

WORKSHOP N° 5

Wraparaound Care

Afeji & ACSW Geneviève Ducharme

16th of November 2022















eiden

Objectives of the presentation



WHAT DO WE AIM TO ACHIEVE TODAY?

Interact; reflect, discuss and think together with others

Reflect; what does this mean for me/ the people I work with/ my organisation

Network; get to know other professionals, broaden your network and horizons

Inspire; Learn from each other, provide you with tools to encourage ongoing self reflection





Wraparound Care



Initially developed as a method to help families with complex needs regain control over their lives



PROTECTIVE FACTORS

These are attributes, such as skills, strengths or resources, which help to prevent children and families to develop difficulties adaptation. *(network, good health, activities, social skills, school, income,* parenting skills ...)

RISK FACTORS

These are attributes that contribute to development orworsening of undesirable conditions.



The 10 wraparound care principles

- 1. Family Voice and Choice
- 2. Persistence
- 3. Natural Supports
- 4. Team Work
- 5. Community Based

- 6. Culturally Competent
- 7. Strenghts Based
- 8. Collaboration
- 9. Outcome Based
- 10. Individualised





1- Family Voice and Choice

Ideas, perspectives and goals of all family members are known and take centre stage throughout the whole support process

2- Persistence

Despite challenges, the support team works on to achieve the goals the family has identified until the team decides together with the family that support is no longer needed





Where do you situate these principles in your home?

1- Family Voice and Choice

'I always explore the ideas and perspectives of all of the family members involved. When the ideas aren't realistic, we come to that conclusion together.'

2- Persistence

As a professional, I avoid saying; 'There is nothing I can do for you'

Informal Supports

There is a place to involve support of people who have relationships that have grown naturally within the community and in the families' everyday life. This can be with family, friends, neighbours, colleagues or people within the local community (library staff, football coach, ...).

Collaboration

The families' plan of perspectives of the whole team as well as resources of all team members.



Where do you situate these principles in your home?

Informal Supports

I know the informal network of all family members and consider them to be important resources in the families' life.

Collaboration

'A problem shared is a problem halved. I make sure the responsibility of helping people doesn't just rest on my shoulders. I try to look for others who can help share the load.'

Community Based

The support network helps to make sure that the family actively takes part and feels confident in their family setting as well as in their local community.

Culturally Competent

The support team respects and build on the beliefs, culture and identity of the child, the family and the local community.





Where do you situate these principles in your home?

Community Based

"When I work with people, we spend time to explore the local community, what goes on there and how they can actively take part if they are interested in certain activities."

Culturally Competent

'I spend time to talk about culture, beliefs, etc. of the people I work with. I don't presume or shy away from the topic. I am aware of my own opinions. The strength lies within the conversation and the shared understanding.'

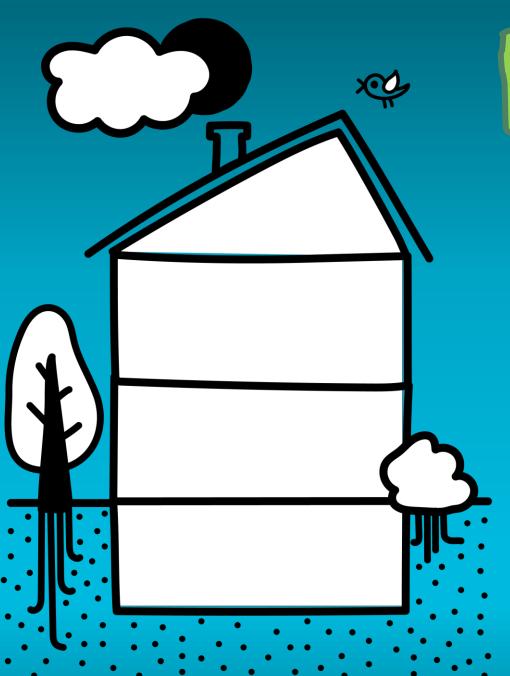
Strenghts based

The support process identifies, builds on and enhances the abilities, strengths and knowledge of the child, the family and the families' network.

Teamwork

The family chooses who becomes part of their support team. The team can consist of people from a professional setting, or people from their informal network.





Where do you situate these principles in your home?

Strenghts based

'I know the talents of the family / family members. I identify these and support the use of these talents. I recognise the strengths and the resilience in the families' stories. Even if there are many problem areas that could be improved.'

Teamwork

'I try to encourage people to tackle issues with help from different contexts; family, friends, community members, professionals. I encourage people to take control over their 'team'.

Outcome Based

When you help the family identify goals and strategies, they are observable or measurable indicators of success. Afterwards you monitor progress in terms of these indicators and revise the goals accordingly.

Individualised

The interventions that are created are tailored to the family's needs and strenghts.





