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Canadian Wraparound: Measuring Implementation Fidelity for Youth in Care

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Abstract

For youth in the care of child welfare, the need for a greater emphasis on service integration and youth-centred approaches is widely agreed. This case study examined an implementation of the Wraparound approach, which focuses on coordinated service delivery and youth-centered care, as delivered by an intervention team at a Canadian urban community health centre with 12 youths in care. Wraparound is a philosophy of care and a process that facilitates the provision of integrated support for individuals with complex needs. The high-fidelity implementation of this approach has been identified as critical to improvements in life outcomes. The Wraparound Fidelity Index Short Version (WFI-EZ), which measures adherence to the guiding principles and primary activities of Wraparound, was administered with team members, facilitators, caregivers, and a youth. The Team Observation Measure (TOM-2), which measures facilitation skills and team work as observed during Wraparound meetings, was administered with a sample of four Wraparound teams. Overall fidelity scores at this site, though below average, are encouraging considering the complex profiles and multi-system needs of the youths. Intensive training and ongoing coaching of Wraparound facilitators contributed to high ratings, while success was limited by narrow definitions of family and by system-level constraints such as high turnover among social workers. Future research should explore the value of peer support for youth and caregivers, training for all team members in the Wraparound approach, and adapting the fidelity assessment tools to better account for family, community, and system-level constraints.

Keywords: Youth, child welfare, Wraparound, community-based Wraparound, fidelity

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Children and youth in the care of child welfare (here referred to as "youth in care" or simply "youth") experience multiple life challenges. Exposure to adverse life events and complex trauma such as violence, abuse, neglect, and disrupted attachments are often the precursors to being brought into the care of child welfare (Nichols et al., 2017). Research in the United States has found that up to 50% of youth in care have a serious mental health disorder (Lehman, Havik, Havik, & Heiervang, 2013). Youth in care also have higher rates of substance use, involvement with the justice system, low school attainment, early parenting, un- or underemployment, housing insecurity, and poor health outcomes (Brownell et al., 2018). In Canada, Indigenous youth comprise 52.2% of children in foster care in private homes (Indigenous Services Canada, 2018), which has been described as a

humanitarian crisis. Indigenous youth also experience intergenerational trauma from the legacy of the residential school system in Canada (Sinclair, 2016).

While the life trajectories for youth in care of child welfare are multi-causal, there is broad consensus in the field of human services that a greater emphasis on service integration and youth-centred approaches is required (Kovarikova, 2017). This may seem intuitive; however, it is not always reflected in practice. In fact, barriers to service provision (e.g., service fragmentation, separate agency mandates, and separate funding streams and accountability structures) are commonplace (Schurer Coldiron, Bruns, & Quick, 2017), and meaningful youth participation in service development and delivery is rare (Havlicek et al., 2016). Not surprisingly, youths in care have characterized their interactions with service systems as "chaotic" (Zieman, 2019, p. 10) and the system itself has been described as oppressive (Child Welfare Anti-Oppression Roundtable, 2009). In order to ameliorate these conditions, alternative approaches that facilitate the integration of support and the empowerment of youth must be explored (Dupuis & Mann-Feder, 2013).

The Wraparound Approach

The Wraparound approach, in contrast to traditional approaches, is underpinned by a youth-centred philosophy of care and a coordinated model of service delivery designed to overcome some of the systemic barriers to support for youth in care. In Wraparound, formal service providers and natural supports (e.g., caregivers, friends, and community members) collaborate to overcome bureaucratic barriers and develop one highly integrated and holistic Wraparound plan (Bruns & Suter, 2010). Youth and their caregivers drive the process; the shared belief that youth and their caregivers should have "voice and choice" over the support they receive is paramount (Bruns et al., 2010). Wraparound focuses on building the capacities of youth and caregivers by fostering natural, community-based supports, in contrast to a traditional focus on professional services. The rationale for this is long-term sustainability contributing to greater empowerment and independence (Walker & Sage, 2006). The population most often served by the Wraparound model has complex, multi-system needs, for example, (a) youth with mental health challenges including emotional and behavioural disorders (Bruns, 2014; Painter, 2012), (b) youth in the care of child welfare agencies, and (c) youth with justice involvement (Browne, Puente-Duran, Shlonsky, Thabane, & Verticchio, 2016; Schurer, Coldiron, Hensley, Parigoris, & Bruns, 2019).

Wraparound Fidelity

In practice, the Wraparound approach implements ten guiding principles (see Table 1) via a practice model in four distinct phases (plan engagement, plan development, plan implementation, and transition), with 32 activities associated with each phase.

Because fidelity of implementation and adherence to the practice model are crucial components of Wraparound service provision (Sather & Bruns, 2016), the process is guided by a certified Wraparound facilitator whose primary goal is to ensure that the youth's priorities are addressed through the development of a youth-centred plan of care (Walker, Bruns, and the National Wraparound Initiative Advisory Group, 2008). The National Wraparound Implementation Center (NWIC) in the United States provides training and

certification in Wraparound facilitation and coaching (NWIC, 2018); Wrap Canada provides similar training and certification using the *Canadian High-Fidelity Wraparound Model and Certification System and Training Process* (Debicki, 2009; Debicki & Wrap Canada, 2014).

Table 1
Ten Guiding Principles of Wraparound

Wraparound Principle	Definition
1. Voice and choice	Family and youth are central to the process.
2. Team-based	Team is selected by the youth and family.
3. Natural supports	Informal and formal members make up the team.
4. Collaboration	Team works together to develop, implement, and monitor the plan.
5. Community based	Community involvement is integrated into the plan.
6. Culturally competent	There is respect for the youth's/family's culture, values, and beliefs.
7. Individualized	Activities/supports are selected to meet the youth and family's needs.
8. Strength based	Youth's and family's strengths are assets.
9. Unconditional	Rejection and blame do not occur in the process.
10. Outcome based	Goals are connected to observable/measureable indicators of success.

Note. Adapted from Bruns, Walker et al. (2008).

