

**Wraparound Protocol for  
Children and Youth  
with Severe to  
Profound Emotional and  
Behavioural Disorders**

May 2013





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# 1 Preface

## 1.1 Government of Manitoba Interdepartmental Protocols

A protocol is an agreement between two or more departments, agencies or authorities that describes how they will work together to

achieve a common goal. It identifies who is responsible, individually or jointly, for specific tasks and their timelines.

## 1.2 Mandate

The Healthy Child Committee of Cabinet directs the province's interdepartmental protocols on service provision for children, youth and caregivers<sup>1</sup> across the province. These protocols mandate a collaborative approach by the staff of departments and related organizations (schools, health regions, Child and Family Services Authorities and other designated agencies) who work with children, youth and their caregiver(s). The following protocols are available on the Healthy Child Manitoba website at [www.gov.mb.ca/healthychild](http://www.gov.mb.ca/healthychild):

- Guidelines for School Registration of Students in Care of Child Welfare Agencies (2002)
  - (revised version to be published Spring 2013)
- Guidelines for Early Childhood Transition to School for Children with Special Needs (2002)
- Information Sharing Protocols Under the Youth Criminal Justice Act (Canada) (2004)
- Bridging to Adulthood: A Protocol for Transitioning Students with Exceptional Needs from School to Community (2008)

<sup>1</sup> Respecting that families vary in their diversity and structure, the term caregiver(s) will be used throughout this protocol to describe the individual(s) who take on some or all of the roles and responsibilities of parenting a child or youth. The caregiver may be a parent, grandparent, extended family member or other individual who functions as a part of the central family group. In the event the child or youth is in the care of a child and family services authority or designated agency, the caregiver may include a foster parent, social worker or designate.

## 2 Background

This protocol replaces the previous Interdepartmental Protocol Agreement for Children/Adolescents with Severe to Profound Emotional and Behavioural Disorders (1995). It is intended for service providers as well as caregivers and natural community supports who may be involved in building a collaborative care plan for children and youth who experience severe to profound emotional and behavioural disorders.

In replacing the previous “Protocol for Children/Adolescents with Severe to Profound Emotional and Behavioural Disorders”, the most significant change is the applied approach and process towards meeting children and youth’s needs. The previous protocol outlined a ‘Systems of Care’ philosophy, encouraging the promotion of integrated and collaborative services to support the multiple needs of children and youth who experience severe to profound emotional and behavioural disorders and their caregiver(s). Guided by this philosophy, this updated protocol promotes the application of the Wraparound approach as an integral part of Manitoba’s strategy to achieve the best outcomes for children and youth and their caregiver(s).

The implementation of this protocol is an essential element in Manitoba Education’s application for student-specific funding for Students with Emotional/Behavioural Disorders, known as level-three or EBD3 funding. Manitoba Education provides EBD3 funding to school divisions for students meeting specific behavioural and emotional criteria. These same students may be supported by other funding to

meet their needs outside of the school environment. The Wraparound approach promoted in this protocol is designed to enhance the integration of multiple student services, encourage the most efficient use of fiscal resources, and promote continued monitoring and communication of student outcomes across caregivers and multiple service providers. However, the Wraparound approach is not limited for use in an EBD3 funding application: any student that requires the integration of services across settings may benefit from this process.

The tenets of Jordan’s principle are understood as integral to the implementation of this protocol. Derived from the tragic story of Jordan Anderson<sup>2</sup>, “Jordan’s Principle” was created to protect the rights of First Nations children and youth with complex medical needs when issues arise between the federal and provincial/territorial governments involving payment for care. The Manitoba Provincial Government passed the *Jordan’s Principle Implementation Act* in 2008. This act is consistent with the United Nations *Convention on the Rights of the Child* and the Canadian *Charter of Rights and Freedoms*. The act guides the resolution of jurisdictional disputes within and between federal and provincial/territorial governments. The legislation applies to all government services available to children and youth with complex medical needs and their caregivers; including but not limited to education, health, child care, recreation, and culture and language services. The key component of this legislation obligates the government department of first contact to

<sup>2</sup> See <http://www.fncaringsociety.com/jordans-principle/> for a comprehensive discussion regarding “Jordan’s Principle”



pay for the appropriate service without delay or disruption, and seek repayment for the service through the appropriate governmental processes retrospectively.<sup>3</sup>

Guided by a 'Systems of Care' philosophy, and understanding the tenets of Jordan's principle, the following sections:

- Identify the rationale for the protocol
- Identify the population for whom the protocol is intended, which includes children and youth with severe to profound emotional and behavioural disorders, and other children who may benefit from Wraparound planning
- Identify the ten Wraparound principles and explain their utility in the development of integrated care plans for children and youth with severe to profound emotional and behavioural disorders
- Provide a framework for implementation of the Wraparound approach
- Connect readers to key literature and web-based resources regarding the Wraparound process

<sup>3</sup> First Nations Child and Family Caring Society of Canada, (2009b) See also The Jordan's Principle Implementation Act at <<http://web2.gov.mb.ca/bills/39-3/b203e.php>>

## 3 Rationale

Children and youth with complex needs often require support and services from many disciplines (e.g., mental health, education, family services, justice, health, recreation). The involvement of multiple disciplines in service provision may promote a tendency for support to be driven by the mandates of the respective departments and/or agencies rather than the needs of children and youth and their caregiver(s). Multiple and sometimes competing plans from a number of service providers may be developed which in turn may lead to insufficient, fragmented

and/or poorly co-ordinated supports.<sup>4</sup> Adding to these challenges, caregivers may feel intimidated by large groups of professionals who are seemingly charged with the responsibility for making decisions about their child's future that may or may not be consistent with their goals. A plan to integrate multiple services, which assesses and responds to children and youth and their caregivers' needs and priorities, as identified by them, is warranted.