Where do you situate these principles in your home?

Outcome Based

'I help the people I work with split their dreams and ideas into small achievable goals. I always highlight their progress, even the small successes.'

Individualised

'I often check if the support I provide is still relevant to the needs, goals and strengths of the family members. I do this for all family members.'



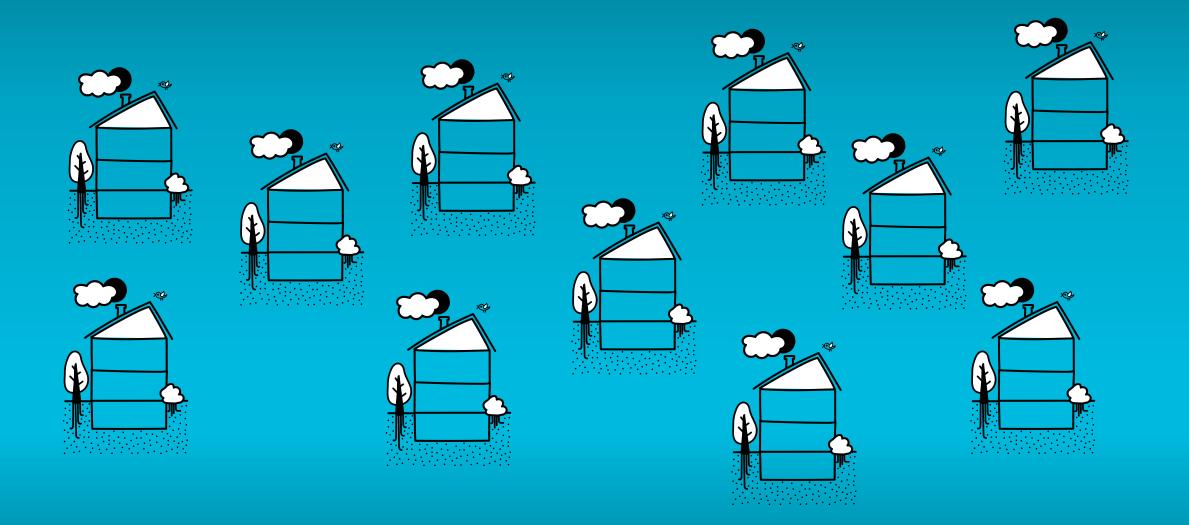
Self Reflection It takes strong foundations to build a house.

Look at your house. What do you notice?

Is there anything you would like to change?

Set one basic house improvement goal for yourself.

It takes a village to raise a child



Further reflection

Would you like to spread wraparound care thinking within your local network, team or organisation?

Have you considered all the wraparound care principles as a professional in your daily workload?

Does your organisation encourage you to work according to the wraparound care principles?

Do the people you work with feel the wraparound care principles are considered?



For more information

If you would like to speak to someone about the presentation or the VRAC project, you can contact:

 M. Sébastien RAEMDONCK, Chargé de projets européens via <u>europe2.acswattrelos@gmail.com</u>

Mme Océane EL SIBAI, Coordinatrice de projets internationaux via oelsibai@afeji.org

Thank you!



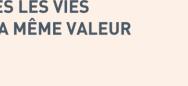


Testimonials from Afeji

1/CMPP 2/SESSAD









1 Association

3 000 Professionnels

15 600 Personnes accompagnées

110

Etablissements et services

www.afeji.org





CMPP - Medico-Psycho-Pedagogical Centre in Roubaix

A pluridisciplinary team (psychiatrists, specialised educators, social assistant, psychomotricians...)

Young people between 6 and 16 years old at risk of school dropping or school delay

Six-month follow-up, renewable once (1 appointment per week on average)

Setting-up **micro-objectives** : one child who comes to the appointment is already a success

57 children benefitted from the VRAC support at the CMPP







The **Special Education and Home Care Service** based in Armentières

It provides support to 50 children and teenagers up to 20 years old with **intellectual disability** recognized and certified by the Departmental Home for Disabled People

Its mission is to help children and teenagers to **develop their abilities** while maintaining their usual living environment

Three-year long waiting list !

