

# WRAP CANADA

*“Creating Community for All”*

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AN OVERVIEW  
OF THE  
CANADIAN HIGH FIDELITY WRAPAROUND MODEL  
AND CERTIFICATION SYSTEM AND TRAINING PROCESS

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Andrew Debicki,  
Wraparound Development Director,  
Shalem Mental Health Network  
and  
National Development Director,  
Wrap Canada



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## **A LETTER OF WELCOME FROM WRAP CANADA**

**Dear Training Participant,**

Thank you so much for choosing to participate in Wrap Canada's Wraparound Facilitator Training in the Canadian High Fidelity Wraparound model.

### **So what is the Wraparound process?**

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

**In this first section of the Facilitator training manual we will provide you with:**

- An Introduction to Wraparound in Canada
- An overview of the Canadian High Fidelity Wraparound Model
- The Facilitator Training Process and the Certification System
- Training, Coaching, Program Development and Program Evaluation Support Provided by Wrap Canada

### **The Development of the Canadian High Fidelity Wraparound Model and this Facilitator Training Manual**

The team from Wrap Canada's Canadian Wraparound Training Institute developed this basic skills curriculum, the accompanying Training Modules and Learning Journal. They built on the evidence base for High Fidelity Wraparound that was first established in the United States that is outlined on the National (U.S.) Wraparound Initiative's website.

This model was adapted to Canada and further developed over the last 20 years by the lead author, Andrew Debicki (Wraparound Development Director with Shalem Mental Health Network & Wrap Canada's National Development Director and Co Chair of The Canadian Wraparound Training Institute) with the support of the following members of Wrap Canada's Canadian Wraparound Training Institute:

Mark VanderVennen (co chair), E.D. of Shalem Mental Health Network  
Cathy Blocki-Radeke (co chair), Mgr.Wraparound Services, Oolagen Community Services

Jane Ashmore, Wraparound Coordinator, Northumberland Wraparound  
Jacqueline Jean-Pierre, Wraparound Facilitator, Oolagen Community Services

Louise Latourelle, Wraparound Coordinator, Wraparound Halton  
Elske de Visch Eybergen, Wraparound Coordinator, Wraparound Hamilton

Lise Vanderblik, Wraparound Coach, Oolagen Community Services  
Helder Koster, Wraparound Facilitator, Oolagen Community Services

Gisele Forrest, Mgr Wraparound Services, Catulpa Community Support Services



This team has close to 250 years of collective experience working with children, youth and adults and their families dealing with multiple, complex and ongoing problems, implementing community based services and leading and supporting change in policy and practice at the local, provincial and national level for the purpose of developing more value based, effective and efficient programs to support this population.

This team also has close to 150 years of collective experience in implementing the Wraparound process with children, youth and adults and their families. The members of this team have collectively provided hundreds of trainings in how to implement the Wraparound process across most of the provinces of Canada and, more recently, in Norway.

Taken together all of this experience and wisdom led them over the last 10 years to commit to implementing the Wraparound process to a high degree of fidelity with the model. In this respect the meaning of the term fidelity is “to stay true to the model”. This is where the term “High Fidelity Wraparound” originated.

Over the last 6 years this team has made significant progress in defining and operationalizing a Canadian High Fidelity Wraparound model. They started by building on the work and success of the National Wraparound Initiative in the U.S. and especially on the work of Dr. John VanDenBerg of Vroon VanDenBerg, LLP.

The model of High Fidelity Wraparound that they developed in the U.S. was based on a set of 10 key practice principles and 4 phases of activities that a Facilitator must implement to a high degree of fidelity in order to help the participant to change in significant ways that lead to the improvement of their lives on a daily basis. This model was then rigorously tested and refined through research done by a number of leading researchers across the U.S. over the last 10 years.

The research is clear: Wraparound implemented to a high degree of fidelity with the model is highly correlated with significant change in the lives of the children, youth and adults and their families served.

From there the team looked at the implementation gap. That is the gap or the challenges that arise out of taking a model developed in the U.S. within a very different social, educational and health care system as well as a different culture and attempting to implement it here in Canada.

We then studied Canadian programs that were particularly successful in adapting and implementing the Wraparound model to work to a high degree of fidelity here in Canada that was highly correlated with significant change for the people/families served.

In the U.S the National Wraparound Initiative’s Wraparound Evaluation and Research Team (WERT) developed standardized tools that have been normed and validated to measure fidelity. The most significant of these tools is the Wraparound Fidelity Index (WFI).

Over the last 6 years we have adapted the wording of the WFI with their permission and support so that we can effectively measure the fidelity of our implementation of a Canadian model of Wraparound. The result of all of this work has been the development of a Canadianized version of the Wraparound Fidelity Index and the development of a Canadian High Fidelity Wraparound model.

