Social Connectedness of Families in Wraparound: Implications for Practice

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Importance of Informal/Natural Supports in Wraparound

- · Provide support professionals cannot
- · Sustainable after professionals leave
- Part of natural environment
- May know family well
- Can provide links to other supports in the natural environment

(see Burns & Goldman, 1999; VanDenBerg & Grealish, 1996)

Use of Informal/Natural Supports in Wraparound

- Informal supports often not involved in teams
 - Epstein et al. (2003) 33% of meetings
 - Davis & Dollard (2004) 32% of meetings;
 40% of plans
 - Cook et al. (2007) 29% of meetings

Use of Informal/Natural Supports in Wraparound: Potential Issues

- Emphasis on "evidence-based practice" may discourage use of informal supports
- Professionals tend to rely on professionals
- Linkages with informal supports are not billable
- Families may not want to include informal supports

Assessing Support Families Receive from Informal Sources

- The Assessment of Social Connectedness asks caregivers to report on support from:
 - Neighbors
 - Friends
 - Partners/Spouses
 - Family
 - Service Providers
 - Faith Community
 - Family Support Organizations
 - Coworkers

Assessing Support Families Receive

- Caregivers are asked, for each source, how much of the following types of support they receive:
 - Information/Advice
 - Emotional
 - Tangible (e.g., food, transportation)
 - Financial
 - Crisis
- And the degree to which they wish they had received more of these types of support in the last 6 months

Data Collection

- These "Social Connectedness" (SC) questions are included in the National Evaluation (NE) interview
- We started collecting SC information in year 2 of NE data collection

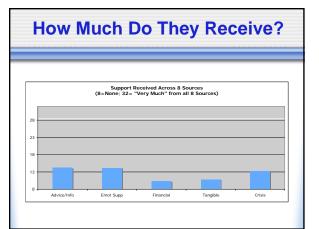
Data Collected Thus Far

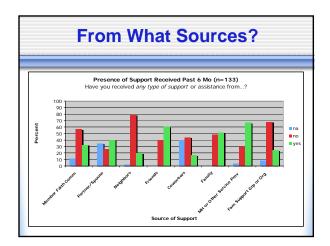
- To date, we have:
 - 143 initial SC interviews with caregivers
 - These initial SC data reflect different time points of the
 - 80 were included in Time 1 NE interview
 - 31 included in Time 2 NE interview
 - 28 included in Time 3 NE interview
 - 48 follow-up SC interviews have been conducted

Measurement Scale

- Caregivers are asked, for each source, if they've received support from that source in the past 6 mo
- If yes, respondents use a 4-point scale to report about each type (e.g., emotional):
 - 1 = Not at all (no support received)
 - 2 = A Little

 - 3 = Somewhat4 = Very much support
- Ratings summed
 - across 5 types (range 5-20)
 - across 8 sources (range 8-32)





Do Those in the SOC Longer **Evidence More Support?** Short answer: No In fact, those longer in SOC report no differences and, in some cases, less support over time. For example: 6mo 12mo Service Providers 10.4 > 7.8 9.6 F(2, 133) = 4.33, p=.015• Family Support Org 6.9 5.4 5.8 F(2, 132) = 3.55, p=.031

- · And they report less support desired:
 - Want More Support

Initial 6mo 12mo 15.2 > 12.3 13.6 F(2, 135) = 5.06, p=.008

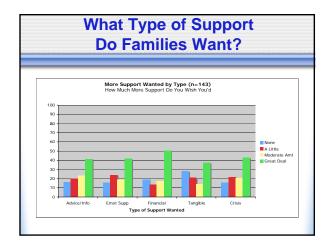
• While suggestive, these data are only cross-sectional

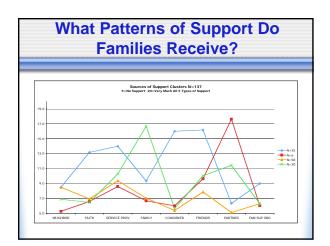
Upon Follow-Up, Does the Level of Reported Family Support Improve?

- Again: No
- In fact, for those for whom we have two SC data points (separated by 6 months; n = 45), analyses do not detect differences, except:

First Follow-Up Friends 9.5 t(46) = 1.92, p=.061

And this result is not in the desired direction...





Take-Home Points

- The majority of those surveyed are reporting low levels of support overall
- Only one 'profile' of support includes meaningful support from informal sources outside of one's family
- Relatively low utilization of family support
- Relatively low support received from providers

Some Other 'Early Returns"

Example relationships between support source and service utilization/satisfaction:

Family Support Organization and

r • Family received wraparound services .60

.47

 Family received non-SOC services • Faith Community Support and

• Family received the help we wanted -.44

• Family received as much help as we needed

• Caregiver satisfaction with services at T2

Implications for the System At-Large

- The system needs to:
 - Work to understand and address the lack of perceived support from providers
 - Identify strategies to extend the reach of family support organizations
 - Work to understand the role of faith-based support
 - Consider mechanisms for meeting needs that do not fall under traditional "mental health" umbrella

Implications for Providers

- Providers would be well-served to:
 - Assess support needs/experiences
 - Work to understand the full range of needs experienced by their families
 - Ensure their families are aware of communitybased resources (family support agencies, informal support options)
 - Connect families with supports in the community

Next Steps and Future Directions

- Do those evidencing different 'profiles' of support also exhibit differences in service utilization, adjustment, etc. over time?
- Relationships between SC and caregiver strain?
- Examine linkages between social connectedness and indicators of well-being and family functioning
 - To what degree does type of support predict these indicators?
 - Are certain types more strongly associated with well-being?

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