

Wraparound Fidelity Index 4

Caregiver Form August 13, 2007 version



Youth's name: _____

Caregiver's name: _____

Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Administration method: 1 Face-to-face 2 Phone

Start time: _____ am/pm

Length of interview: _____ minutes

Project ID:	
Youth ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. What is the primary caregiver's relationship to _____ (child's name)? (Check one)

- | | |
|-------------------------|---------------------------------|
| 1 Birth parent | 2 Adoptive parent |
| 3 Foster parent | 4 Live-in partner of parent |
| 5 Sibling | 6 Aunt or uncle |
| 7 Grandparent | 8 Cousin |
| 9 Other family relative | 10 Friend (adult friend) |
| 11 Step parent | 12 Other _____ (please specify) |

If not a birth parent read: 1a. Does one or more of the child or youth's birth parents participate on the wraparound team or in services for [child's name]? Yes No

Details: _____

2. Who has legal custody of _____ (child's name)? (Circle one)

- | | |
|--|----------------------|
| 1 Two birth parents OR one birth parent and one stepparent | 2 Birth mother only |
| 3 Birth father only | 4 Adoptive parent(s) |
| 5 Foster parent(s) | 6 Sibling(s) |
| 7 Aunt and/or uncle | 8 Grandparent(s) |
| 9 Friend(s) | 10 Ward of the State |
| 11 Other _____ (please specify) | |

3. Has your child ever been in the custody of the state? 1 No 2 Yes

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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4. Is your child currently receiving Wraparound? 1 No 2 Yes

If Yes, How many months has the youth been receiving Wraparound? _____ months

If No, Has your child received Wraparound in the past?

1 No 2 Yes

If Yes, How many months did your child receive Wraparound?

_____ months

5. Do you have a "wraparound team"?

[NOTE: Also may be referred to as a 'child and family team,' 'interagency team' or other term. PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]

1 No 2 Yes

If Yes, We will be asking questions about the team so keep those people in mind as you answer the following questions. Who is on that wraparound team? **List below (Roles, not names)**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If No, For the purposes of this interview, when we ask you about 'the wraparound team,' please consider the people that work with the youth and his or her family to provide services and supports.

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I am going to ask you some questions about the services and supports your family is receiving now and has received since you started receiving services through the wraparound process.

Let's start by talking about how wraparound began for you and your family. Can you tell me a little bit about the first time you met (your facilitator)? What were those very first meetings like?



[Note: During this discussion, other prompts may include: What did (your facilitator) tell you about what wraparound would be like? How did you decide who would be on your wraparound team?]

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 CC	When you first met your wraparound facilitator, were you given time to talk about your family's strengths, beliefs, and traditions? <i>Circle one: YES NO</i>	YES to both questions	YES to only the first question	NO to the first question	666 777
	Did this process help you appreciate what is special about your family? <i>Circle one: YES NO</i>	2	1	0	888 999
1.2 FVC	Before your first team meeting, did your wraparound facilitator fully explain the wraparound process and the choices you could make?	2	1	0	666 777 888 999
1.3 SB	At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator what things have worked in the past for your child and family?	2	1	0	666 777 888 999
1.4 TB	Did you select the people who would be on your wraparound team?	2	1	0	666 777 888 999
1.5 TB	Is it difficult to get team members to attend team meetings when they are needed?	0	1	2	666 777 888 999
1.6 OB	Before your first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for your child and your family?	2	1	0	666 777 888 999

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Now I am going to move onto questions about how the planning process went for your child and family. Can you tell me about how the family's wraparound plan was first developed?

During this discussion, other prompts may include: Who participated in this planning? How did you decide what would be in the plan? Did certain people have more input than others?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing
2.1 Col	<p>Did you and your team plan and create a written plan of care (or wraparound plan, child and family plan) that describes how the team will meet your child's needs?</p> <p>Circle one: YES NO</p> <p>Do you have a written copy of the plan?</p> <p>Circle one: YES NO</p>	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.2 TB	<p>Did the team develop any kind of written statement about what the future will look like for your child and family, or what the team will achieve for your child and family?</p> <p>(PROMPTS: This statement might be a mission statement for the team or vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the wraparound plan.)</p> <p>Circle one: YES NO</p> <p>Can you describe what your team's mission says?</p> <p>Circle one: YES NO</p>	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.3 Ind	<p>Does your wraparound plan include mostly professional services?</p>	0	1	2	666 777 888 999
2.4 SB	<p>Are the supports and services in your wraparound plan connected to the strengths and abilities of your child and family?</p> <p>(PROMPTS: Strengths are the positive things your child and family members do well.</p> <p>Do the strategies in your plan <u>use</u> your child and family's strengths? Do they <u>help build</u> your child and family's strengths and abilities?)</p>	2	1	0	666 777 888 999