The Canadian High Fidelity Wraparound model that was developed is based on all of the work done to specify the critical components necessary to effectively and efficiently implement the

model to maximum effect for the children, youth and adults and their families served. Adherence to this Canadian High Fidelity model and the implementation and ongoing development of fidelity tools like the Wraparound Fidelity Index are crucial to the continued improvement in how to most effectively help the people and families we serve.

The Wraparound Facilitator training and certification system that we have developed is delivered over five days of training (or through the completion of 10 three hour modules). Each day of training or module has different exercises to choose from depending on the needs of those being trained and the target population with which they are working.

We have established two new levels of certification that are more skill based than those used previously. When a Facilitator has completed the first 5 days of training or the first 10 modules of training and the necessary exercises including their Learning Journal they are then designated as a **“Certified Wraparound Facilitator”**.

The next level of certification is achieved when a certified Wraparound Coach has trained and observed that the Facilitator has developed the necessary skills to implement the Wraparound process to a high level of high fidelity on a consistent basis with at least two or more people/families. They are then designated as a **“Certified High Fidelity Wraparound Facilitator”**.

**Both levels of certification are also dependent upon the person being a member in good standing with Wrap Canada.**

**Wrap Canada Contact Information:**

Wrap Canada,  
1 Young St., Suite 512,  
Hamilton, Ontario, Canada,  
L 8N 1T8

**Wrap Canada’s National Development Director, Andrew Debicki, can be contacted by email:**

[andrewdebicki@wrapcanada.org](mailto:andrewdebicki@wrapcanada.org) or at [awdebicki@aol.com](mailto:awdebicki@aol.com)  
Cell – 905-570-2086

Additional information about Wrap Canada and The Wraparound process may be found on our website at:

[www.wrapcanada.org](http://www.wrapcanada.org)

**Other Resources on the Internet:**

There are hundreds of websites that have useful information about the Wraparound process, a System of Care approach and other related programs and projects to do with Wraparound in Canada, the U.S. and around the world.

The most complete and comprehensive information about the Wraparound process in the U.S. can be found on The National Wraparound Initiative’s website that can be found at:

[www.rtc.pdx.edu/nwi](http://www.rtc.pdx.edu/nwi)

Another helpful source of information about Wraparound in the U.S can be found on their website at:

<http://cecp.air.org>

This is the website for the U.S. Center for Effective Collaboration and Practice supported by SAMHSA. Its mission is to support and promote a national preparedness in the U.S. to foster the development and the adjustment of children and youth with, or who are at risk of developing, serious emotional disturbance (SED).

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## Learning Objectives for this Section

- The participant will be able to explain the Wraparound process and how the different elements of the process come together to support change for the people/families served, enabling them to meet their needs, build connections to positive social networks and affect real change in their lives
  
- The participant will be able to explain what it means to implement the Wraparound process to a level of High Fidelity; they will be able to identify the Core Community Values, the Key Practice Principles and the 4 phases and their activities that form the foundations of the Wraparound process. The participant will understand how the Wraparound process is different
  
- The participant will be able to identify and simply explain the 7 critical components of the Canadian High Fidelity Wraparound model and will understand how these components work together to result in the provision of the most effective and efficient Wraparound process for the people/families served
  
- The participant will be able to identify the important needs, resources, system partnerships and community supports that are required to ensure the successful implementation of the Wraparound process with the target population with whom they will be working

## **PART A – AN INTRODUCTION TO WRAPAROUND IN CANADA**

### **A Brief History of Wraparound Across Canada: 20 Years Later<sup>1</sup>**

The year 2013 marks the 20<sup>th</sup> anniversary of the Wraparound process starting to be adopted, developed and implemented across Canada.

In the early 1990s many practitioners in child and family services across Canada had come to realize that residential treatment for children and youth dealing with complex needs did not often result in positive outcomes. Service providers came to recognize that a dramatic shift in our working paradigm was needed.

This led many practitioners to search for alternative and more effective ways to support children and youth with complex needs so that they could successfully remain in their home and community. And that search led to the discovery of the Wraparound process, first developed in the United States.

Many agencies and community groups in British Columbia, Ontario and Saskatchewan started to develop system and community partnerships to implement the Wraparound process through the 1990s. By the year 2000 those initial ventures into Wraparound started to mature. Research studies in both Ontario and British Columbia demonstrated positive outcomes. A strong provincial association developed in Ontario and they started to connect with groups implementing the Wraparound process around the country.

