

# Canadian WrapAround: A Case Study of A Volunteer-Driven, Community-Based Approach for Families, Children, and Youth with Complex Needs in Hamilton, Ontario

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*Although the WrapAround process has been used in social services in Canada for some time, the literature remains focused on initiatives in the United States. Canadian WrapAround initiatives are particularly unique in that they focus on connecting children, youth, and their families to a supportive community. Service integration is crucial but only as a means to the end of connecting people to a supportive community. This article reviews the literature on WrapAround and its conceptual models in Canada and evaluates the successes and challenges encountered in developing effective community-based, volunteer-driven WrapAround initiatives through an examination of the implementation of WrapAround in Hamilton, Ontario. The results of a pilot evaluation suggest that a high fidelity WrapAround process can be achieved when implemented through a volunteer-driven approach. An understanding of and support for policy and funding that not only addresses staff-driven WrapAround, but also volunteer-driven, community owned initiatives should be further promoted and developed by governments and organizations.*

## **Introduction**

Over the past three decades across North America, professionals in the child and family services field have responded to concern regarding the inadequacy of service systems for children, youth, and families with “complex needs” (Bruns et al., 2010). “Complex needs” are highly persistent needs experienced simultaneously in two or more areas of life, such as housing, income, emotional/behavioural, legal, family, safety and educational/vocational. These needs

may be such that a child or youth or an immediate family member may be at imminent risk of placement outside the home, whether through child welfare, residential treatment, hospitalization, or incarceration. These needs are not met well by “categorical” services, meaning government-funded sector-specific services that are often time or quantity limited and are designed to address a specific problem that emerges within an individual sector or “category” of service, such as housing services, income supports,

mental health services, protection services, health services, and formal education systems (CHEO, 2009).

The WrapAround process uses a collaborative, family-owned and driven, strengths-based process that creates a unique set of community services and natural supports for families (VanDenBerg & Grealish, 1996). The WrapAround process has emerged as a popular way to serve children and youth with complex needs, and is now used widely across

social services in Canada and the United States, as well as outside of North America, in Norway and New Zealand, for instance (Suter & Bruns 2009; VanDenBerg & VanDenBerg, 2008). For example, a 2007 survey in the United States revealed that over 90% of the country has some type of WrapAround initiative, and 62% of states have implemented a statewide initiative. Bruns and colleagues estimate that in the United States alone, there are at least 100,000 youth participating in nearly 1,000 programs at any given time (Bruns, Sather, Pullman & Stambaugh, 2011).

WrapAround has an ample and compelling research base in the United States and has been declared a best practice in a variety of settings such as children's mental health, child welfare, and youth justice (Suter & Bruns, 2009). A meta-analysis of WrapAround evaluation studies by Suter and Bruns (2009) found superior outcomes for youth who participate in WrapAround compared to those who receive alternative services. In particular, the use of the WrapAround process led to improvements in living situation, youth behaviour, youth functioning, and youth community adjustment. The WrapAround Fidelity Index (WFI), a structured interview that assesses adherence to core principles of WrapAround by facilitators, has been developed to measure the level of effectiveness achieved in WrapAround with children, youth,

and their families. Bruns and colleagues (2005) have found strong evidence that adherence to fidelity with the Wraparound model significantly improves mental health outcomes for children, youth, and their families.

WrapAround's core elements, principles, and standards, as well as facilitator training, have been described in several monographs and articles (VanDenBerg & Grealish, 1996; Burchard, Bruns & Burchard, 2002; Bruns & Suter, 2010). However, research to date has been overwhelmingly focused on American models and initiatives. WrapAround initiatives in Canada have been created on the foundation of the high fidelity principles developed by champions in the United States, but have evolved beyond them to include several distinctive features, including a unique conceptual framework that guides the WrapAround process and evaluation. In addition, some Canadian WrapAround initiatives involve volunteers and are community-based and community-driven in nature; this aspect of Canadian practice offers a unique contribution to working with children, youth, and families (Debicki, 2012).