## 4 Population Profile

This protocol applies to children and youth who fit the following profile:

- The child or youth is a danger to self and/or to others and their actions are marked by impulsive, aggressive and violent behaviour
- Their behaviour is chronic - the disorder is persistent over a lengthy period of time
- Their behaviour is pervasive and consistent - the disorder negatively affects all the child or youth's living environments including home, school and community
- The child or youth requires or is already receiving a combination of statutory and non-statutory services from Child and Family Services authorities and agencies, Education, Mental Health and/or Justice Systems as defined within the *Child and Family Services Act*, *Youth Criminal Justice Act*, and the *Mental Health Act*

<sup>4</sup> Walker, J. S., & Bruns, E. J. (2006b). Individualized, community-based care for children and adolescents with intensive needs. In J. Rosenberg & S. Rosenberg (Eds.), *Community mental health: challenges for the 21st century*. New York: Routledge.

# 5 Introduction to the Wraparound Approach

The Wraparound approach originated in Ontario, Canada from the work of John Brown and the development of the Brownsdale programs in the late 1960's and early 1970's. The Brownsdale Programs were small group homes for adolescents with severe to profound emotional and behavioural disorders that provided an alternative to the large scale institutional care that had traditionally been provided. During the late 1960's and 1970's the work of the Brownsdale programs was groundbreaking in that they introduced the concept of unconditional care through needs-driven, individualized and flexible programming.<sup>5</sup>

Current Wraparound planning takes the approach of providing unconditional care through needs-driven, individualized and flexible programming, but implements this process in a community-based setting. Importantly, Wraparound is not a set of services, but rather a process for meeting the complex needs of children and youth and their caregiver(s) that involves the integration of multiple systems and the development of individualized plans of care. In the Wraparound approach, services and supports are “wrapped around” the child or youth and their caregiver(s) in that the child or youth and caregiver(s) are placed at the centre of the plan. Consequently, their voice is paramount in identifying their individual

and collective strengths, as well as identifying informal, non-traditional and community-based resources that may be required to meet their needs.<sup>6</sup>

The Wraparound approach is defined as:

*a team based process for many systems to come together with the [child or youth and caregiver(s)] in creating an integrated, highly individualized plan that includes the coordination of existing services and the development of new/non-traditional supports to address complex emotional and behavioural challenges... Wraparound is an ongoing process that may last for many months or even years.<sup>7</sup>*

There are many similar approaches to serving the needs of children and youth accessing multiple services. However, the Wraparound approach defines itself by a strong and specific set of principles and practices. High-fidelity implementation of the guiding principles of Wraparound is fundamental to the effectiveness of the approach. Greater adherence to the Wraparound principles in practice is related to better outcomes for children and youth, including behavioural improvements, improvement in child functioning, maintenance of least restrictive living placements, and improvement in caregivers' satisfaction with the child or youth's progress.<sup>8</sup>

<sup>5</sup> VanDenBerg, J., Bruns, E., & Burchard, J. (2003). History of the wraparound process. *Focal Point: A National Bulletin on Family Support and Children's Mental Health: Quality and fidelity in Wraparound*, 17(2), 4-7

<sup>6</sup> Potter, D. & Mulkern, V. (2004). *Wraparound services: Issue brief community living exchange*. Rutgers Center for State Health Policy. New Brunswick, NJ: Author.

<sup>7</sup> VanDenBerg, J., Osher, T., & Lourie, I. (2009, pg 9). *Child, adolescent, and family issue: Team based planning and the Wraparound process*. Online: <<http://www.psych.uic.edu/uicnrtc/cmhs/pcp.paper.youth-family.doc>>

<sup>8</sup> Bruns, E. J., Suter, J., Force, M., & Burchard, J. (2005). Adherence to Wraparound principles and association with outcomes. *Journal of Child and Family Studies*, 14(4), 521–534;

The integrated practice promoted in the Wraparound approach:<sup>9</sup>

- Is consistent with practices that promote the best interests of the child
- Requires cross-sectoral and cross-agency collaboration and information sharing among schools, agencies and services who provide support for children and youth with multiple vulnerabilities
- Is designed by a team consisting of professional service providers and natural supports along with children and youth and their caregiver(s)
- Prioritizes the voices and choices of children and youth and their caregiver(s)
- Focuses on serving children and youth in their home communities

This approach seeks to provide the best outcomes for children and youth and their caregiver(s) by:<sup>10</sup>

- Enhancing community ties through connecting community supports and services to children and youth and caregiver(s) who need them
- Promoting active involvement by the child or youth and caregiver(s) in identifying needs and developing a Wraparound plan

- Using a strengths-based approach to address children and youth and caregiver(s)' needs
- Promoting sustainability through engaging the positive influence of natural community supports
- Directing communication, information sharing, consistency and accountability of service providers

Depending on the level of needs of the child or youth, a more or less intensive approach to collaborative service provision may be required. **Figure 1**, depicted on the following page, outlines the appropriate populations for implementing collaborative, coordinated, and integrated approaches to service-related decision-making.