The Wraparound Association of Ontario hosted two national conferences, first in 1999 and then in 2005. These led to a further spread of Wraparound across Canada and eventually, in 2008, to the formation of Wrap Canada, a new national association dedicated to “supporting 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 can have better lives and can be active participants in their community.”

Now, 20 years since that first interest in Wraparound, there are initiatives in most provinces and territories, across the age spectrum and across cultures. The introduction of Wraparound has also had a significant impact on the existing government funded services. In the early 1990s treatment plans were made based on a medical or problem-based model of understanding. Today, almost all human service professionals talk about individualized, strength-based practice with the person/family at the centre. A Canadian model of Wraparound has been developed and Wrap Canada’s Canadian Wraparound Training Institute has been launched in 2013. A strong program evaluation framework has also been developed and piloted with a focus on youth and adult resilience.

Looking back, these have been an exciting 20 years. One wonders what the next 20 years will bring!

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<sup>1</sup> A brief article developed for Wrap Canada’s E Bulletin by Andrew Debicki and Dianne Kindon, Board member, Wrap Canada

## **Wraparound at its Simplest**

So far we have given you just a very brief description of Wraparound which is as follows:

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

We have talked about the importance of implementing Wraparound to a high degree of fidelity with the Canadian model. We have also pointed out that it is important to ensure that as each organization, system partnership and their respective community implement the Wraparound process that they adapt it to the unique strengths, culture and needs of their community and the people whom they serve.

## **How does the Wraparound process work for a child, youth or adult & their family?**

### **Introduction**

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 person/family can be involved in a Wraparound process for anywhere from 3 to 4 months to 18 to 24 months. However, on average, most of the people and the families served are formally involved with Wraparound for about a year.

### **Starting the Process with an Identified Person/Family**

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 immediately address them.

### **Assisting the Person/Family to Identify Their Hopes and Dreams, Their Goals and Needs, Their Strengths and Culture and the People They Want On Their Team**

Once a safety plan is in place the Facilitator moves quickly to assist the child, youth or adult and their family to identify their hopes and dreams, their long term goals, their strengths, their family culture and the specific needs that have to be addressed on a daily basis.

The Facilitator ensures that all of the person's/family's needs are identified. They do this by asking about the person's needs in each area or domain of their life. We use the social determinants of health as defined by the Public Health Agency of Canada to both map and organize the person's/family's identification of the needs with which they require the help

of others. Some of the social determinants of health include housing, income, health, relationships, work, education and so on. The social determinants of health will be explained in more detail later.

The Facilitator then assists the person and their family to identify whom they want on their Wraparound team from their friends, extended family members and service providers that they are or want to be involved with. Both natural or informal support people and those providing services for them have a place and a role on their team.

### **Bringing the Team Together and Starting The Team Based Planning Process**

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 during each team meeting has the team members brainstorming ideas to address the top one or two needs that the person/family have identified. Safety of course is always the first priority.

The type of brainstorming we do in Wraparound is different in that we review the strengths of the person, their family and their team members and then brainstorm ideas that build on these strengths so that the ideas that they come up with are doable. We call this strength based brainstorming as it builds on what the person, their family and their team members can do, not what they can't do.

### **The Development of the Person's/Family's Wraparound or Action Plan**

The person and their family then identify and choose the ideas that they want to see as part of their plan. The Facilitator then guides the team in developing these ideas into concrete strategies that are adapted to the way the person/family live their lives on a daily basis; what we call their personal or family culture.

Team members are asked to volunteer to take on strategies that they have the capacity and are willing to do. These strategies are then written into action statements that specify who is doing what with whom, where and when. The Facilitator also assists the person and their family to identify what success will look like when each of the needs have been fully addressed.

The product of this structured but flexible planning process is a concrete plan where 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 with the assistance of their Facilitator and, at times, other team members.

## **Ongoing Team Based Wraparound Planning**

Over time the team meets frequently, at least once a month, to review the success of the plan and develop it further. 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 to revise the plan. As a need in the plan has been successfully addressed the person/family identify the next need with which they require the help of the team. Both small and large successes are celebrated frequently.

The person's/family's lives start to change in small ways very quickly as a result of this focused, structured but flexible team based planning process. Having said that, Wraparound is not a quick fix. The Facilitator and their team continue this process with the person and their family on average for a year and often longer until the person and their family believe that they can do this work on their own.

## **A Key Factor that determines the Success of the Wraparound Planning**

A key factor that determines 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 not only accepts but maximizes their choices. In this respect the team is "directed by" the person/family. They choose who will be on their team. They choose what they want to work on and how fast they want to work on it.

In this way, our long-term goal in Wraparound is to put people back in charge of their lives so that they don't feel hopeless and helpless that things will change. 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.

## **What is the Necessary Level of Intensity and Duration of the Wraparound**

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.