Despite the uniqueness of Canadian initiatives, there is little published literature describing WrapAround in Canada. This article reviews the existing literature on WrapAround and its conceptual

models in Canada and evaluates the successes and challenges encountered in completing community-based, volunteer-driven WrapAround initiatives through an examination of WrapAround in Hamilton, Ontario. This examination will make reference to the findings of one pilot evaluation of the WrapAround initiative in Hamilton that was administered through the development of the Canadian program evaluation framework. We begin with the history of WrapAround in Canada, and describe the conceptual framework that underpins Canadian WrapAround.

### **WrapAround in Canada**

Starting in the late 1990s, there was a trend towards making financial cuts to social services, particularly evident in Ontario. During this period, professionals working with families in Canada became disenchanted with the treatment of clients and were inspired by the work of WrapAround champions in the United States. The release of *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health* (Ontario Ministry of Children and Youth Services, 2006; Debicki et al., 1998) represented a shift in policy resonant with a number of WrapAround principles, including moving from a deficit-based model focused on solving problems to preventative initiatives focused on the strengths and assets of fami-

lies. This framework was focused on tailoring plans to families rather than rolling out standardized models. It also foreshadowed the move from programs based only on government funding to the addition of informal supports such as those found in communities and neighbourhoods. WrapAround flourished in Ontario within the context of these major policy shifts. For example, by 1996, an Ontario WrapAround steering committee made up of members from seven different communities was established. This committee focused on acquiring funding to be used for training and evaluation in Ontario and for adapting the key principles of the WrapAround process from the U.S. to the Canadian and Ontario context (Debicki et al., 1998).

The Canadian WrapAround process, administered through a National Association, Wrap Canada (developed in 2008) builds and extends beyond the evidence base in the United States. Similar to WrapAround initiatives in the United States, Canadian facilitators participate in a comprehensive high-fidelity certification course before implementing the WrapAround process, and receive intensive oversight and live coaching in the field. The fidelity tool used in Canada was adapted from the US National

WrapAround Initiative (NWI) with assistance and coaching from Eric Bruns, the Co-Director of the NWI, and their team of staff. Similar to the WrapAround process in the United States, in Canada, children, youth, and their families are “wrapped” over a period of 4-24 months; they are transitioned out when their lives are more stable because their needs are being addressed through an effective plan and they have long term supports in place and are able to continue their own Wrap-



Around planning. Canadian facilitators also have the support of trained WrapAround Coaches who are supported by Wrap Canada’s Canadian WrapAround Training Institute (See Debicki, 2012).

In the U.S. the major focus in implementing WrapAround is on service integration and providing the services and supports in the community in which the child or youth lives. In Canada, the focus is on assisting children, youth, and their families to connect to positive social networks that can help them rebuild a strong safety net. Service integration within the team based planning is impor-

tant, but only as a means towards the end of connecting them to positive social networks (Debicki, 2012; Debicki, 2008; Debicki et al., 1998).

The uniqueness of the WrapAround approach in Canada is captured in the evolving conceptual framework that informs the theory of change underpinning the Canadian model. This conceptual framework is based on the concepts of resilience, population health, and asset-based community development. Resilience is defined as

*“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”* (Ungar, 2008, p.225).

When individuals experience an increase in resilience they have a greater sense of control over and optimism about their lives. They gain positive social supports and relationships and their stress decreases. Focusing on resilience has the potential to change the trajectory of a child’s/youth’s life as it supports their capacity to cope with multiple, complex, and ongoing emotional, behav-

journal, and mental health problems. These problems can potentially include the impact of poverty, domestic violence, abuse, and social isolation and discrimination (Ungar, 2012). In the Canadian model, the concept of resilience informs WrapAround facilitators and their coaches on how to effectively implement a strengths-based planning process. Facilitators use the Child and Youth Resilience Measure and the Adult Resilience Measure to explore the existing resilience within youth, and their families, and to build on this resilience in developing their WrapAround plan (Resilience Research Centre, 2008; Resilience Research Centre, 2009). Facilitators then use these research tools to measure the impact of WrapAround planning over time on the multiple, complex, and ongoing problems experienced by the children, youth, and the family, as well as their adverse living conditions.

