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A Wraparound Approach to 'Whole of Student' Issues: Implementation Framework

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Contact:
Professor Therese M. Cumming
School of Education
UNSW Sydney
t.cumming@unsw.edu.au
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A Wraparound Approach to 'Whole of Student' Issues: Implementation Framework

Background

This framework has been commissioned by the Gonski Institute for Education based at UNSW Sydney. The document has been developed with particular reference to the implementation of effective and sustainable wraparound programs in the context of mainstream schools in NSW, Australia. The framework aims to provide a way forward for addressing the increasing numbers of youth presenting with complex support needs within the school system. Students with complex support needs include those that have disabilities, are involved with the youth justice system, have tenuous living situations, misuse alcohol and other drugs, have experienced trauma, and are living at a low socioeconomic level (Dowse, Cumming, Strnadová, Lee, & Trofimovs, 2014). A lack of appropriate and timely support can lead to poor educational experiences and to school disruption (ref). Wraparound programs reach beyond the supports traditionally offered by the school, providing coordination and collaboration with external professionals and with informal supports available within the neighbourhood and local community.

Introduction to wraparound. Wraparound is both a program and a process. Wraparound is a structured means by which co-ordinated service is provided to individuals with complex and unmet needs. Interagency collaborative models such as wraparound have become increasingly popular, particularly in urban areas, because they offer a tangible means of coordinating and integrating available supports and resources to provide more efficient support (Anderson, 2016), thereby reducing or eliminating gaps and overlaps in service provision.

Wraparound that is implemented with fidelity has a demonstrated adherence to ten principles (Table 1) and is a process with specific phases or stages (p. 12 - 17). The effectiveness of a wraparound program is ultimately dependent on the functioning of the wraparound teams,

individually created to meet the identified needs of individuals within a supportive context. It is an outcomes-driven process, oriented to achieve short, intermediate and long-term outcomes that are organisational, team, and individual client based. Indicative outcomes brought about through change mechanisms were illustrated by Walker (2008) in a resource guide produced by the National Wraparound Institute (see Figure 1).

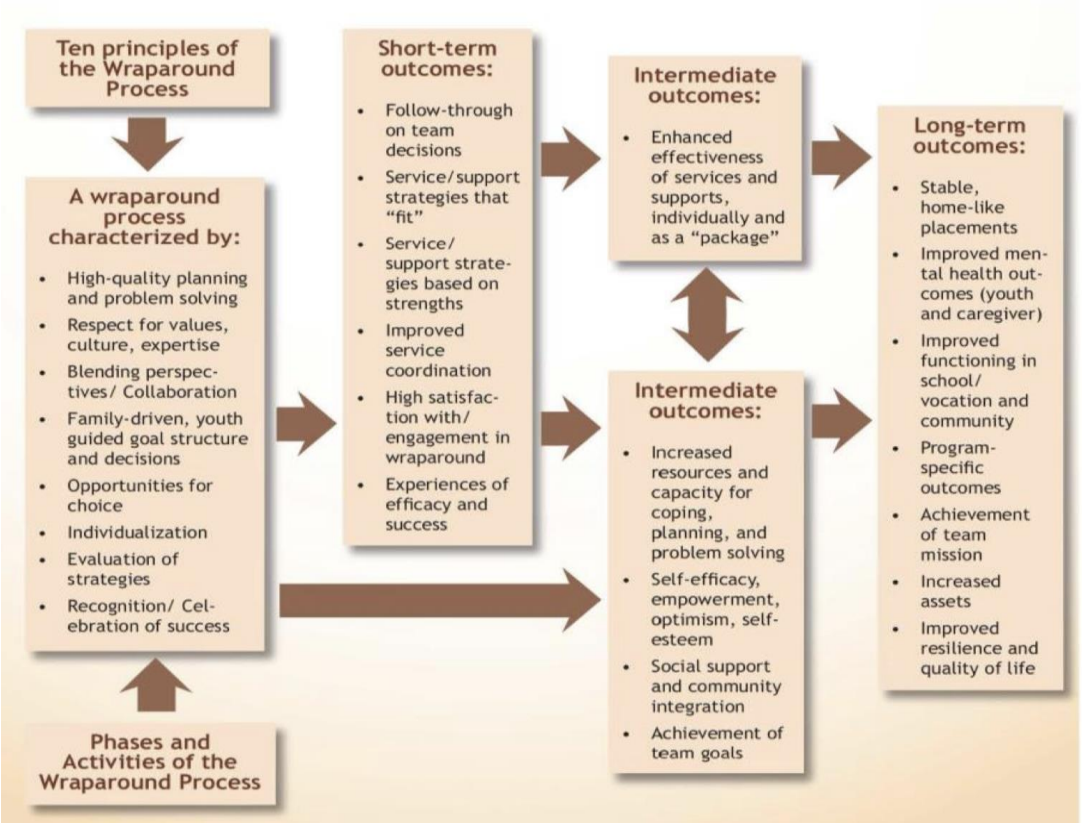

Figure 1

Theory of change for wraparound (Walker, 2008). Used with permission.

Key Principles of Wraparound

The fidelity of the wraparound process is dependent on adherence to ten principles first developed by Bruns et al. (2004). These ten principles (Table 1) act as a measure of the authenticity of the wraparound program and should be constantly referenced.

Table 1

The ten principles of wraparound

Wraparound must incorporate:	
Young person and family voice and choice	The goals and perspectives of the **young person**, their families and advocates must be a primary consideration in any wraparound program.
A team-based approach	Wraparound must be a team effort with the team consisting of family members, various expert professionals, and other stakeholders as appropriate. The program must be available over an extended period of time.
Natural (informal) supports	The wraparound plan should utilise any available natural support systems, for example: friends and extended family, neighbours, school, sporting associations, church, and community.
Collaboration	The development of a wraparound plan for an individual must be based on a consensus reached through discussion that includes input from all team members, including the individual.
Community-based intent	The goal of wraparound service provision is to support the individual in the least restrictive setting possible; ideally in the home or in out-of-home care and attending mainstream school.
Cultural competence	Elements of the wraparound process must be planned and delivered in a way that demonstrates "respect for

	the values, preferences, beliefs, culture and identity of the child/youth and family, and their community" (Bruns, Leverentz-Brady, & Suter, 2008, p. 7).
Individual design	The wraparound plan must be flexibly and innovatively developed for each individual student, drawing upon the best empirical evidence of effective treatment available, and on community and professional experience. Both informal and formal supports may be required.
A focus on strengths	The development of the wraparound plan must focus on strengths, not on deficits. Capabilities, knowledge, skills and other assets already present in the individual, the family, team, and local community are key priorities.
Unconditional commitment	The collaborating team members commit to pursuing the wraparound intervention to a conclusion where wraparound is no longer required, although realistically acknowledging setbacks may necessitate flexibility in approach.
An outcomes-based approach	Wraparound plans must identify assessable outcomes and include indicators of progress and success. Ongoing evaluation allows for the wraparound plan to be modified as necessary.

