

WRAPAROUND SERVICES

Evaluation of Intervention Fidelity at Three Toronto Children's Mental Health Agencies



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Wraparound Fidelity Project

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1.0 Background

The Wraparound process is a widely implemented approach to community-based treatment for children with emotional and behavioural disorders and their families. The term “wraparound” was coined to describe a range of comprehensive community-based services to individual families. In Canada, it has been estimated that this service has been offered to over 100,000 children with emotional and behavioural problems.

Wraparound services are built around key principals that are widely accepted and generally agreed upon. The eight basic wraparound characteristics include the following:

1. *Community-based resources*
2. *Individualized services for the family*
3. *Family-driven services*
4. *Interagency collaboration*
5. *Unconditional care*
6. *Measurable outcomes*
7. *Management of team meetings*
8. *Care coordinator*

While Wraparound research has demonstrated promising outcomes for children and families (e.g. Bickman et al., 2003), affirming Wraparound as “evidence-based” is still forthcoming due to ongoing methodological and operational issues. For instance, achieving consensus on the definition of Wraparound has been elusive since implementation of Wraparound varies across context and situations (e.g., Bickman et al., 2003; Clark et al., 1996; Ogles et al., 2006). Thus, describing and operationalizing specific procedures of Wraparound has been challenging (e.g., Toffalo, 2000). Based on these methodological limitations, the goal of this Toronto-based Wraparound Fidelity Project is twofold:

- 1) To examine the issue of Wraparound fidelity by comparing the consistency to which three agencies in the Greater Toronto Area are adhering to its principals when implementing Wraparound.
- 2) To gain insight into the challenges, barriers and successes of the Wraparound program from a multi-informant framework.

Specific research questions that guided the assessment plan are described (see 1.1).

1.1 Research Questions

Research Question 1:	Is the level of Wraparound fidelity across the three CMH agency sites: Oologan, Youthlink, Yorktown?
Type of Evaluation:	<i>File Reviews of Wraparound cases using Document Review Measure</i>
Research Question 2:	What are some child, family and organizational-specific challenges and barriers associated with implementing Wraparound services and not being able to utilize Wraparound services?
Type of Evaluation:	<i>Key informant interviews with managers Focus group with Wraparound facilitators Incomplete Wraparound Case Worker Questionnaire Client/Family Demographic Survey</i>
Research Questions 3:	Are Wraparound clients satisfied with the Wraparound service?
Type of Evaluation:	<i>Family Phone Interviews</i>

2.0 Participating Agencies

Oologan (OCS)

“Oolagen” is a Cree word that means *“a place where flowers grow”*. Oolagen Community Services is a children’s mental health agency located in Toronto’s downtown core. It has been serving vulnerable youth, ages 13-18, and their families since 1967. It is a registered non-profit charitable organization as well as a teaching centre for the University of Toronto. Youth served by Oolagen are most often in situations where abuse is occurring or where they have been harmed or are currently at high risk of harm. Helping address and improve youth mental health is a core function of Oolagen’s work. Thus, some programs provide mental health services for youth up to 25 years of age. Oolagen staff utilizes a wide range of programs and services using a variety of professional techniques: family therapy, group therapy, individual counseling, psychiatric consultation, advocacy and/or referrals to specialized agencies.

Yorktown Family Services (YFS)

Yorktown Family Services is a community-based, nonprofit, social services agency dedicated to providing effective, accessible, quality mental health treatment, prevention and out-reach services to children, youth women and families. YFS provides an extensive range of services through two integrated but independent social service agencies:

- 1) Children's Mental Health Centre, an accredited agency that offers a comprehensive range of mental health services for children from birth to 18 years of age and their families
- 2) Yorktown Shelter for Women, which provides a safe and secure haven for women and their children fleeing an abusive relationship.

Youthlink (YLK)

Youthlink offers services and programs for vulnerable youth between the ages of 12-24 and their families or caregivers. Youthlink specializes in serving street-involved and homeless youth. Its programs and services range from prevention and early intervention to clinical counseling, housing and treatment. Programs include:

- Individual and group therapeutic counseling, parent support groups
- Violence prevention and leadership development programs in high needs communities and schools in Scarborough
- Inner City drop-in/resource centre and outreach for street-involved and homeless youth
- Employment and life skills programs
- Treatment Residence for girls 14-18; supportive co-op housing throughout Toronto
- Family support program for youth with developmental disabilities

Note, the three agencies were assigned an identification number for confidentiality purposes. Results are presented using this code.

3.0 Assessment Plan

The assessment plan consisted of the following five phases:

Phase 1: Rater reliability

The purpose of Phase 1 was to establish agreement between the two raters on the application of the Document Review Measure to assess the files. In this phase, the two raters assessed the same files across the three agencies. The raters compared their scores on each section of the questionnaire to ensure that similar information was being pulled from the files and given similar scores. Rater agreement was defined as similarity in scores of 80% and above.

Phase 2: File reviews

Once rater reliability was established, files from each agency were randomly selected and divided randomly to the raters. The Document Review Measure was applied to each file to assess the level of fidelity to the Wraparound philosophy. Data were recorded using the file case id number to protect the family's confidentiality.

Phase 3: Focus Groups and Key Informant Interviews

Wraparound facilitators were gathered for a focus group session, to obtain their feedback on the application of the Wraparound service and to identify barriers to fidelity. Similarly, agency managers directly involved with the Wraparound service were interviewed via telephone.

Phase 4: Family Phone Interviews

Wraparound facilitators across the three agencies provided the names of families that had recently received the Wraparound service. With family consent, families were contacted for a brief telephone interview regarding their experience in having received the Wraparound service.

Phase 5: Incomplete Wraparound Cases

Lastly, Wraparound facilitators were also asked to fill out two questionnaires concerning families who did not utilize the Wraparound service: 1) The Incomplete Wraparound Case Worker Questionnaire and 2) The Client/Family Demographics questionnaire. This information was collected to identify possible family characteristics that may reduce the likelihood of the successful application of the Wraparound service, in order to inform future practice.

4.0 Phase 1: Rater Reliability

Five of the 24 files (21%) were assessed by the two raters; this percentage is within the range that is generally accepted by the scientific community to establish agreement (e.g. range from 15% to 25% of cases).

The percentage agreement across the two raters ranged from 87% to 100%, across the three agencies. Also, the scores were correlated by .90 with a value of 1 indicating perfect agreement. This correlation score was statistically significant indicating that there is less than 5% chance that the agreement occurred by chance.

