"I've found my voice": Wraparound as a Promising Strength-based Team Process for High-risk Pregnant and Early Parenting Women

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Abstract

The purpose of this project was to offer wraparound facilitation and process to high-risk pregnant and early parenting women and their infants/young children in the South Fraser region of British Columbia, Canada, as a means of improving their health and social well-being. Eighteen families were involved in the wraparound project, with seven participating in the evaluation. Significant lessons were learned on effective means of engaging "hard to reach" families. Process and outcome evaluation demonstrated that the project provided "high fidelity" wraparound, which resulted in significant improvements in access to health care, birth outcomes, families' health and well-being, housing and nutritional status of women and their children, reduced risk from the use of substances, improved parenting outcomes, fewer removals of children, and an increasing move towards family reunification. Descriptive analysis indicates the importance of distinguishing wraparound from other team-based supports and avoiding labelling processes as wraparound that do not adhere to its philosophy and practices as measured by the wraparound fidelity index.

Introduction

How can we, as service providers and community members, help women find their voice, particularly when their reasons for not having a voice before are multi-layered and embedded in our culture? How do teams come together and build plans that are truly strengths based and unique to the family?

For one community of women and their supports, wraparound was the answer. The following article will examine:

- wraparound as both an innovative and intuitive approach to supporting individuals and families with complex needs,
- the Wraparound Project for High-Risk Pregnant and Early Parenting Women,
- the results of the project evaluation of the one-year pilot funded by the Fraser Children and Family Development Fund — successes and lessons learned.

Description of Wraparound

Wraparound is a strengths-based approach to working with families and individuals with complex needs. The process coordinates the efforts of professional and natural supports involved in the lives of at-risk individuals, thus better meeting the needs of this population. The wraparound process focuses on utilizing and enhancing the existing strengths of the participants, their team, and their community to generate a comprehensive plan that addresses needs in many different life areas. Underlying wraparound as an effective and accountable intervention for at-risk individuals and families is a belief that, through wraparound, families and communities can "take care of their own." By 'wrapping' supports and services 'around' at-risk individuals and families, rather than expecting them to conform to existing services, wraparound is inherently responsive to the individuality of participants, as the responses below from participants indicate.

"Before I always felt like I wasn't heard, now I do. It's pretty huge to know I'm being heard and people are making sense of what I'm saying."

"I'm finding this a very positive experience. When I had my other kids and lost them, there was no support, none of this. It's a whole different experience, much easier to handle. When I get frustrated and stressed out, they let me take breaks. Procrastination has always been a problem for me, and this is a supportive push in the right direction."

"This is the first time in four years I've had any support. I've been doing it on my own so far. That's why I'm glad I've got a wraparound team, because I'm starting to get worn down. They help me to get my strength back."

"I've found my voice."

Wraparound Principles and Practice

Wraparound adheres to the following clearly defined principles that translate into a comprehensive practice model.

Individualized support/voice, access, and ownership

Principle: People who are asking for support are in the best position to tell us what they need and what will work for them.

Practice: The wraparound plan is individualized, and is determined by the specific needs as identified by the woman/family. Participants have a legitimate say in all aspects of their services and supports. Participants have access to discussions related to their plans, have an opportunity to voice their preferences, and ultimately feel that they own the plan.

Cultural competency

Principle: Every woman/family has unique culture.

Practice: Support will be most helpful and relevant if we respect the timing, values and culture of the woman/family.

Strengths based

Principle: Everyone, no matter how chaotic their life may seem, has strengths and resources. These strengths and resources are what has allowed them to survive and what will help them overcome their challenges.

Practice: Identifying these strengths and resources is part of getting to know the family in a way that will best support them. All plans are determined by the strengths of the woman/family, the wraparound team, and the community.

Safety

Principle: People can only successfully improve their quality of life and achieve their goals if all members of the family are safe and have their basic needs met.

Practice: Safety is always the first need that is addressed in the wraparound process and crisis plans are established to reduce future risk and its impact.

Comprehensive and holistic

Principle: Women/families are more complex than one or two issues for which they may be seeking individual support.

Practice: In order to be most helpful, people need to be supported in all aspects of their lives. A wraparound team can get to know the 'big picture' of people's lives, and support them in

building a single comprehensive plan that encompasses all of the areas the woman/family feels are important.

Community based
Principle: Ideally, people can access support in the community where they live, from a network of informal supports. Communities can, with proper infrastructure, take care of their own.
Practice: Every effort is made to access supports in a family's local community. Whenever possible, wraparound meetings will happen in the place that is most convenient and comfortable for the family, as long as it is safe.