Based on Bruns et al. (2008); Shailer, Gammon, & de Terte (2013)

Theoretical framework

Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1989) provides an appropriate theoretical framework for a wraparound approach. He proposed that an individual student is surrounded by four layers of nested relationships. The inner layer, which he calls the *microsystem,* describes situations where the student has direct, face-to-face relationships with significant others in their daily lives. Parents, teachers, friends and mentors (for example sports coaches, or religious or cultural leaders) are likely to be significant individuals in a student's microsystem. Effective wraparound services will introduce wraparound team members appropriate to the student's needs into this microsystem. It is at this layer that the bi-directional influences are strongest, and others have the greatest opportunity to affect the beliefs and behaviours of a student with complex support needs. However, the student may also affect the beliefs and behaviours of those in his/her microsystem. As the system broadens, the bi-directional influence decreases.

The second layer consists of cross-relationships between these small sets comprising the microsystem form lateral connections creating a network. Beyond this is a third layer called the *exosystem*, where indirect relationships with people (e.g., school administrators, education policy makers and social workers) that will impact on the student are acknowledged. Bronfenbrenner embedded these layers within a *macrosystem* which relates to the prevailing cultural and economic conditions of the society (Leonard, 2011). These systems lie nested within the Chronosystem, which encompasses all events over the course of a lifetime that reflect the experiences of a person. These would include being born, diagnosis of a disability, school entry and support received, involvement with justice system, mental health services, out of home care, adulthood, and employment. This theory emphasises the variety and complexity of interactions that will influence whether successful wraparound provision occurs. Figure 2 depicts an ecological system of a school-age youth with complex support needs participating in a wraparound program.

Wraparound in Australian schools

A literature search of Australian national and state policy documents conducted as part of this research project found that wraparound, and wraparound related terms were often mentioned. However, definitions and descriptive detail were vague. The majority of references were found in social welfare, disability, out-of-home care, substance abuse and mental health policies, with very little specific reference to education. The lack of focus on education in policy directives may be because 'wraparound' evolved from the earlier mental-health related 'system of care' model (Kern et al., 2017; Winters & Metz, 2009). Education providers tended to be peripheral to the primary aims of mental health-led teams assembled in support of students with complex support needs.

Education providers have, however, taken an increasing role in practical provision of wraparound services over the last several decades. It is asserted that this is because of the alignment of wraparound principles with the expanding community school movement (Oakes, Maier, & Daniel, 2017). Community schools are likely to arise from a perceived local need rather than a policy-driven imperative. In NSW in 2019 at least 24 individual primary and high schools identified themselves on the internet as community schools. They vary in the programs they offer and the way they operate, depending on their local context. However, four general characteristics that relate to the principles of wraparound are commonly found in community schools; integrated student supports, family and community engagement, collaborative leadership and practices, and expanded learning time and opportunities (Oakes et al., 2017).

There are numerous individual school-based service models in NSW that have characteristics of wraparound. For example the Ngarmadhi Space in Green Square School in urban Sydney, NSW (https://greensq-s.schools.nsw.gov.au/ngaramadhi-space---deep-listening.html), and Forbes High School Wellness Hub in rural NSW (https://forbes-h.schools.nsw.gov.au/supporting-our-students/wellness-hub.html). There are also examples of institution-led interest in wraparound services by not-for profit organisations or by institutions. For example, Catholic Social Services

reports a growing interest in schools as 'wrap-around hubs', with the observation that the wraparound approach aligns well with Catholic principles (Prosser, 2018). There are also examples of government-funded initiatives instituted for particular purposes. For example, in NSW a government department strategy was launched in 2011 called the Connected Communities Strategy.