5.0 Phase 2: File Reviews

5.1 Sampled Files

Files were randomly chosen by an employee at each of the three agencies for the years 2006 to 2007 and 2007 to 2008. A total of 24 files were assessed, ranging from 6 to 9 files per agency. For each file, descriptive and demographic data were collected. Examples of variables were: “*child/youth age*”, “*child/youth gender*”, “*presenting problems*” and “*measures of family functioning*”. To maintain the agencies’ confidentiality the presentation of these data are not grouped by agency. The data collected were as follows:

Age and gender (age available from 19/24, 79% files; gender available from 17/24, 71% of files):

- *Child/youth age ranged from 11 to 16 years of age*
 - 32% (6/19) of files pertained to children under 13 years of age
 - 68% (13/19) of files pertained to children 14 to 16 years of age
- *Gender*
 - 60% (10/17) of files pertained to females and 40% (7/17) were males

Child/youth presenting problems (available from 20/24, 83% of files):

- The number of presenting problems that were noted in each file was recorded. A sum was computed by adding the total number of problems noted in each file. Presenting problems included the presence of:
 - Physical illness,
 - Mental health diagnosis,
 - Developmental delay or learning disability diagnosis,
 - Externalizing problems,
 - Internalizing problems,
 - Difficulties in school,
 - Difficulties with peer group

- The number of presenting problems per case ranged from a low of one to a high of five, with higher values indicating more problems. The mean or average number of problems by case is: 2.6. Half the cases (50%) had two or fewer problems and half had three to five problems. See Table 1.

Table 1: Number of Problems per Case

# of Problems	% of Files	# of Files	Total # Problems	Cumulative %
1	30%	6	6	30%
2	20%	4	8	50%
3	25%	5	15	65%
4	10%	2	8	75%
5	15%	3	15	100%
TOTAL	100%	20	52	

Child/youth abuse experience (available from 20/24, 83% of files):

- The child/youth experience of physical and sexual abuse as well as neglect were recorded.
 - 80% of files “no” experience of abuse was noted
 - 20% of files had one form of abuse noted.

Mother and father difficulties (available from 20/24, 83% of files):

- The number of difficulties experienced by the child/youth’s mother and father notes in the file were recorded. A sum was computed by adding the total number of problems noted in each file. Presenting problems included the presence of:
 - physical illness,
 - mental health difficulties,
 - engagement in risky behaviours (e.g. heavy gambling),
 - substance abuse.
- Mother and father difficulties ranged from 0 to 3 for mothers, and 0 to 1 for fathers. The data were as follows:
 - *Mothers:*
 - 70% of files noted “no” difficulties
 - 20% of files noted the presence of 1 type of difficulty (noted above)
 - 10% of files noted the presence of 2-3 difficulties (noted above)
 - *Fathers:*
 - 95% of files noted “no” difficulties experienced by fathers
 - 5% of files noted the experience of 1 type of difficulty.

5.2 The Document Review Measure (DRM)

The Document Review Measure (DRM; Bruns, 2006) is a Wraparound Fidelity Assessment system that consists of 33 questions; possible scores on each question range from 0 to 3 (Score of 0 = criteria “not met”; Score of 1 = “some criteria are met”; Score of 2 = “criteria mostly met”; Score of 3 = “criteria are met fully”). The maximum score on the DRM is 99.

The 33 questions of the DRM are organized under the following five sections; a score may be computed per section. On each section and for the entire measure, **higher scores indicate greater level of fidelity to the wraparound philosophy.**

(1) Strengths, Needs and Culture Discovery (maximum score is 24):

This section consists of 8 questions that assess the extent to which:

- a. Family and youth were engaged with the Wraparound service,
- b. Service was individualized to match the family and youth’s needs, strengths, and culture,
- c. Natural supports were identified for the family.

(2) Plan of Care, CFT and/or SNCD (maximum score is 18):

Plan of Care CFT/SNCD section consists of 6 questions that assess the extent to which:

- a. Wraparound plan was developed within 30 days of initial contact and whether it is updated regularly,
- b. Wraparound plan or other documentation specify a long range vision for the service and specify the goals that will support the family and youth in reaching the vision
- c. Planning and implementation is completed through a child and family team,
- d. Natural supports are involved or there is evidence to identify and engage natural supports

(3) Plan of Care of CFT Notes (maximum score is 30):

This section consists of 10 questions which examine the extent to which:

- a. Services, supports and action plans are coordinated and integrated through a Wraparound plan, and are based on the culture, needs and strengths of the youth and family
- b. Wraparound plan includes strategies to maintain or transition the youth into a least-restrictive environment, and includes opportunities for community inclusion,
- c. Transition planning documents identifies needs, services and supports that will continue upon termination of the wraparound service.

(4) Crisis Plan or CFT Notes (maximum score is 9):

Crisis Plan section is 3 questions which assess the extent to which the Crisis Plan:

- a. Based on a functional assessment and includes strategies for preventing and recognizing future crises,
- b. Describes steps to be taken if the crisis occurs and assigns responsibility to persons for each step.

(5) Progress or CFT Notes (maximum score is 18):

Progress Notes section consists of 6 questions which assess the extent to which the:

- a. Wraparound goals and action steps are being monitored, met and successes celebrated
- b. Wraparound plan is partially implemented by natural supports
- c. There is evidence that the family and youth are making decisions and that people are working as a team.

5.3 Statistical Analyses

All data were analyzed using SPSS 15.0. Nonparametric tests such as Kruskal Wallis Independent Samples Tests were used to examine differences in median scores (the middle or 50th percentile score).

5.4 Limitations

There are three main limitations with this study. First, the purpose of this was to evaluate the fidelity of Wraparound across three different CMH agencies; it was not intended as a study with generalizable findings beyond this study; thus, findings must be treated with caution as the sample sizes are small. Second, the Document Review Measure (DRM) is currently being revised by its American developers, so again, agencies' scores are interpreted with caution given possible future changes. Finally, DRM measure questions rely solely on information *documented* in the files, meaning an activity may have occurred but not documented in the file. Also, differences across agencies' scores may represent differences in *documentation practices rather than differences in fidelity* to the Wraparound principles. For example, a DRM question asks if the facilitator celebrated the "family's successes" in achieving the Wraparound goals; the differences in scores may not necessarily indicate that some facilitators celebrate successes and others not, but rather may indicate differences in whether the facilitators document such event.

