Wraparound principles (phrased to represent team level activity)

Round One results of Delphi process

<table>
<thead>
<tr>
<th>Brief name/description</th>
<th>Principle as expressed at team level</th>
<th>Fine</th>
<th>So-so</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family voice</td>
<td>The wraparound process intentionally draws out the family’s perspectives regarding strengths, the definition and prioritization of needs and goals, and the service and support strategies that are most likely to meet needs and reach the goals. The team gives this information primary consideration during decision making.</td>
<td>12</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>

Comments or changes:

Rating:          Comment:
Fine             I would like to see the last sentence extended to go on to say “…..and seeks opportunities to give the family choices”. Does this expression include the family having voice throughout the implementation of the plan? If it doesn’t, it should. On the footnote below …….. Could we include as a broad reference to family “the caregiver in the permanency setting”? This would be a critical inclusion for children within the child welfare system.
Unacceptable     Consider separating these concepts out. Strengths being one description. Goals being another.
So-so            The last sentence seems to discount or give teams an “out”. It may be the wording: “gives Primary consideration” It may help to put something in there that family make all decisions unless there are risk or safety issues.
So-so            Changed wording of definition to “The wraparound process intentionally draws the family’s perspectives regarding their and their child’s strength….. Is it possible for the family to voice their views on the strengths and shortcoming of the providing systems? If so, is this part of this stage of the process? Changed wording of definition of family composition to: “Family composition and structure…”
So-so            Add “preferences” (…the definition and prioritization of needs, goals and preferences and the service and support strategies…) Add culture to list
Fine             What about mandates from various systems people?
Unacceptable  The wrap process goes beyond perspective – gives voice and choice.

Fine  Might add language acknowledging families as experts, and professionals’ stance as appreciative allies (alternatively, families as “partners.”)

So-so  Per my research, family voice in shaping team rules of operation is just as important, as well as in shaping some agreement on status of the current situation. Explicit team rules provide expectations and structure for what information’s important, how it should be shared, how decisions should be made, how conflict should be resolved, as well as crisis response. Team agreements (see Bertram and Bertram reference below) create a structure for collaboration in plan development and implementation.

So-so  Primary Caregiver completely agrees with goals and plans. They should have the final word regarding the plan for their child.

So-so  The family is a fully empowered partner in deciding their needs, goals, services, and supports. This means that the wraparound process intentionally draws out the family’s perspectives regarding strengths, the definition and prioritization of needs and goals, and the service and support strategies that are most likely to meet needs and reach the goals. The team gives this information primary consideration during decision making.

So-so  Family voice means more to me than Family perspective. A family’s voice needs to be heard and listened to before an understanding of one’s perspective, it’s the process of power sharing in decision making and acknowledging the family as equal partners and experts of their child.
### Comments or changes:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>So-so</td>
<td>What about po ‘s or DSS workers. Also if paraprofessional parent partners on team should have training and supervision.</td>
</tr>
<tr>
<td>Fine</td>
<td>Program, system level – see Arizona Guidelines for out-of-home care services (eg “primary purpose of out of home care services is to support each child’s living with his/her own family in the community.” For dependent children, the court or custodial agency must participate and may also shape the team membership.</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>The full ecology of key persons must be present and <em>differentiated</em>. There are core team members and extended team members (see publications) This helps negotiate issues on information sharing, scheduling, decision- making etc. Most importantly, I have seen the interpretation of “agreed upon by family” used to keep key core team members off the team to the detriment of the work of the team (care-giving uncle or grandmother, a key teacher who has a troubled relationship with the family, a protective services worker, etc). The team must be structured in a manner that allows for full participation of key persons in the full ecology of the family.</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>ADD: Decisions involve all team members; all team members have input for all decisions made.</td>
</tr>
<tr>
<td>So-so</td>
<td>Add youth and the family.</td>
</tr>
<tr>
<td>So-so</td>
<td>Formal and <em>informal</em> support and service relationships.</td>
</tr>
<tr>
<td>So-so</td>
<td>This described the team but not the meaning of team-based.</td>
</tr>
<tr>
<td>Brief name/description</td>
<td>Principle as expressed at team level</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3. Collaborative and Integrative</td>
<td>Team members work together and share responsibility for developing, implementing, monitoring, and evaluating a single plan of care that guides and coordinates each team member’s work with the family.</td>
</tr>
</tbody>
</table>

**Comments or changes:**

**Rating:**

- **Fine**
  - Maybe “…and share responsibilities and resources for ….”