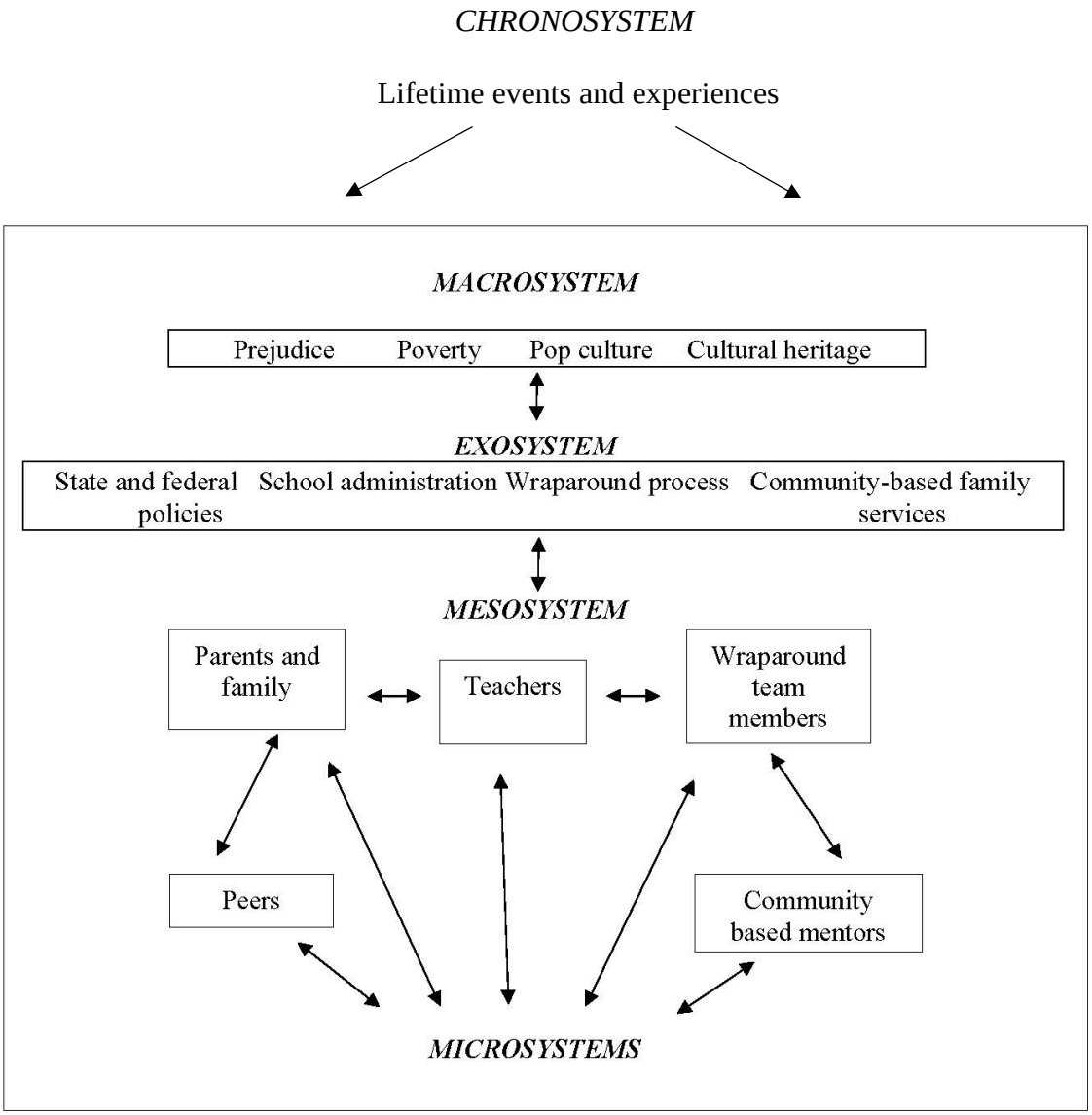

Figure 2

Some of the possible components of the ecology of a student with complex needs

Adapted from Leonard (2011)

This strategy is presently in 15 schools (as reported in May, 2017) in rural and remote regional areas, and aims at meeting the educational goals and social aspirations of both the Indigenous and

non-Indigenous students in the school. This is achieved through appropriate education delivery, but also deliberately forged links with related services, including health, social services, and vocational education, and thus potentially shares important characteristics of wraparound (https://education.nsw.gov.au/teaching-and-learning/aec/connected-communities). There is also a growing recognition that wraparound must play an important role in transition processes of students from special schools such as those in Juvenile Justice centres, hospitals and mental health institutions back into their neighbourhood school (Savina, Simon, & Lester, 2014; Strnadová, Cumming, & O'Neill, 2017).

It is difficult to quantify how many different wraparound models are currently operating in various formats as a placed-based service in NSW schools, and how sustainable these have been, or currently are. Their existence indicates that the wraparound style of service provision continues to be recognised as a worthwhile and potentially effective method of meeting the complex support needs of our students with the most challenging behaviours. However, formal documentation and exacting evaluation appear to be minimal and it is possible that the majority of services inaugurated lack consistency and rigour or did not receive adequate funding to become fully established. Wraparound, implemented with high fidelity to the ten principles of authentic practice (Bruns et al., 2008) is needed in our schools in order to build a strong evidence-base that will ensure credibility and long-term sustainability of a defined model.

Implementation Framework

The following is intended to provide a framework designed to guide the implementation of authentic wraparound service provision in schools. The framework consists of two sections; initial contemplation of the components of the wraparound model as it may be relevant within a particular context, and staged implementation structured to incorporate identified implementation drivers (Bertram, Blase, & Fixsen, 2015). Each of these components is vital to the development of effective and sustainable wraparound.

Preliminary consideration of the appropriateness of the wraparound model.

The preliminary consideration of a suitable education-based wraparound model is likely to be driven by one or a small number of individuals interested in the wraparound concept, who see the potential and set out to consider the possibilities. They explore such questions as: who might wraparound target, where could the program be based, and how might it work?

Who is the target group and what formal supports are required? The most cited behavioural concerns of schools include student disengagement, problem behaviours, and academic failure. Most schools have interventions in place to address these needs; one that is well known is the multi-tiered Positive Behaviour Interventions and Supports (PBIS) program based on applied behaviour analysis (Horner & Sugai, 2015). Students at the top tier comprise 1-5% of the school population and require intensive individualised supports. These students are likely to have more complex difficulties resulting from multiple unmet needs that are best addressed by a process that integrates wraparound as a Tier 3 intervention (Eber, 2008; Eber, Hyde, & Suter, 2011). These unmet needs may be driven by underlying problems that include physical and mental health, dealing with delinquent and criminal activity, and/or circumstances that require social services support (Table 2). Wraparound teams must therefore include formal supports that reflect adequately the individual participants identified unmet needs.

Table 2

Unmet needs found in school-aged students

Unmet needs	Examples of related factors	Formal supports relevant to the unmet need
Academic		Teacher, principal,
• Failure	Inadequate English language skills, poor test results, receiving	other staff members,

	special education support, failing subjects	school counsellor, school-based team
• Disengagement	Excessive lateness and/or absences, skips class, poor behaviour, excluded from class, sudden drop in grades, suspensions	
Physical Health	Asthma, diabetes, dental, vision, hearing, overweight/obesity, anorexia, pregnancy	Public health, local GP, dentist, optometrist, etc.
Mental health	Known behavioural disorder, aggressive behaviour, depression, development issues, identity confusion, inappropriate behaviour, socially awkward, cultural isolation, suspected substance abuse, victim of bullying, withdrawn, change in behaviour	Psychologist, psychiatrist, behaviour specialist, etc.
Delinquent and criminal activity	Past or present various delinquent and criminal activities, gang involvement	Department of Juvenile Justice, parole officer, etc.

