



# **WRAP CANADA**

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**AN OVERVIEW  
OF THE  
CANADIAN WRAPAROUND MODEL  
AND CERTIFICATION SYSTEM**

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## **A BRIEF OVERVIEW OF THE WRAPAROUND PROCESS IN CANADA**

### **So, what is Wraparound?**

At it's simplest, the Wraparound process is a person/family driven, team based planning model that develops an individualized plan that uses the strengths of the person/family and team members to develop strategies that effectively address the person's/family's needs on a day to day basis.

Wraparound is not a quick fix. It is a long term and intense approach that has been demonstrated to be both effective and efficient in helping children, youth and adults and their families dealing with multiple, complex and ongoing problems to have better lives and become active participants in their communities.

A highly trained Facilitator starts by helping the child, youth or adult and their family to identify immediate safety needs and assists them in developing both proactive and reactive safety plans to address them.

From there, the Facilitator helps the child, youth or adult and their family to identify their goals and their hopes and dreams, their strengths, their family culture and their day to day needs.

The facilitator ensures that all critical needs are addressed by asking about the person's needs in each area or domain of their life. All of our lives are made up of these Life Domain areas such as Work, School, Relationships, Social and Recreation, etc. (there are 14 or 15 life domains, depending upon whom you ask).

The Facilitator then guides the person and their family in the identification of friends, extended family members and service providers who they want to be on their team. Both formal service providers and natural or informal support people have a place on the team.

This team of people with the person/family at the centre is brought together fairly quickly, often (but not always) within the first month of service. The Facilitator then guides the team through a highly structured but very flexible planning process.

The culminating activity in this team meeting is when the team brainstorms ideas that build on the strengths of the person and their family and their team members to start to address the top one or two needs that the person/family have identified. Safety is always the first priority. The person/family identify and choose the ideas or solutions that make the most sense to them.

Then the facilitator guides the team in developing these ideas or solutions into clear and concrete strategies that specify who is doing what with whom and when. The plan that the team develops builds upon the strengths of the person and their family's strengths and is adapted to their family culture.

Both the person and their family and the members of their team work together to implement these strategies. Outcomes in relation to each of the needs that have a plan for them are tracked by the person/family, their team and the Facilitator. Success is celebrated often.

The team meets frequently, at least once a month, to review the success of the plan. In second and subsequent team meetings the person/family starts by identifying what has worked and what hasn't from the previous plan. The team then brainstorms and strategizes as necessary and continues to build on that plan at the direction of the person/family.

When this happens, things usually start to change very quickly. Having said that, Wraparound is not a quick fix; we stay with people on average for a year and often longer until they feel that they can do this work on their own. The length of involvement can range from 6 months to 2 years. The length of time necessary seems to be directly correlated with both the complexity and number of complex problems that the person and their family is dealing with as well as with the degree of isolation that they have from positive family and community supports.

A key element in the success of this planning process is that both the Facilitator and the team listen to the child's, youth's or adult's and their family's voice and that the team maximizes and respects their choices. In this respect the team is "directed by" the person/family. They choose who will be on the team. They choose what they want to work on and how fast they want to work on it.

In this way, our goal is to put people back in charge of their lives so that they don't feel hopeless and helpless. Rather, we teach them how to direct their own change process which often leads to hope that their life can be different and empowers them to act on their own behalf.

There are a number of other areas of work outside of the Facilitator's duties that must be addressed in order for the overall success of the Wraparound initiative to happen. These will be outlined briefly and then discussed in more depth in a later section outlining the Canadian model of Wraparound.

### **What else does it take for a Wraparound Initiative to be successful?**

It is important to understand that the Wraparound process is an innovative approach by which a community can work together to support those children, youth and adults and their families in that community dealing with multiple, complex and ongoing problems to get their needs addressed and have a better life on a day to day basis. It does this by mobilizing the community, getting the support of local system partnerships and implementing the Wraparound process one child, youth or adult and their family at a time.

There are four key areas that must be addressed to ensure the success of this approach in a community. The first is that community organizations and the human services in that community must work together as a system partnership to successfully implement the Wraparound process with each child, youth or adult and their family served.

The second key area that must be addressed is that to implement Wraparound to be most effective Facilitators of the process require good clinical teaching or clinical coaching. Only then can Facilitators ensure that they are implementing the process to a level of "High Fidelity" with how it should be done.

The third key area that must be addressed is that the children, youth and adults and their families served must be connected to community groups to help them reconnect with positive social networks so that they can rebuild a supportive safety net for themselves.

The fourth key area that must be addressed is that people implementing this planning process must see their role as both Facilitator and Educator. By this we mean that they should use every opportunity possible to educate the participants in how to do their own Wraparound planning.

In the long term, the people we serve using Wraparound will be successful because we have addressed these four key areas. We will provide more detail on each of them in the section that discusses the specific components of the Canadian model of Wraparound.

### **So why does Wraparound work?**

**In summary, the Wraparound process works partially because it is the only planning process we know of that makes the necessary shift from collaboration to integration.**

In the past, when we say that we **collaborate**, agencies/services are familiar with each other's missions and roles, key staff work with each other at the family level, **but each worker and the system they are part of retain single system decision making power and planning with respect to how they work with a client.** In other words, decisions are made by the worker in conjunction with and under the direction of their supervisor and the managers above them as necessary.

When Wraparound is implemented effectively, we certainly collaborate in most of the same ways that are described above. However, Wraparound goes further by facilitating **integration.**

What is different is that in using the Wraparound process we are implementing a facilitated team based practice model designed to **integrate** natural, community and professional supports, with the child, youth or adult and their family in the driver's seat. Together they develop **one plan that integrates everybody's efforts.**

The Facilitator successfully uses this practice model to assist the child, youth or adult and their family and their team to define and refine their strengths, culture, vision, goals and needs; to then prioritize their needs and create the plan; **and then carry out the plan one prioritized need at a time** until the formal Wraparound Team is no longer needed because the vision and the hopes and dreams of the child, youth or adult and their family have been achieved.

The other reason that the Wraparound process in a community is successful in the long term is that the service system supports that local community and neighbourhoods to take charge of this initiative. The reason that this is so important is that the community will always be there to support its members, no matter their level of need, while formal services are usually both time and quantity limited and come and go in the life of the people we serve in that community.

## THE CANADIAN MODEL OF WRAPAROUND

Here in Canada Wraparound is all about building a community of support for those most in need. This emphasis is embodied in both the vision and mission of Wrap Canada:

### Our Vision

**All children, youth, adults and their families will be part of a vibrant supportive community such that their varied challenges and needs will be heard, addressed and met.**

### Our Mission : “CREATING COMMUNITY FOR ALL!”

**Wrap Canada will support communities to successfully implement the Wraparound Process with all children, youth and adults and their families dealing with varied and complex problems so that they have better lives and can be active participants in their community.**

Our Canadian model builds on the evidence based foundation of the 10 practice principles and the four phases and activities of the Wraparound process that were developed and set by the National Wraparound Initiative in the United States in general and by John VanDenBerg’s company, Vroon VanDenBerg, in particular.