5.5 Results

Table 2 displays the results of the file reviews and is divided in three sections, one per agency. Please note several scores per section of the DRM are presented: the *mean* score represents the agency's average score on the files reviewed; the *mode* is the most frequent score of the files reviewed per agency; and the *median* is the middle or score at the 50th percentile of the reviewed files. Since it was ranked scores (0 to 3) the median scores were used and analyzed (bolded in the table) for statistical significance to assess whether the scores were different above chance levels ($p < .05$). Differences in scores that were **not** statistical significant indicate that the differences could have occurred due to chance alone. With the exception of the Crisis Plan (CP) section, the three agencies scored similarly to one another on the five sections of the DRM; analysis of differences in the scores found they were not statistically significant between agencies; however, while scores did differ significantly on the CP section, results should be interpreted with caution. The CP section consists of only three questions which all require the existence of a CP; thus, if a file did not contain a CP, than the file received a score of 0 on all 3 questions. Post file review discussion with the Wraparound facilitators highlighted the point that not all files require a crisis plan. For example:

Assuming the family's service goals are to increase the family's natural supports, a crisis plan is not appropriate. Further, with only three questions in CP and their interdependence (i.e. needing a crisis plan) increases the possibility that a low score on one question will significantly impact the section's total score.

Due to the research concerns with the CP section, two scores were computed to compare agencies' scores on the entire measure: "Total DRM Score" and "Total DRM No Crisis Plan". Analysis found agencies' Total DRM scores were similar to one another irrespective of CP inclusion and differences in scores were not statistically significant.

Table 2. File Reviews Fidelity Results

Agency #1 N=9							
	Strength & Discovery	Plan of Care	Plan of Care Notes	Crisis Plan	Progress	DRM Total Score	DRM Total Score No Crisis Plan
	Max score = 24	Max score = 18	Max score = 30	Max score = 9	Max score = 18	Max score = 99	Max score = 96
Mean	16	9	16	2	11	55	53
Median	18	9	18	0	12	61	58
Mode	18	12	7	0	12	61	36
Agency #2 N=9							
Mean	16	11	20	0.4	11	58	57
Median	16	11	20	0	12	60	60
Mode	16	8	13	0	10	70	42
Agency #3 N=6							
Mean	17	13	24	4	14	72	68
Median	17	12	27	5	15	75	69
Mode	15	10	27	0	11	56	69

Mean = average score

Mode = most frequent score

Median = middle or 50th percentile score

6.0 Phase 3: Focus Group and Key Informant Interviews

To help assess the efficacy of the Wraparound program, a focus group took place with six Wraparound front-line staff from the three agencies: Oologan (n=3), Youthlink (n=2) and Yorktown (n=1). Also, four key informant interviews with Wraparound Managers from the three sites were conducted. The objective of the focus group and key informant interviews was to gain insight into the issues associated with challenges, barriers and fidelity of the Wraparound program from an organizational perspective. All results are collapsed across agencies and discussed below.

6.1 Focus Group with Wraparound Facilitators

The focus group with Wraparound facilitators examined six key areas (see Appendix A for questions):

1. Organizational Culture of Wraparound
2. Wraparound Training and Support
3. Wraparound Worker Skill Set
4. Wraparound Case Factors
5. Challenges and Barriers to Wraparound
6. Improvements to Wraparound Services

Focus Group Findings

The following is a summary of the results from the focus group conducted with Wraparound facilitators according to each key area:

1- Organizational Culture of Wraparound Services

Facilitators were asked to comment on the attitudes held by others in their agency about the Wraparound program.

- Theme 1: Across all three agencies, there is overwhelming agreement that Wraparound is a highly regarded program within the agency
- *“Wraparound is highly regarded and embraced by our organization”*
- Theme 2: Staff within the agencies strongly support and are highly enthusiastic about the Wraparound program
- *“There is a good working relationship with other staff”*
 - *“Staff is highly enthusiastic and excited about the program”*
- Theme 3: Wraparound cases have high priority with within-agency referrals
- *“Wraparound referrals get first priority within agency”*
- Theme 4: Community partners are also strongly supportive and enthusiastic about Wraparound when they understand what the program is about
- *“Other organizations/professionals what to know more about Wraparound – once they know, they are very supportive”*
 - *“With education (e.g., clinical fairs), others become very supportive and excited about Wraparound”*
- Theme 5: Disseminating information about the philosophies about Wraparound fosters additional awareness and knowledge that may increase referrals from other agencies (e.g., CAS, CCAS)
- *“Schools have generally heard of or have been involved with Wraparound and are generally very receptive to the program. They appreciate the 1:1 attention given to the child and understand the difference that “child’s voice” is priority”*
 - *“Through the process of referrals, it helps others understand the process of Wrap and helps build relationships through team participation and the process of Wraparound”*

2- Exploring Wraparound Training and Support

Wraparound facilitators were asked to share some of their experiences regarding the Wraparound training.

- Theme 1: Facilitator and staff attitudes towards Wraparound services can be enhanced by providing training that clarifies the underlying philosophy, principals and processes of Wraparound
- *“Important to understand the philosophy, principals of Wraparound for training to be successful. Facilitators need to understand the underlying philosophy”*
 - *“Participating in the process is sometimes more important than reading/training sessions”*
- Theme 2: Changes to previous training structure has increased the effectiveness of training for facilitators
- *“Previous training structure (4 days back-to-back) was very difficult; current training structure much better (2 days per week for 2 weeks)”*
- Theme 3: Improvements to training can be made
- *“Future training should consider strategies that incorporate different learning strategies (e.g., role play may not be an effective learning strategy for all types of learners”*
 - *“Videos need more Canadian examples and sometimes may not be realistic”*
- Theme 4: Facilitators feel very well supported with the amount of training they are receiving
- *“With support from peers, supervisors and coaches – I feel very supported”*
 - *“We are able to learn from other peers”*

3 - Wraparound Worker Skill Set

Wraparound facilitators were asked to indicate what they felt were the most important skill-set to have as a Wraparound facilitator. Discussions focused on client engagement and developing the Wraparound teams.

