ADDRESSING BARRIERS TO WRAPAROUND CARE AND INTEGRATED CASE MANAGEMENT

By

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Abstract

Wraparound care, a teaming approach to connecting students and their families with needed supports and interventions, has been shown to improve outcomes for students experiencing significant mental health and/or behavioral challenges. Schools are well-poised to engage in this work due to their ability to support students where they spend most of the time; however, barriers exist to providing successful wraparound care that will produce sustainable, positive outcomes for students and their families. This mixed methods study, grounded in ecological system and system of care theoretical frameworks, investigated these barriers with a group of wraparound care providers in 10 secondary schools. The 32 participants in the study engaged in a series of professional learning sessions, designed using the principles of situated collaborative inquiry, and were presented with evidence-informed strategies that have been shown to address barriers to effective wraparound practice. Participants completed surveys and engaged in school team interviews examining their fidelity to the wraparound process, their beliefs regarding the role of culturally responsive practices within wraparound care, and their experience with situated collaborative inquiry. Improvement was shown across all areas measuring wraparound implementation fidelity. Participants felt as though they were knowledgeable around the infusion of culturally responsive practices within wraparound care. Emergent themes from an investigation of quantitative and qualitative data included having a detailed framework for wraparound meetings themselves beyond a framework for wraparound care, building parent engagement and support, communicating and collaborating with stakeholders on a continual basis, and striving to place students at the center of the wraparound process. Participants viewed situated collaborative inquiry as an effective method to improve wraparound practice.
Keywords: wraparound care, adolescents, secondary school, mental health, collaboration, situated collaborative inquiry, culturally responsive practice
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Dedication

For my sister Tamara. I love and miss you.
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Executive Summary

Adolescent mental health has been an area of increasing concern across North America, and British Columbia is no exception. Over the past several years, there has been a decline in adolescents’ perceptions of their mental health along with increased school absenteeism related to mental health concerns (McCreary Centre Society, 2019). Students experiencing significant mental health or behavioral challenges often require support not only within school, but within their communities, and wraparound care offers the opportunity to support students across settings. Wraparound care is a connected approach whereby school, home and community resources work together to create a team plan, centered around the individual student and their family, that addresses challenges related to adolescent mental health and overall wellbeing (LaPorte, Haber & Malloy, 2014). Schools are particularly well-poised to engage in this work; adolescents spend most of their time at school, and schools offer relief from such barriers as transportation and stigma related to clinic settings.

Problem of Practice

In British Columbia, students who require intensive intervention and support due to significant mental health and/or behavioral challenges must show evidence of wraparound care, or integrated case management, to receive funding. Integrated case management meetings must be ongoing, involve professionals from within the community as well as within the school, and engage parents and students as active stakeholders (B.C. Ministry of Education, 2016). Often, these meetings are costly and time consuming, and are used to secure a funding stream rather than the creation and implementation of a team plan. A meta-analysis of wraparound research unveiled concerns around the lack of empirical research outlining the effectiveness of the wraparound process as well as concerns of clarity regarding implementation (Coldiron, Bruns &
Quick, 2017). This problem of practice seeks to determine and address the barriers experienced by wraparound case managers with the hope of improving wraparound process within secondary schools.

**Theoretical and Conceptual Frameworks**

Several theories offer a lens with which to view the wraparound process. Ecological Systems Theory highlights the importance of understanding the reciprocal interaction between an individual and their immediate environment (Bronfenbrenner, 1994). In wraparound practice, this understanding involves the coordination of parts and processes integral in supporting the student and family, such as the relationship between peer groups, home and school and overarching belief systems within a culture and community. The System of Care Theory outlines a coordinated network of school and community-based services and supports for students and their families, with the goal of addressing individual needs to help them function at home, in school, and throughout life (Straul, Blau, & Friedman, 2010). Finally, the Theory of Change addresses the question of implementing the tenets of wraparound practice effectively and with fidelity (Walker & Materese, 2011). These three theories, addressing different facets of wraparound practice, from articulating key properties to implementing the tenets of wraparound care, form the framework on which this study is based.

The conceptual framework organizes the key contributing factors shown in research to have an impact on wraparound practice and defines the relationships among them (Grant & Osanloo, 2016). Research examining wraparound have outlined several factors integral to effective wraparound care: implementation fidelity, stakeholder engagement, and organizational health.
Contributing Factors to Effective Wraparound Care

Over the past several decades, research on wraparound care has uncovered factors that contribute to effective, sustainable wraparound practice. These factors have spanned both outer (larger political, economic context) and inner (immediate organizational context) settings, both of which are integral to effective wraparound implementation (Bruns et al., 2019; Lyon & Bruns, 2019).

Implementation Fidelity

Wraparound implementation fidelity, the execution of the wraparound process with adherence to the core principles and procedures of the wraparound model, is a complex yet critical component of wraparound care (Bruns, Walrath, & Sheehan, 2007; Effland et al., 2011; Walker et al., 2004). This complexity has led many implementers of wraparound care to have uneven adherence to the wraparound process (Coldiron et al., 2017; Walker et al., 2004). Poor implementation fidelity negatively impacts the ability to know what is being measured and whether whatever is being measured has any significance or connection to implementations, possibly leading to the abandonment of wraparound care as a treatment model (Coldiron et al., 2017; Hernandez-Hodges, 2003). Studies have shown that fidelity of implementation plays an important part in the success of wraparound endeavours regardless of setting (Effland et al., 2011; Yohannan, Carlson, Shepherd, & Batsche-Mackenzie, 2017).

Stakeholder Engagement

For wraparound care to be effective, all stakeholders (student, family and natural supports, school and community service providers) must be engaged at every stage of the process. School climate and relational trust have been found in the literature to have a positive impact in garnering stakeholder buy-in. School climate is built upon the patterns of students',
parents' and school personnel's experience of school life, reflecting organizational structures along with values, interpersonal relationships, teaching and learning practices (National School Climate Council, 2007). Studies examining school climate and wraparound have highlighted the importance of positive organizational climate to wraparound implementation fidelity (Aarons & Sawitzky, 2006; Beidas et al., 2013). Connected to school climate is trust (Bilias-Lolis, Gelber, Rispoli, Bray, & Maykel, 2017). Relational trust, or the mutual dependencies cultivated among stakeholders to gain trust, has been shown in the literature to be a critical phase to proper implementation of services (Bryk & Schneider, 2003; Quinn & Lee, 2007). Strong relational trust makes it more likely that initiatives and changes will occur and be sustainable because trust diminishes the risk often connected to change and augments collaborative efforts, particularly from the perspective of students and families (Anderson-Butcher & Ashton, 2004; Darlington, Healey & Feeney, 2010).

**Organizational Health**

The health of an organization is reliant upon the organizational relationships, specifically how they are created and provide access to a coordinated network of community services (Yoo, Brooks & Patti, 2007; Hernandez & Hodges, 2003). In a seminal article, Miles (1965) outlined seven barriers to optimal organizational health within education: goal ambiguity, low interdependence, poor technological investment, lay-professional conflict, vulnerability, lay-professional control problems, and input variability. Situated within these is a lack of role clarity, or the inability to appropriately individualize plans, which negatively affects the ability to set team goals and plans (Morgan et al., 2018; Walker & Schutte, 2005), and a lack of shared vision, or the sense of commonality that serves as a common thread throughout the organization and connects all despite variability in activities (Senge, 2006). Studies examining the role of
organizational health in wraparound care have found that managing differences in care philosophies to be a significant barrier to effectiveness (von Dongen et al., 2018; Hodges et al., 2019; Olibris, et al., 2017).

**Interventions**

A needs assessment conducted with secondary school wraparound care case managers and participants uncovered four factors contributing to effective wraparound practice: parent engagement, trust between the school and parent, trust between the school and community supports, and process effectiveness. There was a significant discrepancy between the trust school professionals felt toward one another, which was high, and the trust school professionals felt toward parents and community agencies, which was low. Participants also reported large variations in parent engagement in wraparound meetings as well as a negative perception of parent involvement in wraparound. Participants reported a lack of procedures and mechanisms related to process effectiveness, such as a lack of role clarity, goal ambiguity, and methods of measuring progress. These difficulties served as a blueprint to design an intervention addressing these barriers.

Interventions found in research to have a positive impact on parent engagement included the Family Check-Up Model (Veronneau et al., 2016), teacher training (Brown et al., 2009; Pushor & Amendt, 2018; Wong, 2015), Positive Family Support Assessment (Moore et al., 2016), and parent advocacy groups (Poynton, Makaela, & Haddad, 2014; Yull et al., 2018; Wong, 2015). Evidence-based interventions found to improve school-parent trust included collaborative peer review teams (Biddle, 2017; Rispoli, et al., 2019), parent – school partnerships (Bryk & Schneider, 2002; Lusse et al., 2019), and wise feedback (Houri, Thayer, & Cook, 2019; Thayer et al., 2018; Walton, 2014). Communities of practice (Wenger, McDermott, & Snyder,
2002), collaborative networks (Brown & Duguid, 1991; Wenger, McDermott, & Snyder, 2002), and Communities of Transformation (Kezar, Gehrke, & Bernstein-Sierra, 2018) are interventions found to have a positive impact on the establishment of trust between school and community agencies/supports. Interventions addressing aspects of process effectiveness included the use of the MTSS framework (Lyon & Bruns, 2019) as well as screening measures such as the Wraparound Fidelity Index (Pullman, Bruns, & Sather, 2013; Wraparound Evaluation and Research Team, 2019). A common thread woven throughout the intervention design was the presence of culturally sustainable practices as a feature of these strategies.

**Research Purpose and Objectives**

The purpose of this study was to address barriers related to effective wraparound practice with a group of secondary school wraparound case managers. A series of professional learning sessions was designed to introduce participants to evidence-based practices addressing the four barriers uncovered through the needs assessment. These sessions were delivered using situated collaborative inquiry, a professional development model that affords participants the opportunity to engage with the strategies presented and discuss the feasibility of implementation within their contexts (Schnellert & Butler, 2014). The research questions were as follows:

**Process Research Questions:**

RQ1. Did the primary case managers of wraparound care in schools attend and engage in the collaborative inquiry?

RQ2. What were the participants’ overall experience with the professional development sessions?
Evaluation Research Questions:

RQ3. To what extent did the intervention change the fidelity of implementation and adherence to the wraparound process?

RQ4. To what extent did this intervention change school professionals’ knowledge regarding culturally responsive practice within wraparound care?

RQ5. How often did school professionals use these strategies to improve their current practices?

Research Design

This study employed a convergent mixed methods design, whereby quantitative and qualitative data were collected and analyzed separately, and results compared to confirm each other. This design offers the opportunity to generate a coherent narrative by comparing and connecting findings from qualitative and quantitative components (Lochmiller & Lester, 2017). Advantages of this design include greater flexibility and adaptability compared to the more traditional quantitative and qualitative designs, as well as increased opportunity to collect a richer, more comprehensive set of data (Creswell & Creswell, 2018).

Intervention

The intervention consisted of six professional learning sessions, delivered online. Participants were secondary school case managers of integrated case management or wraparound meetings along with their administrative partners (vice principals or principals). A total of 32 participants took part in the sessions. Each session addressed a barrier found in the needs assessment to affect wraparound practice, and interventions found in research to ameliorate the barrier were introduced. Session content was delivered using situated collaborative inquiry, whereby the participants were given the opportunity to collaborate with each other, discuss the
adaptability and feasibility of the strategies within their contexts, and discuss the use of culturally sustainable practices within each strategy.

**Data Analysis**

Quantitative data included demographic data, surveys, and the Wraparound Fidelity Index- EZ, a measure designed to examine fidelity of wraparound implementation. Statistical analyses were completed using SPSS and included frequencies and t-tests. Qualitative data included reflection journals and school team interviews and were analyzed using NVivo and a three-step coding process. Effect size was measured using quantitative and qualitative methods.

**Findings**

The first two research questions addressed the use of situated collaborative inquiry as a viable method for delivering content related to improving wraparound practice. Results indicated that situated collaborative inquiry holds promise as a means of improving the wraparound process. The third question examined the extent to which the professional learning sessions changed wraparound fidelity in secondary schools. A significant difference was found on the total fidelity score post intervention; however, no significant differences were detected on the subset element scores post intervention. Four salient themes emerged from the wraparound fidelity measure coupled with qualitative data: a) the establishment of a framework for wraparound meetings themselves, in addition to a framework for the wraparound process, that includes preplanning and reflection, (b) the facilitation of parent engagement and support, (c) the importance of communication and collaboration among all stakeholders, and viewing communication and collaboration as an active process in itself, and (d) the placement of the student at the center of the wraparound process. Quantitatively, effect sizes were within the moderate range for the total wraparound fidelity score; qualitatively, an inter-respondent
participant by theme matrix investigating the contributions of participants to each theme (Onwuegbuzie, 2003) revealed the importance of a wraparound meeting framework to be the most endorsed theme. The fourth question addressed the extent to which the professional learning sessions changed school professionals’ knowledge regarding culturally responsive practice. Results did not indicate a significant difference in culturally responsive practice pre and post intervention, suggesting that participants viewed themselves as knowing and employing culturally responsive practices within their wraparound meetings. The final question addressed the frequency of use of the strategies presented at the sessions. Prior to the intervention, most strategies were unfamiliar to the participants. The strategy reported to be most used through the course of the inquiry was Communities of Practice, while the strategies least used by participants were the MTSS framework and screening assessment measures.

Despite being an underpowered study, this examination of wraparound practice within secondary schools has led to some valuable insight regarding future practice. Secondary schools need to continue to examine the wraparound process, both the principles of wraparound care as well as the ecology of the wraparound meeting itself, with gaps in effective practice identified and time allocated to work through solutions. At the end of the inquiry, a prototype for the wraparound meeting was designed, outlining specific details of preplanning and reflection before and beyond the meeting. An early warning system was included as well as a method of ensuring continued reflection and monitoring of the wraparound process. By offering case managers of wraparound care the opportunity to thoughtfully examine their practices and integrate new perspectives, ideas, and strategies into their context, wraparound practice within schools can be improved, benefitting students and their families.
Chapter 1

Problem of Practice and Related Factors

In recent years, concerns have been growing around the mental health of British Columbians. In 2013, the British Columbia Ministry of Health published *Promote, Protect, Prevent: Our Health Begins Here. BC’s Guiding Framework for Public Health*, in which seven overarching goals for the public health system were outlined: healthy living and healthy communities, maternal child and family health, positive mental health and prevention of substance harms, communicable disease prevention, injury prevention, environmental health, and public health emergency management. With this, corresponding 10-year targets to be achieved by 2023 were created (Henry, 2019). In the annual report recently released by the Provincial Health Officer of British Columbia reviewing the goal of positive mental health, the percentage of people age 12 and up who report that they perceive their own mental health as very good or excellent has been decreasing. Should this trend continue, goals outlined around establishing positive mental health for British Columbians will not be achieved; rather, they will be almost 5 percent lower than the baseline year by 2024 (Henry, 2019). There also appears to be a growing unease around mental health stability among the adolescent population. A recent survey completed by over 38,000 adolescents throughout British Columbia found that students were less likely in 2018 than in 2013 to rate mental health as excellent and were more likely to rate it as fair or poor (Smith, Forsyth, Poon, Peled, Saewyc, & McCracken Centre Society, 2019). Adolescents were less likely than in 2013 to feel happy all or most of the time. As well, 15 percent reported having a mental health condition, an increase from the previous five years. Approximately 15 out of 100 students reported missing classes in the past month because of mental health challenges such as depression and anxiety, with a similar number feeling too
anxious/depressed to participate in extracurricular activities (Smith et al., 2019). There has also been an increase from previous years in the percentage of students with self-harming behaviors and those who feel as though they have missed out on needed mental health services (Smith et al., 2019). Over 80 percent of students reported feeling stressed in the last month, with 12 percent reporting that they were so stressed that they were unable to function (Smith et al., 2019).

Schools are particularly poised to support adolescents with mental health challenges. They are a convenient point to access the adolescent population, as most adolescents attend school (Anderson-Butcher, Paluta, Sterling, & Anderson, 2018; Hoover & Bostic, 2021). By the nature of its accessibility, schools can reduce treatment barriers that afflict community agencies and medical settings such as the requirement of parental involvement and the need for transportation (Bruns et al., 2014; Hoover & Bostic, 2021; Pullman, Bruns & Sather, 2013). Although mental health services may be available outside of the school setting through community agencies or hospitals, these services are less likely to be used within these settings for multiple reasons including accessibility and time constraints (Bruns, Pullman, Sather, Brinson & Ramey, 2015; Mathur et al., 2017). Schools can create processes to enable quicker identification, prevention and intervention for mental health issues, and are uniquely positioned to deliver a range of interventions through a multi-tiered system of supports (Mathur et al., 2017). For students who have had to exit school for treatment, direct school service can aid in their reintegration back into the school system (Fries, Carney, Blackman-Urteaga, & Sawas, 2012). Teacher-student relationships can also play an integral role in that teachers as well as other school staff serve as caring adults and are able to guide and refer students to needed supports and services (Anderson-Butcher et al., 2018). Studies have shown that it is possible for
mental health services to be delivered when the entry point and setting for services is the school (Anderson-Butcher et al., 2018; Epstein et al., 2005; Fries et al., 2012; Kutcher & Wei, 2012). When a proper and comprehensive framework is used, schools have the potential to become community centers, and can employ school, family and community support networks to champion academic achievement, positive mental health and general school success (Anderson-Butcher et al., 2018).

**Problem of Practice**

Over the last several decades, wraparound care is a process that has become popular in supporting students with mental health challenges. Wraparound care has been defined as a “team-based process for developing and implementing individualized care plans to meet the complex needs of youth with severe emotional and behavioral disorders and their families” (Coldiron, Bruns & Quick, 2017, p. 1246), and has become a widely used approach to provide support to students with mental health challenges and their families and has included developing and implementing plans of care as well as providing connections to school and community services (LaPorte, Haber, & Malloy, 2014). Wraparound services have been implemented in a variety of settings from residential and outpatient care (Bickman, Smith, Lambert, & Andrade, 2003; Blizzard et al., 2016; Snyder et al., 2017) to the foster care (Gopalan et al., 2017) and detention systems (Rosen, Heckman, Carro, & Burchard, 1994; McCarter, 2016; Pullman et al., 2006). Schools are well placed to spearhead and implement wraparound care (Anderson-Butcher et al., 2018; Bruns et al., 2016); however, barriers exist around providing wraparound care in its true sense. A meta-analysis of wraparound research unveiled concerns around the lack of empirical research outlining the effectiveness of this process as well as concerns of clarity regarding implementation (Coldiron, Bruns & Quick, 2017). These concerns are evident in how
students with complex mental health challenges are supported within schools in British Columbia. Students designated by the Ministry of Education as requiring intensive behavioral or mental health intervention require at least one integrated case management meeting, or ICM, per year. Many schools hold ICMs, and each school may or may not have informal ways of measuring progress; however, no formal mechanism exists to measure the effectiveness of the process itself or the supports provided. This challenge of coordinating and integrating support services goes beyond the school walls, and has affected the delivery of sustainable, comprehensive care plans among many needy individuals and their families across British Columbia (Ono, Freidlander, & Salih, 2019). Although some tenets of the wraparound care model have been adopted within the school district, this has occurred without a clear means of assessment, implementation, or progress monitoring. This problem of practice seeks to determine the barriers to wraparound implementation and propose possible contributing factors to this difficulty.

Theoretical Frameworks and Important Definitions

Wraparound care is a complex support process that can be conceptualized throughout several theoretical frameworks. These frameworks provide a unique perspective with which to view the various factors at play within the wraparound approach, and include systems theory, ecological systems theory, and theory of change.

Systems Theory

An overarching theory with which to view much wraparound care research is general systems theory, initially conceptualized by von Bertalanffy (1972). Initially rooted in biology, general systems theory posits that an examination of an organism’s single parts and processes, although important, does little to provide information about the coordination of these parts and
processes (von Bertalanffy, 1972). Therefore, it is important to examine both the nature of component elements as well as the relationships between them (von Bertalanffy, 1972). Since this conceptualization, subsequent researchers have replaced “organism” with “organization”, applying these concepts to various professional organizations, from nursing (Friedemann, 1989) to science education (Chen & Stroup, 1993) to personality development (Amerikaner, 1981). A valuable comparison outlined in general systems theory with which to view a system or organization is the difference between open and closed systems. An open system is defined as increasing in complexity over time, developing from a general homogeneous state to one which is more heterogenous and specialized, with the use of feedback playing a vital role in the process of growth (Amerikaner, 1981). By contrast, closed systems block material from the environment, perceiving change as threatening, thereby inhibiting growth (Amerikaner, 1981). These conceptualizations resonate within many examinations of school and community support networks, and an increasingly robust conversation has developed regarding the application of systems theory to community initiatives (Hodges, Ferreira, Israel, & Mazza, 2010).

**Ecological Systems Theory**

Whereas general system theory provides a valuable lens with which to view the overall organizational structure and health of the wraparound process, Bronfenbrenner’s ecological systems theory, or EST (1994), provides an added lens with which to view to relationships within the wraparound process, and has been associated with wraparound care research (Walker & Matarese, 2011). Bronfenbrenner underscored the importance of the reciprocal interaction between an individual and their immediate environment on their personal growth and development (Bronfenbrenner, 1994). The four defining properties of this model (Process, Person, Context, Time) allow for a deeper, richer investigation into the facets and influences of
an individual’s development. Similarity exists between this concept and general system theory in that the coordination of parts and processes are highlighted as integral to the understanding of an organism, organization, or individual.

Bronfenbrenner’s EST is most often conceptualized as a nested model, with environmental systems (microsystem, mesosystem, exosystem, macrosystem, and chronosystem) surrounding the individual (Bronfenbrenner, 1994). The microsystem consists of the immediate environment and individuals with which the person interacts, such as family, the classroom setting, and peer groups or colleagues. The mesosystem consists of the connections between settings such as the relationships between home and school, or school and work. The exosystem is defined by the indirect influences of external forces on the development of an individual. The macrosystem is the overarching belief system or societal norms for a particular culture or community. Encompassing these influences is the chronosystem, defined by the passage of time. The aim of this ecological approach is to provide a blueprint that will lead to further progress in uncovering the routes and conditions that shape the trajectory of human development (Bronfenbrenner, 1994). Within systems of care, EST provides a useful framework for understanding the complex and varied array of processes and factors that impact a student and family (Cook & Kilmer, 2010). EST is a potent conceptual tool for examining and understanding social influences on development (McIntosh, Lyon, & Carlson, Everette, & Loera, 2008).
Systems of Care

The nested model within ecological systems theory connects well to the nested model of systems of care, as presented by Stroul, Blau, and Friedman (2010). They define as a system of care as:

A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life (Stroul, Blau, & Friedman, 2010, p. 6).

Stroul, Blau, and Friedman updated this definition from the original presented by Stroul and Blau in 1986 to include a greater emphasis on the core values of cultural and linguistic competence (Stroul, Blau, & Friedman, 2010). With the understanding that students and their families are bound by their culture, their culture must serve as the basis for interpreting their behavior, understanding their needs, and setting goals, with systems of care acting as the mechanism for achieving these goals (Briggs, Briggs, & Leary, 2005; Cartledge, Kea, & Simmons-Reed, 2002). Due to its comprehensive nature, the system of care philosophy has effectively become the child mental health policy of America (Hodges et al., 2010). This nested model is not meant to be prescriptive in nature; rather, it provides more inherent flexibility to implement the concepts and philosophy in a way that fits a particular community (Stroul, Blau, & Friedman, 2010). Adaptability is a core tenet of the system of care philosophy. Communities must be able to adapt their system of care based on their contexts within their community as well as responsiveness to the varied requirements of diverse populations (Cook & Kilmer, 2010; Hodges et al., 2010;
Stroul, Blau, & Friedman, 2010). This notion of adaptability extends within the network itself and is illustrated by the action and reaction of multiple interconnected components of these systems over time (Hodges et al, 2010). This idea can be linked to the concept of open systems as outlined in general systems theory, whereby progressive differentiation is a hallmark of growth (Amerikaner, 1981). Stroul, Blau, & Friedman (2010) underscore the importance of the conceptual and philosophical guidance for systems of care and their component services as it provides the specificity required to guide measurement outcomes as well as implementation at multiple levels.

Wraparound care addresses not only the child, but the systems present in the student’s environment (West-Olatunji, Frazier, & Kelley, 2011). It is a comprehensive, complex model that works with students within their contexts, partnering with families for greater connectivity between home and school (West-Olatunji, Frazier, & Kelley, 2011). Examining wraparound care through a system of care framework allows for a more thorough examination of risk and protective factors and may provide deeper insight as to how to incorporate more systemic influences such as community support systems (West-Olatinji, Frazier, & Kelley, 2001). The system of care concept and philosophy are designed to provide a foundation for both systems level as well as practice level implementation (Bruns & Walker, 2010).

In addition to a more thorough examination of risk and protective factors within a family’s support network, applying the system of care philosophy to wraparound care allows for a deeper examination of both proximal and distal influences to a family system. A greater emphasis has been placed on the examination of the formal service delivery system when examining systems of care (Cook & Kilmer, 2010). Although informal sources of support including peer support networks, faith communities, and extended family are also considered
important in current models, in actual practice they appear to be viewed as resources that the formal system can access. Instead, they should be viewed as proximal influences of the system and important elements of the system in their own right (Cook & Kilmer, 2010; Epstein et al., 2005). In addition, more distal influences such as workplace environment of service providers (Glisson et al., 2008) and school climate (Cook & Kilmer, 2010; Eber & Nelson, 1997) are rarely discussed or considered as relevant elements within the system. However, the principles of both ecological systems theory and system of care philosophy would suggest that these play an important part in wraparound success, and ultimately the individual’s personal growth.

Theory of Change

Although both general system theory and ecological system theory are valuable when conceptualizing wraparound care, the theory of change is critical to consider when examining wraparound care implementation; for the wraparound process to be realized effectively, the ecology of the implementation itself requires examination (Walker & Matarese, 2011). A theory of change can be simply defined as a theory of how and why a plan or project works (Weiss, 1995). Though systems of care are often conceptualized as neatly packaged, discrete interventions intended to produce a certain set of outcomes, systems of care are better conceptualized as a collection of change strategies designed to inform organizational policies and procedures, support the development of services, and provide the foundation for practice for students with behavioral and mental challenges and their families (Hernandez & Hodges, 2003). A well-defined theory of change acts as a guide to incorporate flexibility without compromising fidelity and encourages stakeholders to discover and work with an intervention’s important ingredients under complex situations (Walker, 2015). The evidence that systems of care improve access to needed supports and reduce the use of restrictive services is consistent with a view of
them as a system of complex change strategies intended to improve organizational relationships
and service practices (Hernandez-Hodges, 2003). Instead of solely examining changes within
systems of care in terms of outcomes such as symptom reduction or a reduction in problem
behaviors in students, an examination of how to improve organizational relationships within the
context of providing access to an array of community-based services should be highlighted
that systems of care should be expected to improve the mechanisms of service delivery, and so
the expectations should reflect the intent of designing and providing access to a network of
seamlessly connected services and supports.

At the heart of the theory of change within a system of care is a focus on the way
individuals are rooted in and interact with their life contexts (Bruns & Walker, 2010; Hernandez-
Hodges, 2003). These feedback loops of communication and exchange between an individual
and their contexts run parallel with their skill acquisition and evolving capacity to direct their
own developments (Walker, 2015). This in turn should affect how initiatives are structured,
implemented, and monitored.

The relationship between theory of change and wraparound care can be explored from
several different perspectives. Among other categories, wraparound care research has focused on
fidelity, or adherence to the wraparound model (Bruns et al., 2016; Effland, Walton, & McIntyre,
2011; Epstein et al., 2005), and implementation (Bruns et al., 2016; Copp, Bordnick, Trayler, &
Thyer, 2007; Mendenhall, Knapp, Rand, Robins, & Stipp, 2013). The presence of a formal,
well-defined system and stronger implementation supports leads to higher wraparound fidelity
(Bruns et al., 2006; Effland et al., 2011). The proper implementation of wraparound principles is
predicated upon the fact that wraparound staff understand and integrate these principles into their
daily practice. This is facilitated when professional development and evaluation are guided by a well-articulated theory of change that describes in explicit terms how skillful wraparound practice is connected to desired outcomes (Walker & Matarrese, 2011). This is illustrated in the following graphic (see Figure 1).

Specifically, the process of identifying and outlining key elements, essential practice components, and skill sets within the theory of change framework must occur to ensure all desired outcomes are reached, including intermediate and long-term ones (Walker & Matarese, 2011).

**Wraparound Care: Core Principles and Processes**

Wraparound care has been defined as a student and family-driven, team-based process for planning and implementing services and supports (Effland, Walton, & McIntyre, 2011). The National Wraparound Initiative has identified ten elements of wraparound: family voice and choice, team based, natural supports, collaborative, community based, culturally competent, individualized, strengths based, persistence, and outcomes based (Bruns et al., 2008). In addition, four phases are identified through which multidisciplinary teams move as they develop and implement a single plan of care. These phases include engagement, support and preparation, initial plan development, implementation, and transition (Bruns, Walker, & The National Wraparound Initiative Advisory Group, 2008). The engagement phase is defined as setting a tone for team interactions and collaborations, where the family understands that they are an integral part of the wrapround process and their preferences are prioritized (Walker et al., 2004). The initial plan development phase is characterized by the creation of a plan of care using a high-quality planning process that reflects wraparound principles (Walker et al., 2004). The implementation phase articulates the process of monitoring progress, celebrating successes and identifying weaknesses, and incorporating changes to the initial plan of care. The final phase marks the purposeful transition out of wraparound by setting up a mix of formal and natural supports for the student and family (Walker et al., 2004). A common thread woven throughout
these four phases is the cultivation and maintenance of mutual trust, respect and shared vision among all stakeholders involved in the process (Walker et al., 2004).

Although most studies have adhered to this definition of wraparound, differing definitions have led to difficulties comparing and evaluating wraparound programs (Settipani et al., 2019). It has also led to confusion around the best ways to determine and implement interventions (Hunter, Elswick & Casey, 2018; Settipani et al., 2019). Using common terminology and language to define wraparound is essential to provide clarity to the wraparound process itself (Settipani et al., 2019).

**Integrated Case Management: Policies and Procedures in British Columbia**

Across British Columbia, wraparound care in schools is best represented by Integrated Case Management, or ICM, meetings. The Ministry of Education requires that to receive funding for students requiring intensive behavioral and mental health interventions (Ministry Code: H), at least one documented ICM meeting must take place per year. Students designated as H continue to experience significant behavioral and emotional challenges despite targeted interventions and require wraparound support (B.C. Ministry of Education, 2016). In addition to an IEP, which must be created with community supports and outside agencies in consultation with the family, there must be “evidence of a co-ordinated, cross-agency community planning such as integrated case management or ‘wrap-around’ planning” (B.C. Ministry of Education, 2016, p. 60). The document further states that “evidence of inter-agency or service provider involvement, without intensive and collaborative on-going planning and service co-ordination, is not sufficient in itself to warrant funding in this category” (B.C. Ministry of Education, 2016, p. 60).

Although the student and student’s family are central to the integrated case management process, a variety of school district professionals play integral roles within integrated case
management meetings. These may include teachers, administrators, educational assistants, and youth care workers, as well as itinerant district staff (district resource counsellors, district behavior specialists, school psychologists). Outside agencies and community supports may include pediatricians, youth mental health clinicians, social workers, drug/alcohol counsellors, or police officers. The Ministry of Education requires that a student receiving funding for an H designation must have an outside agency or community support outside of school supports, as well as ongoing collaboration with these supports. The intention of integrated case management meetings is to go beyond simply collaboration with outside supports. “ICM refers to a team approach taken to coordinate various services for a specific child and/or family through development of a cohesive plan” (Surrey School District Guide to Inclusive Education, 2019, p.55).

The Guide to Inclusive Education document recently published through the Educational Services department within the Surrey School District in British Columbia outlines enablers as well as possible barriers to the integrated case management process. Enablers include championing the integrated case management process, establishing relationships among the participants that are based in honesty and trust, and having a skilled chairperson (Surrey School District Guide to Inclusive Education, 2019). Barriers include missing key players at meetings, staff turnover, and differing beliefs around the student and family’s involvement and participation. The document provides reminders of important tips and questions professionals should ask themselves prior to engaging in integrated case management meetings (e.g., “Do I work to create an environment in which the person is comfortable enough to speak and interact?” (Surrey School District Guide to Inclusive Education, 2019, p. 58)). The document provides a sample format of an integrated case management meeting, which is comprised of six parts:
introductions, review successes, discussion of strengths and stretches, goal setting, review, and wrap-up (Surrey School District Guide to Inclusive Education, 2019).

Wraparound care is a complex approach that can be viewed through the lenses of general systems theory, ecological systems theory, and the theory of change. These theories, along with the current policies and procedures outlined by the Surrey School District, and the author’s experience working within the district as a researcher-practitioner, provide the foundation on which the present research study is based.

**Synthesis of Research Literature**

Over the past several decades, the research examining wraparound care has grown exponentially. Though the lens of ecological systems theory one can examine the microsystem (effectiveness of wraparound care for the students and families it supports), the mesosystem (the stakeholders’ involvement and relationships within wraparound care) and the exosystem (organizational health).