Through extensive research these components have been determined to form the critical components necessary to implement High Fidelity Wraparound.

What we have added to address the implementation gap experienced by many in implementing the American model of Wraparound in Canada are the following:

- A set of Core Community Values
- Added Key Practice Principles
- Additional Activities within each of the four phases of Wraparound
- A conceptual framework underpinning the Canadian Wraparound model based on the following concepts:
  - ⇒ Resilience as defined by Dr. Michael Ungar, Co Director of the Resilience Research Centre at Dalhousie University
  - ⇒ The Population Health model and especially the Social Determinants of Health as defined by the Public Health Agency of Canada
  - ⇒ Community Mobilization models and strategies such as those developed by people like John McKnight and groups such as Tamarack – An Institute for Community Engagement
- The integration of program evaluation tools that are not only “Wraparound friendly” but complement and augment the actual implementation of the Wraparound process with a person or a family
- The development of a strong system partnership amongst those service providers involved with providing services to the target population

- The development of community mobilization either through a team or through other processes that ensure that Facilitators are able to connect the people/families served with the necessary community supports as well as connecting them to positive social networks within the necessary time frame

We are in the final stage of developing a trainer's manual for initial Wraparound Facilitator training and certification that will be launched in September of 2012. We have broken down the four days of training into 8 three hour modules. Each module will have a variety of different exercises to choose from depending on the needs of those being trained and the target population with which they are working.

We are also in the final stage of developing two follow up modules of three hours each that are to be delivered anywhere from 6 to 12 months after people are trained in the initial 8 modules. The first of these module focuses on what the Facilitator needs to learn to do to ensure that they are delivering Wraparound to a high degree of fidelity. The second module focuses in more depth on the Transition phase and is to be used when new Facilitators are just about to move into the Transition phase with a person/family.

We have established two new levels of certification that are more skill based than those used currently. When a Facilitator has completed the first 8 modules of training and the necessary certification requirements they are then designated as a "Certified Wraparound Facilitator".

The next level of certification is achieved when the Facilitator has demonstrated to a certified, high fidelity Wraparound Coach that they can implement the process to a high level of fidelity on a consistent basis with at least two or more people/families. They are then designated as a "Certified High Fidelity Wraparound Facilitator".

**The core elements of the Canadian model of Wraparound are as follows:**

- A. A foundation of Core Community Values and Key Practice Principles that drive the Paradigm shift that staff and volunteers need to make in order to do Wraparound effectively
- B. The four Phases of the Wraparound process and their component Activities
- C. The four key areas or cornerstones that must be developed or addressed in developing a successful Wraparound initiative in a community:
  - a. The development of a System Partnership that supports the implementation of the Wraparound initiative in a community
  - b. An emphasis on implementing the phases and activities of the Wraparound process to a high degree of fidelity including an emphasis on a certification process for Facilitators as well as the key role that Clinical Coaching plays in helping Facilitators achieve high fidelity
  - c. The mobilization of the local community so that the people served can be connected to positive people, social networks and services in the community
  - d. The emphasis on the Facilitator also acting as an Educator

**Consequently the key roles or groups necessary to ensure that a Wraparound initiative is successful are as follows:**

- A certified High Fidelity Wraparound Facilitator
- Child and Family Teams (which are sometimes called Wraparound teams)
- A comprehensive System Partnership
- A Community Mobilization Team (or community mobilization is successfully carried out through alternate means such as a strong network of and relationships with providers of social support networks)

It is important to note that in the United States a number of Wraparound / System of Care developers insist that there must be a 24/7 Mobile Crisis Team in place. A good example of that occurs within the Wraparound Milwaukee program. Crisis workers are available to support a youth 24/7 no matter what the crisis is, including supporting the youth to stay in school and successfully graduate from high school.

In Canada it has been found that a strong system partnership with child welfare, education, youth justice, children's mental health and a mobile crisis response team in a community has precluded the need to hire a team of mobile crisis response workers.

However, we are increasingly seeing the need for dedicated resources to support children and youth dealing with multiple, complex and ongoing needs so that they can successfully participate at school full time and successfully graduate from high school.

Sometimes staff from Wraparound initiatives have been successful in working with the local Board of Education to ensure that the Board puts the necessary human resource in place. However, this is not always the case. In these instances successful support of the child/youth has necessitated volunteers or paid staff being brought in to provide the necessary support in school.

**A. THE FOUNDATION OF THE WRAPAROUND PROCESS – THE CORE COMMUNITY VALUES AND KEY PRACTICE PRINCIPLES**

In the early days of Wraparound in Canada we found that it was important for people to shift their thinking about the values and principles that guide how we work with people. We talked a lot about making a paradigm shift from a disease based model to a strength based model, or from service driven planning to client driven planning, etc.

We have found over time that if people can't embrace the following Core Community Values and Key Practice Principles, then it is very hard for them to facilitate the Wraparound process that directly builds on them. Outlined below are first the Core Community Values and then the Key Practice Principles.

## **The Core Community Values Of The System Partnership And The People Who Implement Wraparound**

These Core Community Values have been further developed from those initially adopted by Wrap Canada in 2009. We would also like to acknowledge the input from the staff of the Aboriginal Healing and Outreach Program of the Native Women's Centre in Hamilton for their additional suggestions that helped to further develop these values.

### **1. Be Respectful and to be respected**

- Make the person feel welcome.
- Set healthy boundaries within the relationship.
- Treat people as you would want them to treat you.

### **2. The right to be listened to, truly heard and understood**

- Pay attention to what the person says and to their needs.
- Pay attention to the person's body language.
- Take the time that is needed to be able to sit back and listen to the person rather than worrying about being late for a next appointment.
- Never assume or draw conclusions.

### **3. "No blame, no shame" – what happened in the past stays in the past; we focus on now and the future**

- Always be non judgmental with the people with whom you work.
- Validate what has happened for or to the person in the past, but focus on today and tomorrow; do not dwell in the past.
- Use the past only to understand a person's needs today.
- Avoid focusing on whose fault it is for the person's situation; focus on how to resolve it.

### **4. Know that each person is sacred and recognize that each of us have a purpose in life**

- Focus on the strengths of the person to boost their self esteem.
- Help the person to reach their potential.
- Each person has a gift and a right to share it.

### **5. Person or Family Directed**

- Each person or family has the right to direct their planning process which includes deciding who is on their team, what they want to work on and how fast they want to work on it.
- We will assist the person or family to develop the tools and skills to manage their own life and to act on their own behalf.

## **6. Each and every person has the right to care and support even when they are dealing with multiple, ongoing and complex problems**

- See the positive side of each person.
- Do everything reasonable and possible so that the person does not feel abandoned or left out.