Similarly, the Population Health Framework is also used within the Canadian model to allow facilitators to more effectively identify the focus and impact of the WrapAround planning with a child, youth, or family. A Population Health Approach encourages individuals to look at health and well-being holistically, through an intersectoral approach. The life domain concept that is the “infrastructure” of the WrapAround planning process is described within the context of the Social Determinants of Health in Canada, which is part

of the Population Health Framework (Evans & Stoddart, 1994; Public Health Agency of Canada, 2003). By focusing on these determinants, the facilitator is more effective in identifying the broad range of factors that influence the well-being of each child, youth, and family as well as their strengths and needs across all life domains and the facilitator supports horizontal integration of services through team based planning (Debicki 2012). Progress in functional indicators, based on the Social Determinants of Health, are tracked throughout the WrapAround process as a measure of success (Debicki, Ashmore, Latour, Summers and Ungar, 2013).

A final major cornerstone of the Canadian WrapAround model is the use of an asset-based community development framework.

Asset-based community development is the idea that communities can drive the development process themselves by identifying and mobilizing their own assets such as individuals, organizations, and institutions that already exist in the community (Kretzmann & McKnight, 2007; Debicki 2012). This principle is embodied in the mission of WrapAround Canada “Creating Community For All”.

The asset-based, community focused cornerstone of the Canadian WrapAround model highlights one of the significant differences between WrapAround in Canada and

elsewhere. Canadian WrapAround exists through initiatives driven by paid professional staff, but is also carried out through far more community-based and volunteer-driven approaches. While families in the United States are often referred to a public or private broker agency that uses hired WrapAround coordinators, the community-based, volunteer driven WrapAround in Canada is generally implemented with fewer paid staff. (Debicki, 2012). In addition, while community teams in the United States are often more service-driven, the equivalent “community mobilization teams” (CMTs) in Canada are made up primarily of influential and experienced community members referred to as “community connectors” (see Debicki, 2008; Kretzmann & McKnight, 2007).

### **Methods**

Since there has been little examination of Canadian WrapAround in the scholarly literature, our review of Canadian WrapAround’s principles and practices is predominantly based on the grey literature. Our discussion WrapAround in Hamilton, Ontario is based on a review of minutes compiled from executive meetings and strategic planning sessions as well as a pilot evaluation which used the Canadian program evaluation framework. Three major key informants, who have been involved extensively in WrapAround in both Hamilton and in Canada, were

also interviewed about the history of WrapAround and its current impact, past successes, and failures. While the evaluation of success in Hamilton is predominantly based on the program evaluation, the discussion of barriers for volunteer and community-driven initiatives is drawn from the qualitative assessments listed: interviews with key informants, executive meeting minutes, and strategic planning sessions.

### **Program Evaluation Framework**

In 2010 the Board and Management Team of Shalem in Hamilton received funding from the Ontario Centre of Excellence for Child and Youth Mental Health (CoE) to facilitate organizational learning through the development of an exemplar program: Shalem's WrapAround program. Shalem partnered with two other WrapAround programs in Ontario for its application to the CoE: WrapAround Northumberland and the Catulpa WrapAround program. Over 8 months, the lead from each of the three WrapAround initiatives formed a collaborative group, called the WrapAround Research and Evaluation Network (WREN), which developed a program evaluation framework that is congruent with the Canadian WrapAround model. This work was supported by a Planning Grant from the CoE.

To develop the evaluation framework for this project the members of WREN consulted

with the Centre of Excellence as well as with other experts in the field, including Eric Bruns, Co-Director of the National WrapAround Initiative in the United States and Michael Ungar and Linda Liebenberg, Co-Directors of the Resilience Research Centre at Dalhousie University. Feedback was solicited throughout the process during regular meetings with all of the staff involved, as well as Shalem and the other two partner agencies, and regular input was sought from volunteer WrapAround facilitators in Hamilton. Eighteen meetings of WREN were held. All of the face-to-face meetings included program staff from each of the three organizations involved with WREN including managers, staff, volunteer facilitators, and administrative support staff (responsible for data entry and administering the WrapAround Fidelity Index).

A shared Program Logic Model and Program Evaluation Matrix was developed which included both outcome and process questions. These included the following:

*A. Outcome Evaluation Questions:* 1) Did the youth and their parents achieve their identified goals? 2) Did the youth and their parents experience an increase in resilience? 3) Did the youth and their parents report progress on identified areas from the social determinants of health?