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Fidelity Assessments

The Wraparound Evaluation and Research Team (WERT, 2018) has developed a suite of fidelity assessment tools called the Wraparound Fidelity Assessment System (WFAS). The WFAS includes (a) the Wraparound Fidelity Index Short Version (WFI-EZ), which measures adherence to the guiding principles and primary activities of Wraparound from multiple perspectives (Sather, Hensley, & Bruns, 2013); and (b) the Team Observation Measure (TOM-2), which measures facilitation skills and team work as demonstrated by certified Wraparound facilitators during team meetings (Bruns, Sather, Schurer Coldiron, Hook, & Hadfield, 2018), in addition to other fidelity tools. Given the similarities between Canadian high-fidelity Wraparound (Debicki & Wrap Canada, 2014) and Wraparound as outlined by NWIC (WERT, 2018), Wraparound fidelity has been assessed using WFAS tools in Canadian school-based settings, and these assessments have

provided valuable feedback for improving the quality of service provision (Bartlett & Freeze, 2019).

Outcomes of Wraparound and the Need for Fidelity

The continued expansion of the Wraparound approach throughout the United States as well as parts of Australia, Canada, and the United Kingdom is likely due to increasing evidence of positive youth outcomes, including improvements in crisis management and goal achievement, greater stability in placements, improved adaptive behaviour and functioning, improved academic performance, and reduced recidivism (Bruns & Suter, 2010). In particular, research has linked high-fidelity Wraparound (i.e., Wraparound that adheres to the practice model) to positive youth and family outcomes (Bruns Suter, Force, & Burchard, 2005; Cox, Baker, & Wong, 2009; Effland, Walton, & McIntyre., 2011; Pagkos, 2011). As Wraparound continues to expand, it is vitally important to ensure high-fidelity implementation, particularly with extremely high-risk youth in care (Schurer Coldiron, Bruns, & Quick, 2017). Examining the strengths and weaknesses of Wraparound serving youth in care with complex multi-system needs (Schurer Coldiron et al., 2019) is vital for enhancing its responsiveness and improving the quality of implementation (Kernan, 2014; Shailer, Gammon, & de Terte, 2017).

The Current Study

The purpose of the current case study was to investigate the fidelity of implementation of the Wraparound approach led by an intervention team at a Canadian urban community health centre with 12 youth in care. The study also sought to better understand how this site operationalized the Wraparound approach for youth in care with complex needs.

In order to respond to the need for a comprehensive, youth-centred, integrated model of support for the most high-risk youth in care, a Canadian community health centre piloted the implementation of the Wraparound approach. With multi-year funding from the provincial government, the centre provided Wraparound facilitation and coaching, clinical support (e.g., counselling, psychology, psychiatry, and primary care) and a broad range of related services (e.g., mentorship, education, recreation, employment services, matching of youth savings, cultural guidance from an Indigenous Elder, transportation to appointments, and 24-hour, on-call support) for up to 15 youth. The community health centre serves as a hub within the community. In other words, youth feel that the centre is a safe and supportive place to attend.

Community-Based Wraparound

At the time of the study, this community-based Wraparound initiative had been operational for approximately three years and consisted of a team of 11 support providers: a manager of clinical and administrative services, three social workers, three mentors, one psychiatrist/medical support (not at team meetings but available for consult and appointments if needed), one behavioural psychologist, one teacher, and an Indigenous Elder.

All of the clinical staff (i.e., social workers and psychologist) had received training and certification in Wraparound facilitation from Wrap Canada (Debicki, 2009; Debicki &

Wrap Canada, 2014). In this study the team manager, who was a social worker, had been certified by Wrap Canada as a Wraparound coach (i.e., trained to provide mentorship and coaching to the Wraparound facilitators on staff).

Youth Profile and Team Membership

A provincial interagency task force (leadership from child welfare, education, health, mental health, and youth justice) identified youths in care with the most complex multi-system needs and the highest levels of service usage as potential participants in this initiative. In order to participate, the youths were required to be in the care of child welfare, live in the major urban centre where the community health centre was located, and have the following characteristics:

- Behaviour that posed a danger to self and/or others, that was described as chronic, persistent and negatively affecting home, school, and community;
- Developmental or intellectual delays and/or mental health issues;
- Addictions;
- Poor or no academic activity;
- One or more adverse childhood experiences, including physical, sexual and/or emotional abuse, and/or neglect;
- Criminal involvement or pre-criminal behaviour; and
- Receipt of government and community services from child welfare, education, mental health, and/or justice systems.

In order to engage the identified youth in the Wraparound process, the site's clinicians (trained as Wraparound facilitators) were assigned to support specific youths. The youths were then invited to participate in Wraparound by their facilitator. Guided by Wraparound Principle 1, Voice and Choice (see Table 1), the youths could decline; but those who agreed were engaged by their Wraparound facilitator in a process referred to as a "Strengths, Needs, Culture Discovery" (Debicki, 2014) to identify the youth's strengths and priorities.

The Wraparound facilitator also assisted the youth in building their Wraparound team, which met monthly. It included formal service providers outside of the community health centre (e.g., child welfare, youth justice, addictions, and education) as well as community-based and natural supports, with the objective of overcoming the challenges associated with service fragmentation and connection to natural helpers. The youth chose their Wraparound team, so membership varied. The teams that were observed ranged in size from 8 to 12 members. Each plan was highly individualized and culturally competent, and provided intensive supports across multiple life domains.

Methods

Instruments and Data Collection

The Wraparound Fidelity Index Short Version (WFI-EZ; Sather et al., 2013) and the Team Observation Measure (TOM-2; Bruns et al., 2018) were used to measure the fidelity

of implementation of the Wraparound approach and to explore how Wraparound works for youth in care with complex needs. The WFI-EZ, a self-report 42-item questionnaire, was administered to Wraparound facilitators, team members, caregivers, and one youth in order to obtain their unique perspectives regarding Wraparound fidelity. According to Sather et al. (2013) the WFI-EZ is used to collect data on (a) fidelity to the basic principles of Wraparound and model as a whole, (b) adherence to the process-level activities of Wraparound, and (c) the presence of supports at various system and organizational levels. The five sections of the WFI-EZ are (a) youth information and demographics, (b) basic information, (c) experiences in Wraparound, (d) satisfaction, and (e) outcomes. The WFI-EZ also provides the opportunity for participants to provide additional comments regarding their experiences with Wraparound at the conclusion of the questionnaire.