***Given the high-level needs of children and youth with severe to profound emotional and behavioural disorders, this protocol advocates a fully integrated approach be taken to service provision (see fig. 1 – shared decision-making model: integration).***

<sup>9</sup> Bruns, E. J. & Walker, J. S. (2010). The Wraparound process: An overview of implementation essentials. In E. J. Bruns & J. S. Walker (Eds.). The resource guide to Wraparound. Portland, OR: National Wraparound Initiative.

<sup>10</sup> Bruns, E. J. & Walker, J. S. (2010). The Wraparound process: An overview of implementation essentials. In E. J. Bruns & J. S. Walker (Eds.). The resource guide to Wraparound. Portland, OR: National Wraparound Initiative.

# THE WRAPAROUND APPROACH

The Wraparound approach utilizes an integrated, shared decision making model for developing and implementing individualized plans for children and youth with severe to profound emotional and behavioural disorders.

## SHARED DECISION MAKING MODEL: INTEGRATION LEVEL OF NEED: SEVERE/PROFOUND

Integration is a process that requires the identification of shared goals, strategies and actions among all stakeholders. The integration of supports extends agency mandates to support the best interests of children and youth and their caregiver(s). The integration of supports may involve the elimination of overlapping services and/or the creation of new and non-traditional supports that are driven by the needs of the child or youth and their caregiver(s).

- Severe/profound level of need
- Traditional models of service provision may be ineffective given the severity and complexity of children and youth's needs
- Multiple support/service providers are involved
- An integrated, highly individualized 24 hr. plan that encompasses all of the child or youth's living/learning environments may be required
- The integration of multiple supports/services may require a team based decision making model/process as outlined in the *Wraparound* approach
- A clearly defined case management process may be required
- Stakeholders may need to take on new roles that are driven by the needs of the children and youth and their caregiver(s)
- Stakeholders reach across jurisdictional boundaries to redefine the provision of support based on the needs of the child or youth as opposed to the needs of the agency

## SHARED DECISION MAKING MODEL: COORDINATION LEVEL OF NEED: MODERATE

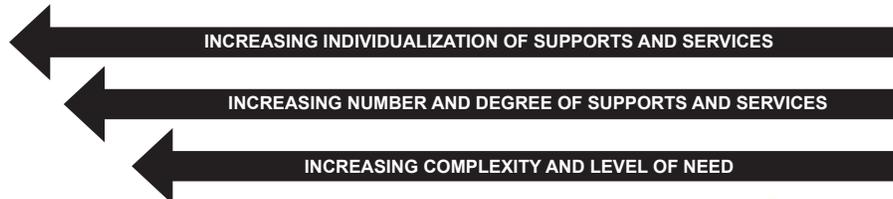
Coordination refers to flexibility and creativity in the provision of support so that supports may be delivered in an holistic manner. In this regard, coordination of support may include the identification of shared goals and/or the identification/elimination of overlapping services to encourage greater efficiency in the delivery of support and the utilization of resources.

- Moderate level of need
- Needs may be met by traditional/existing supports and/or models of service provision
- Multiple support/service providers are involved
- Coordination of supports/services may include the identification of shared goals and/or the identification and elimination of overlapping services
- Coordination of supports/services requires that all stakeholders understand each others' roles and responsibilities
- Existing services may need adaptation to overcome jurisdictional barriers to holistic service delivery

## SHARED DECISION MAKING MODEL: COLLABORATION LEVEL OF NEED: LOW

Collaboration involves a jointly planned effort by stakeholders to learn about each others' roles in the hopes of identifying shared goals and working toward the achievement of those goals.

- Low level of need
- Needs may be met by traditional/existing supports/models of service provision
- Limited number of support/service providers involved
- Service providers are primarily from one jurisdiction
- Awareness of the roles and responsibilities of all stakeholders is established



*Wraparound – Putting children and youth and their caregiver(s) first*

Figure 1 - Shared decision-making models

# 6 Guiding Principles of the Wraparound Approach

In response to concerns over the loose interpretation of the Wraparound approach in the 1990's, Wraparound researchers and practitioners developed and documented both the guiding principles of the approach, and specific implementation guidelines.<sup>11</sup> The following sections outline these guiding principles, followed by Manitoba's guidelines for implementing them in practice.