*B. Process Evaluation Questions:* 4) Did the facilitators'

practice show high fidelity to the WrapAround process? 5) How did facilitators experience the process? 6) How did youth and parents experience the evaluation process?

### **Evaluation Tools**

One of the guiding principles that informed the selection or development of evaluation tools was that they must have added value for the facilitator in implementing the WrapAround process with the children/youth and their family. To measure question 1), a goal attainment, scaling process was developed in which participants develop a vision of their own goals for a better life and assess the things they need and the steps they need to take in order to achieve these goals. Facilitators work with participants to develop a five point Likert scale for each goal that starts with a score of 1, where their life is currently, at the base of the scale, and then clearly identifies the four steps, tasks or needs that have to be achieved to reach their goal which is a score of 5 on the scale (Debicki, Ashmore, Forrest, Latour & Summers, 2013)

This tool is completed after the first team meeting with a family or youth and then monthly afterwards. Question 2) was addressed using either the Child and Youth Resilience Measure and/or Adult Resilience Measure (see Resilience Research Centre, 2008; Resilience Research Centre, 2009). The resilience measures use open-ended questions and

Likert-style statements which ask participants to describe themselves, their situation, their future, and events in their lives. These measures are recorded initially and every six months after that. Question 3) was addressed using the social determinants of health functional indicators scale. The scale is completed after the first meeting and asks youth and their families questions about issues such as their housing, income, access to health services, and other social supports that they have (see Debicki, Ashmore, Latour, Summers and Ungar 2013). This tool is completed initially with reference to the past month and then is completed at six-month intervals. Finally, the effectiveness of the Wrap-Around process is measured using the WrapAround Fidelity Index, which is completed in the last month of service. The index involves both open-ended and Likert-style questions. Separate questionnaires are used for the caregiver, facilitator, team members, and youth 14-years of age or older, if applicable. Qualitative interviews are also used to gain information about participants and facilitators experience and evaluation of the WrapAround process.

### **Pilot Evaluation**

In the pilot evaluation in Hamilton, which lasted one year, twelve families with a total of fifteen children and youth were identified to participate. These youth and their families

all identified multiple, complex, and ongoing problems that they were dealing with and had little or no success with traditional services. The majority of the families were single parent families that were mother-led.

The evaluation process began with new families following intake and after stabilization of any immediate crisis. It was decided that the completed evaluation tools should become part of the clinical record for the participant, because of the added value the evaluation tools had in the work that the facilitator did with them. Data collection was completed at two points in time 6 months apart to allow enough time to pass for the participant to achieve measurable change on the tools used. The functional indicators, the resilience measures, and goal attainment scaling were integrated into the engagement phase of the WrapAround process and the measures were administered by the facilitator working directly with the family. Visual tools such as graphic representations were used to illustrate and augment the goal attainment scaling process, as many of the youth and families found graphic representations more meaningful than a detailed verbal description. Participants were provided with \$25 gift cards for their time and cost to travel to Shalem's office to be interviewed by an administrative staff who was trained to implement the WrapAround Fidelity Index. Informed consent to

participate in the Wraparound program was administered to each participant and personal identifiers were removed from questionnaires before the results were shared with the WREN group.

Data from each site was coded using a coding manual and entered into an SPSS database that was overseen by the managing Director of Shalem. WFI data was coded, entered and analyzed through the online WFI scoring program (owned and operated by the National WrapAround Initiative) and cumulative scores for each of the four different questionnaires and an overall fidelity score by client were also entered into the SPSS database. Before discussing the results of the pilot program evaluation in Hamilton, it is necessary to understand the social context in which Wrap-Around Hamilton is carried out.

### **“WrapAround in Hamilton” Community Context**

The city of Hamilton is a midsize industrial Canadian city located in the province of Ontario on the shore of Lake Ontario. Hamilton is an amalgamation of five generally affluent sub-urban regions, which include Ancaster, Dundas, Flamborough, Glanbrook, Stoney Creek and an urban area – the old city of Hamilton. The population of Hamilton has been recognized as having a significant number of people living below Canada's poverty line. A groundbreaking GIS mapping project called

“Code Red” undertaken by Hamilton researchers uncovered staggering disparities between Hamilton neighbourhoods. DeLuca and colleagues found that when Hamilton neighbourhoods are organized according to the social determinants of health, there is a 21-year difference in average age of death between the poorest and richest neighbourhoods (DeLuca, Buist, & Johnston, 2012). Recently, poverty has been exacerbated in Hamilton due to the decline in industrial jobs. For example, a large recession from 2008-2009 resulted from a sharp increase in unemployment due to the closure of high profile manufacturing plants (World Vision Canada, 2013).