Persistent commitment
Principle: All problems have solutions; they just aren't always obvious or easily understood.
Practice: Wraparound does not give up on people. If things aren't going well, the woman or family is not rejected. Instead, their services and supports will be changed to work towards a positive outcome.

Collaboration
Principle: Service providers and community members can increase their capacity to serve individuals and families to improve outcomes by working together.
Practice: Wraparound will be implemented through multiple involvements and resourced by both formal and informal systems, such that planning, services, and supports cut across traditional system boundaries.

Community ownership
Principle: Every community has unique characteristics and a unique history. Supports within that community should reflect that individuality.
Practice: Local community resource networks help support and inform the delivery of wraparound in their area. The characteristics of each community will shape how wraparound is realized.

Outcome based
Principle: We, as people currently supporting families in a variety of ways, have a responsibility to ensure the support we offer is helping families and individuals.
Practice: The wraparound process is evaluated by each participant and is supported by research.

Access to flexible funding

Principle: Each family will have access to limited approved funding (money that is not attached to a formal or categorical service) in order to promote individualization in the wraparound plans. *Practice*: Teams can create truly individualized plans regardless of whether or not a traditional funding source is in place to support the plan.

Wraparound emerged in the 1990s as a model for supporting youth at risk of institutionalization to stay in their communities or to plan for their transition from institutions back to their communities. Since then, a wide array of individuals and families with complex needs have participated in the wraparound process. Implementation of wraparound has occurred in diverse populations including mental health, child welfare, developmental disabilities, youth, seniors, and justice sectors. As we will discuss shortly, the process has also offered pregnant and early parenting women struggling with the impact of violence and substance use the opportunity to develop plans based on their strengths, needs, and priorities. For additional information on the day-to-day practice involved in the wraparound process, see Appendix A. For information on the life domain areas for planning, see Appendix B.

How does Wraparound Differ from Other Team-based Models?

Wraparound is similar to other team-based models of support, such as case management, family group decision-making, care teams, and family-centred practice. These models indicate an encouraging shift toward collaboration and strength-based perspective to better support individuals and families with complex needs. A common concern raised when wraparound is introduced to a community is that "we're already doing this. It's called '_____.' So why not just call wraparound '_____' and clear up the confusion?" Four major potential differences exist between wraparound and other team-based models of support:

- High fidelity wraparound adheres to a specific practice model of key principles that insists on participant voice, choice, and ownership, the inclusion of informal supports to an equal or greater degree as professional supports, and incorporating strengths as the *basis* for planning.

- Wraparound is both a model of support and a movement that requires a fundamental shift in practice at multiple levels: front line, organizational and structural.

- Wraparound focuses significantly on supporting participants' integration into their

communities. Participants may necessarily continue to access programs and services but wraparound plans build as much as possible on informal supports, and community-based solutions to needs.

- Wraparound strives to move beyond *collaboration*, and towards *integration*.

While these differences may seem theoretical, they can translate into very different experiences for recipients of the services.

> *When MCFD was running the meetings, I didn't feel very comfortable expressing my opinions. The people on my team would try to solve my problems for me, and put me into programs. Wraparound worked for me a lot better. The other team I had, the meetings were organized by the Ministry person and I didn't have a say. They'd meet without me and I didn't really know what was going on. Nothing really happened at them. It was really awkward. Now [with Wraparound], I feel more comfortable. I can talk to people who are supportive. I can bring friends.*
> — Wraparound participant

> *I have a relative who does foster care and when she heard about what I was participating in, she said "We've been trying that [team-based support] for years, it doesn't work." I asked her to be on my team and she refused. There should be more publicity about the good Wraparound does. Wraparound is really, really good and more people should have it.*
> — Wraparound participant

Despite the positive experience of many wraparound participants, there can be resistance to the implementation of wraparound in communities where other team-based models are already in place. While any kind of shift in service delivery requires a commitment of time and energy that may create reluctance, some of the philosophical underpinning of wraparound may arouse additional resistance:

- *Wraparound requires service providers and natural supports to 'give up' some of their power.* Rather than telling families what they need to do and when, the wraparound process requires us to listen to participants, recognizing that they are the experts on their own lives, and allow a plan to form that works best for the family's needs, values, culture, and timeline.

- *Wraparound requires organizations to 'give up' some of their power.* Fully realized wraparound involves the integration of services and supports at multiple levels, including funding. Organizations may be reluctant to trust

in the family's ability to make decisions for themselves and their children, particularly when they may be held responsible if things go awry. Additionally, organizations may be uncomfortable not having sole ownership over how flexible funding is used. Wraparound teams, rather than representatives from individual organizations, make decisions about dollars spent to support a wraparound plan.