## I. *Voice and choice*

*Caregivers' and children and youth's perspectives are intentionally elicited and prioritized during all phases of the Wraparound process. Planning is grounded in caregivers' perspectives, and the team strives to provide options and choices such that the plan reflects the caregivers' values and preferences.*

### **In practice, this means:**

- Developing strategies to capture caregivers' and children and youth's voices, interpret them, and use them as guidance in developing the Wraparound process
- Developing strategies to assure their voice and choice remains central throughout all phases of the Wraparound process
- Retaining a non-judgemental stance towards caregivers and/or children and youth, and not imposing decisions on caregivers and children and youth
- Assuring to the greatest extent possible that caregivers' and children and youth's perspectives have the most influence over the Wraparound process. This includes involving family where appropriate when children are in care. It may also include respecting caregivers' autonomy to decide whether to commit to a Wraparound plan at all

<sup>11</sup> Walker, J.S., Bruns, E.J., Adams, J., Miles, P., Osher, T.W., Rast, J., VanDenBerg, J.D. & National Wraparound Initiative Advisory Group (2004). Ten principles of the Wraparound process. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University

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## II. Team based

*The Wraparound team consists of individuals agreed upon by the caregiver(s) and committed to them through informal, formal, and community support and service relationships.*

### In practice, this means:

- Assembling a team of caregivers, natural community supports, and service providers with dedicated interests in the best outcomes for children and youth
- Facilitating caregivers' and children and youth's choice about who should form the Wraparound team
- Informing caregivers and/or children and youth of the opportunities of involving team members from multiple fields, and providing advice about the pros and cons of including them as team members

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## III. Natural supports

*The team actively seeks out and encourages the full participation of team members drawn from caregivers' networks of interpersonal and community relationships. The Wraparound plan reflects activities and interventions that draw on sources of natural support.*

### In practice, this means:

- Recognizing the value of community supports for children and youth that are not part of the formal service system
  - examples: extended family, friends, neighbours, co-workers, coaches, etc.
- Developing strategies to identify, engage and retain natural supports as Wraparound team-members. Practical experience in Wraparound demonstrates that this is a challenging, yet important task to provide sustainable results for children and youth and their caregiver(s).

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## IV. Collaboration

*Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating the Wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.*

### In practice, this means:

- To the best of their ability, team members develop goals, strategies and procedures to evaluate progress in a collaborative manner with the input of all team members
- The Wraparound team develops strategies to pool available resources and use them as needed to provide the best supports and outcomes for children and youth and their caregiver(s)
- Identifying barriers to true collaborative efforts and developing strategies to either overcome them or work around them. (ex. knowledge of and practices for information sharing provisions in FIPPA, PHIA and other acts)
- Developing strategies to continually balance the collaborative efforts of the team and the needs and wants of children and youth and their caregiver(s)

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## V. Community-based

*The Wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote children and youth and caregivers' integration into home and community life.*

### In practice, this means:

- To the best of their ability, the team will work to connect children and youth and their caregiver(s) to formal and informal services within the community
- The Wraparound team will also work to connect children and youth with community-based opportunities available to other community members (ex. Recreational activities)

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## VI. Culturally competent

*The Wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of children and youth and their caregiver(s) and their community.*

### In practice, this means:

- Develop strategies to identify the values, preferences, beliefs, culture and identity of children and youth and their caregiver(s)
- The Wraparound team will promote respect and empathy for children and youth and their caregivers' cultural identities
- To the best of their ability, the Wraparound team will incorporate natural supports that promote the values, preferences, beliefs, culture and identity of children and youth and their caregiver(s) into the Wraparound plan

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## VII. Individualized

*To achieve the goals laid out in the Wraparound plan, the team develops and implements a customized set of strategies, supports, and services.*

### In practice, this means:

- When Wraparound teams develop plans with all the other guiding principles in mind, the result will be a highly individualized plan for children and youth and their caregiver(s)
- Recognizing that many of the supports needed do not lie within the traditional services system, the Wraparound team must develop strategies to incorporate non-traditional supports into the plan

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## VIII. Strengths based

*The Wraparound process and the Wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of children and youth and their caregiver(s), their community, and other team members.*

### In practice, this means:

- The Wraparound team develops strategies to identify and utilize strengths, resiliencies, and experiences of all team members throughout the Wraparound process
- Strategies are developed and information is shared to identify and utilize children and youth and their caregivers' psychological assets (ex: self-efficacy, hope, purpose, identity), interpersonal assets (ex: social competence, connectedness), as well as their expertise, skills and knowledge

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## IX. Unconditional

*A Wraparound team does not give up on, blame, or reject children and youth and their caregiver(s). When faced with challenges or setbacks, the team continues working towards meeting the needs of children and youth and their caregiver(s) and towards achieving the goals in the Wraparound plan until the team reaches agreement that a formal Wraparound process is no longer necessary*

### In practice, this means:

- Undesired child or youth behaviour, events, or outcomes are not reasons to terminate the Wraparound process
- Undesired behaviours, events or outcomes are seen as areas that need attention and additional strategies to address by the Wraparound team, including caregivers and community supports
- Recognizing the best solution may not be financially feasible, and working with available resources to the best of the team's ability to provide unconditional care for children and youth

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## X. Outcome based

*The team ties the goals and strategies of the Wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly*

### In practice, this means:

- Developing and measuring specific indicators of outcomes, either by quantitative or qualitative methods
- Meeting regularly to promote process improvements, and check in on indicators of success
- All team members are accountable for achieving the goals laid out in the Wraparound plan

# 7 Implementing Wraparound Principles in Practice

The following section outlines the activities specific to each of the 4 Phases of the Wraparound approach. The charts in the following section are intended to provide a brief overview of what Wraparound implementation may look in practice. The implementation outline has been adapted from the work of the National Wraparound Initiative (NWI) in Portland, Oregon and the work of Walker & Bruns<sup>12</sup> to fit the context of service provision for children and youth with severe to profound emotional and behavioural disorders and their caregiver(s) in Manitoba.