The TOM 2.0 is an observational tool administered by an independent observer during a Wraparound meeting to measure whether the guiding principles of Wraparound, full meeting attendance, and skilled facilitation are demonstrated (Bruns et al., 2018). The TOM 2.0 consists of 36 indicators divided across seven subscales: (a) full meeting attendance, (b) effective teamwork, (c) driven by strengths and families, (d) based on priority needs, (e) use of natural and community supports, (f) an outcomes-based process, and (g) skilled facilitation. Each item, as observed during a Wraparound meeting, has three possible answers *yes*, *no*, and *N/A*. The TOM-2 also allows the independent observer to take notes while observing team meetings, providing context for the data obtained from both WFI-EZ and TOM-2 (Bartlett & Freeze, 2019).

Participants and Sampling

Twelve youths' Wraparound teams were the focus of this study. The youths supported by Wraparound included five males and seven females ranging in age from 13 to 19 years, with an average of 16.5 years. Only one youth elected to be interviewed. On average, the youths had been participating in Wraparound for 14 months.

Across the 12 Wraparound teams, 60 WFI-EZ interviews were completed. The interviews were conducted with 12 Wraparound facilitators (i.e., one representing each Wraparound team), 45 team members (distributed across all 12 Wraparound teams), two caregivers, and one youth. The team members across all 12 cases included 13 mentors, 19 therapists/clinicians, three case workers, one residential/group home staff, one probation officer, four teachers/school staff, two community members, and two others. Most clinical team members from the community health centre served on more than one youth's Wraparound team, not always in the same role. For example, a clinical psychologist was the facilitator on one Wraparound team, whereas in other cases that person served as a clinical team member. During the interview phase of this study, facilitators and team members from the community health centre were interviewed more than once (i.e., relative to their role on each specific Wraparound team).

Training and Process

Prior to commencing research, this study was approved by the University Research Ethics Board. The principal investigator (PI; Bartlett) was a licensed collaborator through WERT. In order to administer WFI-EZ and the TOM-2, I completed WERT's WFI-EZ and

TOM-2 training protocols. I am also a certified Wraparound facilitator through Wrap Canada, and as such I have an in-depth understanding of the Wraparound process.

Data was collected from March to July, 2019. First, I administered the WFI-EZ to members of the Wraparound teams via phone interview; the interview with the youth was administered in person at the community health centre. Interviews ranged from 30 to 65 minutes in length. Next, I observed Wraparound team meetings using the TOM-2 for four out of the 12 teams. The youths in receipt of Wraparound support were present at all four of the meetings that were observed. Three of the meetings were held at the community health centre, and one was hosted at a local community drop-in centre that is affiliated with the health centre. The meetings ranged in length from 1 hour and 20 minutes to 2 hours and 15 minutes. WFI-EZ and TOM-2 data were entered into WrapTrack, an online data entry and reporting system administered by WERT. WrapTrack produces anonymized quantitative summaries of overall fidelity and key element fidelity compared to national means that have been established for large Wraparound sites in the United States (Bartlett & Freeze, 2019).

Results

Overall Fidelity Measures

This section reports WFI-EZ overall Wraparound fidelity across all respondent types and for each respondent type and compares these scores with (a) national means established by WERT (2018) in the United States, and (b) fidelity benchmarks established by Bruns, Suter, & Leverentz-Brady, (2008). Overall fidelity describes the degree to which all respondents reported that their experiences with Wraparound adhered to the practice model, reported as a percentage. WERT's (2018) national means do not identify whether Wraparound was implemented with high or low fidelity but rather provide a point of comparison with large Wraparound sites. In contrast, Bruns, Suter et al.'s (2008) fidelity benchmarks (see Table 2) compare fidelity percentage scores with the degree of fidelity, which is helpful in program evaluation.

Table 2
Wraparound Fidelity Benchmarks

Degree of Fidelity	High	Above Average	Average	Below Average	Non-Wraparound
(%)	85–100%	80–84%	75–79%	70–74%	< 69%

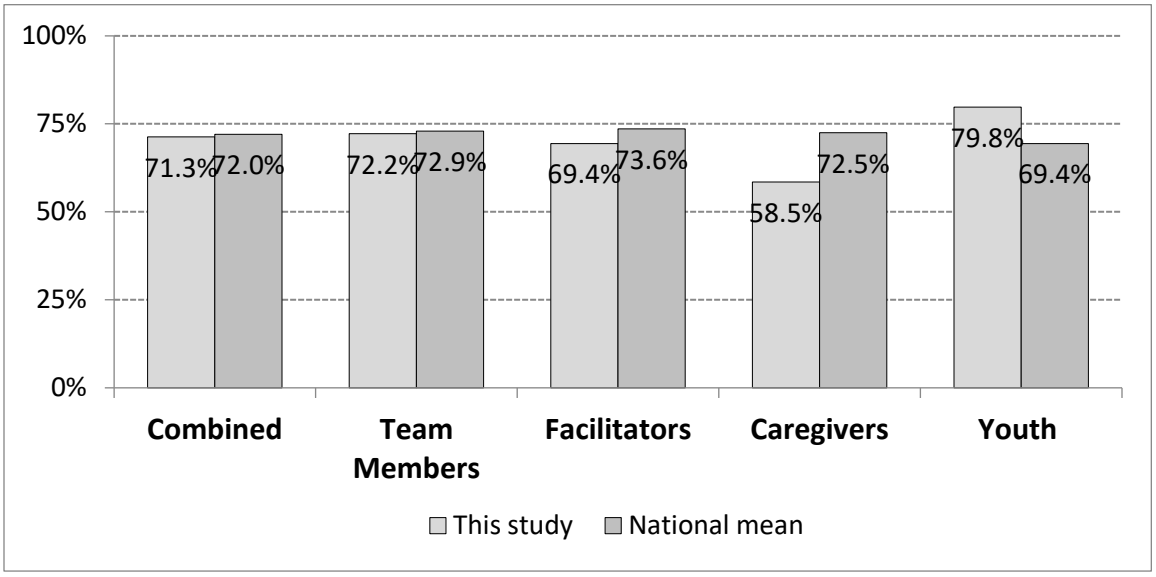
Note. Adapted from Bruns, Suter et al. (2008)

Overall Wraparound Fidelity of the Program

Figure 1 summarizes the combined score and scores by respondent type for overall Wraparound fidelity, as compared to WERT's corresponding U.S. national means.

Combined. The combined overall fidelity score indicates that the community health centre is implementing Wraparound with a slightly below average level of fidelity.