## **7. The right to be a part of and contribute to their community**

- Help each person to get involved in local community activities.
- Long-term relationships between people are built upon reciprocity or what some people refer to as “the importance of having give and take in a relationship”.
- Each person has a gift and a right to share it in their community and to be recognized for it.
- This can but doesn't have to include the person having the opportunity to give back to those that helped them or by having the opportunity to support others in need in their community.
- Encourage each person to build their own social network so that they can find a way to be part of a positive community that supports them.

## **8. Truth and Honesty**

- We will be honest and truthful with you and expect the same in return.
- Only when we are honest and truthful with each other do we have a strong working relationship.

## **The Key Practice Principles Of The System Partnership And Of The People Who Implement Wraparound**

These Key Practice Principles have been further developed from those that were adopted by Wrap Canada in 2008. Those Principles were originally developed and put forward by the National Wraparound Initiative (NWI) in the United States on October 1<sup>st</sup> of 2004.

### **1. Family access, voice and choice**

- All people/families dealing with multiple, complex and ongoing problems should be able to easily access the Wraparound process in their local community.
- Everybody has the right to be involved, to have their voice truly heard and understood and the right to direct their own planning (versus the professionals) by making their own choices.
- “Nothing about us without us!” (a saying from the South African Disability Movement).
- The perspectives of the person/family are asked for and prioritized during all phases of the Wraparound process.
- Planning is grounded in the person's/family's perspective, and the team strives to provide multiple options and choices such that the plan reflects and is tailored to the person's/family's culture.

## 2. Team based

- Wraparound teams always include the person/family and the people that they want on their team: their friends and relatives and the community support people and the professionals that they find helpful versus the team being made up of just the professionals involved.
- The team can vary depending on the needs to be addressed.

## 3. Natural supports

- The team actively seeks out and encourages the full participation of team members drawn from the person's/family's networks of friends and relatives and the community support people that the person/family have found helpful.
- The Wraparound plan reflects choices and activities that draw upon these sources of natural support that these people freely offer to do for or with the person/family.
- Help clients to access and go to their own ethnic community or faith group they want to go to.

## 4. Collaboration and INTEGRATION

- Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single fully integrated Wraparound plan.
- The Wraparound planning brings together the support of natural and professional people to help the person/family develop **one plan that integrates everybody's efforts** and often meets all system mandates.
- The person's/family's team helps them to identify, define and refine their strengths, culture, vision and needs.
- The person/family prioritizes the needs they want to address first and then a plan is developed **that is carried out one prioritized need at a time** for the most part.

## 5. Community Ownership, Community Based and Community Connectedness

- All communities are vibrant and both want to and will take ownership and address the needs that arise for all of their citizens regardless of the complexity of those needs; stated differently, communities want and can "take care of their own" versus getting stuck on the NIMBY principle (NIMBY stands for Not In My Back Yard).
- The Wraparound team strives to implement the plan both in the person's/family's local community and/or to build upon or get local resources to support the person/family.
- The Facilitator and the Wraparound team strive wherever and whenever possible to connect the person/family to social networks of their choice in their local community.
- The Facilitator and the Wraparound team strive to assist the person/family to become connected to local social networks and the broader community over time.

## 6. Culturally competent

- The Wraparound process demonstrates respect for and builds on the culture of the person/family (their values, preferences, beliefs, heritage and their identity as described by the person/family) and their community.
- The more the Wraparound plan builds upon and/or is tailored to the person's/family's

culture the more likely that they will follow it and the more likely it will be successful.

-Tailor the plan to their habits, time for spirituality, eating time and habits (e.g. do they eat as a family or singles).

-Be open to different cultures and find out about daily events that tie in to other cultures.

## **7. Individualized**

-Wraparound plans are tailored to fit the unique circumstances of each person/family and are designed so that they address the needs identified by that person/family versus what just the professionals identify as the needs.

## **8. Needs Based**

-The Wraparound planning process assists the person/family to identify and prioritize their needs across the different areas of their lives that they require the help of others to address.

-The Wraparound plan addresses these needs versus the problems that the person/family has been identified as suffering with.

-The more complex the problems that a person/family is dealing with, the smaller and/or the more immediate the needs or the steps upon which we focus at the start; in this way we build for success versus not setting the person/family up for another failed experience because we started "too big".

## **9. Strengths based**

-The Wraparound plan builds on what a person/family can do versus what they can't do.

-The Wraparound plan identifies, builds on, and enhances the strengths and resilience of the person/family (i.e. their capabilities, their competence, their knowledge, skills, assets, etc.) as well as building on the strengths and resources of the members of the person's/family's team and their local community versus the plan being built on only a good understanding of the person's/family's problems or a disease/pathology model of planning.

## **10. Safety First**

-Most people/families want and need to address safety issues first (refer to Maslow's Hierarchy of Needs).

-Wraparound Teams must work hard to get on top of the safety issues as fast as possible so that the person/family and their team can start to deal with the underlying needs.

## **11. Persistence – Never Give Up**

-Despite challenges, the team persists in working toward the goals identified by the person/family until the person/family and their Facilitator and their team reach agreement that a formal Wraparound planning process is no longer required as their goals have been achieved.

## **12. Outcome based – Do What Works**

- The Wraparound team and the plan help the person/family to identify what success looks like in relation to each need that they are working on.
- The Wraparound team and plan helps the person/family to tie what success looks like to observable or measurable indicators of that success.
- The person/family and their team monitors their progress in terms of these indicators and then they work together to revise the plan accordingly.
- Programs and agencies using the Wraparound process strive to put in place either program evaluation activities to identify, measure and track common measures of success across clients and/or strategies to measure the quality of service delivery.

## **13. Communication and Planning– Staying Ahead of the Needs and Crises**

- Touch base with the client on a regular basis to give them the opportunity to voice concerns and needs.
- The more complex and the greater the number of the problems a person/family are dealing with, the more frequently we need to be in touch with them.
- Wraparound teams usually meet at least monthly versus traditional case conferencing that usually has only the professionals meeting only every three months.
- Wraparound teams may initially meet every week or every other week until safety issues for the person/family have been stabilized.

## **14. Agency Support and System Partnerships**

- Agencies must support Facilitators for them to be as effective and efficient as possible.
- Agencies must work towards partnering with other agencies and building system partnerships to support people/families dealing with multiple and ongoing complex problems.

## **15. Partner with Funders and Government at any level and whenever possible**

- Invite funders and governments to be part of the solution versus seeing them as the problem partner to be avoided.
- Funders and Governments at all levels are for all citizens and can change their policies and procedures to better support communities, services and workers to more effectively and efficiently support people/families dealing with ongoing and multiple, complex problems.

## **B. THE PHASES AND ACTIVITIES OF A HIGH FIDELITY MODEL OF THE WRAPAROUND PLANNING PROCESS**

To develop a more Canadianized approach that fit what we found worked we took the 4 phases of planning and activities that the NWI had developed and did two focus groups with experienced Facilitators asking them the following question:

“In your experience, what activities and/or actions have you had to do either individually or in working with your client to adapt and make the American model work or be more effective here in Canada?”