- *Wraparound requires programs and systems to be open to admitting failure.* When services are not working for families, wraparound looks to services and systems to change to better meet the needs of families, rather than families conforming to the needs of programs and systems. This can be difficult for service providers who may feel defensive of their program or organization.

- *Wraparound requires spending time, energy, and money on families who may have moved beyond immediate crises, and on prevention of further crises.* While we all want to support families to flourish, rather than just 'get by,' we necessarily prioritize based on limited resources. Over time, families who are supported to thrive will require fewer interventions, access fewer emergency services, and participate more fully in their communities, but the initial groundwork may be a difficult investment for time and resource strapped organizations.

These challenges are ongoing, but the following strategies have helped mitigate some of the barriers:

- Offering wraparound team members (both individuals and organizations) education and support around the process.

- Aligning with like-minded practitioners, and celebrating small changes towards adopting a wraparound approach.

- Being flexible and creative about supporting team members. For example, accommodating some team members who are unable to participate in regular meetings to give input in other ways and to be kept updated with meeting notes and phone contact. As well, some natural supports on teams may have their own struggles in addition to supporting their friend or family member. Asking natural supports what they need to participate fully makes the wraparound team stronger.

The Wraparound Initiative for Pregnant and Early Parenting Women

The Wraparound Initiative for Pregnant and Early Parenting Women began in April 2004 and continues as of publication of this article. The Initiative is part of the Maxxine Wright Place Project for High Risk Pregnant and Early Parenting Women, sharing the target population. This population is defined broadly as high-risk women/girls who may put their foetuses/young children up to age six at risk due to their struggles with substance use, mental health issues, experiences of violence/abuse, reluctance in seeking medical attention/support services, and/or socioeconomic conditions. The geographical scope of the Initiative includes the South Fraser communities of Surrey, Delta, White Rock and Langley.

This Wraparound Initiative focused on families marginalized from existing services and supports, who nonetheless identified a very high degree of need. The original expectation of prospective participants (before the referral process began) was that wraparound would most appeal to women who were involved with a significant number of services. We anticipated women would want a way to coordinate the efforts of the people supporting them, thus reducing their feelings of being overwhelmed by multiple appointments/various and conflicting service plans. While this was the case for some families, many who were referred to the process had very few supports currently in place (although they identified wanting to establish/reconnect with supports). The primary motivation for these families to participate in wraparound was to improve their health and social well-being during pregnancy in order to provide their newborn with the best possible start in life, and to parent more effectively — in many cases addressing Ministry of Children and Family Development (MCFD) concerns. In delivering the project in its first year the Coordinator:

- fielded 51 significant requests for information,
- received 39 referrals from a wide variety of service providers and agencies,
- accepted 18 referrals,
- maintained regular contact with 15 referrals,
- supported 13 women in creating a wraparound team and having at least one team meeting,
- supported 10 women in creating a wraparound team and having at least two team meetings, and
- supported 9 women in creating a wraparound team, having regular meetings, and developing a comprehensive plan.

Rationale for the Wraparound Project

A community needs assessment conducted in November 2003 to determine the service needs of pregnant and early parenting women impacted by substance use and/or violence indicated the need to offer the wraparound process to this population (Robinson, 2003). Women who have historically experienced limited success in connecting to and maintaining relationships with both formal and informal supports can use the wraparound process to increase their circle of support and unify the efforts of the team members to support them.

Purpose of the Wraparound Project

The Fraser Children and Family Development Fund provided one-year pilot funding to Atira Women's Resource Society (Atira) to fulfill two purposes. First, wraparound facilitation and process was offered to high risk pregnant and early parenting women and their infants/young children as a means of improving their health and social well-being. Second, Atira evaluated how participation in the wraparound process affected the women and their infants/young children (Cailleaux & Dechief, 2005).

Objectives

The overall objectives of the project were to:

- promote healthy birth outcomes,
- promote healthy early child development, learning, and to increase school readiness,
- support women, children, and their families,
- build partnerships between funding agencies,
- increase collaboration between service providers in the Surrey area, and
- advocate on issues affecting high-risk pregnant and parenting women and their infants/young children.

These objectives were supported by:

- assisting women in building a team of supports around them and their infants/ young children,
- providing high fidelity wraparound,
- supporting women in achieving success in the life domain areas that they identify as "of concern" or "high risk," and
- improving the health and social well-being of women and their infants/young children.

Purpose of the Evaluation

The purpose of the preliminary research was to evaluate wraparound support for women

participating in this initiative. We wanted to learn how women felt about the process and their team, whether the process met accepted standards of wraparound fidelity, as well as examining what changes were made in the lives of participants because of wraparound.