Figure 1. WFI-EZ Overall Fidelity: Combined and by Respondent Type



Note. National means are established by WERT in the United States and do not identify whether Wraparound is implemented with fidelity but provide a point of comparison based on large Wraparound sites

Team members. The total fidelity score of team members (n = 45), the largest group interviewed, approximates the national mean for team members established by WERT (which means it is similar to that of large Wraparound sites in the United States) and is considered a slightly below average level of fidelity. As the largest respondent group, the team members may provide the most accurate picture of Wraparound fidelity in this setting.

Facilitators. This second largest respondent group (*n* = 12) were all certified through Wrap Canada, with one also being a certified Wraparound coach. Their fidelity score lies on the boundary between non-Wraparound and below average fidelity benchmarks.

Caregivers. The caregivers (n = 2) had the lowest overall fidelity score, considered a non-Wraparound level. At the individual level, one score was 45.5% (a very low, non-Wraparound level), while the other was significantly higher at 70% (below average level).

Youth. The only youth (*n* = 1) interviewed in this study reported the highest overall fidelity of all respondent types. This fidelity rating is considered an average level of fidelity, well above WERT's national mean for Wraparound sites in the United States.

Key Element Fidelity of the Program

WrapTrack refines the overall fidelity scores into five key elements based on the guiding principles of Wraparound. Each key element score is the average of all items within the relevant domain, providing important information about how well service delivery and support adhere to the practice model.

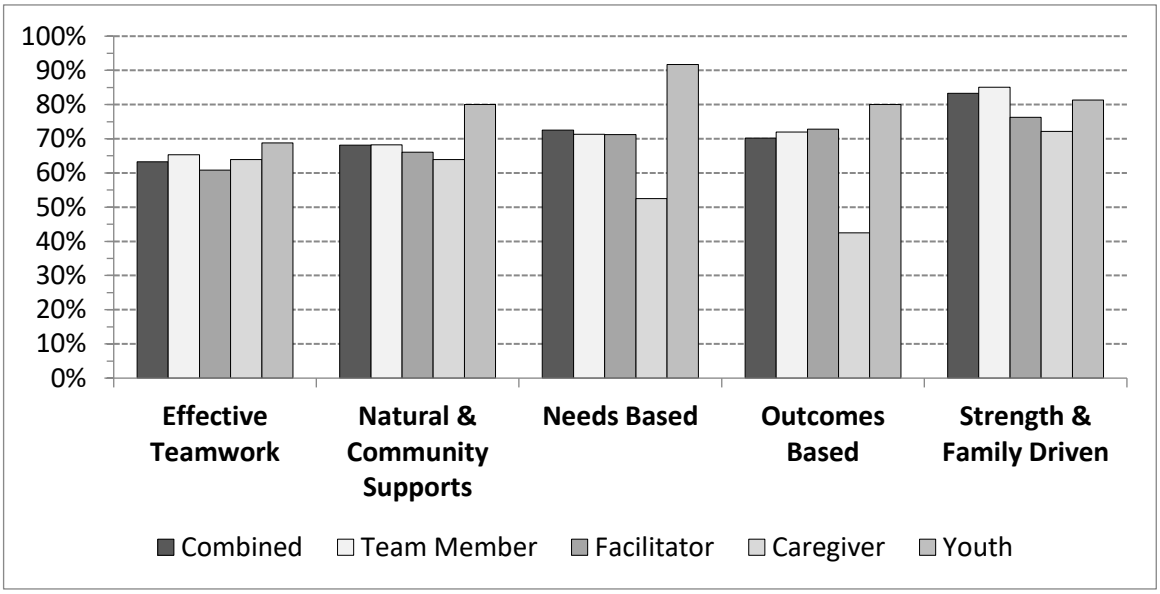
Table 3 reports the combined key element fidelity across respondent groups and compares the key element fidelity by respondent group to the WERT U.S. national means. Figure 2 compares the key element ratings of the respondent groups, reflecting their unique perceptions of the process.

Table 3
Key Element Fidelity: Combined and by Respondent Group

	Combined (*n* = 60)	**Team Member** (*n* = 45)	**Facilitator** (*n* = 12)	**Caregiver** (*n* = 2)	**Youth** (*n* = 1)
Effective Teamwork	63.3%	65.3% (65.5%)	60.8% (67.7%)	63.9% (67.8%)	68.8% (65.5%)
Natural & Community Supports	68.1%	68.2% (66.1%)	66.1% (66.3%)	63.9% (65.6%)	80.0% (66.1%)
Needs Based	72.5%	71.3% (75.2%)	71.2% (75.2%)	52.5% (73.8%)	91.7% (75.2%)
Outcomes Based	70.2%	72.0% (75.8%)	72.8% (75.7%)	42.5% (75.3%)	80.0% (75.8%)
Strength & Family Driven	83.3%	85.1% (82.0%)	76.3% (83.0%)	72.2% (77.6%)	81.3% (82.0%)

Note: The numbers in parenthesis are U.S. national means based on large Wraparound sites in the United States.

Figure 2. WFI-EZ Key Element Fidelity: Combined and by Respondent Group



Combined. The combined scores for Effective Teamwork and Natural and Community Supports are considered non-Wraparound levels of fidelity, while those for Needs Based and Outcomes Based are below average fidelity. The combined score for Strength Driven and Family Driven reflects an above average level of fidelity.

Team members. The key element fidelity reported by the team members is congruent with the combined score across respondent types. The lowest areas of fidelity, representing non-Wraparound levels, reported by the team members included Effective Teamwork and Natural and Community Supports. The Needs Based and Outcomes Based scores both fall within the below average benchmark, while the Strength and Family Driven score highest—above the WERT national mean—and are considered high fidelity.

Facilitators. Wraparound facilitators' results were congruent with the combined key element fidelity across respondent types. Scores for Effective Teamwork and Natural/Community Supports were lowest, falling in the non-Wraparound benchmark. Somewhat higher, but with below average levels of fidelity were Needs Based and Outcomes Based. Their highest fidelity rating, meeting the average fidelity benchmark, was Strength and Family Driven.

Caregivers. The caregivers' average score for Effective Teamwork and Natural and Community Supports were both considered a non-Wraparound level of fidelity, as were the Needs Based and Outcomes Based scores. As for the other respondent types, the caregivers' Strength and Family Driven score was the highest relative to other key elements but still fell within the below average benchmark range.

Case-by-case analysis of key element fidelity for the two caregivers found that one caregiver reported the fidelity across all key elements significantly higher than the other. The most discrepant key element scores were for Natural and Community Supports and Outcomes Based, with one caregiver reporting scores of 37.5% and 15% (non-Wraparound fidelity) respectively for these elements while the other reported 85% (high fidelity) and 70% (below average) respectively.