Theme 1: The most important skills required of Facilitators to effectively engage and service youth and their families include:

- | | |
|---------------------------|------------------------|
| ✓ Personable | ✓ Being respectful |
| ✓ Non-judgmental | ✓ Culturally sensitive |
| ✓ Being genuine | ✓ Keep boundaries |
| ✓ Patient | ✓ Being resourceful |
| ✓ Maintaining neutrality | ✓ Flexible |
| ✓ Having a sense of humor | |

Theme 2: Fidelity to Wraparound is monitored through checklists of what needs to be done, coaching and peer support and accreditation

Theme 3: Networking, communication and creating ownership is key to maintaining and supporting community resource teams

- *“Community members may be asked to evaluate an anonymous plan to ensure Wraparound is followed”*
- *“The goal is to make it more community owned and not agency owned”*
- *“Networking is key in maintaining community contacts”*

Theme 4: Organizational barriers to establishing a community resource team

- *“It may be difficult to recruit community members without tools (e.g., website)”*
- *“Community members are often restricted by time”*
- *“Hard to facilitate communication. Someone needs to connect and maintain communication at all times”*
- *“We have no community resource team and rely on support from the community outreach team at our agency”*

Theme 5: There can be family-specific barriers to recruiting community supports for families

- *“Sometimes it may be difficult to recruit community supports for families who may not be very trusting and don’t want others to know about their situations”*

Theme 6: For newcomers to Canada, they often face additional barriers when establishing a Wraparound team

- *“For families who are newcomers, sometimes we need to connect them with formal supports until they get comfortable. There are huge trust issues like being terrified of the police. We need to start where the family is so that we can create some trust. When there is some trust established, we can gradually introduce informal supports.”*
- *“It is important to define team according to the client – what they are comfortable with and be sensitive to the fact that team members may be needed at certain times and may not be consistent.”*

4- Wraparound Case Factors

Wraparound referrals tend to be child welfare referred cases of youth between the ages of 12-18 years at risk of entering care and whose families are experiencing multiple and complex needs (identified through the life domain areas). This section examined common elements of Wraparound cases that were more challenging for facilitators.

- Theme 1: Efficiency of Wraparound is determined by the *willingness of the family to participate and for services to respond to the specific needs of each family*
- *“Family needs to be willing to participate. Wraparound services cannot be court mandated”*
 - *“Sometimes you may have a trial run where the family is required to take ownership”*
 - *“It is hard to stay focused sometimes. Some clients are not ready to move on, therefore you need to respect this”*
 - *“Sometimes a balance needs to be kept. Facilitator may be required to provide support without a team. Then you need to redefine team or have client define team with what they feel comfortable with”*
- Theme 2: Pending cases are handled differently across agencies but across all agencies, necessary supports are put in place to help family deal with crisis while on the waitlist
- *“We don’t hold cases if possible. May refer service on an as needed basis” and keep in communication with referring worker.”*
 - *“There is a bit of a waitlist. Tell worker of waitlist and client may get referred to another program.”*
 - *“There is a separate waitlist between workers and separate organizations.”*
- Theme 3: Many different factors and circumstances define an “incomplete” Wraparound case
- *“Hard to define what is an incomplete Wraparound case”*
 - *“Sometimes when the family is experiencing crisis, it is hard to move forward.”*
 - *“Patterns of behaviours often signal disengagement where goals are identified by not reached. Hard to terminate and sometimes these families get stuck and put onto maintenance.”*
 - *“Have to make sure not to do case management. Hard to balance between case management and being a case facilitator. But Wraparound needs to be flexible.”*

5- Challenges and Barriers to Wraparound

Wraparound facilitators were asked to discuss organizational and family-specific challenges and barriers they often experienced while working with families.

- Theme 1: Impact of Poverty on Family
- *“Can’t do planning when basic needs of the family are not met. More funding to provide families with more resources (e.g., flex funding) to provide basic needs.”*

Theme 2: Administrative barriers to accessing services from community partners

- *“There is too much red tape involved in securing services that are not available (e.g. educational resources)”*
- *“There are a lot of barriers with other community organizations who are highly inflexible”*
- *“Often there is waitlists from other agencies so it is hard to coordinate all programs at once”*

Theme 3: Misconceptions about Wraparound and individuals involved

- *“Child welfare workers sometimes hold preconceived notion of the client. Need to get them to recognize that their definition of success is not the same as how it is defined by family/facilitator. They may see Wraparound as step in service and this creates barriers because workers shuts down the momentum”*
- *“Lots of blaming. There needs to be more advocating for the family.”*
- *“Family may view facilitator in a negative way because of their experience with child welfare agency. Need to challenge family’s perception and acknowledge that this is happening.”*
- *“There may not be enough information sharing from the family because of misconception of what Wraparound is (e.g., mistaken for case management) and need to correct this.”*

Theme 4: Some barriers are specific to youth

- *“For youth between 12-13 years, it is hard to find appropriate programming because of their age.”*
- *“Safety is another big concern for youth. Many families come from priority neighbourhoods and family may not let kids out because of child welfare regulations. And then you have a ripple effect.”*
- *“The culture in high school. Kids deal with gang violence and bullying.”*

Theme 5: Differences in generational culture facilitate barriers between the client and their family

- *“Youth and parents have different mentality and come from different generational cultures. Dealing with these dynamics can make the delivery of Wraparound difficult. If youth feels that their voice is not heard then that becomes a big challenge”*
- *“Dynamics between family and youth may also interfere with the services youth receives. Youth might have an informal resource by mom may not want it.”*

Theme 6: Facilitators face various challenges and barriers regarding accuracy of referrals and safety issues

- *“Good amount of knowledge so that it is an appropriate referral. Make sure the form is filled out with the family so that the info is from family.”*
- *“Safety information needs to be included in referral (e.g., dogs, neighbourhood safety) especially since concerns are different across workers who want to be informed beforehand.”*

6- Improvements to Wraparound

Wraparound facilitators were asked to indicate ways they felt the program can be improved.

Theme 1: Referring workers and supervisors be knowledgeable about Wraparound

- “Before making referrals it is important for referring workers to know what kind of cases is appropriate to avoid extra work.”
- “Prior to referral, have facilitator meet family to see if Wraparound is appropriate”
- “It is important for supervisors to have an open attitude and perception of Wraparound. They need to be highly educated about it and is important for them to sit on the community resource team that encourages communication.”

Theme 2: Extend Wraparound services as a key service option for other youth

- “Apply Wraparound to schools that aim at keeping high risk families together and not just to keep kids in school”
- “Other families with high/complex needs, who do not fit the criteria for Wraparound can benefit from Wraparound. We should increase the application of Wraparound to focus on specific populations with facilitators with specific skills”

6.2 Key Informant Interviews with Wraparound Managers

Wraparound managers were asked to share some of their experiences from a management perspective (refer to Appendix B). The results are summarized below:

Q1: Wraparound fidelity guidelines specify several time parameters during which specific goals need to be met. Can you tell me about your agency’s capacity to meet those goals?

Across the three sites, the managers reported that overall their agency could meet the time guidelines specified in the Wraparound process. Three common themes emerged across the three agencies.