- **Unacceptable**
  - Consider separating developing, implementing, and monitoring. Breakdowns can and do exist in all, want to measure and evaluate each component.

- **So-so**
  - Changed wording of definition: “Team members work together and share responsibility for developing, implementing, monitoring, and evaluating a single plan of care that guides and coordinates each team member’s role and their work with the family.”
  - I think there is a distinction between role and work and that both need to be defined. Role speaks to the nature of the relationship and work speaks to specific tasks. From a family perspective, who you are and what you do may be related but they are not the same. This is especially true in rural areas where there are few people in the network and each individual may have to take on multiple roles and do many different tasks.

- **So-so**
  - Add “The family” - The family and (other) team members work together……

- **So-so**
  - Have some kind of objective plan to measure success. The plan is written down for family after each meeting. Team members all need copies of mission statements and action plans.
  - - A mission statement, plan of care and status reports should be given to parents/team members at frequent intervals.

- **Unacceptable**
  - Changed wording: “Team members with the family having the priority vote, work together……”

- **Fine**
  - Prefers “unified” to integrative (referring to name of principle).
  - Be explicit about kids/families involved with multiple systems still have 1 single unified plan.

- **So-so**
  - This must be described by more than the development of the plan. We did a focus group and found that all involved with wraparound thought the focus of the team was plan development, implementation, and evaluation. That perspective reflects wraparound training but ignores research that suggests three other areas of team agreement are necessary, the first two of which create the basis for such collaboration

- **So-so**
  - Depends on how “team based” is defined.

- **So-so**
  - Change wording to say “Team members work together and share responsibility for developing, implementing, monitoring, and evaluating a single plan of care that guides and
coordinates the work of the family and of each team member.

<table>
<thead>
<tr>
<th>Brief name/description</th>
<th>Principle as expressed at team level</th>
<th>Fine</th>
<th>So-so</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Community-Based</td>
<td>The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, and least restrictive settings possible, and that foster child and family integration into home and community life and roles.</td>
<td>12</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

Comments or changes:

Rating:  

Unacceptable  
This does not indicate that things are happening in the community the family chooses to call home. A lot of people think a community is a community. The word “foster” is confusing, on my first read of this I thought foster was describing the legal status of the child. If this wording is retained, maybe “…possible; those that foster …”

Unacceptable  
Need definitions. Compound concepts. Separate them out.

So-so  
If this is suppose to address team level activities and safety is not an area identified within these 10. A sentence or two should be added about how teams are responsible for ensuring system mandates of safety. i.e. Child safety, community safety, etc. Another factor teams need to focus on if we are going to keep kids in the community is on skill development.

Fine  
I like the word MOST as used here. It is a high standard and we should keep to it!

Fine  
Or, could change to: “most inclusive, most responsive, and most normative settings possible…”

So-so  
Services and supports occur in the area closest to the child and their neighborhood/or are accessible to families.  
- Define this specifically, in a neighborhood or accessible to parents.

So-so  
I might change the wording so it doesn’t read as “foster child” – just a bit confusing. Maybe use “promote” in place of “foster”?

So-so  
Ok, I support the concept 100% but the wording seems too indirect. Kids should live in (supported) families – period.

So-so  
Depends on how “wraparound team based” is defined.

So-so  
Language preference ... ...promote and strengthen child and family integration....