The objectives were to:

- assess changes in the areas that women identified as "of concern" or "high risk",
- capture qualitative data about women's experiences with wraparound by asking open-ended questions about goals, barriers, and successes,
- measure fidelity to the wraparound process,
- assess how women felt about the wraparound process and their team, and
- evaluate the initiative to improve on future delivery of the wraparound process.

Context and Groups Involved

All participants in the wraparound process who had had at least two meetings were asked if they would like to participate in all or part of the study. Seven of the nine eligible women agreed to participate in the research. The length of time that research participants had participated in the wraparound process ranged from 4 to 9 months, with an average of 7 months. Families had between three and nine wraparound meetings during this time, with an average of five meetings, and had between "limited" and "lots" of practical support as part of the process. Women's ages ranged from 19 to 35, with an average age of 25 years. Women had between two and six children, with an average of four. Two women were pregnant when they became involved in wraparound, and children's ages ranged from 3 months to 16 years at the end of the project. All of the families had some form of MCFD involvement during the wraparound process (e.g., voluntary care agreements, temporary or continuing care orders, open files for respite). For all but one of the families, the goal was to keep children with their parents or family reunification.

Women signed consent forms that detailed the study's purpose and procedures and provided information about participants' rights, confidentiality, and access. Women were not paid for their participation and did not need to participate in the research project in order to participate in wraparound. The demographics of the women who participated in the research (n = 7) were similar to the demographics of the larger population of firmly involved wraparound participants (n = 9). Two of the research participants took part in only the process evaluation (n = 6), and one of the research participants took part in only the outcome evaluation (n = 5).

Methodology

Two research tools, both previously used in the wraparound field and analyzed according to conventional procedures and standards, were used to gather preliminary evaluation data regarding the project's process and outcomes.

Process Evaluation

Before assessing the impact of a project, it is important to first ensure that you did what you set out to do (Health Canada, 1996). In the wraparound field, this is known as "ensuring wraparound is really wraparound" since "the *word* wraparound is used far more than the actual *model*" (Rast & Bruns, 2003, p. 21). An adapted version of the Wraparound Fidelity Index (WPI) (Suter, Burchard, Burns, Force, & Mehrtens, 2002) was used to establish adherence to wraparound's principles.[1] An investigator (not the wraparound coordinator) interviewed women using this tool, either in person or over the phone.

Fidelity was determined by having participants assign a score to each of two to four items for each element. Responses were ranked on a scale from 0 (low fidelity) to 2 (high fidelity). In compiling and analyzing the data, scores were added up and converted to a score out of 10.

Outcome Evaluation

Pre- and Post-Family Feedback Forms were used to establish the impact of wraparound on a family's high-risk life domain areas. In the Pre-form women quantified the concern/critical nature of different areas of their life when they began wraparound on a scale of 1 (content with the current situation) to 4 (high risk/situation is critical), and the goals that they subsequently established. The Post-form assesses changes in the different life domain areas. Open-ended questions were asked about individual successes and barriers and helped add meaning to the quantitative findings. Women either filled out the forms themselves or asked for assistance from the wraparound coordinator.

Preliminary Findings

The results of the WFI for this research project indicate that participating families received high fidelity wraparound, as determined on a scale from 0 to 10. Participants gave each element scores ranging from 7.8 to 9.3 out of 10, with an average fidelity score of 8.6 out of 10.

Providing high fidelity wraparound has been repeatedly demonstrated to be important in

[1] The Wraparound Fidelity Index was developed for use with wraparound's target audience — youth and their families and thus includes some questions which do not suit our target population. In consultation with wraparound facilitators and participants, we adapted the survey to better assess how the principles of wraparound are experienced by pregnant and early parenting women and their infants/young children. Of the eleven principles, participants were not in a position to comment on the final three: community ownership, flex funding, and outcomes based.

achieving intended outcomes (Rast & Bruns, 2003). In this project, we had specific areas we wanted to influence: access to pre-natal care, healthy birth outcomes, early child development and learning, nutritional status of women and their children, housing situation, use of substances, improved parenting outcomes, and child apprehension rates.

At the same time, it is an important aspect of wraparound for families, with the support of their team, to define their own goals, action plans, and successes. Using the family feedback forms, which determined risk/concern in different life domains both quantitatively and through open-ended question, families identified their greatest areas of risk/concern and the support they needed from their wraparound team to work towards their goal of alleviating or mitigating those risks.