The length of involvement in Wraparound for a person and their family can range anywhere from 6 months to 2 years. The length of time necessary seems to be directly correlated with both the complexity and the number of complex problems that the person and their family are dealing with as well as the degree of isolation that they have from positive family and community supports.

## **What happens if the Person/Family Needs to Continue Doing Team Meetings and Planning after Transition out of the formal Wraparound process?**

It is important to note here that it is standard for the person's/family's Facilitator to follow up with them after their transition out of the formal Wraparound process for anywhere from 3 to 6 months. How they follow up and the frequency with which they do so is determined by the person/family and agreed upon during the transition process. Some people prefer that their Facilitator call them every couple of weeks. Other people prefer to have the Facilitator do a home visit each month after their transition out of the formal Wraparound process.

Sometimes people may need to continue to have ongoing team meetings, although usually less frequently than during the formal Wraparound process. One of the critical elements of success for a person/family receiving Wraparound services is that we teach them to use this process for themselves in accordance with their ability to do this.

However, sometimes they will also need another person to help them to continue with ongoing team meetings. The person/family chooses somebody to do this who must also agree to this ongoing role. Usually the person chosen has been on their team and will continue to have long-term involvement in their lives. Examples of people who have done this are members of their extended family, friends and ongoing service providers.

Transitioning from the formal Wraparound process to one of these two scenarios is part of the planning done by the Facilitator well before the formal Wraparound process is completed.

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

There are two reasons why Wraparound works with children, youth and adults and their families:

**The Wraparound process works 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 sometimes even the direction of the manager above them.

When Wraparound is implemented effectively, we certainly collaborate in some of the 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 and the person and their family have the capacity to continue to do this work on their own.

**The second reason that Wraparound works over time is that the service system supports the local community and neighbourhood to get involved and 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 lives of the people we serve in that community.

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

It is important to understand that the Wraparound process is an 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 a number of other areas or functions that must be addressed in the development and implementation of a Wraparound project to ensure the success of this approach in a community:

- 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.
- For 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 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.

- Staff or volunteers who implement Wraparound 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.
- A comprehensive program evaluation framework needs to be put in place that is ready to be implemented within 6 months of the project being launched. The program evaluation framework must include both quantitative and qualitative evaluation measures that evaluate each person's/family's success on an ongoing basis and also evaluates the fidelity of the Facilitator's work with each person/family served.

It is important to point out that depending on the target population with which Wraparound is implemented, there are sometimes other essential resources, community supports or particular system partnerships that must also be put in place to be successful with that particular target population. An example of these other areas or functions that relates to youth transitioning out of living in child welfare care or youth at risk of or who are involved with gangs will be detailed in the following section that describes the Canadian High Fidelity model.

In the long term, the people we serve using Wraparound will be successful because we have addressed all of these other areas or functions. We will explain each of these critical components more fully in the following section that describes the Canadian High Fidelity Wraparound Model.

### **The Eligibility Criteria and the Target Populations with which the Wraparound process has been successfully implemented**

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

- It must be voluntary on their part; it can't be court ordered for example
- They must be open to working with a team, even if that team is just made up of the person and minimally one other person

A number of Wraparound projects that are more broad in whom they serve have added a third criteria:

- 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 with either the current or past use of two or more human services

The following groups have had Wraparound initiatives designed to serve those people 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 just 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 and families (especially female led families)***
- *Parents of young children (the early years) or prenatal mothers*
- ***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 or adults and their families as well as newcomer and refugee 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 to their home school 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; this can include a focus on helping seniors live at home longer and safely***
- *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 in a community who turn to a local faith group in that community for help (these initiatives often 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 often use volunteer Facilitators)

## **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, 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 their 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 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 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 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's website.

In the United States a number of national institutions whose function is to review and officially recognize evidence based practices have declared that Wraparound, when used with specific populations, has been recognized as a fully evidence based practice. To see the latest summary of the research done on Wraparound in the U.S., please refer to the website for the National Wraparound Initiative: [nwi.pdx.edu](http://nwi.pdx.edu)

## **PART B - AN OVERVIEW OF THE CANADIAN HIGH FIDELITY WRAPAROUND MODEL**

Here in Canada Wraparound is all about building a community of support for those most in need. Wraparound is what is sometimes referred to as a "whole community approach". 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 in the United States these components have been determined to form the critical components necessary to implement High Fidelity Wraparound in the U.S..