Social services	History of abuse, neglect, dependency, domestic violence, lack of food, family poverty	Child welfare agencies, etc.

Adapted from Gifford, Wells, Bai, & Malone (2015, p. 44)

At what physical site will wraparound services be offered? There are various possibilities for the physical delivery of a community-based wraparound program to a school-age participant (Table 3). Services may be home-based, school-based, school-linked, or resource centre-based (Ferguson, 2006). The physical siting of the program will reflect, or may even determine, the roles played by the partnering agencies that in addition to education, may include mental health services, social services, physical services and community organisations. Historically, in many programs initiated by agencies external to the school, education has not often been involved to any large extent due to a lingering culture of agency non-collaboration (Coldiron et al., 2017).

Table 3

Service model options

Wraparound service model	Site where services are offered	Role of education in the model
Home-based	Home	Usually very little involvement
School-based	School	School as lead agency
School-linked	Home, school or resource centre	School as important partner; likely to share the role of role of lead agency with another core agency
Resource centre-based	Resource centre	Usually little involvement, with the possible exception of academic remediation

The choice of the "host environment" can affect the effectiveness and viability of the program. It has been argued that schools have characteristics that best support this role. Schools have, for example, (a) a mandate for service provision, (b) structures for daily contact with children, adolescents, and their families, (c) broad-based support like resource teachers, counsellors, school psychologists, and social workers, (d) an individualised education planning process (IEP) that includes strengths-based planning, and (e) a continuum of behavioural supports (Eber, Sugai, Smith, & Scott, 2002). Nordness (2005) found a positive difference between school-based compared to externally-based programs in terms of the quality of interagency collaboration and in facilitator (care co-ordinator) competence shown during planning meetings, suggesting that these differences may be due to some of the above factors that encourage collegiality in school-based staff. In addition, Kern et al. (2017) cited evidence that mental health centres integrated into the context of the school itself increase efficiency of wraparound through increasing accessibility to both students and families, such that 70-80% of students in the US seeking support for emotional and behavioural difficulties do so through the school. School-based wraparound programs are becoming more common, particularly in the USA where school-based mental health programs have received funding, and the community school sector is growing.

How will wraparound be structured? Each circumstance will differ, but there is evidence that defining roles and responsibilities in any wraparound program is essential to good communication and efficiency (Shailer, Gammon, & De Terte, 2013; Thielking, Skues, & Le, 2018). The following governance model (Figure 3) is an example of an organisational structure adapted from a wraparound program developed in Australia called *Turnaround* (Wyles, 2007). This program was reported as having good levels of success with meeting the complex support needs of young people in the Australian Capital Territory. The different levels of organization shown in the model demonstrate the time and care needed in planning a sustainable wraparound program. However, if an intervention that has been shown to be effective in one context is implemented

insensitively or inefficiently in another, the result is likely to be an ineffective, unsustainable program (Bertram, Blase, & Fixsen, 2015).

Linked into this model is reference to a table of phases and activities of the wraparound process that was published by the National Wraparound Initiative Advisory group (Walker et al., 2004; revisited and reaffirmed by Bruns & Walker, 2008). Each phase lists a number of major tasks or goals, a list of actions, and helpful notes. Phases are described as:

Phase 1: Engagement and team preparation

Phase 2: Initial plan development

Phase 3: Implementation

Phase 4: Transition

Implementation Stages

If preliminary considerations of factors such as those mentioned in the previous section (the basic *who? where?* and *how?* of a putative wraparound intervention) are encouraging, a more structured investigation of the introduction of the wraparound program can begin. Implementation is a process of careful initiation and adjustments over a time frame of two to four years. Four stages of implementation are recognised - *exploration and adoption*, *installation*, *initial implementation* and *full implementation* (Bertram, Blase, & Fixsen, 2015). Although often portrayed as linear, changes in the implementation environment such as in funding availability, leadership, or staff turnover, may require earlier stages of the implementation process to be revisited. The stages, with more particular reference to school-based implementation, or school-linked with an education institution acting as a lead agency, are briefly described in turn.