Not surprisingly, the areas of risk and concern women identified overlapped substantially with the issues the project was created to address. The kinds of risks that families faced when they began the wraparound process and the goals they identified include:

Housing

"I live in a crack house that is gross and has bugs and people using drugs all the time."

Emotional/Psychological

"I want to get off drugs and deal with some of the stuff that happened to me."

"My partner has threatened me at work (to tell them I'm gay). Other times she doesn't want to see the kids. . .The kids are mad at me because they don't get to see her but I have no control over this."

"I'm at the end of my rope with my youngest, and have little confidence in my skills as a parent."

"I have an increased stress level due to MCFD involvement. I've had a terrible experience with the ministry in the past and am really close to not cooperating with them. I want to prove to them that I'm a good mom and have them out of my life."

Safety

"I'm tired of getting beaten up. I want to get off the streets and not work [in the sex trade]."

Spiritual

"I need to move but don't want to leave my church. They've helped me a lot."

Financial

"I'm on disability and [need my] car but am finding it very expensive for gas and repairs."

"Right now I'm on welfare and trying to find work."

Family

"[My partner] called [MCFD] with lies. . .they came to my house to talk to me and the kids."

"My mom and sister are involved in my life but not very supportive."

Social/Recreational

"I'm doing a lot of programs to show that I'm okay to parent, but feel very overwhelmed and resentful of this because I've done a lot already."

Legal

"I need legal aid for a lawyer."

"I have a warrant out [for my arrest] apparently, but don't know why. I have family court coming up and a prostitution charge."

Medical

"I have HIV and Hep C, but don't know my liver counts."

"I want to get a regular family doctor who knows what my 'real' situation is."

School/Job

"I am worried if I lose my job and hope my work will understand about my situation."

Cultural

"I have no sense of my family's culture. . .[we're] just getting through the day."

"I've never dealt with the native centre and want to find out about it."

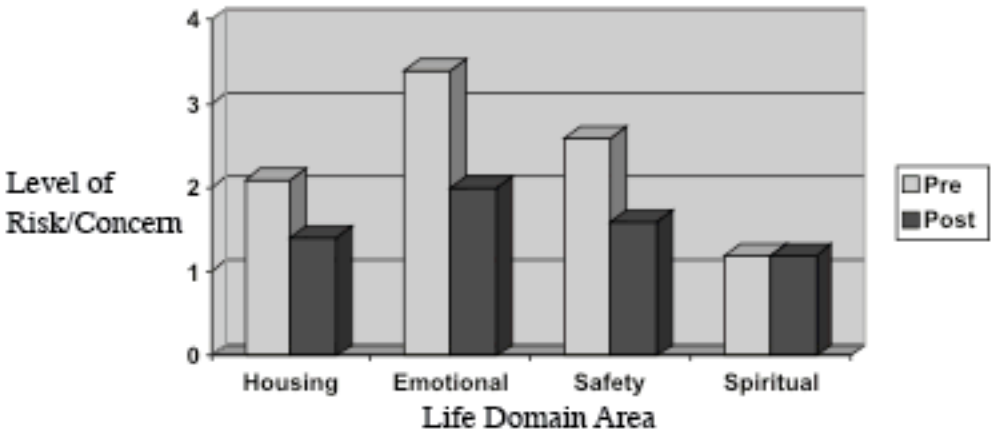
Behavioural

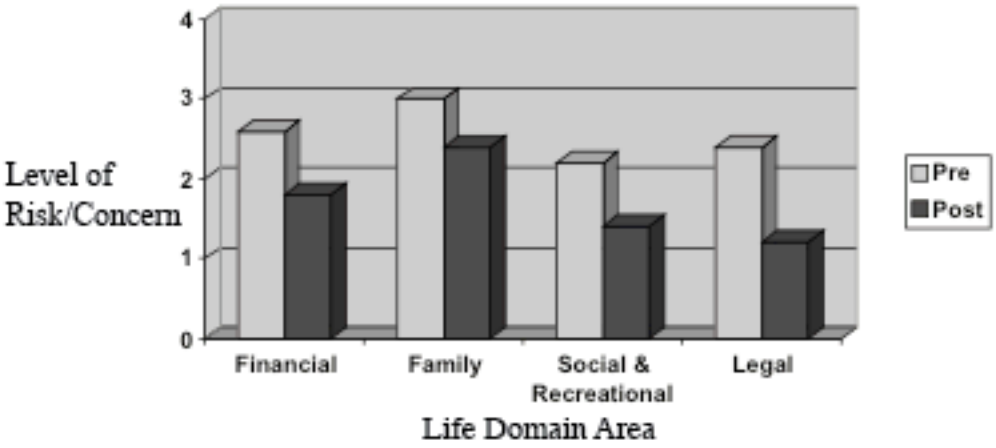
"My daughter has self-injurious behaviour."