Hamilton is still working its way back from the recession. Since the layoffs from manufacturing, the labour market has become comprised of a larger percentage of low wage service work and a decrease in full time and full year work. Rental affordability has also worsened since the recession. This has resulted in economic instability for many families. This is evidenced by a 40% rise in Provincial Social Assistance cases in the city since the recession – from 10,000 cases in 2008 to 14,170 in 2011 (World Vision Canada, 2013).

Hamilton’s downtown continues to be the area most affected by poverty. A report commissioned by the Social Planning and Research Council of Hamilton revealed that poverty rates in the downtown

are more than twice as high than the rest of the city. In downtown Hamilton, more than two out of every five residents live in poverty (SPRC, 2012). It is primarily in this region that WrapAround Hamilton’s work is focused.

### **WrapAround Hamilton**

WrapAround in the West side of downtown Hamilton first began in 2005. A three-year grant from World Vision Canada (followed up with a subsequent, more substantial four-year grant) provided startup funding to assist WrapAround Hamilton to better support families, pay a project coordinator, and develop community mobilization teams. This funding was obtained through a partnership with the Shalem Mental Health Network, an organization based in Hamilton that provides mental health supports who applied for this funding on behalf of WrapAround Hamilton. At the time, WrapAround Hamilton was also partnered with Lynwood Hall Child and Family Centre, a local children’s mental health centre. During this period, WrapAround initiatives in Hamilton relied on a tremendous number of volunteer facilitators. Facilitators were organized by a paid project coordinator provided by Lynwood and by a paid community development worker. Meeting space was provided by two churches in the West side of downtown.

The initial objective of Hamilton WrapAround was to

use startup funding to provide the WrapAround planning process in targeted areas of the downtown to 20 families with children and youth ages 0 to 21 who were living in poverty and experiencing complex needs. These complex needs included not only mental health problems, but domestic violence, substance abuse, physical and sexual abuse, and neglect. WrapAround Hamilton succeeded in assisting each of the 20 families to either break the cycle of poverty or alleviate its impact. Poverty alleviation was measured by identifying and quantifying the financial resources available to families at the start of the project and one year later. More qualitatively, parents also reported to facilitators that with the help of their WrapAround team, they saw dramatic improvements in their children’s behaviour, self-esteem, and school functioning (Debicki, 2012).

The reputation of the WrapAround process was further enhanced in Hamilton through a pilot project undertaken in 2005-2006 by WrapAround Hamilton with Lynwood Hall Child and Family Centre and five child welfare agencies in Hamilton, Niagara, Brantford, and Haldimand and Norfolk counties. A team of seven paid staff made up of five facilitators (one for each child welfare agency), a coordinator, and a community development worker used the WrapAround process to repatriate 42 children housed in highly structured and staffed

programs outside the region back into local placements such as foster or group homes, their own family of origin, or independent living. One year later, 40 of the 42 children involved were performing as well or better than they were when in their out of region placement. The use of Wrap-Around for these 42 children resulted in a total of \$1.6 million in savings for the five child welfare agencies involved and the Ministry of Child and Youth Services of Ontario. The results of this pilot project were supported by several other evaluations of the WrapAround process completed earlier in Ontario in the early 2000s, which also demonstrated that WrapAround was more effective and inexpensive than traditional approaches taken by categorical services (Debicki, 2012; see also Brown and Loughlin, 2002). Although Wrap-Around Hamilton's initial facilitation

with families was highly successful, it was not until 2009 that WrapAround Hamilton was again able to hire a full time paid coordinator.