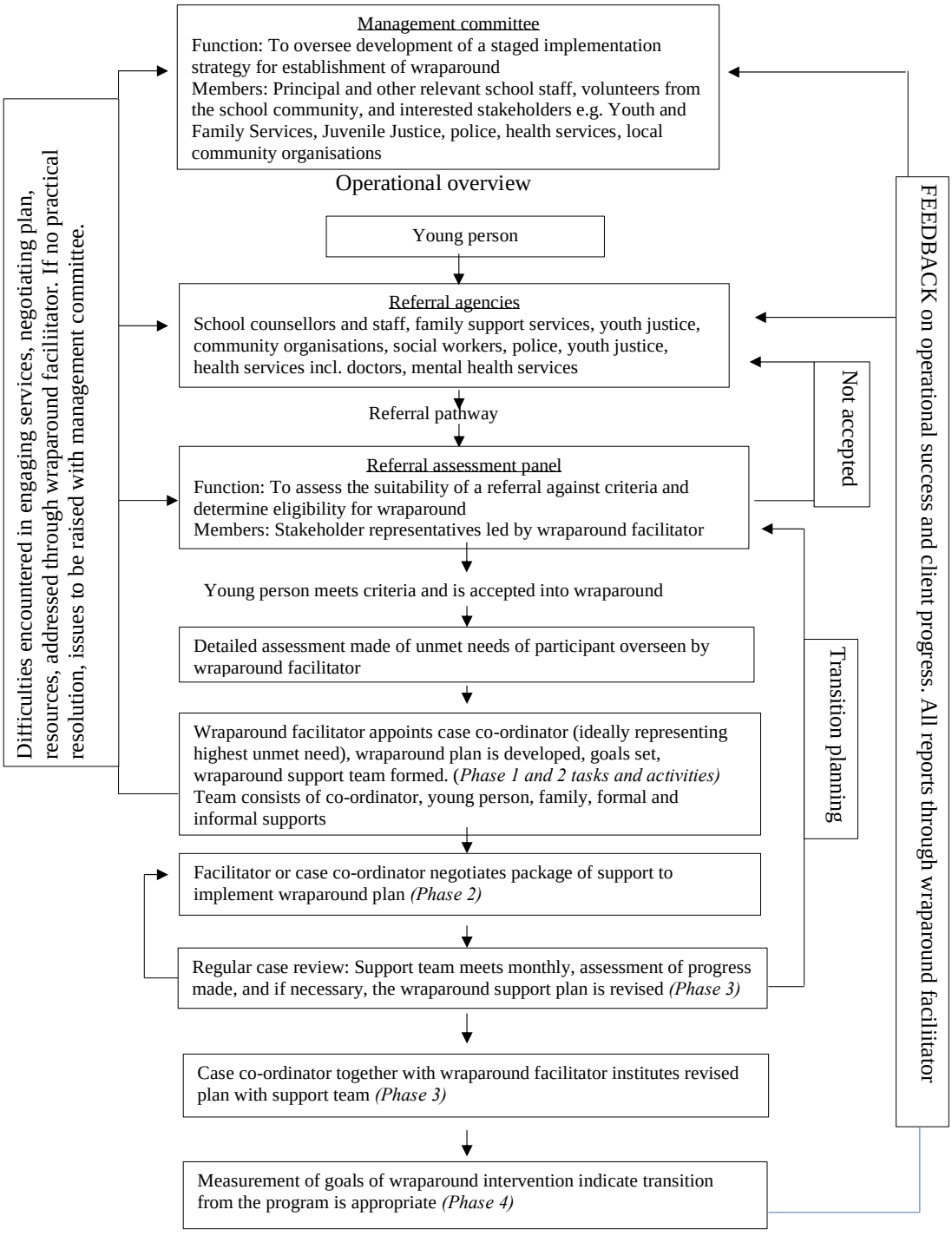

Figure 3

Governance structure of a school-based wraparound program (Adapted from Wyles, 2007)

Exploration and adoption stage. The stage begins with the formation of a committee, such as the management committee shown in Figure 3. Once formed, the initial tasks of this committee will include data collection relevant to:

- An accurate assessment of the need in the school population and a clear definition of the target population,
- Formal supports (external agency expertise) available in the local area,
- Informal support capacity in the local community (e.g., sports clubs, mentoring opportunities),
- Availability of adequate sites for the wraparound service model proposed (Table 3),
- Ability of the school organisational structure to support the fidelity and sustainability of the proposed wraparound program,
- Availability of funding, and
- Initial level of buy-in of the school community, local community, formal support networks of professional agencies (e.g., social services, Juvenile Justice) and expert individuals (e.g., local doctors, psychologists).

Where the data collected reveals potential issues, then plans need to be made to address the problem. This may involve, for example, further data gathering, information sessions, professional development, online information to increase buy-in, making funding applications. Absolutely essential is an agreement by major stakeholders of the appropriateness, if not necessity, of the introduction of a wraparound provision.

Concurrently with developing readiness, an essential early exploration task is to make use of all available information to assist in producing a governance model (see example of Figure 3), and a clear implementation plan of the wraparound process. The plan must outline the tasks and timelines necessary to facilitate effective and efficient progress through the stages of installation and

implementation. In order to ensure fidelity and sustainability of the program, the model must centre on achieving defined short-term, intermediate, and long-term outcomes for the target population (for example, in behaviour or in academic achievement) and for organisational adjustments in the school and external agencies (Bertram, Blase, & Fixsen, 2015; Figure 1). Some features of the process that need to be considered at this stage are:

(a) The appointment of the wraparound facilitator,

(b) Participant eligibility criteria and assessment, development of process data collection systems,

(c) Patterns of resource usage,

(d) Potential impacts on the school organisation,

(e) The establishment of defined communication channels between school-based staff, participants, and their families,

(f) Formal support providers, and

(g) Transition planning processes.

Installation stage. During installation, planning is translated into practice. This stage is characterised by change – a change in practice by key stakeholders, and changes in organisational structure (see Figure 1). Change is inherent in any innovation but will be most intense during the installation and early implementation stages. The core drivers of implementation (competency, organisation, and leadership) (see Figure 4) have been described as the engines of change, as these drivers establish the capacity to create the changes in individual and organisational practice necessary for an initiative such as wraparound to succeed (Bertram et al., 2015; Fixsen et al., 2009).

Figure 4

Implementation drivers[1]

During installation, elements of all three drivers must be systematically addressed and adjustments made continually throughout the life of the program. The model indicates that each element is influenced by the others (integration) and that strengths in application of one driver can act to compensate for temporary weaknesses in others (Fixsen et al., 2009).

Competency drivers. Competence refers to the human resources employed to execute the model. Competency drivers have the function of promoting the competence and confidence of these individuals such that high fidelity and strong positive outcomes are likely to be achieved and maintained. If possible, *staff selected* to participate in wraparound should be chosen on the basis of aptitude, attitude, and model-pertinent knowledge and skills. However, all wraparound service providers will require some behavioural change in implementing a new initiative. *Training* and *coaching* are the main vehicles to develop a shared knowledge of the target population, the rationale for choosing the wraparound model, and the key elements, activities and phases of the model. Vital during the installation stage, it is essential that training and coaching becomes an ongoing feature of the program in order to upgrade skills and initiate new team members.

The selection, training and coaching of the wraparound facilitator is particularly important. This is likely to be a new role for individuals in Australia, involving a broad range of knowledge and skills, therefore organisational nurturing will be particularly important. It is recommended that facilitators undergo three phases of training: orientation, apprenticeship, and ongoing coaching and supervision (Walker et al., 2013).

Performance assessment, shown at the apex of Figure 4, provides a measure of the degree to which fidelity to the principles of wraparound is achieved. Performance assessment measures will be determined at the systems level. Model fidelity is much influenced by the quality and integrity of the relationship between the practitioner and the wraparound recipients. Careful staff selection and the provision of adequate opportunities for training and coaching are ultimately the responsibility of the host organisation or lead agency (in school-based wraparound this is the school).