VRAC helps to mitigate the risk of dropping school for the children on the waiting list









Three-month follow-up, renewable once (weekly educational sessions either at school, at home or at the SESSAD premises)

Co-construction of the Personalised educational project with the family

No exit without solution: entrance to the SESSAD or entrance into a French or Belgian specialized establishment)

44 families contacted & **32 children** supported from February 2021 to June 2022



Testimonial from CMPP



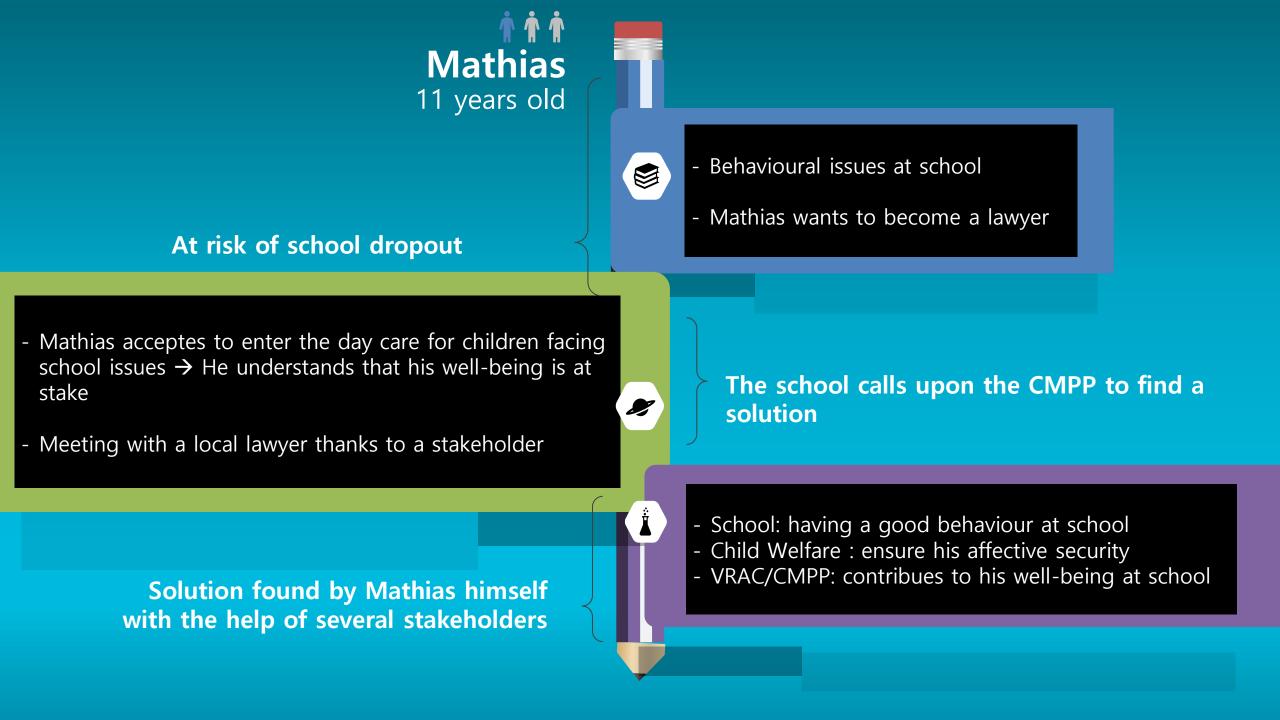
Simon Engster, specialised educator







tit Gabin 13 years old	Interreg 2 Seas Mers Zeeën VRAC Vrac Vrac Vrac Vrac Vrac Vrac Vrac Vrac Vrac Vrac
	 Behavioural issues at school Bad results at school Few activities outside school Feeling of sadness
 Several stakeholders (school, psychologist and CMPP educator) offered him a follow-up Diversification of activities outside school: his family understand that they play a major role in his overall well-being 	His speech therapist orientates Gabin towards the CMPP
Solutions found thanks to the wraparound care approach	 Gabin's behaviour & results improve a lot at school Well-being feeling & family equilibrium!