Theme 1: Contacting the family within 7-10 days of referral is generally accomplished. The only obstacle identified: *missing information on the referral sheet.*

Theme 2: Progress can be a bit slow with regards to the Strength Needs and Cultural Discovery, and the Wrap Plan. A frequent obstacle to meeting these timelines are: *family crises*, such as eviction notices, which “interferes with the engagement and discovery process” as the family needs to first resolve the crisis to be able to engage in the wrap service. In general, “complex and immediate needs of the family may interfere with some of the process.”

Theme 3: The formation of a team that includes *natural supports* is often a long-term goal that evolves throughout the Wrap service. The key obstacle is: *delay in forming a team* (which then delays the meeting of other service goals). Managers note there is “...concentrated effort to stay on track” but acknowledges there is constant tension between the goal of making progress and moving the family along the Wrap process and case reality: “*Wrap plan and team development is sometimes slow when the family is isolated.*”

Q2: A focus of the Wraparound philosophy is to assess and meet the family's needs across life domains. Tell me about your agency's capacity to meet this goal.

Overall, managers stated that their agency was able to assess and meet the families' needs across life domains. The following themes emerged as "obstacles and aides" in meeting this service goal:

Theme 1: *"Ongoing challenge is meeting the complex needs of the family"* such as housing, parental mental health problem or settlement issues etc.

The key obstacle to meeting complex needs: *limited community resources* which result in long wait lists (e.g. to see a psychiatrist) or very little resources (e.g. housing availability).

Aides to address those barriers are: *Good working relationships with other community partners* as Wrap families are sometimes offered expedited access to services (*"We have established relationship with others in agencies so that families get prioritized"*); *a supportive team member* was also identified as a strong support system to overcoming the lack of community resources (e.g. a relative can offer temporary assistance).; and *utilizing the services that families have already in place*. *"Families may already come in with existing resources so we use these as well as to build new resources."*

Theme 2: The *lack of a team* and *family's lack of financial resources* was identified as the most significant blocks in ability of Wrap to meet the family's needs. The assistance that the community partners can offer is often limited so these two obstacles require creative problem-solving by the Wrap facilitator. In particular, if there is no team, the facilitators' job is much more difficult as underscored by this respondent's comment: *"...if there is no solid team, the facilitator does a lot of the planning."*

Theme 3: *Catchment criteria* appear to sometimes hinder the access to services that would help a family address a life domain. For example, identified service need is: *"...recreational program for the youth, but the youth may not fit the age criteria, or the supports available may be tied to a location so that if the family moves than they lose the supports"*. *Access to a community resource team* (where all the agencies across the community are represented) was identified as way to creatively problem-solve around this issue. The facilitator can present the case to the committee for assistance on how to solve the problem of access to services or find alternative programs in another community.

Q3: Tell me about your community partners' involvement with the Wraparound process.

Across the three agencies, managers praised the assistance and collaboration they receive from their community partners. From time to time there may be a community professional who does not understand the Wraparound philosophy; however, this is usually resolved through communication with the Wraparound facilitator. Wrap managers also noted that occasionally a child/youth's school team has difficulty understanding the Wraparound service. For instance, the school team may identify different goals than the youth's and may not understand the facilitator's role in assisting the youth to achieve those goals instead of those identified by the school team. Although this obstacle is often solved through explanation of the facilitator's role with regards to the Wraparound process, the managers describe the relationship with the child/youth's school team overall as: "...positive experience butan area of ongoing and active focus."

Q4: A major focus of Wraparound is to provide individualized services where the family's voice is the most prominent. Tell me about your agency's capacity in meeting these criteria.

Three themes emerged from this inquiry:

Theme 1: *Wrap is a voluntary service, for families, with a "can do" approach.* It is explained to the family that Wrap is a voluntary service, they can agree to participate or to opt out, where, "...there is a focus of giving the family the voice wherever possible" and "...no obstacles are big enough" to prevent Wrap from happening.

Theme 2: *Youth safety concerns take priority.* Safety is the only reason that a family's voice may not predominate, and since most referrals are from Children's Aid, this is sometimes an issue. For example, a parent may want to do something that goes against a child custody order; Wrap explains to the family at the beginning of the service that the goals must be inline with existing Child Welfare orders.

Theme 3: Individualized services are provided through a team process. The team is identified as an invaluable resource. While *"The family chooses what they want to work on...the team members are also given a voice to specify the areas that they would like the family [to address]."* The team may assist with obstacles such as lack of English command or act as an interpreter when needed.

Q5: Tell me about the training and supervision needs of the Wraparound facilitators? What are some of the obstacles that your agency has faced? What has helped to assist in this area?

Managers at the three sites all reported a *"strong supervisory presence"* and noted several forums through which facilitators are able to get assistance:

√ *'Ad-hoc' daily, as need basis*

√ *Regular, scheduled supervision*

√ *Inter-agency, peer support meetings*

The Wraparound coach and "shadowing" more experienced Wrap workers were seen as invaluable resources for initial learning and ongoing training opportunities.

Q6: Tell me about the profile of the families that excel with the Wraparound service. Is there an ‘ideal Wraparound’ and ‘less ideal Wraparound’ family-type?

Overall, the managers reported that “*Anybody can go through with Wraparound*”. The following common obstacles from the perspective the key characteristics of families it was perceived that Wrap was either the most effective for or least effective with:

- Family ambivalence:
“*People referred have to want to participate.*” This however does not mean that if the family is bit ambivalent that Wraparound is declined. “*The facilitator then needs to work on building a relationship with the family or to slow it down to engage with the family. Regardless, the facilitators always give it a best shot.*”
- Parental Mental Health:
This could include drug and alcohol addiction or mental health diagnoses such schizophrenia. Wrap managers consistently indicated that active support from the appropriate sectors (e.g. mental health) is invaluable resources to assist in the Wraparound service.
- Family isolation or lack of trust:
Where a family/youth is isolated and/or distrustful of intervention it may take longer to complete the process as the “*...family may need time to build relationships*” and begin to trust. Also, as noted previously, in some cases it is “*...difficult to build a team*” making it challenging for the Wrap worker to implement Wraparound.

Q7: Tell me about the accessibility of Wraparound. Presently, who can access Wraparound? In your opinion who should be able to access Wraparound? – what are some of the policy changes that would facilitate the type of access that you described.

While the managers stated that “*Everyone should be able to access Wraparound*” they noted that the main obstacle to accessibility: funding.

“*Flexible funding*” was identified as a possible solution to increasing accessibility. There is a lot of interest in the community about the Wraparound process as an effective, evidence-based intervention that provides an individualized care plan for the youth and their family. The three study sites receive inquires about whether the service can be access by families not involved with Children’s Aid. Despite the fact there seems to be a broader need for this service in the community and while these inquiries seem to be appropriate for Wraparound, the agencies cannot offer the Wraparound service due to the “*bound by funding*” regulations.