Organisation drivers. Organisation drivers are administrative facilitation, data systems appropriate to support the wraparound program, and interventions at the systems level. Supports developed by *facilitative administrators* (principals, school executives, non-teaching staff) designed to change organisation practice in order to facilitate the introduction of wraparound into the school are core to successful implementation. Administrative adaptability is pertinent to the facilitation of change at all times during the development of wraparound services, but is particularly relevant to the installation and initial implementation stages. The suitability of existing policies and practices to support and sustain wraparound should be examined in this stage. School administrators facilitate the acquisition of physical and human resources and can act to positively influence the school climate in the acceptance of wraparound as a legitimate and worthwhile innovation.

Data-driven decisions are important for quality improvement and program sustainability. Effective data support systems create the conditions where data can be stored, manipulated, easily understood, and used to make timely decisions that lead to improved implementation and outcomes. Data-driven decision making is particularly important in wraparound fidelity assessment. Drivers of

change can also emerge at the *systems-level*. Facilitative administrators must be flexible and willing to make adjustments as changes to policy, legislation, and demographics may occur at the community, state, and federal levels (Bertram et al., 2015).

Leadership. Different levels of leadership are necessary to achieve the successful implementation of a wraparound program. It is appropriate that all stakeholders in the wraparound process take some leadership role; school, families, young person, agencies, and individual experts. Two different types of leadership are described as necessary during implementation. These are characterised as *technical leadership* and *adaptive leadership* (Figure 4). Technical leadership is appropriate when there is a high level of certainty, and strong agreement on the nature of the problem and the course of action required. Adaptive leadership is required when there is less certainty and less agreement about the nature of the problem and its solution. Strong leadership appropriate to the situation is a driver for positive change; most important is a sensitivity to where adaptive leadership to a challenge is important (Bertram et al., 2015).

In a school-based program, the proactive support of the principal and executive will be paramount. During the introduction of wraparound, adaptive leadership skills will be increasingly important. The school wraparound facilitator may be a member of the executive team, but should not be the principal (in order to avoid potential conflict of interest). Therefore, it is not likely newly appointed wraparound facilitators will have highly developed leadership skills, yet they will be presented with a range of unfamiliar leadership challenges (Figure 5). As a compromise, some of the responsibilities shown in the figure below may be taken on by the principal, member of the executive, or by a member of a shared leading agency (Table 3) but the wraparound facilitator needs to be actively involved.

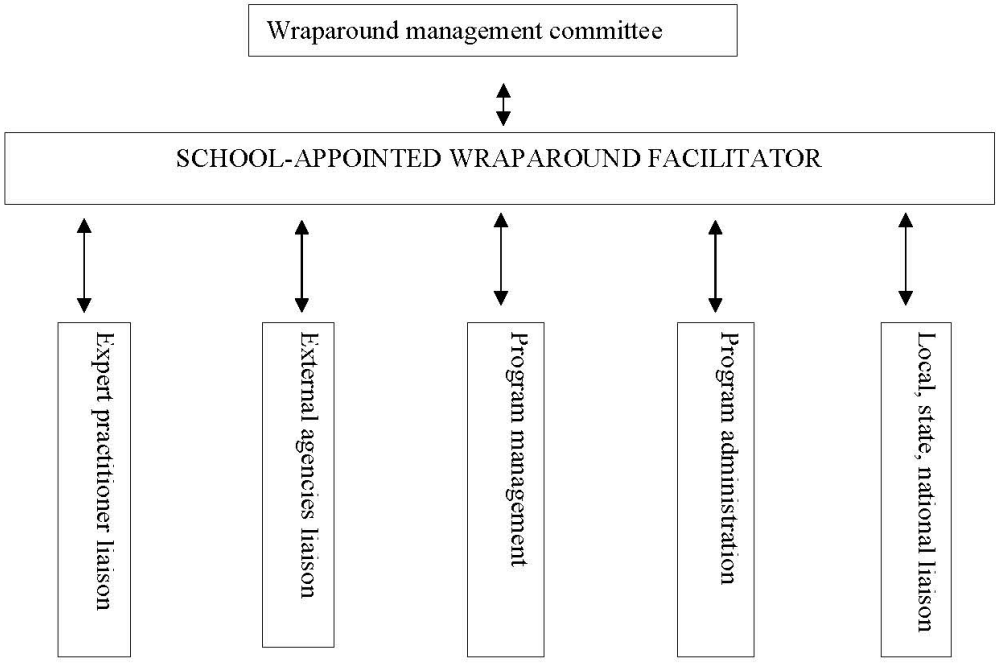

Figure 5

Wraparound facilitator responsibilities where good leadership is important

Initial implementation stage. This stage is critical, and its success will depend on the quality of preparation and adaptive leadership shown in the previous stages. During this stage there may be a need to reassess some of the initial issues explored in the first stage, revisit and expand upon the governance model, refine data-systems and instruments used in identification and/or evaluation of outcomes, reconsider allocation of resources, and test and readjust the implementation drivers (Figure 4) to ensure that they are in sufficient balance. This stage is likely to be one of high expectations, challenges, and of frustrations.

Full implementation stage. Successful navigation of the initial implementation stage leads eventually into a less frenetic stage when data shows: (a) that the wraparound process is yielding improved outcomes for the target population, (b) that the program is being implemented with fidelity, (c) that the host organisation has adopted the necessary changes, and (d) there are

indications that the program is proving to be sustainable. Bertram et al. (2015) asserts that full implementation can be claimed when all aspects of the implementation drivers (Figure 4) are: (a) fully operational, (b) have mechanisms in place to ensure that they can be adjusted to meet changing circumstances, (c) are actively supporting fidelity, and (d) are under constant scrutiny and review. The estimated time to reach this stage is at least four years after the commencement of the exploration stage.

Common challenges to wraparound. The literature is replete with descriptions of barriers which impede the achievement of effective wraparound. The governance model (Figure 3) includes an acknowledgement that difficulties may occur during the wraparound process, and are, in fact, inevitable. Addressed early, the effect of problems can be substantially lessened. Some difficulties can be inadvertently 'hard wired' into the model by inadequate preliminary planning, others may arise despite thorough preparation for wraparound. A literature search identified the following nine areas where problems commonly arise (Table 4).

