

Family Partners in Systems of Care and Wraparound

Since the President's New Freedom Commission on Mental Health's declaration that mental health care will be consumer and family driven,¹ expectations that systems would be "family friendly" through the involvement of family members have been more emphatically framed. For example communities awarded federal funds under the Comprehensive Community Mental Health Services for Children and Their Families Program (commonly known as "system of care grantees") are required to have "a strong family and youth voice in all aspects of governance of the system of care, service delivery, and evaluation;" to hire a full-time key family contact with responsibility for advocacy and outreach to other families and serving on governance bodies; to support a family-run organization; and to describe how care will be family driven.²

A similar vision of family involvement has been incorporated into the guiding principles for both systems of care and wraparound. As a result, opportunities for family involvement have expanded greatly as wraparound and systems of care have flourished throughout the country. Family members now hold influential positions in the mental health system to an unprecedented degree. They have gained a strong foothold as leaders within the governance, management, and evaluation of mental health systems and practice.

Wraparound is a collaborative team process for creating and implementing individualized, strengths-based plans of care for children and



their families. At the practice level, wraparound's first principle of *family voice and choice* explicitly recognizes that the perspectives of family members must be prioritized throughout the wraparound process. The principle explicitly recognizes that families are not likely to have sufficient impact during wraparound planning unless intentional activity occurs to ensure that families' perspectives drive the process and exert primary influence during decision-making. However, experience in communities implementing wraparound has shown that not all teams are adequately prepared and supported to share power for decision-making with the families and youth. Likewise, not all family members are adept at the self-advocacy required to share in decision-making with their wraparound team.

Recognition of this common difficulty has led naturally to the development, within wraparound, of the role of the Family Partner, a peer support and advocate role. This article describes the evolution and current status of the role of the Family Partner within wraparound.

Family Partner Task Force

In the early years of wraparound, communities tried several strategies using Family Partners provide a supportive role to families on wraparound teams. In spite of good intentions, many these efforts were not particularly successful. Lack of clarity about the role and a lack of training and coaching for Family Partners (as well as other wraparound team members) led to confusion and even conflict. Family

Partners were not consistently valued as members of the wraparound team. Some, for example, were included only when a care coordinator invited them, others were limited to providing transportation or child care, or were prevented from advocating with the family during wraparound team meetings. Establishing some standardization about the responsibilities, expectations, limitations, and qualifications of Family Partners within the wraparound process became an urgent issue.

In response, the National Wraparound Initiative (NWI)³ established the Family Partner Task Force in June 2006. Sixteen NWI advisors, predominately family members, agreed to work on creating a description of how Family Partners operate within the wraparound process. Within the first year, the Family Partner Task Force established a role plan, and membership grew to 54. The work plan and progress to date can be reviewed on the NWI website (www.rtc.pdx.edu/nwi).

First, the Family Partner Task Force surveyed its members about

how they perceived and defined the role. "Family Partner" was eventually selected as the title for this role and key responsibilities and characteristics of the individual who is qualified to fill it were incorporated into a short role description (see sidebar).

Next, believing that the role of Family Partner needed to be firmly grounded in the wraparound principles as well as in the phases and activities of the wraparound process itself, the Family Partner Task Force began to examine how the Family Partner role was shaped by, and also contributed to, operationalizing each of the ten principles of the wraparound process. The resulting document, *The Application of the Ten Principles of the Wraparound Process to the Role of Family Partners on Wraparound Teams* is available on the NWI website (<http://www.rtc.pdx.edu/nwi/pbNWI-FamilyPartner10Principles.pdf>)

What it Takes

Wraparound Family Partners are parents or other primary caregivers who have raised children with emotional, behavioral, or mental health needs. Their personal experience interacting with various child-serving systems prepares and qualifies them to offer support and guidance to other families so that they can have true voice and choice on their own child's wraparound team. It is also the Family Partner's responsibility to engage with the professional community and, by working closely with these stakeholders, to model collaboration, shared decision-making, and non-adversarial advocacy. Through exposure to these relationships and modeling, the family and youth being served develop the skills to become self-empowered and their wraparound team's decision-making becomes truly family-driven and youth-guided.

A frequently asked question is "Does the person who fills this role have to be a family member first?" The answer is a definitive "Yes!" What distinguishes the Family Partner from other helping roles within wraparound is the emphasis on peer support. Families who have children with mental health needs often feel judged and diminished by a deficit-based system. The Family Partner is

the wraparound team member who can approach the family as a colleague and peer. Contact with peers gives family members hope, understanding and respect, ample time to explore and reflect on options, and a personal guide along the complex path of getting effective and appropriate supports and services.

Sometimes called upon to offer support, a Family Partner must be a compassionate and empathic person who is an attentive listener. As coach or mentor, a Family Partner must be non-judgmental, reflective, and objective. As someone who educates families, a Family Partner is knowledgeable about policies, systems, and services. As a key player in the wraparound process, the Family Partner displays good verbal skills and accurately portrays the family point of view in many venues.