7.0 Phase 4: Family Phone Interviews

To assess the impact of the Wraparound program, families currently receiving Wraparound services were contacted and interviewed via telephone. The objective of these family interviews was to gain insight into families' perspective and satisfaction with the Wraparound process. The interview addressed three key areas: 1) The wait for service period associated with Wraparound, 2) Fidelity of Wraparound experienced by the family, and 3) Family's overall satisfaction in the Wraparound service.

7.1 Wraparound Families

Five families currently receiving Wraparound services from two sites were sampled, contacted and volunteered to participate in the phone survey. Results are generalized across the families and sites and are summarized below.

7.2 Results for Family Phone Interviews

1) Wait Period of Wraparound

Each family was asked, "What was the length of time you waited before Wraparound services started?" Response ranged between one week to two months. Overall, three families felt their wait time was "short" or "very short". Two families stated the wait period was "long" or "OK" and both were experiencing crises at the time.

Interpretation: Ratings of families wait time may be more reflective of the extent to which families need or ability to use support rather than the quantitative measurement of time.

2) Fidelity of Wraparound

The five families were asked about, "What were the processes associated with Wraparound? All five indicated that:

- √ They were able to choose the goals being addressed with Wraparound
- √ They were given a plan
- √ They were able to tell the facilitator what to include in the plan
- √ That the facilitator was sensitive to the family's culture, values and customs
- √ That people important to them were included as part of the Wraparound Team and these people played an integral part in helping the family meet their goals

Four of the five families participated in team meetings; all four indicated:

- √ Goals were reviewed by all members of the Wraparound team

Three of four indicated:

- √ Everyone worked together to make appropriate changes to goals when they weren't met
- √ The Wraparound team celebrated goals each time they were achieved.

Families were asked if the Wrap facilitator and other agencies collaborated during team meetings. Four of five indicated:

- √ There was a good partnership between the facilitators and other agencies

One family indicated some resistance from an agency in working with the Wrap team and felt that this agency was non-responsive to the philosophy of Wraparound; it meant communication between the agency and the Wrap team became very difficult.

Interpretation: Families' responses suggest a consistent level of fidelity is being achieved with the Wraparound program across agencies.

3) Overall Satisfaction

Families were asked, "Overall, are you satisfied with the Wraparound program?" All said:

- √ They were treated with courtesy and respect by the facilitator.
- √ They felt listened to and treated fairly.
- √ They are "satisfied" ($n=1$) or "very satisfied" ($n=4$) with the Wraparound program

Interpretation: Overall, families are very satisfied with the service they receive from the Wraparound program.

8.0 Phase 5: Incomplete Wraparound Cases

To understand some of the contextual factors that may be related to Wraparound cases where there was incomplete service, facilitators were asked to complete the following:

1. Incomplete Wraparound Cases Worker Questionnaire
2. Client/Family Demographic Survey

8.1 Incomplete Wraparound Cases Worker Questionnaire

The *Incomplete Wraparound Cases Worker Questionnaire* tool assessed facilitator's perception of the barriers that prevented some of their clients from utilizing Wraparound services. Specifically, client, family and organizational-specific factors were of interest. Responses from all five Wraparound workers from all three agencies were collected. Only families that the Wrap workers had worked with within the past year were reviewed; a total of 11 families were assessed and two questions were posed:

Question 1: What prevented families from utilizing Wraparound services?

Question 2: What are some structural issues that prevented families from utilizing Wrap?

1) Incomplete Wraparound Cases Worker Questionnaire

Question 1:

What prevented families from utilizing Wraparound services?

Theme 1: LACK OF TRUST

a) Within the Family

- *"Mother and daughter conflict. It was very difficult for the two of them to participate in something with the other one present. Yet they both agreed that they ideally wanted to have a better relationship and get along."*
- *"Each one harbored deep resentment and hurt towards the other. They participated in family counseling which was not successful."*
- *"Youth felt that she couldn't trust her mom and blames her for past incidents."*
- *"Parents live together in the same house but are separated. They are not open to receiving any kind of services and family members do not communicate any aspects of their personal life. They don't care for each other and there are occurrences of domestic violence. Family members don't want to work together over family issues."*
- *"They blame each other but at the same time they recognize that everyone has emotional problems to deal with before working together."*

b) Within the community

- *"Family lives within a native community and feels torn between trusting people of their own culture and/or those with differing backgrounds and experiences. They speak of feeling judged and targeted by outside services, schools and other native people."*
- *"They both [client and her mother] have significant trust issues. The youth's mother feels very judged by everyone and therefore is often on guard."*

Theme 2: BUSY SCHEDULE

- *“Youth went to school full time and worked full time from 3pm-11pm; parents also had a very demanding work schedule; many appointments were missed by parent and youth”*
- *“Single parent family with many children other than identified youth. Parents unable to commit time to process”*
- *“With so many things going on it was hard for them to keep track of appointments”*
- *“It boiled down to not being about to physically connect with the family due to the lack of structure in the home. Regular and consistent meetings/visits were very challenging”*
- *“Demanding work and school schedule created difficulty in communication – could only meet with youth at school and youth would often forget about appointments”*

Theme 3: GENERATIONAL GAP BETWEEN YOUTH & CAREGIVER

- *“Youth was living with grandparents and the generational gap created difficulties in understanding and support. Also because of health issues grandparents could not deal with the stress of youth’s non-compliant behaviour”*
- *“Youth was open to use Wraparound. However, the grandparents were concerned about the youth’s ability to take ownership to follow through. They had low tolerance when incident happened. Youth got arrested for shoplifting, that was the straw that broke the ‘camel’s back’ for these grandparents; they informed CAS that they can no longer be responsible for this child”*

Theme 4: BASIC NEEDS OF FAMILY NOT MET

- *“The household was overcrowded with biological family members and neighbourhood peers. The youth described home as very chaotic. Rarely did members of this family experience alone time and therefore concentrating on homework or tending to ones own needs is limited”*
- *“The family often experienced that their phone would be turned off or disconnected so reaching them was sometimes difficult”*

Theme 5: PHYSICAL OR MENTAL HEALTH CONCERNS

- *“Youth’s mom is eager to make changes, but due to back pain and suspected pain medication overdoses, she was often unable to function”*
- *“Parent had difficulty attending meetings, was often ill and unable to meet facilitator”*
- *“Family couldn’t continue as youth had mental health issues that need to be addressed first”*
- *“Youth AWOLing from group home”*