This led to the addition of a number of activities, especially in the first or Engagement phase, and in the second or Team Based Planning phase, but others were also added to the other 2 phases. By example, there was consensus that Phase 2 which focuses on the development of the initial plan did not adequately cover safety planning, ongoing planning, transition planning and meeting management skills and techniques. Therefore these activities were added to phase two or the Team Based Planning phase.

### **PHASE 1 – ENGAGEMENT**

- Do program evaluation measures for risk (e.g. functional indicators)
- Strategies to build an effective working relationship used throughout (e.g. hearing their story and reflecting it back, allowing the client to interview you first, etc.)
- Safety assessment & stabilization
- Research issues and needed services and community supports
- Map the participant’s community of support
- Reach out to their community for necessary services & supports
- Connect the participant to necessary services and community supports
- Assist children, youth and adults and their families to rebuild old relationships that they want to reestablish and new ones that they desire to have
- Ensure that the children, youth and parents know their rights with respect to child welfare, youth or adult justice and the education system (especially with respect to identifying them as potential team members)
- The strengths, needs & culture discovery, identifying the team and goal attainment scaling
- Considerations for educating the participant about the planning process
- Key Coaching areas and approach

## **PHASE 2 - THE TEAM BASED PLANNING PROCESS**

- The core steps in the planning meeting
- Preparing the team to work as a team
- Setting up for a successful meeting
- Determining necessary ground rules
- Review of the strengths, needs & culture discovery and the goal attainment scales and any relevant information from the functional indicators
- The participant sets the needs with which to begin
- Strength based strategizing and the four “w”s
- Resourcing the plan
- Reaching out to the participant’s community for necessary services & supports
- Connecting the participant to the needed services and community supports
- Second and subsequent team meetings
- Meeting mostly or totally focused on any kind of safety for the client or community
- Mini meetings for those who work in the quarter/half hour (education, health and psychiatry, probation)
- Working inside correctional systems: youth or adult
- Transitioning in new team members and transitioning out team members whose role is no longer needed
- Meeting management skills
- Challenges to successful meetings & strategies to address them
- Considerations for educating the participant about the planning process
- Key Coaching areas and approach

## **PHASE 3 – IMPLEMENTATION OF THE WRAPAROUND PLAN**

- Checking in with your client with respect to what is & what is not happening and tracking success with respect to the needs
- Connecting with Team Members that were not at the meeting
- Checking in with team members re task completion
- Identifying barriers and potential strategies to overcome them
- Problem solving and relationship solving strategies, especially in terms of the client’s relationship with staff from education, child welfare, probation and correctional systems
- Redo goal attainment scaling with participants monthly and functional indicators every six months
- Considerations for educating the participant about the planning process
- Key Coaching areas and approach

## **PHASE 4 - TRANSITION OUT OF WRAPAROUND & REPORTING BACK TO THE COMMUNITY**

- Criteria for the start of a successful transition out of Wraparound
- The three month / six week countdown to transition
- Summarizing for future planning and success
- Anticipating future developmental and life event crises and safety issues and doing anticipatory planning for them
- Readminister functional indicators and goal attainment scaling
- Administer the Wraparound Fidelity Index towards the beginning of this phase
- Celebration and it's importance
- Considerations for educating the participant about the planning process and wrapping it up
- Key Coaching areas and approach
- Follow up for ongoing success

### **C. The Four Key Areas Or Cornerstones That Must Be Addressed For The Successful Implementation Of Wraparound In A Community**

There are four key areas or what one might call cornerstones that shape the foundation of a Wraparound initiative and that must be addressed to ensure the success of this approach in a community.

The first key area is that the community organizations and human services form a system partnership in that community that works towards a common end with each child, youth or adult and their family served.

The second key area that must be addressed is that to implement Wraparound to be most effective Facilitators of the process require good clinical teaching or clinical coaching. Only then can Facilitators ensure that they are implementing the process to a level of High Fidelity with how it should be done.

The third key area that must be addressed is that the children, youth and adults and their families served must be connected to community groups to help them reconnect with positive social networks so that they can rebuild a supportive safety net for themselves.

The fourth key area that must be addressed is that people implementing this planning process must see their role as both Facilitator and Educator. By that we mean that they should use every opportunity possible to educate the participants in how, why and the different ways in which to do their own Wraparound planning.

In the long term, the people we serve using Wraparound will be successful because we have addressed these four key cornerstones. We will discuss each in turn more fully below.

### **a.) The First Cornerstone – The System Partnership that supports the use of the Wraparound Process**

The commitment and oversight of a System Level Partnership to ensure that Wraparound is used in the most effective and efficient manner within the service system and/or the local community for the maximum benefit of the persons and families being served is the first cornerstone. As much as possible it is key that the Wraparound initiative be seen to be supported by most if not all of the system partners from which the people in Wraparound may or will need services from.

It is important to have a strong system partnership between even as few as two agencies, community organizations or other incorporated community groups to ensure that the local Wraparound initiative has sufficient support and infrastructure to continue over time.

The purpose and role of the System level partnership is as follows:

- To provide the necessary programmatic and administrative support and infrastructure to effectively run local Wraparound initiatives.
- To ensure that the local connections in the community clearly see themselves as working in a linked but distinct way with the system level partnership.
- To help secure the necessary resources, supports, staff and volunteers to effectively implement the Wraparound process with children, person and adults and their families.
- To identify system barriers at the local, regional, provincial and national level and to help develop strategies in partnership with other Wraparound initiatives and Wrap Canada to effectively overcome these systemic barriers.
- To assist in implementing the necessary quality assurance procedures and program evaluation. From time to time it may be asked to assist with developing and implementing research studies.

### **b.) The Second Cornerstone – The Provision of a High Fidelity Wraparound Planning Process by Trained Facilitators who are certified and have the support of a Clinical Coach**

The second key area that must be addressed is that to implement Wraparound to be most effective Facilitators of the process require effective training in the classroom and then good clinical teaching or clinical coaching in the field in practice. Only then can Facilitators ensure that they are implementing the process to a level of High Fidelity with how it should be done.

We do this by first training the Facilitators in the classroom over four days to implement the Wraparound process in accordance with the four phases, the key activities and their component action steps starting with Phase I, Engagement

and running through to and inclusive of Phase 4, Transition out of formal Wraparound.

A certified Wraparound Coach then provides both clinical teaching and field coaching, especially for new Wraparound Facilitators, but on an ongoing basis for all Wraparound Facilitators. This role may be carried out by a Supervisor, a Team Leader or an experienced Wraparound Facilitator who has been certified as a Wraparound Coach.