Numbering has been used to describe the phases of the Wraparound approach. However, the use of numbers is not meant to imply that the steps in the Wraparound process must be followed in a specific order, or that one phase needs to be completed before another phase begins.

The outline provides an overall structure for the Wraparound approach, from which Wraparound teams will develop and implement plans that are highly individualized and appropriate for children and youth and their caregiver(s). It is highly recommended for those seeking to implement a Wraparound approach that they review additional Wraparound literature to enhance their understanding of the process. ***A resource guide outlining important reports and materials regarding the Wraparound process is attached in APPENDIX B.***

<sup>12</sup> Walker, J. S., Bruns, E. J., & The National Wraparound Initiative Advisory Group. (2008). Phases and activities of the Wraparound process. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to Wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.

# Phase 1: Engagement and Team Preparation

## 1.1

### Initiate the Process (led by initial stakeholder)

- Identify need for Wraparound
- Provide caregiver(s) with information on Wraparound process to promote their informed choice to participate or not
- Review legal and ethical considerations with child or youth and caregiver(s) ex: caregivers' rights/obligations

## 1.2

### Engage Other Team Members

- Identify other team members relevant to the Wraparound process
- Invite these team members to participate in the planning process

## 1.3

### Identify a Case Manager

- Identify most appropriate case manager through nomination, appointment, voting, or volunteering
- Tailor case decision-making model to focus on child or youth and caregiver(s)' needs (Full integration recommended, see fig. 1)

## 1.4

### Stabilize Crises and Develop Initial Safety Plan

- In 1st or 2nd meeting, case manager gathers information about immediate safety issues and crises, or risk of future crises
- Plan to address immediate concerns of crisis
- Further safety planning occurs in Phase 2 of Wraparound Planning

## 1.5

### Facilitate Dialogue with Child and Caregiver

- Case manager arranges meeting with caregiver(s) and child or youth
- Encourage children and youth and their caregivers' reflection on strengths, needs, elements of culture, and long-term goals or vision

*During this phase, the ground work for trust and a shared vision among the caregivers and the Wraparound team is established. The tone is also set for team work and team interactions that are consistent with the Wraparound principles and children and youth and their caregivers are oriented to the Wraparound process*

# Phase 2: Initial Plan Development

2.1

## Define Collective Expectations for Team Interaction and Collaboration

- Discuss legal and ethical use of information sharing in the best interests of the child
- Develop conflict resolution process
- Take steps to create a blame-free environment for caregivers and all team members
- Collect, record and distribute collective expectations of team members

2.2

## Describe and Document Strengths

- Case manager presents information on strengths from Phase 1 report
- Team members add feedback and new knowledge
- Case manager adds child or youth's vision, highlights its importance for guiding process
- (Optional) - develop two sentence long team mission

2.3

## Describe and Prioritize Needs

- Case manager guides team in identifying children and youth's needs
- Develop a shortlist of priority needs which children and youth and their caregiver(s) would like to address first

2.4

## Determine Shared Team Goals and Indicators for Evaluation

- Case manager guides team in identifying shared team goals
- Team chooses indicators that represent success in meeting priority needs of children and youth and their caregiver(s)
- Team develops timelines as to how often indicators are assessed
- Team should limit number of shared goals to maintain focus on most important needs

## Phase 2: Initial Plan Development continued

### 2.5

#### Select Strategies

- Case manager guides team in identifying strategies to meet shared team goals
- Team identifies multiple options and chooses best strategies among options
- Best strategies are those which are most likely to meet shared team goals, are community-based, build on strengths of child or youth and caregiver(s), and are consistent with family culture and values

### 2.6

#### Assign Roles and Responsibilities

- Team collectively assigns responsibility for specific tasks
- Tasks must have timelines for completion
- Tasks include activities needed to implement strategies.
- Ex: making a phone call, transporting child or youth, working with a family member or finding out more information

### 2.7

#### Revisit Initial Safety Plan

- Case manager guides discussion of how best to maintain safety of all stakeholders
- Team identifies safety risk and potential antecedents
- Team identifies proactive strategies to prevent crises
- Roles and responsibilities around safety issues are revisited
- During this phase, the Wraparound team strives to create a highly individualized and integrated 24-hour plan that will meet the needs of the child or youth and their caregiver(s) in all of their living and learning environments. When possible, the Wraparound plan is best completed in 1-2 meetings and may be developed within 1-2 weeks from when the Wraparound team is formed

*During this phase, team trust and mutual respect are built while the team creates an initial plan of care using a high-quality planning process that reflects the wraparound principles.*

# Phase 3: Implementation

3.1

## Implementation of the Wraparound Plan

- Team members carry out roles as defined in the Wraparound Plan
- Case manager follows up with team members periodically in between regularly scheduled team meetings

3.2

## Track Progress and Evaluate the Effectiveness of Strategies

- In regularly scheduled meetings, team members use timelines for individual strategies to assure completion of interventions
- Team members assess fidelity of interventions compared to plan
- Team members assess effectiveness of interventions and which ones are best
- Schedule for evaluation varies with Wraparound plan and needs of the child or youth