So-so  
As long as it is most clinically appropriate
5. Culturally Competent

The wraparound process, as well as the services, supports, and strategies included in the plan of care, build on the values, preferences, beliefs, and racial and cultural identity of the family and its community.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fine</td>
<td>… , and racial, religious, and cultural identity…</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>Need definitions. Compound concepts. Separate them out.</td>
</tr>
<tr>
<td>Fine</td>
<td>Question, is there a difference between being “grounded in” and being “built on” the cultural identity of the family …?</td>
</tr>
<tr>
<td>So-so</td>
<td>Add traditions - (build on the values, preferences, traditions, beliefs…)</td>
</tr>
<tr>
<td>Fine</td>
<td>…understands and builds on…</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>These should be shared at the beginning of team meetings so people don’t use their own perceptions of someone’s culture. It is helpful to have cultural issues discussed early, that way team members don’t have misconceptions and parents can explore what is important to them (especially in how &amp; where meetings are held and who from a particular ethnic community would be invited)</td>
</tr>
<tr>
<td>So-so</td>
<td>Anything about language issues? Like providing care in family’s language if they do not speak English?</td>
</tr>
<tr>
<td>So-so</td>
<td>Replace “racial and” with “understanding respect and build on…”</td>
</tr>
<tr>
<td>So-so</td>
<td>Same comment as 3, this can’t just be about the plan…team composition and structure is primary…without that you won’t approach developing a culturally competent plan of care… I’ve seen too many teams without representation from the church when the family is African or Arab American or Hispanic, let alone have extended family members represented on the team.</td>
</tr>
<tr>
<td>Unacceptable</td>
<td>The wraparound process, as well as the services, supports, and strategies included in the plan of care, build on the values, preferences, beliefs, racial and cultural identity, lifestyle, ways of seeing the world, of the family and its community, and the team’s way of interacting with the family shows respect for the family’s values, preferences, beliefs, racial and cultural identity, lifestyle, and ways of seeing the world.</td>
</tr>
<tr>
<td>So-so</td>
<td>Language and concept preference…Multicultural reflects multi-dimensional cultural factors, and is inclusive of gender, class, economic status, and the impact of power differentials within and between groups and cultures.</td>
</tr>
<tr>
<td>Brief name/description</td>
<td>Principle as expressed at team level</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>6. Individualized</td>
<td>The plan of care includes strategies, services, and supports that the team develops and implements in response to the family’s unique needs and goals.</td>
</tr>
</tbody>
</table>

**Comments or changes:**

**Rating:**

**Unacceptable**  
Need some recognition that some approaches are more supportable than others (evidence-based).

**So-so**  
This one may need more meat to it. I would add strengths and culture at the end.

**Fine**  
How do we integrate these with system needs?  
- When it comes to individualized plans, their is always feedback from systems people-how to incorporate this?

**So-so**  
Adds wording to definition: If services or supports that are necessary don’t exist every effort will be made to fill that need by either creating the support or finding some solution for it.

**So-so**  
Changed to read “The plan of care includes strategies, services, and supports that the team develops and implements in response to the child and family’s unique needs and goals.

**So-so**  
“supports, approaches, and services are tailored to meet the individual needs and preferences of….”

**So-so**  
As stated it doesn’t reflect reality. The team plan may also be about needs in school or community e.g. more support for a teacher…or an athletic group, but most of all if this is a truly an ecological, collaborative team model, it is about TEAM goals and the family is of course an equal participant.

**So-so**  
Could add Family culture.
<table>
<thead>
<tr>
<th>Brief name/description</th>
<th>Principle as expressed at team level</th>
<th>Fine</th>
<th>So-so</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Strengths based</td>
<td>The team develops and implements a plan of care that identifies, incorporates, and enhances the strengths of the family, its community, and other team members.</td>
<td>13</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments or changes:

Rating:                   Comment:
Fine                      A plan of care is based on what each members strengths are or what they do well( an extrovert with social skills will make phone calls).
                          - It sometimes best to have active strengths and not passive ones- Active would be that mom has a talent for finding stuff on the internet- her task may be to look for parent meetings- As opposed to a passive strength such as mom is resourceful- many new wrap facilitators get stuck here-action plans are then given to folks who have strengths in those areas.
So-so                     Add: and the strength of the child.
So-so                     Changed to read: The team develops and implements a plan of care that identifies, incorporates, and enhances the strengths of the child and family, its community, and other team members.
So-so                     Add “builds on” after “incorporates”. “Enhances” may be a bit of a stretch when applied to other team members, community.
So-so                     Should also emphasize the strengths of the child. I would think this would help point the plan in the right direction.
Unacceptable              ADD: and, the plan of care clearly connects family and team strengths to family’s needs and goals.
So-so                     Could add...and builds on the strengths of the family....
Principle as expressed at team level

The team actively seeks out and welcomes natural supports, and integrates their perspectives fully into the team process. The plan of care reflects activities and interventions undertaken by natural supports.

<table>
<thead>
<tr>
<th>Brief name/description</th>
<th>Principle as expressed at team level</th>
<th>Fine</th>
<th>So-so</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Natural Supports</td>
<td>The team actively seeks out and welcomes natural supports, and integrates their perspectives fully into the team process. The plan of care reflects activities and interventions undertaken by natural supports.</td>
<td>13</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Comments or changes:

**Rating: So-so**

**Comment:** Define “actively.”

**Rating: Fine**

I think we will need to have a definition of “natural supports” like we have a definition of “family.”

**Rating: Fine**

Define natural supports.

**Rating: So-so**

This should include ongoing support for parents (networking with parent groups) - Natural supports for parents that will help when all the wrap support goes away. Goals and supports should be written for all family members (here anyways).