The role of the Wraparound Coach is to provide both office based and field based coaching or clinical teaching. It also includes arranging for a new Facilitator to both shadow the Wraparound Coach and/or to shadow a more experienced Facilitator. In addition, the Wraparound Coach sets up peer to peer coaching (working as a pair of Facilitators together with a person/family), as well as leading and coordinating at least monthly if not weekly or bi weekly learning groups for all of the Facilitators. This would include the use of a structured model of case review.

To date, the only people who have reached the second certification level of High Fidelity Wraparound Facilitator have been those individuals who have received ongoing, comprehensive Clinical Coaching support.

**c.) The Third Cornerstone – People served need to be connected to the community through the mobilization of community supports and services**

The mobilization of the local community to support the children, youth and adults and their families with whom we are using the Wraparound process is essential over the long term so that the people and families can be connected to positive social networks and thus become an active part of their local community and slowly rebuild their social safety net.

There are many different ways to mobilize the local community to support those in need, whether it is an urban, suburban or rural community. They range in scope from ones that are readily and easily done to ones that are more comprehensive and time consuming to set up.

One of the easiest and most straightforward ways to mobilize the community is to fan out to the local community through the people involved with the initiative. For example, in a service system it could be accomplished through the creation of an email list that is used to fan out to all staff across the service system.

Theoretically, all staff could then reach out through all of their contacts in the community when people are looking for a certain kind of social network or something in kind or a volunteer support is needed.

Another approach is to reach out to churches and/or service clubs or other community groups, many of whom exist to help those in need in their community.

If these more straightforward ways of mobilizing the community are not sufficient to address the needs of the children, youth and adults and their families served, then you probably will need to take a more comprehensive approach to community mobilization.

One approach that we have had considerable success with has been the development of a Community Mobilization Team (hereafter referred to as a CMT).

A CMT supports the work of the Wraparound Facilitators with children, youth and adults and their families in the local community. A local community as referred to here is a group of people that live, play and potentially work in proximity to each other and care for each other. It may also be defined by culture (e.g. Aboriginal community or a reserve, a Polish community, an Asian community, etc.).

The CMT is made up of people who are “community connectors”. John McKnight, Professor of Education and Social Policy, Co-Director of the Asset-Based Community Development Institute at Northwestern University, has identified the primary characteristics of good “community connectors” as follows:

1. They believe that their community is a welcoming and supportive community.
2. They are gift centered in their nature.
3. They are well connected in their community.
4. They are trusted – this is important because they are asking people to help individuals and families with children, youth and adults and dealing with multiple, complex needs who are often marginalized and have become isolated from positive social networks.

Community connectors come from all walks of life. Frequently, they are community leaders, representatives from natural or informal community support agencies/groups such as recreation, faith, business, service clubs, as well as representatives of the formal child and family and adult services in the community. The important role they play is to help the children, youth and adults and their families served through the local initiative to get connected to volunteer support people and in kind resources that they require to have their needs addressed on a daily basis.

The Chair of a CMT is often a locally recognized community leader and/or champion for children and youth and adults and/or families either around a specific concern or just in general. The CMT functions similar to but different from a Steering or Advisory Committee or a Board of Directors.

The system level partnership takes care of all the programmatic and administrative aspects of the functioning of the CMT. However, it has to be explicitly clear that the local system partnership doesn't tell the CMT what to do; it just provides the CMT with the necessary support to function effectively.

**The purpose of the CMT is as follows:**

- To educate the local community about Wraparound and the children, youth, adults and their families that are served
- To mobilize the community and its resources and volunteers to provide effective community support to each child, youth or adult and their family served by Wraparound that lives in that community
- To support the work of the Facilitators by connecting each child, youth or adult and their family served to the in kind resources and volunteers they require to meet their needs on a daily basis
- To support the Facilitators in the challenge of helping the children, youth and adults and their families served to reconnect to positive social networks and to redevelop a social safety net

**A few examples of what we mean by effective community support are described briefly below:**

1. A young mother in her late teens with two children got her life back together with the help of Wraparound. She had bounced from foster home to foster home and then group home to group home from age 4 till 16 when she ran away from her last group home. Altogether, she had been in 23 different placements! She believed that parenting was instinct, as she had not experienced a positive parenting experience herself. As a young mom of two children she was an open case to child welfare because they were concerned about her low level of parenting skills. When she had completed a very successful year in Wraparound that saw child welfare close her file, she was asked what about Wraparound had made the biggest difference. To her, it was the volunteer mentor who helped her develop her parenting skills that was recruited for her early on by the CMT!
2. A man and a woman with three kids had been on disability for the last 12 years. Upon doing the strengths discovery, the Wraparound Facilitator identified that the father had grown up in a family and town where it was important for him to learn to fix his own car. The father had only worked in food services at minimum wage before being put on disability. With the help of the local CMT, the father was sponsored by them to get his mechanic's certificate and a person on the CMT used their connections at a local garage that they frequented to get them to give the father a shot at being an apprentice. Not only did he complete his apprenticeship, but he

was also hired on as a mechanic by the garage once he was finished his apprenticeship!

3. A teenage boy of 14 just about to be released from secure custody was referred to Wraparound. Upon meeting him, his Wraparound Facilitator discovered that despite exhibiting extreme acting out behaviour in the custody facility, he was obsessed with outdoor sports and some indoor sports. He could quote sports' stats for the last 5 years for hockey, biking, skiing, etc. With the help of the local CMT, he was placed at an Outdoor Sporting Goods store that a CMT member frequented to do his court ordered restitution. Initially, the Manager of the store requested a one to one worker to be with the 14 year old all the time. Within a week, the Manager phoned the Probation Officer and said that the one to one worker was not needed. He said that the 14 year old's passion for outdoor sports was such that he had switched the young man from doing odd jobs to selling sports equipment. The Manager predicted that he would be a great salesman for him!
  
4. A woman in her late 60's suffered a stroke that left her with little strength in her arms or legs. She was in a wheelchair and had to rely upon others to get through her day, to go out to appointments, see friends, etc. Two activities that had provided her with tremendous satisfaction prior to her stroke she could no longer do. The first was reading all kinds of fiction and non fiction books. She couldn't hold the book or turn the pages. The second was bird watching. She loved to go out in the morning or early evening when it was cooler and watch and listen to the birds in the fields and trees. With the help of a local seniors' activity centre and two churches, the local CMT was able to recruit a team of people who had the same interests in either reading similar books and/or going for walks and bird watching. A schedule was put together so that each day she had someone help her read for one hour and someone to help her go out for a walk and see the birds.

For more information on how to develop and how a CMT should function, please refer to Andrew Debicki's article "[A Best Practice Model for a Community Mobilization Team](#)" in the Resource Guide on The National Wraparound Initiative's Website.

#### **d.) The Fourth Cornerstone – Both Facilitator and Educator**

The fourth key area that must be addressed is that people implementing this planning process must see their role as both Facilitator and Educator. By that we mean that they should use every opportunity possible to educate the participants on how, why and the different ways in which to do their own Wraparound planning.