Today, WrapAround Hamilton remains committed to breaking the cycle of poverty with families with children and adolescents with complex needs. Ten committed, certified volunteer facilitators, working in

teams of two, provide Wrap-Around for approximately ten families per year. WrapAround continues to operate with the support of the Shalem Mental Health Network, which provides funding for the full-time coordinator position, office and meeting space, and some committed time from Shalem's full-time managing director, and an office administrator for data entry and office tasks. A partnership agreement with one church in downtown Hamilton also provides financial support, and tracks in-kind donations of resources for families. Wrap-Around Hamilton's Community Mobilization Team, which



consists of individuals who are knowledgeable about and well connected to their community, resources the needs of families through the use of in-kind donations and expertise. An executive committee, which consists of a chair, a treasurer, volunteer coordinator, and neighborhood relations person oversees the entire initiative. In addition, a volunteer fund-

raising and marketing coordinator is responsible for obtaining in kind donations and managing community partnerships. Some specific successes and barriers encountered in the development and delivery of high-fidelity, community-based, volunteer driven WrapAround with families with children and adolescents with complex needs are discussed below.

### Results

The results of the Hamilton pilot study showed that there were significant increases in adult resilience and in aspects of overall family functioning as measured by the social deter-

minants of health. Families reported progress in achieving their identified goals and expressed satisfaction with the support provided through the Wrap-around program. Results reveal that volunteer facilitators are implementing the WrapAround process to a high degree of fidelity. In fact, aggregate reports of

overall fidelity for the Hamilton WrapAround program show a combined score of 85 compared to a U.S. National mean of 81 (Suter & Bruns 2009). A study based on the work of sixteen agencies implementing WrapAround with families with children experiencing serious emotional disturbances in the United States revealed that the



average fidelity score was 6.57 or approximately 82% (Suter & Bruns 2009). The results in Hamilton, although not based on a large sample size, suggest that the WrapAround process can be effective when implemented through a volunteer-driven approach using fewer paid staff.

The qualitative assessments of Hamilton WrapAround that were collected also support the idea that a WrapAround process implemented by a volunteer-driven, community-based WrapAround process can be effective. For example, in a response that typifies the qualitative feedback, one young man describes his positive experience with the WrapAround process: “although team members have changed over time, we function well as a team. Life is better.” The following is an excerpt from this young man’s story about his journey with WrapAround, which was featured in a local newspaper with his permission (see de Visch Eybergen 2012).

*... Both of his parents are deaf and his mother is legally blind. His father was raised as a foster child. From a young age this young man was involved with the Children’s Aid Society (CAS) and at the age of 10 he was placed into foster care. When he contacted WrapAround Hamilton, his wife had recently left him and access to his three children was now restricted. He had*

*been incarcerated at around age 18-19, and his file contained the word “schizophrenia”. He was in debt, did not have a safe place to live, was being investigated by the CAS and was on Ontario Works, which did not leave him enough money for both food and rent. His teeth had been so neglected that he had difficulty chewing. When he called, he was isolated and alone, and he cried...His team has worked to find a safe place for him to live, reintegrating him with his children—he is an excellent father!—negotiating the legal system to obtain a pardon, providing basic needs to deal with extreme poverty, getting dentures and eliminating the incorrect, barrier-creating diagnosis of “schizophrenia”. The term “schizophrenia” no longer haunts his life. And he and his partner have just had a brand new healthy baby... Now his dream is to go back to school and become a Child and Youth Worker. He now speaks at Shalem community presentations about WrapAround...*

This young man’s experience with WrapAround Hamilton may well indicate that delivering WrapAround through a volunteer-driven framework has the potential to both support participants to achieve their goals, and to build the

capacity for participants to assist others using their own personal experiences with WrapAround. Drawing on a larger base of volunteers to act as facilitators allows WrapAround initiatives to engage community members who have been involved with social services through their own family experiences and these facilitators bring unique knowledge to facilitating WrapAround teams. The benefit of engaging fewer paid staff and more volunteers in WrapAround is that volunteers do not need to be untrained from a deficit-based social services model before engaging with children, youth and their families. The experience of WrapAround Hamilton suggests that volunteer-based initiatives, which keep WrapAround connected to and controlled by communities, rather than to fit the needs of services, may well make it easier for a community to maintain a high-fidelity WrapAround Initiative because communities and families take ownership over the process, rather than services.