Youth. The Effective Teamwork score from our single youth participant was lowest (non-Wraparound fidelity). The Natural and Community Supports, Strength and Family Driven, and Outcomes Based scores were higher, all meeting the benchmark for an above average level of fidelity, while the Needs Based score was highest (high fidelity).

Overall Satisfaction with the Program

The WFI-EZ includes questions about overall satisfaction with Wraparound, which are administered to caregivers and youth. Overall satisfaction with Wraparound for these combined respondents was 72.9% (NM 78.6%), which is considered a below average level. A case-by-case analysis revealed that one caregiver rated overall satisfaction extremely low at 31.3% (NM 79.9%), while the other caregiver and the youth both rated overall satisfaction extremely high at 93.8% (caregiver NM 79.9%; youth NM 76.7%).

Youth Outcomes from the Program

The WFI-EZ includes questions about youth outcomes, which are administered to facilitators and caregivers (n = 14). These *yes*-or-*no* questions inquire about the youth's school and community outcomes. Additional questions ask caregivers and facilitators about more subjective experiences related to the youth's overall functioning in the home, community, and school since starting Wraparound. Responses to these questions are summarized in Table 4.

Table 4
School and Community Outcomes (*n* = 14)

Question	Yes	No	Don't Know
Since starting Wraparound, my child or youth has had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home)	50%	50%	
Since starting Wraparound, my child or youth has been treated in an Emergency Room due to a mental health problem	66.7%	33.3%	
Since starting Wraparound, my child or youth has had a negative contact with police	66.7%	33.3%	
Since starting Wraparound, my child or youth has been suspended or expelled from school	25%	66.7%	0.3%

Perceptions of Fidelity, Satisfaction, and Outcomes

A case-by case analysis of the responses related to satisfaction on the two caregivers' WFI-EZ revealed a correlation between fidelity, satisfaction, and youth outcomes. The caregiver with low fidelity ratings also reported a low level of satisfaction and negative youth outcomes while the caregiver with higher fidelity ratings reported a high level of satisfaction and more positive youth outcomes. The youth who completed the WFI-EZ also had higher fidelity ratings, a high level of satisfaction, and relatively positive outcomes relative to the other youths.

TOM-2

The TOM-2 was administered for 4 of the 12 Wraparound teams. Factors affecting the number of observations included the willingness and/or readiness of the youth to have the meeting observed, and meeting cancellations. Meetings were cancelled due to scheduling conflicts and/or when youth were described as being in crisis or on the run, and thus unable to meet.

Meeting Observations

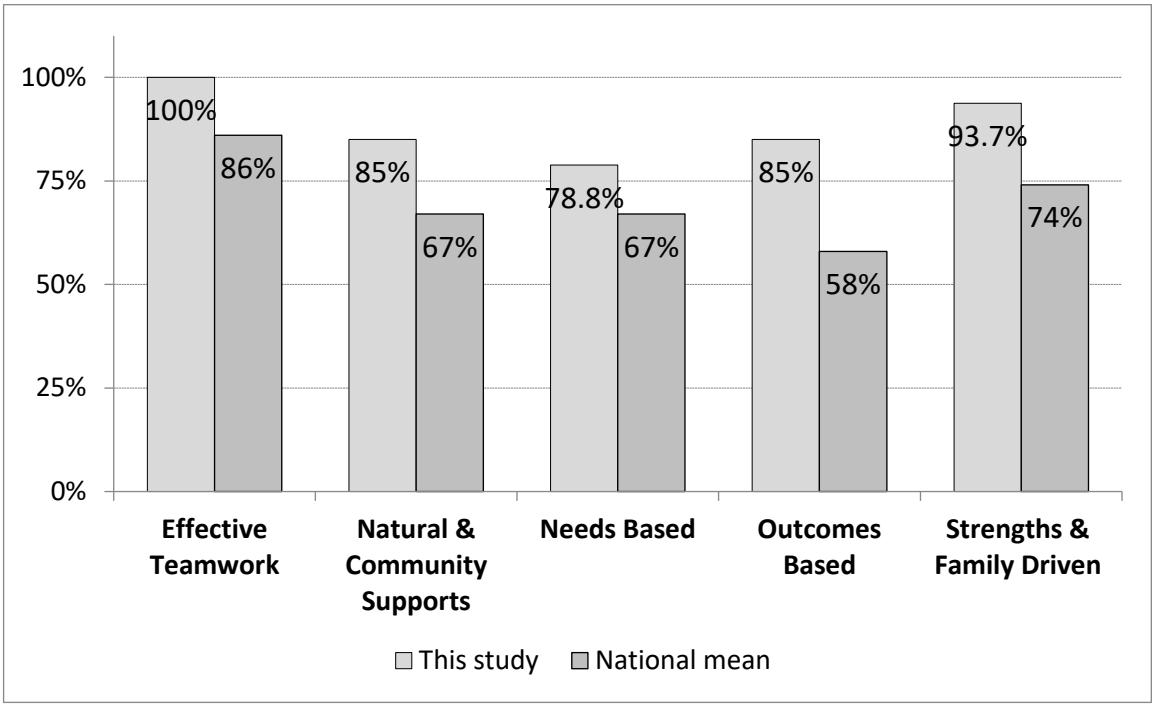
During observations of the team meetings, all youths were present, and qualitative data indicated a high degree of youth engagement and leadership over the process. In this regard, there was much evidence of the Wraparound principle of youth voice and choice. During team meetings, the youths identified their priorities, and throughout the meetings there were formal check-ins with the youth by the Wraparound facilitators to ensure they felt they were being heard and to ensure that their priorities had been addressed.

Overall Fidelity and Key Element Fidelity

According to the TOM-2, the overall fidelity was 83% (NM 72%), which is considered an above average level of fidelity. Two additional measures on the TOM-2 are not factored into overall fidelity but provide concrete, observable indicators of practice. The average score for one of these, Full Team Attendance, across the four observed teams was low (38%), while the other, Effective Facilitation, was high (100%). As summarized

in Figure 3, all five key element scores on the TOM-2 met or exceeded the U.S. national means and fell within Bruns, Suter et al.'s (2008) benchmarks for average to high levels of fidelity.