This is done in a variety of ways by the Facilitator:

- Asking the participant's help to summarize their meeting for a case note
- Teaching the participant first through observation and then guided coaching in how to navigate the service system and community and how to negotiate for resources or how to negotiate for a positive working relationship with service providers that meets their needs as they see them
- Treating them as if they are in charge of the meeting and slowly building their capacity to co facilitate the meeting and eventually facilitate their own team meetings
- Having the participant first update their Strengths, Needs and Culture Discovery before giving your observations to them
- Teaching them how to use the internet to find information and resources
- Teach them how and when they can advocate for themselves

We could go on but the possibilities for educating the client on how to do this planning for themselves are endless!

## **A BRIEF OVERVIEW OF THE EVOLVING CONCEPTUAL FRAMEWORK / THEORETICAL MODEL FOR THE WRAPAROUND PROCESS**

### **Introduction**

In this section we briefly highlight the evolving conceptual framework / theoretical model for the Wraparound process in Canada. We first trace our early thoughts in Canada on the linkages between the philosophy and grassroots approach called Wraparound and the different theories and therapies that exist.

The concept of Resilience for children, youth and adults is then introduced as an area of knowledge that we are coming to understand can explain how and why Wraparound works. We then discuss a population health model with a focus on the social determinants of health. This model can also explain the efficacy of this wholistic approach to working with children, youth and adults and their families struggling with multiple, complex needs on a daily basis.

We conclude by briefly touching on the work of John McKnight and his colleagues on restructuring communities to support individuals with complex needs that has been vital to the field.

## The Linkages between Wraparound and the Different Theories and Therapies

In 2000, Dr. Ralph Brown and Andrew Debicki wrote a chapter about Wraparound for a new text on Child Welfare practice for Social Work graduate students. In that chapter they identified that the closest theoretical linkages existed between the ideas involved in the Wraparound process and the Constructivist theories and therapies, especially Solution Focused Practice and Narrative Therapy. In addition, there also seemed to be some close linkages to the Ecological model of practice and to a lesser extent, Systems Theory.

More recently, we have built on the above theoretical underpinnings and have been heavily informed and influenced in doing so by the work of Dr. Michael Ungar of the School of Social Work at Dalhousie University and who is Co Director of the Resilience Research Centre based there.

### Resilience – An Overarching Concept that underpins our Work using Wraparound

In a keynote address at an international conference put on by the Resilience Research Centre in Halifax in June of 2010, Dr. Ungar referenced the work of Bronfenbrenner with respect to an ecological way of understanding how Resilience works. Dr. Ungar went on to say that Resilience can best be described:

“In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways.”

Doesn't this sound like what a Facilitator does in implementing the Wraparound process with a child, youth or adult and their family?

Dr. Ungar put forth that Resilient behaviours on the part of an individual could best be understood in the context of exposure to significant adversity as...

$$R_{B(1,2,3\dots)} = \frac{f(P_{SC}, E)}{(O_{Av}, O_{Ac})(M)}$$

This formula describes that Rb, Resilient Behaviours (1,2,3...), are a function of P, the person's sc or strengths and challenges, and E their environment.

Taken together, these are affected by Oav, opportunities that are available and Oac, opportunities that are accessible, both of which have an effect on the

person's resilient behaviours that is connected to M, their meaningfulness for the person.

For a better and full explanation of this expression, please read Michael Ungar's handbook: Ungar, M. **The Social Ecology of Resilience**.

Taking together the theoretical linkages put forth by Dr. Brown and Debicki with the concept of Resilience developed by Dr. Ungar we have the beginning of a theoretical model or framework that has considerable explanatory power for the process of Wraparound planning. In looking at the children, youth and adults and their families whom we serve we know that they are constantly exposed to significant adversity while also struggling to get the help they need from the service system and their community. Within this context we have to focus on their Resilience. Or, to put it simply, we have to look at what they can do versus what they can't do in spite of the adversity that they are dealing with.

### **A Population Health Approach<sup>1</sup>**

As the Canadian model of Wraparound continued to evolve it sparked our thoughts about linking it to a Population Health approach.

The following deceptively simple story speaks to the complex set of factors or conditions that determine the level of health of every Canadian. It is also very relevant for the children and person and their families with whom we work.

"Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?

Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

But why was he playing in a junk yard?

Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighbourhood?

Because his parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live?

Because his Dad is unemployed and his Mom is sick.

But why is his Dad unemployed?

Because he doesn't have much education and he can't find a job.

But why ...?"

- from "Toward a Healthy Future: Second Report on the Health of Canadians"

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<sup>1</sup> The following is excerpted and somewhat revised from the website of the Public Health Agency of Canada website. If interested in further information on this topic please visit that site.

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.

A population health approach recognizes that improving health is a shared responsibility. "Intersectoral collaboration" is the shared action that is the joint responsibility of health and other social services can undertake to improve health outcomes.

A population health approach also calls for shared responsibility and accountability for health outcomes with groups not normally associated with health, but whose activities may have an impact on health or the factors known to influence it.

Intersectoral collaboration in a population health approach includes the horizontal management of health issues. Horizontal management identifies common goals among sectoral partners. It then ensures coordinated planning, development and implementation of their related policies, programs and services.

A traditional approach to health care focuses on particular diseases, and on responding to illness through direct patient care. A population health approach addresses a range of factors that contribute to health, and their complex interactions, both in the population as a whole and in specific subgroups.

In Wraparound, we take a wholistic approach and look at the range of factors that impact on people's well being by looking at where the unmet needs are across all of their life domains on a daily basis. In addition, we look at horizontal integration through the process of team based planning that results in one integrated plan for all of the services and helpers involved.

### **Introduction to the Social Determinants of Health**

The basic hypothesis of our field is that if the needs of a child, youth or adult and their family are met, it is likely that they will have a good or at least an improved life. This hypothesis has been central to life on the planet for thousands of years, and is certainly not a new concept. However, as the basis for the development of Wraparound to improve outcomes for children, youth and adults dealing with multiple, complex and ongoing problems, the field has been in development for approximately 25 years.

The thrust of any intervention or planning process has to be to assist the individual or family to have improved health in all aspects of their lives. In Canada, at Health Canada and specifically with the Public Health Agency of Canada they have adopted a "social determinants of health framework" to both

identify all of the different determinants as well as looking at their interactional effect. These social determinants of health are a key feature of the above Population Health Approach.

For those of us who have been working with the Wraparound process for many years the concept of life domains has made a lot of sense and has been a pragmatic approach and a method by which to break down the needs that people have into the different areas of their lives.

However, conceptually speaking, they have always appeared to be disconnected from any theoretical framework other than an ecological approach or, more generally, from the perspective of systems theory

When we place the idea of life domains within the context of the social determinants of health they are located within a conceptual framework that is part of a broader model of service: a population health approach.