**Effectiveness of Wraparound Care**

There is a growing body of research examining the effectiveness of wraparound care. The majority of research examined reported a positive effect of wraparound care on youths’ internalizing and externalizing disorders across a variety of settings (Bruns, Burchard, & Yoe, 1995; Klayman & Crawford, 2007; Mancoske & Edgerson, 2015; Painter, 2012; Smith et al., 2019). Studies have shown that youth involved in wraparound care for at least 18 months experienced a significant decrease in maladaptive behaviors (Klayman & Crawford, 2007; Painter, 2012). In addition to a decrease in maladaptive behaviors, other studies have found other positive outcomes resulting from wraparound care such as a significant decrease in the property crimes and juvenile justice involvement (Mancoske & Edgerson, 2015; Pullman et al.,
2006; Schurer Coldiron, Hensley, Parigoris, & Bruns, 2019), a reduction in school suspensions and school absenteeism (Carney & Buttell, 2003), and the possibility of receiving support through community services rather than having to attend residential treatment facilities (Bruns, Burchard, & Yoe, 1995; Cosgrove, Lee, & Unick, 2020; Rauso, Ly, Lee, & Jarosz, 2009; Smith et al., 2019). A recent meta-analysis examining 17 studies found that students participating in wraparound demonstrated better improvement on several outcomes (e.g., need for residential treatment, social-emotional functioning) versus clinical treatment (Olson et al., 2021).

It is important to note that the effectiveness of wraparound care has also been disputed by several studies. There have been studies which have found no significant benefits to wraparound care versus integrated case management (Bruns et al., 2015) or other mental health treatments (Bickman et al., 2003; Cordell & Snowden, 2015). Another possible barrier to the effectiveness of wraparound could be the time commitment. One study found no significant differences in measures of social-emotional functioning with a group of adolescents in wraparound care (Copp, et al., 2007). However, it is important to note that this timeline was restricted to a 6-month period, whereas other studies have found significant effects to occur after a longer time within wraparound care (Klayman & Crawford, 2007; Painter, 2012).

The cost effectiveness of wraparound is another disputed area within the literature. Most studies have found wraparound care to be significantly less expensive than residential treatments (Bruns, Burchard & Yoe, 1995; Grimes et al., 2011; Smith et al., 2019; Snyder et al., 2017). Recently, a meta-analysis examining 17 studies found wraparound to have a lower cost than other treatment models (Olson et al., 2021). Early in the history of wraparound service, studies investigating whether wraparound was an economically viable intervention for students with significant mental health challenges began to come to the forefront. Bruns and colleagues
evaluated a community-based wraparound service with a small group of children and adolescents. Of the 27 children participating, 70% had been supported through inpatient hospital care or residential treatment centers. After one year of wraparound care, problem behaviors decreased significantly, and 89% were maintained in the community as opposed to having to go back to residential care. Although there was a cost decrease observed over the year that wraparound was implemented, this decrease was not statistically significant. However, the authors maintained that spending money on these services would be critical, as treating these youths required a commitment to long-term allocation of services (Bruns, Burchard & Yoe, 1995).

Treating adolescents with complex mental health challenges often requires extensive involvement by health care and mental health professionals, which can be expensive. Wraparound has been thought to be a viable alternative to expensive residential treatment facilities (Cosgrove et al., 2020; Snyder et al., 2017). A study compared the cost-effectiveness of an intensive family and community-based intervention with a strong wraparound component with a group of 100 students from age 3 to 18 to a group of matched controls receiving “usual care” (Grimes et al., 2017). The Mental Health Service Program for Youth (MHSPY), a Medicaid – funded intervention, incorporated many of the principals of wraparound care within its model. The results revealed that not only did the intervention group show significant improvements in terms of their social-emotional functioning, total emergency room claims expense were 31% lower than the control group, and inpatient psychiatry claims were 73% lower. The overall medical expense was lower for the intervention group than for the group receiving “usual care”. Building on the results of this study, Snyder and her colleagues (2017) sought to examine whether the cost-effectiveness of wraparound care could be maintained in the
long term. The aims of this study were to compare overall health care spending for youth who transitioned from institutional care in wrap versus youth not receiving wrap. Prior to participating in wraparound care, the treatment group averaged $8,433 in monthly spending versus $4,599 for the control group. Wraparound participation led to an additional reduction of $1,130 in monthly health care spending as compared to the control group post-wraparound care. This is the first study to find evidence of longer-term spending reductions a year after wrap participation. Whereas Grimes and colleagues investigated both the cost-effectiveness of wraparound care as well as the effect of the intervention on mental health outcomes, Snyder and colleagues chose to delve more deeply into the economic viability of the intervention, examining its short-term and long-term cost-effectiveness. Both authors concluded that wraparound offers potential as cost-effective intervention for youth experiencing mental health challenges.

However, not all studies have arrived at this conclusion. A study examining the economic viability of wraparound care found it to be costlier than other treatments (Bickman et al., 2003) Due to the rising costs of mental health services, the Department of Defense mandated the development of an intervention that used a wraparound framework for child and adolescent military dependents. One hundred and eleven children participated, with 71 families participating in the treatment group and 40 families participating in the comparison group (children receiving usual treatment). Multiple methods were used to investigate the impact of wraparound on children’s mental health including parent and youth-reported measures and scores on behavioral checklists. Results revealed that wraparound treatment did not reduce problem behaviors more than the comparison group. The treatment group spent an average of $12,912 on wraparound care versus $7,469 for the comparison group, a significant difference.
The differences among the above studies may be explained in several different ways. The increased costs incurred by the wraparound treatment group in the Bickman et al. (2003) study were due to the length of treatment within the wraparound group. The authors acknowledged that there were no measures put in place to measure the fidelity of wraparound care; therefore, it is unknown as to what components of wraparound were adhered to. Nevertheless, this study may be more representative of a typical wraparound service, especially those services occurring within a school system, than ones that are optimally created by advocates for this approach to services. It is also important to note that studies boasting significant cost savings are ones whose participants were experiencing severe, complex, and enduring emotional and behavioral challenges, which may not be the case for all participants participating in the wraparound process.

**Fidelity of Implementation**

One aspect that appears to play an integral part in the success of wraparound care is the implementation of the wraparound process with fidelity. This can be defined as putting wraparound care into practice with adherence to the core principles and processes of the wraparound model (Bruns, Walrath, & Sheehan, 2007; Effland et al., 2011; Walker et al., 2004), and is a critical aspect of wraparound care. Due to the complexity of the wraparound process, fidelity monitoring is essential in order to ensure the processes and principles of wraparound are carried out as intended (Pullman et al., 2013). This complexity lends many implementers of wraparound care to have uneven adherence to the wraparound process (Coldiron et al., 2017; Walker et al., 2004). A poor formulation of the wraparound approach makes it difficult to know what is being measured and whether whatever is being measured has any significance or connection to implementations (Coldiron et al., 2017; Hernandez-Hodges, 2003). In a secondary
school setting, where other factors such as multiple teachers and staff turnover contribute to wraparound implementation complexity, it becomes critical to have a method in place to monitor the wraparound steps and evaluate whether progress is being made.

Wraparound research has been consistent in its support around the importance of the fidelity of wraparound implementation. Adherence to the wraparound process has been found to play an important part in its success (Effland et al., 2011; Bickman et al., 2003; Bruns et al., 2007). Effland and colleagues examined wraparound care for over 500 youth within a residential treatment facility. In addition to finding a positive relationship between wraparound fidelity and youth outcomes, they found a significant relationship between support conditions for wraparound and wraparound fidelity (Effland et al., 2011). Similarly, a study examining wraparound care with over 1,000 low-income youth found youths who completed treatment services with fidelity benefitted the most with regard to positive outcomes; attrition rates (leaving the wraparound process without completing and implementing the care plan) significantly affected these outcomes (Yohannan et al., 2017). Other countries have found the benefits of fidelity of implementation as well. A study conducted in New Zealand with a small group of wraparound care providers and participants revealed overall wraparound fidelity to be around 80% (Shailer, Gammon, & de Terte, 2017). The wraparound principles rated as being implemented with the lowest fidelity were community-based services and natural supports (both of which fell within the below average range). Statistically significant differences occurred between the implementation and transition phase, with the implementation phase ranked higher than the transition phase (Shailer et al., 2017). Similar results were in other studies examining integrated team meetings, whereby although natural supports had a significantly positive effect on ratings of problem behaviors, the provision of natural supports occurred only half the time or less in the
meetings studied (Schrier et al., 2019; Walker & Schutte, 2005). In a study interviewing 43 wraparound participants, the importance of including natural supports and outside agencies was highlighted as an important criterion (Matthews, Enyart, & Freeman, 2019). These findings speak to the importance of frameworks of implementation, such as the one proposed by Bertram, Scaffer and Charnin (2014). Viewed through the National Implementation Research Network (NIRN) framework, the examination of implementation patterns offered targets for revising wraparound infrastructure. These revisions included caseload reduction as well as the reassignment of workforce duties and training opportunities. Although staff were overwhelmed with the structure at first, they agreed that after one year, program improvements were taking hold. Before implementation revisions, the wraparound program showed little or no fidelity; however, after one year, scores of fidelity improved and went above the national mean (Bertram et al., 2014).

Difficulties with fidelity of implementation may contribute to the abandonment of wraparound care as a viable treatment model. Behavioral health systems' investment in wraparound may be declining (Sather & Bruns, 2016). A recent study examining wraparound care implementation across the United States by state found that approximately 75,000 youth were reported to have participated in the wraparound process, a decrease from previous years. Two thirds reported having written statewide standards for wraparound implementation, and 49% reported having a dedicated resource for providing staff with training. Over half of the sample population reported centralized monitoring of wraparound fidelity (Sather & Bruns, 2016). This decline may be due to more restrictive criteria in place for wraparound access, difficulties with continued training, and challenges with monitoring of fidelity (Sather & Bruns, 2016).
Stakeholder Engagement in the Wraparound Process

In the Guide to Inclusive Education document published this year by Surrey School District’s Student Support Department, policies and procedures are outlined around how wraparound care is defined within the district. The document lists one of the enablers to effective integrated case management as “honest, trusting relationships with the other participants” (Surrey School District Guide to Inclusive Education, January 2019, p. 56). Among the benefits of integrated case management listed are “builds a sense of community – of people working together” and “promotes a sense of shared responsibility, accountability and decision-making” (Surrey School District Guide to Inclusive Education, January 2019, p. 56). Viewing this through an EST lens, the mesosystem of wraparound is addressed by the widespread acceptance of the importance of strong partnerships between service providers and families and students (McIntosh et al., 2008). For wraparound care to be successful, the service providers, as well as the students and families, must believe that it is a process worthwhile in engaging in. Encouraging stakeholder engagement has been a significant challenge for wraparound implementation (Anderson-Butcher et al., 2018; Olibris, Mulvale, Carusone, Lin, Domonchuk-Whalen, & Whittaker, 2017). School climate and relational trust are two areas that are integral to garnering buy-in among stakeholders in the wraparound process.

**School climate.** School climate is defined by the National School Climate Center as “the quality and character of school life. School climate is based on patterns of students', parents' and school personnel's experience of school life; it also reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures.” (National School Climate Council, 2007). It is important to make the distinction between school culture and school climate. School culture refers to the functioning norms and how people behave in a
school setting, whereas school climate examines the staff, students’ and families’ perceptions of the school (Aarons, 2006).

Studies examining the relationship between school climate and wraparound care has been very limited, with researchers examining the relationship between organizational climate and wraparound services in settings other than schools. In a study examining over 300 mental health service providers within a public sector mental health setting, positive organizational culture was associated negatively with poor organizational climate, and more negative organizational climate was negatively associated with positive work attitudes (Aarons & Sawitzky, 2006). In addition, more positive work attitudes have been associated with decreased staff turnover and burnout (Aarons & Sawitzky, 2006; Green, Albanese, Shapiro, & Aarons, 2014). The importance of intra-organizational variables in supporting the successful delivery of mental health services was confirmed in another study, where mental health therapists who reported more positive organizational climates at their work setting were more likely to adhere to their evidence-based practice (Beidas et al., 2013).

Within education research, there have been studies examining the relationship between school climate and the implementation of mental health supports. In a study endeavouring to examine the implementation gap with over 1,000 elementary school educators implementing evidence-based practices through the lens of Multi-Tiered System of Supports (MTSS), school-level beliefs and attitudes were associated with a global team completed measure of implementation fidelity (Cook, Lyon, Kubergovic, Wright, & Zhang, 2015). Schools with more positive beliefs pre-intervention were likely to be associated with high levels of implementation fidelity post intervention. This provides support for the link between beliefs and implementation
behaviors and highlights the importance of measuring and targeting educator beliefs and attitudes to reduce the implementation gap (Cook et al., 2015).

**Relational trust.** At the fundamental core of school climate is relationships and trust (Bilias-Lolis, Gelber, Rispoli, Bray, & Maykel, 2017). Relational trust, or the mutual dependencies cultivated among stakeholders to gain trust, has been shown in the literature to be a critical phase to proper implementation of services (Bryk & Schneider, 2003; Quinn & Lee, 2007). Strong relational trust makes it more likely that reform initiatives will be more broadly adopted because trust diminishes the risk often connected to change (Bryk & Schneider, 2003). Building cohesiveness and trust has been at the heart of many wraparound initiatives (Bruns et al., 2016; Quinn & Lee, 2007). Without the establishment of trust, it is unlikely that collaborative relationships would succeed (Marek, Brock, & Savla, 2014).

An examination of the literature examining the relationship between relational trust and wraparound care has revealed a positive relationship between relational trust and the success of mental health initiatives. One study examined the effects of systems collaboration with schools influencing a student’s behavioral outcome with a group of 38 students with severe emotional disturbances (Lee et al., 2013). Systems collaboration was defined as a multi-disciplinary process incorporating factors such as mutual trust, power sharing, and commitment to collaboration among partners, and working towards a common goal (Lee et al., 2013). Systems collaboration positively predicted parental competence and improved family functioning but did not directly predict child’s outcomes. Therefore, parental competence mediated the impact of systems collaboration with schools on student outcomes (Lee et al., 2013). Therapeutic alliance predicted all child and family outcomes. Although there were limitations to this study (small homogenous sample), it demonstrated the influence that systems collaboration can have on
students and families, something that has been corroborated by other research (Anderson-Butcher & Ashton, 2004; Darlington, Healey & Feeney, 2010). A survey given to over 300 primary care providers within a variety of mental health support settings found two primary factors of collaboration strength: relationship quality and collaboration frequency (Gerdes, Yuen, Wood, & Frey, 2001). A qualitative study examining key factors integral to successful collaboration among agencies found that divergent philosophies and a lack of trusting relationships contributed to fragmentation and gaps within wraparound care services (Morgan et al., 2018). In optimal situations, collaboration encompasses both professional and personal contexts so that as it evolves it becomes defined by familiarity and trust (Gerdes et al., 2001).

As previously mentioned, schools are especially poised to support students with mental health, as they can serve as a neighborhood hub for initiatives, support and resources (Anderson-Butcher et al., 2018; Jacobsen, Villarreal, Munoz, & Mahaffy, 2018). In a policy brief examining research on community schools intervention, an initiative where schools partner with outside agencies to provide an integrated support system to support students academic and social-emotional success, building trusting relationships is considered one of the cornerstones of a successful community school model (Oakes, Maier & Daniel, 2017). School social capital, or the positive trusting relationships cultivated among school professionals and students, has been found to predict academic achievement and decreased school burnout in adolescents, even when controlling for variables such as prior academic achievement and parental education (Lindfors, Minkkinen, Rompela, & Hotulainen, 2018).

Trust is a dynamic, multifaceted construct that moves through a series of inter and intra-personal processes to be established (Hoy & DiPaola, 2008). Trust is not a broad perception nor an affective perspective towards others, but a response to the trustworthiness of various trust
targets (Hoy & DiPaola, 2008). This suggests that not only would there be varying patterns of trust but that trust functions would operate differently depending on school structure. Studies have found that teacher trust varies by trust target (Bryk & Schneider, 2002; Smith & Hoy, 2007), and that multidimensional trust, namely the trust perceptions of multiple school groups, predicts school outcomes more powerfully than the trust perceptions of a single role group (Barnes, Mitchell, Forsyth, & Adams, 2005; Forsyth, Barnes, & Adams, 2006). Whereas teacher-client and teacher-principal trust develop from interactions across discrete role sets, faculty trust appears to be a function of exchanges and relationships within the confines of the teacher role group (Hoy & DiPaola, 2008).

Diminishing vulnerabilities appears to create the proper social conditions for the type of interactions required to build trust (Bryk & Schneider, 2003; Hoy & DiPaola, 2008). Parent trust increases as parent engagement builds (Bodvin, Verschueren, & Struyf, 2018; Hoy & DiPaola, 2008). A study found that faculty trust in clients was related to principal trust, but teacher trust in parents versus teacher trust in principal was not correlated (van Maele & van Houtte, 2009). This finding suggests that school professionals need to be aware of the organizational characteristics hindering or enabling trust (van Maele & van Houtte, 2009). Lowered teacher trust in parents may be due to difficulty communicating due to a high number of immigrant families within the school (Bodvin, Verschueren, & Struyf, 2009). Parents may also be victims of deficit thinking by school professionals, whereby school professionals believe that the educational system is meritocratic, and that if parent just worked harder and cared about education, their students would be more successful (Bodvin et al., 2018). Educators may find collaboration with parents to be difficult, describing them as annoying (Bodvin et al., 2018). Serving as cultural brokers by building bridges between families and schools helps to build trust (Sanders, Galindo, &
DeTablan, 2019). As such, wraparound practitioners must be reflexive practitioners, conscious of their role, position, and identity within their organization (Sanders et al., 2019).

Organizational Health

For any organization to grow into a fully functioning system, organizational health is critical (Miles, 1965). As such, the dynamics of organizations need to be closely examined. Organizations are complex, adaptive systems, with parts behaving in an unpredictable fashion, and they can respond to change in diverse, creative ways (Argyris, 1964; Sobo, Bauman, & Gifford, 2008). In addition, the complexity of human services contributes to difficulties attaining organizational health, due to that fact that at times the practitioner is the intervention and in other cases the product is the intervention (Fixsen, Blase, Naoom, & Wallace, 2009). Instead of solely looking at changes with systems of care in terms of outcomes (e.g., reducing symptoms or problem behaviors with children), organizational relationships, specifically how they are created and provide access to a coordinated network of community services, need to be examined (Yoo, Brooks & Patti, 2007; Hernandez & Hodges, 2003).

Miles (1965) outlines seven properties unique to educational systems which may contribute to poor organizational health. Goal ambiguity assumes that goals within the educational system are unmeasurable and ambiguous, which truncates institutional and teacher growth. Input variability, or the wide variability of input from the environment, specifically variations in the types of students attending school to teacher performance, can be a cause of significant stress at school. Role performance invisibility is defined by the fact that teachers are rarely rewarded, apart from intrinsically, when they have done a good job. Low interdependence is characterized by the tendency within educational organizations to work in silos without a value placed on the collaborative model. Vulnerability, or the feelings school professionals have
towards the pressures of their parent population, can significantly reduce school autonomy. Lay-professional control problems raises questions around the connections between school policy, made by school boards, and the everyday workings of the school itself. Finally, low technological investment, or the scarcity of equipment and materials may play an important part in deterring organizational growth (Miles, 1965). Miles viewed these properties as connected, with difficulties stemming around goal ambiguity related to difficulties with adequate communication stemming from low interdependence and failures in technology access, and adaptation difficulties and problem-solving inadequacy stemming from vulnerability and lay-professional conflict (Miles, 1965).

Situated within input variability is role clarity. Role clarity, or the understanding and agreement of roles and directives, has been shown in the literature to play an integral role in the development of collaborative relationships (Bodvin et al., 2018; Darlington & Feeney, 2007; van Dongen, Sabbe, & Glazemakers, 2018; van Dongen, Sabbe, & Glazemakers, 2020; Walker & Schutte, 2005). A lack of role clarity has been cited as a possible barrier to the ability to appropriately individualize plans and can negatively affect the ability to set team goals and plans (Morgan et al., 2018; Walker & Schutte, 2005). A strong protocol for interagency collaboration should lead to clearer understanding of roles among all participants (Bodvin et al., 2018; van Dongen et al., 2018).

**Shared vision.** Although Miles does not use the term “shared vision” within his descriptions of organizational health, a connection exists between these two concepts in that goal attainment requires a common interpretation of that goal (Greenblatt & Michelli, 2019). Shared vision creates “a sense of commonality that permeates the organization and gives coherence to diverse activities” (Senge, 2006, p. 192). These visions originate from a sense of common caring
and maintain the course of the learning process when barriers arise (Senge, 2006). They take time to emerge and develop as an outcome of interaction of individual visions. Shared vision often begins with individual thoughts, which fold into a shared vision, and this vision starts to spread in an upward trajectory of communication and excitement (Senge, 2006).

A well-functioning school system is a living system, in that it draws energy and momentum from commitments that people make to a shared vision (Senge et al., 2012). Although school professionals have their connection to a school and school system in common, they do not innately know what other commonalities they may share. Without guidance of a shared vision staff personnel may buckle under pressure and revert to what is easy and comfortable (Senge et al., 2012). Senge and colleagues (2012) outline three elements required to create effective shared vision: (1) a clear picture of current reality, (2) a clear statement of desired outcomes, and (3) collective choice about to proceed. Shared strategies should be developmental in nature. According to Senge and his colleagues, every school system’s state of readiness can be rated on a scale of one through five. The first step is ‘telling’, a hierarchically driven operation in which instructions are clear and following them is mandatory. The second step, ‘selling’, moves beyond compliance towards commitment by attempting to enroll people into something new. The third step is ‘testing’, which is a vision or idea presented for consideration whereby next steps are redefined and redesigned. In the fourth step, ‘consulting’, the questions asked are more open-ended in nature, but visions are still anchored to a particular school or classroom. The fifth step, ‘co-creating’, places everyone in a creative orientation with every individual making choices about their desired future. This stepwise process moves the creation of shared vision from a person giving all of the answers towards a richer, more robust process (Senge et al., 2012). van Dongen and colleagues (2018) outline three factors essential to
interagency collaboration: procedures must be in place to guide planning and implementation, there must be an opportunity to exchange expertise knowledge and processes among professionals, and it should be relevant, achievable in daily practice and accessible to all involved. A recent study completed by these authors revealed different perceptions among wraparound participants across these areas (van Dongen et al., 2020). They reported that wraparound professionals reported thorough preparation prior to the wraparound meeting as well as the presence of a plan after the wraparound meeting, but adolescents and parents did not (van Dongen et al., 2020). Qualitative studies have found that improving interagency communication by coming up with shared goals was one of the top emergent themes (Matthews et al., 2019; Morgan et al., 2018).

Although the literature examining shared vision within wraparound care has been limited, the importance of a shared vision has been a recurring theme among research examining organizational health. Mendenhall and Fraunholtz (2014) interviewed 11 stakeholders and identified four critical elements for the development of a successful system of care: shared vision, developing consistent program guidelines, sustainability, and collaboration. Shared vision, or the shared common concerns (gaps in service, problems with families making their ways within the system) amongst stakeholders, was viewed as paramount to organizational health. Stakeholders agreed that a system of care had to be flexible, individualized, and family centred. In addition, there had to be a shared sense of calling to implement the vision. Feelings of shared responsibility can serve as a protective factor when examining barriers to sustainability such as funding and turnover in staff. However, the authors warn that in stakeholders’ desire to create flexibility with programming, an unintended consequence was weak criteria which led to no mechanism for making decisions outside of the basic and expected. Similar findings were
found in a study examining mental health supports in Ontario, Canada, which found that one of the challenges commonly faced was managing differences in care philosophies (Olibris, et al., 2017). For organizations to work together successfully, implementation leaders and stakeholders should have a shared vision as well as a collective commitment to make a difference (von Dongen et al., 2018; Hodges et al., 2019)

The social-emancipatory perspective of transformational learning views educators as people continually reflecting, evaluating, and acting as their world changes, and recognizes that the establishment of open, trusting relationships are vital to productive discussions (Taylor, 2008). Connected to this idea is the notion of co-agency, or the development of shared, mutually supportive relationships that help learners move towards their valued goals (OECD, 2019). To help enable agency, professionals within education need to not only recognize learners individually but also recognize that other relationships (teachers, peers, families, and communities) have a profound influence on their learning and behavior (OECD, 2019). This concept intersects with the one of the core tenets of integrated case management, namely the formation of collaborative relationships, as well as the cultivation of communities of practice.

Conceptual Framework

Whereas theoretical frameworks provide the foundation from which knowledge for this research study is constructed, a conceptual framework delves into how specifically the problem will be explored (Grant & Osanloo, 2016). The conceptual framework outlines the network of concepts, assumptions and ideas that reinforce and guide this research plan. It organizes the key factors, constructs or variables and outlines the relationships among them (Grant & Osanloo, 2016). The concept map (Figure 2) provides an illustration of the variables found within the
literature to be critical in the development of a successful wraparound care process and offers a blueprint on which this research study is based.

**Figure 2. Conceptual Framework**

Successful wraparound care within secondary schools, as defined by having a positive effect on the social-emotional outcomes and adaptive functioning of students and their families, is predicated upon the inclusion of several key components, namely, relational trust, school climate, shared vision, and organizational health. Within each of these components lie important
considerations that, woven together, form the base upon which successful wraparound implementation is built. Research examining the factors involved in successful wraparound implementation has touched upon many possible determinants of wraparound success. Some researchers have focused on the process itself, namely fidelity of implementation, operational definitions and measures of effectiveness such as an improvement in internalizing or externalizing symptomatology (Bruns et al., 2015; Copp et al., 2007; Effland et al., 2011; McCarter, 2016). Others have chosen to focus on the factors that need to be in place before wraparound begins, such as the proximal and distal context factors needed for effective team collaboration (Anderson-Butcher et al., 2017; Lyon et al., 2018; Lee et al., 2013; Mendenall & Frauenholtz, 2014). The focus of this research study is the examination of these proximal and distal factors that need to be in place for cooperation and collaboration, with the hope that if these are present, it will facilitate the fidelity of implementation and thereby the process itself.

**Summary**

Wraparound care has the potential to increase accessibility to service and result in sustainable positive outcomes for the most vulnerable students who are affected by fragmented supports and services (Lyon et al., 2018). To ensure that organizations work together effectively, stakeholders need to demonstrate core values, shared vision, and a collective commitment to work towards a common goal (Jacobsen et al., 2018; Lee et al., 2013; Lyon et al., 2018; Senge et al., 2012).

Research has shown that wraparound has gained significant popularity around the globe, with studies demonstrating encouraging results for children and adolescents with mental health challenges. However, concerns have been expressed in the literature around the fact that the idea and popularity of wraparound may have surpassed the empirical research necessary to support it
(Coldiron et al., 2017; Walter & Petr, 2008). It will be important to continue to build on existing research to gain a comprehensive understanding of this complex process. In fact, this problem of practice is content agnostic as the focus of this problem of practice is not a problem per se, but the implementation of complex solutions. The subsequent chapters will highlight this complexity as wraparound care is examined through the lens of secondary school professionals involved in arranging integrated case management meetings for students experiencing significant mental health and/or behavioral challenges.
Chapter 2

Wraparound Care in Secondary Schools

This chapter presents findings from a needs assessment designed to investigate factors involved in providing successful wraparound care and examine possible barriers to its effectiveness. This investigation sought to answer research questions based on the roles school climate and organizational health play in the successful implementation of wraparound care, as well as an examination of how the wraparound process is evaluated and how progress is monitored. A description of the context of the study is presented, along with a summary of the theoretical and conceptual frameworks providing the blueprint for this needs assessment. Descriptions of the participants, the variables, measures used, and the data collection and analysis methods are presented. Lastly, the research questions are revisited incorporating the results of the needs assessment with connections made to the factors presented in Chapter 1.

Context of Study

This research was conducted in the largest school district in British Columbia. For the 2020/2021 school year, 74,263 students were enrolled within the district. Many cultures are represented within the student population, with approximately 195 languages spoken by the families within the school district. The school district has 101 elementary schools (Kindergarten through grade 7), 20 secondary schools (grade 8 through grade 12), five learning centres, three adult education centres, an on-line learning academy, as well as a variety of inter-agency programs and satellite schools. A wide variety of specialized and choice programs are offered.

Purpose of Study and Research Questions

Schools are well poised to offer wraparound services. They reduce barriers to treatment that trouble traditional outpatient settings such as transportation or having to rely on parents to
initiate supports (Anderson-Butcher et al., 2018; Bruns et al., 2016). However, questions arise as to how to best implement this support and formally measure progress. Decreasing adolescent mental health challenges may be the ultimate goal of wraparound care; however, a focus on refining the wraparound process itself may be an important mediating step to achieve that outcome. To do so will require a more in-depth study of the intersectionality between this system of care, factors found to be instrumental in successful wraparound care, and implementation science.

When examining the research on the wraparound process, several factors have risen to prominence as important considerations to the successful implementation of wraparound care. Implementation fidelity, or adherence to the principles of the wraparound process, has been shown in the literature to be an important factor in the ability to deliver successful wraparound care (Bruns et al., 2015; Effland et al., 2011; Walker, Pullman, Moser & Bruns, 2012).

For wraparound care to be successful, the service providers, as well as the students and families, must believe that it is a process worthwhile to engage in. Encouraging stakeholder engagement has been a significant challenge for wraparound implementation (Anderson-Butcher et al., 2018; Olibris et al., 2017). Relational trust and school climate are two areas that are integral to garnering buy-in among stakeholders in the wraparound process. Relational trust, or the mutual dependencies cultivated among stakeholders to gain trust, has been shown in the literature to be a critical phase to proper implementation of services (Bryk & Schneider, 2003; Quinn & Lee, 2007). School climate, or a school-wide commitment to foster social-emotional resiliency, has been found to be vital to the deliverance of evidence-based practices (Bilias-Lolis et al., 2017; Ehrhart, Aarons, & Farahnak, 2014). One important aspect of organizational health is procedural clarity, or the importance of a widely recognized framework, developing consistent
program criteria, the need for frequent feedback to overcome barriers and issues, and increased data flow (Medenhall & Frauenholtz, 2014; Pannebakker et al., 2019; Thompson et al., 2017).

For any organization to grow into a fully functioning system, organizational health is critical (Miles, 1965). As such, the dynamics of organizations need to be closely examined. One component of an organization that it integral to its health is shared vision. Shared vision creates “a sense of commonality that permeates the organization and gives coherence to diverse activities” (Senge, 2006, p. 192). These visions originate from a sense of common caring and maintain the course of the learning process when barriers arise (Senge, 2006). Research examining the relationship between organizational health and systems of care has found that one of the challenges commonly faced was managing differences in care philosophies (Mendenhall & Frauenholtz, 2014; Olibris, et al., 2017). For organizations to work together successfully, implementation leaders and stakeholders should have a shared vision as well as a collective commitment to make a difference (Hodges et al., 2012; Lyon et al., 2018).

Several research questions emerged from factors that impact how effective wraparound services are provided.

1. How do participants assess the climate and organizational health of the school they are working in?
2. How do stakeholders’ views differ on the purposes and goals of wraparound care?
3. How are feedback mechanisms utilized in the process of wraparound care?

**Method**

This section includes information on research design, the participants involved in this assessment, measures used and procedures for recruitment, data collection and data analysis.
Research Design

A mixed methods design was used for this needs assessment, with qualitative data being collected in the form of semi-structured interviews and qualitative data being collected in the form of survey responses. This study employed an exploratory sequential design, using the interpretations from initial qualitative data to inform the quantitative variables included in the study. An emergent design was used so that data could be introduced into the study as is necessary to respond to research questions and as specific needs and concerns arose, allowing for flexibility and responsivity to developing findings (Lochmiller & Lester, 2017).

There are several advantages of qualitative research, including that more creative approaches can be used to re-examine familiar problems and understand how participants perceive their roles or tasks in organizations (Merriam, 1995). As such, this research is based on different assumptions, which in turn demands different conceptualizations of reliability and validity (Merriam, 1995). Merriam (1995) outlines several guidelines to ensure internal validity and reliability within qualitative research. Triangulation can be achieved through hearing about the phenomenon studied in interviews, seeing it take place in observations, and reading about it in documents (Merriam, 1995). Having peers and colleagues examine the data also aids in providing internal validity and reliability (Merriam, 1995). External validity can be achieved using “thick descriptions” which provide enough information to the research consumer so that they can determine whether the results are transferable. The use of a multi-site design, meaning the use of several sites, cases and situations, and model comparisons, namely how typical the program is compared with the majority in the same class also contribute to external validity (Merriam, 1995). These guidelines were used as the basis for this needs assessment.
Observation Data

This problem of practice was investigated through three field observations within a large school district in British Columbia. The observations took place at a secondary school of over 1800 students from grades 8 through 12. The school administration consists of one principal and three vice-principals. There are four counsellors to serve the school population. For students who are academically struggling, the learner support team provides academic support for students who have been designated as having a learning disability as well as to those whose teachers have indicated they require more targeted academic interventions. The school has three youth care workers whose mandate is to support students experiencing behavioral challenges.