Table 4

Challenges to implementing wraparound

Area of difficulty	Exemplified by	Most relevant implementation stage or stages of the difficulty
Nature of the wraparound program on offer	Program is not context-specific, team and family-based, seamless, individualised or culturally sensitive.	Stage 1: Exploration Stage 2: Installation Stage 3: Initial implementation
Funding availability	Insufficient funds are available from school resources,	Stage 1: Exploration Stage 2: Installation

	participating partners and/or specific grants. Available funds are not allocated appropriately across the program.	
Readiness and implementation practices	Program is implemented before sufficient time has been taken to complete high-quality preliminary work and the school has reached a stage of readiness for implementation.	Stage 3: Initial implementation
Stakeholder buy-in	Stakeholders do not share common goals, do not clearly understand their roles and responsibilities, and lack a shared sense of commitment and of accountability.	Stage 1: Exploration Stage 2: Installation
Leadership	Principal, wraparound facilitator, and/or participating partners do not demonstrate strong, effective leadership practices.	Stage 2: Installation Stage 3: Initial implementation Stage 4: Full implementation
Formalised role descriptions	Expectations and responsibilities of wraparound team members are not outlined through appropriate policies,	Stage 3: Initial implementation Stage 4: Full implementation

	protocols and procedures, or in memoranda of understanding.	
Wraparound team functioning	Wraparound teams do not collaborate effectively resulting in e.g. poor articulation of service provision to students, wasteful use of available resources, and inadequate evaluation of wraparound processes.	Stage 3: Initial implementation Stage 4: Full implementation
Turnover/absentee rates of stakeholders	A disruptively high turnover/absentee level amongst leaders, staff, students, external agencies and significant government personnel.	Stage 2: Installation Stage 3: Initial implementation Stage 4: Full implementation
Communication	A habitual lack of clear, consistent, timely, two-way, multiple level communication exchanges between all stakeholders.	Stage 2: Installation Stage 3: Initial implementation Stage 4: Full implementation

Recommendations

Recommendation 1: ***Proceed only if the preliminary consideration (p. 7-11) results in enthusiastic advocacy for wraparound by a key, if small, group of stakeholders.***

Recommendation 2: ***Allow a minimum of 2-4 years to progress through all the implementation stages (p. 12-17) before any substantial data on the efficacy of the wraparound program can be expected.***

Recommendation 3: ***Work hard to ensure buy-in of all key stakeholders – school executive, school staff, school and broader community, formal support partners – to avoid intentional or unintentional sabotage (p. 12, 18).***

Recommendation 4: ***When installing and implementing the model ensure that wraparound fidelity is maintained at all times (p. 3-4).***

Recommendation 5: ***Take advantage of the findings from implementation science and be sure to continuously monitor the implementation drivers of competency, leadership and organisational factors (p. 13-16).***

Recommendation 6: ***Be particularly aware of the importance of unambiguous communication and promote this through a clear definition of roles and responsibilities and provide support for professionals from various specialities to enhance effective collaboration (p. 19).***

Recommendation 7: ***Pay attention to common barriers to effective and sustainable wraparound as reported in the literature and take steps to pre-empt these problems (p. 17-19).***

Case Studies/Examples of Existing Practice

What follows are two examples of very different wraparound models. The case studies below illustrate two different ways that the research and suggestions underpinning the framework can be effectively contextualised to specific school environments. Case study #1, Well Being High School, illustrates successful wraparound at a special school in metropolitan NSW, and case study #2, Restorative Practice High School, describes how wraparound can work in rural and remote NSW.

Case Study #1 Well Being High School (RPHS)

Well Being High School (WBHS) is a school for specific purposes (SSP) located in metropolitan NSW. It is a medium to long term program primarily for students in years 7-10 experiencing challenges with their behaviour in a mainstream setting. The school aims to support students through an individual case management approach to successful transition. WBHS is capped at 35 students and those 35 students are split across 5 classes. Each of the 5 classes have a teacher and a teacher's aide. The demographic typically stands between 70% boys and 30% girls. Students who identify as Aboriginal are between 25 and 50%. Two out of the five classes are specifically for students diagnosed with mental health issues, but many of the students in the other three classes have undiagnosed mental health issues, and nearly every student has experienced or is experiencing significant trauma. Although the school is a 'behaviour school', the principal was aware that the current research recommends to look beyond the behaviour, i.e., at the consequences of the environment, and the conditions that precipitated the misbehaviour. A lot of the time it is trauma, domestic violence, sexual abuse, drugs and alcohol; issues that are often intergenerational in some aspects. In the WBHS principal's experience, there are many instances involving many years of a young person's developing brain being exposed to neglect, trauma and abuse. This prompted him to look for another way to support this population of students.

WBHS partnered with the local Health and Allied Health to develop a model of care that includes universal teaching skills, collegial support channels and clinical services to support students and their families. This continuity of care extends from 4 to 17 years of age. The main facilitators of this collaboration include an agreed upon common language and trauma-informed practices that are grounded in the principles of neuroscience underpinned by the neurosequential model (Perry, 2006). The team consists of a psychiatrist, senior psychologist, psychologist, paediatrician, occupational therapist (OT), speech pathologist, social worker, art therapist, nurse and specialist teachers. They all work together as a multidisciplinary team along with an ongoing collaboration with the Aboriginal Education Consultative Group (AECG) and the Metropolitan Lands Council.

All members of the team work to:

1. Develop and embed a translational, evidence-informed network between health and education to improve educational and well-being outcomes for students, including identifying learning difficulties and using a multidisciplinary coordination of approaches to address them.
2. Increase the capacity of mainstream school teachers, counsellors, and support staff to support students with complex support needs at their schools through the implementation of a series of context-specific professional learning modules, lesson plans and additional, specialist in-class support.
    - WBHS students report high interest in the resulting lessons and provided feedback that these same lessons ought to be taught in mainstream schools, as it would benefit all students.
3. Support families with culturally relevant, targeted supports including clinical interventions, family workshops, family therapy and online/face-to-face information sessions.

- This provides more successful and sustainable transitions for students back to mainstream school environments as a result of parents' capacity to understand and address the complex support needs of their family.

4. Use the practices and processes above to make the school a ‘Centre of Expertise’, from which mainstream schools can draw support for their teachers and families and reduce the need for referral of students to special settings. WBHS has been facilitating professional learning at the request of neighbouring mainstream school principals and at conferences.