3.3

## Celebrate Successes

- Team members should acknowledge each others' efforts and celebrate when progress has been made towards goals for both the team and the child or youth
- Acknowledging successes helps in maintaining a focus on the strengths and capacity of the child or youth, the team and its members

3.4

## Revisit and Update the Wraparound Plan

- When Wraparound team determines a strategy is not meeting needs of the child or youth, or new needs emerge as priorities, team may devise new strategies as in 2.5 and 2.6

*During this phase, the preliminary Wraparound plan is implemented, progress is continually evaluated, and the plan is adapted according to program feedback. Team cohesiveness, collaboration and respect remain essential for effective Wraparound planning and implementation throughout each of the phases of implementation.*

# Phase 4: Transition

## 4.1

### Plan for Cessation of Formal Wraparound

- Team reviews strengths and needs of the child or youth
- Team identifies service and support needs of the child or youth
- Team focuses on fostering natural supports in place of formal supports
- With transition process, team meetings become less frequent and eventually end

## 4.2

### Create a Post-Transition Safety Plan

- Team develops post-transition safety plan
- Plan identifies roles and responsibilities of stakeholders
- Plan identifies strategies for process when safety issues arise
- Plan involves rehearsing responses to crises and creating linkages to post-wraparound resources

## 4.3

### Follow-up with Caregiver(s)

- Team develops procedure for checking in with caregiver(s) after formal Wraparound has ceased
- Follow-up conducted to assure the child or youth continues to experience success
- If new needs emerge, Wraparound may be reconvened

*During this phase, plans are made for a purposeful transition out of a formal Wraparound plan to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). A transition out of a Wraparound plan may occur when the Wraparound team feels that the positive outcomes that have been made may be maintained through less formal supports.*

# 8 Summary and Next Steps for Wraparound Service Providers

## 8.1 Summary

The practice of Wraparound planning, and the evidence supporting its effectiveness in progressively achieving positive outcomes for clients with multiple needs, is growing and receiving strong support in North America and the international community. The Healthy Child Committee of Cabinet is releasing this revised protocol of the previous *Interdepartmental Protocol Agreement for Children/Adolescents with Severe to Profound Emotional/Behavioural Disorders* to include Wraparound planning. The revisions published in this protocol demonstrate the Province's continued commitment to support evidence-based practices as an integral part of our strategy to support the best possible outcomes for Manitoba's children and youth.

### Key Points:

- Children and youth with severe to profound emotional and behavioural disorders often require multiple services that cross sectors and agencies
- Services for children and youth with severe to profound emotional and behavioural disorders are most effective when they are highly integrated (see fig. 1)
- Wraparound plans promote better outcomes for children and youth through a formalized structure which integrates multiple services and natural community supports
- Wraparound plans and service delivery are based on ten principles and supported by specific implementation guidelines
- Wraparound planning and service delivery that strongly reflects the principles and implementation guidelines (i.e. *high-fidelity Wraparound*) is proven to be more effective at achieving better outcomes for children and youth with severe to profound emotional and behavioural disorders

## 8.2 Next Steps

If you are interested in obtaining information about Emotional Behavioural Disordered Level 3 Funding (EBD3) for a specific student, or you would like more information about Wraparound planning in Manitoba, please contact:

### General Enquiries

Program and Student Services  
Manitoba Education  
Telephone: 204-945-7907  
Toll Free in Manitoba: 1-800-282-8069,  
ext. 7907  
Email: [pssbinfo@gov.mb.ca](mailto:pssbinfo@gov.mb.ca)

The Wraparound principles and implementation guidelines outlined in this report were adapted from resources provided by The National Wraparound Initiative (NWI), based in Portland, Oregon. For more Wraparound resources, please review APPENDIX B and/or visit the NWI's website at: <http://www.nwi.pdx.edu/>



## Appendix A - Glossary

The following definitions have been used for the purposes of this document:

**Best interests of the child** – all members of the Wraparound team share information and collaborate, consistent with the best interests of each child.

**Caregiver** – refers to the individual(s) who take on some or all of the roles and responsibilities of parenting a child or youth. The caregiver may be a parent, grandparent, extended family member or other individual who functions as a part of the central family group. In the event the child or youth is in the care of a Child and Family Services Authority or designated agency, the caregiver may include a foster parent, social worker or designate.

**Case manager** – the case manager is the person who is responsible for coordinating, administrating and monitoring the integrated case management process in a Wraparound plan. (please review section 7 (pp. 17-22) for a more detailed description of the roles and responsibilities of the case manager).

**Collaboration** – Involves an intensive and jointly planned effort by stakeholders to learn about others' roles in the hopes of identifying shared goals and collectively working toward the achievement of those goals.

**Co-ordination** – For the purposes of this document refers to flexibility and creativity in the provision of support so that supports may be delivered in a holistic manner. In this regard, the coordination of support may involve shared goals and/or the identification and elimination of overlapping services to encourage greater efficiency in the delivery of support.

**Natural community supports** – Includes family, friends and or volunteers who actively provide support to children and youth and their caregiver(s).