Three integrated case management meetings (ICMs) were observed. These meetings took place at the school, with different counsellors, administrators, teachers, youth care workers and parents. All professionals were staff employed by the school district, with one community support member attending one of the meetings. One of the students, a grade 8 girl with a history of chronic absenteeism had been arrested in the community for assault, and her counsellor requested an ICM to begin the process to coordinate family, community and school supports. As the meeting progressed, it was clear that the parents were in distress and felt as though they were unable to care for their child at home. The mother said on two occasions (once in front of the student) that she would give her up to social services if her behavior did not improve. The professionals attending the meeting (the counsellor, vice principal, learning support teacher, youth care worker and youth prevention officer) appeared to be at a loss as to what to suggest. One suggestion was made by the youth care worker to contact an outreach program, which the father was vehemently opposed to. He reported having accessed similar supports when he was an adolescent, and he had a negative experience from participating in outreach programs. The
meeting was adjourned with a tentative plan in place around increasing attendance monitoring at school and a plan to investigate supports around mental health.

These observations mirror concerns presented in the research around barriers to successful wraparound implementation. Coldiron and colleagues (2017), in their review of the research on wraparound care, point out several gaps in wraparound research. One of these is the kind of implementation supports, such as meeting structure and plans of action, that should be deployed. This was evident across all three field observations. All three meetings were set; however, no formal agenda was presented in any of the meetings, and no action items or concluding remarks were given. No follow-up meetings were arranged. This highlights the need for structures and processes to facilitate implementation (Anderson-Butcher et al., 2018). A vague agenda and a process that differs from meeting to meeting leads to confusion among all participants. Research has shown that procedural clarity is one of the most important determinants of wraparound adherence (Pannebaker et al., 2019).

Another important factor that was observed across meetings was the assumption that the professionals made around parents’ understanding of the school system of care. Often, parents sought clarification around who was working with their child and what the professional’s role was. This confusion at times extended to the professionals as well. As roles frequently overlap in a secondary school, it is often unclear as to what responsibilities are whose. This has been highlighted as one of the barriers to wraparound in the research (Pannebaker et al., 2019; Thompson et al., 2017). A suggestion that has been offered to overcome this is the need for more immediate and frequent feedback (Thompson et al., 2017).

In observing these meetings, the importance of relational trust came to mind. In all three cases, the rapport among the parents and professionals was limited; in one case, it was the
parents first visit to the school. In complex meetings such as these, discomfort with each other was common. Establishing rapport and building relationships not only between the parents and professionals but among the professionals themselves builds trust, and trust diminishes the risk connected to change (Bryk & Schneider, 2003). It has also been established in the research that therapeutic alliance predicts positive child and family outcomes (Lee et al., 2013; Olibris et al., 2017).

Participants

Participants in both the interview and survey data collection phases were school professionals currently employed at the Surrey School District who regularly participate in integrated case management meetings at the secondary school level (administrators, counselors, district behavior specialists, district resource counsellors, teachers, youth care workers). The first phase, consisting of semi-structured cognitive interviews, 22 participants were interviewed.

Table 1 presents the demographics of the interviewees.

Table 1

*Interviewee Demographics as a Percentage of the Sample, n=22*

<table>
<thead>
<tr>
<th>Age</th>
<th>n (%)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30-34</td>
<td>2 (9.1)</td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>4 (18.1)</td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td>5 (22.6)</td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td>4 (13.5)</td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td>6 (45.2)</td>
<td></td>
</tr>
<tr>
<td>55-50</td>
<td>1 (9)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>7 (31.8)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>15 (68.2)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>3 (13.6)</td>
</tr>
<tr>
<td>South Asian</td>
<td>4 (18.2)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>13 (59.1)</td>
</tr>
<tr>
<td>Metis</td>
<td>1 (4.5)</td>
</tr>
<tr>
<td>African-Caribbean</td>
<td>1 (4.5)</td>
</tr>
</tbody>
</table>

**Interviewees.** The interviewees consisted of 22 school district professionals (15 females, 7 males). Professions included two school psychologists, eight secondary school counsellors, three teachers, one aboriginal youth care worker, three district resource counsellors, two district behavior specialists, two administration professionals (principals and vice-principals), and one senior administration professional. The mean age of the participants was 45, with the sample consisting of 13 Caucasian, 4 South Asian, 3 Asian, 1 Metis and 1 African-Caribbean participants.

Specific characteristics of the interview sample group are presented in Table 2.
Table 2

*Interviewee Characteristics as a Percentage of the Sample, n = 22*

<table>
<thead>
<tr>
<th>Years Experience in Current Role</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 Years</td>
<td>10 (45.3)</td>
</tr>
<tr>
<td>6-10 Years</td>
<td>6 (27.2)</td>
</tr>
<tr>
<td>11-15 Years</td>
<td>2 (9)</td>
</tr>
<tr>
<td>&gt;15 Years</td>
<td>4 (18)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of ICMs Attended within the Past Year</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>7 (31.7)</td>
</tr>
<tr>
<td>6-10</td>
<td>9 (40.9)</td>
</tr>
<tr>
<td>11-15</td>
<td>2 (9)</td>
</tr>
<tr>
<td>&gt;15</td>
<td>4 (18.1)</td>
</tr>
</tbody>
</table>

The mean years of work experience in their current role (regardless of site) was 8.6 years, and the mean number of integrated case management meetings participated in in the last year was 10. It is important to note that although one participant had not directly participated an integrated case management meeting over the last year, his job as senior administrator had made him a distal but important influence within the wraparound process, and therefore his information was included.

**Survey participants.** The second phase consisted of participants participating in an online survey. The demographic characteristics of the survey participants are presented in Table 3.
Table 3

*Survey Participant Demographics as a Percentage of the Sample, n=34*

<table>
<thead>
<tr>
<th>Age</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-34</td>
<td>4 (11.43)</td>
</tr>
<tr>
<td>35-44</td>
<td>13 (37.14)</td>
</tr>
<tr>
<td>45-54</td>
<td>14 (40)</td>
</tr>
<tr>
<td>55-64</td>
<td>3 (8.57)</td>
</tr>
<tr>
<td>65-74</td>
<td>1 (2.86)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12 (32)</td>
</tr>
<tr>
<td>Female</td>
<td>23 (68)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>2 (&lt;1)</td>
</tr>
<tr>
<td>South Asian</td>
<td>4 (11)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>28 (80)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (&lt;1)</td>
</tr>
</tbody>
</table>

Survey participants were 35 professionals working within the school district, with 68% of the sample identifying as female and 32% identifying as male. Of the total survey sample, 79% reported worked at one site, while 21% reported working at multiple sites. Participants reported their ethnicity as White (80%), South Asian (11%), and Asian (<1%), with <1% identifying as
other ethnicities. The ages of participants ranged between 25 and 64, with the majority of participants’ ages falling between 35 and 54. While 35 participants completed the first part of the survey, two out of the 35 did not complete the second half of the survey, which was the Omnibus Trust scale.

**Interview questions.** The semi-structured cognitive interview protocol consisted of 17 questions aimed to gather information about how stakeholders viewed the integrated case management process (see Appendix A). The interview questions were given to three school professionals for feedback as to the structure and flow of the interview questions. The recommendations from the three professionals were similar and the questions were revised to include their suggestions. Questions included: “Are you aware of any policies or procedures for ICMs within this district? How are new participants (students, teachers, parents) oriented to this process? What are the goals of ICMs? Do you think these goals are being met?”

**Surveys.** In addition to semi-structured interviews, two questionnaires were administered in survey form using Qualtrics. The first questionnaire was the Georgia School Personnel Inventory, part of a suite of measures assessing school climate (La Salle, McIntosh, & Eliason, 2018). The 29-item School Personnel Inventory measures staff perceptions of connectedness to their school and colleagues, their perceptions of their safety at school, how students at their school interact with their peers and adults, whether their colleagues treat students fairly and the degree of parent involvement in their child’s education (La Salle et al., 2018). Higher mean scores represent stronger perceptions of each facet of school climate. The measure has strong reliability (Chronbach’s alpha of .94 for overall measure) and factor analyses conducted boasts strong validity of the measure (LaSalle et al., 2018). Written permission from the author was obtained to use the measure within this study. A copy of the measure is included in Appendix A.
The second questionnaire comprising the survey was the Omnibus Trust Scale, a measure of relational trust within faculty developed by Hoy and Tschannen-Moran (2007). The Omnibus T-Scale is a 26-item measure of three dimensions of trust, including trust with principal (8 items), colleagues (8 items), and parents and students (10 items), which can be used for either elementary or secondary schools. The reliabilities of the three subscales have been reported to range from .90 to .98. Factor analytic studies of the Omnibus T-Scale support the construct and discriminant validity of the concept (Hoy & Tschannen-Moran, 2007). Written permission from the authors was obtained to use this measure in the study. A copy of the measure is included in Appendix A.

Procedure

The following section includes information on participant recruitment, data collection and data analysis.

**Participant recruitment.** As school psychologists are assigned to every secondary school within the district, school psychologists were used as the conduit to recruit participants for this research. Although school psychologist are not case managers of wraparound meetings, they often participate at a consultative level, particularly if they have completed a psychoeducational assessment with a student. The study was introduced to school psychologists at a staff meeting and a request was made to contact their secondary school’s School-Based Teams, either in person or by email, to request participants for this study. A brief description of the study and a request for participation was emailed to each school psychologist to forward to their School-Based Teams.

**Data collection.** The researcher conducted the cognitive semi-structured interviews with the school professionals interested in participating, who were a combination of school

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counselors, administrators, and specialist teachers. Informed written consent was obtained from all interviewees. All interviews were recorded and transcribed using a professional transcribing company. The online survey, comprised of the School Personnel Inventory, the Omnibus T Scale, and demographic questions, was created using Qualtrics. All individuals expressing interest in participating received a personalized email including a secure link to the survey; the survey was open for 4 weeks. All data were stored in a password protected laptop and only those involved in the research had access to the data.

**Data analysis.** Descriptive statistics were calculated using SPSS. The cognitive interviews were coded using NVivo software and were categorized according to properties of educational organizations as outlined by Miles (1965) in his seminal work on the dynamics of organizations.

**Findings**

Results include coding results from 22 cognitive interviews conducted as well as results from 35 surveys completed.

Emergent Themes

Miles (1965) outlined seven characteristics unique to educational institutions which make them vulnerable to poor organizational health.

**Goal ambiguity.** Goal ambiguity refers to the assumption that educational goals are unmeasurable (Miles, 1965). Miles concedes that measuring the output of educational organizations is challenging due to their variable and unpredictable nature; however, he posits that this difficulty may in part be due to the societal hierarchical treatment of goals as well as the fact that deliberate ambiguity may promote status quo teaching (Miles, 1965). When asked what the goals of an integrated case management were, participants responded with varied answers.
Only two participants responded that they were unsure of what the goal was. Some participants viewed a plan of action as the focus of an integrated case management, developing plans with clear, actionable goals and having the opportunity to re-evaluate the goals if necessary. At times, this plan was placement into an alternate program or school.

To help define responsibilities for everyone involved, especially for the student if the student is there. I think that’s super important. I think it’s to set clear short-term goals until the next meeting. The allow for a re-evaluation of previous goals and strategies to see if they’ve been met and to see if they need to be adjusted for the future.

Others spoke of the goal of an integrated case management as coordinating efforts with outside agencies and community supports and updating partners on the latest developments. One participant spoke of creating a communication network among the school, outside agencies, and parents.

The idea of it is to build a joint program so that we can all work on the same thing with a student. And also to build a communication system back and forth between the outside agency and us.

Some participants spoke of the student as the focus of the goal, namely, specifically meeting the needs of the student, encouraging change in the behavior of a student, and making sure the student feels as though they have a team.

To develop collaborative plans for the students, to ensure that they are having all of their needs met in school and outside of school. And, just sort of creating plans of who is going to be taking care of what and when.

Contributing to the lack of focus around integrated case management goals is the lack of procedure awareness. Over half of the interviewees were unaware that the school district has procedures in place around ICMs as outlined in the Guide to Inclusive Education document.

Most reported that they follow an informal procedure that may or may not include a clear agenda or action plan items.
Input variability. Input variability is defined as a substantial disparity in input from the environment (Miles, 1965). This is highlighted by the perception of the lack of role clarity described by many participants. Most participants mentioned that teachers rarely attended integrated case management meetings; however, in the case of inter-agency or speciality programs, the teachers within these programs were almost always the case manager and chair of the integrated case management meeting. A pediatrician or medical professional’s involvement at an integrated case management meeting was considered by almost all participants to be highly valuable and desired; however, they were reported as rarely attending, either in phone or in person.

Occasionally we have a pediatrician or a doctor attend but that’s very rare.

Just finding time with medical doctors is tricky. But because medication is such a big component, supporting the students who I work with, it would be really nice to have more face-to-face time with them.

Parents appear to play a varied role within integrated case management meetings, with some respondents mentioning that they never see the parents, whereas others reported never having a meeting without the parents present. Students were also reported as having a widely varied role, with some respondents reporting regular attendance at integrated case management meetings and others feeling that it is too intimidating for a student to attend. Another issue that arose is the problem of staff turnover and the contribution this makes to unclear action plan and goals.

So we’ll have an ICM, we’ll create some plans, we’ll say, “Okay, the social worker is going to do this and the counselor’s going to do this, the youth worker’s going to do this”. And then everyone goes away and, a week later, it’s “Oh well, that’s no longer your social worker. They have a new social worker.” And the new social worker knows nothing about any of this.

Differing staff schedules also contributed to lack of creating clear plans and goals. Participants spoke of the inability to organize meetings due to different staff schedules, making it difficult to
set sustainable goals and objectives as well as determine follow-through on action items. As an example, if a social worker was unable to attend a meeting due to working only in the evenings, action items within the meeting would still be attributed to them with the assumption that they would read the minutes and follow through with their responsibilities. None of the respondents interviewed discussed alternative or unique scheduling as a potential way to address this barrier. A common concern expressed by participants was the fact that professionals and people within formal roles within the adolescent’s life were given preferential treatment and priority to attend meetings, even though more natural informal supports may be the people closest to the student and family.

I think people who have more sort of, informal roles in the kid’s life but have the strongest attachments to them. So a lot of times we have the legal guardian there. But it’s actually like an aunt or somebody, or an uncle or a cousin, or somebody who has the really strong attachment to the student.

Role performance invisibility. Role Performance Invisibility can be described as educational professions being viewed as artisanal occupations rather than a profession that can demonstrate measurable clear markers of competent performance (Miles, 1965). Participants mentioned the skillset of professionals as a concern when running productive integrated case management meetings. Some mentioned a lack of understanding and agreement about what is appropriate to share in a group.

It’s a practice question. It is not having an understanding of how to – sometimes as simple as how to run an effective meeting, right? Where you come into it with an agenda. You have a strong chair who moves the meeting along. You eventually get to a place where we are talking about items of action. So you think about all the things that are important about a kind of a solid, thoughtful meeting, staff meeting, or any kind of meeting. Those things need to exist within an ICM structure. Some people do that well and some people don’t do that well.

Participants mentioned that some professionals involved in integrated case management meetings were unfamiliar with special education designations, and the school supports associated
with them (e.g., I.E.P.s). Similarly, some said that professionals did not have adequate knowledge of outside resources and community supports. One professional, in describing a competent integrated case management chair, remarked:

She is aware of all of the support out there. She’s aware of who the players are.

There was also confusion expressed on how to effectively chair an integrated case management meeting, with some interviewees feeling as though case managers may feel too intimidated to run it effectively. Participants felt that the ability to connect well with students was an important asset in an integrated case management meeting.

She connects with the kids. Like she gets it. Like you can tell if they get it or if they don’t pretty darn quickly.

Several participants felt that integrated case management meetings were more successful when they took place away from school grounds, in organizations such as clinics or hospitals. Parents were perceived to take the meeting more seriously if it took place in a clinic setting.

**Low interdependence.** Miles (1965) describes the low interdependence of educational organizations as professionals working in silos. Teachers and other educational professionals often work within their own classes or portfolios, making it more challenging to establish trusting relationships required for collaborative partnerships (Bryk & Schneider, 2003). Participants discussed the difficulty of working with professionals who may have a formal connection to the student, but rarely had contact with the student.

Yeah so I think we just focus so much on the formal roles in the kid’s life, but a lot of times I’ve noticed, the people that come that have a formal role, rarely know the kid, right?

Participants expressed concern around the withholding of pertinent information.

I find some staff members that sort of like to own the information, it becomes more about them than the student. Just from my experience I find that the most frustrating thing, when there’s been information not shared.
Participants mentioned the value of having longer relationships with stakeholders.

Because the relationship with the community partners is so good. So we know each other and trust each other and we have relationship over years. We work much better together as a group.

**Vulnerability.** School, according to Miles (1965), is often viewed by the public as an easy target for criticism; therefore, educational professionals tend to put buffer devices and policies in place as a defence mechanism. Participants spoke of a strained relationship between the school and outside agencies, or between the school and family.

There’s a strained relationship between the social worker and the school district, or they’re brand new to the kid, or that kid is just bouncing from social worker to social worker.

Participants spoke of ways to ameliorate strained relationships by providing quicker feedback, facilitating the connections between parents and teachers, and empowering the student by asking for input from them. When asked how new professionals and parents were oriented to the integrated case management process most participants spoke of informal procedures. There was an assumption that the families and supports would already have a clear understanding of the integrated case management process as the student would have reached a high level of need in requiring an integrated case management meeting.

**Lay-professional control problems.** Another barrier to healthy educational organizations as posited by Miles (1965) is the fact that public schools are governed by laymen who are typically not education professionals. One interview conducted by a member of the senior administrative team mentioned that no policy exists around integrated case management meetings in the district because policies are solely developed by the school board. The school district has procedures around integrated case management meetings; however, no policy exists around wraparound care or integrated case management.
Low technological investment. Miles outlined a lack of use of technology in schools as a barrier to organizational health (Miles, 1965). One participant mentioned that there was nothing in the schools to facilitate the use of technology in conducting integrated case management meetings when not everyone can be physically present.

Identified barriers to integrated case management process. Participants outlined many barriers to the integrated case management process. The one mentioned the most frequently was the lack of accountability and follow through within an integrated case management meeting.

Sometimes I think we are missing follow-up. So we can have an ICM identify a bunch of stuff, decide on who’s doing what, but then not, sometimes it’s not followed up on. I like at the end of a meeting to set the next one, let’s meet again in two months or whatever, but if it’s not my meeting and or if I am not at that one sometimes that doesn’t happen and there’s no continuous work.

Another common barrier expressed by participants was time constraint, both in the time it takes to conduct meetings and the time it takes for changes and plans to be enacted, and organizational and logistical challenges. The integrated case management process was described as difficult to measure, due to its complex nature. Integrated case management meetings were described as often beginning with the negative aspects of a student’s life rather than beginning with the strengths, and reactive instead of proactive.

When integrated case management meetings are seen a long, disorganized, and with an unclear purpose, they are viewed as a waste of time, resources, and money.

Survey Results

The following section outlines survey results from the Georgia School Personnel Inventory, a measure of school climate, and the Omnibus Trust Scale, a measure of relational trust.
School climate. The Georgia School Personnel Inventory provides schools with an overall understanding of how staff perceive school climate along three subscales: teaching and learning, relationships and safety. These subscales are comprised of six subfactors: staff connectedness, peer and adult relations, physical environment, school safety, structure for learning, and parent involvement. The subscale responses are presented in Likert format, with ratings from one (strongly disagree) to four (strongly agree). Means were calculated and compared for each section using SPSS and are presented in Table 4.

Table 4

Means Obtained from the Survey Sample on the Georgia School Personnel Inventory (N=35)

<table>
<thead>
<tr>
<th>Mean</th>
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<tbody>
<tr>
<td><strong>Staff Connectedness</strong></td>
</tr>
<tr>
<td><strong>Structure for Learning</strong></td>
</tr>
<tr>
<td><strong>School Safety</strong></td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
</tr>
<tr>
<td><strong>Peer/Adult Relations</strong></td>
</tr>
<tr>
<td><strong>Parent Involvement</strong></td>
</tr>
</tbody>
</table>

The Staff Connectedness subscale measures the sense of belonging to the school and school staff (La Salle, McIntosh, & Eliason, 2018). Items include “I feel supported by other teachers at my school” and “I feel like I am an important part of my school”. Survey participants reported an overall feeling of being connected to their school and staff. The Structure for Learning subscale measures the staff perceptions of the degree to which they feel their colleagues treat students in a
fair manner, hold high expectations of their students and themselves, and set clear rules (La Salle, McIntosh, & Eliason, 2018). Items include, “Teachers at my school have high standards for achievement”, and “Teachers at my school treat students fairly regardless of race, ethnicity, or culture”. Survey participants reported an overall positive perception towards their colleagues’ work ethic and treatment towards their students. The School Safety subscale asks questions regarding the feelings of safety at school, with items such as “I feel safe when entering and leaving my school building” (La Salle et al., 2018). Survey participants reported an overall positive feeling of safety within their school environments. The Physical Environment subscale measures the staff perceptions of how school grounds and resources are maintained (La Salle et al., 2018). Items include, “Teachers at my school keep their materials clean and organized”, and “Instructional materials and up to date and in good condition”. Survey participants reported an overall positive view regarding the maintenance of school classrooms, equipment, and resources. The Peer and Adult Relations subscale measures staff perceptions of how students interact with their peers and school professionals at school (La Salle et al., 2018). Items include “Students at my school treat each other with respect” and “Students at my school demonstrate behaviors that allow teachers to teach, and students to learn”. Survey participants favorably rated relationships among students and adults at school. Parent Involvement, the final subscale within the School Personnel Inventory, examines staff perceptions of the degree to which parents are engaged in their child’s education, with items such as “Parents at this school frequently attend school activities” (La Salle et al., 2018). Overall, survey participants reported a negative perception of parental involvement and engagement at school.

Relational trust. The 26-item Omnibus T-Scale provides three subscales measuring relational trust: faculty trust in the principal (TP), faculty trust in colleagues (TCo) and faculty
trust in clients (TCi). The Principal Trust subscale is comprised of eight items, the Colleague Trust is comprised of eight items, and Client trust is comprised of ten items. Subscales are presented in Likert format from one (strongly disagree) to five (strongly agree). Means were calculated and compared for each section and are presented in Table 5.

Table 5
*Means Obtained from Survey Sample on the Omnibus T Scale (N=33)*

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Mean</th>
</tr>
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<tbody>
<tr>
<td>Trust in Principal</td>
<td>4.18</td>
</tr>
<tr>
<td>Trust in Colleagues</td>
<td>4.0</td>
</tr>
<tr>
<td>Trust in Clients</td>
<td>3.27</td>
</tr>
</tbody>
</table>

Hoy and Tschannen-Moran (2007) conceptualize trust as comprised of five facets of trust: benevolence, reliability, competence, honesty and openness. Benevolence is the confidence that one’s welfare or something one cares about will be protected and valued by the trusted party. Reliability refers to consistency of behavior and knowing what to expect from others, and competence is the ability to perform as expected and in line with anticipated standards for the task at hand (Hoy & Tschannen-Moran, 2007). These facets are woven throughout all subscales measuring faculty trust.

Survey participants reported an overall strong sense of trust in their principal. They reported that they felt the principal had their best interests at heart and that they had faith in the integrity and competency of their principal. They also reported a positive sense of trust in their colleagues, endorsing items such as “Teachers in this school do their jobs well” and “The teachers in this school are open with each other”. The subscale receiving the least endorsement
among survey participants was Trust in Clients. The majority of participants either disagreed with or responded neutrally (“neither agree or disagree”) to items examining trust in parents’ ability to support their students’ education and parental involvement at school.

Discussion

The results of the cognitive interviews and surveys have illuminated several areas of need within integrated case management and wraparound care. Parent involvement and engagement were both noted as areas of concern from the interview and survey participants. Parent engagement in the child’s learning has long been thought to be beneficial to student success, both in the academic and social realm (Garbacz et al., 2018; Leiber-Miller, 2012; Jensen & Minke, 2017). However, this belief has gone through an ebb and flow as cultural and technological changes have taken place (Adams & Christenson, 2000). The challenge presented to schools is to create a strong parent-school collaborative relationship that is not tokenistic in nature (Biddle, 2017). Most traditional parent involvement activities at secondary schools emphasize more passive support roles such as volunteering and fundraising. However, true partnerships need to encourage families and educators to work together as active equal stakeholders who share responsibility for the learning and success of all students. It is important to view the formation of collaborative relationships from a liaison theoretical perspective, which stresses that the dynamic processes involved in growth and change should serve as the blueprint toward intervention (Plas, 1981).

Trust in parents and outside agencies was highlighted as an area of concern for both interviewees and survey participants. Of note is the discrepancy between school professionals’ beliefs and perceptions regarding their in-school colleagues (fellow teachers, counsellors, administrators), which were positive and those outside of the school walls (parents, outside
agency representatives), which were more negative. Interviewees spoke of variability in parents attending integrated case management meetings as well as frequent outside agency staff turnover contributing to difficulties with the creation and sustainability of integrated case management plans and goals. Survey participants voiced concern around trusting parents to follow through with educational plans and support the school by attending activities and volunteering. These results confirm previous studies highlighting the challenge of establishing parent-teacher trust (Adams & Christenson, 2000; Biddle, 2017; Crea, Reynolds, & Degnan, 2015). This is an area worth improving, as trust between parents and teachers has been found to be significantly correlated with higher GPA, more credits earned, and positive social-emotional functioning within students (Adams & Christenson, 2000; Jensen & Minke, 2017). Interviewees expressed concern regarding their relationships with outside agency representatives, reporting that staff turnover, ambiguity regarding roles and directives, and lack of consistent attendance at integrated case management meetings contribute to a difficulty with the organization and implementation of wraparound care. These concerns have been reflected within the medical field, where medical professionals have lamented the inadequate interagency collaboration and communication among professionals involved in supporting students with complex special needs (Ono et al., 2019).

Lack of feedback mechanisms and process ineffectiveness were two emergent themes emphasized by the interviewees as areas in need of improvement within wraparound care. Interviewees reported little to no opportunities for feedback, citing time constraints and frequent changes and disruptions to the wraparound plan for a variety of reasons. The lack of feedback can extend to the relationship between the school and parents, as often there is a reliance on linear forms rather than transactional forms of communication (Schneider & Arnot, 2018). A lack of accountability and follow-through was also highlighted as barriers to an effective
wraparound process. This stresses the importance of creating and adhering to a wraparound approach that is structured and student-centred, with the ability to track progress and make necessary modifications over time (Bruns et al., 2014; LaPorte et al., 2014).

**Summary**

To provide quality wraparound care and integrated case management, several factors must be in place. The results of this needs assessment have brought to light several areas of need within the Surrey School District regarding the creation and implementation of wraparound care plans. Through interviews and surveys, several factors came to the forefront: the perception of parent disengagement from school, a distrust between school professionals and parents and outside agency representatives, and a lack of feedback mechanisms and ineffectiveness within the process itself. Therefore, one can hypothesize that interventions aimed to increase parental involvement in integrated case meetings, build trust between school staff and wraparound stakeholders outside of school, and improve feedback mechanisms and accountability practices might improve the wraparound process.
Chapter 3

Addressing Barriers to Wraparound Care

Wraparound care is a complex process, and as such its success is dependent upon the successful interweaving of many critical components. This is evident in the results obtained through the needs assessment, which revealed many important components necessary for wraparound success. Through direct observations of integrated case management meetings (ICM) and cognitive interviews these components were shown to be: a) the importance of goal and role clarity within integrated case management meetings, b) time constraints along with other process barriers within the integrated case management process itself, c) professional skillset variability, d) the lack of collaborative relationships among involved participants and e) a strained relationship among school professionals and parents/outside agency supports. These ideas were further confirmed through survey data, which revealed a positive perception and trust amongst school professionals, but a more negative perception and trust between school professionals and parents and/or outside agency supports. It appears collaborative partnerships thrive amongst school professionals but diminish as soon as other stakeholders are included outside of the school walls. Therefore, building an appropriate intervention would require addressing wraparound care through several avenues.

Theoretical Frameworks

The development of an appropriate blueprint for intervention necessitates a re-examination of the theoretical frameworks upon which this intervention is based. A system of care plus an infusion of culturally responsive professional learning can help practitioners develop a stronger relationship with students and their families. The system of care model is a nested model encompassing a suite of networked services and supports within the community that
builds meaningful partnerships among its participants and addresses families’ cultural and linguistic needs (Straul et al., 2010). Wraparound care conceptualized through this nested model allows for not only a richer examination of risk and protective factors individual to every family, but a deeper understanding of the type of influence school environment and community supports have on the student and family, allowing for implementation at both systems and practice levels (Bruns & Walker, 2010; West-Olatinji et al., 2001).

With this framework in mind, the approach to intervention must include these important factors along with evidence-informed practice. The four areas targeted for improvement are presented in Figure 3, and consist of increasing parent engagement, improving trust between school and family, improving trust between school and outside agencies or community supports, and improving process effectiveness.

The results of the needs assessment identified that stakeholders involved in integrated case management meetings, in recognizing the importance of parental involvement in wraparound care, feel as though parents are not invested in the process. School professionals reported that parents rarely attended meetings and struggled to follow through on action items. Connected to this is the lack of trust established between parents and integrated case management participants. The top two quadrants represent the need for a meaningful connection between parents and other integrated case management stakeholders. Another identified area of need includes improving trust between integrated case management stakeholders and outside agency supports. Linked to improving trust among stakeholders is the need to clarify process and increase feedback mechanisms, which may be a cause of the breakdown in relationship between within-school wraparound participants and those outside of the school walls. The bottom two
quadrants represent the need for all members of the wraparound process to have a consistent, clear method of delivering wraparound service. Surrounding these four quadrants is the need to follow culturally responsive practice, the common thread woven throughout all interventions. Culturally responsive practice was not specifically addressed in the needs assessment, as the review of the literature did not highlight this as a contributing factor on its own; however, culturally responsive practice was embedded within other factors, such as relational trust. Therefore, it is being examined as a component of the strategies within this intervention.

Across all quadrants, the literature reviewed has indicated a variability in the actionability of the intervention. Although the following models are described in detail regarding the reasoning behind the model and the possible outcomes, most of the literature is not effectively descriptive in describing in detail how one moves from current levels of support to changing
practice. Each part of the framework as well as culturally responsive practice will be explored separately.

**Increasing Parent Engagement**

Parent engagement, or parents and school staff working together to support student learning, has been linked to increased academic achievement, better school attendance, and better social emotional outcomes (Hill & Tyson, 2009). Conversely, a lack of parent engagement in their child’s learning has negative consequences for students, within both the academic and social realms (Garbacz et al., 2018; Leiber-Miller, 2012; Jensen & Minke, 2017). Engaging parents at the secondary school level, however, poses a unique set of challenges.

Within the Surrey School District, parental involvement at the secondary school level is mostly limited to traditional activities emphasizing more passive support roles such as volunteering and fundraising. The district website encourages parents to become involved in the Parent Advisory Council (PAC) within each school, with few other suggestions presented on
ways to become involved in their children’s learning. Research has underscored the value of a planning process that promotes youth and family involvement in community activities (Adams & Christenson, 2000; Alameda-Lawson & Lawson, 2019; Cox, Baker & Wong, 2010; Robinson & Harris, 2014). The challenge presented to schools is to create a strong parent-school collaborative relationship that is not tokenistic in nature, meaning that the parents have an active voice and are able to participate actively in building school culture and climate (Alameda-Lawson & Lawson, 2019; Biddle, 2017; Robinson & Harris, 2014). This challenge can be addressed by making parents feel as though they are an essential and integrated part of the school process.

Parents and teachers bring their unique perspectives when examining barriers to parent engagement. Research has shown that parents are eager to play a part in their children’s learning; however, barriers contributing to their disengagement exist, particularly at the secondary school level (Bond, 2019; Crosnoe, 2001; Wong, 2015). These include decreased communication between the school and home (Povey et al., 2016), parents’ own struggles with academics or the English language (Crosnoe, 2001; Povey et al., 2016), parents’ cultural beliefs (Wong, 2015), and barriers related to transportation and time management (Pushor & Amendt, 2018; Schneider & Arnot, 2018). In turn, teachers are often unaware of the level of parent involvement with adolescents, leading to negative assumptions about their role in their child’s learning (Bond, 2019; Crea et al., 2015; Schneider & Arnot, 2018). As parent engagement is more visible to teachers at the elementary school level, it becomes less visible at the secondary school level, due to less opportunities for volunteerism (Adams & Christenson, 2000; Crosnoe, 2001). At the elementary schools, parents have the opportunity to come in and read with their child or a group of children, help with art activities and fieldtrips, and volunteer at school concerts. At the
secondary school level, parents may volunteer at school activities, but classroom involvement is non-existent. As adolescents become more autonomous, parents respond to their children’s needs and adjust their involvement in school accordingly, often giving teachers the misperception of disinvolvevement (Crosnoe, 2001). These barriers lead to a hesitancy of families and staff to form partnerships (Garbacz et al., 2018; Robinson & Harris, 2014).