### **The Social Determinants of Health**

Among the variety of models of the social determinants of health that exist, the one put forward by The Public Health Agency of Canada has proven especially useful for understanding why some Canadians are healthier than others. We have drawn from their list of the 12 social determinants of health that can be found on their website at: <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#unhealthy>

**Income and Social Status**  
**Education and Literacy**

**Social Environments**  
**Personal Health Practices & Coping Skills**  
**Biology and Genetic Endowment**  
**Gender**

**Social Support Networks**  
**Employment/Working Conditions**  
**Physical Environments**  
**Healthy Child Development**  
**Health Services**  
**Culture**

Each of these social determinants of health has been shown to have strong effects upon the health of Canadians. For the children, youth and adults that we serve in Wraparound, the social determinants of health provide a conceptual framework that predicates the need to work holistically with a child, youth or adult and their family across the different life domain areas in which they have both strengths and needs.

## **John McKnight on Restructuring Communities to Support People dealing with Multiple, Complex and Ongoing Problems**

In Wraparound, one of the four cornerstones of its foundation for success is the importance of mobilizing the community to support children, youth and adults and their families struggling on a daily basis to deal with multiple, complex and ongoing problems. It is also equally important that we help the people we serve to connect or reconnect to positive community supports, people and social networks so that they can rebuild their social safety net to support them over the long term.

In addressing this area we have built on the approach, knowledge and techniques developed by John McKnight and his colleagues that is collectively called Asset Based Community Development (ABCD). This is a proven strategy for sustainable community-driven development that goes beyond the mobilization of a particular community.

ABCD is concerned with how to link micro-assets to the macro-environment. The appeal of ABCD lies in its premise that communities can drive the development process themselves by identifying and mobilizing existing, but often untapped and even unrecognized assets, and thereby responding to and creating local economic opportunity.

ABCD draws out strengths and successes in a community's shared history as its starting point for change. Among all the assets that exist in the community, ABCD pays particular attention to the assets inherent in social relationships, as evident in formal and informal associations and networks.

ABCD builds on these assets that are already found in the community and mobilizes individuals, associations, and institutions to come together to build on their assets - not concentrate on their needs. An extensive period of time is spent in identifying the assets of individuals, associations, and then institutions before they are mobilized to work together to build on the identified assets of all involved.

The key is to begin to use what is already in the community. Then the identified assets from an individual are matched with people or groups who have an interest or need in that particular asset, like the people we serve in Wraparound initiatives.

This area of knowledge also underpins all of the work we do in identifying "community connectors" to help us mobilize the community to support the people we serve in Wraparound.

## THE ELIGIBILITY CRITERIA AND THE TARGET POPULATIONS WITH WHICH WRAPAROUND HAS BEEN IMPLEMENTED IN CANADA

There are three general eligibility requirements for acceptance of a child, youth or adult and their family into Wraparound:

1. It must be voluntary on their part; it can't be court ordered for example
2. They must be open to working with a team, even if that team is just made up of themselves and minimally one other person
3. They must be struggling to deal with multiple, complex and ongoing problems with which they have had limited or no success in addressing or resolving through the current or past use of two or more social services

The following groups have had Wraparound initiatives designed to serve those individuals and their families who are dealing with multiple complex and ongoing problems. They are in no particular order and the list is not exhaustive. Every other one is in bold to make the list easier to scan.

Please note that probably over 90% of the people in each of the target populations listed lived in poverty. Many also struggled with addictions, violence and abuse, fetal alcohol spectrum disorder, attachment issues and mental health and health problems.

- ***Urban aboriginal youth, women and children fleeing violence, families (especially female led families)***
- *Parents of young children (the early years) or prenatal parents*
- ***Children and youth with or without complex needs and/or leaving residential treatment facilities***
- *Children and youth in the care of child welfare who have been placed in long term outside paid institutions that need to be repatriated to their home community*
- ***Adults with severe mental health issues, either on their own or with their families***
- *Women dealing with domestic violence*
- ***Newcomer and refugee youth and families as well as newcomer and refuge parents with young children and seniors***
- *Parents with children and youth where child welfare is trying to prevent taking the children into care*

- ***Children and youth at risk of out of school placement or who need to be returned from out of school placement***
- *Youth at risk of either becoming involved with crime who may also be at risk of entering or are in youth justice facilities, or youth needing support to return home and/or to their community from youth justice facilities*
- ***Seniors at risk of or who are homeless and are struggling with multiple, complex and ongoing problems, particularly health and mental health problems***
- *Aboriginal men and women leaving provincial and federal correctional facilities*
- ***Faith based initiatives either to serve those in need who are part of that faith community or those people/families who turn to a local faith community for help (these initiatives mostly use volunteer facilitators)***
- *Community based initiatives geographically defined to serve those children, youth and adults and their families who are in need of help and turn to their community for it (these initiatives mostly use volunteer facilitators)*

## **THE NECESSARY LEVEL OF INTENSITY AND DURATION OF THE WRAPAROUND PROCESS**

We are frequently asked how intense the work of the Facilitator needs to be and how long they need to work with a referred person or family to be successful.

Most facilitators report needing to spend between 3 to 5 hours per week on average during the first several months that they are involved with a new Wraparound referral. Once the person/family is well engaged and the team has started to meet and there is initial success in starting to address the initial needs of the family, most facilitators report that their involvement then drops down to about 2 to 3 hours per week on average.

A facilitator's involvement with a person/family can range anywhere from 6 months to 2 years. On average it lasts about a year.

## **A BRIEF SUMMARY OF THE RESEARCH**

Through ongoing program evaluation efforts, most Wraparound initiatives in Canada have demonstrated significant success in using the Wraparound process to help families with children or youth or adults dealing with complex needs work towards having a better life on a day to day basis.

This has been measured individually at the child, youth or adult and family levels by tracking change with respect to the goals of the people and the members of the families. Various Wraparound initiatives have also used one or two common measures of change and have tracked success across all of the children, youth, adults and their families served with resulting high levels of effectiveness.

There has also been a high level of consumer satisfaction as reported by both parents and older youth with the planning process and with respect to the relationship with their Wraparound Facilitator. This feedback has been collected by most Wraparound initiatives using mailed out questionnaires as well as having somebody independent of the Wraparound initiative collect the feedback through face to face interviews.

We have also completed a number of pilot studies and one full research study examining the effectiveness of the Wraparound process with families with children and youth with complex needs.

In Ontario the first study was a pilot for a second and larger study. Evidence for the effectiveness of the Wraparound process was found in both studies funded by the government of Ontario. Within these studies parents reported a high level of goal achievement as well as satisfaction with the Wraparound process.

In the second and larger of the two studies, the researcher found that when out-of-home placement was used across eight geographically different rural and urban communities, the children in Wraparound generally used less costly and less intrusive placements (foster and group home). The children in the comparison group tended to use more costly and more intrusive placements (residential treatment and young offender placements). The average cost of placement over a nine-month period for children in Wraparound was \$9,175.30 versus \$27,748.00 for children in the comparison group.