Theme 6: PARENTS OVERWHELMED

- *“Family was overwhelmed with attending meetings for the last seven years with too many different service providers”*
- *“Youth’s mother cared for seven children of her own, worked... participated in community breakfast club, spoke of partner difficulties, and road blocks... she was spread a little thin”*

Theme 7: INABILITY TO ENGAGE FAMILY

- *“Youth was not able to focus with what was being planned or suggested to her. She couldn’t really take ownership”*
- *“After ongoing periods of difficulty reaching the family the file needed to be closed until it appeared that the family was more prepared to follow through with the Wraparound process”*
- *“Family really didn’t agree that they needed any help in the first place, they really weren’t invested”*

Theme 8: DISTANCES TOO GREAT

- *“Family characteristics fit perfectly for Wraparound. However the family situation was almost at the breaking point and soon after we started working with this family the client was taken into care with indefinitely time to return home”*
- *“Hard to have meeting because youth was out of town and getting transportation to being youth in that didn’t interfere with his school schedule was really hard”*
- *“Youth was in a group home placed outside Toronto and CAS wasn’t clear on when youth was returning home”*

Answer:

Generally, family issues prevented families from utilizing Wraparound services.

Question 2:

What are some structural issues that prevented families from utilizing Wrap?

FAMILY

Theme 1: TRUST ISSUES

- *“Family has a long history with child welfare and was hesitant to allow a worker affiliated with CAS into their homes. Family has also been let down in the past by community partners and wondered what would be different with Wraparound”*
- *“They [family] spoke of feeling judged and targeted by outside services, schools, others.”*

WORKER

Theme 2: ALTERNATIVE AGENDA

- *“Child welfare worker had own agenda about what family needed. Family did not understand or agree with goals suggested for their life. Child welfare worker was also under the impression that Wraparound is a counseling service, although process was explained in depth to worker”*
- *“Suggested goal areas were not agreed upon by youth who was interested in completing school and traveling; worker suggested goals that had youth work less often to focus on school and friends”*

AGENCY

Theme 3: RESTRICTIONS TO ACCESSING SERVICE

- *“Family almost could not access service due to their home address”*
- *“Many of the services that parent could have accessed had a cost attached – family has not financial resources and therefore could not access certain programs”*

Theme 4: RESTRICTIVE POLICIES

- *“Months later the youth turned 16 years old and she and her mother hoped to reopen the file. Unfortunately this could not happen due to her age. The family was very saddened by this”*
- *“CAS wasn’t very involved and there wasn’t a consistent worker ever assigned to the file”*

Theme 5: MISCOMMUNICATION BETWEEN AGENCIES

- *“Family was referred to Wraparound to late. It was a misunderstanding from the referring organization that Wraparound will coordinate all the services that were already in place for this family and motivate the family in continuing to receiving services and it was not what the family wanted. We have to improve our communication between referral workers and Wraparound facilitators and discuss when the family situation is appropriate or not for Wraparound”*

OTHER

Theme 6: DIFFERENT SERVICE REQUESTED

- *“No structural barriers to provide Wraparound services to this particular family. They just requested a different type of service”*

Answer:

While some structural issues are related to families, the preponderance of structural barriers appear to be due to policies and practice of agencies or individual worker issues.

8.2 Client/Family Demographic Survey

To examine client, maternal and family-specific factors that may be related to incomplete Wraparound cases, facilitators were asked to complete the *Client/Family Demographic survey*. Responses from all five Wraparound workers from all three agencies were collected. Again, only families that the Wrap workers had worked with within the past year and deemed “not successful” were reviewed; a total of 14 families were assessed. Analysis found the following results:

1. Child-specific Characteristics associated with 14 youth who did not utilize Wrap services.

Amount of individual risk each youth was exposed to was examined.

- One-third, 36% ($n=5$) have a formal mental health diagnosis such as attention deficit hyperactivity disorder and oppositional defiant disorder
- More than one-quarter, 29% ($n=4$) experienced some form of developmental challenge or delay
- Most experienced difficulties in school, 79% ($n=11$), while 43% ($n=6$) experienced difficulties with peers
- Most expressed some form of externalizing behaviours (e.g., hard-to-manage behaviours), 86% ($n=12$) while 43% ($n=6$) of clients displayed some internalizing behaviours (e.g., depression, withdraw)
- None experienced physical illness.

Type abuse experienced by each youth was investigated:

- Most facilitators indicated the youth experienced at least one type of abuse, 71% ($n=10$)
- Many of these youth have experienced emotional abuse, 57% ($n=8$), while 43% ($n=6$) reported incidence of physical abuse and neglect.
- None reported the occurrence of known sexual abuse.

Amount of abuse experienced by each client was reviewed:

- 29% ($n=4$) did not report the experience of abuse
- Most, 71% ($n=10$) experienced maltreatment; 21% ($n=3$) experienced one type of abuse; 50% ($n=7$) indicated that they experienced two or more types of abuse

The specific types of abuse experienced by youth are summarized in Table 3:

Table 3: Type of Abuse	# (n)	%	Yes Maltreatment vs. No Maltreatment	Single Harm Vs. Multiple
Single Maltreatment Form			YES = 71%	21%
Physical Abuse	1	7%		
Emotional Abuse	1	7%		
Neglect	1	7%		
Sexual Abuse	0	0%		
Multiple Maltreatment Form				50%
Physical & Emotional Abuse	2	14%		
Emotional Abuse & Neglect	2	14%		
Physical & Emotional Abuse & Neglect	3	22%		
No Experience of Abuse Noted	4	29%	NO = 29%	
TOTAL	14	100%	100%	

2. Maternal Characteristics associated with families who did not utilize Wrap services.

Amount of risk mothers were exposed to:

- Four-out-of-ten or 43% ($n=6$) of mothers experienced some form of risk.
- More than one-third of mothers 36% ($n=5$) had physical health issues (e.g. diabetes)
- One-in-five or 21% ($n=4$) had mental health concerns
- One-in-seven (14%, $n=2$) engaged in risky behaviours and substance abuse

3. Family Characteristics were explored for families who did not engage with Wrap. Nothing appears remarkably different or distinguishing from Wrap engaged vs. non-engaged families on family characteristics.

Household structure

- Most youth were from single-parent households, 71% ($n=10$); 29% ($n=4$) came from either two-parent or step-parent households.

Children in Home

- Only child = 14% ($n=2$) this youth was an only child
- Two siblings = over half of youth had one sibling (57%, $n=8$)
- Three siblings = over one-quarter 29% ($n=4$) came from families with three children.