Through commitment to a high-fidelity WrapAround process and one pilot program evaluation, WrapAround Hamilton has helped to shape the WrapAround process in Ontario and more broadly in Canada. World Vision requested that the initiative be replicated in Chatham-Kent, Ontario, and provided the second grant in order for the Director of WrapAround Hamilton to provide mentorship

for the new program in Chatham-Kent, which has been successfully launched in partnership with Neighbourlink, a network of 21 churches.

Currently, WrapAround Hamilton, together with the WrapAround program provided by Catulpa Community Services and WrapAround Northumberland, are committed to the program evaluation framework and the tools developed, including the WrapAround fidelity index, on an ongoing basis with families. Ongoing development of the evaluation tools has continued with the support of the Resilience Research Centre and the National WrapAround Initiative in the United States. At a later date, the results of the second larger set of evaluation findings will be reported. The findings from this pilot suggest that a volunteer and community-driven WrapAround model can support sustainable improvements for children, youth, and parents dealing with multiple, complex, and ongoing problems, and can inform further development of evaluation measures and service delivery in Ontario, and in Canada and North America more broadly.

## **Discussion**

### **Barriers to Success**

Despite the successes evidenced in the pilot evaluation with the community-based and volunteer-driven WrapAround approach with children, youth and their families, interviews

suggested that WrapAround Hamilton has experienced some barriers to success. When this initiative first began in Hamilton in 2005, WrapAround experienced a significant issue with partnership. An effort to own and franchise the WrapAround process led to a split between groups and a loss of credibility for WrapAround Hamilton. Volunteers and staff have successfully regained credibility, but this has taken some time. The view of WrapAround Hamilton is that ownership through a franchise is counter to the WrapAround approach, and that the process should be owned and driven by the entire community. As Andrew Debicki, National Development Director of Wrap Canada notes, “WrapAround developers in Ontario never wanted to control WrapAround, they simply wanted to share the ideas and process with everyone in the hope that all service providers will change the way that they work with families. As WrapAround staff and volunteers in Hamilton have learned, it is critical that “everybody owns it and nobody controls it”.

This partnership experience demonstrates a common issue for Canadian WrapAround initiatives that are volunteer-driven. In not becoming franchised by a specific organization or service, WrapAround continues to be community-owned and directed; but, without owning the process, it is often unable to gain the same credibility that other initiatives may have. For

example, many people within the city of Hamilton working with other organizations and services have completed WrapAround facilitator training, and use this knowledge in their daily work, but do not provide sufficient credit to WrapAround Hamilton. This lack of recognition that the training belongs to a specific organization or service potentially minimizes partnership opportunities and awareness. This experience reveals that it is important for WrapAround initiatives to not just train and certify facilitators from outside organizations, but also to track alumni who have been certified and to manage recertification. This would ensure that those trained by organizations such as WrapAround Hamilton are practicing WrapAround to a high degree of fidelity, and would also increase WrapAround’s credibility within the community.

Another significant challenge to successfully facilitating a volunteer-driven WrapAround process has been sustaining the volunteer base. WrapAround Hamilton’s experience has demonstrated that sustaining a WrapAround initiative with only one full time staff member is challenging. Since volunteer-driven initiatives often have only one paid staff member, they must have good volunteer recruitment and commitment in order to properly serve the youth and families that they support. One of the main difficulties with sustaining a committed volun-

teer base is the length of time required for facilitation. Many volunteers are often looking for a short-term placement which is immediately satisfying; however, WrapAround with families with children and adolescents with complex needs often requires a commitment of between one and two years. Moreover, although WrapAround is an effective process, results with families are often not seen immediately, and this can be difficult for volunteers looking for more immediate gratification. Although WrapAround Hamilton has maintained a core group of volunteers who form the community mobilization team and the executive, the limiting factor in the expansion of the initiative is the recruitment of effective and committed volunteers. Many volunteers have begun with WrapAround, only to leave after they found a more immediately satisfying placement with another community organization. In order to sustain a volunteer-based initiative, it is necessary to recruit volunteers who are not only qualified and interested, but represent a good fit for the organization. Community-based volunteer driven initiatives also must tailor the volunteer roles to ensure that they are of interest to those seeking placement in the community.