**Parent Engagement Interventions**

Research has revealed many benefits of promoting parent engagement for students, teachers, parents and overall school culture including improved academic achievement, better high school completion rates, and positive social-emotional outcomes (Garbacz et al., 2018; Hill & Tyson, 2009; Jeynes, 2007; Tsang et al., 2020). The following include possible interventions to increase parent engagement at the secondary school level. Of note is the question of whether these interventions would be useful to use with other natural supports (friends, relatives) that may play an important role in the life of a student, and which professionals participating within the needs assessment expressed concern at not being included within the wraparound process. Another consideration is whether the intervention is able to not only strengthen the relationship between the school and parents, but the relationship among parents themselves. Increased parent engagement can lead to increased school-based and social networks and increased social capital (Quinn, Cox, & Steinbugler, 2020).

**Teacher training.** Parent engagement at school, namely the ability for school professionals and parents to work together to improve student outcomes, requires teachers to make a commitment to bring parents into the school community as active participants. The goal of teacher professional development aimed at increasing parent engagement is to build relational trust between teachers and parents, a cornerstone of creating a positive collaborative relationship.
Teachers should be provided with practical professional development opportunities to improve their skillset and knowledge to better adapt to parents’ changing beliefs (Pushor & Amendt, 2018; Wong, 2015). In a qualitative study examining 40 early childhood teachers’ perspectives on professional development aimed at improving parent engagement, participants reported an increase in confidence and competence around engaging parents at school (Brown et al., 2009). Wong (2015), in a mixed methods study investigating parents’ and teachers’ views on the importance of parent engagement, found that while both shared similar barriers to parent engagement, such as time constraints and lack of communication, teachers held some unique beliefs regarding parent engagement, including a belief in the need for teacher training in the skills necessary to promote active parent engagement. To build these skills, Wong recommends that professional development take place monthly at each school and consist of the introduction and demonstration of intervention strategies, with feedback, role playing and modelling. A committee of teachers can also serve as models to increase contact with parents, organize workshops, collect and analyze data on parent engagement interventions and inform colleagues of parent engagement policies and procedures (Brown, Knoche, Edwards, & Sheridan, 2009; Wong, 2015). Advantages of teacher committees include the ability to use existing school resources within the building and the ability to incorporate these ideas into existing meetings (staff meetings, parent council meetings). Building the intervention from the ground up and developing a strong school model of parent engagement can be used as a model for other schools (Brown, et al., 2009; Pushor & Amendt, 2018; Wong, 2015). An important consideration in the delivery of an intervention designed to increase teachers’ involvement with parents is the ecology of school leadership in which the teachers work. The effectiveness of teachers’
professional learning on parent engagement is dependent upon the existence of school leadership committed to promoting parent engagement (Sanders, Galindo, & DeTablan, 2019). In a qualitative study of 15 schools in the Pacific Northwest, parents with family engagement teams as well as strong leadership who were actively involved in promoting family engagement had more positive perceptions of the relationship between school professionals and families as well as higher ratings of cultural responsiveness (MacIver et al., 2008).

**Parent Advocacy Groups.** Research examining the effect of parent advocacy groups on parent engagement holds promise (Fletcher, 2016; Yull, Wilson, Murray, & Parham, 2018; Wong, 2015). Parent advocacy groups consist of parents who train parent engagement coordinators to demonstrate shared decision-making, model empowerment using parent voice, address language and cultural barriers, and serve as models to other parents (Fletcher, 2016; Yull et al., 2018; Wong, 2015). Parent advocacy groups can also help parents develop the skills to participate effectively within the school system. Wong (2015), in study examining teachers’ and parents’ viewpoints on parent engagement, found that teachers felt that parents lacked the skills to be able to engage and participate within the school system. In a qualitative ethnographic study examining the effects of participating in a parent mentor program in New York city, parents reported an increase in feelings of connectedness to community as well as a renewed desire to support teachers and administrators with disciplinary processes (Yull et al., 2018). Parent advocacy groups also hold the ability to move beyond skill development into the development of agency and advocacy on parents’ behalf. In a mixed methods study examining the perspectives of 45 parents on engagement with schools, researchers found that parent advocacy groups can serve as conduits of knowledge around school district operations and management and provide opportunities to build relationships with key decision-makers (Poynton, Makaela, and Haddad,
School districts can provide evening sessions, led by district professionals, at community schools (with food and babysitting provided) where parents could attend and learn about becoming parent advocates. Parent advocacy groups help to even out the power differential felt by many parents when engaging with the school system and contribute to the idea of school as a community hub (Adams & Christenson, 2000; Wong, 2015).

Each school within the Surrey School District has a Parent Advisory Committee, whose mandate is to inform parents about the school, involve parents in volunteering opportunities, and give parents the opportunities to discuss concerns or aspirations about the school; however, its members do not address advocacy for other parents within their mandate, nor are they connected to the integrated case management process. Within its Guide to Inclusive Education document, the Surrey School District lists two interventions to improve parent engagement: the Check and Connect program, which runs in only a select few secondary schools, and the Parent Connect workshop, and 10-week course designed to help parents develop and improve their parenting and behavior management skills (Surrey School District Guide to Inclusive Education, 2019). Although these programs are in place to improve parental involvement with schools, parent advocacy is not part of these mandates. The school district also has a district level parent action committee (DPAC) which holds workshops on various educational issues and helps individual schools set up their PACs; however, it is up to parents to actively search and connect to the committee.

**Family Check-Up model.** Another model that holds promise in increasing parent engagement is the Family Check-Up Model. The Family Check-Up Model (FCU) is a tiered intervention designed to support families of at-risk adolescents and is implemented in a variety of settings including middle and high schools (Dishion, Nelson, & Kavanaugh, 2003; Fosco, 2014).
The FCU model takes an ecological approach to intervention, with the understanding that for an intervention to be successful, key developmental processes are targeted at the important points of transition in families and adolescents’ lives with consideration given to the service delivery contexts that will reach the majority of high-risk families (Dishion, Nelson, & Kavanaugh, 2003; Fosco et al., 2013). The first universal tier is a resource designed for all parents. Parent-centred services consist of an opportunity to participate in telephone conversations with parent consultants, volunteers who have received training in advocacy, and engage students in life-skills exercises emphasizing parent-student interactions to support family management. The second tier is designed for families of high-risk youth (as deemed through a screening process) and involves motivational interviewing, assessment and feedback with a counsellor (Veronneau, Connell, Dishion, & Kavanagh, 2016; Stormshak, Connell & Dishion, 2009). The first tier is advertised at PAC meetings and on the school’s website for all to access if they wish, and the second tier is suggested in person through a meeting with the school counsellor. Multiple gating systems such as this model along with tiered interventions allow for differentiated and tailored interventions (Bruns et al., 2016; Stormshak, Connell, & Dishion, 2009; Veronneau et al., 2016). One-to-one support provided within this model would allow for quick cycles of feedback, whereby any deficits in process can be remediated (Stormshak, Connell, & Dishion, 2009). This model is effective in reducing absenteeism, increasing academic achievement, and reducing substance use and depressive symptomatology among adolescent populations (Dishion, Nelson, & Kavanaugh, 2003; Stormshak, Connell, & Dishion, 2009; Veronneau et al, 2016). In a randomized field trial examining the effects of the FCU intervention with 71 families of middle school students, researchers found that the FCU and related parenting services were associated with improved
parent monitoring and a reduction in substance use, and these effects were sustained into high school (Dishion, Nelson, & Kavanaugh, 2003). A subsequent study using the FCU as part of a greater protocol within a larger sample of families found that participation in the FCU was correlated with a decrease in substance use, with researchers concluding that a program designed to improve parent management practices and increase parenting skillsets can result in the collateral benefits of decreased depressive symptomatology in adolescents (Connell & Dishion, 2008). A large examination of over 900 families participating in a randomized treatment study using the FCU as intervention found that participation in the FCU intervention had a positive effect on student achievement and attendance (Stormshak, Connell, & Dishion, 2009). Another randomized controlled study of over 500 ethnically diverse families found that FCU had a positive impact on a number of adolescent negative behaviors such as alcohol abuse, antisocial behavior (Van Ryzin, Stormshak, & Dishion, 2012).

**Positive Family Support Assessment.** The Positive Family Support – Strengths and Needs Assessment is a measure that follows the FCU model in the belief that the use of multiple gating systems can offer an effective method of identifying students requiring the most intensive supports. This assessment is a first gate measure to identify the proximal and distal factors associated with behavioral challenges and ultimately increase family engagement in the middle school years (Moore et al., 2016). The 14-item measure asks questions regarding students’ strengths, needs as well as areas requiring additional support. This universal support measure is given at the beginning of the school year upon parents registering their children, with the idea that it can be used as a baseline should more targeted needs arise, thereby encouraging proactive parent contact before significant concerns develop. This measure has been designed to be part of a school-wide behavior support plan, with the goal of linking family connections within each tier
(Moore et al., 2006). Administering a universal screening measure to all incoming secondary school students reduces potential stigma, allowing for a more efficient method of addressing the specific needs of students and families (Bruns et al., 2016; Moore et al., 2016). Other benefits include that teachers are not required to administer it and the measure is inexpensive (Moore et al., 2016). Although this assessment has not been employed with a wraparound framework to date, it holds promise in that wraparound experts have advocated the use of universal screening measures as effective tools with which to match effective interventions to the identified needs of students (Bruns et al., 2016).

Improving Trust between School and Family

Trust is a critical factor in the development of effective collaborative partnerships (Bryk & Schneider, 2003; van Mæle & van Houtte, 2009). The advantages of forming school-family partnerships have been found to have a reciprocal benefit, not only increasing students and families’ positive perceptions of the school, but school professionals’ positive perceptions of the family and school as well. Families report a better understanding of school policies and
Parent-teacher trust at the secondary school level is a key component of parent engagement; however, cultivating this trust brings with it a new set of challenges. Research examining levels of trust among parents and teachers within middle and secondary school settings has found that parent trust for teachers was higher than teacher trust for parents (Adams & Christenson, 1998; Adams & Christenson, 2000). This may be due to several factors, such as the structural change of grades (going from one teacher to multiple teachers), a decline of parental involvement as children reach adolescence, and increasing difficulty for the teachers to communicate with parents as their student body increases (Adams & Christenson, 2000; Epstein & Dauber, 1991). One study investigating family-school trust with over 1,400 parents and teachers found that parents who reported low or moderate levels of trust had more negative attitudes and less parent engagement in parent involvement activities than parents reporting high levels of trust (Adams & Christenson, 1998). It is important to remember that school-family partnerships are not an activity; rather, they are ongoing processes that facilitate the development of goals as well as the implementation of plans (BC CASE, 2008; National Association of School Psychologists, 2012). Providing a positive environment, supporting the efforts of families and school professionals, employing culturally responsive practices, and promoting a view of education as a shared responsibility are important first steps in developing trust between school and families (National Association of School Psychologists, 2012). Although practices exist within the Surrey School District that are intended to facilitate parent engagement at the
secondary school level, such as parent-teacher nights, open houses, workshops, and parent council meetings, often these fall under the umbrella of activity rather than process, as they are viewed as singular events or activities without a more comprehensive, thoughtful plan in place around promoting school-family trust.

The importance of cultivating relational trust, or the mutual dependencies generated among stakeholders to gain trust, extends from the perceptions of staff, families, and students to becoming an impetus for lasting educational reform (Bryk & Schneider, 2002; Sanders et al., 2019). When relational trust is solid, school professionals are more likely to engage in reform initiatives and these initiatives are more likely to be dispersed from a school to the broader organization (Bryk & Schneider, 2002). The greater the trust among professionals and parents, the safer they feel to experiment with new practices (Bryk & Schneider, 2002). Connected to this is the idea that relational trust can ignite a moral obligation to initiate school improvement. A school professional engaging in self-reflection around educational reform may ask whether it is worth it to engage in these activities. If relational trust is strong within that context teachers believe that educational reform is morally right (Bryk & Schneider, 2002).

School-Family Trust Interventions

School-family partnerships are ones where parents and school professionals rely on each other to make decisions and create supportive environments (Bryk & Schneider, 2002). Social interactions within any school community have embedded within them mutual dependencies, and these dependencies create vulnerability among all parties involved (Bryk & Schneider, 2002). Hoy and Tschannen-Moran (2007) suggest that ongoing trust is formed through five dispositions within relationships that allow reciprocal feelings of vulnerability: benevolence, reliability,
competence, openness, and honesty. The following includes possible interventions to build trust between school and families.

**Collaborative peer review teams.** Collaborative peer review teams are joint teams of administrators, teachers and students who participate in a quality review process to gather information for continuous improvement efforts (Biddle, 2017). Key practice components include opportunities for dialogue combined with a strengths-based focus, regularly scheduled meetings and the recognition of the unique skill sets that all participants bring to the relationship (Biddle, 2017). Collaborative peer review teams increase perceptions of trust among students, families and faculty (Biddle, 2017; Rispoli, Lee, Nathanson, & Malcolm, 2019). In a qualitative study examining trust among 23 students, teachers, and other school professionals across three schools, collaborative peer review teams thrived the most when three criteria were met: (a) the use of strengths-based dialogue, (b) occurrence of regular meetings, and (c) the use of shared language accessible to all parties involved in conversation (Biddle, 2017). The importance of these criteria was reflected within another qualitative study investigating the role families of students with Autism Spectrum Disorder within school-based teams. Results showed that strong communication and collaboration between the parents and school was the most important feature of a collaborative peer review team (Rispoli et al., 2019).

**School initiatives and partnership procedures.** Relational trust is not something that can be cultivated through a single activity or professional development opportunity; rather, trust initiates at the smallest level, such as in daily social exchanges, and builds upward (Bryk & Schneider, 2002). These simple interactions provide a base on which more complex engagements can grow. A reciprocal relationship exists between increasing levels of trust and more robust and sustainable organizational change (Bryk & Schnieder, 2002). Initiatives are
designed with this in mind in addition to addressing the power differential that exists between schools and families (Wong, 2015). Initiatives such as starting a parent center at the school, having career fairs, designing educational programs that parents can do at home to assist student learning, and developing parent and family programs in response to local needs can help in decreasing power differential and increasing trust (Bryk & Schneider, 2002; Lusse, van Schooten, van Schie, Notten, & Engbersen, 2019; National Association of School Psychologists, 2012). A quantitative study investigating the effects of several interventions designed to boost parent-school trust among 16 secondary schools in the Netherlands found that interventions such as three-way conferences (parent, teacher and student) and collective parent meetings, where students and parents collaborate with other parents, students and school professionals, had a significant effect on achieving a positive relationship between parents and school when compared to a control activity (traditional parent conferences), even when controlling for other factors such as level of parent education (Lusse et al., 2019).

**Wise feedback.** Wise feedback is a method of communication that relates authentic high expectations from teacher to parent while simultaneously ensuring reciprocity in dialogue to build trust and a sense of connection (Houri, Thayer, & Cook, 2019; Thayer, Cook, Fiat, Bartlett-Chase, & Kember, 2018; Walton, 2014). This is similar to “wise criticism” described in Beverly Tatum’s book *Why are All the Black Kids Sitting Together in the Cafeteria*, where she explains that when feedback is introduced by a statement that conveys a high standard and high expectations, White and, in particular Black, students are more likely to respond positively and complete work (Tatum, 2017). Zaretta Hammond alludes to this in her book *Culturally Responsive Teaching and the Brain* (2014). Most research examining the benefits of wise feedback has pertained to teachers employing it to motivate students. A study investigating the
influence of wise feedback on early warning indicators of school dropout in a small group of students transitioning to high school found that the use of wise feedback was associated with moderate reductions in ratings of risk, social belonging and trust (Thayer et al., 2018). Similarly, another study found that the use of wise feedback had a significant effect on students’ propensity to act on critical academic feedback and more likely to preserve student trust in school and teachers (Yeager et al., 2014). In recent years research has begun to examine the effectiveness of wise feedback on parental involvement. The wise feedback is delivered in the form of a personalized letter to the parent with three essential components: a positive greeting, specific communication regarding the reason for the letter as well as desired outcomes, and a wise statement outlining high expectations for their student and a genuine belief that the student can meet and exceed these expectations (Houri et al., 2019; Yeager et al., 2014). This intervention builds trust between parents and school, which is essential in building a strong collaborative partnership (Bryk & Schneider, 2003; Houri et al., 2019; Thayer et al., 2018). In a randomized control trial examining the effects of wise feedback on a sample of 51 families, Houri, Thayer and Cook (2019) found that the use of wise feedback had a significant positive effect on parental perceptions of the parent-teacher relationship as well as the amount of communication occurring between teachers and parents. Wise feedback is easily embedded into other such as progress reports and attendance letters and schools can use existing resources within the building, keeping costs low.
The Ministry of Education of British Columbia, in supporting students designated as requiring significant mental health supports and/or behavioral interventions, require that students are supported by an agency or community support outside of the school. This may include Child and Youth Mental Health (CYMH), Ministry of Child and Families (MCFD), ongoing support by a medical professional, or support through a community agency such as Sources BC or Divercity. Students requiring wraparound care often present with complex challenges that are outside the scope of school professionals, and connections with the family and community are essential if the hope is for a successful intervention. To offer wraparound care in its true sense, schools must partner with outside agencies and community supports to provide the individualized plan of care that coordinates the various agencies’ interactions with the students and family (Walker & Matarese, 2011).

Partnerships with community agencies allow schools to achieve goals for students and families that may not be possible otherwise because these relationships bring added expertise or
resources, cultivate lasting connections that benefit subsequent students and families, allow an exchange of information, and align work among all parties involved (Anderson-Butcher & Ashton, 2004; Kezar, 2011). However, differences exist between schools and outside agencies that may create barriers to these partnerships. Schools have more structured funding programs in place, whereas community agencies are less well established with a reliance on grants and donors to run programs, and as such these agencies need to be creative with the limited resources they have (Fertman, 1993). Different schedules and scopes of expertise exist between school professionals and agency workers, making meeting organization and role clarity a challenge (Fertman, 1993). Building relational trust, developing relationships with key people and organizations to address a diverse set of family needs, and embedding frequent accountability measures and methods of feedback within the process can be useful in counteracting these challenges (Bruce, Chance, & Meulemans, 2015; Fertman, 1993).

**School-Community Agency Trust Interventions**

Interprofessional collaborations exist when schools and different professional agencies create agreements to work together toward a common purpose or goal (Anderson-Butcher & Ashton, 2004; Hesjedal, Hetland, & Iverson, 2015). In a qualitative study examining the most salient elements to interprofessional collaboration, participants listed personal commitment, or enthusiasm for collaboration, the creation of a positive atmosphere for collaboration, and pulling together for future goals as essential for effective interpersonal collaboration within multidisciplinary teams (Hesjedal et al., 2015). The following are models designed to strengthen these collaborative relationships between school and community agencies.

**Communities of practice.** A community of practice (CoP) is a group of individuals who exchange information and ideas and negotiate the meaning of shared constructs, in the process
developing relationships as well as a sense of belonging and mutual commitment (Wenger et al., 2002). They stand at the intersection between organizations and networks of common practice (Brown & Duguid, 2001). For a community of practice to be successful, its members must discuss issues important within their domain; this goes beyond role title, as a role title may be the same but the issues that individuals face could be vastly different (Wenger et al., 2002). The importance of time is a key component of successful communities of practice, as it is only over a period of time that participants are able to build a sense of identity and shared history (Brown & Duguid, 2001; Wenger et al., 2002). This sense of shared vision does not mean that homogeneity needs to be reached within the group; rather, differentiation is encouraged and respected among members (Wenger, McDermott, & Snyder, 2002). Diversity makes for deeper learning, richer relationships, and increased creativity (Wenger et al., 2002). CoPs can play a mediating role between individuals and large formal and informal social networks as well as between organizations and the surrounding environment. As a result, communities of practice are where a substantial amount of the work involved in knowledge creation and organizational learning occurs, and their value is underscored if one subscribes to the belief that useful knowledge in organizations is often best cultivated by those directly involved and who will benefit from the solutions created rather than specialists removed from a problem. (Brown & Duguid, 2001).

A variant of CoPs that appears to hold promise is Communities of Transformation (CoT). Communities of Transformation (CoT), as proposed by Kezar and colleagues (2018), define CoTs as communities that create and foster innovative spaces and envision and embody a new paradigm for practice. Whereas the goals of CoPs are mostly aimed at improving work within existing practices, CoTs seek to challenge and alter underlying values. This aim is consistent with many of the tenets of transformative learning, whereby individual frames of reference can
be shifted through critical reflection and discourse. CoTs have three distinct characteristics: a persuasive philosophy that challenges traditional ways of thinking, the creation of critical reflection by expressing this philosophy through various events and activities, and the development of a plan of action and incorporation of new practices into a daily routine (Kezar, Gehrke, & Bernstein-Sierra, 2018).

**Collaborative networks.** One of the highest leverage strategies for reconnecting school and community can be simply starting to see the connections that already exist (Senge, 2006). Collaborative networks can be defined as a large collaborative social system consisting of families, neighbourhoods, schools, faith organizations, health care organizations, and community supports. They differ from communities of practice in that whereas communities of practice come together to learn and share knowledge, interests and practice, the overarching goal of a collaborative network is to promote and generate health and well-being for school district students and families (Senge, 2006; Wenger et al., 2002). The creation of collaborative networks requires a fundamental shift in conceptualizing school as a hub for both school and community learning (Senge, 2006). Within this network, the content and process of education can intersect with real-life contexts to create opportunities for youth to learn and build communities that are viable and sustainable (Senge, 2006). A critical question to ask when establishing a collaborative network is, “what if the prevailing view of school was defined not by institutional geography but by the geography of students’ lives?” (Senge, 2006, p.575). This idea connects well to the tenets of both Ecological Systems Theory and Systems of Care theory, in that both theories underscore the value of examining the proximal and distal relationships and their connectivity to the individual throughout the course of development (Bronfenbrenner, 1994; Stroul et al., 2010).
Learning networks can provide an opportunity for families from various cultural backgrounds to become involved within their community. Briggs and colleagues (2005) evaluated 28 statewide family networks to examine the efforts to build capacity and promote culturally competent practice. These networks, in addition to delivering support services to families with students experiencing significant mental health challenges, also provided advocates on policy boards and were involved in changing educational policies through organized planning. The researchers found that these networks demonstrated clear evidence and support for promoting culturally competent systems of care, and that their role in governance increased the participation of culturally diverse families (Briggs et al., 2005). A recent study by Bruns and colleagues (2019) found that interagency collaboration was positively associated with funding of evidence-based treatments and policy creation and initiation regarding evidence-based treatments. This result highlights the importance of building operating systems within the outer setting (institutional culture and structure) capable of building the links among organizations to bridge the gap between research and practice (Bruns et al., 2019).

A good example of a collaborative network that currently exists within the Surrey School District is the Local Action Team (LAT). The LAT is a province-wide initiative organized through the Child and Youth Mental Health and Substance Use department under the Ministry of Child and Youth Family Development in collaboration with the Ministries of Health and Education. The LAT consists of a group of family physicians, social workers, school counsellors, school psychologists, and members representing community agencies whose goal to address gaps in service delivery and promote coordination of care in the pursuit of sustainable solutions for students and their families (Shared Care, Doctors of BC, 2018). The LAT differs from an integrated case management meeting in that the LAT seeks to address challenges to coordination
of care at a community level, where an integrated case management is a process whereby
coordination of care is addressed at a case-by-case level. Due to lack of funding, some have
ceased to operate; however, two LATs are currently in place within Surrey.

**Improving Feedback Mechanisms and Process Effectiveness**

Results of the needs assessment revealed that professionals involved in wraparound
practice and integrated case management encounter barriers related to how the wraparound
process is implemented within the school district. These results are in keeping with findings by
experts within the field of wraparound research, who have discussed challenges related to
effective wraparound implementation (Bruns et al., 2016; Bruns et al., 2007; Cox et al., 2010). In
the cognitive interviews conducted through the needs assessment, participants spoke of no
mechanisms in place to monitor progress as well as few opportunities for feedback among all
stakeholders to evaluate progress. These observations echo thoughts of prominent wraparound
researchers who believe that failures of implementation are the norm rather than the exception in
school-based mental health (Lyon & Bruns, 2019).

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Feedback Mechanisms and Process Effectiveness Interventions

Interventions designed to tackle barriers related to implementation fidelity and progress evaluation need to include an ability to analyze the inner and outer organizational variables related to sustainability of practice, as well as an opportunity for stakeholders to access supports related to sustainable practices (Bearman, Bailin, Terry, & Weisz, 2020). The complexity of these factors and relationships among them necessitate an ecological intervention that is able to consider these relationships across contexts (Reschly & Coolong-Chapin, 2016). The following are possible interventions designed to address these challenges.

Multi-Tiered System of Supports (MTSS) Framework. To implement wraparound care successfully, training and support must focus on the assessment and progress monitoring components as well as the use of evidence-based emotional and behavioral health treatments (Bruns et al., 2016). They advocate the use of the Multi-Tiered System of Support framework (MTSS), a three-tiered framework whereby all strategies are tiered depending on level of need (Bruns et al., 2016; Lyon & Bruns, 2019). This framework is commonly used across educational settings, including within the Surrey School District, which will enhance staff understanding and buy-in. By tiering school-based initiatives and strategies into universal, targeted and intensive levels, school professionals are able to use a common vocabulary to facilitate communication about expectations and decision-making (Bruns et al., 2016). Bruns and colleagues also recommend that this framework include an academic mission with clear links between school mental health and educational outcomes; they highlight the need to attend to the dimension of educational health (academic engagement and performance) as well as mental health. The Multi-Tiered System of Support framework compliments the Universal Design for Learning paradigm,
which is the educational framework adopted by the Surrey School District and the lens through which all programs and initiatives are viewed.

An example of the Multi-Tiered System of Support framework in action is provided by the researchers as well. Bruns and colleagues (2016) outline the effects of a partnership created between University of Washington researchers and intervention specialists working in Seattle public schools. The goals were to improve access to evidence-based practices with regard to child and adolescent mental health and to follow through on the commitment of both education and public health as vehicles for improving youth mental health. Tier one consisted of establishing universal screening measures to identify at-risk students, considering limitations regarding disruption to class time, ensuring parents were adequately informed, and highlighting the importance of establishing trust among all individuals involved. Tier one also consisted of examining suspension data and addressing disproportionality with regards to race. Implementation of this tier highlights the importance of attending to system inequalities and implicit staff biases. A series of professional development opportunities were given to select schools based on their suspension data in the hope of improving proactive classroom management, enhancing teacher-student relationships, and implementing behavioral strategies. Tier two consisted of training school counselors in a targeted mental health intervention focusing on the development of problem-solving skills around treatment goals. Tier three, consisting of specially funded partnerships between the schools and various community agencies, sought to deliver intensive intervention in the form of program for individuals with complex care profiles. The establishment of these initiatives as viewed and explained through the Multi-Tiered System of Supports framework helped professionals involved in the projects conceptualize the
overarching goals more easily and build a shared vision toward a common goal (Bruns et al., 2016; Lyon & Bruns, 2019).

The implementation of a Multi-Tiered System of Supports framework within secondary schools has lagged, as teachers have traditionally viewed the framework as a tool for elementary schools (Shinn, Windram, & Bollman, 2016). Often, the perception of an intervention as addressing behavioral challenges gets relegated to supporting elementary students in addressing behavioral management issues. Nevertheless, this framework can potentially redress ineffective and inadequate responses to challenging behaviors by drawing attention to tier 1 supports (Bruns et al., 2016; Shinn et al., 2016), with the goal being that fewer students will requiring tier 2 and 3 supports if sufficient tier 1 supports are available.

**Wraparound Fidelity Index.** The Wraparound Fidelity Index (WFI 4) is a measure designed to assess and monitor wraparound care implementation. It is part of a suite of measures designed to assess the quality of individualized care planning for children with complex care needs (Wraparound Evaluation and Research Team, 2019). This structured interview tool measures the implementation of wraparound elements on a case-by-case basis. The WFI 4 has demonstrated good psychometric properties including test-retest reliability, interrater agreement and internal consistency (Pullman et al., 2013). The WFI also has a self-report measure, the WFI EZ, which is a 10-minute survey asking questions around wraparound experience, outcomes, and satisfaction, and can be completed on paper, smartphone, or tablet (Wraparound Evaluation and Research Team, 2019). The WFI is a widely used tool in many research articles as a measure of adherence to the principles of wraparound care (Bartlett & Freeze, 2018; Bertram et al., 2014; Cox et al., 2010; Effland et al., 2011; Shailer et al., 2017).
A common thread that needs to be woven throughout the four quadrants of the intervention framework is the promotion of culturally responsive practice. Although the needs assessment did not specifically include questions regarding culturally responsive practices, as the research literature in wraparound care appear to embed this component within other factors, trust factors, a key component of this study, can be deeply affected by cultural and linguistic competence. Students and their families are bound by their culture, and their culture must serve as the basis for interpreting their behavior, understanding their needs, and setting goals, with systems of care acting as the mechanism for achieving these goals (Briggs et al., 2005; Cartledge, et al., 2002; Greenblatt & Michelli, 2019). Families who participate in and engage in leadership roles are more likely to encourage participation of culturally diverse families in both operational and governance initiatives (Briggs et al., 2005). However, the challenge is engaging families with diverse ethnic and socioeconomic backgrounds (Fletcher, 2016).
There is no prescriptive method to achieving culturally responsive practice; it is a mindset or way of thinking rather than an activity or prescriptive set of skills to be learned (Hammond, 2014). A useful place to begin when beginning to engage in transformative practice regarding culturally responsive beliefs is highlighting the differences between surface, shallow and deep culture. Though all are important, they require different ways of thinking (Hammond, 2014). Surface culture is represented by easily observable events, such as music, dress, holidays and food, and has a low emotional charge. Shallow culture is less directly observable in that it consists of unspoken customs and norms; this level has a deeper emotional charge, and as a result trust and rapport are created within it (Hammond, 2014). Deep culture is the place of intense change and the foundation of self-concept and identity. Important considerations when conceptualizing culture in this manner are the distinctions between culture and poverty and the difference between coping skills and norms and beliefs (Hammond, 2014). School professionals involved in wraparound care need to understand the differences among these definitions in order begin their journey towards culturally responsive practice within the wraparound process.

It is important to inform professionals working with wraparound care of the deficit thinking paradigm, or the assumption that students fail school because of their own deficiencies or because their families do not value education (Hammond, 2014; Villegas & Lucas, 2002). Racial and cultural differences between professionals and adolescent patients can lead to a reduction in information giving on the part of the professional and less patient participation in the process (Leverett, D’Costa, Cassella, & Shah, 2020). This belief was echoed in the needs assessment, where most participants reported that felt that parents did not attend parent-teacher conferences, volunteer or attend school-based activities and presentations. Individuals are shaped by their racial, cultural, and ethnic heritage and different does not imply a deficit or deficiency
(Milner, 2007; Villegas & Lucas, 2002). This gap between school professionals’ beliefs and research findings suggests the need for a process that allows the possibility to recognize the different ways things are done in different cultures. It is also important to recognize the legacy of trauma, poverty, disenfranchisement, and discrimination compounded by cultural differences compared to Western culture (West et al., 2012). Addressing historical trauma and internalized oppression require the creation and implementation of interventions designed to accommodate for these events, such as education, training, and opportunities for dialogue (West et al., 2012). In designing any interventions, it is important to recognize that wraparound treatment is grounded in Western notions of psychiatric illness, wellness and recovery (Goodwill & Giannone, 2017).

Villegas and Lucas (2002) outline six important characteristics of a culturally responsive educator: (a) evidence of sociocultural consciousness, or the understanding that individuals’ perceptions of the work are significantly impacted by race/ethnicity, social class, and language, (b) an affirming attitude towards all students regardless of cultural background, (c) the belief that school professionals are change agents, (d) the adoption of a constructivist view of teaching within the cultural paradigm, (e) recognition of the importance of learning about students as individuals as well as part of their communities, and (f) the cultivation of culturally responsive practice within the students with which they work. These characteristics can be translated into a rubric for either self-assessment or used as a guide for educators leading professional development opportunities to ensure that all facets of culturally responsive practice are discussed.

Addressing assumptions and positionality is a critical step towards culturally responsive practice (Hammond; 2014; Kezar, 2011; Milner, 2007). Milner (2007) proposes a framework for
researchers to check their positionality in a series of steps: researching the self (racial and cultural introspection), researching the self in relation to others, engaged reflection and representation, and shifting from self to system. These steps can be embedded within the wraparound process. Hammond (2014) discusses three internal tasks for the individual to uncover implicit bias: identify cultural frame of reference, expand cultural beliefs, and identify key triggers. Professional development encouraging this reflection and thinking can be woven into all quadrants of the wraparound intervention framework.

An important first step in the facilitation of culturally responsive practice is to provide opportunities for school professionals to inspect their beliefs when examining interventions and how they can be adapted to serve their context. Missing this step can result in their inability to construct powerful visions of their overall system of practice in order to guide their ongoing professional development (Villegas, SaizdelaMora, Martin, & Mills, 2018). Engaging in this first step with school professionals highlights the importance of developing a repertoire of culturally responsive practices that can be embedded within the above interventions. As professionals begin to delve into various interventions addressing barriers to wraparound care, they need to attach to them the idea that knowledge is subjective, interpretive, and laden with preconceived values (Villegas & Lucas, 2002). They will also need to embrace the discomfort associated with asking profound personal questions and addressing fears associated with issues of diversity and equity (Villegas & Lucas, 2002). Viewing interventions through this lens will lead to not only a more embodied perspective of wraparound care, but a greater chance that the implementation of these interventions will be successful. Therefore, the conceptual framework for evaluating the intervention literature needs to include the addressing of culturally responsive practice.
In addition to ensuring that school professionals have the necessary pre-skills to adopt culturally responsive practice, it is important to examine the best method of imparting the tenets of culturally responsive practice to them. Workshops can help not only to build knowledge but also develop strategies for applying that knowledge within professionals’ contexts (Villegas & Lucas, 2002). Sustained engagement in the form of multiple professional development sessions with particular issues within culturally responsive practice within the wraparound strategies presented while building community among participants (Villegas & Lucas, 2002).