Figure 3. TOM-2: Key Element Fidelity



Note. National means are based on large Wraparound sites in the United States.

Discussion

Considering the complex profiles and multi-system needs of the 12 youths whose Wraparound supports were included in this study (see Youth Profile, above), we find it encouraging that overall WFI-EZ fidelity ratings for combined respondents, though slightly below average on the Bruns, Suter et al. (2008) benchmark scale, approximated WERT's national means for large Wraparound sites in the United States. Ratings of overall fidelity using the TOM-2 met the above-average benchmark and were higher than that of the WFI-EZ. This finding is also encouraging because direct observation of four Wraparound teams revealed close adherence to the practice model and strong facilitation skills on the part of the certified Wraparound facilitators at this site.

Related Wraparound fidelity research also has found a low correlation between ratings on the WFI and the TOM at the team level (Bruns, Weathers et al., 2015; Kernan, 2014). These studies suggest that rather than being used to compare fidelity, these tools should be used to provide a comprehensive picture of Wraparound implementation. To that end, we examined the factors that influenced the fidelity ratings at the study site in order to identify strengths and to support quality improvements in Wraparound support. In the next section, we discuss the areas of higher and lower fidelity, variability in perceptions of fidelity, and implications for practice.

WFI-EZ Key Elements with the Highest and Lowest Fidelity for Combined Respondents

Strength and Family Driven and Needs Based

The Strength and Family Driven and Needs Based key elements had the highest overall levels of fidelity for combined respondents. These key elements are typically found to have higher levels of fidelity in Wraparound research as they are largely process-oriented (Bartlett & Freeze, 2019; Pullmann, Bruns, & Sather, 2013; Shailer et al., 2017). Analyzing the constituent indicators on the WFI-EZ that contributed to higher fidelity ratings in these areas revealed that they largely reflected the skills of Wraparound facilitators to adhere to the guiding principles of Wraparound in developing and implementing plans of care. This finding was confirmed during observations of the Wraparound meetings using the TOM-2. The skills of the facilitators at this site also included supporting the development of highly individualized, culturally competent plans of care.

To illustrate, at the request of a youth, one of the Wraparound meetings that was observed commenced with a smudging ceremony, and the Wraparound facilitator incorporated a Medicine Wheel, using the four directions to visually illustrate the youth's priority needs and goals guided by their Indigenous culture. Related Wraparound research also has noted that the skills of the Wraparound facilitator to adapt their approach to accommodate the needs of youths and families is an essential element in determining engagement and satisfaction with the process (Shailer, Gammon, & de Terte, 2018).

Natural and Community Supports

Despite the concerted efforts on the part of the Wraparound facilitators and team to foster connections for the youth with family members, Natural and Community Supports was one the lowest key elements on the WFI-EZ. Wraparound research has identified the provision of natural supports as the most difficult to develop (Cox et al., 2009; Shailer et al., 2017). Wraparound research has also affirmed that for youth in care who are involved with the justice system, connections to natural supports and family may be even more challenging to establish (Schurer Coldiron et al., 2019). In this study, the youths were older and had experienced placement instability, incarceration, and other factors that disrupted their connection with natural supports, in particular with family. In some instances, connections to family were unhealthy, which posed a further challenge to their participation in Wraparound. It is not uncommon for caregivers of youths with complex mental health needs to pull away as youths age (Jivanjee, Kruzich, & Gordon, 2009). On the TOM-2, the key element of Natural and Community Supports had a significantly higher level of fidelity because community-based supports are evaluated separately from natural and family supports using this tool. Since community-based supports were broad-based and well established, the comprehensive connections with community that were incorporated into the youths' plans mitigated the more limited natural and family supports reported on the WFI-EZ.

Related Wraparound research also has emphasized the importance of mobilizing a broad array of community-based supports in the development of a Wraparound plan, and how the inclusion of community-based supports can contribute to the achievement of Wraparound objectives (Effland et al., 2011; Pagkos, 2011).

Effective Team Work

Measures of fidelity for Effective Team Work on the WFI-EZ also received lower fidelity ratings. The indicators that lowered fidelity ratings for this key element are largely related to team composition and participation (e.g., the presence of all service providers on the Wraparound team and whether respondents are concerned that the team consists of the "right" people to support the youth). These areas of relatively lower fidelity may be attributed to the implementation context of Wraparound or the "external influence factors" (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005, p. 85). Related Wraparound research has found that system-level variables may interfere with adherence to the practice model (Bruns, Rast, Peterson, Walker, & Bosworth, 2006; Effland et al., 2011). In this study, the absence of a representative from child welfare who was responsible for home placements for youth was problematic and created a significant gap in the provision of this essential support. To illustrate, during one meeting, a youth was about to be released from the youth centre, and a home placement had not been identified. Not only did the lack of a placement create much stress for the youth, it also prevented the timely engagement with schools as the youth could not register at a school until a home had been found. The lower fidelity ratings of Effective Team Work also may in part be attributed to the low team attendance (see Results, TOM-2). Relatively lower ratings of Effective Team Work also may be due other factors related to team composition, including a high rate of turnover of some team members (e.g., social workers). To illustrate, at one of the meetings a youth was observed to be meeting their social worker for the first time. In related research, inconsistent team attendance and high rates of turnover on Wraparound teams have been associated with negative perceptions of team cohesion and difficulties with plan implementation (Palamaro Munsell, Cook, Kilmer, Vishnevsky, & Strompolis, 2011). Another factor that may have influenced the perception of teamwork was the large size of the Wraparound teams that were observed. Similar investigations involving Wraparound team composition have found that as the size of the team increases, perceptions of team cohesion decrease (Palamaro Munsell et al., 2011).