Two other pilot research studies in Ontario have also looked at the benefit of using the Wraparound process to either successfully avert children and youth going into child welfare care, or being in care for shorter periods or using the Wraparound process to successfully repatriate youth in out of home and out of region placements back to their home community.

The Toronto Catholic Children's Aid Society ran a pilot project called Reconnecting Youth in partnership with Oolagen Children's Services and Turning Point between 1996 and 1998. As one of three services they offered, they used the Wraparound approach with 28 children at risk of going into care or needing to be returned home from care. In doing so, they successfully averted the use of 9,495 days in care for a total cost savings of \$712,125.

Another pilot project was undertaken by the Hamilton Wraparound initiative operated out of Lynwood Hall Child and Family Centre working in partnership

with the five child welfare agencies located in Brantford, Haldimand and Norfolk counties, Hamilton and the Niagara region. The project began on February 1<sup>st</sup> of 2005 and ended January 31<sup>st</sup> of 2006.

The project team was successful in using the Wraparound process to repatriate 42 children back into the region to local placements that included foster or group homes, or their own family of origin, or to independent living in the community. Of these 42 children, 40 were doing as well as or better than they were when compared to their functioning when stable in their out of region placement.

Approximately \$1.6 million in total in savings on the per diems for out of region placements for these 42 children was realized within one year for the five child welfare agencies across the region and for the Ministry of Child and Youth Services of Ontario.

There are other studies that have been done such as the one that occurred in the community of Surrey in British Columbia. It was completed by Atira Women's Resource Society and they found that Wraparound was effective in helping women to address the multiple, complex problems that they were struggling to deal with on a daily basis.

For information on the success of Wraparound projects focused on serving youth at risk of or who are involved with gangs please refer to the National Crime Prevention Centre website.

For more information on the Wraparound process in the United States and the extensive research done on Wraparound, please refer to the website for the National Wraparound Initiative. To find it on the internet just put the following term into any search engine: "National Wraparound Initiative", and you will quickly be directed to their website. They usually have the latest summary of the research done in the United States posted there.

## **TRAINING, COACHING AND PROGRAM DEVELOPMENT AND EVALUATION**

Training, coaching and assistance with program development and evaluation is available through Wrap Canada's Training and Technical Assistance Team.

We believe that the provision of training is best done through the development of an ongoing partnership. Our goal at Wrap Canada is to help you succeed in developing an effective Wraparound initiative. As part of this partnership agreement we provide significant consultation by phone, skype or videoconference up front, during and after the on site delivery of training, coaching and technical assistance at no cost.

The training, coaching and technical assistance we provide on site at cost which of course includes the necessary travel expenses. In general we do not charge for travel or prep time.

On average, one trainer costs approximately \$850 per day on site. We do have Francophone trainers and have arranged for Aboriginal specific training as well.

For the most part, the training, coaching and technical assistance plan within these partnership agreements can be broken down into the following four phases.

### **Phase 1 – Program Development**

During this first phase we work together to develop the strategic plan for how your initiative will be structured, implemented and evaluated.

It is important to adapt Wraparound to best fit your target population as well as how to build on the strengths and capacity of the service system and the local community.

This will include the development of an Evaluation Framework inclusive of a program logic model, selection of evaluation tools and the specification of data collection methods, data management and proposed analysis.

### **Phase 2 – Training in Facilitation & System and Community Development**

Four days of classroom training will be provided to staff and other invited guests in how to implement the Wraparound process. The four days will be split up so that they are delivered in two 2-day sessions separated by 3 to 4 weeks.

Staff will complete a number of exercises throughout the four days. Successful completion of these exercises and attendance at all four days of training will lead to their certification as a Wraparound Facilitator.

After the first 2-day session participants will be expected to begin implementing the Wraparound planning process with one or more clients.

An orientation or several orientations on the Wraparound process should be provided by staff from the local project to system partners in one or more locations as well as to community groups and leaders who have or are willing to support the target population in their connection to and involvement with the broader community.

We recommend that the staff who will be trained to provide clinical coaching to your staff who will become Facilitators also attend the 4 days of classroom training. They should then work with individual staff as a Co Facilitator in

beginning to implement the Wraparound process with at least two clients after the first two days of training.

While on site training we work with program staff to develop all aspects of the Wraparound initiative from the development of basic forms, client files and staff manuals to the finalization of the program evaluation framework as described in Phase 1

### **Phase 3 –Project Development, Implementation & Program Evaluation**

During this phase staff will be implementing the Wraparound process with clients in earnest while also working with other services and the broader community to support them.

We provide on site clinical coaching to all of your staff both in the field and in the classroom over several months.

The staff that will become the Clinical Coaches for the Facilitators implementing the Wraparound process will receive both classroom-based instruction and field based coaching in how to do so.

This instruction and training in the classroom and the field is provided over time to best support the Facilitators' and Coaches' learning curve.

The classroom-based instruction for the Wraparound Coaches teaches Clinical Coaching theory, practices and techniques. The field based coaching for the Wraparound Coaches initially focuses on helping the Wraparound Coaches develop their own skills and expertise in implementing the Wraparound process with usually at least two clients. Once the Wraparound Coaches are demonstrating a consistent level of skill the emphasis of the field based coaching shifts to teaching the Wraparound Coaches how to effectively coach the Facilitators of the Wraparound process.

Upon successful completion of the classroom based instruction and being able to demonstrate a high level of fidelity in implementing the Wraparound process the people supervising the Wraparound Facilitators will be certified as High Fidelity Wraparound Facilitators and Wraparound Coaches.

These Wraparound Coaches are then eligible to join Wrap Canada's Trainers and Coaches Group where they will receive ongoing training and support.

While on site training the Wraparound Coaches, the Facilitators and others we assist in helping to develop all aspects of the Wraparound initiative from the development of basic forms, client files and staff manuals to developing necessary policies and procedures and overseeing the implementation of the program evaluation framework.

## **Phase 4 – Supporting the Staff to do Four Days of Facilitator Training and Wrapping Up the Program Evaluation**

Usually the Wraparound Coaches are chosen to develop into the Staff Trainers as well. We start this process by training them over 2 days in the classroom on the theory and practice behind the effective training of High Fidelity Wraparound Facilitators.

We then provide direction and support to these staff to provide a 4-day Facilitator training for new staff and/or volunteers delivered in 2 blocks of 2 days each.

We split our time while on site in this last phase between directing and supporting the staff in the delivery of training and working with the project management team to wrap up the program evaluation of the first year or two years.

For more information about training, coaching and program development and evaluation and the development of a partnership agreement with Wrap Canada please contact Andrew Debicki (the National Development Director) at [andrewdebicki@wrapcanada.org](mailto:andrewdebicki@wrapcanada.org)