We have added the following things to these components in order to address the implementation gap experienced by many in implementing the American model of Wraparound here in Canada as follows:

- 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 Drs. Michael Ungar and Linda Liebenberg, Co Directors 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 a strong program evaluation framework comprised of evaluation tools that are not only “Wraparound friendly” but have added value to the implementation of the Wraparound through “embedding” some of the most useful tools within how we implement the Wraparound process
- Expanded the definition of a strong system partnership beyond government funded services who provide services to the target population to include other community based organizations, groups, faith communities, neighbourhood associations and service clubs

- The development of a community mobilization group 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 as they need them

### **The 7 Critical Components of a Canadian High Fidelity Wraparound Model**

1. A foundation of Core Community Values and Key Practice Principles that are clearly evident in the way that all staff and volunteers work with the people/families served
2. The four Phases of the Wraparound process and their component Activities
3. A strong system partnership comprised of the community organizations and the human services in that community who agree to work together as a system partnership to support the implementation of a High Fidelity Wraparound process with each child, youth or adult and their family served
4. A strong commitment to delivering High Fidelity Wraparound; this commitment involves providing a Wraparound Coach who themselves are highly trained and experienced in implementing the Wraparound process to a high degree of fidelity. The Wraparound Coach must provide teaching both in the classroom and live in the field with each Wraparound Facilitator with the focus on assisting them in developing their skills in implementing the Wraparound process to a high degree of fidelity and certifying them accordingly
5. A Community Mobilization Team or an alternative process that effectively connects the children, youth and adults and their families to community groups to help them reconnect with positive social networks so that they can rebuild a supportive safety net for themselves
6. The staff or volunteers who implement a High Fidelity Wraparound 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
7. A comprehensive program evaluation framework needs to be put in place that is ready to be implemented within 6 months of the project being launched. The program evaluation framework must include both quantitative and qualitative evaluation measures that evaluate each person's/family's success on an ongoing basis and also evaluates the fidelity of the Facilitator's work with each person/family served

### **An Example Of Other Critical Components That May Be Necessary for Success**

It is important to point out that depending on the target population with which Wraparound is implemented, there are sometimes other essential resources, community supports or particular system partnerships that must also be put in place to be successful with that

particular target population. An example of these other areas or functions that relates to youth transitioning out of living in child welfare care or youth at risk of or who are involved with gangs are as follows:

8. The provision of dedicated human resources when and where necessary to support the children and youth served so that they can successfully participate at school full time and graduate from high school; this dedicated human resource could be provided directly by the local Board of Education or through partnership with other community services, groups or organizations or it may need to be provided by volunteers and/or paid staff as part of the Wraparound initiative
9. The provision of a 24/7 Mobile Crisis Response must be in place to support the children, youth and adults and their families served so that they have a resource available to support them to successfully work through safety issues with which they are challenged; this response could be provided by a 24/7 youth/adult Mobile Crisis Response Team as exists in a number of urban communities across Canada or it may need to be arranged through other community organizations that provide a 24/7 crisis response service to those with whom they work or it may need to be provided by paid staff as part of the Wraparound initiative
10. The provision of resources that support the children, youth and adults and their families to have a meaningful and mutually supportive ongoing connection to and involvement with positive social networks in the community after they have completed their involvement with their paid or volunteer Wraparound Facilitator;

Our commitment at Wrap Canada is that a major thrust of the Wraparound planning with a child, youth or adult and their family is to support them to get connected to and involved with positive social networks and activities in their local community; this is part of the work of the Facilitator and the Wraparound team through all phases of the Wraparound planning with the people served;

In some cases there will need to be continued support for a child, youth or adult and their family after they complete the Wraparound planning so that they are able to maintain and often strengthen their connection to positive social networks and activities in the community

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

- A comprehensive and strong system partnership
- Certified High Fidelity Wraparound Facilitators
- A certified Wraparound Coach
- A Community Mobilization Team (or process) made up of people who are effective “community connectors”

We will more fully explain each of these 7 critical components of a Canadian High Fidelity Wraparound model in the following pages.

### **1. The foundation of Core Community Values and Key Practice Principles that are clearly evident in the way that all staff and volunteers work with the people/families served**

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 they 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 first below are the Core Community Values and then the Key Practice Principles.

### **The Core Community Values Of An Effective Wraparound Project**

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 has dignity 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.
- Recognize that each person has a gift or gifts.

#### **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 necessary 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, The Community Mobilization Team And Of The Facilitators Who Implement Wraparound**

These Key Practice Principles have been further developed from those that were adopted by Wrap Canada in 2008. They were based on the 10 Principles that 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 where 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 on their own).
- 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 dealing 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 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 monitor their progress in terms of these indicators and then they work together to revise the plan accordingly.

- The leadership of the Wraparound project commit to putting in place a strong program evaluation framework that identifies, measures and tracks common measures of success across people/families as well as tools to measure the fidelity of the Facilitator to the Canadian model and other strategies to measure the quality of service delivery.