Social Climate of Family

- Family violence (29%, $n=4$) and Partner violence (14%, $n=2$) noted in these families coupled with 6 of 14 (43%) youth with physical abuse noted suggest some of these non-engaged Wrap families are exposed to high levels of conflict, physical confrontation and physical harm in the home.

9.0 General Conclusions and Recommendations

9.1 Conclusions

Results from the file reviews, the key informant data from the Wraparound facilitator focus groups and questionnaires, and interviews with the managers and families suggest that:

Evidence-base Practice	There is a consistent level of fidelity being achieved with Wrap services across Oolagen, Youthlink and Yorktown Families using Wrap services are very satisfied with the service
Improve Other Agency Awareness	Although Wraparound is an emerging community-based treatment program that is widely supported by other community-based agencies, more knowledge dissemination is required to educate other agencies/ workers about Wraparound philosophies
Barriers	There are child, family and organization-specific barriers to implementing Wraparound services
Areas to Advance Knowledge	Wrap may not be suitable for youth experiencing multitude of risk and families experiencing crisis and have high, complex needs

9.2 Recommendations

Based on the analysis of the data and informed by the conclusions, the following recommendations are made:

Recommendations at the Organizational Level

1. Define Wraparound fidelity as one of the top priorities to help maintain a constant level of quality service. Continue with existing procedures and quality assurance practices to ensure program fidelity while implementing new processes to monitor and evaluate short and long-term outcomes for Wraparound.
2. Focus on knowledge dissemination to educate other agencies, workers as well as families about Wraparound and its philosophies. With more communication, myths and misconceptions about Wraparound can be dispelled to avoid conflict with collaborating agencies during the referral and implementation process of Wraparound. Creative ways to knowledge dissemination can be explored (e.g., Wraparound presentation to CAS workers)
3. Develop policy changes that are more responsive and flexible to the needs of families (e.g. flexible funds)
4. Engage in research that will explore child and family-outcomes associated with Wraparound services. Moreover, a systematic, randomized evaluation process is required to examine the effectiveness of Wraparound, Wraparound fidelity, and worker and client satisfaction

Recommendations at the Child and Family-level

5. There appears to be a generational gap between youth and their families that is often apparent with Wrap referrals that may make implementing Wraparound more difficult. Wraparound facilitators need to be cognizant of this and find creative ways to work around caregiver-child conflicts.
6. Given the high level of conflict that exists in many families who were unable to engage with Wrap, to develop strategies that will make Wraparound more accessible to high-risk, high-conflict families
7. Wraparound services may not be suitable for all families. One goal of ongoing practice examination and future research should focus on advancing understanding for whom Wrap works and for whom it does not in order to improve referrals where Wrap service has a good likelihood of success and use of Wrap resources is optimized.

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Appendix A: Wraparound Facilitator Focus Group Questions

Exploring Agency Culture within WRAPAROUND Operates

1. What is your perception of other workers, staff, your agency's attitudes towards WRAPAROUND services and the WRAPAROUND program?
2. What is your perception of the community partners' attitudes to WRAPAROUND Services?

Exploring WRAPAROUND Training & Support

3. What impact do you believe the training has had on:
 - a. WRAPAROUND worker attitude towards WRAPAROUND
 - b. Other workers' attitudes towards WRAPAROUND
 - c. Agency knowledge of WRAPAROUND, program, services,
 - d. Referral patterns to WRAPAROUND?
 - e. Are there differential ways to receive training?
4. What impact do you believe ongoing support has had on:
 - f. WRAPAROUND worker attitude towards WRAPAROUND
 - g. Other workers' attitudes towards WRAPAROUND
 - h. Agency knowledge of WRAPAROUND, program, services,
 - i. Referral patterns to WRAPAROUND?
 - j. Has there been adequate support?
5. After the initial training what additional training or support is needed for workers? What is an adequate level of training / support for WRAPAROUND?

Exploring WRAPAROUND Worker Skill Set

6. What are the most important skills required of WRAPAROUND workers to effectively engage and service youth and their families?
7. How do workers address fidelity to the WRAPAROUND model?
8. What skills are needed to build a resource team? What do you do when there are no community/ family resources (e.g. newcomer to Canada)

Exploring WRAPAROUND Case Factors

9. Tell me about factors at the time of referral that flag it as a WRAPAROUND case and which factors identify it as not a WRAPAROUND case?
10. Tell me about the WRAPAROUND "pending cases" – is there a common way to address it? The service prior to WRAPAROUND has that changed or stayed the same?
11. Tell me about the WRAPAROUND "incomplete cases". What goes into the "incomplete" cases? Are there similarities across them? Was service adequate? What are the barriers to service?"

Exploring Challenges and Barriers to WRAPAROUND

12. In your view, what are the biggest challenges that workers face in working with WRAPAROUND and families?
13. In your view, what are the biggest challenges that the youth face in receiving WRAPAROUND services?
14. In your view, what are the biggest challenges that families face in receiving WRAPAROUND services?
15. What factors facilitate WRAPAROUND referrals and what factors act as barriers?
 - a. What are specific worker factors, agency factors act as barriers, what facilitates?

Exploring Improvements to WRAPAROUND

16. What strategies would you recommend for facilitating WRAPAROUND referrals and service?
17. What role do supervisors have in the facilitation of WRAPAROUND referrals and service?
18. What are your suggestions for improvements to the WRAPAROUND program?
19. What changes can be made at a program, agency, and policy level to support the utilization of WRAPAROUND as a key service option for youth?

Closing

20. Is there anything else you think I should know about the WRAPAROUND services?

Appendix B: Wraparound Managers Focus Group Questions

- Q1: The Wrap fidelity guidelines specify several time parameters during which specific Wrap goals need to be met. Can you tell me about your agency's capacity to meet those goals?
- Q2: A focus of the Wrap philosophy is to assess and meet the family's needs across life domains. Tell me about your agency's capacity to meet this goal.
- Q3: Tell me about your community partners' involvement with the Wrap process.
- Q4: A major focus of Wrap is to provide individualized services where the family's voice is the most prominent. Tell me about your agency's capacity in meeting these criteria.
- Q5: Tell me about the training and supervision needs of the Wrap facilitators? What are some of the obstacles that your agency has faced? What has helped to assist in this area?
- Q6: Tell me about the profile of the families that excel with the wrap service. Is there an 'ideal wrap' and 'less ideal wrap' family-type?
- Q7: Tell me about the accessibility of Wrap. Presently, who can access wrap? In your opinion who *should* be able to access wrap? – what are some of the policy changes that would facilitate the type of access that you described.