Variability in Perceptions of Fidelity by Respondent

Facilitators and Team Members

While the fidelity ratings were congruent across key elements for these groups, the facilitators' overall ratings of fidelity were slightly lower than that of the team members at 69.4%. This finding differs from some related research, which has found Wraparound facilitators typically evaluate fidelity at a higher level because they may feel that their skills as a facilitator are being evaluated (Bruns, 2010; Kernan, 2014; Painter, 2012; Shailer et al., 2017). However, the relatively lower ratings by Wraparound facilitators as compared to other team members aligns with Wraparound fidelity research conducted in Canada, where fidelity ratings were not used to evaluate the performance of Wraparound facilitators (Bartlett & Freeze, 2019). The relatively lower ratings by Wraparound facilitators may indicate their desire for accurate feedback so that quality improvements can be implemented. Related research has indicated that Wraparound facilitators rate fidelity lower when team meeting attendance is lower as they may feel that they have a disproportionate share of the responsibility for planning and implementation (Palamaro Munsell et al., 2011). In this study, lower team attendance at observed meetings may have

contributed to modestly lower ratings by the facilitators. Moreover, in a randomized control trial of a Wraparound program for a similar population of "dually involved youth," or youth in care with justice involvement, the overall fidelity ratings of Wraparound care coordinators using the WFI-EZ were similar to the present study at 68.8% (Schurer Coldiron et al., 2019). These findings may affirm that there are challenges in adhering to all key elements of Wraparound when youth in care have extremely complex profiles and multi-system involvement (Bruns, Pullmann, Sather, Brinson, & Ramey, 2015) and that some measures of Wraparound fidelity may not be appropriate for this population.

Caregivers

The most significant variability in fidelity ratings was found between the two caregivers. Even though caregivers comprised only two participants, it is important to examine their unique and highly disparate experiences with Wraparound. While the caregivers' perceptions of fidelity were correlated to both satisfaction and outcomes at the team meeting level, which is consistent with other Wraparound research (Haber, Cook, Kilmer, & Hemphill, 2010; Hemphill, 2009), other factors may have contributed to the differences. Examining the caregiver WFI-EZ data at a more granular level, we noted that the caregiver with higher fidelity ratings was a foster parent and the caregiver with lower ratings was a birth parent. While the relationships could be spurious, it is important to note that caregivers of youth with complex needs often suffer from "caregiver strain" (Brannan & Heflinger, 2006; Gopalan, Horen et al., 2017). Given their lived experiences (e.g., stress, isolation) it is not surprising that caregivers of youth supported by Wraparound typically report lower levels of satisfaction with the process and less evidence of the guiding principles (Bruns, 2010; Haber, Cook, & Kilmer, 2012). In this study, caregiver strain may have been exacerbated for the birth parent, given that parents of youth in care often have experienced challenging life events (e.g., violence, addictions, trauma, mental health challenges, and poverty [Schofield et al., 2010]). These challenges contribute to parenting concerns and placement and/or apprehension of their children into the child welfare system (Barth, 2009). Parents of youth in care also experience other challenges, including negative judgment by service providers and difficulties navigating the bureaucracy of the child welfare system (Berrick, Cohen, & Anthony, 2011).

Youth

Wraparound research has found that youths typically report low levels of satisfaction and engagement with the process as compared to other participants (Haber et al., 2012; Walker, Pullmann, Moser, & Bruns, 2012; Walker & Schutte, 2005). However, in this case the youth had the highest overall fidelity ratings of all respondents. Since only one youth was interviewed in this study, it is possible that willingness to be interviewed contributed to artificially high fidelity ratings. It is also possible that the higher fidelity ratings indicate that the Wraparound process at this site aligns with the guiding principles, and it has been a supportive and empowering process for this youth, and perhaps for other youths. Qualitative observations during team meetings (see Results, TOM-2) indicated a high degree of youth empowerment at this site. Jones and Gragg (2012) argued that youth in care are rarely taught self-advocacy skills and highlighted how crucial this skill is, particularly for older youth in care who are preparing to transition to adult services. The

empowerment of youths at this site to lead their own planning process and to self-advocate indicates that these elements of Wraparound have been prioritized in this setting.

Implications for Practice

Skilled Facilitation

Related Wraparound research has affirmed the critical role that skilled facilitators play in ensuring adherence to the guiding principles of Wraparound and in fostering therapeutic relationships with youth and families (Painter, Allen, & Perry, 2011; Shailer et al., 2018). Given that this site has Wraparound facilitators serve in different roles on multiple Wraparound teams, they have embedded professional learning into their practice model. Facilitators and the Wraparound coach (who also serves as a facilitator on two of the Wraparound teams) are able to observe one another on an ongoing basis and receive feedback. Related Wraparound research indicates that Wraparound sites that employ comprehensive training and coaching typically have higher levels of fidelity (Bruns et al., 2006), and a lack of focus on workforce development can adversely affect outcomes (Bruns et al., 2014). Investing in comprehensive training protocols through Wrap Canada, and more recently having the program manager of the community health centre certified as a Wraparound coach, likely have contributed to the successful installation of the process-oriented key elements of the practice model. This information provides important feedback to the community health site regarding the skills of their Wraparound facilitators, and may demonstrate the efficacy of Wrap Canada's training protocols.

Reconceptualizing "Family" Supports

If the Wraparound process is going to be implemented with older youth in care with complex needs, one of the foundational requirements of Wraparound may be lacking in these cases. Related research evaluating school-based Wraparound models has argued that a necessary adaptation to the Wraparound approach may be to acknowledge diversity in team composition, which may include limited or even an absence of caregiver involvement, particularly for older youth in care who may be transitioning to the adult service system (Haber et al., 2012; LaPorte, Haber, & Malloy, 2016). Recognizing the difficulty in identifying family support networks for some youth in care, and that some family connections may be unhealthy, research involving the empowerment of youth in care has emphasized the importance of cultivating non-familial supports with a focus on creating a sense of "familial community" (Havlicek, Lin, & Braun, 2016, p. 8). Some Wraparound research has suggested that notions of family should be defined by youth themselves and that the presence of professionals may compensate for a lack of caregiver participation (LaPorte et al., 2016). Other research has noted that connection to a consistent, significant adult, irrespective of kinship, contributes to improved long-term outcomes for youth (Fan & Williams, 2010). Based on the results of this case study and other related research, it may be beneficial to adapt the Wraparound approach and its fidelity assessment tools to respect and reflect diversity in team composition.