**Overview of Proposed Intervention and Conclusions**

The four major areas of need identified within the needs assessment brought forth an abundance of literature examining possible solutions to these barriers. A summary of the barriers and possible interventions is presented in Table 6. In addition, each intervention is evaluated in terms of its actionability or implementability within the current setting. High actionability means that the literature is very descriptive and clear with regards to changing practice within a setting, with clear step by step directions around this direction. Moderate actionability suggests that although parameters are in place, the method of implementation is still up for interpretation. Low actionability offers few specifics, with a nebulous method of implementation suggested. Interventions were also evaluated on whether the use of culturally responsive practices were highlighted or discussed as an important consideration within the intervention or included within the intervention itself. Interventions with the highest amount of actionability and considered the role of culturally responsive practice include Positive Family Support Assessment (Moore et al., 2016), Wise Feedback (Houri, Thayer, & Cook, 2019; Thayer et al., 2018; Walton, 2014), and WFI-4 (Pullman, Bruns & Sather, 2013; Wraparound Evaluation Research Team, 2019).
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<td>Parent Engagement (Q1)</td>
<td>lack of participation in wraparound</td>
<td>Teacher training (Brown et al., 2009; Pushor &amp; Amendt, 2018; Wong, 2015)</td>
<td>professional learning on developing collaborative parent-teacher relationships</td>
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<td>lack of involvement in secondary school</td>
<td>Parent advocacy (Poynton, Makaela, &amp; Haddad, 2014; Yull et al., 2018; Wong, 2015) Family Check Up Model (Dishion, Nelson &amp; Kavanaugh, 2003; Stormshak, Connell &amp; Dishion, 2005)</td>
<td>training parent engagement coordinators, connecting parents to school and district personnel parent-centred services at the school (tier 1), motivational interviewing (tier 2)</td>
<td>low actionability</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td>Positive Family Support Assessment (Moore et al., 2016)</td>
<td>Screening to identify family engagement needs for all students (tier 1)</td>
<td>high actionability</td>
<td>No</td>
</tr>
<tr>
<td>School-Family Trust (Q2)</td>
<td>lack of trust between school and family</td>
<td>Collaborative Peer Review Teams (Biddle, 2017; Rispoli, et al., 2019)</td>
<td>connecting school personnel, parents and students in working towards common goals</td>
<td>moderately actionable</td>
<td>No</td>
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<td></td>
<td>Parent – School Partnerships (Bryk &amp; Schneider, 2002; Lusse et al., 2019; National Association of School Psychologists, 2012)</td>
<td>design educational programs for home use, parent centers, parent programs</td>
<td>moderately actionable</td>
<td>No</td>
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<td></td>
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<td>Wise Feedback (Houri, Thayer, &amp; Cook, 2019; Thayer et al., 2018; Walton, 2014)</td>
<td>personalized letters with wise statements</td>
<td>highly actionable</td>
<td>Yes</td>
</tr>
<tr>
<td>School-Outside Agency Trust (Q3)</td>
<td>lack of trust between school and outside agencies</td>
<td>Communities of Practice (Wenger, McDermott &amp; Snyder, 2002)</td>
<td>working towards a common goal/shared vision while building a sense of identity and shared history</td>
<td>low actionability</td>
<td>Yes</td>
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<td>Collaborative Networks (Brown &amp; Duguid, 1991; Wenger, McDermott, &amp; Snyder, 2002)</td>
<td>promoting and generating health and wellbeing for families through community partnerships</td>
<td>moderately actionable</td>
<td>Yes</td>
</tr>
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<td></td>
<td></td>
<td>Communities of Transformation (Kezar, Gehrke, &amp; Bernstein-Sierra, 2018)</td>
<td>changing practice and underlying values using the principles of transformative learning</td>
<td>moderately actionable</td>
<td>Yes</td>
</tr>
<tr>
<td>Process Effectiveness (Q4)</td>
<td>barriers related to organizational health (goal ambiguity, input variability, role performance invisibility, low interdependenc e, lay professional control problems, low technological investment)</td>
<td>MTSS Framework (Bruns et al., 2016; Lyon &amp; Bruns, 2019).</td>
<td>employing tiered strategies depending on level of need and employing adaptations through a MTSS or UDL framework</td>
<td>moderately actionable</td>
<td>No</td>
</tr>
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<td></td>
<td>lack of accountability and follow through, time constraints</td>
<td>WFI-4 (Pullman, Bruns, &amp; Sather, 2013; Wraparound Evaluation and Research Team, 2019)</td>
<td>measuring the implementation of wraparound elements and adjusting protocol as necessary</td>
<td>highly actionable</td>
<td>Yes</td>
</tr>
</tbody>
</table>
The Surrey School District recently published the Guide to Inclusive Education, a comprehensive 179-page document designed to outline all policies and procedures related to inclusive education within the district. Within this guide, the Surrey School District has a two-page document outlining the procedure for integrated case management outlining the enablers and barriers to the process as well as a sample format of an integrated case management meeting (Surrey School District Guide to Inclusive Education, 2019). The needs assessment revealed that very few wraparound stakeholders knew of its existence. Others reported that though they had seen it, they followed their own informal procedures. Results of the needs assessment suggest that professionals involved in integrated case management would benefit from a more robust protocol and resource regarding wraparound practice.

Major findings from the needs assessment include barriers related to a lack of parent engagement within the wraparound process, a lack of relational trust (between parents and school, and between school and outside agencies or community support), and ambiguity regarding the roles of stakeholders involved in wraparound as well as the wraparound process itself. Interventions supporting parent engagement have focused on two elements, namely building capacity within each group separately (teacher training, parent advocacy), and identifying and implementing supports using a multiple gating or Multi-Tiered System of Supports (MTSS) framework. Interventions supporting the building of relational trust have focused on building trust within an ecological paradigm, from the microsystem (Wise Feedback) to the mesosystem and exosystem (Communities of Practice, Collaborative Networks) to the macrosystem (Communities of Transformation). For any collaborative paradigm to be successful, they require a sense of co-agency including co-construction and maintenance of collaborative norms, as well as a shared vision and thoughtful communication, all of which
builds trust (Nelson et al., 2008). Improving process and feedback mechanisms necessitates a reconceptualization and reconfiguration of the procedures within the wraparound process. Viewing wraparound care through the lens of Multi-Tiered System of Supports and Universal Design for Learning frameworks offers greater clarity regarding the specific needs of adolescents supported by wraparound care, and an improved method of tracking, evaluating, and making necessary adjustments through the wraparound process.

Although the Surrey School District has many resources in place to support students with a diverse range of needs, the coordination of these services poses a significant challenge. Often it seems as though services and supports are delivered in a reactive manner, when the circumstances become dire, with little consideration for the sustainability or the true effectiveness of the supports provided. The reactive responses that trigger services and supports also lead to less communication and collaboration with stakeholders involved, resulting in fragmented supports. This is particularly the case with wraparound care, in which students and families accessing these supports are in complex situations and many are in outright crisis. Much manpower within the schools is spent dealing with intensive problems that have escalated to the point of becoming unmanageable. Nevertheless, the schools often continue to seek quick fixes and provide reactive solutions to these big problems.

When reflecting upon the tenets of collaboration and improvement science within this context, it becomes clear that the establishment of a cohesive thoughtful plan needs to occur that affect all levels of support, not only at the intensive Tier three stage. The Multi-Tiered System of Supports framework suggests that if effective universal (Tier one) supports can be put in place, amount of intervention required at the intensive (Tier three) level will be diminished (Bruns et al., 2016). The goal of any intervention applied within these frameworks is quality and
continuous improvement (Bryk, Gomez, Grunow, & LeMahieu, 2015). If improvement is not linked to the fundamental character of the intervention, the intervention is likely to get lost in a sea of methods with no grounding (Perla, Provost, & Parry, 2013).

The goal of this proposed intervention is to provide a link between the gaps in service outlined in the needs assessment and current wraparound practice, with the common thread of culturally responsive practice woven throughout, through a series of professional development sessions aimed at secondary school counsellors, typically the case managers of wraparound care. The intervention concept map is presented in Figure 4.

The four areas of improvement, namely increasing parent engagement, building stakeholder-parent trust, building stakeholder-outside agency trust, and reducing barriers around the wraparound process itself can be used at any level within the MTSS framework to provide supports for wraparound stakeholders at all levels of care. Ultimately the purpose is to provide a protocol that will support wraparound professionals in their pursuit of quality, sustainable and implementable supports and services for students and their families.
Figure 4. Intervention concept map
Chapter 4

Intervention Design, Method, and Procedure

Providers of wraparound care, in their pursuit of effective, sustainable wraparound practice, must overcome various barriers to be able to develop an individualized, implementable care plans for the students and families with which they work. In a recent webinar on wraparound practice, Dr. Eric Bruns, a seminal researcher in wraparound care, asserted that wraparound research could benefit greatly from more qualitative and mixed methods studies to provide a richer picture of stakeholder dynamics and implementation ecology occurring within wraparound practice (Bruns, 2020). This study aimed to contribute in this regard by offering insight into the practices of wraparound care through integrated case management in secondary schools.

The Current Context

Within the Surrey School District there are 20 secondary schools (for students grade 8 through 12) and 5 alternative learning centres (for students grades 10 through 12) supporting over 20,000 adolescent learners. The secondary schools vary in student population, ranging from 1,062 to 1,902 students. The school district represents a diverse community, with over 195 languages represented, and over 1,200 secondary students identifying as Indigenous. Another characteristic of the district is its socio-economic diversity, with seven secondary schools receiving vulnerable student funding, and other secondary schools supporting affluent families within the community.

The 20 secondary schools within the school district each have a principal two to three vice principals, and three to four counsellors, depending upon student population. Secondary counsellors are currently staffed at one counselor to 380 students, with some adjustments made
to account for notional factors, such as inner-city needs. Counsellors within the secondary schools and alternate secondary schools are typically the primary case managers of wraparound care. Currently Surrey School District employs approximately the equivalent of 74 full time (FTE) secondary school counselors, with one school counselor per school designated as department head. The school district holds monthly department head meetings at the school board office with the District Principal as chair, where professional development, procedures and policy revisions are discussed. These meetings can also serve as opportunities for collaboration and problem solving among colleagues; however, due to time constraints, this opportunity can be limited.

For students who have been designated as requiring intensive mental health and/or behavioral interventions (Ministry of Education code: H), they must meet certain criteria to ensure continued funding within this category. These criteria include the implementation of direct interventions to support social skills development or the acquisition of behavioral and learning strategies with an I.E.P. in place outlining these supports, as well as documentation that the needs of the student go beyond what can be provided within the typical special education and learning support framework within the school. In addition, the school must provide:

“evidence of a co-ordinated, cross-agency community planning such as integrated case management or 'wrap-around' planning” and

“evidence of a planned inter-agency or service provider review process, in a stated time frame, recognizing that many behavioural problems will be ameliorated if the interventions are appropriate.” (BC Ministry of Education, 2016, p.60)

It is also important to note that “evidence of inter-agency or service provider involvement, without intensive and collaborative on-going planning and service co-ordination, is not sufficient
in itself to warrant funding in this category” (Ministry of Education, 2016, p. 60). In practice, this means that to retain funding, schools must demonstrate evidence of on-going collaboration with outside agencies, and one meeting or an outside agency contact number listed within the student file is insufficient evidence of outside agency involvement.

In March 2020, most schooling worldwide ground to a halt due to a global pandemic caused by COVID-19. In British Columbia, all school buildings were closed to the public, all instruction moved online, and emergency services such as food delivery were put in place to support the most vulnerable within the student population. Within the Surrey School District, food security became the priority for the district’s most disadvantaged families, with services and supports repurposed to support them. Secondary school counsellors had to find new ways to support their students, meeting online or conversing by telephone. Secondary schools allocated resources, such as outreach and youth care worker time, to connect with students who were not accessing online learning or had had no contact with their teachers. The end of the 2019/2020 school year saw a partial return to classroom, with secondary school students engaging in a blend of online and face-to-face instruction. Secondary school counsellors continued to conduct meetings online or on the telephone for the remainder of the school year. The 2020/2021 school year continued in a similar manner, with secondary schools employing a quarter system with two classes per quarter. Secondary students in grades 8 and 9 attended school in person, with an option to attend school online, and students in grades 10 through 12 attended one class in person and the other class online. Secondary school personnel were directed to conduct all meetings online via Microsoft Teams, including integrated case management meetings. Based on guidance from Johns Hopkins University and the school district, this intervention moved to an online format, using the Microsoft Teams platform as this was the platform supported through the
school district. As Microsoft Teams did not introduce breakout rooms until the spring of 2021, channel groups were formed for each session to facilitate collaboration among school teams.

**Purpose of Study**

The current study sought to improve the wraparound and integrated case management process by addressing barriers such as a lack of parent engagement, a lack of trust between parents and school professionals as well as school professionals and community supports, and issues related to process effectiveness.

**Research Questions and Hypotheses**

This study included research questions intended to evaluate both process and outcome. The research questions include:

Process Research Questions:

RQ1. Did the primary case managers of wraparound care in schools attend and engage in the collaborative inquiry?

RQ2. What were the participants’ overall experience with the professional development sessions?

Evaluation Research Questions:

RQ3. To what extent did the intervention change the fidelity of implementation and adherence to the wraparound process?

RQ4. To what extent did this intervention change school professionals’ knowledge regarding culturally responsive practice within wraparound care?

RQ5. How often did school professionals use these strategies to improve their current practices?
Intervention Research Design

This section outlines the theory of treatment and logic models used for this study, along with the methods of evaluation used.

Theory of Treatment and Logic Models

For a treatment to be effective, the components of an intervention must come together to create the mechanism that will ultimately effect change (Leviton & Lipsey, 2007). Figure 6 outlines the key elements included within this intervention which include introduction to, and instruction in strategies that have been shown in the literature to improve parent engagement (Garbacz et al., 2018; Hill & Tyson, 2009) school-family trust (Biddle, 2017; Rispoli et al., 2019), school-outside agency trust (Wenger et al., 2002), and process effectiveness (Bruns et al., 2019). Factors related to the development of trust and engagement can be deeply affected by cultural and linguistic competence (Briggs, et al., 2005; Cartledge et al. 2002); therefore, it is important that each strategy discussed and implemented is viewed through this lens.

A logic model serves as a flowchart outlining the logical steps to implement a program and achieve its desired outcomes, highlighting the critical intervention elements necessary for successful implementation (Cooksy, Gill, & Kelly, 2000; McLaughlin & Jordan, 2010). In addition, a logic model identifies what evaluation questions should be asked and why, and what measures are key to this process. A primary goal of this model is to provide a shared understanding of the program along with its standards for performance (McLaughlin & Jordan, 2010). In addition to providing a narrative regarding the intervention process and its outcomes, the use of a logic model can facilitate the process of triangulation, consider various strands of...
Target population: Secondary school counsellors and administrative partners (gr. 8-12)

- Pre-session (2hrs):
  - Present intervention and method of delivery (collaborative inquiry)
  - 10 school counselling teams representing all district zones
- PD Session 1 (2 hrs):
  - Presentation of strategies to address parent engagement
- PD Session 2 (2 hrs):
  - Reflection and feedback on previously presented strategies
  - Presentation of strategies to address school-family trust
- PD Session 3 (2 hrs):
  - Reflection and feedback on previously presented strategies
  - Presentations of strategies to address school-community agency trust
- PD Session 4 (2 hrs):
  - Reflection and feedback on previously presented strategies
  - Presentations of strategies to present process effectiveness
- PD Session 5 (2 hrs):
  - Reflection and feedback on strategies
  - Revision, additions to resources

**Short term outcomes**
- Increase in knowledge of strategies on building trust and collaborative relationships with stakeholders

**Intermediate outcomes**
- Increase in perceived feelings of trust and connectedness to parent community and community stakeholders

**Long term outcomes**
- Increase in perceived feelings of competency with wraparound process
- Increase in knowledge of strategies to increase process effectiveness

**Figure 5.** Theory of treatment model for improved wraparound care and implementation
data, and examine program elements in terms of antecedents and consequences (Cooksy et al., 2000). Figure 7 outlines the logic model for the intervention in addressing barriers to effective wraparound care and integrated case management. The intervention consisted of one pre-session meeting scheduled in October of the 2020/2021 school year, and five professional development sessions throughout the school year. Participants included secondary school counsellors and their administrative partners (principals or vice principals) representing different zones within the district. Strategies addressing the four quadrants were introduced via a situated collaborative inquiry design, and the tenets of culturally responsive practice were examined throughout each topic. Anticipated short-term outcomes included an increase in participants’ knowledge of strategies related to the quadrants examined as well as an enhanced understanding of culturally responsive practice. Anticipated intermediate outcomes included an increase in participants’ perceived feelings of trust, connectedness to parents and outside agency supports and/or process effectiveness. Long-term outcomes fall outside the scope of this study; however, the anticipated long-term objectives included an enhanced wraparound and integrated case management process as well as improved care plans for students and families involved in integrated case meetings.

One way that these goals can be achieved is through a measurement plan, which is a small set of critical measures balanced across a performance narrative that are indicators of performance (McLaughlin & Jordan, 1999). Pre and post intervention assessment surveys and cognitive interviews measuring self-efficacy and knowledge regarding wraparound care principles were conducted. Embedded within each session was an opportunity to gauge participants’ understanding and experience with the strategies provided. Following the collaborative inquiry sessions, a resource, the primary output of the intervention, was created.
### Inputs

Necessary resources include:

- **Time:** Meeting once a month for 6 months to dedicate to inquiry
- **Space:** online delivery using Microsoft Teams
- **Materials:** use of computers and Microsoft team page (where resources will be held)
- **District level supports:** Director of Instruction and District Principals putting out a memo introducing and supporting the intervention prior to first meeting in October

### Activities

- Attendance at 6 2-hour sessions over the course of 7 months
- Pre-session (October meeting): introduction to intervention and method of delivery (situated collaborative inquiry)
- 5 sessions (November-February, April) based on 4 quadrants of need as outlined by needs assessment
- Principles of culturally responsive practice embedded within each session
- Opportunity for self-assessment and reflection embedded within each session
- Pre and post assessment surveys and cognitive interviews measuring efficacy and knowledge around wraparound care principles
- Creation of a resource including these strategies for counsellors to reference when conducting ICMs

### Participation

- 22 secondary school counsellors/specialty teachers participated in inquiry who are regular case managers of ICM (wraparound) meetings with their administrative partners (vice principals) - 10 dyads or triads for a total of 32 participants
- participants representative of all district zones

### Outputs

- **Short**
  - increase in participants’ knowledge of strategies to support parent engagement
  - increase in participants’ knowledge of strategies to support school-family trust
  - increase in participants’ knowledge of culturally responsive practice

- **Medium**
  - increase in participants’ perceived feelings of trust and connectedness to parents and community agencies
  - increase in participants’ knowledge of strategies to support school-outside agency trust
  - increase in participants’ perceived feelings of competence regarding process effectiveness

- **Long**
  - improved ICM and wraparound process
  - improvement in care plans for adolescents experiencing significant mental health and behavioral challenges
  - increase in participants’ knowledge of strategies to support process effectiveness
  - increase in participants’ knowledge of culturally responsive practice

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*Figure 6. Logic model of intervention addressing barriers to wraparound care and integrated case management*
outlining the strategies discussed in the professional development sessions including feedback from participants.

**Outcomes.** Strong theory of treatment and logic models include a list of desired outcomes, from the ones to be achieved within the short-term to the ones that will hopefully develop within the long-term (Leviton & Lipsey, 2007). Benefits of wraparound care have included a reduction in maladaptive behaviors (Bruns et al., 2019; LaPorte et al., 2014), a significant decrease in the property crimes and juvenile justice involvement (Mancoske & Edgerson, 2015; Schurer Coldiron et al., 2019), and a reduction in school suspensions and school absenteeism (Carney & Buttell, 2003). The complexity of the wraparound process lends many implementers of wraparound care to have uneven adherence to the wraparound process (Coldiron et al., 2014; Walker et al., 2004). Adherence to the wraparound process has been found to play an important part in its success (Effland, et al., 2011; Bickman et al., 2003; Bruns et al., 2008). Figures 6 and 7 outline the outcomes of increased feelings of competency with all aspects of the wraparound process, with the ultimate goal of improving adherence to the principles of wraparound care for all stakeholders involved. Both models map well onto the theory of change model proposed by Walker and Matarese (2011).

**Process Evaluation**

A successful process evaluation must incorporate a way to address and measure participant responsiveness, which is an important component of preserving the integrity of a program (Dusenbury, Branigan, Falco, & Hanson, 2003). It should present the researcher with timely feedback that can be used to improve the program or method of delivery and provide information as to how participants judged the quality of the process itself (Stufflebeam, 2003; Zhang et al., 2011).
Participant responsiveness. The goals related to participant responsiveness include the understanding and implementation of the strategies presented related to the improvement of wraparound care as well as engagement in the method of delivery (situated collaborative inquiry). The expectation was that all participants would have an opportunity to implement in some manner the strategies discussed and give feedback as to whether they proved successful within their contexts. School teams’ experiences with these strategies may vary. In one case, it may mean discussing the strategy with colleagues at school, whereas others may have an opportunity to implement them with students and families. The goal was to have all participants engage with the strategies provided and discuss the feasibility of implementation within their contexts. This goal is an important component of situated collaborative inquiry, and this is represented as such within the theory of treatment (Figure 1) and logic models (Figure 2). Participant responsiveness was measured using a self-assessment measure consisting of open-ended questions as well as cognitive interviews with participants, with rich qualitative information offering a more comprehensive view of the effects of a program (Stufflebeam, 2003).

Context. Within a process evaluation, it is critical to examine the role context plays within an intervention, such as participant demographics, participant experience and staff collaboration (Stufflebeam, 2003). The relationship between context and program intervention is bidirectional in that the implementation of an intervention will vary depending on the context in which it is delivered, and certain aspects of context may change as a result of the intervention.
The examination of context within a process evaluation can be a valuable driver in developing the relationship between the researcher and stakeholders. It can cultivate mutual professional understanding and address professional skill competency, which can contribute towards the long-term sustainability of a program (Zhang et al., 2011).

A valuable aspect to examine regarding the context of this intervention is the familiarity of the researcher with the context in which the participants work. The researcher, being a district psychologist within the school district being studied, has a strong familiarity with the roles and responsibilities of the participants, and this played an important role in cultivating trust between the researcher and participants and increased buy-in regarding the face validity of the intervention. The familiarity they have with each other, most having worked with each other in other capacities, whether it be at schools or collaborating within department meetings, lead to an ease of collaboration within this intervention. Familiarity was examined through researcher observation and the recording of field notes each session, as well as interview items examining the feelings of trust and familiarity with the researcher and colleagues.

**Fidelity of implementation: program delivery.** A way to examine the method of putting ideas into practice is to examine the fidelity of implementation, which seeks to close the research to practice gap by investigating several program components such as adherence, dosage, the degree to which participants are engaged, and program differentiation (Dusenbury et al., 2003). An additional component worthwhile examining is the quality of program delivery, which examines the quality of interaction and the degree to which interactive activities focus attention on desired elements (Dusenbury et al., 2003). The quality of delivery can be assessed through self-report and observation (Dusenbury et al., 2003). This intervention was delivered through situated collaborative inquiry, which provided the opportunity for participants to engage in
iterative cycles of action and reflection not only within the intervention, but within the method of delivery itself (Hirsh & Segolsson, 2019; Schnellert & Butler, 2014). Situated collaborative inquiry is represented within the logic and theory of treatment models as an activity as well as the method of delivery of strategies, with a short-term outcome of participants becoming knowledgeable and comfortable with the processes involved.

**Project implementation.** Providers of an intervention cannot be confident of the worth of their program unless they substantiate their program goals with a comprehensive, structured response to participants’ assessed needs (Zhang et al., 2011). The CIPP model, proposed by Stufflebeam (2003), outlines four necessary components which can be used in a formative and summative fashion: context evaluation, input evaluation, process evaluation, and product evaluation. In this study, these are critical elements to consider as both the strategies introduced to the participants as well as the method of delivery will play important roles in determining the success of this intervention. Some specific goals of the implementation included that at least three out of the four district zones are represented, to ensure the applicability of these results to the entire district. In addition, the district is divided by socio-economic status (the more vulnerable north end versus the more affluent south end) and it is critical that both receive equal representation. Four of the professional development sessions introduced the evidence-based strategies addressing these areas and provided opportunity for discussion and feedback regarding the implementation of strategies within their context. At least one participant from each school team was required to attend all professional development sessions, with recordings made available to those participants who missed sessions. Project implementation was measured using surveys, cognitive interviews, and observations by outside stakeholders (District Principal, school psychologists).
Outcome Evaluation

This study employed a mixed methods procedure, where quantitative and qualitative data were integrated into the design analysis through merging and explaining the data, building from one database to another and embedding the data within a larger framework (Creswell & Creswell, 2018). Mixed methods analysis allows for the ability to draw on strengths and reduce limitations of solely qualitative or quantitative methods, and is a more sophisticated, complex approach that promotes a more complete understanding of research problems (Creswell & Creswell, 2018).

More specifically, the current study employed a convergent mixed methods design, with quantitative and qualitative data collected and analyzed separately and results compared to confirm each other. The third research question addressed the fidelity of wraparound implementation, or the adherence to a practice model that promotes effective planning and the value base of wraparound (Walker & Koroloff, 2007; Walker & Matarrese, 2011). Participants completed Sections A and B of the Care Coordinator Form of the Wraparound Fidelity Index – EZ at the pre-session and the last session and pre and posttest analysis with these data results collected. Results for both collections were compared via t-test analyses to examine any changes in integrity to the wraparound practice model. To supplement the information obtained from the WFI-EZ, a series of open-ended survey questions were given to each participant examining their challenges with adherence to wraparound principles within their contexts. Survey questions used similar terminology to the WFI-EZ to ensure a proper comparison of similar variables and concepts.

The fourth question was addressed using a similar design, with quantitative and qualitative data collected and compared. Individuals who follow culturally responsive practices...
are those who exhibit sociocultural consciousness, have affirming beliefs of students from
diverse backgrounds and experiences, and understand that they are change agents for making all
aspects of schooling more responsive to students from diverse backgrounds (Villegas & Lucas,
2002). Participants completed items on the Culturally Responsive Curriculum Scorecard, a
measure designed to determine the extent to which school curricula are culturally responsive
(Bryan-Gooden, Hester, & Peoples, 2019). A pre and posttest analyses was conducted with these
data, with responses collected at the pre-session and at the last session. Results for both
collections were compared via t-test analyses to examine any changes in the understanding of
culturally responsive practice within wraparound practice. To supplement the information
obtained from the CRE, a series of open-ended survey questions was given to each participant at
the pre-session and the last session to further examine their growth in understanding and
knowledge within the realm of culturally responsive practice. As with the previous question,
similar terminology was used to ensure a proper comparison of variables and constructs.

**Strengths and Limitations of Design**

The primary objective of this design was to compare and connect findings from the
qualitative and quantitative components, resulting in a coherent narrative (Lochmiller & Lester,
2017). Advantages of this design include greater flexibility and adaptability compared to the
more traditional quantitative and qualitative designs, as well as increased opportunity to collect a
richer, more comprehensive set of data (Creswell & Creswell, 2018). This design affords
empirical precision inherent within quantitative design as well as the descriptive precision
inherent within qualitative methods (Onwuegbuzie, 2003). The primary limitation of this design
is that proper implementation can be complex as well as time and resource intensive; however, as
the sessions took place over the course of most of the school year, there was opportunity to
engage with the data over the course of seven months to create a comprehensive picture of the intervention delivery and impact.

To maximize the impact of this intervention, threats to validity need to be addressed by anticipating likely criticisms of inferences made from experiments that experience has shown occur frequently (Creswell & Creswell, 2018; Shadish, Cook, & Campbell, 2002). Potential threats to validity within this design included the use of unequal sample sizes, the use of different concepts or variables within the quantitative and qualitative components, a lack of follow up when themes diverge, and selection bias (Creswell & Creswell, 2018). Sample sizes for both qualitative and quantitative components were very close to equal, with 23 and 21 participants completing the preintervention and postintervention quantitative surveys, respectively, and 20 completing the qualitative interviews. It is important to collect both forms of data using the same or parallel variables; therefore, the qualitative questions were constructed using the same terminology and wording present within the quantitative measures. The idea was that through semi-structured interviews, participants may be able to offer some clarity as to why the emergent themes within the qualitative and quantitative data are disparate. Selection bias was a concern within this design, as participants were determined based on their interest and willingness to participate within this inquiry. Added to this was the small sample size (n=32), which impacted the ability to generalize findings. However, this study was aimed at supporting a specific group (case managers of integrated case management), and this criterion was fulfilled in order to secure participation in the study.

Most research in wraparound care has investigated the relationship between wraparound and student outcomes, such as effect on internalizing and externalizing symptomatology (Copp et al., 2007; Painter, 2012; Stoner, Leon, & Fuller, 2015), a reduction in placement in residential
treatment facilities (Mears, Yaffe, & Harris, 2009; Rauso et al., 2009), and criminal involvement (Pullman et al., 2006; McCarter, 2016). Effect sizes within these studies have ranged from .26 for reduced recidivism for felony (Pullman et al., 2006), to .5 for improved overall social-emotional functioning (Mears, Yaffe, & Harris, 2009) to 0.84 for fewer out of home placements (Rauso et al., 2009). An important caveat to consider is the fact that the magnitude of an effect size typically depends on what, when and how outcomes are measured (Kraft, 2020). Whereas these effects speak to a possible long-term outcome of the current study, most of the studies examining the short and intermediate outcomes, namely an increase in knowledge of wraparound practice (Biddle, 2017; Bruce et al., 2015; Hesjedal et al., 2015) and the use of culturally responsive practices within wraparound care (Briggs et al., 2005; West et al., 2012) have been predominantly qualitative in nature. Although effect sizes are usually associated with quantitative methodology, the use of effect sizes qualitizes empirical data by helping analysts to determine whether an observed effect is small, medium, or large (Onwuegbuzie, 2003).

Examining the effect sizes within qualitative data is possible by examining frequency (the frequency of themes from an inter-respondent matrix) and intensity effect size (the frequency of each significant statement within each theme) (Onwuegbuzie, 2003). This methodology was employed to determine the effect size within this study.

Even though the ability to draw causal inferences between this intervention and improved wraparound care practice falls outside of the scope of this research, this research can contribute to the fallible falsification regarding the possible causal relationship between wraparound care and student outcomes in that it can be used towards the identification of possible ancillary assumptions and contingencies within this possible relationship (Shadish et al., 2002).
Method

This section outlines the participants involved as well as the measures used within the study.

Participants

Participants consisted of 22 case managers of integrated case meetings (counsellors or specialty teachers) along with 10 administrative partners (vice principals or principals), for a total of 32 participants. A small sample size is advantageous for situated collaborative inquiry in that this method of delivery requires all participants to interact and have opportunity to ask questions and share thoughts (Donohoo, 2013). The sample consisted of 22 participants who identified as female (69%), and 10 participants who identified as males (31%). All participants had experience with either case managing or participating in integrated case management meetings. Participants were recruited through a district-wide memo outlining the opportunity to participate in the professional development sessions, with school teams interested in enrolling in the inquiry responding to me. School teams expressing interest in participating in the study were representative of the six zones comprising the district. A total of 10 school teams (seven secondary schools and three alternate secondary schools) participated in the study, with all six geographical district zones represented (one site from zone one, two sites from zone two, one site from zone three, one site from zone four, two sites from zone five, two sites from zone six).

Measures

Two measures, the Wraparound Fidelity Index – EZ and the Culturally Responsive Curriculum Scorecard, were used to collect quantitative data. Qualitative data were collected using open-ended survey questions, focus team interviews, and reflective journals.
**WFI-EZ.** The Wraparound Fidelity Index – EZ, or WFI -EZ, a shortened version of the Wraparound Fidelity Index-4, is a brief group administered survey examining participants’ adherence to the core components of the wraparound process. The measure has demonstrated strong psychometric properties, with strong internal consistency (Chronbach’s alpha: .93) (Sather, Bruns, & Hensley, 2012) and has been used in a variety of studies examining wraparound care (Bruns et al, 2015; Effland, Walton, & McIntyre, 2011; Shailer, Gammon, & deTerte, 2017). The measure is comprised of four sections, the first two of which were included in this study. Sections A (wraparound involvement) and B (experiences in wraparound) of the WFI-EZ were included in the study. Items include “The client’s wraparound team came up with creative ideas for his or her plan that were different from anything that had been tried before” and “The wraparound plan includes strategies that address the needs of other team members, in addition to the identified client”. Written permission has been obtained from the authors to use this instrument for the purposes of this study, and a copy is included in Appendix D.