**Rating: So-so**

This appears to be a statement about team membership and roles, but it is not specific enough, and hence sounds too much like jargon to be useful. Most service providers don’t have a clue about how to do this (see publications). Also, why not integrate this with the description of team based?

**Rating: So-so**

Natural supports should be aware that their role will continue even after the team is discontinued. Caregivers should also understand this and have great trust in them.

**Rating: So-so**

Could description of natural supports...those that are not paid to care, i.e., family, friends, community folks with natural connections etc...

**Rating: So-so**

Second sentence is not clear.
<table>
<thead>
<tr>
<th>Brief name/description</th>
<th>Principle as expressed at team level</th>
<th>Fine</th>
<th>So-so</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Persistence</td>
<td>Regardless of the child’s behavior or placement setting or the family’s circumstances, the team is persistent in working with the family toward the goals in the plan of care until the team reaches agreement that a formal wraparound process is no longer required.</td>
<td>12</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

**Comments or changes:**

Rating: Comment:

Fine

It’s hard to give up “unconditional”, could it be “Continuation of supports and persistence of effort.”

So-so

Define and make objective the concept of “persistent.”

So-so

I think that community teams or the system guides this more than child and family teams.

So-so

Changed wording: “Regardless of the child’s behavior, living arrangement, service setting, legal status, or the family’s circumstances…”

So-so

Add unconditional: (the team is persistent and unconditional in working with the family…).

Unacceptable

Changed wording to: “Regardless of the child’s behavior or placement setting or the family’s circumstances, the team is persistent in working with the family toward the goals in the plan of care until the family agrees that a formal wraparound process is no longer required.

So-so

Deleted the words “until the team reaches agreement that a formal wraparound process is no longer required.”

Fine

Might consider adding “or the services available in the community” … takes some of the onus off family/kids and also reflects reality.

So-so

Goals need to be evaluated regularly, as needs are likely to change often in children.

Unacceptable

The core values of “Unconditional” and “Non-judgmental care” teams doesn’t fit with well with the word, Persistent.

Fine

Perhaps make explicit that the plan will evolve as the child’s needs evolve.
<table>
<thead>
<tr>
<th>Brief name/description</th>
<th>Principle as expressed at team level</th>
<th>Fine</th>
<th>So-so</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Outcome based</td>
<td>The team ties the goals and strategies of the plan of care to observable indicators of success, monitors progress toward these indicators, and revises the plan accordingly.</td>
<td>14</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments or changes:

Rating: Comment:

Fine “…regularly monitors progress…”

Fine This is precisely what needs to happen with these indicators.

So-so Changed wording to definition: The team ties the goals and strategies of the plan of care to observable behaviors and characteristics as indicators of success…

Fine Make specific and concrete-who does the monitoring?  
- Who does the monitoring- Do we monitor all goals or just for the child?

So-so Added the words “with the family in consent” at the end of the sentence.

So-so It is fine to have goals to which the child and family aspires. But it is crucial to remember that wrap-around is not an intervention – it is an approach to ensuring that the child and family always have a plan and a team to support them throughout the childhood and adolescents. These kids have pervasive and persistent disorders that do no go away. They change as the child matures and thus, team members and wrap-around planning must continue as the child develops. This may not be done formally across time with an agency in charge – but definitely with agencies involved all along the way.

So-so Again, it’s not just about outcomes from plan strategies.. the team agreements that form its structure are iterative, changing as team composition changes and as the team learns through implementation of its plan.

Unacceptable The team ties the goals and strategies of the plan of care to observable, measurable, and tangible indicators of success that are within the child/family’s control, monitors progress toward these indicators, and revises the plan accordingly.

So-so Change wording to be “Each team ties the goals and strategies of each plan of care…” – otherwise it can be construed to mean broader measures rather than specific outcomes, one family at a time. Both should be measured.

Unacceptable The core values of “Unconditional” and “Non-judgmental care” teams doesn’t fit with well with the word, Persistent.
Taken together, these principles adequately describe wraparound and differentiate it from other approaches.

5 = Yes, as written
13 = More or less, but minor changes would improve them (use space below to make any comments beyond what you have already written)
3 = No, significant changes must be made before I could endorse the principles as a definition of wraparound (use space below to make any comments beyond what you have already written).

Additional comments:

Rating: Comment:

More or less
- Thank-you for keeping #6 and #7 separate.
- I think flexible funding (and resources) is made possible and available by the agency and/or system, but team members have to think of funding as being flexible so that they make use of it and so their inflexible view of funding does not become a limitation or barrier.
- As a group, we should decide if Wraparound is capitalized. I consider it a proper noun, others use it as an adjective.