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

- Touch base with the person/family 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 every three months.
- Wraparound teams may if necessary initially meet every week or every other week until safety issues for the person/family have been stabilized.

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

- Community organizations and human service agencies must support Facilitators for them to be as effective and efficient as possible.
- The community organizations and human service agencies involved in developing a Wraparound project must work towards partnering with other organization and agencies in order to strengthen the system partnership so that they have the resources necessary to effectively 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 government to be part of the solution versus seeing them as just the group to go to around obtaining funds for the project.
- Funders and Governments at all levels are there for all citizens and can change their policies and procedures to better support communities, services and workers to more effectively and efficiently implement the Wraparound process to support people families dealing with ongoing and multiple, complex problems.

## **2. The Four Phases of the Canadian High Fidelity Wraparound model and their Component Activities**

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 and Wraparound Coaches 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**

- 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)
- Develop the “My Life, My Strengths, My Needs Discovery”: develop a comprehensive description of the person’s/family’s hopes and dreams, their goals and needs, their strengths and culture and the people that they want to be part of their team
- Contact the people that the person/family have identified they want on their team and educate them about the Wraparound process and what is expected of them in their role as a team member
- Educate the person/family in how to do all of the above themselves where possible and appropriate
- Key Coaching areas

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

- The core steps in the first team meeting
- Prepare the team to work as a team
- Setting up for a successful meeting
- Determining necessary ground rules
- Review of the “My Life, My strengths, My Needs Discovery”
- The Needs that that the person/family have identified that they wish to start with
- Strength based planning and the person’s/family’s strategies that they choose
- Develop the Wraparound or the Action plan: who, what, where and when
- Resource the plan
- Reach out to the participant’s community for necessary services & supports
- Connect the participant to their needed services and community supports
- Second and subsequent team meetings
- Team Meetings that are mostly or totally focused on any kind of safety for the person/family and/or their community
- Mini meetings with those service providers who work in quarter or half hour time blocks (education, health and psychiatry, probation)
- Working inside correctional systems: youth or adult
- Transitioning in new team members and transitioning out team members whose roles are no longer needed
- Meeting management skills
- Challenges to successful meetings & strategies to address them
- Educate the participant about the planning process
- Key Coaching areas

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

- Check in with your client with respect to what is & what is not happening and tracking success with respect to the needs
- Connect with Team Members that were not at the meeting
- Check in with team members re task completion
- Identify 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
- Educate the participant about the planning process
- Key Coaching areas

## **PHASE 4 - TRANSITION OUT OF WRAPAROUND**

- Criteria for the start of a successful transition out of Wraparound
- The three month / six week countdown to transition
- Summarize for future planning and success
- Help the participant anticipate future developmental and life events, crises and safety issues and assist them in doing anticipatory planning for them
- Administer the Wraparound Fidelity Index towards the beginning of this phase if you have permission to use it
- Celebration and it's importance
- Educate and prepare participants in how to either do their own planning or assist them to recruit somebody who will assist in doing their planning and help educate that other person
- Educate the participant about the planning process
- Key Coaching areas
- Follow up for ongoing success

### **3. A strong system partnership comprised of the community organizations and the human services in that community who agree to work together as a system partnership to support the implementation of a High Fidelity Wraparound process with each child, youth or adult and their family served**

As much as possible it is key that the membership of the system partnership is made up of most of the community organizations and human services providers that serve the target population identified by the Wraparound project including those organizations or services from which the target population served may or will need services from in the near future.

Many strong system partnerships are started by even as few as two agencies, community organizations or other incorporated community groups. The important thing to consider is that the partnership has or will need to develop 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 the local Wraparound initiative.
- To ensure that other local organizations and services needed 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 the children, youth and adults and their families served.

- 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 oversee the development and implementation of a strong program evaluation framework and to require and review regular reports developed as a result; this may also include making and following up on necessary recommendations and actions required to improve the effectiveness and efficiency of the project.

### **A Note About Individualization in the Implementation of the Canadian High Fidelity Wraparound Model**

Each system partnership choosing to implement the Wraparound process across Canada will have to adapt their implementation of the Canadian High Fidelity Wraparound model and its critical components to the unique strengths, culture and needs of their community and the people they serve. A “one size fits all” process of implementing the Wraparound process will not work.

**4. A strong commitment to delivering High Fidelity Wraparound; this commitment involves providing a Wraparound Coach who themselves are highly trained and experienced in implementing the Wraparound process to a high degree of fidelity. The Wraparound Coach must provide teaching both in the classroom and live in the field with each Wraparound Facilitator with the focus on assisting them in developing their skills in implementing the Wraparound process to a high degree of fidelity and certifying them accordingly**

To be most effective Facilitators of the Wraparound process require effective training in the classroom and then ongoing clinical teaching in the classroom and ongoing coaching live in the field. This has been established through extensive research in the U.S. as the best way to train Facilitators to effectively implement the Wraparound process to a level of High Fidelity and our experience here in Canada has corroborated this.