**Integration** – Is a process that requires the identification of shared goals, strategies and actions among all stakeholders so that support may be individualized to meet the needs of children and youth. The integration of supports extends agency mandates to support the best interests of children and youth and their caregiver(s). The integration of supports may involve the elimination of overlapping services, and/or the creation of new/non-traditional supports that are driven by the needs of children and youth and their caregiver(s).

**Integrated case management** – Is a team approach that ensures the identification of shared goals, strategies and actions among all stakeholders which may involve the extension of agency mandates so that support may be individualized to meet the needs of children and youth and their caregiver(s).

**Safety plan** – is a plan developed by the Wraparound team to stabilize crises and ensure the safety of children and youth and their caregiver(s) in all of their living and learning environments.

**Shared team goal** – is a mutually agreed upon goal identified by the Wraparound team and the child or youth (where appropriate) that meets a need that has been prioritized by the Wraparound team.



**Stakeholder** – an individual or group who either have direct or indirect interest in the child or youth being supported by a Wraparound plan.

**Team mission** – is the overarching goal that will guide the Wraparound team throughout all phases of the Wraparound process.

**Wraparound** – is an integrated, team based process for many systems to come together with children and youth and their caregiver(s) to create a highly individualized plan that includes the coordination of existing services and the development of new/non-traditional supports to address complex emotional and behavioural challenges.

**Wraparound team** – the stakeholders who develop and implement a Wraparound plan to support children and youth and their caregiver(s).

## Appendix B – Wraparound Process Resource Guide

### Books and Book Chapters

Bruns, E.J. & Walker, J.S. (Eds.) (2008). A resource guide to wraparound. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. Online: <[www.nwi.pdx.edu/](http://www.nwi.pdx.edu/)>.

Bruns, E. J., Walker, J. S., Adams, J., Miles, P., Osher, T. W., Rast, J., VanDenBerg, J. D., & National Wraparound Initiative Advisory Group (2004). Ten principles of the wraparound process. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. Online: <[www.nwi.pdx.edu/](http://www.nwi.pdx.edu/)>.

Bruns, E.J. (2010). The wraparound evidence base: April 2010 update. In E. J. Bruns & J. S. Walker (Eds.), The resource guide to wraparound. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. Online: <[www.nwi.pdx.edu/](http://www.nwi.pdx.edu/)>.

Suter, J., & Bruns, E. J. (2008). A narrative review of wraparound outcome studies. In E. J. Bruns & J. S. Walker (Eds.), The resource guide to wraparound. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. Online: <[www.nwi.pdx.edu/](http://www.nwi.pdx.edu/)>.

Penn, M., & Osher, T. W. (2007). The application of the ten principles of the wraparound process to the role of family partners on wraparound teams. Portland, OR: National Wraparound Initiative, Portland State University. Online: <[www.nwi.pdx.edu/](http://www.nwi.pdx.edu/)>.

Walker, J. S., Bruns, E. J., VanDenBerg, J. D., Rast, J., Osher, T. W., Miles, P., Adams, J., & National Wraparound Initiative Advisory Group. (2004). Phases and activities of the wraparound process. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. Online: <[www.nwi.pdx.edu/](http://www.nwi.pdx.edu/)>.

## Journal Articles

Bruns, E. J., Rast, J., Walker, J. S., Bosworth, J., & Peterson, C. (2006). Spreadsheets, service providers, and the statehouse: Using data and the wraparound process to reform systems for children and families. *American Journal of Community Psychology*, 38, 201-212.

Bruns, E.J., Leverentz-Brady, K.M., & Suter, J.C. (2008). Is it wraparound yet? Setting fidelity standards for the wraparound process. *Journal of Behavioral Health Services and Research*, 35, 240-252.

Eber, L, Nelson, M. School-Based Wraparound Planning: Integrating Services for Students with Emotional and Behavioral Needs. (1997) *American Journal of Orthopsychiatry*, 67(3), 385-395.

Prakash M.L., Bisanz, J., Chalmers G., Daniels J., Gokiart R.J., McNeil D.C., Michailides M., Schnirer, L., Varnhagen, S., Walker, C. & Wosnack, N. (2010). Integrated Supports for Children, Youth and Families: A Literature Review of the Wraparound Process. Online: <<http://education.alberta.ca/media/1920533/executive%20summary%20lit%20review.pdf>>

Suter, J.C. & Bruns, E.J. (2009). Effectiveness of the Wraparound Process for Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Clinical Child and Family Psychology Review*, 12, 336-351.

Walter, U.A. and Petr, C.G. (2011) Best Practices in Wraparound: A Multidimensional View of the Evidence. *Social Work*, 56(1), 73-80.

## Appendix C - Children and Youth with Emotional and Behavioural Disorders

Terms such as mental disorder, mental illness and behavioural problem/disorder are used in the literature on children and youth mental health to describe a broad range of needs. In the province of Manitoba, the term emotional and behavioural disorders (EBD) is used. As respectfully as possible, this term is intended to describe a broad range of needs as outlined in the 'Population Profile' section of the protocol.