This process is very good, it’s user friendly and succinct.

More or less
- I think the major area of concern that I have is with regard to safety. In my experience the team needs to understand their responsibility to ensure all agency mandates of safety and family’s need to be educated on what this means. Too often, child welfare worker, probation officers, therapists, school administrators are isolated in their concerns. All of these concerns need to be addressed in order to keep kids and families safely together in the community.
- I really don’t like the term “plan of care”. Could we use “family plan” or something else? Just my opinion.

These are the principles of wraparound but we are not sufficient at differentiating it from other approaches. The specific description of the service model should do this.

More or less
Just wanted to share some thoughts that I have had while working on Wraparound teams. Although we say that families drive the process and sets the goals-
- The reality is that if the child is a ward of the court or has a probation officer they have goals that must be met-some of them are even mandated to attend Wraparound meetings( against the parents wishes).
- On team based- make sure of the credentials/training of para-professionals.

More or less
Numbers 1,3 and 9 need to significantly change the issue of what family inclusion means.

No rating
I’m not sure I can say how the principles differentiate it from other approaches without those approaches and their principles being presented. I’m not sure I’m the best person to comment on these, as I have never been on a wrap team myself.

More or less
Overall, excellent work. I would add 2 more principles:
11. Best practices – the team should have access to potentially relevant info about evidence-based best practices – I can offer language to work with.
12. Independence – the team should always strive to build the capacities of the youth and
family to meet their own needs in the context of an ongoing circle of natural supports (See #8 above – I might split that into two distinct principles).

- In (name of State) our principles come by the dozen, not tens.
- I had offered to furnish some language about the "11th Principle" I suggested adding, about "best practices." My argument is that effective wraparound practice should require that each child/family team must have a way to be systematically informed about state-of-the-art approaches that might be available for application to the needs that team identifies.

I begin with some language from the 2001 Institute for Medicine report, Crossing the Quality Chasm: "Best practice "...represents the integration of the best research evidence with clinical expertise and patient values."

In the wraparound context, then, "best practice" should be conceptualized as a balance of three essential components of state-of-the-art practice: 1. scientific evidence supporting treatment, intervention and other clinical approaches 2. the skill and judgement of health care and social work professionals and the other members of the team, and 3. the unique needs, concerns, priorities and preferences of the person/family receiving support and services.

I argue, then, for an additional principle, that wraparound approaches must be informed by relevant science, and by professional judgement; but always and only in the context of those "patient values" in 3. above, and that are already, I feel, well-discussed in the ten draft principles you have shared with us.

Here in (name of State), with our "12 Principles," we envision the Best Practices principle as follows: Behavioral health services are provided by competent individuals who are adequately trained and supervised. Behavioral health services ... incorporate evidence-based "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms that may be reactions to the death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and to promote permanency in class member's lives, especially class members in foster care. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes."

I don't think we need all that verbiage, but wanted to offer it as context along with my suggestion. In addition to ensuring that teams will have access to information about the science of support and treatment to support their planning, inclusion of this additional principle might also help to "defend" wraparound against charges by skeptical professionals that it implicitly "dumbs down" support and treatment.

As you know, I also suggested including one more principle, about "independence." In addition to my comments about this suggestion I offer, again for context, the following description from our 12 Principles: "Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in assessment, in the planning, delivery and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available."

The team ties the goals and strategies of the plan of care to observable, measurable, and tangible indicators of success that are within the child/family’s control, monitors progress toward these indicators, and revises the plan accordingly.
There has been too much of a focus on “wraparound planning” or the “wraparound plan” and too little on building a team capable of collaboration….team composition has been grossly underestimated as a factor influencing fidelity (ecological systems theory) and the value of cultural competence, let alone the potency of plans….

I realize what a challenge it is to move the field beyond jargon when the basis of the wraparound approach has been articulated through a value-based philosophy, and welcome the opportunity to work with you.

The ability to really individualize a plan relies largely on whether or not needs are defined instead of services, strategies, and so on. If we say “Sue needs therapy” we’re immediately as yes or no. If we say “she needs to talk with someone she completely trusts who won’t ever reveal what she says, someone who will not judge her, someone who can loan his/her insight…” Therapy is still an option but now the options also include mediation, faith-based counseling, a mentor, a chance to talk with Godmother every week…

Needs driven – the team and the family together define specific unmet needs that, when met, allow the family to achieve outcomes that are important to them and their communities.