families to accept because they were more accustomed to being judged and defined as problems.

With the contribution-centered approach, assets took on whole new meanings. One of the parent partners observed that her history with drugs and the prison system was her biggest strength in helping other families. She saw this as experience she would not have received in any education program. Her history was not seen as a strength when she applied for a job that required a background

check. It took some negotiating to hire her. At the same time, her life experience allowed her to be very comfortable with severe problems. She could confront people when necessary and was not shocked by extreme behaviors. She recognized that almost all families have dreams and want the best for their children, and she could draw on her experience and encourage people to find their dreams and contribute to a network.

As a parent partner she had a unique ability to engage families. She recognized it was important to set a tone that the Project was different and that families were valued. More than once she would introduce a family to the Project and find that she had known them years ago on “the streets.” This was sometimes amazing to new families, but it helped them realize change was possible. At a lunch, she and another parent were sitting with one of the staff and she was relating her past on the streets to the staff member. The other parent kept looking at her. When they were alone, she said, in shock, “You tell them all of that?!” It helped develop trust between professionals and families.

With parent partners and family members playing new roles, the families were achieving new levels of success. The members of the family group had collectively been seen as dysfunctional to the system, but they were not seen as dysfunctional to each other. They began to share their abilities and to support each other in ways that were not available to them before. They were also available to meet others’ needs informally. By knowing each other, they shared their capabilities. Some examples:

- A father who could not read wanted to start his own business. He was embarrassed about his inability to read and would not seek help with people he did not know. One of the parents in the group helped him with the paperwork to get his business license. He was able to start his business, which was a great point of pride for him. This father also hired one of the other family members. In addition, he also had mechanical ability and was able to help people with minor automotive repairs.
- A grandmother who was home all the time became an after school care provider for

one of the other families who could not be at home during afternoons.

- Another one of the grandmothers in the Project became a support for grandmothers in and out of the Project who were raising their grandchildren.
- The best thing for the family members was having each other. In times of crisis the first call tended to be to other family members rather than crisis lines or professionals. In nearly every situation families were able to support each other through crisis.

These activities cost nothing but were invaluable to the families. If the above services were to be priced out they would be prohibitively expensive. They tended to be invisible and passed on in team meetings or at family groups. The family relationships were important in time of need but the friendships were equally important during good times.

Developing Connections to Community Resources

In the development of the Project there was an emphasis in creating relationships with community organizations to help support the development and functioning of wrap-around teams. The effort was not very successful in most cases. Funds from the Project could be used to purchase services and some unique contracts were developed. For instance a staff position was paid for at a local Boys and Girls Club to supervise a youth without the staff being identified as an aide. It was a different story when a service was not contracted. Due to the background of the youth in the Project, many organi-

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zations were concerned about the child and the family. Liability was inevitably brought up. The Project experienced the same forces that families encountered in being rejected and isolated in their communities. There was moral support but not necessarily tangible supports.

The families became emissaries to the community for the youth and also great sources of information about community organizations that were supportive. When they approached organizations they were involved in for support they were much more successful. They referred families to those organizations because of the willingness of the organizations to work with their children. They also became a referral source for services to organizations that were perceived as family friendly and respectful. They shared opinions and impressions with each other that helped new families to guide themselves through community options and to learn of choices.

Conclusion

Families in the King County Blended Funding Project cared for children and youth with extremely complex needs. However, the focus on developing community meant that for many families, even when there were serious behavior problems, they were able to function with far fewer services. Support from the group enhanced their ability to handle problems. Reduced stress meant increased energy to support children. For example, the father who started his own business had to fight to get his child out of hospital and back home. Professionals felt he was not capable of meeting his son's needs. However, the support he received led him and his support system to a different conclusion. There were no problems that he could not deal with. He found great support from members of the group.

For most families, the formal role of the Project became diminished over time. This was especially true with the management of the Project. Relationships between professionals working in the Project and involved families became more collegial and less hierarchical. Families were seen as resources and when families were in crises or in need of support, other families were readily called upon for support and insight.

At a time when there were fiscal problems in

the Project, the group was brought together to share responsibility for dealing with the problem. In one of the meetings the name of the Project was brought up. The Project was looking for a better name. It was thought everyone agreed "Blended Funding Project" was a poor name for this complex endeavor. However, a 17-year-old girl who was part of the Project said "You are not changing the name of *my* project." Others agreed with her. It was obvious that ownership had become shared. It was decided not to bring up the topic again. The families had transformed the Project and made it their own.

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