**Culturally Responsive Curriculum Scorecard.** The Culturally Responsive Curriculum Scorecard was designed by the New York University Metro Center as a method of assessing the extent to which curricula highlight students’ identities, cultures, and contexts (Bryan-Gooden, Hester, & Peoples, 2019). Although the Scorecard is designed with elementary and middle school curricula in mind, it can be adapted to other contexts and grades as well. Categories included in the Scorecard include representation, or the extent to which students are being exposed to a diverse group of identities and cultures, and social justice, understanding the relationships, power and privilege among people and embracing multiple perspectives. Items relevant to this study were included. As this is not a standardized measure, these items were used to gain a qualitative understanding of participants’ perspectives regarding their culturally
responsive practices. Among the five items included were, “recognizes the validity and integrity of knowledge systems based in communities of color, collectivist cultures, matriarchal societies, and non-Christian religions” and “communicates an asset-based perspective by representing people of diverse races, classes, genders, abilities and sexual orientations through their strengths, talents and knowledge rather than their perceived flaws or deficiencies”. Written permission was obtained from the authors to adapt the questions to fit the purposes and participants of this study, and a copy included in Appendix D.

**Surveys.** In addition to the above measures, surveys, consisting of Likert-type, ordinal, and open-ended items was designed by the researcher to supplement participants responses as well as collect information regarding demographics of the sample, frequency of attendance, and subsequent use of the strategies presented within the inquiry sessions, and a copy is included in appendix D.

**Focus team interviews.** After the final professional learning sessions, all school teams participated in focus group interviews with their school team via Microsoft teams. Questions addressed the learning content (e.g., “What strategies presented through the course of the inquiry seem the most adaptable or implementable within your context?”) as well as the method of delivery (e.g., “Did you find collaborative inquiry useful to address challenges within wraparound care. Why or why not?”). These questions are included in Appendix E.

**Reflective Journals.** To assess participants’ learning and insights throughout the professional development sessions, reflective journals were sent to each member of the school team. Reflective journaling has been found to be a valuable method of uncovering counselors’ internal thoughts, feelings and actions within a course or experience (Deaver & McAuliffe, 2009; Hubbs & Brand, 2010; Luke & Kiweewa, 2010). This method is grounded within the
constructivist paradigm in that individuals are instrumental in their learning and reflective journaling provides a method for participants to actively engage with the content presented and can serve as motivation to move towards transformative learning (Hubbs & Brand, 2007; Luke & Kiweewa, 2010). For journaling to transcend mere busywork and become reflective, it needs to move beyond mere descriptions of the event or experience and include the reflection of the experience, explanations or questions regarding the meaning of an experience, and applying new meanings to the event (Deaver & McAuliffe, 2009; Hubbs & Brand, 2005). Participants were encouraged to engage in reflective journaling at each session, with question prompts to ensure that these four stages were represented within their responses. The focus of their reflective journaling was on the strategies presented as well as the discussions occurring during the professional development sessions. The main structures of the question prompts were the same for each session, with components changing to reflect the topic covered for each session. These questions included “How have you cultivated (parent engagement) (school-parent trust) (school-community trust) at your school? How have you cultivated (parent engagement) (school-parent trust) (school-community trust) at your integrated case management meetings? Which of the strategies discussed appeal to you or seem the most implementable within your context? How can you use available resources within your school to implement these strategies?” This method of assessing participant learning connects well to the situated collaborative inquiry model, where deeply held values, assumptions and perspectives can be explored and meaning can be made incorporating the information presented.

**Procedure**

This section outlines the intervention, consisting of a series of professional learning sessions aimed at addressing identified barriers to effective wraparound care. The method of
delivery, situated collaborative inquiry, is described as well, along with the collection and analysis of study data.

**Intervention**

This study’s intervention consisted of six monthly professional development sessions delivered using situated collaborative inquiry. Within each session, evidence-informed strategies addressing the one quadrant of need as outlined in the needs assessment (parent engagement, school-family trust, school-outside agency trust, process effectiveness) were presented. A blueprint of the sessions and content is presented in Figure 7. The pre-session consisted of an introduction to the intervention, a discussion of the needs assessment findings and potential barriers to effective wraparound practice, and an introduction to the tenets of situated collaborative inquiry. Culturally responsive practice was also introduced and explained as a common thread to be woven throughout the strategies presented. The next five sessions consisted of an introduction to the quadrant of need being discussed, an introduction and discussion of evidence-based strategies that have been shown in the literature to address this need effectively, the role of culturally responsive practice within the delivery of this intervention, and the opportunity to discuss and reflect upon how the strategy could be or has been successful within their contexts. Each session, guest speakers related to each area of need provided insights and perspectives for participants’ consideration.

**Method of Delivery: Situated Collaborative Inquiry**

Most wraparound training comes from agency inservices rather than higher education institutions (Bruns et al., 2007; Walker & Schutte, 2005). This is consistent within the context of British Columbia as well, with no higher education courses in teacher’s college or counselling
Figure 7. Implementation Road Map

psychology programs specifically targeting the wraparound process. Therefore, if schools are to provide quality wraparound care, counselors require extensive professional development to be able to implement it correctly. Effective implementation requires a comprehensive understanding of the context in which a strategy or process is to be implemented; therefore, educators need to practice implementing new strategies and processes within their context, where they can have the opportunity to weigh all factors inherent within their context to ensure successful and sustainable
implementation. Whereas research exists around the professional development needs of pre-service counselors, research regarding continuing professional development for counselors in practice is limited (Hannon, 2016). Professional development must be grounded in inquiry, reflection, and experimentation that are participant driven. It should be collaborative and connected, derived from direct work with students, and sustained, ongoing, and intensive (Darling-Hammond & McLaughlin, 1995; Mott, 2000). Given the context and population within which this intervention will be implemented, collaborative inquiry fits well as a method of delivery. (Darling-Hammond & Richardson, 2009). This method of delivery emanates from neither theory nor practice alone but at an intersection of the two (Schnellert & Butler, 2014), an idea consistent with Freire’s notion of praxis (Wink, 2011). Conditions necessary for collaborative learning include supportive leadership, mutual respect, small groups and structured dialogue as part of the inquiry cycle (Darling-Hammond & Richardson, 2009; Wenger et al., 2002). This cycle is presented in Figure 8.

Collaborative inquiry should begin by having participants discuss their background, assumptions and biases which help them better understand and integrate newly presented material into their contexts. Addressing positionality and implicit bias through Milner’s (2007) and Hammond’s (2014) frameworks and examining professionals’ deficit views (Villegas et al., 2018) allows participants to unearth prior assumptions and reflect upon their situated contexts. Taking time to facilitate this understanding can lead to a deeper, richer learning of the material presented (Eraut, 2009). Each professional learning session began with a review of the previous session, with participants encouraged to share their experiences with integrated case management meetings over the previous month. They were encouraged to reflect upon their new discoveries and how these may have confirmed or changed their previous views.
In reviewing literature on professional development opportunities with counsellors, Hannon (2016) highlights the importance of a multidisciplinary team approach and posits that the school-family partnership involvement is central to the counselor’s role. To be successful in a multidisciplinary setting, understanding participants’ cultural and personal knowledge and how this impacts their ability to engage and interact with the material presented is of paramount importance (Eraut, 2009). At each session, participants offered insights as to how their relationships with students, families, and outside agencies changed as a result of strategy implementation.
Valuable tenets of professional development include active teaching, assessment, observation, and reflection (Darling-Hammond & Richardson, 2009). Active learning opportunities allow professionals to transform their current practices instead of layering on top of old strategies (Darling-Hammond & Richardson, 2009). Participants involved in collaborative inquiry need to play a part in problem creation and definition through active learning, to ensure that they have a vested interest in generating practical, sustainable solutions. Useful knowledge in organizations is often best developed not by specialists detached from a problem but by those who directly benefit from a solution (Brown & Duguid, 2001; Darling-Hammond & Richardson, 2009). At each session, after the introduction of strategies targeting a specific barrier to wraparound care, participants spent a half hour within their channel groups discussing how to implement these strategies effectively within their contexts.

In addition to playing an active role in problem definition and creation, educators must identify questions they are eager to learn more about to address a need in their practice environment (Schnellert & Butler, 2014). Schnellert and Butler (2014) outline four conditions that support collaborative inquiry: the presence of structural supports, the presence of cultural and social-emotional supports, the presence of learning and process supports, and the presence of teacher ownership and agency. Nelson and colleagues outline two main requirements for the collaborative process to be successful: intentional attention to the co-construction and maintenance of collaborative norms and the opportunity to examine data, and attention given to the development of shared vision, consistent and inclusive avenues of communication, and shared leadership (Nelson et al., 2008). Counselors need to view themselves as educational leaders and mental health professionals and counselors need to be trained to be advocates of this conjoint role, shifting emphases and expectations (DeKruyf, Auger, & Trice-Black, 2013).
each session guest speakers involved with successful wraparound models within the district or community shared their experiences and strategies for effective wraparound implementation, and participants were given the opportunity to ask questions and reflect upon how they could incorporate these ideas into their wraparound practice.

Data Collection

Data for this intervention were collected at each session, with both process and evaluation data collected by me. Each session took place online via Microsoft Teams and all sessions video recorded and transcribed. Points of data and the method of collection is presented in Table 7.

Table 7

Data Points and Method of Collection

<table>
<thead>
<tr>
<th>Data Point</th>
<th>Method of Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>Microsoft Teams attendance sheet converted to Excel spreadsheet</td>
</tr>
<tr>
<td>Reflection journals</td>
<td>Mailed to researcher at final session</td>
</tr>
<tr>
<td>Field notes</td>
<td>Written by researcher</td>
</tr>
<tr>
<td>Surveys</td>
<td>Completed through Qualtrics</td>
</tr>
<tr>
<td>Focus group interviews</td>
<td>Conducted through Microsoft Teams</td>
</tr>
</tbody>
</table>

The model followed a convergent design whereby qualitative and quantitative data were collected concurrently, analyzed separately, and integrated to form a coherent narrative. The quantitative approach examined patterns and trends within the data, and the qualitative data further investigated and clarified patterns and trends through detailed participant experiences (Lochmiller & Lester, 2017). Data collected included standardized measures, surveys, reflective journals, and field notes.
**Data Analysis**

Quantitative data were analyzed using SPSS, while qualitative data were examined using NVivo. The summary matrix presents the research questions related to both process and outcome as well as the instrumentation, frequency of collection, and method of data analysis (Table 8).

**Summary**

In his keynote address to the Carnegie Foundation Summit in 2017, Dr. Anthony Bryk spoke of the importance of fusing expertise with shared problem solving to further improvement in education (Bryk, 2017). A recent article by Yukovsky and colleagues (2020) highlights four characteristics of continuous improvement in educational research: (a) grounding improvement efforts in schools, (b) engaging practitioners to take an active role in research and improvement, (c) engaging in a cyclical process of action, assessment, reflection, and adjustment and (d) spurring change beyond individual classrooms to schools and systems. This study attempted to fulfill these criteria by connecting evidence-based strategies that have been shown to address barriers to effective wraparound practice with the important tenets of improvement science by situating this professional learning within a method of delivery that will allow an examination of specific inequities, attention to variability, and an ability to see the system more broadly. Situated collaborative inquiry affords study participants the opportunity to become active learners by linking cycles of inquiry to measures of accountability. By examining the challenges surrounding wraparound and integrated case management as potential design problems rather than a fault of stakeholders involved, substantial progress can be made in developing a wraparound practice that is effective, sustainable, and successful.
Table 8

Summary matrix of process and outcome evaluation research questions

<table>
<thead>
<tr>
<th>Process Evaluation Question</th>
<th>Process Evaluation Indicator</th>
<th>Data Sources</th>
<th>Data Collection Tool</th>
<th>Frequency</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the primary case managers of wraparound care in schools attend and engage in the collaborative inquiry?</td>
<td>Consistent attendance of school site teams (secondary school counsellor and vice principals) – 32 attending all 6 sessions or at least 1 school team rep present at each session Participants observed engaging in collaborative inquiry (asking questions, participating in small group and large group discussions)</td>
<td>ICM case managers and administrators</td>
<td>Attendance sheets Reflection journal Observations (Field Notes)</td>
<td>Every session</td>
<td>QUAN Descriptive statistics – frequencies QUAL Coding and emergent thematic analysis of field notes, reflection journals</td>
</tr>
<tr>
<td>2. What were the participants’ overall experience with the professional development sessions?</td>
<td>Self-report regarding experience with session content</td>
<td>ICM case managers and administrators</td>
<td>Survey items Examples: “I found the information presented within the professional learning”</td>
<td>5th session (survey) Interviews – after final session</td>
<td>QUAN Descriptive statistics – frequencies QUAL Coding and emergent thematic analysis of</td>
</tr>
<tr>
<td>Outcome Evaluation Question</td>
<td>Construct</td>
<td>Data Sources</td>
<td>Data Collection Tool</td>
<td>Frequency</td>
<td>Data Analysis</td>
</tr>
<tr>
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<tr>
<td>3. To what extent did the intervention change the fidelity of implementation and adherence to the wraparound process?</td>
<td>Fidelity: Participants’ knowledge of evidence-based strategies to support the wraparound process and adherence to a practice model that promotes effective planning and the value base of wraparound (Walker &amp; Koroloff, 2007; Walker &amp; Matarese, 2011)</td>
<td>ICM case managers and administrators</td>
<td>Measure (QUAN): WFI-EZ (Sather, Bruns &amp; Hensley, 2012)</td>
<td>At the pre-session and last PD session</td>
<td>QUAN Descriptive statistics Paired t-tests QUAL Coding and emergent thematic analysis of interview responses</td>
</tr>
<tr>
<td>Question</td>
<td>Method</td>
<td>Data Analysis</td>
<td></td>
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<tr>
<td>4. To what extent did this intervention change school professionals’ knowledge regarding culturally responsive practice within wraparound care?</td>
<td>Culturally responsive practice: Evidence of sociocultural consciousness, the affirming belief of students from diverse backgrounds and experiences, and the understanding that school professionals are change agents for making all aspects of schooling more responsive to students from diverse backgrounds (Villegas &amp; Lucas, 2002)</td>
<td>At the pre-session and last session (survey)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICM case managers and administrators</td>
<td>Survey adapted from CRE scorecard (Bryan-Gooden, Hester, &amp; Peoples, 2019) (QUAN) Example of survey questions: “They present alternative points of view as equally worth considering” Semi-structured interview questions using principles from Villegas and Lucas (2002) (QUAL) Example: “How can you bring about change that will make the wraparound process more student-centered?”</td>
<td>QUAN Descriptive analysis – frequencies Paired t-tests – comparison of data pre and post intervention QUAL Coding and emergent thematic analysis of interview questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Object of Analysis</td>
<td>Text of Survey Item (QUAN)</td>
<td>Method of Data Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>---------------------------</td>
<td></td>
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<tr>
<td>5. How often did school professionals use these strategies to improve their current practices?</td>
<td>School professionals’ frequency of use with evidence-based strategies to improve facets of wraparound care within their context</td>
<td>Survey item (QUAN) Example: “How many times did you employ this strategy at an ICM?” (possible answers: none, 1-2, 3-4, 5 or over) “Which strategy did you find to be most useful within your context?”</td>
<td>At the last session QUAN Descriptive statistics: frequencies QUAL Open-ended interview question</td>
<td></td>
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</tr>
</tbody>
</table>
Chapter 5

Findings and Discussion

Connecting family, school, and community is a necessity when attempting to support students with complex mental health challenges, as these students require a coordination of the supports offered by each area to improve outcomes. This study has explored the ecology of this relationship by examining potential barriers to effective coordination of these supports, referred to as wraparound care or integrated case management. The intervention consisted of a series of professional learning sessions delivered via situated collaborative inquiry aimed to address these barriers by offering participants evidence-based strategies shown to have a positive impact on wraparound care. Participants addressed their biases and assumptions, were introduced to wraparound strategies presented through the lens of culturally responsive practice and reflected upon their ability to integrate these strategies into their current contexts. This chapter includes the results from the data analysis of the situated collaborative inquiry intervention, a discussion of these findings, and the implication of these findings to future research and practice.

Data Analysis

The purpose of this analysis was to examine participants’ engagement and experiences within the situated collaborative inquiry process, the extent to which the inquiry impacted their knowledge of strategies addressing barriers to effective wraparound care, and the role of culturally responsive practice within wraparound. Research questions included:

RQ1. Did the primary case managers of wraparound care in schools attend and engage in the collaborative inquiry?

RQ2. What were the participants’ overall experience with the professional development sessions?
RQ3. To what extent did the intervention change the fidelity of implementation and adherence to the wraparound process?

RQ4. To what extent did this intervention change school professionals’ knowledge regarding culturally responsive practice within wraparound care?

RQ5. How often did school professionals use these strategies to improve their current practices?

At the initial and final sessions, participants were invited to complete a survey via Qualtrics. Participants were also given a reflective journal and encouraged to record their impressions throughout the course of the inquiry. Participants were asked to send in their reflective journals at the end of the inquiry; three journals were sent in. After the final sessions, all school teams were invited to take part in focus group interviews; all school teams participated except for one, who had been significantly affected by COVID and were unable to participate.

Each question was answered using quantitative and qualitative data, with results integrated to provide a coherent, comprehensive response. Quantitative data (survey responses, attendance data) were analyzed using SPSS. Qualitative data (open-ended survey questions, focus team group interviews, reflective journals) were analyzed using NVivo in three steps. The first step was first cycle coding was completed using in vivo codes, using the participants’ phrases to honor their voice (Miles, Huberman, & Saldana, 2014). The second step was generating pattern codes with categories and themes. The final step was theming the data, whereby comparably themed quantitative data were compared with the qualitative data (Miles et al., 2014). Inter-respondent matrices were designed examining the frequency of themes as well as the frequency of each significant statement within each theme to determine the effect size within the study (Onwuegbuzie, 2003). Qualitative data were evaluated for trustworthiness using
thick, rich descriptions of data, prolonged engagement with participants, peer debriefing (member checking), and collaboration, namely the involvement of participants throughout the inquiry (Cian, 2021). A critical aspect of establishing validity in qualitative research is researcher reflexivity, whereby researchers acknowledge their assumptions, beliefs and biases that may influence the research process (Creswell & Miller, 2000). My position as an indigenous inside researcher affords me the privilege of established trust with the participants as someone who has worked within and understands the constraints of their school system (Banks, 2015). Having worked in this school system for many years, I have expectations of how certain roles within the schools function, which may not always be accurate. Therefore, it was essential that the participants be given voice to explain their perspectives as to their vision of effective wraparound care and how wraparound exists within their contexts.

**Research Question 1: Inquiry Attendance and Engagement**

To answer the question regarding participants’ attendance and engagement with the inquiry process, I took attendance at each session and video recorded each school teams’ participation within the channel group sessions. For the six sessions of the inquiry, 80% of school teams had at least one participant present at each session, with two school teams missing one session each. Sessions were recorded and placed on a Teams page designed for the inquiry, with school teams encouraged to review prior to attending the subsequent session.

As part of each inquiry session, time in separate Teams channels was scheduled for participants to discuss the strategies presented as well as the potential for adapting and implementing these strategies within their schools. A series of guiding questions were presented to support these discussions. School teams were placed in the same channel groups each session according to geographic location of their schools, with two school teams per channel. After time
in the channels, school teams came back to the main channel to discuss their perspectives and ideas. All school teams present at each session participated within the channel group sessions, with each channel group discussing their channel conversations at the end of each inquiry session.

**Research Question 2: Perceptions of Inquiry**

The second research question concerned participants’ experiences with the situated collaborative inquiry. The postintervention survey completed by 21 participants included several questions examining the quality of the inquiry. The majority of respondents (20 out of 21) rated the inquiry as “pretty good” or “excellent” and reported that they felt comfortable sharing opinions within the group. All respondents responded positively to the questions, “We discussed problems together”, “We engaged in discussion planning”, “We considered different models within our contexts”, and “We discussed assumptions and beliefs”.

Two questions regarding the situated collaborative inquiry were asked during the focus group interviews. The primary suggestion for improvement included more opportunities and time to collaborate and discuss the implementation of strategies. Participants suggested the use of case studies to promote more active skill building. All focus group teams commented on the value of the channel groups. Some participants suggested the possibility of changing the channel group to include different participants at each session, while others appreciated the opportunity to get to know their channel members better.

Due to the COVID 19 epidemic, the inquiry was moved to an online format via Microsoft Teams. Most participants commented that they would have preferred to meet in person. Some found that the complexity and amount of content presented at each session presented a challenge
in terms of maintaining attention throughout the two-hour session, and that office distractions at

time interfered with their ability to maintain attention.

“I’m not good with attention, my attention span is pretty bad, and it’s a lot of information
to take in at a time” (interview)

“I would have loved this to be done in person, because there’s always things going on
around here and I found that I had to leave at times to deal with them” (interview)

Research Question 3: Wraparound Fidelity and Implementation

To answer the question of whether the intervention had an impact on wraparound fidelity
and implementation, I used sections of the WFI-EZ, a survey designed to measure wraparound
implementation fidelity, as a pre and post intervention measure. Section A, Wraparound
Involvement, and Section B, Experiences with Wraparound, were administered via a Qualtrics
survey at the pre-session and final session. As per test manual instructions, surveys with 8 or
more items excluded or “don’t know” responses were excluded, leaving 15 participants
completing part A and 16 participants completing part B.

The first section of the WFI-EZ, wraparound involvement, asks a series of yes/no
questions regarding family involvement in wraparound meetings and regular meeting times.
There was no significant difference in scores for pre (M=1.22, SD=.23) and post intervention
(M=1.13, SD=.13); t (14)=1.32, p=.207. Overall, participants reported an overall positive
endorsement of family involvement as well as the occurrence of regular meetings.

The second section of the WFI-EZ, experiences in wraparound, is split into five
subscales, or key elements: a) Outcomes, (b) Effective Teamwork, (c) Natural and Community
Supports, (d) Needs Based and (e) Strength and Family Driven. The descriptive statistical
analysis for the total section as well as each of the key elements is outlined in Table 9.
Table 9

Summary of Means and Standard Deviations on the WFI-EZ Section B: Experiences with Wraparound

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Total</td>
<td>16</td>
<td>2.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Post Total</td>
<td>16</td>
<td>2.6</td>
<td>0.4</td>
</tr>
<tr>
<td>Pre Outcomes</td>
<td>13</td>
<td>2.1</td>
<td>0.6</td>
</tr>
<tr>
<td>Post Outcomes</td>
<td>13</td>
<td>2.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Pre Teamwork</td>
<td>13</td>
<td>2.2</td>
<td>0.5</td>
</tr>
<tr>
<td>Post Teamwork</td>
<td>13</td>
<td>2.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Pre Natural Supports</td>
<td>16</td>
<td>2.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Post Natural Supports</td>
<td>16</td>
<td>2.6</td>
<td>0.5</td>
</tr>
<tr>
<td>Pre Needs-Based</td>
<td>13</td>
<td>2.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Post Needs-Based</td>
<td>13</td>
<td>2.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Pre Strength/Family Driven</td>
<td>15</td>
<td>2.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Post Strength/Family Driven</td>
<td>15</td>
<td>2.6</td>
<td>0.6</td>
</tr>
</tbody>
</table>

The Shapiro Wilks test of normality was conducted, and all pre and post measures met the test of normality except for the Outcomes subscale, and as such the Wilcoxon Signed Ranks test was conducted for the Outcomes key element to compare means pre and post intervention. There was a significant difference in total means for wraparound experience pre (M=2.27, SD=0.29) and post intervention (M=2.58, SD=0.38); t(15)=-2.28, p=0.037. No significant differences were found between means for any of the key elements (Outcomes z(13) = -1.44, p=0.149, Effective Teamwork t(12) = -1.41, p = 0.184, Natural/Community Supports t(15) = -0.921, p=.184, Needs Based t(12) = -1.47, p =1.65, and Strength and Family Driven t(14) = -1.62, p = 1.27. Effect sizes for the total means as well as each of the elements were calculated and are outlined in Table 10. Due to violation of normality for the Outcomes key element, effect size was calculated using \( r = \frac{Z}{\sqrt{N}} \).
Table 10

Effect sizes for Total WFI-EZ (Section B) and Key Elements

<table>
<thead>
<tr>
<th>Effect Size (Cohen’s d)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>.53</td>
</tr>
<tr>
<td>Outcomes</td>
<td>.28*</td>
</tr>
<tr>
<td>Teamwork</td>
<td>.55</td>
</tr>
<tr>
<td>Natural Supports</td>
<td>.81</td>
</tr>
<tr>
<td>Needs</td>
<td>.67</td>
</tr>
<tr>
<td>Family Strength</td>
<td>.70</td>
</tr>
</tbody>
</table>

*Calculated using z score due to violation of normality assumption

Effect sizes were in the moderate range for the Total WFI-EZ score, with effect sizes for the Natural Supports and Family Strength key elements falling within the high range. The Teamwork and Needs key elements fell within the moderate range, and the effect size for the Outcomes key element fell within the low range.

The WFI-EZ also allows for the translation of mean scores into percentages, with the goal being that translating mean scores into percentages allows the teams greater insight into where they have done well and the aspects that need more improvement. Although the cut-off percentages for adequate fidelity have not been reported for the WFI-EZ, the WFI 3 uses 75% as the criteria for determining adequate fidelity (Bruns, Suter, & Leverenth-Brady, 2003), and the authors have suggested a similar cut-off is appropriate for the WFI-EZ (T. Bernston, personal communication, July 5, 2021). The mean percentages are outlined in Table 11.
The WFI-EZ part B total along with all key elements fell short of the 75% cut-off, suggesting that across all areas related to wraparound care, there continues to be substantial room for improvement. Overall, participants rated wraparound fidelity implementation at 65%, a significant 9% improvement from the beginning of the school year. Although this is an improvement and this result suggests that although participants believe that there are aspects of strong wraparound implementation in place within their schools and the intervention played a role in increasing this strength, they believe that there continues to be substantial room for improvement. The subscales comprising the overall outcome will be examined along with qualitative data in the subsequent section.

To respond to this research question, these quantitative data were connected to the qualitative data to create the central themes encompassing wraparound implementation within
these secondary schools. The thematic array of quantitative and qualitative responses are seen in Figure 9.

Figure 9. Thematic Array of Qualitative and Quantitative Data

A framework for wraparound meetings. An emerging theme within the quantitative and qualitative data was the need for a comprehensive framework for integrated case management meetings. One of the key elements within the WFI-EZ, Effective Teamwork, asks questions regarding the team's ability to allow input from all stakeholders and come up with a cohesive team plan (e.g., “The family’s wraparound team came up with creative ideas for its plan that were different from anything that had been tried before”). On the Effective Teamwork key element, participants on average gave this element a score of 52% pre-intervention and 59% post intervention. This was the lowest percentage on all key elements suggesting that on average, participants believed this to be the area in need of most improvement.
Participants spoke of the importance of preplanning and reflection within the wraparound process, as well as the importance of reviewing the process regularly. In addition to using the wraparound framework provided by the National Wraparound Initiative, participants highlighted the importance of preplanning and reflection within the wraparound meetings themselves.

Preplanning was described as thoughtful reflections and discussions among stakeholders prior to the meetings taking place.

Having that sort of visual of being able to see it and say, do I have this person here, this person, and again, that list of, am I doing this? - I’ve thought about this. (interview)

How much work can be done beforehand to make meeting go so much more smoothly, whether it's online or whatnot. (interview)

Reflection was described as purposeful review after the meetings had taken place to ensure all aspects of the wraparound process had been adhered to.

What I would like to do more consistently is when we have our team meetings is to review those ICMS regularly so that they're not lost, right? What were the action items, what we're supposed to be doing, who was supposed to be doing what? (interview)

They highlighted the need for a visual structure to guide plans and actions within wraparound meetings, and the importance of an expanded toolkit of strategies from which to draw.

I think what it was is just having things that sometimes you do, but not seeing it written down as an actual structure. (interview)

If I was going to refer back I could, you know, have a document that kind of sums up what the process that we already follow and maybe have some additional you know? Details that that would be nice to see that you don't think of maybe meeting to meeting. (interview)

You know when you start in this position, you're just kind of, you know you're thrown into it and you're not given this toolkit necessarily of all these pieces. So for me, like all of it together, provided just a stronger framework. (interview)

There was so many different steps and tools that we can use and I think even if just a couple of them are used, it's going to make these meetings and the relationship with the
students so much better. You know with everybody like not just the student, but with the entire team. (interview)

Some participants spoke of the importance of having a framework to begin using and practicing appropriate wraparound language.

We had some troubles with an ICM. So like we happen to be going, it was at a point in our I think maybe our first or second session. We talk about the trust between community partners in ourselves and so I had to meet with the MCFD (community agency). A person that was involved in this and I were using some of the language around the trust, language that we were we were talking about and I think it really moved things along for us 'cause we were in a broken situation that felt really messy. (interview)

And so we started using some of the language as we went, so the practicing of it outside of our sessions into actual ICMs was really helpful (interview).

Others spoke of the importance of involving the entire school in the wraparound process, rather than simply viewing it as a process that occurs with students requiring intensive supports and interventions.

How can we build out tier 1 supports? How do we get teachers involved in supporting students and parents better? (reflective journal)

Teachers can also advocate for their students and quite often when we look at our caseload of 300 plus kids, we (counsellors) are not the eyes and ears like we have repeatedly said this year. I feel like I don’t know our grade 8s at all. All teachers should be aware of wraparound supports especially at the junior level. We’re doing a lot now. We’re not being proactive we are being reactive in some of the things we are trying to manage. (interview)

In addition to its use as a guide for preplanning and reflection, participants spoke of the role of a framework in shaping philosophical approaches and mindsets within wraparound care.

I see ICM meetings done so many times in our district, and those are so powerful if we want them to be. (interview)
There's lots of stuff, lots of things that I've learned and were reaffirmed through the sessions that you ran, and that sort of shaped philosophical approaches to ICM work. (interview)

Basically it's so much built around the school community, the school parent trust and just having a kind of a framework to see how it's all laid out was really helpful for me. (interview)

I think having a framework really helped with just how we interacted with and how we perceived the outside agencies. They responded well to that. So it's less about expensive strategy but more about having a mindset I think was most helpful. (interview)

**Parent Engagement and Support.** The second theme emerging from the quantitative and qualitative data was the importance of parent support and the development of parent engagement. Two key elements of the WFI-EZ, Natural Supports and Strength and Family Driven, asks questions regarding parent support and engagement (e.g., “The wraparound plan includes strategies that address the needs of other family members, in addition to the identified child or youth”; “The family had a major role in choosing the people on their wraparound team”). On the Natural/Community Supports subscale, participants on average gave this element a score of 65% post intervention, an increase of 5% from pre-intervention. On the Strength and Family Driven subscale, participants on average gave this element a score of 68%, an increase from 59% preintervention. This element had the highest score, suggesting that participants felt that this was something that their teams did the best and attributed importance to do well, in their integrated case management meetings.

Participants spoke of the importance of active parent involvement.

What I've noticed, like what I've seen with students, and I've said over and over again in the last few years, if there was more parent involvement, what you would actually see. I wonder how much more result we would see. (interview)

It's not that our parents don't engage, but they only engage if we call them and then often it's just like listening to us. You know, like there's no dialogue really, it's just like oh what
do you think I should do? So I think we need a stronger relationship between the school and the parents. (interview)

How do we, you know, use strategies on how to get them on board and how do we continue with that relationship throughout the year? (interview)

Parents/guardians need to understand why they are coming in and know goals. (reflective journal)

They also spoke of the importance of establishing parent trust prior to beginning the wraparound process.

But I was working with another counselor yesterday and they said, “oh, Mom's English is pretty good so we probably could just do the meeting and not have to like you know like it adds work for us to get the translator pick the meeting date”, etc. and before I totally would have been like yeah sure her English is pretty good. But now it's like no if you're talking about your kid and you're talking with experts, you want to be speaking your first language. And you want to understand every word everyone saying so like that for me was a shift that came out of this. (interview)

Making sure that the people who are at the meeting, particularly the family, feels like they're a part of it, that they’re not there to be talked at. (interview)

When translators are involved, we’ve talked around them and even about parents, without explaining what we are all saying. We need to do better at these. (reflective journal)

Some spoke of checking assumptions, while others spoke of the importance of establishing rapport and comfort levels ahead of integrated case meetings.

Because of all the terminology we use and the assumptions we have, we really need them at the table. (interview)

This really refocused the importance on making sure like there's a re introduction of everyone because even though we assume everyone knows what everyone's doing, they don't – especially the parents and the family. (interview)

It's changed my ICMs just in general of being more welcoming to the families and making sure that we are doing whatever we can to make them as comfortable as possible in the process has very much been something that has been a focus of mine in my more recent ICMs. (interview)

**Communication/Collaboration of Stakeholders.** The third theme concerns the communication and collaboration of stakeholders. The two key elements that highlight this theme are Effective
Teamwork, the category which participants gave a score of 59% (an increase of 7% post intervention) and Natural/Community Supports, the category which participants gave a score of 65% (a 5% increase from pre-intervention). These scores suggest that participants feel as through they are more successful collaborating with parents and natural supports (e.g., “the wraparound team includes people who are not paid to be there (e.g., friends, family, faith”), and may feel less successful connecting all stakeholders together to form a cohesive group (e.g., “members of the wraparound team sometimes do not do the tasks they are assigned”). This may be due to the role that power differential may play in these relationships. While school professionals enjoy a enjoy the more prominent position of power in a parent-school relationship, they may not feel that way in a school-community relationship, thus increasing their discomfort with this relationship. Overall, participants reported that their current communication and collaboration practices, both pre and post intervention, needed improvement.