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Phase 2: Planning (continued)		Yes	Sometimes Somewhat	No	Missing				
2.5 CB	<p>Does the wraparound plan include strategies for helping your child get involved with activities in her or his community?</p> <p>Please give two examples of those activities:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50px;">1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> </table> <p><i>*Follow scoring rules.</i></p> <p><i>(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)</i></p>	1.		2.		Two examples of community activities. 2	One example of a community activity. 1	No examples of community activities. 0	666 777 888 999
1.									
2.									
2.6 Col	Are there members of your wraparound team who do <u>not</u> have a role in implementing your plan?	0	1	2	666 777 888 999				
2.7 Col	Does your team brainstorm many strategies to address your family's needs before selecting one?	2	1	0	666 777 888 999				
2.8 Ind	<p>Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis?</p> <p>Circle one: YES NO</p> <p>Does this plan also specify how to prevent crises from occurring?</p> <p>Circle one: YES NO</p>	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999				
2.9 CB	<p>Do you feel confident that, in the event of a major crisis, your team can keep your child or youth in the community?</p> <p><i>(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)</i></p>	2	1	0	666 777 888 999				
2.10 FVC	Do you feel like other people on your team have higher priority than you in designing your wraparound plan?	0	1	2	666 777 888 999				
2.11 CC	<p>During the planning process, did the team take enough time to understand your family's values and beliefs?</p> <p>Circle one: YES SOMEWHAT NO</p> <p>Is your wraparound plan in tune with your family's values and beliefs?</p> <p>Circle one: YES SOMEWHAT NO</p>	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999				

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Now I am going to ask you a number of questions about what your services and your team meetings are like. First, you can tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing				
3.1 FVC	Are important decisions made about your child or family when you are not there?	0	1	2	666 777 888 999				
3.2 Ind	When your wraparound team has a good idea for a support or service for your child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999				
3.3 SB	<p>Does your wraparound team get your child involved with activities she or he likes and does well?</p> <p>Please give two examples of those activities:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50px;">1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> </table> <p><i>*Follow scoring rules</i></p>	1.		2.		Two examples of activities youth likes and does well.	One example of an activity youth likes and does well.	No examples of activities youth likes and does well.	666 777 888 999
1.									
2.									
3.4 NS	Does the team find ways to increase the support you get from your friends and family?	2	1	0	666 777 888 999				
3.5 Col	Do the members of your team hold one another responsible for doing their part of the wraparound plan?	2	1	0	666 777 888 999				
3.6 NS	Is there a friend or advocate of your child or family who actively participates on the wraparound team?	2	1	0	666 777 888 999				
3.7 Per	<p>Does your team come up with new ideas for your wraparound plan whenever your needs change?</p> <p>Circle one: YES NO</p> <p>Does your team come up with new ideas for your wraparound plan whenever something is not working?</p> <p>Circle one: YES NO</p>	YES to both questions	YES to only one question	NO to both questions	666 777 888 999				
3.8 CB	<p>Are the services and supports in your wraparound plan difficult for your family to access?</p> <p>(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)</p>	0	1	2	666 777 888 999				

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Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9 OB	<p>Does the team assign specific tasks to all team members at the end of each meeting?</p> <p>Circle one: YES NO</p> <p>Does the team review each team member's follow-through on their tasks at the next meeting?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only one question</p> <p>1</p>	<p>NO to both questions</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
3.10 CC	<p>Do members of your team always use language you can understand?</p> <p><i>(NOTE: For caregivers for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding.</i></p> <p><i>For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)</i></p>	2	1	0	666 777 888 999
3.11 SB	Does your team create a positive atmosphere around successes and accomplishments at each team meeting?	2	1	0	666 777 888 999
3.12 TB	Does your team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?	2	1	0	666 777 888 999
3.13 Per	<p>Do you think your wraparound process could be discontinued before you or your family is ready for it to end?</p> <p><i>For example, because of time limits, because of your child's behavior, because of a placement change, or a change in funding or eligibility?</i></p>	0	1	2	666 777 888 999
3.14 CC	Do all the members of your team demonstrate respect for you and your family?	2	1	0	666 777 888 999
3.15 FVC	Does your child have the opportunity to communicate his or her own ideas when the time comes to make decisions?	2	1	0	666 777 888 999

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OK, we're almost done. I now want to ask you a few final questions about wraparound and the future for your child and family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 OB	Has your team discussed a plan for how the wraparound process will end? (<i>i.e.</i> , a "transition plan") Circle one: YES NO Does your team have a plan for when this will occur? Circle one: YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
4.2 NS	Has the wraparound process helped your child develop friendships with other youth who will have a positive influence on her or him?	2	1	0	666 777 888 999
4.3 OB	Has the wraparound process helped your child to solve her or his own problems?	2	1	0	666 777 888 999
4.4 Ind	Has your team helped you and your child prepare for major transitions (e.g., new school, new residential placement) by making plans to deal with these changes?	2	1	0	666 777 888 999
4.5 Per	After formal wraparound has ended, do you think that the process will be able to be "re-started" if you need it?	2	1	0	666 777 888 999
4.6 NS	Has the wraparound process helped your family to develop or strengthen relationships that will support you when wraparound is finished?	2	1	0	666 777 888 999
4.7 CB	Do you feel like you and your family will be able to succeed without the formal wraparound process? <i>In other words, with the help of family, friends, community supports, and key providers, but without formal team meetings or wraparound facilitation.</i>	2	1	0	666 777 888 999
4.8 Per	Will some members of your team be there to support you when formal wraparound is finished?	2	1	0	666 777 888 999

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Thank you for taking the time to complete this interview. Are there any comments you would like to add, like what have been the best things about your wraparound? What has not gone well or could be improved?

Positive feedback:

Negative feedback:

End Time _____ am/pm

Interviewer observations about interview, respondent and any validity concerns: _____