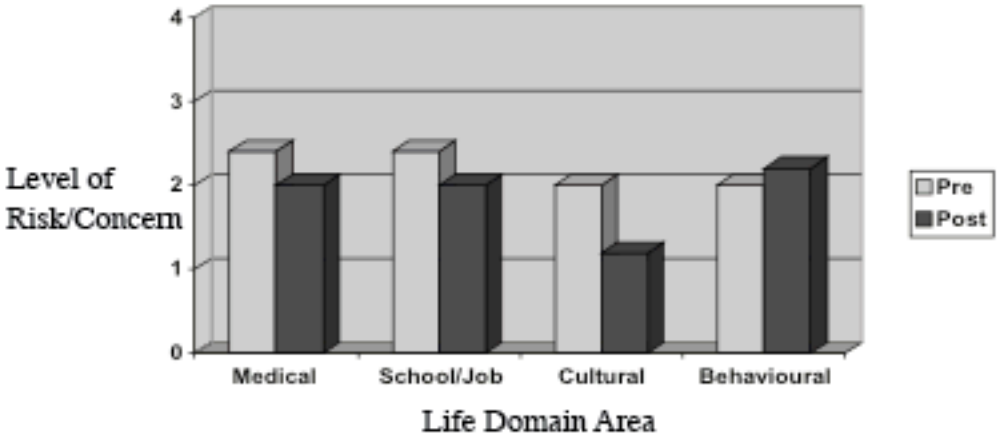
"[My daughter] is acting out at daycare and at the [transition] house."

The life domain areas with the highest levels of risks and concerns at the start of the wraparound process were emotional/psychological, family, and safety. As we can see in the following charts, the greatest decrease in risk/concern occurred in the emotional/psychological, safety, and legal areas of participants' lives. Significant changes were also made in the areas of family, housing, financial, cultural and social/recreational. School/job and medical risks/concerns were also alleviated, on average, through the wraparound process.

Impact of Wraparound on Family's "High Risk"
Issues (n = 5)







Examples of successes in the different life domain areas, in women's own words, include:

Housing

"My house is furnished, my landlord is OK and I know someone on my street."

"I might get into subsidized housing."

"MCFD has no issues with my house now."

"I moved into a bigger place closer to amenities and can have all my pets."

"The social worker and team helped advocate for the damage deposit and moving expenses."

Emotional/Psychological

"I have increased confidence in my skills."

"People recognize that [my daughter] is 'special needs' and that others are also challenged by her."

"I can connect the dots and see where things are headed."

"MCFD will close my file as soon as the social worker gets the paperwork done. This was a major source of stress for me, so I'm really relieved."

"I've found my voice."

"I feel so much better. . .I'm still stressed with [my partner] but I can deal better with her now."

Safety

"We are safe."

"We have a safety plan."

"Family maintenance went after the kids' dad with no problems or unwanted contact."

"I've been cautious and made good choices about the people involved in my life."

Spiritual

"I'm a former 'biker chick' who now prays and is totally honest."

Financial

"My new job pays better and only my friends know I work there."

"I have got a bank account now. . .I keep my ID at my sister's."

"I have family support to pay for respite now that MCFD respite has ended."

"I have a budget set that seems to work for me most of the time."

Family

"[MCFD] came to one [team meeting] and learned how much services and family I had. I am trying to be a good single parent."

"I'm making my visits regularly."

"I have a sense of family."

"I have a better relationship with my oldest."

"I'm in counselling with my dad."

"MCFD is closing my file."

"I've re-established contact with my older daughter and there is potential for family reunification."

"I recognize now that I was not in a place to parent previously. I can identify what is different now."

"The ministry considered apprehending my baby from the hospital, but I've had him in my care full time since birth."

"I'm increasingly confident in my skills as a parent. Before I pretended I knew everything and was afraid to ask questions because I felt I had to defend myself."

"My son is with my sister and I feel good about this. I can be part of his life. I feel more respected by others as the mom who wants what's best for my son."

Social/Recreational

"We live by [the pool] and all have passes. . .we are close to the library and go to reading time."

"I've found out who my real friends are. Some really good friends have walked with me."

"I've made a good friend through the Family Place and have developing skills with judging character."

"I do tons of activities with my baby and he enjoys them."

Legal

"I got a lawyer, and have [someone from my team] to go with me to my first appointment."

"I have court accompaniment."

"I have a good relationship with my social worker."

"The child protection investigation that was based on a phone call was dismissed."

"I've attended all my court appointments and established a good relationship with my lawyer."