Participants spoke of effective communication and connection among stakeholders.

This is about bringing everybody on side together so that we can work together so, and I think those meetings sometimes are very intimidating for people. (interview)

So it's all that all the pieces of making sure that in wraparound you're communicating with the student, with the parent, with the behavior specialist. Let's say whoever is involved at the outside, counsellors or whatnot - you have more communication with those key players. (interview)

And that whole meeting the feel of the meeting even though it's not the first one is just you can feel the tension in the room. So the importance of maybe reaching out to those people into introducing myself earlier on. Just saying hello, connecting and then coming to that meeting. I think that's what I've learned mostly from this process. (interview)

Others spoke of involving all stakeholders actively, highlighting the importance of ensuring opportunities for active participation as well as a structure in place to promote active participation.
So just making sure that there's space and opportunity for everyone to contribute to the conversation. (interview)

I feel like this is a school where teachers actually do a really great job of bringing for kids to school based teams, but I've been in other schools where teachers had no idea that that that's what the school. So that's also just a community that you build in a school, right? (interview)

Others spoke of the value of reflecting on community relationships and the value of having community supports attend the integrated case management meetings.

So the ICMs that I have been a part of were led by somebody else, but this did give me a different perspective and different insight into how better to serve the people in that room at that time - you know, family and outside workers, sources and all that together. (interview)

Had a “better” ICM recently for a young man I’ve been worrying about. Made sure he had good representation at the meeting (social worker, guardian). Good to have all involved. Definitely makes a difference. (reflective journal)

**Student-centered.** Both qualitative and quantitative data highlighted the importance of placing students at the centre of the wraparound process. Participants on average gave the key elements on the WFI-EZ pertaining to the importance of student involvement (Outcomes-Based, Needs-based) a score of 64% post-intervention (an increase of 4% pre-intervention) on the Outcomes-Based key element and a score of 64% post-intervention (an increase of 8% pre-intervention) on the Needs-based key element. The Outcomes key element concerns the effectiveness of the team plan in supporting and transitioning the student out of wraparound care service and the Needs-Based key element concerns the needs of the student and family being a focus within the wraparound team plan.

Section A of the WFI-EZ asks questions regarding the basic foundations of wraparound service such as whether the student and family has a wraparound team and care plan. These were coded quantitatively with a score of 1 as “yes” and a score of 2 as “no”. Participants’ responses
on these questions revealed a mean of 1.21 pre intervention and 1.13 post intervention, suggesting the majority of respondents felt as though the students and family play an important role within their integrated case management meetings. Participants spoke of the importance of the wraparound process being student-centred.

I’d never really thought about including a kid in an ICM. (interview)

…really highlighting the invitation of being student-centred and having the student be able to point out who's important to be at the table, having the student be involved in the goals. (interview)

…involving the student in the meeting and in the process and so that they don't feel you know, like there's all these high level adults talking about them, but that they are actually involved in that. It makes it a lot more accessible for them as well to feel like they are involved in the process. I think that's part of building that trust between not only the parents and the school, but also the child and the school in these meetings. (interview)

They spoke of the importance of accessibility to trusted adults within the school system and establishing a trusting relationship and effective communication with school personnel.

Like I'm even conscious when we go into meetings that you know you'll sit around a circle. Well, I will go and sit beside the child as opposed to everyone on the school side were sitting across the desk. And because I'm there as the advocate in the support working with the child. (interview)

Some participants spoke of the need to take the student’s perspective and understand that, due to their circumstances, engagement and connection may be difficult and take time.

By the time we get the kids at the Learning Center unfortunately they've gone through a system and probably had some setbacks and there's been, you know, things that haven't worked out and they may have lost some faith in the system or trust in the system, right? So to try and re engage them sometimes takes a lot more effort and time. (interview)

Effect size. As most studies examining outcomes such as increase in knowledge of wraparound practice have been qualitative (Biddle, 2017; Briggs et al., 2005; Hesjedal et al., 2010), the effect sizes of this study were also measured qualitatively. An inter-respondent matrix is a participant
by theme matrix that offers the opportunity to investigate the contributions of participants to each theme (Onwuegbuzie, 2000). Examining the effect sizes within qualitative data is possible by examining frequency (the frequency of themes from an inter-respondent matrix) and intensity effect size (the frequency of each significant statement within each theme) (Onwuegbuzie, 2003). Table 12 outlines the four themes derived from, as well as the number of times the theme was endorsed through, participants’ comments. This methodology was employed to determine the effect size within this study. Participants’ endorsements were triangulated across field notes from each session, survey responses, interviews, and reflective journals.

Table 12

*Inter-respondent Matrix*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Participants’ Endorsements (#)</th>
<th>Examples of significant statements within theme</th>
<th>Researcher explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wraparound meeting framework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent engagement and support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The manifest effect sizes represent counts of statements pertaining to observable content that underlie emergent themes (Onwuegbuzie, 2003). Of the total statements coded by participants, the importance of a framework for meetings was the most prevalent, accounting for 39% of all statements. Parent engagement and support accounted for a quarter of all statements, while communication and collaboration among stakeholders and the importance of keeping students at the center of wraparound meetings accounted for 20% and 16% of all statements, respectively. These findings suggest that a critical component of improved wraparound process is the creation of a framework for the wraparound meetings themselves.

Research Question 4: Culturally Responsive Practice within Wraparound

The fourth question concerned participants’ knowledge of culturally responsive practice. Items deemed relevant to wraparound care were taken from the Culturally Responsive Scorecard and administered via Qualtrics survey at the pre-session and final session, with 15 respondents completing both pre and post intervention items. Items were scored on a Likert scale, with 1
being “agree”, 2 being “somewhat agree”, 3 being “somewhat disagree” and 4 being “disagree”. A total of five items were included in the survey. There was no significant difference in scores for pre (M=1.75, SD=.65) and post (M=1.43, SD=.39); t(14)=1.51, p=.153, indicating that intervention did not make substantial changes for participants regarding their culturally responsive practices. Included in the preintervention survey was a series of open-ended questions asking about how to bring about change to make integrated case management meetings more culturally responsive. The top three themes were preplanning, ensuring the right stakeholders were present at the meeting and building trust among participants. Although this question was primarily directed at gauging the culturally responsive practices among the participants, these three themes are very similar to those discovered when examining wraparound implementation. These results also suggest that on average, participants view themselves as knowing and employing culturally responsive practices within their integrated case management meetings. This is consistent with previous research examining self-efficacy and culturally responsive practice (Stepp & Brown, 2021); however, studies examining self-efficacy with culturally responsive practice among teachers have found a discrepancy among self reports and researcher observations of culturally responsive practice or varying self reports depending on the aspect of culturally responsive practice being investigated (Cruz, Manchanda, Firestone, & Rodl, 2020; Siwatu, 2011; Stepp & Brown, 2021). These results may mean that participants feel comfortable with only certain aspects of culturally sustainable practice.

Research Question 5: Use of Wraparound Strategies

The final analysis examined the frequency with which the presented strategies were used over the course of the inquiry. The strategies presented are summarized in Table 13.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
<th>Barrier Addresses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Advocacy</td>
<td>The use of parent advocates to increase involvement</td>
<td>Parent Engagement</td>
</tr>
<tr>
<td>Positive Family Support Assessment</td>
<td>A series of screening measures to determine need</td>
<td>Parent Engagement</td>
</tr>
<tr>
<td>Collaborative Peer Review</td>
<td>Joint teams of educators and parents working towards improvement</td>
<td>School-Parent Trust</td>
</tr>
<tr>
<td>Wise Feedback</td>
<td>Method of communication conveying high expectations of student</td>
<td>School-Parent Trust</td>
</tr>
<tr>
<td>Communities of Practice</td>
<td>Multi-disciplinary exchange of information and ideas</td>
<td>School-Community Trust</td>
</tr>
<tr>
<td>Learning Networks</td>
<td>A multi-disciplinary team promoting health and wellbeing for families</td>
<td>School-Community Trust</td>
</tr>
<tr>
<td>Multi-Tiered System of Supports Framework</td>
<td>A tiered approach to service delivery</td>
<td>Process Effectiveness</td>
</tr>
<tr>
<td>Wraparound Fidelity Index</td>
<td>A measure of wraparound implementation fidelity</td>
<td>Process Effectiveness</td>
</tr>
</tbody>
</table>

The pre-intervention survey, administered via Qualtrics and completed by 21 participants, asked participants what strategies they were familiar with. These results are presented in Figure 10.
The strategy most known prior to the inquiry was Learning Networks, with 68% of participants reporting familiarity with the strategy. The strategy least known was the Multi-Tiered System of Supports framework, with 0% reporting familiarity with this strategy. Except for two of the strategies where the percentages were equal, most strategies were unfamiliar to the participants prior to beginning the inquiry.

The pre-intervention survey included an open-ended question asking participants to state their biggest challenge when running an integrated case management meeting. The three most common responses were the absence of planning prior to the meeting, the involvement of appropriate stakeholders, and the lack of trust present among stakeholders. These results align with the themes discovered when examining wraparound implementation and culturally responsive practice within wraparound, and further cement these ideas as being integral to an effective wraparound process.
To examine strategy use through the course of the inquiry, a survey was administered via Qualtrics at the final session, with 16 participants responding. Figure 11 outlines strategy use throughout the course of the inquiry.

![Use of Strategies Throughout Inquiry](chart)

*Figure 11. Use of Strategies Throughout Inquiry*

The strategy most used throughout the course of the inquiry was Communities of Practice, with 69.75% of participants reporting using it one or more times. Learning Networks was the strategy used the second most, with 63.75% of respondents using it once or more through the school year. The two strategies used the least by respondents were the MTSS framework, with 25% of respondents reporting using it over the course of the inquiry, and the WFI assessment measures, with 37.5% reporting use over the inquiry months.

Participants were also asked during the focus group interview what strategy they found to be most valuable. Most participants did not name a particular strategy they found valuable. This could be because the amount of content presented did not allow participants to thoroughly
investigate each strategy to the point of familiarity; rather, participants gained a preliminary understanding of each strategy’s structure as well as a glimpse as to how these strategies could be implemented with their contexts. When specific strategies were mentioned, the ones found to be the most valuable were wise feedback, screening tools, and parent advocacy groups. Most participants commented on the change of mindset and importance of developing a framework and structure for integrated case management meetings. This observation lends credence to the idea that for changes in effective wraparound implementation to occur, a paradigm shift needs to take place, with wraparound care providers building practice from a robust theoretical framework and clear mindset regarding the critical principles that underlie effective practice (Walker, 2015).

Summary of Findings

This research study examined the ecology of wraparound care practice within secondary schools using situated collaborative inquiry. Questions investigated included the examination of current wraparound practices through the lens of culturally responsive practice, the use of strategies proven in research to have a positive impact on the wraparound process, and their implementation of wraparound practices within their contexts. Along with questions examining wraparound care, questions evaluating situated collaborative inquiry as an effective method of addressing barriers to successful wraparound care were investigated.

Throughout the course of the inquiry, improvements were seen across measures of wraparound implementation or fidelity; however, all key indicators of wraparound fidelity continue to fall below the acceptable range, suggesting that continued support and education are necessary in order to see substantial, sustainable improvements in wraparound care. Key themes for improving wraparound practice were found to be having a detailed framework for
wraparound meetings themselves beyond a framework for the wraparound process, building parent engagement and support, communicating and collaborating with stakeholders on a continual basis, and striving to place students at the center of the wraparound process. Overall, participants rated themselves as using the tenets of culturally responsive practice within their meetings regularly, and the intervention did not significantly improve or impair this belief. Prior to intervention, participants were mostly unfamiliar with evidence-informed strategies to improve wraparound care, with the highest familiarity being Learning Networks (31%). Interestingly, no participant reported any knowledge of the Multi-Tiered System of Supports (MTSS) framework; this is particularly notable in that this framework is one on which many evidence-based practices across education use for delivery. Wraparound services have been shown to be successfully embedded into an MTSS framework (Hoover & Bostic, 2021; Yu, Haddock, Womack, 2020), and this is an area that is important to develop for further education, not only for wraparound but for all other educational strategies and interventions.

Other questions addressed the effectiveness of situated collaborative inquiry in addressing barriers to wraparound care. Most participants reported situated collaborative inquiry to be an effective method of delivery of wraparound strategies and reported that they felt comfortable and found value in sharing ideas and opinions with each other. Suggestions for improvement included more opportunities and time to collaborate and connect over the implementation of wraparound strategies within their contexts. Situated collaborative inquiry holds promise as an effective way to address barriers to wraparound practice.

Limitations

Limitations of this study included a small sample size and absence of a comparison group. The sample size consisted of 32 school professionals who had either been case managers
or regular participants within integrated case management meetings. A larger sample size would be needed to successfully generalize these findings. It is possible that a larger sample size may have yielded significant findings regarding culturally responsive practice and key elements within the WFI-EZ. The absence of a comparison group likely impacted the ability to generalize results to other contexts. This small sample size led to an underpowered study and it would be remis to assume that any significant changes were solely caused by the treatment variable, considering that no other variables were controlled for.

A limitation, which was voiced by many of the participants, was the lack of opportunity for active skill building. Despite the course of the inquiry taking place over 7 months of the school year, participants reported that they would appreciate further opportunities to practice and embed these strategies within their contexts. Ideally, having these participants continue to connect over the course of several school years, offering continued guided practice over the implementation of wraparound strategies, and having practitioners receive feedback from vital stakeholders such as families and outside agency supports regarding the success of these changes would likely lead to substantial improvements in wraparound practice at their sites and aid in contextualizing their learning.

Implications for Research

In a comprehensive meta-analysis examining wraparound research over the last several decades, researchers found four noticeable gaps within the research base: (a) the role and impact of peer support partners, (b) the breadth and quality of individual services, (c) the quality and evidence base for services received, and (d) the type of implementation supports that should be deployed (Coldiron et al., 2014). This study attempts to address the fourth gap by examining the current state of wraparound care in secondary schools and identify possible areas of
improvement within the implementation of wraparound practice. Integrated services, while having the potential to improve services and support for adolescents and their families, are challenging to implement and require focused, deliberate examination to be successful (Lyon et al., 2018). This study examined barriers to wraparound practice through situated collaborate inquiry, offering participants the opportunity to thoughtfully examine their own practices and integrate new ideas, strategies, and methods into their contexts. This follows the four pillars of continued improvement, namely grounding improvement in local problems, empowering practitioners to take an active role in research improvement, engaging in iteration, and striving to make changes across schools and communities rather than individual classrooms, which were all realized within this inquiry (Yurkovsky et al., 2020).

Implementation strategies that address more than one level (outer setting, inner setting, individual, intervention strategies) are more successful (Lyon & Bruns, 2019). This study addressed intervention strategies, the individuals involved in wraparound (attitudes, beliefs, self-efficacy) and the inner setting, or immediate organizational context in which implementation occurs, levels rarely examined within wraparound research (Lyon & Bruns, 2019; Bruns, 2020). The wraparound care provider’s connections with their colleagues were explored, as were the connections between school and family and school and community, reminiscent of the EST theoretical framework in that microsystems and mesosystems have been explored within this study. This research also overlaps well with key factors shown to have a positive impact on school improvement, two of which are the establishment of strong parent and community ties to school and a student-centered learning climate (Bryk, 2010). This suggests that addressing these barriers to wraparound care also may have positive implications for the entire school population.
Wraparound research can benefit greatly from more qualitative and mixed methods studies in this area to provide a richer picture of stakeholder dynamics and implementation ecology occurring within wraparound practice (Bruns, 2020). Individuals dealing with mental health challenges often have complex needs; however, most evidence-based interventions designed to address these needs focus on individually administered interventions designed to improve mental health outcomes (Lorenc, Lester, Sutcliffe, Stansfield, & Thomas, 2020). They do not address community level interventions, something that is known to play an important part in improving these outcomes (Lorenc et al., 2020). This study has offered insight into these complexities of wraparound care through integrated case management in secondary schools. Through this investigation, greater knowledge can be gained of the networked factors that comprise an effective system of care (Straul et al., 2010). According to systems theory, an open system is one that increases in complexity and adaptability (Amerikaner, 1981). This study contributes to this goal by adding informational pieces that illuminate some of these networked relationships, and in turn, leads to connecting these important relationships within systems to community initiatives (Hodges et al., 2010). If systems of care are expected to improve the mechanisms of service delivery, they should design and provide access to a network of seamlessly connected services and supports (Hernandez-Hodges et al., 2003).

The findings of this study can serve as an effective springboard to further research. As this study was limited to school professionals, examining implementation ecology through the lens of other stakeholders would provide richer insight into wraparound practice improvement. A meta-analysis examining the rates of youth mental health service use found that across all settings there is a need for better interconnections across sections but particularly in schools and outpatient settings (Duong et al., 2020). Culturally responsive practice, although highlighted at
each learning session, was not examined in such a way to gain detailed insight into the culturally sustainable practices of educators; further research should examine the role this plays within effective wraparound implementation. In addition to self-reports, researcher observations of school professionals may triangulate findings to provide a more robust, comprehensive picture of culturally sustainable practices (Cruz et al., 2020; Siwatu, 2011; Stepp & Brown, 2021). While some preliminary indicators have shown that wraparound care may be especially effective for students of diverse backgrounds, more research is needed in this area (Olson et al., 2021). The wraparound process is a complex one and it is difficult to ascertain effective changes to practice within such a short window of time. A longitudinal study examining changes within practice and sustainability of these changes would lend much insight into the mechanisms by which effective wraparound practice can be achieved.

**Implications for Practice**

The results of this study have highlighted the importance of providing a framework for wraparound meetings. While a framework for the wraparound process has been well established in other research (Bruns et al., 2014; Sather & Bruns, 2016), a detailed framework of a wraparound meeting has not been created. This is likely due to the different contexts in which wraparound is used; nevertheless, a thorough framework outlining considerations for a successful meeting before, during and after may contribute to improved outcomes for the wraparound process itself. At the final session of the collaborative inquiry, I presented a prototype for a comprehensive framework for integrated case management (included as Appendix F). The last session offered participants an opportunity to discuss the prototype and provide feedback as to how it should be modified. Participants suggested several modifications to the document, mostly editorial in nature, including a visual depiction of the ICM template.
participants reported that they were eager to use the document to plan their subsequent integrated case management meetings. The document is designed to be updated regularly as new information and feedback arises and is intended to be a component in the creation of a more comprehensive service delivery model for integrated case management for district personnel. Broader implications include a possibility for other stakeholders (families, students, community supports and members) to be a part of this collaborative work. Core features of a comprehensive school mental health system should include thorough and continuous needs assessments, resource mapping to inform decisions, and teaming among stakeholders to address the problems of practice that arise across roles and systems (Hoover & Bostic, 2021). The document also includes early warning indicators of potential trouble within practice for wraparound providers to reflect upon as they move through their meetings.

This inquiry provided a much-needed opportunity for school professionals involved in wraparound and integrated case management to discuss best practices, collaborate on new ideas, and inform each other on best practices related to wraparound care. Wraparound care falls under the category of an “ambiguous and wicked” problem in that it can be fraught with competing goals and value systems (Yurkovsky et al., 2020). To make effective, sustainable changes within wraparound care, professionals involved need to be given the opportunity to connect regularly to discuss these goals and value systems. Ongoing interagency collaboration continues to be rare (Yu et al., 2020). Collaboration among professionals relies on a set of procedures to guide planning and implementation as professionals work together to create a cohesive team care plan and an opportunity to exchange expertise, knowledge and methods among professionals (van Donge, Sabbe, & Glazemakers, 2018). Unfortunately, this time is rarely given due to a multitude
of barriers such as differing schedules and varying priorities from year to year; however, streamlining goals and cultivating common value systems needs repeated opportunities for connection. Professionals within themselves must act as reflexive practitioners aware of their own position and role within an organization to serve as bridges between families and schools (Sanders, Galindo, & deTablan, 2019).

A study found a five step process to be useful in supporting the implementation of evidence-informed practices with system of care models: 1) identify needed information, (2) seek the empirical information that addresses those needs, (3) critically appraise that information, (4) combine the best evidence with professional expertise and the client’s values to create a treatment plan, (5) evaluate the effectiveness and efficiency of this process (Graaf, Accomazzo, Mendenhall, & Grube, 2021). This research study can equip school wraparound teams to deal with the final step. Future work within the secondary schools should include continued examination of the wraparound process itself, both the tenets of wraparound care as well as the ecology of the wraparound meeting itself, with gaps in effective practice identified and time allocated to work through solutions. This iterative process increases the chances of sustainable improvement in wraparound practices. A recent study examining collaborative care with adolescents found that many hours of non-patient contract work goes into implementing the wraparound process, and this needs to be included in workload models (Garrett, Pullon, Morgan, & McKinley, 2020).

**Conclusion**

Barriers to effective wraparound care can include a lack of trust among stakeholders, challenges regarding parent engagement, and issues related to the process itself. Results of this study highlighted the importance of examining factors contributing to effective wraparound care:
parent support and engagement within the wraparound process, the creation of a cohesive team plan that includes goals for transitioning out of wraparound care, the needs of the family and student at the centre of service. These factors not only need to be considered when designing the wraparound process as a whole but need to be reflected within the wraparound meeting themselves, with a detailed framework outlining and operationalizing these components within integrated case management meetings. The creation of this framework needs to be iterative, with opportunities for contribution, collaboration and connection among stakeholders, and needs to move beyond a coordinated network to an adaptive network of structures, processes and relationships (Hodges et al., 2010).

Due to its complexity, wraparound care can never rest on solid ground. It is important to continually reassess and reflect upon the many facets within and factors contributing to effective wraparound care. Wraparound research must continue to expand beyond the expected and predefined outcomes, such as improved mental health symptomatology, better educational and vocational opportunities, and a decreased need for more restrictive residential treatment settings, to include unanticipated broader factors in building a more comprehensive model of integrated case management and wraparound care. Consistent with a theory of change for wraparound, scholar-practitioners need to consider not only the link between activities and outcomes but examine process indicators and intermediate outcomes (Walker & Matarese, 2011). It is these factors that will act as routes to change through facilitating positive long-term outcomes for adolescents and their families (Walker & Matarese, 2011).
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Appendix A

Needs Assessment Interview and Survey

Cognitive Semi-Structured Interview Questions:

1. What is your current role in this school?

2. How many years have you had this role (including at other schools)? How long have you worked at this school?

3. How many ICM’s have you taken part in in the last year?

4. How are these meetings arranged and by whom?

5. In your school, who typically attends these meetings? Are there any trends you notice around who typically attends? Who do you think should attend?

6. Are you aware of any policies or procedures for ICMs within this district? Is there any additional guiding policy specific to your school?

7. How are new participants (parents, teachers, outside agencies) oriented to this process?

8. How often, in your experience, are students involved in ICMs?

9. What is (are) the goal(s) of ICMs?

10. Do you think these goals are being met? Why or Why not?

11. What is your opinion of ICMs?

12. What, if anything is missing within the ICM process in your setting?

13. Are there any other problems you see with the ICM process?

14. What is working well within the ICM process?

15. On a scale of 1 to 5 how effective would you rate the ICM process?

16. Are there any measures currently used at this school to measure the effectiveness of ICM’s?

17. What else do I need to know about this process?
The Georgia School Personnel Survey (GSPS)

Staff Connections

1. I feel supported by other teachers at my school.
   - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree
2. I get along well with other staff members at my school.
   - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree
3. I feel like I am an important part of my school.
   - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree
4. I enjoy working in teams (e.g. grade level, content) at my school.
   - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree
5. I feel like I fit in among other staff members at my school.
   - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree
6. I feel connected to the teachers at my school.
   - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree

Structure for Learning

7. Teachers at my school frequently recognize students for good behavior.
   - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree
8. Teachers at my school have high standards for achievement.
   - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree
9. My school promotes academic success for all students.
   - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree
10. All students are treated fairly by the adults at my school.
    - Strongly Disagree      - Somewhat Disagree      - Somewhat Agree      - Strongly Agree
11. Teachers at my school treat students fairly regardless of race, ethnicity, or culture.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree
12. Teachers at my school work hard to make sure that students do well.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree

School Safety

13. I feel safe at my school.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree
14. I have been concerned about my physical safety at school.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree
15. If I report unsafe or dangerous behaviors, I can be sure the problem will be taken care of.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree
16. I feel safe when entering and leaving my school building.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree

Physical Environment

17. My school building is well-maintained.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree
18. Instructional materials are up to date and in good condition.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree
19. Teachers at my school keep their classrooms clean and organized.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree
20. Teachers make an effort to keep the school building and facilities clean.
   " Strongly Disagree " Somewhat Disagree " Somewhat Agree " Strongly Agree

Peer and Adult Relations
21. Students at my school would help another student who was being bullied.
   
   “ Strongly Disagree ” Somewhat Disagree ” Somewhat Agree ” Strongly Agree

22. Students at my school get along well with one another.
   
   “ Strongly Disagree ” Somewhat Disagree ” Somewhat Agree ” Strongly Agree

23. Students at my school treat each other with respect.
   
   “ Strongly Disagree ” Somewhat Disagree ” Somewhat Agree ” Strongly Agree

24. Students at my school treat other students fairly regardless of race, ethnicity, or culture.
   
   “ Strongly Disagree ” Somewhat Disagree ” Somewhat Agree ” Strongly Agree

25. Students at my school show respect to other students regardless of their academic ability.
   
   “ Strongly Disagree ” Somewhat Disagree ” Somewhat Agree ” Strongly Agree

26. Students at my school demonstrate behaviors that allow teachers to teach, and students to learn.
   
   “ Strongly Disagree ” Somewhat Disagree ” Somewhat Agree ” Strongly Agree

Parent Involvement

27. Parents at my school attend PTA meetings or parent/teacher conferences.
   
   “ Strongly Disagree ” Somewhat Disagree ” Somewhat Agree ” Strongly Agree

28. At this school, parents frequently volunteer to help on special projects.
   
   “ Strongly Disagree ” Somewhat Disagree ” Somewhat Agree ” Strongly Agree

29. Parents at this school frequently attend school activities.
   
   “ Strongly Disagree ” Somewhat Disagree ” Somewhat Agree ” Strongly Agree
1. Teachers in this school trust the principal.
2. Teachers in this school trust each other.
3. Teachers in this school trust their students.
4. The teachers in this school are suspicious of most of the principal’s actions.
5. Teachers in this school typically look out for each other.
6. Teachers in this school trust the parents.
7. The teachers in this school have faith in the integrity of the principal.
8. Teachers in this school are suspicious of each other.
10. Students in this school care about each other.
11. The principal of this school does not show concern for the teachers.
12. Even in difficult situations, teachers in this school can depend on each other.
13. Teachers in this school do their jobs well.
14. Parents in this school are reliable in their commitments.
15. Teachers in this school can rely on the principal.
16. Teachers in this school have faith in the integrity of their colleagues.
17. Students in this school can be counted on to do their work.
18. The principal in this school is competent in doing his or her job.
19. The teachers in this school are open with each other.
20. Teachers can count on parental support.
21. When teachers in this school tell you something, you can believe it.
22. Teachers here believe students are competent learners.
23. The principal doesn’t tell teachers what is really going on.
24. Teachers think that most of the parents do a good job.
25. Teachers can believe what parents tell them.
26. Students here are secretive.
Appendix B

Emails for Needs Assessment Recruitment

Email sent to school psychologists:

Hi everyone,

Thank you so much for your help with my research. As I mentioned in the staff meeting today, I am completing my doctorate and the focus of my research is wraparound care and integrated case management. It would be great if you could ask your colleagues at your secondary school School-Based Teams if they would be willing to complete an on-line survey for me. The survey can be completed on a computer or mobile phone and takes about 10 minutes to complete. If they are interested, send me the names and I will send them the link to the survey. Please feel free to email me with any questions.
Thanks again!
Diana

Email sent to survey participants:

Hi,

Thank you very much for helping me with my doctoral research – your input has been invaluable and will help to direct my intervention next year. My hope is that this research will support your professional practice and improve district procedures around ICM’s.

As part of my needs assessment, it would be great if you could fill out the attached survey examining school climate and trust. The survey takes approximately 10 minutes to complete, and can be completed on your computer or mobile phone. Of course, your answers will remain confidential. Please don’t hesitate to email or call with any questions.

Thanks again for your help and support😊

Diana
Appendix C

Memo Script for Intervention Participant Recruitment

To be put into School District Weekly Memo:

Attn: Secondary School Counsellors and Vice Principals (school teams of 2 or 3)

Department: Student Support

Contact: Diana Jahnsen, school psychologist or Selma Smith, District Principal

Re: Expression of Interest Collaborative Inquiry – Integrated Case Management and Wraparound Care

Deadline: August 30, 2020

Integrated Case Management (ICM)/Wraparound Care describes a multi-disciplinary approach to supporting children and youth with complex needs. The case manager is responsible for coordinating and chairing ICM meetings when students are transitioning to Kindergarten, to another school, to Grade 8, or to adulthood. ICM meetings should also be held for students who have complex needs and multiple service providers, to examine the student’s strengths/what is going well and the factors interfering with a student’s ability to experience success at school, in order to develop an effective integrated plan. Ministry of Education guidelines require documentation of at least one ICM per year, for students designated as requiring Intensive Behaviour Intervention. It may be necessary to have two or more ICMs per year for students who have extremely complex (e.g., medical, mental health, behavioural) needs.

This inquiry, comprised of seven monthly morning professional development sessions, will offer case managers a suite of evidence-informed strategies to ensure effective integrated case management and wraparound care. These sessions will be delivered in the form of situated collaborative inquiry, with all school teams being given a voice to discuss their ICM successes and challenges, as well as an opportunity to examine and implement these strategies within their contexts, and to learn from each other. The first PD session will take place on September 21, 2020 with 6 subsequent sessions (i.e., one per month). For more information and to register please contact Diana Jahnsen (jahnsen_d@surreyschools.ca), Selma Smith (smith_selma@surreyschools.ca), or Chris Stanger (stanger_c@surreyschools.ca).
Appendix D

Pre-Intervention Survey

1. What is your knowledge of the following strategies (1 – little knowledge (I’ve never heard of it); 2 – some knowledge (I’ve heard about it but never used it); 3 – extensive knowledge (I’ve used it)):

   (parent engagement)
   - Parent Advocacy Group
   - Family Check-up Model
   - Positive Family Support Assessment

   (parent-family trust)
   - Collaborative Peer Review Teams
   - Wise Feedback

   (parent-outside agency trust)
   - Communities of Practice
   - Communities of Transformation
   - Learning Networks

   (process effectiveness)
   - MTSS Framework
   - Wraparound Fidelity Index

Please list any of the above strategies that you have used or suggested in your ICM meetings.
WFI-EZ Care Coordinator Form:

SECTION A: WRAPAROUND INVOLVEMENT

For the following statements, please answer “Yes” if you agree or “No” if you disagree.

A1. The client is part of a Wraparound team AND this team includes more members than just the youth and one professional (e.g., yourself).

A2. The client has a written plan (Wraparound plan or plan of care) that describes strategies, action steps, and who is responsible.

A3. The team meets regularly (at least every 30-45 days).

A4. The Wraparound team's decisions are based on input from the client.

SECTION B: EXPERIENCES IN WRAPAROUND

For the following statements, please think about your experiences with Wraparound. Indicate how much you agree with each statement with the options, “Strongly Agree”, “Agree”, “Neutral”, “Disagree”, “Strongly Disagree”, or “Don’t Know”.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1. The client had a major role in choosing the people on his or her Wraparound team.</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>B2. There are people providing services to this client who are not involved in their Wraparound team.</td>
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<td>B3. At the beginning of the Wraparound process, the client described his or her vision of a better future, and this statement was shared with the team.</td>
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<tr>
<td>B4. The client’s Wraparound team came up with creative ideas for his or her plan that were different from anything that had been tried before.</td>
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<tr>
<td>B5. With help from the Wraparound team, the client chose a small number of the highest priority needs to focus on.</td>
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<td>B6.</td>
<td>The Wraparound plan includes strategies that address the needs of other team members, in addition to the identified client.</td>
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<td>B7.</td>
<td>I am concerned that this client’s team does not include the right people to help him or her.</td>
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<td>B8.</td>
<td>At every meeting, the Wraparound team reviews progress that has been made toward meeting each of the client’s needs.</td>
<td></td>
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<tr>
<td>B9.</td>
<td>Through Wraparound, the client has increased the support he or she gets from friends and family.</td>
<td></td>
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<tr>
<td>B10.</td>
<td>Through Wraparound, the client has built strong relationships with people he or she can count on.</td>
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<tr>
<td>B11.</td>
<td>At each team meeting, the Wraparound team celebrates at least one success or positive event.</td>
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<tr>
<td>B12.</td>
<td>The Wraparound team does not include any natural supports such as friends, neighbors, or family members.</td>
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<tr>
<td>B13.</td>
<td>Through Wraparound, this client was linked to new community resources that were critical to meeting his or her needs.</td>
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<tr>
<td>B14.</td>
<td>The Wraparound plan included strategies that were linked to things the client likes to do.</td>
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</tr>
<tr>
<td>B15.</td>
<td>Members of the Wraparound team sometimes do not do the tasks they are assigned.</td>
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</tr>
<tr>
<td>B16.</td>
<td>The Wraparound team includes people who are not paid to be there (e.g., friends, family, faith).</td>
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<tr>
<td>B17.</td>
<td>I sometimes feel like members of this Wraparound team do not understand or respect the client.</td>
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<tr>
<td>B18.</td>
<td>The Wraparound plan includes strategies that do not involve professional services, and are things the client can do him- or herself or with help from friends, family, and community.</td>
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<td>B19.</td>
<td>I am confident that the Wraparound team can find services or strategies that help this client succeed in school and stay in the community over the long term.</td>
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<td>B20.</td>
<td>An effective crisis plan is in place that ensures this client knows what to do in a crisis.</td>
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</tbody>
</table>
B21. The Wraparound team and the client have talked about how they will know it is time to transition out of formal Wraparound.  