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.

The process of certification starts by first training the Facilitators in the classroom over four days (or through the completion of 8 three hour modules) in the theory and practice on how to most effectively implement the Wraparound process.

Once they have completed this initial training a Facilitator is assigned to a Wraparound Coach (or one is contracted with for this purpose). The Wraparound

Coach provides both clinical teaching in the classroom and live coaching in the field.

The role of the Wraparound Coach may be carried out by a Supervisor, a Team Leader or on an interim basis even by an experienced Wraparound Facilitator who has been certified as being able to effectively implement Wraparound to a high degree of fidelity but has not yet received the necessary training and been certified as a Wraparound Coach.

The role of the Wraparound Coach is to provide both office based and field based coaching. 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 may set them up in 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 learning groups for all of the Facilitators. This would include the use of a structured model of case review.

**5. A Community Mobilization Team or an alternative process that effectively connects the children, youth and adults and their families to community groups to help them reconnect with positive social networks so that they can rebuild a supportive safety net for themselves**

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, past Professor of Education and Social Policy, past Co-Director of the Asset-Based Community Development Institute at Northwestern University first identified the primary characteristics of good “community connectors” as follows:

- They believe that their community is a welcoming and supportive community.
- They are gift centered in their nature.
- They are well connected in their community.
- 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, youth and adults and their 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 the Wraparound project. However, the

local system partnership doesn't tell the CMT what to do; it asks them to help find the supports and services that the people and families served require. The system partnership may be asked to provide the CMT with the necessary administrative 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:**

- 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!
- 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!

- 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!
- 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.

**6. The staff or volunteers who implement a High Fidelity Wraparound 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**

The people implementing the Wraparound 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 in accordance with that person's desire and capacity to do so.

Educating the participant can be done in a variety of ways by the Facilitator. In fact, there is not a "one size fits all" approach as every person served is unique in how they might best learn to do this for themselves.

Here are a few examples of strategies that Facilitators have used:

- 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 "My Life, My Strengths, My Needs" Discovery from their perspective before giving your observations to them
- Teaching them how to use the Internet to find information and resources
- Teaching them how and when they can advocate for themselves

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

**7. A comprehensive program evaluation framework needs to be put in place that is ready to be implemented within 6 months of the project being launched. The program evaluation framework must include both quantitative and qualitative evaluation measures that evaluate each person's/family's success on an ongoing basis and also evaluates the fidelity of the Facilitator's work with each person/family served**

Your trainer will show you an example of a comprehensive program evaluation framework that has been developed by three Wraparound projects in Ontario working together.

Three of the tools that they developed or received permission to use have been embedded within the activities to be completed within the four phases of the Wraparound process as they have added value in implementing the Wraparound process. Your trainer will highlight these during training you to implement each of the four phases.

## **C. 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 Canadian High Fidelity Wraparound model. 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 could 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>2</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>2</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 20 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 seven critical components for its successful implementation 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.

## **PART D – THE TRAINING PROCESS AND THE FACILITATOR CERTIFICATION SYSTEM**

The Wraparound Facilitator training and certification system that we have developed starts with a person participating in five days of Wraparound Facilitator training provided by a Wraparound trainer that has been certified by Wrap Canada. Alternatively, the five days of Wraparound Facilitator training could be completed through a person's participation in 10 three hour training modules done over time that are delivered by a certified Wraparound Trainer. Each day of training or each module has a variety of different exercises to choose from depending on the needs of those being trained and the target population with whom they are working.

We have established two new levels of certification that are more skill based than those used in the past. For the first level of certification the Facilitator will have attended all 5 days of training or they will have attended all 10 modules of training and completed the assigned exercises including their Learning Journal. They are then entitled to call themselves a “**Certified Wraparound Facilitator**”.

The next level of certification is achieved when a Wraparound Coach (certified by Wrap Canada) has trained and observed that the Facilitator has demonstrated the necessary skills to implement the Wraparound process to a high level of fidelity on a consistent basis with at least two or more people/families. The Facilitator is also expected to have completed the two follow up classroom based modules of three hours each that are described below. They are then designated as a “**Certified High Fidelity Wraparound Facilitator**”.

Facilitators working towards certification as a “Certified High Fidelity Wraparound Facilitator” have identified two areas of challenge that are now addressed within two follow up classroom based modules. The first area of challenge that they have identified is developing the skills necessary to consistently implement the Wraparound process to a high degree of fidelity. This area of challenge is addressed in the first of the two follow up modules.