An estimated 70% of emotional and behavioural disorders manifest themselves during childhood or adolescence,<sup>13</sup> and currently 15-20% of Canadian children and youth between the ages of 4 to 17 meet the criteria for a mental illness requiring some form of care.<sup>14</sup> While this figure represents the proportion of Canadian children affected at one point in time, the proportion of children ever affected by mental illness or mental health problems throughout childhood may be much higher. A 2011 follow-up study of 1,420 American youth by Copeland et al. found as high as 80% of children have experienced mental health problems at some point before adulthood. Copeland et al. conclude that emotional and behavioural disorders are a nearly universal experience occurring at similar rates as

physical illness among children.<sup>15</sup> Evidence from Canada and the USA suggests both the number of children and youth with mental health needs, and the complexity of their needs, are increasing. In Canada, the 2004 Ontario Child Health Survey found that of all children with mental disorders, 68% had two or more coexisting mental disorders.<sup>16</sup> Further, in their 2012 study, Delaney and Smith concluded that the evidence that childhood mental health problems are becoming worse over time is much stronger than that for physical health problems.<sup>17</sup>

While not all of the children represented by these numbers meet the criteria to necessitate EBD3 funding and/or a Wraparound plan, the evidence suggests an increasing number of Manitoban children and youth will in coming years. The current context of the growing need for mental health promotion and mental illness prevention demands a system-wide reorganization and response to promote the best outcomes for Manitoba's children and youth. Reorganizing, integrating, and intensifying our response for children and youth with severe to profound emotional and behavioural disorders through a Wraparound approach may serve as an integral part of Manitoba's

<sup>13</sup> Statistics Canada (2002). Canadian Community Health Survey: Mental Health and Well-being.

<sup>14</sup> Waddell, C., McEwan, K., Shepherd, C., Offord, D. & Hua, J. (2005). A Public Health Strategy to Improve the Mental Health of Canadian Children. *Canadian Journal of Psychiatry*, 50 (4); Waddell C, Hua JM, Garland OM, Peters RD, McEwan K. (2007). Preventing Mental Disorders in Children: A systematic Review to Inform Policy-making. *Canadian Journal of Public Health*. 98: 166-73.

<sup>15</sup> Copeland, W., Shanahan, L., Costello, E.J., Angold A. (2009). Cumulative Prevalence of Psychiatric Disorders by Young Adulthood: A Prospective Cohort Analysis from the Great Smoky Mountains Study. *Journal of the American Academy of Child and Adolescent Psychiatry*. 50(3):252-61

<sup>16</sup> The Standing Senate Committee on Social Affairs, Science & Technology (2004). The Standing Senate Committee on Social Affairs, Science and Technology. (2004). Mental health, mental illness and addiction: Overview of policies and programs in Canada.

<sup>17</sup> Delaney, L., Smith, J.P. (2012). Childhood health: trends and consequences over the life course. *The Future of Children/ Centre for the Future of Children*. 22(1):43-63.

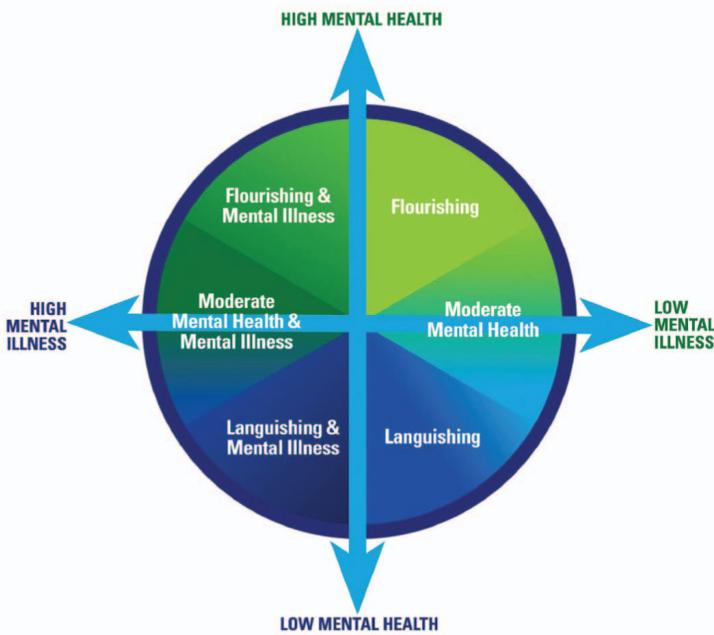


Figure 2 – Keyes (2002) The mental health continuum: from languishing to flourishing in life

larger mental health strategy.<sup>18</sup> Manitoba’s strategy recognizes that mental health is not simply a state of illness, but a more complex continuum of states of mental well-being that shift over time. As illustrated by Keyes’ model (Fig. 2), mental health is a continuum of states of mental illness and mental health. Accordingly, those with high degrees of mental illness are still able to flourish in supportive environments, just as those with low degrees of mental illness may languish in less supportive environments.

Importantly, this model orients government, service providers, and communities to commit to a comprehensive mental health strategy that promotes supportive environments for the entirety of our population. For children and youth with severe to profound emotional and behavioural disorders, effective Wraparound planning and quality service provision will serve to enhance their capacity to flourish and achieve high levels of mental health.

<sup>18</sup> See “Rising to the Challenge: A strategic plan for the mental health and well-being of Manitobans” for specific details of Manitoba’s larger mental health strategy. This report is available online at: <<http://www.gov.mb.ca/healthyliving/mh/docs/challenge.pdf>>