B22. The client gives feedback about how the Wraparound process is working for him or her at each team meeting.  

B23. It is possible that the Wraparound process could end before the client’s needs have been met.  

B24. Because of the Wraparound process, I am confident that the client will be able to manage future problems.  

B25. The client has been connected to community support and services that meet his or her needs.  

CRE Scorecard:

My current integrated case management meetings…:

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. …communicate an asset-based perspective by representing people of diverse races, classes, genders, abilities, and sexual orientations through their strengths, talents, and knowledge rather than their perceived flaws or deficiencies.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>2. … does not communicate negativity or hostility toward people of marginalized backgrounds through verbal or nonverbal insults, slights, or snubs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>3. … present alternative points of view as equally worth considering.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>4. … recognize the validity and integrity of knowledge systems based in communities of color, collectivist cultures, matriarchal societies, and non-Christian religions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>5. … provide guidance on being aware of one’s biases and the gaps between one’s own culture and students’ cultures.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>
Open-ended survey questions (fidelity of implementation):

Within your context, what is the biggest challenge of chairing an ICM? What part of the ICM process is the most difficult to adhere to?

Open-ended survey questions (cultural responsiveness):

How can you bring about change that will make the wraparound process more responsive to students with diverse backgrounds?
Appendix E

Post Intervention Survey

Please rate the quality of the method of delivery (Situated Collaborative Inquiry) – 1: poor, 2: not great, 3: pretty good, 4: excellent) 1 2 3 4

We discussed problems and challenges together □ Y □ N
We engaged in discussion and planning within this process □ Y □ N
We discussed our assumptions, beliefs and experiences within this process □ Y □ N
We considered different models within our contexts □ Y □ N
I felt comfortable sharing my views and opinions □ Y □ N

Please indicate the amount of times you used this strategy at an ICM over the time of this inquiry (parent engagement)

- Parent Advocacy Group Not at all 1-2 >3
- Family Check-up Model Not at all 1-2 >3
- Positive Family Support Assessment Not at all 1-2 >3

(parent-family trust)

- Collaborative Peer Review Teams Not at all 1-2 >3
- Wise Feedback Not at all 1-2 >3

(parent-outside agency trust)

- Communities of Practice Not at all 1-2 >3
- Communities of Transformation Not at all 1-2 >3
- Learning Networks Not at all 1-2 >3
Focus Group Interview Questions:

Out of all of the materials given throughout these sessions (including those above and reflection journals) which one(s) did you find the most valuable to your learning?

What strategy do you find to be most easily adaptable and implementable within your context? Why?

Did you find collaborative inquiry a useful way to address some the challenges around ICM? How?

Could this process have been improved upon? Anything you would change?

WFI-EZ Care Coordinator Form:

SECTION A: WRAPAROUND INVOLVEMENT

For the following statements, please answer “Yes” if you agree or “No” if you disagree.

A1. The client is part of a Wraparound team AND this team includes more members than just the youth and one professional (e.g., yourself).

A2. The client has a written plan (Wraparound plan or plan of care) that describes strategies, action steps, and who is responsible.

A3. The team meets regularly (at least every 30-45 days).

A4. The Wraparound team's decisions are based on input from the client.
SECTION B: EXPERIENCES IN WRAPAROUND

For the following statements, please think about your experiences with Wraparound. Indicate how much you agree with each statement with the options, “Strongly Agree”, “Agree”, “Neutral”, “Disagree”, “Strongly Disagree”, or “Don’t Know”.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>

B1. The client had a major role in choosing the people on his or her Wraparound team.  

B2. There are people providing services to this client who are not involved in their Wraparound team.  

B3. At the beginning of the Wraparound process, the client described his or her vision of a better future, and this statement was shared with the team.  

B4. The client’s Wraparound team came up with creative ideas for his or her plan that were different from anything that had been tried before.  

B5. With help from the Wraparound team, the client chose a small number of the highest priority needs to focus on.  

B6. The Wraparound plan includes strategies that address the needs of other team members, in addition to the identified client.  

B7. I am concerned that this client’s team does not include the right people to help him or her.  

B8. At every meeting, the Wraparound team reviews progress that has been made toward meeting each of the client’s needs.  

B9. Through Wraparound, the client has increased the support he or she gets from friends and family.  

B10. Through Wraparound, the client has built strong relationships with people he or she can count on.  

B11. At each team meeting, the Wraparound team celebrates at least one success or positive event.
| B12. | The Wraparound team does not include any natural supports such as friends, neighbors, or family members. |
| B13. | Through Wraparound, this client was linked to new community resources that were critical to meeting his or her needs. |
| B14. | The Wraparound plan included strategies that were linked to things the client likes to do. |
| B15. | Members of the Wraparound team sometimes do not do the tasks they are assigned. |
| B16. | The Wraparound team includes people who are not paid to be there (e.g., friends, family, faith). |
| B17. | I sometimes feel like members of this Wraparound team do not understand or respect the client. |
| B18. | The Wraparound plan includes strategies that do not involve professional services, and are things the client can do him- or herself or with help from friends, family, and community. |
| B19. | I am confident that the Wraparound team can find services or strategies that help this client succeed in school and stay in the community over the long term. |
| B20. | An effective crisis plan is in place that ensures this client knows what to do in a crisis. |
| B21. | The Wraparound team and the client have talked about how they will know it is time to transition out of formal Wraparound. |
| B22. | The client gives feedback about how the Wraparound process is working for him or her at each team meeting. |
| B23. | It is possible that the Wraparound process could end before the client’s needs have been met. |
| B24. | Because of the Wraparound process, I am confident that the client will be able to manage future problems. |
| B25. | The client has been connected to community support and services that meet his or her needs. |
CRE Scorecard:

My current integrated case management meetings…:

1. …communicate an asset-based perspective by representing people of diverse races, classes, genders, abilities, and sexual orientations through their strengths, talents, and knowledge rather than their perceived flaws or deficiencies.

2. … does not communicate negativity or hostility toward people of marginalized backgrounds through verbal or nonverbal insults, slights, or snubs.

3. … present alternative points of view as equally worth considering.

4. … recognize the validity and integrity of knowledge systems based in communities of color, collectivist cultures, matriarchal societies, and non-Christian religions.

5. … provide guidance on being aware of one’s biases and the gaps between one’s own culture and students’ cultures.
Appendix F

INTEGRATED CASE MANAGEMENT (ICM)
INTEGRATED CASE MANAGEMENT (ICM) PROCESS

Integrated Case Management (ICM) is more than collaboration (which involves a group of service providers maintaining contact and sharing information while providing separate services); ICM refers to a team approach taken to coordinate various services for a specific child and/or families through development of a cohesive plan. All members of the team work together to provide assessment, planning, monitoring, and evaluation. The team should include all service providers who have a role in implementing the plan, and the child (when appropriate) and his/her family.

WHO NEEDS AN ICM?

Integrated Case Management meetings should occur when professionals representing various agencies (e.g., Ministry of Children & Family Development, Ministry of Health, Ministry of Education) are involved with a particular student, and an integrated approach to programming is in the student’s best interests.

WHEN SHOULD ICMS OCCUR?

ICM meetings should be held when students are transitioning to Kindergarten, to another school, to Grade 8, or to adulthood. ICM meetings should also be held for students who have complex needs and multiple service providers to share what’s working well, and especially when there are factors interfering with a student’s ability to experience success at school. Ministry of Education guidelines require documentation of at least one ICM per year for students designated as requiring Intensive Behaviour Intervention. It may be necessary to have two or more ICMS per year for students who have extremely complex (e.g., medical, mental health, behavioural) needs.

Participants typically include the Classroom Teacher (CT), Education Assistant (EA), Applied Behaviour Analysis Support Worker (ABA SW), Principal or Vice Principal, as well as Social Workers, Key Workers, STADD Navigators, Advocates, Behaviour Consultants, Child & Youth Mental Health (CYMH) Clinicians, Medical Practitioners (e.g., Pediatricians, Psychiatrists), district or community personnel (e.g., Speech-Language Pathologists [SLPSs], Augmentative Communication Specialists [AACs], Special Education Helping Teachers [SPED HTS], District Behaviour Specialists [DBSSs], District Resource Counsellors [DRCs], Occupational or Physical Therapists [OT/PTs], and School Psychologists).

ICM BENEFITS TO STUDENTS AND FAMILIES

➢ Helps ensure that people work toward a common goal: the well-being of the child.
➢ Helps ensure that students get needed services and information.
➢ Results in children doing betters socially and academically.
➢ Results in students learning new skills.
➢ Results in students feeling respected.

➢ Helps enhance students’ self-esteem in that they are full participants in the planning process.
➢ Results in students feeling supported and that people care.
➢ Helps promote understanding of students’ cultural context and way of doing things.
➢ Leads to parents’ involvement in decision making regarding their children.

ICM BENEFITS TO PRACTITIONERS

➢ Promotes a sense of shared responsibility, accountability and decision making.
➢ Builds a sense of community – of people working together.
➢ Reduces practitioners’ sense of isolation.

➢ Provides opportunities for reflective practice.
➢ Provides opportunities for mentoring and a collective increase in professionals’ knowledge and skills.
➢ Enhances practitioners’ appreciation of students’ strengths and capacities.
➢ Decreases practitioners' workload.

<table>
<thead>
<tr>
<th>ICM Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Student centred service ➢ Recognizing diversity ➢ Participation</td>
</tr>
<tr>
<td>➢ Building on strengths ➢ Collaboration ➢ Accountability</td>
</tr>
<tr>
<td>➢ Advocacy (self) ➢ Mutual respect ➢ Holistic approach</td>
</tr>
<tr>
<td>➢ Continuity ➢ Transition planning ➢ Least intrusive and intense intervention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enablers to ICM</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Honest, trusting relationships with the other participants of a case conference. ➢ Rationalization of the documentation required on each file.</td>
</tr>
<tr>
<td>➢ Having several strong ‘champions’ of ICM. ➢ Having the ICM case conference chair possess strong group facilitation/conflict resolution skills.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barriers to ICM</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Different disciplines may have different language, perspectives, experiences, and philosophies, as well as limited understanding of each other’s role and responsibilities. ➢ Differing beliefs and comfort regarding student/family involvement.</td>
</tr>
<tr>
<td>➢ Key people missing. ➢ Lack of resolution and agreement on information sharing policy and protocols.</td>
</tr>
<tr>
<td>➢ Amount and rate of change within MCFD. ➢ Staffing and workload issues.</td>
</tr>
<tr>
<td>➢ Existing systems of documentation. ➢ Lack of resources.</td>
</tr>
</tbody>
</table>

**WHO INITIATES THE ICM?**

The designated Case Manager (e.g., IST, LST, Classroom Teacher, etc.) generally initiates the request for an ICM, although any member of the team may do so.

**WHO TO INVITE TO AN ICM**

➢ Parent/guardian

➢ Foster Parent

➢ Members of the educational team (CT, IST, EA, Principal/Vice Principal, CYCW and Counsellor if applicable)

➢ Nursing Support Staff (NSS)

➢ CYSN (or other) Social Worker

➢ CCD staff (e.g., OT/PT)

➢ CYMH clinician

➢ Psychologist (if not in person, via conference call)

➢ Psychiatrist (if not in person, via conference call)

➢ Pediatrician (if not in person, via conference call)

➢ Maples Outreach Worker (if applicable, for students aged 12 and over)

➢ Key Worker

➢ Behaviour Consultant (ABA or other)

➢ Settlement (SWIS) Worker

➢ Interpreter/Multicultural Worker (MCW)

➢ STADD Worker/Navigator (secondary)

➢ Aboriginal Support Worker

➢ Other
CONSISTENT ICM DOCUMENTATION

It is important to document the process of ICM, and to use a consistent format to do so. The use of a consistent format will assist us to:

➢ Remember to focus on strengths.
➢ Consider all aspects of a child or youth’s life.
➢ Allow for portability to plans from one community to another.
➢ Allow for record services and outcomes.
➢ Demonstrate good practice.

CHECK LIST FOR EFFECTIVE COLLABORATION WITH CHILDREN, YOUTH, AND FAMILIES

Beliefs and Values
➢ Have I put myself in the person’s place and mentally reversed roles to consider how I would feel as the child, youth or family members?
➢ Do I see the student in more than one dimension, looking beyond his or her challenges?
➢ Do I really believe that youth/families are equal to me as a professional and in fact, are experts on their own situation?
➢ Do I consistently value the comments and insights of family members and make use of their reservoir of knowledge about their total needs and activities?

Logistics and Communication
➢ Do youth/families understand my role?
➢ Do I offer language/interpretation services as needed?
➢ Do I offer cultural support as needed?
➢ Does the youth/family understand what is being said/written about them and their family?
➢ Do I listen to youth/families and communicate in various ways that I respect and value their insights?
➢ Do I ask questions of the individual, listen to her or his answers, and respond?
➢ Have I provided the family with the opportunity to create the agenda or list the people whom they would like to participate?
➢ Do I work to create an environment in which the person is comfortable enough to speak and interact?
➢ Do I treat each person that I come into contact with as a person capable of understanding, learning, growing, and achieving?
➢ Do I speak plainly and avoid jargon?
➢ Do I schedule ICMs at times and places that are convenient to youth/families?
➢ Do I suggest/encourage that youth/family members bring a support person or advocate to the meetings?
➢ Do I suggest or encourage the youth/family members to develop a list of questions and their own set of goals for ICMs?

ICM PRACTICE TIPS
➢ The case manager is responsible for contacting potential ICM participants.
➢ At the first ICM, set regular dates for subsequent ICMs (for students who have an H designation, at least once per year; the more complex the student needs, the more frequent the need for an ICM - some students may require monthly ICMs).
➢ Practitioners who may need to be able to make decisions regarding resource allocation must be in attendance.
Encourage students to bring an advocate and/or support person.

Participants’ comfort in openly sharing relevant information should be determined early in the agenda.

Ensure that the student (when appropriate), youth and family receive copies of all ICM service/action plans.

As part of the ICM service plan, identify any barriers to implementation.

Celebrate and acknowledge positive change and/or periods during which there are no challenges, during the meeting and through documentation.

Formal meeting minutes must be taken and shared with the meeting participants, and then kept in the student’s permanent record file.

**ICM MEETING (Sample format)**

1. **Introductions.** As the case manager, introduce yourself. Ask members of the team to sign in, introduce themselves and explain their role.

2. **Review Successes.** Ask members of the team to share general successes of the past month, taking time to celebrate any progress made.

3. **Discussion.** Go through the following areas, reflecting on the student’s strengths and “stretches” in the past month:
   - Family & Social Relationships
   - Health
   - Educational goals
   - Identity
   - Social Presentation
   - Emotional & Behavioural Development
   - Self-care Skills
   - Other

4. **Identify Stretches/Strengths.** Review identified strengths and “stretches” and use them as a jumping off point for developing goals for the upcoming month(s). For example:
   - Can we build on existing skill sets to support identified challenges?
   - Are there some challenges that overlap? Can we combine them into one goal?

5. **Goal Setting.** Identify with the team a few key goals for the upcoming month. For example:
   - What is the goal (& how can we measure it)?
   - What strategies should we try in supporting this student in attaining their goal?
   - Who is responsible for implementing the instruction and/or documentation?

6. **Review & Wrap-up.**
   a. Thank everyone for meeting together today.
   b. Review the successes of the last month.
   c. Briefly review the goals that have been set.
   d. Review what the members of the team will be doing to support the implementation of these goals (e.g., “I will create a visual schedule to support the morning transition. The EA will monitor how the student responds to the visual reminder and let me know if changes need to be made”).
   e. Set (a) subsequent meeting date(s).
   f. **Ensure participants receive a copy of the meeting minutes.**
ICM PROTOCOL
PROTOTYPE

- Link to strategies addressing culturally responsive practice

- Link to strategies addressing parent engagement

- Link to strategies addressing parent-school trust

- Link to strategies addressing issues related to process effectiveness

- Link to strategies addressing school-community trust

Parent Engagement

Parent-School Trust

School-Community Trust

Process Effectiveness
PARENT ENGAGEMENT

OVERVIEW

Parent engagement, or parents and school staff working together to support student learning, has been linked to increased academic achievement, better school attendance, and improved social-emotional outcomes for students.

Parent engagement (doing with) fosters an active, participatory role in learning, and gives parents a sense of agency over and above mere involvement in school activities (doing to).

STRATEGIES TO SUPPORT THE DEVELOPMENT OF PARENT ENGAGEMENT IN ICMs

➢ **Teacher Training**
  - Practical professional learning opportunities to improve teacher skillset and knowledge to better adapt to parents’ changing beliefs.
  - Teacher committees that serve as models to increase contact with parents, organize workshops, collect and analyze data on parent engagement interventions and inform colleagues of parent engagement policies and procedures.

➢ **Parent Advocacy Groups**
  - Parents who train parent engagement coordinators to demonstrate shared decision-making, model empowerment using parent voice, address language and cultural barriers, and serve as models to other parents.

➢ **Family Check-Up Model**
  - A tiered intervention design to support families, consisting of 2 tiers.
    - Tier 1: Resource designed for all parents (parent centred services and resources links on school website), universal screening measures.
    - Tier 2: Meeting with school counselor for interviewing, assessment, and feedback.

VIDEO LINK

2-5 min video outlining parent engagement in ICMs

REFERENCES/RESOURCES


BUILDING SCHOOL-PARENT TRUST

OVERVIEW

Trust is a critical factor in the development of effective collaborative partnerships. The advantages of forming school-family partnerships have been found to have a reciprocal benefit, not only increasing families’ positive perceptions of school, but school professionals’ positive perceptions of the family and school as well. School-family partnerships are not an activity; rather they are ongoing processes that facilitate the development of goals as well as the implementation of plans. Providing a positive environment, supporting the efforts of families and school professionals, employing culturally responsive practices, and promoting a view of education as a shared responsibility are important first steps in developing trust between school and families.

STRATEGIES TO SUPPORT THE DEVELOPMENT OF SCHOOL-PARENT TRUST IN ICMs

➢ **Collaborative Peer Review Teams**
  Joint teams of administrators, teachers and students who participate in a quality review process to gather information for continuous improvement efforts.
  Three criteria:
  1) the use of strengths-based dialogue,
  2) occurrence of regular meetings, and
  3) use of shared language accessible to all parties involved in conversation.

➢ **School Initiatives and Partnership Procedures**
  Addressing the power differential that exists between schools and families (e.g., starting a parent centre at the school, having career fairs, designing educational programs that parents can do at home to assist student learning, developing parent and family programs in response to local needs).

➢ **Wise Feedback**
  A method of communication that relates authentic high expectations from teacher to parent while simultaneously ensuring reciprocity in dialogue to build trust and a sense of connection
  Three essential components:
  1) a positive greeting, specific communication regarding the reason for the letter or phone call as well as desired outcomes,
  2) a wise statement outlining high expectations for their student, and
  3) a genuine belief that the student can meet and exceed these expectations.

VIDEO LINK

Link to 2-5 min presentation on building school-parent trust

REFERENCES/RESOURCES


BUILDING SCHOOL-COMMUNITY TRUST

OVERVIEW

Partnerships with community agencies allow schools to achieve goals for students and families that may not be possible otherwise because these relationships bring added expertise or resources, cultivate lasting connections that benefit subsequent students and families, allow an exchange of information, and align work among all parties involved. Building relational trust, developing relationships with key people and organizations to address a diverse set of family needs, and embedding frequent accountability measures and methods of feedback within the process can be useful in counteracting the challenges that arise when integrating school and community supports.

STRATEGIES TO SUPPORT THE BUILDING OF SCHOOL-COMMUNITY TRUST IN ICMs

➢ **Communities of Practice**

   A group of individuals who exchange information and ideas and negotiate the meaning of shared constructs, building a sense of identity and shared history over time.

   ❖ Aimed at improving work within existing practices.

➢ **Communities of Transformation**

   Seek to challenge and alter underlying values. Three distinct characteristics: a persuasive philosophy that challenges traditional ways of thinking, the creation of critical reflection by expressing this philosophy through various events and activities, the development of a plan of action, and incorporation of new practices into a daily routine.

➢ **Collaborative Networks**

   A large collaborative social system consisting of families, neighbourhoods, schools, faith organizations, health care organizations, and community supports.

   ❖ Conceptualizing school as a hub for both school and community learning.

VIDEO LINK

Link to 2-5 min video presentation on building school-community trust.

REFERENCES/RESOURCES


PROCESS EFFECTIVENESS

OVERVIEW

In addressing barriers that may arise related to the ICM process, interventions need to include an ability to analyze the inner and outer organizational variables related to sustainability of practice. These may include issues related to goal ambiguity, role clarity, input variability, and low interdependence. Instead of a sole focus on outcomes (e.g., reducing symptoms or problem behaviors with students), the organizational relationships, specifically how they are created and provide successful access to a coordinated network of community services need to be examined.

STRATEGIES TO SUPPORT FEEDBACK MECHANISMS AND PROCESS EFFECTIVENESS WITHIN ICMs

➢ **MTSS Framework**
  A three tiered framework whereby all strategies are tiered depending on the level of need. By tiering school-based initiatives and strategies into universal, targeted and intensive levels, school professionals are able to use a common vocabulary to facilitate communication about expectations and decision making
  ❖ This framework should include an academic mission with clear links between school mental health and educational outcomes.

➢ **Wraparound Fidelity Index**
  Assessment measure consisting of questions around wraparound experience, outcomes and satisfaction.

VIDEO LINK

Link to 2-5 min video on process effectiveness.

REFERENCES/RESOURCES


Home | Wraparound Evaluation and Research Team (washington.edu)
CULTURALLY RESPONSIVE PRACTICES

OVERVIEW

Students and families are bound by their culture, and their culture must serve as the basis for interpreting their behavior, understanding their needs, and setting goals. There is no prescriptive method to achieving culturally responsive practice; it is a mindset or way of thinking rather than an activity or prescriptive set of skills to be learned. When engaging in transformative practice regarding culturally responsive beliefs, a useful place to begin is highlighting the differences between surface, shallow, and deep culture:

- **Surface Culture.** Easily observable events, such as music, dress, holidays.
- **Shallow Culture.** Unspoken customs and norms.
- **Deep Culture.** The place of intense change and the foundation of self-concept and identity.

6 CHARACTERISTICS OF A CULTURALLY RESPONSIVE EDUCATOR

1. Evidence of sociocultural consciousness (the understanding that individuals’ perceptions of work are significantly impacted by race/ethnicity, social class, and language).
2. An affirming attitude towards all students regardless of cultural background.
3. The belief that school professionals are change agents.
4. The adoption of a constructivist view of teaching within the cultural paradigm.
5. Recognition of importance of learning about students as individuals as well as part of their communities.
6. The cultivation of culturally responsive practice within the students with which they work.

INFUSING CULTURALLY RESPONSIVE PRACTICES WITHIN ICMs

Strategies that have been shown in research to be effective with culturally diverse populations include:

- Teacher Training
- Parent Advocacy
- Communities of Practice
- Wraparound Fidelity Index
- Communities of Transformation
- Wise Feedback
- Family Check-up Model

VIDEO LINK

2-5 min video on culturally responsive practices.

REFERENCES/RESOURCES


ICM TEMPLATE

SECTION 1: BEFORE THE MEETING

<table>
<thead>
<tr>
<th>Set the Stage:</th>
<th>Spend some time thinking about the setting of the meeting (in person or online, how to make it feel welcoming).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants:</td>
<td>Make sure you have everyone’s name, have everyone introduce themselves and their role.</td>
</tr>
<tr>
<td>Agenda:</td>
<td>Outline the goals of the meeting, who will be chairing and who will be taking minutes, any important rules (non-judgmental comments, constructive conversations, etc.), in case of online meetings will cameras be on.</td>
</tr>
<tr>
<td>Invitations:</td>
<td>Ensure that the parent or natural supports (uncle, friend, religious leader) have been invited, Elders, community supports, district professionals, parent advocates.</td>
</tr>
<tr>
<td>Meeting Minutes:</td>
<td>Know each person’s role, preferred pronouns (may need to be asked in advance of the meeting), cultural background – are there any frameworks that need to be used (e.g., Indigenous, non-Western views of knowledge, counselling, education).</td>
</tr>
<tr>
<td>Questions, Discussions Topics:</td>
<td>Ask ahead what may be discussed; avoid asking for trauma history, being sensitive to deficit remarks or thinking, not referring to mental health designation or students as labels.</td>
</tr>
<tr>
<td>Use of Acronyms:</td>
<td>Ensure that all acronyms are explained.</td>
</tr>
</tbody>
</table>

SECTION 2: DURING THE MEETING

<table>
<thead>
<tr>
<th>Use of Functional Strengths:</th>
<th>Not just list strengths, but identify and leveraging functional strengths (e.g., instead of “John likes to watch football with friends” – “John does well in social situations in which he feels like he can contribute to conversations; watching football is one activity where John does not feel anxious or worry”.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Use:</td>
<td>Ensure that you are using language that is clear to everyone – avoid acronyms (if they need to be used ensure that they have been defined for everyone), using language that honors cultural background of student and family.</td>
</tr>
<tr>
<td>Student and Family Voice and Choice:</td>
<td>Ensure that there is space for student and family to voice strengths and concerns.</td>
</tr>
<tr>
<td>Participants’ Roles:</td>
<td>Be mindful of participants’ roles in meetings. Advocates are in a position of support and not there to communicate information from district.</td>
</tr>
</tbody>
</table>

SECTION 3: AFTER THE MEETING

<table>
<thead>
<tr>
<th>Next Meeting Date:</th>
<th>Set date for the next meeting – timeframe needs to be what is in the best interest of student and team.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Minutes:</td>
<td>Ensure the meeting minutes are distributed in a timely manner.</td>
</tr>
<tr>
<td>Evaluation:</td>
<td>Evaluate the process and look for early warnings that the ICM process may not be progressing in a positive direction.</td>
</tr>
</tbody>
</table>

SECTION 4: EARLY WARNING SYSTEMS

Signs that the ICM process may be in danger of not being successful:

- Meetings become less frequent or long time between meetings.
- Students/families expressing frustration.
- Lack of consensus on team plan.
• Recommendations in the plan are not aligning with what can be provided by school, family, or community.
**BEFORE THE MEETING**

**SET THE STAGE:** Spend some time thinking about the setting of the meeting (in person or online, how to make it feel welcoming).

**PARTICIPANTS:** Make sure you have everyone's name, have everyone introduce themselves and their role.

**AGENDA:** Outline the goals of the meeting, who will be chairing and who will be taking minutes, any important rules (non-judgmental comments, constructive conversations, etc.), in case of online meetings will cameras be on.

**INVITATIONS:** Ensuring that the parent and/or natural support (uncle, friend, religious leader) has been invited, Elders, community supports, district professionals, parent advocates.

**MEETING MINUTES:** Know each person’s role, preferred pronouns (may need to be asked in advance of the meeting), cultural background – are there any frameworks that need to be used (e.g., Indigenous, non-western views of knowledge, counselling, education?).

**DURING THE MEETING**

**USE OF FUNCTIONAL STRENGTHS:** Not just listing strengths, but identifying and leveraging functional strengths (e.g., instead of “John likes to watch football with friends” – “John does well in social situations in which he feels like he can contribute to conversations; watching football is one activity where John does not feel anxious or worry”.

**LANGUAGE USE:** Ensuring that you are using language that is clear to everyone – avoid acronyms (if they need to be used ensure that they have been defined for everyone), using language that honors cultural background of student and family.

**STUDENT AND FAMILY VOICE AND CHOICE:** Ensuring that there is space for student and family to voice strengths and concerns.

**PARTICIPANTS’ ROLES:** Be mindful of participants’ roles in meetings. Advocates are in a position of support and not there to communicate information from district.

**AFTER THE MEETING**

**NEXT MEETING DATE:** Set date for the next meeting – time frame needs to be what is in the best interest of student and teams.

**MEETING MINUTES:** Ensure the meeting minutes get distributed in a timely manner.

**EARLY WARNING SYSTEMS:**

Signs that the ICM process may be in danger of not being successful:
- Meetings become less frequent or long time between meetings.
- Students/families expressing frustration.
- Lack of consensus on team plan.
- Recommendations in the plan are not aligning with what can be provided by school, family or community.
## CONDUCTING EFFECTIVE ICMs

### PARENT ENGAGEMENT
- Build capacity through teacher training and creating teacher committees that work with parents.
- Create parent advocacy groups that model empowerment using parent voice.
- Use the Family Check-Up Model (two-tiered intervention whereby Tier 1 is a resource designed for all parents coupled with universal screening measures and Tier 2 is meeting with school counsellor for interviewing, assessment, and feedback).
- Infuse culturally responsive practices by using multicultural workers, asking questions, and gaining understanding regarding shallow, surface, and deep culture.

### TRUST BETWEEN SCHOOL AND PARENTS
- Create collaborative peer review teams that use strengths-based dialogue, hold regular meetings, and use shared accessible language.
- Address the power differential between schools and families by creating initiatives and partnership procedures.
- Use Wise Feedback (a letter or phone call) consisting of a positive greeting, specific communication regarding the reason for the letter or phone call, and a wise statement outlining high expectations for their student and a genuine belief that the student can meet or exceed these expectations.
- Infuse culturally responsive practices by using multicultural workers, asking questions, and gaining understanding regarding shallow, surface, and deep culture.

### TRUST BETWEEN SCHOOL AND OUTSIDE AGENCIES/COMMUNITY SUPPORTS
- Create communities of practice aimed at improving work within existing practices.
- Create communities of transformation aimed at critical reflection and the altering of underlying values.
- Create collaborative networks that conceptualize schools and hubs for school and community learning.
- Infuse culturally responsive practice by including stakeholders that represent the community/cultural background of the student and family.

### AN EFFECTIVE AND SUSTAINABLE ICM PROCESS
- Use the MTSS framework, a three-tiered framework whereby all strategies are tiered through levels of need.
- Use of screening and assessment measures like the Wraparound Fidelity Index to gauge progress.
- Create an Early Warning System to be aware or potential risks to effective ICM practice.
- Infuse culturally responsive practices by involving stakeholders from a variety of cultural backgrounds when building frameworks and processes.
DIANA JAHNSEN
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PERSONAL STATEMENT
School psychologist working with students from Kindergarten through grade 12. Specializing in chronic absenteeism, culturally sustainable practices within assessment and intervention, and systems thinking. Adept at bridging the gap between research and practice and employing the principles of continuous improvement to all educational problems.

EDUCATION
Johns Hopkins University
Doctor of Education, Mind Brain and Teaching 2021
Dissertation: “Addressing Barriers to Wraparound Care and Integrated Case Management”

University of British Columbia
Master of Arts, School Psychology 1999
Thesis: “The Impact of Violence Exposure on Adolescents’ Ratings of Posttraumatic Stress, Depression and Suicidal Ideation”

University of Alberta
Bachelor of Education, Elementary Special Education 1994

TEACHING EXPERIENCE
Johns Hopkins University
Teaching Assistant – to Professor Juliana Pare-Blagoev for 2020
“Contemporary Approaches to Education”
Collaborated on assignment criteria, supported students on request and held office hours, gave presentations, graded written work

Teaching Assistant – to Professor Alexandra Murtaugh for 2020
“Research Methods II”
Supported students upon request and held office hours, graded written work

SPECIAL PROJECTS
Check and Connect — Pilot Project, School District #36 2016-present
For the past four years have been involved in a pilot project involving the implementation of the Check and Connect program to decrease chronic absenteeism in secondary schools

Reading and SIFE - Action Research Project 2013
Examined methods of reading assessments on a group of grade 9-12 students recently immigrated to Canada with interrupted formal education
PUBLICATIONS AND PRESENTATIONS

“Unexpectedness as a Characteristic of Learning Disability: Implications of Recent Proposed Changes”
Exceptionality Education Canada  2004

“The Importance of Being at School”  2017
STA Convention, Surrey BC

“Theoretical and Practical Solutions for Surrey’s Refugee and Newcomer Population”  2014
STA Convention, Surrey BC

“New Approaches and Challenges to Settlement”  2013
University of Montreal Summer Conference, Montreal QC
CARMFS Conference, Toronto ON

LANGUAGES

- English— native language
- French— speak, read, and write with moderate proficiency
- Serbo-Croatian— speak, read, and write with moderate proficiency

MEMBERSHIPS

- British Columbia Association of School Psychologists
- National Association of School Psychologists