The second area that they have identified as a challenge is developing the skills necessary to successfully implement the Transition phase of the Wraparound process. The observation that Facilitators have made in this regard is that the time between the initial five days of training and starting to implement the Transition phase with a family can be anywhere from 6 months to 16 months. This area of challenge is addressed in the second of the two follow up modules.

We are now field testing these two follow up classroom based modules of three hours each. They are to be delivered anywhere from 6 to 12 months after people are first trained. Participation in these two follow up classroom based modules is

part of the certification process to become a “Certified High Fidelity Wraparound Facilitator”.

Once certified as a High Fidelity Wraparound Facilitator an individual is expected to recertify every three years through a process of fidelity checks and observation by a Wraparound Coach certified by Wrap Canada.

**Both levels of certification are also dependent upon the person being a member in good standing with Wrap Canada.**

Wrap Canada expects to complete the development of an **Accreditation Process** for local, regional or provincial Wraparound initiatives in late 2014. This accreditation process will include first a paper submission and then an on site review of the whole Wraparound initiative.

The Accreditation process is comprised of two parts. The first part of the Accreditation process will focus on assessing the level of success that the initiative’s Wraparound Facilitators have in delivering the Wraparound process to a level of high fidelity.

The second part of the Accreditation process will focus on the success that the Wraparound initiative has had in achieving the deliverables with respect to each of the 7 Critical Components of the Canadian High Fidelity Wraparound Model.

For those Wraparound initiatives serving at risk youth the Accreditation process will also focus on the success that the Wraparound initiative has had in achieving the deliverables with respect to each of the 3 additional Critical Components for that target population.

For more information about the certification process for High Fidelity Wraparound Facilitators and the accreditation process for Wraparound initiatives please contact Wrap Canada’s National Development Director, Andrew Debicki at [andrewdebicki@wrapcanada.org](mailto:andrewdebicki@wrapcanada.org) or at [awdebicki@aol.com](mailto:awdebicki@aol.com)

## **PART E. TRAINING, COACHING, PROGRAM DEVELOPMENT AND PROGRAM EVALUATION SUPPORT PROVIDED BY WRAP CANADA**

Training, coaching and assistance with program development and program evaluation is available through Wrap Canada’s Canadian Wraparound Training Institute.

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

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.

We do have Francophone trainers as well as First Nations, Métis and Inuit Trainers.

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 build on the strengths and capacity of the service system and the local community and the community organizations that are part of it.

We often recommend that we deliver a 1 day Introduction to the Wraparound process for staff and community partners so that have a good understanding of how implementing the Wraparound process will be helpful to the children, youth or adults and their families that you will serve through your initiative.

During this phase we would also work together to ensure that there a strong Program Evaluation Framework has been developed that is 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**

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

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

After the first 3-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 that who will be trained to provide clinical supervision or coaching to your staff that will become Facilitators also attend the 5 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 three 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, organizations and the broader community to support them.

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

The staff that will become the Clinical Supervisors (sometimes called Wraparound Coaches or Wraparound Supervisors) for the Facilitators implementing the Wraparound process will receive both 3 days of classroom-based instruction as well as field-based teaching 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 Clinical Supervisors' learning curves.

The classroom-based instruction for the Clinical Supervisors teaches Clinical teaching theory, practices and techniques. The field based teaching for the Wraparound Supervisors initially focuses on helping the Wraparound Supervisors develop their own skills and expertise in implementing the Wraparound process to a level of high fidelity with usually at least two clients over at least 3 teaching sessions for their work with each client. Once a Wraparound Coach is demonstrating a consistent level of high fidelity in implementing the Wraparound process the emphasis of the field based coaching shifts to teaching the

Wraparound Coach how to effectively coach their team of 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 Certified Wraparound Coaches.

These Certified Wraparound Supervisors are then eligible to join Wrap Canada's Canadian Wraparound Training Institute where they will receive ongoing training and support through meetings, refreshers and recertification.

While on site training the Wraparound Supervisors, 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 Five Days of Facilitator Training and Wrapping Up the Program Evaluation**

Usually the Wraparound Coaches are chosen to be trained to become the Staff Trainers as well. We start this process by training them over 3 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 5-day Facilitator training for new staff and/or volunteers delivered in 2 parts - 3 days then 2.

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 on training, program development and evaluation and to establish a partnership agreement with Wrap Canada please contact Andrew Debicki (the National Development Director) at: [andrewdebicki@wrapcanada.org](mailto:andrewdebicki@wrapcanada.org) or [awdebicki@aol.com](mailto:awdebicki@aol.com)