Testimonial from SESSAD



Sébastien Leroy, specialised educator

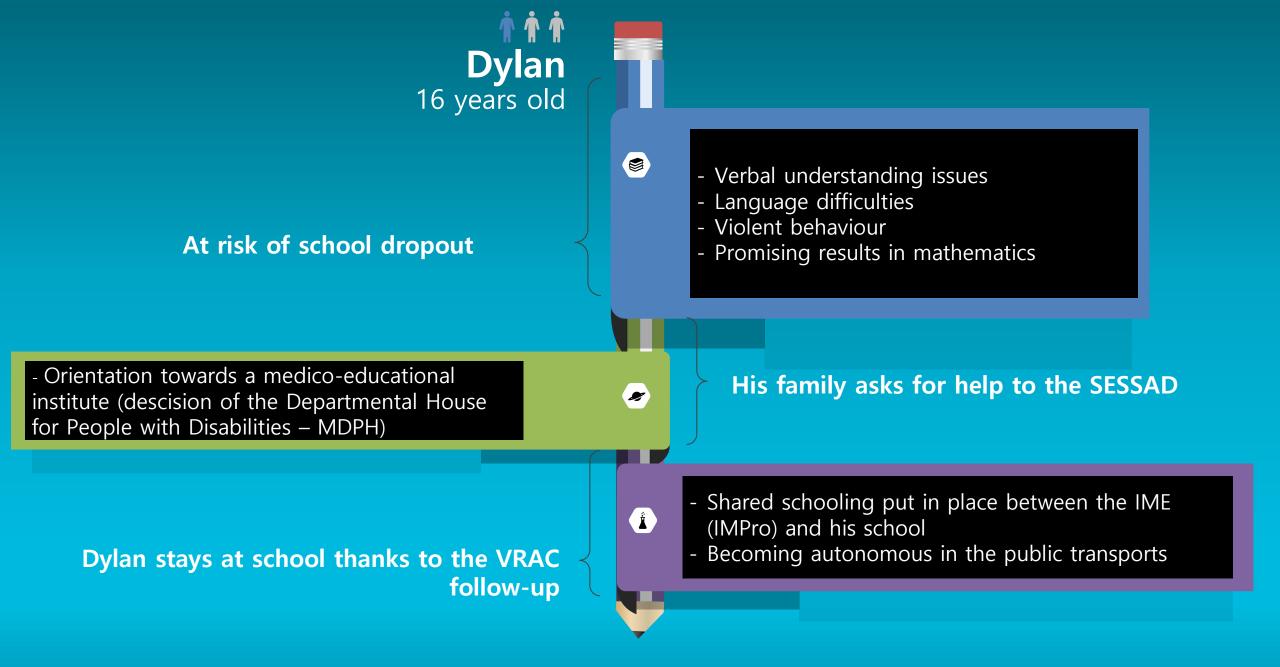




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Testimonial from l'ACSW







ACSW: human dignity, solidarity, democracy

We value **social inclusion and intergenerational solidarity** and serve families challenged by **poverty and unemployment.**

Favouring the participation of the inhabitants in order them to :

- Contribute to the local social development of their territory
- Became actors of the changes and projects : they are involved in the elaboration, exchange, participation and decision of the centre's project
- 3 Social Centers in differents neighborhoods

 home care services for elderly people (SSIAD)
 indoor football club
 → 76 employees, 1900 families, 70 regular volunteers

WP1: extended learning time with Heureux d'Apprendre

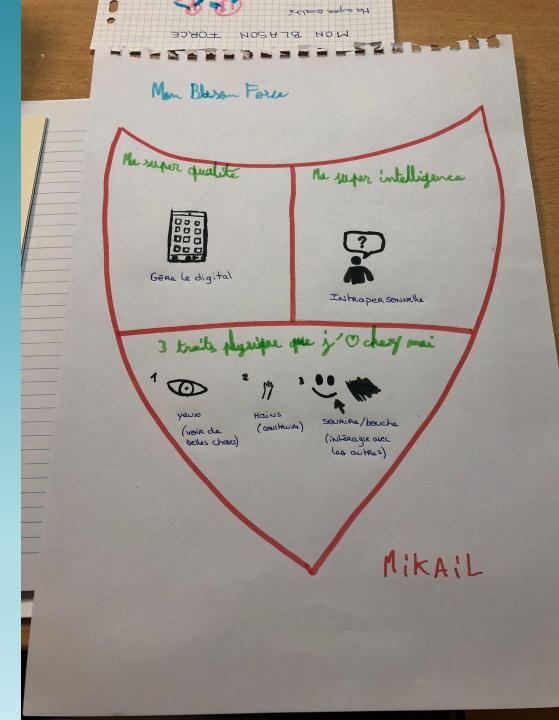
It is a programm partly financed by regional authorities and VRAC

Children are brought back from primary school to our centers

We organize it twice a week, Tuesday and Friday

It is composed of 3 time frames (leisure, homework and specific focus on particular issues







Prénom: Interreg EUROPEAN UNIC 2 Seas Mers Zeeën VRAC

un villa

Nom:

Prénom :

« Il faut un village entier pour élever un enfant »

Emar

Année 2020

Nom:

European Regional Development Fund



WP1: Heureux d'apprendre

They help the children how to learn, to have a positive vision of learning by using game based approach

They can also work on self-confidence/esteem and helping directly with maths, French, grammar etc...

The have tools to help the children deal with their emotions, what they are going through in school

WP2: multidisciplinary team We had many kind of activities in WP2:

- ✓ Art / Culture
 ✓ Sport
 ✓ Games
 ✓ Nutrition
 ✓ Mental wellbeing
 ✓ Theater
- We work with psycho-educator, pedopsychiatrist, positive schooling coaches, artists, nutritionists, physical activity coaches...

WP2: testimonial

A family with 2 young girls was in distress at home and at school

We welcomed them within our social center and get a proper understanding of the situation (social workers)

Then, a psycho-educator and pedopsychiatrist took over to work with the 2 girls

Finally, we integrate them in our art therapy group before they could join WP1





THANK YOU!

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