The Implementation Context for Wraparound

In order for Wraparound to be implemented with fidelity, all systems and sectors need to align to create a hospitable environment to support the initiative (Walker & Sanders,

2011). In spite of the strengths of the community health centre and of the Wraparound facilitators in adhering to the guiding principles of Wraparound, Wraparound planning is a collaborative effort, and thus it is not insulated from shortfalls within broader service systems. Given the damaging effects of placement instability on youth in care, including increased emotional and behavioural challenges, greater academic challenges, difficulty developing emotional bonds, and a greater likelihood of future placement changes (Hélie, Poirier, Esposito, & Turcotte, 2017), a lack of focus on meeting this basic need as a part of this Wraparound initiative served to undermine the comprehensive support that was being provided in other life domains. Senior administrative leadership from child welfare who are responsible for home placements should be a part of this Wraparound initiative so that continuity in the provision of home placements can be prioritized. Moreover, the high turnover rate of social workers may also be attributed to similar external influence factors within the child welfare system (Fixsen et al., 2005, p. 85). High caseloads, limited resources, and a lack of organizational support have been well documented in the child welfare literature as contributing to burnout and social worker turnover (Kim & Mor Barak, 2015; Shier et al., 2012). Given the deleterious impact of high turnover rates of social workers in the child welfare system, there is a role for the administrative leadership in human services in this province to create the organizational and system conditions that will help to create a stable workforce and support the implementation of Wraparound (Walker & Sanders, 2011).

Team Size and Training

While the youth in this study had multiple support providers from a broad range of services, who all likely have a role in the youths' plans of care, identifying a core team that meets more frequently, and establishing systems of communication with other team members who may meet less often, may be one way to overcome the challenge of low team attendance. Wright, Russell, Anderson, Kooreman, & Wright (2006) suggested that a smaller core team with four to seven participants may contribute to higher rates of attendance, higher fidelity of implementation, and better youth outcomes. Moreover, the provision of training for all participants in Wraparound implementation may support greater role clarity and help to strengthen the commitment of all stakeholders to the process (Conklin, 2008). Given the presence of a Wraparound coach and several highly skilled facilitators at this site, it may be possible to provide training to other participants (e.g., caregivers, team members) as a part of this Wraparound initiative (Bartlett & Freeze, 2019).

Parent Peer Support Partners

Given the high level of needs of the youths involved in this Wraparound initiative (e.g., treatment in an emergency room due to a mental health problem and negative police contact in the past year) that were reported in the outcomes section of the WFI-EZ, it is likely that many of the caregivers supporting the youths in this Wraparound initiative require additional support. The frequent changes in placements that the youth have experienced may be a further indicator of the need for caregiver support. These issues underscore the need for caregivers of youth in care with complex needs to receive psychosocial and parenting supports that are tailored to their individual needs, particularly

when family reunification is desired (Cook & Kilmer, 2010). The benefits of parenting support, in particular parent mentors, have been well established in the child welfare literature as providing sources of shared experiences, communication, and support (Berrick et al., 2011; Leake, Longworth-Reed, Williams, & Potter, 2012), and contributing to greater permanency (Steib, 2004). Research regarding caregiver engagement and participation in Wraparound has found similar benefits to providing parenting support and mentorship through approaches like Parent Peer Support Partners (PPSPs; Gopalan, Horen et al., 2017; Osher & Penn, 2008). PPSPs are parents who have had similar experiences and thus are able to provide mentorship, advocacy, and connections to community-based supports. The provision of a PPSP for parents, and for other caregivers more broadly, may be an important addition to this Wraparound initiative, given the complex profiles of the youth in receipt of Wraparound support.

Youth Peer Support

Given the strong emphasis on youth self-advocacy at this site, there appears to be potential for the youths who transition out of Wraparound to serve as peer support for youths who are currently engaged in the process. Peer support holds much potential, as it may provide a source of hope, empowerment, self-efficacy, therapeutic alliance, and social connections for youths in receipt of social services (Gopalan, Lee, Harris, Acri, & Munson, 2017). This is particularly relevant for youths in care, who are typically marginalized by systems and denied the right to meaningful participation in planning and support provision (Cahill & Dadvand, 2018). Research regarding youths in care has found that the provision of peer support from other youths in care provides a source of friendship and a feeling of belonging (Roger, 2016). Peer support for youth in care has also been found to lead to improved resiliency (Snow & Mann-Feder, 2013). Given the need to strengthen sources of natural support for youth at this site and to further encourage youth empowerment, the provision of peer support may serve multiple positive and adaptive functions for the youth supported by this Wraparound initiative.

Limitations

The insights obtained provide a detailed account of Wraparound fidelity at this community health centre, and several of the findings align with related Wraparound research. However, given that this study focused on a single Wraparound initiative, the results must be interpreted with caution and cannot be generalized beyond this setting.

Given our intent to obtain the perspectives of multiple respondent groups, another limitation is the small number of caregiver and youth participants. While providing important information regarding their personal experiences with Wraparound, their responses may not represent the experiences of other youths and caregivers at this site. Incorporating the voice of all youths and caregivers would have provided a much more complete picture of Wraparound fidelity. Several factors interfered with more broad-based participation (e.g., no response to interview requests, personal crisis involving the youth, and meeting cancellations).

Since the Wraparound facilitators and team members from the community health site supported more than one youth and were interviewed more than once, it restricted the

variance in fidelity scores for those respondent groups (Bruns et al., 2005; Shailer et al., 2017). As a self-report tool, the WFI-EZ is subject to response bias, which posed a further limitation (Sather et al., 2013). Independent observation of Wraparound team meetings using the TOM-2 provided an additional measure of fidelity and qualitative data to contextualize the responses on the WFI-EZ. However, only 4 of the 12 Wraparound teams were observed and therefore may not be representative of all teams at this site. Moreover, all observations were conducted by one person (i.e., the PI), and therefore lacked any cross-check on rater reliability.

Suggestions for Future Research

Future research should explore the adaptation of Wraparound fidelity assessment tools to reflect a broader youth-driven definition of family, and to determine whether a broader definition more accurately captures the natural support systems of older youth in care. Moreover, administering a tool like the Community Supports for Wraparound Inventory (Walker & Sanders, 2011), which assesses the "necessary conditions" for Wraparound, at this site may further help to identify limitations within the implementation context for Wraparound and may assist with overcoming system-level constraints on the provision of comprehensive Wraparound support. Incorporating peer advocates and PPSPs as a part of this Wraparound initiative, and studying their respective impact on youth empowerment and caregiver satisfaction from the perspectives of these stakeholder groups, would also provide important insights regarding how Wraparound might be tailored to meet the unique needs of youth in care and their caregivers. Given that most of the Wraparound facilitators were social workers, exploring how training in Wraparound facilitation might be integrated into child welfare and social work practice should be examined. Wraparound is in an emergent stage of implementation in this Canadian province; however, as Wraparound expands, future research should be conducted in diverse contexts such as Indigenous or rural communities and with diverse populations (e.g., refugee youth) and should include outcomes measurements.

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