

WRAPAROUND OVERVIEW

High Fidelity Wraparound (Wraparound) by John VanDenBerg, Ph.D.

(Note: the PA term “wraparound” used to describe a group of core services such as TSS is not the same use of the term wraparound as implemented in the rest of North America)

Wraparound is based on a normalization model, and has developed as a way of multiple systems coming together with the child, youth, and family and creating a highly individualized plan to address complex emotional issues. The process roots are from Belgium and Canada, and has been widely funded and used in the U.S., and has the largest research base of all team based planning models. Wraparound is an ongoing process that may last for many months or even years.

Overview of the Wraparound Process, Principles and Steps: The wraparound process is a way to improve the lives of children with complex needs and their families. It is not a program or a type of service. The process is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family, and is needs rather than services driven.

The U.S. National Wraparound Initiative has standardized ten guiding principles:

- 1. Family Voice and Choice**
- 2. Team Based**
- 3. Natural Supports**
- 4. Collaboration**
- 5. Community Based**
- 6. Culturally Competent**
- 7. Individualized**
- 8. Strengths Based**
- 9. Persistence**
- 10. Outcome Based**

The family are integral parts of the team and must have ownership of the plan. No planning sessions occur without the presence of the family. This principle is referred to as **Family Voice and Choice**. The actual individualized plan is developed by a

wraparound team, who consist of the family and the three to seven people who care and know the child and family best. The team is selected by the family and typically has no more than half professionals. The team represents the principle of **Team Based**. The individualized plan is child-centered and family-focused with maximum family involvement, with variation depending on the needs of the child and family. The process focuses on strengthening the natural family, extended family and social supports for the child by involving them in the planning and implementation process. These social supports represent the principle of **Natural Supports**.

Many families who are served through the wraparound process have needs which have traditionally been met by more than one services system or schools. These services systems and schools agree to the principle of **Collaboration**, working together and moving to **Integration** where all parties work in a team with the family and design and implement one plan. Services and supports are based on the principle of being **Community-based**. When residential treatment or hospitalization is accessed, these service modalities are to be used as stabilization resources and not as placements that operate outside of the plan produced by the child and family team. All services and supports must be based on the principle of being **Culturally Competent**. That is to say, services and supports must be tailored to the unique culture of the child and family. Family culture refers to family race and ethnicity as well as family habits, preferences, beliefs, language, rituals, and dress, based on “one family at a time”.

The principle of true **Individualization** is at the heart of the wraparound process. Each child, youth, and family has an individualized plan. The plan may include services (such as therapy or day treatment) that other plans have included but when they do include these more typical services, the team always evaluates and understands why the service is a precise match for the unique needs of the child, youth, and/or family. The plan is structured around the principle of **Strengths Based**, where the plan is based on the unique strengths, needs, values, norms, preferences, and culture, and vision of the child, family, and community. No interventions are allowed in the plan unless they have matching child, family, and community strengths. By building on these strengths, the plan supports who the child is and how the child will positively progress in life. The plan is focused on typical needs in life domain areas that all persons (of like age, sex, culture) have. These life domains are: independence, family, living situation, financial, educational, social, recreational, behavioral, emotional, health, legal, cultural, safety, and others.

The child and family team and agency staff who provide services and supports must make a commitment to the principle of **Persistence** in delivery of services and supports. When things do not go well, the child and family are not “kicked out”, but rather, the individualized services and supports are changed. Planning, services, and supports cut

across traditional agency boundaries through multi-agency involvement and funding. Governments at regional and local levels work together with providers to improve services, and commit to the final principle of being **Outcome Based**. Both system of care issues and issues of individual plans are considered. Outcome measures are identified and individual wraparound plans are frequently evaluated. The collaborative funders of services agree to focus funding on efforts like wraparound which have solid evidence for effectiveness.

Phases and Activities of Wraparound Practice From the National Wraparound Initiative

The U.S. National Wraparound Initiative has developed the concept of phases and activities of wraparound practice, to describe the overall tasks of the process:

Phase One: Engagement and Team Preparation. During this phase, the groundwork for trust and shared vision among the family and wraparound team members is established, so people are prepared to come to meetings and collaborate. This phase, particularly through the initial conversations about Strengths, needs, culture, and vision, sets the tone for teamwork and team interactions that are consistent with the wraparound principles. The activities of this phase should be completed relatively quickly (within 1-2 weeks if possible), so that the team can begin meeting and establish ownership of the process as quickly as possible.

Phase Two: Initial Plan Development. During this phase, team trust and mutual respect are built while creating an initial plan of care using a high quality planning process that reflects the wraparound principles. In particular, youth and family should feel, during this phase, that they are heard, that the needs chosen are ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs. This phase should be completed during one or two meetings that take place within 1-2 weeks; a rapid time frame intended to promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.

Phase Three: Implementation. During this phase, the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect. The activities of this phase are repeated until the team's mission is achieved and formal wraparound is no longer needed.

Phase Four: Transition. During this phase, plans are made for a purposeful transition out of formal wraparound to a mix of formal and natural supports in the community

(and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the wraparound process, and the preparation for transition is apparent even during the initial engagement activities.