Medical

"I like our doctor."

"I'm on depo [a birth control method] now."

"I got a dentist appointment for a much-needed root canal."

"Have been eating regularly, going to foodbank and Harvest Box."

"My liver tests are okay and I have access to clean needles and condoms. I'm not hurting myself anymore."

"I have a family doctor, and my daughter is going to the HEAL clinic."

"I have a healthy happy baby!"

"I'm well connected to public health."

"Drug testing done through MCFD and no concerns."

"I'm breastfeeding."

"My son was born with a healthy birth weight and no apparent problems. So far, he is HIV negative."

School/Job

"I have a new, better job! I like my co-workers. No night shifts so I can spend evenings with my kids."

"I'm taking a Math 10 course, as well as first aid and CPR."

"I'm much more comfortable with the thought of working."

"I've established a good relationship with my kids' school."

Cultural

"Family time. We are coping. People still see us as a family."

"[My partner] may be able to get status. We are looking into this at Kla-how-eya."

"I'm connected to Metis Family Services, and re-connected to Atira's Aboriginal Women's Outreach."

"I set up a 'pizza night' in our family and cuddle with the kids on the couch."

Behavioural

"I can cope better now."

"I feel more comfortable around [my infant] and don't feel judged in group visits by supervisors."

"Better coping skills for stressful situations."

"The kids are getting individual support (art therapy)."

As is illustrated by the quantitative measures and through women's descriptions of their successes, outcomes were improved in the areas of access to health care, birth outcomes, families' health and well-being, housing and nutritional status of women and their children, reduced risk from the use of substances, improved parenting outcomes, fewer removals of children, and an increasing move towards family reunification.

Limitations

Although very promising, these initial findings are based on the experiences of a small number of participants. All 10 of the women who had enough of the experience of wraparound (two or more meetings) to comment on the process were invited to participate in the research, and 7 of them did so. The 3 who were unable to participate cited lack of time as the reason. As we were very clear that this was an opportunity to talk confidentially about both the negative and positive aspects of wraparound with a third-party researcher, we have no reason to believe that women who did not participate were any less satisfied with the wraparound process. That 70% of the participants, despite living in crisis and at times on the street, made the effort to fill out paperwork and/or be interviewed on the phone, far exceeded our expectations. However, it would be ideal to replicate this study with a much larger group of women and, if possible, to compare to the experiences of women accessing other team-based supports. As well, the measure we used to assess adherence to the principles of wraparound was developed for use with youth and their families (Suter et al., 2002), and its adaptation has yet to be validated.

Eight women who were referred to wraparound did not become fully engaged in the process. While they were not formally interviewed as part of this evaluation, the wraparound facilitator gleaned a much useful feedback from this group of women, as well as the group that did become 'entrenched' in the process. What we learned about engaging hard to reach families in the wraparound process is outlined in the following section.

Engaging Hard to Reach Families

Despite a sincere desire to improve their lives, women found that establishing and maintaining a relationship with supports can be challenging for many reasons. Not all of the women referred became deeply involved in the process, but some did (against even their own expectations). We learned the following lessons from both women who became engaged in the wraparound process and those who did not.

Flexibility

Wraparound will not appeal to or be realistic for everyone. Respecting women's choices, timing, values and culture means that not all women will want to participate or want to but at another time. Seizing opportunities to introduce or reconnect women with positive supports has value regardless of whether they became engaged in the process. As well, women who continued with the process had different opinions about frequency, location, and length of team meetings, and the level of contact with the Coordinator and other supports outside of meetings.

Immediate Support

Providing some practical support to the participants with immediate needs, in addition to facilitating the development of the wraparound team, was helpful in building a relationship between the coordinator and the families. The longer-term goal was to aid the gradual development of relationships with existing services. Women's pressing need for court and medical accompaniments, support in filling out social assistance applications, housing, and food became opportunities to learn about the family and their needs, strengths, and goals.

Practical Considerations

Offering early practical support addressed pressing concerns that would otherwise have impeded continuing with the process. Practical considerations such as transportation to and from appointments and team meetings and access to phones/faxes/mail needed to be addressed well in advance of the meetings. For example, establishing regular meetings (outside of team meetings) between the coordinator and a homeless woman without stable access to a phone, at a place that was convenient to her, was instrumental to her becoming entrenched in the process. The coordinator was able to hear what was needed for the woman to participate fully in the wraparound process. Crucial items for participation, such as bus tickets, grocery store gift certificates, cellular phones or phone cards, were provided to women who needed them.