Ideally, Family Partners are individuals who feel that they have experienced some success navigating their way through the complicated and confusing assortment of requirements and procedures as they sought supports and services for their own child and family. Importantly, the status of a Family Partner's own child should not be a measure of how well an individual can perform in this role. Many Family Partners' children have done extremely well. However, this does not necessarily mean that every Family Partner's child and family have overcome all of their own challenges. Not all systems and circumstances are responsive to even the best advocacy. Unfortunately, some children have been lost to suicide, have landed in jail, or have joined gangs. The desire to help other families can be kindled by poor outcomes. Looking back on their own histories, many family members have keen insights about what is needed to transform services and systems so that outcomes can improve.

Infrastructure and Support

Family Partners cannot work in a vacuum. They require support and supervision just like any other person practicing wraparound. The parameters of the position must be clearly defined and the role must be understood by all the wraparound partners

and families being served. A sustainable and appropriate infrastructure for Family Partners is necessary to prevent frustration and failure.

Family Partners' success requires ongoing training for stakeholders, so that there is a shared understanding about the benefits of partnership between families and professionals. New staff may not be familiar or comfortable with the concepts of family-driven care and practice. They will need orientation to this new way of doing business and support to learn how to perform well under these conditions.

There are some questions for which there can be no standard answer that fits every community. Among the most commonly asked are: What is the ratio of Family Partners to Care Coordinators? How many families will a Family Partner be serving? Should there be opportunities for Family Partners to stay involved at a less intense level when a family is no longer enrolled in the wraparound process? And, what is a fair rate of pay for a Family Partner? These and other questions must be

THE FAMILY PARTNER

The Family Partner is a formal member of the wraparound team whose role is to serve the family and help them engage and actively participate on the team and make informed decisions that drive the process. Family Partners have a strong connection to the community and are very knowledgeable about resources, services, and supports for families. The Family Partner's personal experience is critical to their earning the respect of families and establishing a trusting relationship that the family values.

The Family Partner can be a mediator, facilitator, or bridge between families and agencies. Family Partners ensure each family is heard and their individual needs are being addressed and met. The Family Partner should communicate and educate agency staff on wraparound principles and family voice and choice to ensure fidelity.

addressed by each local system. But they cannot be ignored! Importantly, the answers must be consistent with the ten principles of wraparound.

The position of Family Partner can be financed many ways. Contracting with a family organization or hiring families within a public or private agency are the two most common strategies. Regardless of the financing strategy, appropriate supervision must be provided so that Family Partners are able to perform the advocacy function of their role with integrity and without overstepping the boundaries of the wraparound process.

Other Roles for Families in Wraparound

While the role is central to wraparound, means the only role members can and instance:

- In Rhode Island, vice Coordinators the wraparound ily members of emotional, beha health needs.
- Some wraparound parents or caregi who have been planning process.
- In Maryland, Patricia Mosby, a statewide system of care trainer and coach, was first served by a Community Kids wraparound team, then became employed as a Family Partner, and subsequently worked as a care coordinator.
- Nanzetta Hatcher, whose child was served by a wraparound team through the care management organization Partners for Kids and Families, became that organization's Quality Assurance Director.
- A family organization in New Jersey requested that a parent be hired for the wraparound evaluation team. The agency in charge of evaluation was hesitant to hire someone whose chief credential was raising a child with mental health needs. Deborah Kennedy, a parent, was nonetheless hired part-time. She was so effective that a full-time position was cre-

ated for her. When Deborah left to become statewide Family Ombudsman, a parent was hired to fill her evaluation position.

Next Steps

The work to date has provided a solid base from which information, materials, and tools to fully integrate this role into wraparound practice can evolve. Questions that remain to be answered and issues that need clarification or resolution include: How is the Family Partner's activity unique during the engagement phase of wraparound? What does the Fam-



ily Partner actually do during planning meetings and throughout the planning process? As the plan is being implemented, what are the daily responsibilities of the Family Partner? How are Family Partners integrated into the transition phase? The Task Force's own work plan calls for:

- providing a description of the daily activities of Family Partners and how those activities fit within the four phases of the wraparound process;
- developing a data bank of resources about this role;
- developing mechanisms to link individuals serving in this role with each other to form a learning community;
- developing tools to assess the fidelity and the quality with which individuals are performing this role;

- developing a framework for setting salaries and defining work environment and employment issues;
- collaborating with researchers to formally study the use of this role and its impact.

As it works to address these needs, the Family Partner Task Force is at the forefront of building knowledge about what it takes to create systems of care and wraparound programs that truly deserve to be described as family-friendly.

References

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3. Walker, J. S., & Bruns, E. J. (2006). The wraparound process: Individualized, community-based care for children and adolescents with intensive needs. In J. Rosenberg & S. Rosenberg (eds.) *Community mental health: Challenges for the 21st century*. New York: Routledge.

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