Finally, it has become evident that a major barrier to the sustainability of volunteer-driven initiatives is funding. Experiences in Hamilton, and in the Canadian context, have

revealed that for any volunteer-driven initiative, there must be at least one full time staff member who serves as the coordinator. Maintaining funding for this staff member can be challenging. WrapAround Hamilton has been fortunate in that it has been successful in attracting funding for a full time staff position for over 5 years. However, obtaining this funding is contingent on promoting WrapAround's work with funders. While WrapAround's work is holistic, and addresses a wide range of issues, including poverty, health issues, and housing, the objectives of funders can sometimes be focused on just one or two of these issues such as reducing poverty, or child and youth mental health issues, for example. This is a major barrier to developing a WrapAround initiative, which aims to engage entire families and communities. Another major related issue is that grants for full time staff only last between one and three years, often only providing startup funding. Limited funding seriously compromises the sustainability of community-based WrapAround. Fortunately, the Shalem Mental Health Network has made an ongoing commitment to WrapAround Hamilton to fund the salary of its full-time coordinator. Experience demonstrates that it is critically important for community-based WrapAround initiatives to learn to effectively promote their work to key community organi-

zations in order to secure funding for staff and in turn, long-term sustainability.

## Conclusion

The traditional model of categorical social services has not delivered strong outcomes in working with the ever-increasing group of children, youth, and families dealing with multiple, complex, and ongoing problems whose daily needs are not being met. This has resulted in children, youth, adults, and their families depending fully on the social and health care system for all of their needs to be addressed. The cost of funding this traditional model has been a significant burden on governments (Wrap Canada, 2012). The intensive planning process offered by WrapAround provides a more effective and cost effective approach to working with individuals who are struggling with multiple, complex and ongoing problems (VanDenBerg & Grealish, 1996). Although the WrapAround philosophy has an ample and compelling research base in the United States, little research has been completed outside of the country. Despite the uniqueness of Canadian initiatives, there is not a lot of description of WrapAround in Canada. This article has reviewed the literature on WrapAround and its conceptual model in Canada and evaluated the successes and challenges encountered in implementing community-based, volunteer-driven

WrapAround initiatives through an examination of the implementation of WrapAround in Hamilton, Ontario.

One of the differences between Canadian and American WrapAround is that Canadian WrapAround encompasses both staff-driven and volunteer-driven initiatives. Canadian volunteer initiatives are particularly unique in that the overall goal of the wrap-around process is to assist children, youth, and their families in not only developing positive connections to services, but to their community. The benefit of volunteer-driven, community-based initiatives is that volunteers do not need to be untrained from the deficit-based model, and share unique knowledge gained through their own family experiences with families in need. This type of approach also ensures that WrapAround remains connected to and controlled by communities, rather than services.

This examination of one volunteer-based initiative, WrapAround Hamilton, has raised several important points. First, the results of one evaluation of WrapAround in Hamilton suggest that the WrapAround process conforms to high fidelity scores when implemented through a volunteer-driven approach. The high fidelity scores achieved in Hamilton's WrapAround initiative are significant considering the tendency for governments to make cuts to social services. Volunteer-based initiatives could

offer a high-quality WrapAround experience to children, youth, and adults with complex needs and their families, even when budgets for social services have been reduced. Further large-scale research should be completed to more fully evaluate the fidelity and effectiveness of volunteer-based approaches using a larger and more representative sample.

The experience with WrapAround Hamilton reveals that it is not arduous to implement a high-fidelity initiative with volunteer facilitators, and it is certainly not challenging to find families in need of WrapAround's support. However, sustaining the volunteer and staff base required for success can be difficult. Initiatives must come up with creative volunteer recruitment strategies and tailor their job roles to ensure that they recruit volunteers who are both qualified and interested, and also represent a good fit for the organization. Moreover, since volunteer-based WrapAround requires at least one full time staff member to ensure long-term sustainability, initiatives must become effective at promoting their work to funders. This can be challenging in a climate in which funders typically may only provide startup funding to such initiatives. An understanding and support for policy and funding that not only addresses staff-driven WrapAround, but also volunteer-driven, community owned initiatives must be further promoted and devel-

oped by governments and organizations at the community level. Volunteer-based, high fidelity WrapAround initiatives can have significant added benefit for the children, adults, youth, and families they serve.

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