Crisis Planning

Crisis planning early in the wraparound process was essential to continued participation, as well as frequently reinforcing that wraparound meetings happen regularly regardless of how things are going for the family. Plans generated during periods of crisis were a major opportunity to engage the family and the team and to develop practical solutions to improve their ability to respond to challenges.

Emotional Preparedness

Significant efforts were made to acknowledge women's experiences of oppression and to validate the impact of living in a hierarchical and patriarchal culture. Emotional preparedness for team meetings significantly affected women's experiences, particularly when many of the team members were recently acquired supports. Ideally, wraparound teams would be at least partially comprised of supports that the family knew well, but this was not always the case. Facilitating the "getting to know each other" process for the family members and team was important to creating a safe place from which plans could stem. If women lack informal supports, incorporating how informal supports might be acquired in the early stages of plan development was essential.

Family and Team Strengths and Assets

Identifying and conveying family and team strengths and assets early and throughout the process was essential. Methods of accentuating strengths varied amongst teams. For example, one woman

was unable to name a single strength she saw in herself (although others saw many) and was embarrassed when others voiced their views of her strengths. Team members, in the initial conversation with the Coordinator after they were identified as prospective team members, were asked for examples of what they saw as the family's strengths, and these were recorded by the coordinator and displayed prominently on decorated chart paper (although not mentioned) at team meetings. The woman asked to keep the chart paper and displays it in her home. As well, celebration of successes, no matter how small, boosted the morale of the woman and her team and allowed us to see what was going well, rather than be overwhelmed by the challenges.

Making a Difference

This project was an opportunity to coordinate the efforts of informal and formal team members supporting families with complex lives and needs. Women were offered a process that was individually tailored to their needs. Women who likely would not have been engaged by existing service provision alone committed to a team-based process that resulted in a comprehensive family plan and an ongoing circle of support. The following are additional examples of how the project made a difference:

Many women had difficulty identifying natural supports as prospective team members. Persistent attempts to include informal team members (and to utilize informal supports outside of team meetings) resulted in some natural supports, previously estranged from the family, increasing their role in supporting the family. For example, parents who had distanced themselves from a participant — because they were both overwhelmed by the seemingly constant crisis and tired of being stolen from to finance drug use — were able to support the participant in a way that respected their boundaries.

A major impetus for many participants was to incorporate the role of the MCFD social worker to address child protection concerns and parenting issues. On several teams, wraparound fostered a closer relationship between the participant and the social worker and incorporated MCFD's expectations into a detailed plan that satisfied the needs of both parties.

Team members, who had previously been supporting the family in isolation, had access to the big picture of the family's life and a clearer understanding of their role in the larger context. Team members expressed that it was helpful to their efforts to support the family to know what other services and supports were being accessed and to be in regular contact with other team members.

Additionally, the wraparound process enabled overwhelmed team members to realize that they were not the sole support to the family and ensured they were not single-handedly attempting to meet the complex needs of that family.

As the needs of the family changed, there was a necessary shift in different service providers represented on the teams. The loss of familiar faces, particularly for the many participants who had difficulty establishing relationships, can be a barrier. The wraparound process inherently includes informal supports who have a longer-term connection to the family and who will be ongoing team members. While team composition inevitably changes, continuity and consistency of the process is reinforced by a greater reliance on stable informal team members. As well, team meetings were an opportunity to have a better crossover in service provision. For example, one participant's social worker was replaced by a new worker, an event that caused some anxiety for the woman. The outgoing social worker was able to attend a team meeting with the incoming social worker; this supported continuity of care and helped relieve some anxiety.

Through the provision of practical support (initially from the Wraparound Coordinator with the eventual transfer to existing services), women met some immediate needs such as medical attention, court accompaniment, emergency housing, transportation, and food. For example, a pregnant woman, street-entrenched and struggling with substance use who had not had any prenatal care at seven months received accompaniment to pre-natal appointments. It is very unlikely that the woman would have accessed medical care prior to the birth of her baby without this support.

Future Considerations

High fidelity wraparound is only possible within a community context that supports wraparound through infrastructure and support at various levels. While this project and evaluation indicate that wraparound is a promising model for supporting pregnant and early parenting women to improve their health and social well-being, the community on a large scale has not adopted the process. We hope these findings will encourage the implementation of wraparound as a more community level response to families and individuals with complex needs. The principles of wraparound provide us a philosophical framework; however while the "initial philosophy behind wraparound was relatively simple, the development and implementation of the intervention is complex" (Burchard et al., 2002, p.1). We hope that emerging wraparound initiatives and a practice shift toward embracing wraparound philosophy will work together to

see wraparound as a consistently realized process in the South Fraser region of British Columbia, and beyond.

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