The model of care is on one hand a clinical intervention for OTs, speech pathologists, nurses, psychologists, psychiatrists and paediatricians, but on the other is a conduit between families, health and the classroom. The entire interdisciplinary team collaborates with the teachers on a weekly basis on in class supports, reviewing health care plans, taking feedback from classes around learning or mental health needs, and all sorts of disclosures around the wellbeing of the child. Anything that impacts or enhances their ability to learn in the classroom is vetted through the team.

Such a complex model of wraparound needs an anchor point. The anchor point, in this case, is the neurosequential model of therapy and education, which uses the principles of neuroscience, brain mapping, and brain imaging. The entire interdisciplinary team, from allied health through to teachers, paraprofessionals, and the school chaplain, are all trained to understand the brain from a top down, bottom up perspective. Each developmental brain stage relates to an aspect of learning, relates to an aspect of behaviour, relates to how the brain senses and orders information. Everyone being on the same page and working from that model, and shared understanding, allows the team and young person to work out what the most appropriate intervention is. Interventions are designed for not only the students, but also the families; anything that is determined to improve the well-being of the family.

Students are referred to WBHS because their home (mainstream) school has exhausted every intervention at their level, and the level of risk the young person poses to themselves or others is at a level where the school needs outside support. That support is an intensive 5 day a week programme for the initial outset of 1 to 2 months, after which point WBHS negotiates with the referring school for the student to return one day a week back there to begin to put in place whatever strategies or recommendations the interdisciplinary team has suggested to help mitigate the reasons for referral. A personalised learning plan and a comprehensive health care plan are developed for the student and WBHS provides support incrementally for the student to experience success back at their mainstream school. Every month or two a review is conducted to determine whether to add a second day and then a third, by which point, 12 to 18 months later, a process takes shape. The student may have then returned back to their referring school full time or if they are at a stage in their educational journey where there are more appropriate educational options beyond public schools (like non-government schools or TAFE), they may be referred on to there.

Enrolment, assessment, planning processes

After the referral is approved, the student's parent accepts the enrolment. They meet with the principal and he takes them on a tour of the school, explains the services offered, the way in which services wrap around the family, and the way in which the teachers are in communication with the paediatricians and the OTs. He explains the benefits to them (e.g., the parents will avoid being placed on a speech pathologists' waiting list and the payment is arranged through Medicare). He answers all of their questions, and the parents fill out the paperwork. There is a process for a week thereafter where a file summary of the young person is created that contains all of the strengths, difficulties, and the history of the child. On the first day, the student is allocated a classroom based on best fit, as the school does not have staged year group classes, they are grouped by student need. The first week of school the student completes a suite of 'getting to know you' activities, a suite of academic and

psychometric tests, and an academic profile to determine if there are any hall-markers for intellectual disability or any processing delays that the team would need to know about.

During weeks 2 and 3, relationship building activities take place with the school chaplain and other wellbeing staff and the team starts wrapping around the family. This involves the paediatrician taking a file summary of the young person, beginning from in utero, what was happening with the baby, what was the baby like, what were the conditions of the baby's mother and father back then, etc. This interview is to build an early stage picture through to the present. Because of the collaboration with health, the team also has access to different databases. This allows for a triangulation of what is being said with other records. From there recommendations are made by an art therapist, speech therapist, and an occupational therapist.

Within the 3 or 4th week the paediatric assessment with recommendations are vetted through a neurosequential approach with the whole team making smaller recommendations and sharing the plan with the family. Planning is collaborative, including the student and family. Plans include: an individual education plan, a corresponding health care plan, and a behaviour management. While these activities are being conducted in weeks 1 through 4, the student is engaged in psycho education, routine weekly classes around neuroscience and understanding from a play-based approach.

Reintegration

WBHS negotiates with the student's home school for them to return at least one day a week in week 4 or 5. The reason for this is that the perspective of the student must be front and returning them to their familiar school where they have friends and adults that they care about and who care for them is important, as it provides them with a sense of normalcy and connectedness. This is underpinned by one of the main principles of the neurosequential approach, which states that people are relational beings. In other words, if people are in a relationship and feel safe, then their brains produce all the necessary chemicals to develop, grow, and learn. Although sometimes relationships at the home school are frayed or broken, there is still a connection to the referring school via their friends and/or teachers,

so it is important to get them back for even just half a day as quickly as possible. Getting them back for even just a half day keeps one foot in the door, so the student is aware that they are working on some behaviours and their enrolment at WBHS is temporary.

Case Management

In order for the wraparound program to work effectively, a full-time case manager is necessary. WBHS went through many difficulties in this area, with no person from any sector willing or with the capacity to case manage in addition to the roles they were currently filling. The reason that the program is effective is that it is fully funded and can afford a full-time social worker. When case management is assigned to teachers, counsellors, or principals take it on, it is typically not sustainable, as burnout can occur. The main jobs of the case manager are to communicate with all stakeholders and team members, coordinate services for the students and families, schedule meetings, and collect all information for planning and progress meetings. Another important undertaking for the case manager is promoting buy-in from the students, families, teachers, mainstream school staff, and stakeholders.

Buy-in: Parents. Sometimes parents are difficult to engage, as they are part of the problem. The paediatric assessment is a significant marker for parent engagement. One of the things that helps with parent buy-in is that the program is not punitive if parents miss appointments, where in the traditional health care system, if parents miss three appointments, they are struck from the eligibility list. Instead, the thinking of the program is that there is a reason why a family is not turning up - maybe anxiety, distrust, agoraphobia. In some cases, house visits or Skype sessions are conducted.

Buy-in: Students. The neurosequential whole school approach is a crucial aspect. Students learn about their behaviour and what is going on with their brain. This understanding acts also as the buy-in. Students enjoy their sessions with the occupational therapist (OT), as the therapy is play-based and rigorous. It includes activities designed to have students use their bodies to promote movement and help them orient in space. There are large stretchy hammocks and swings and OT games available to students. These activities are incorporated throughout the school, from the OT coming into the

classroom to work with students, to the principal having OT 'toys' in his office. If a student comes into the office for disciplinary reasons, the principal might do some movement or breathing exercises with them first, before talking to them. Students appreciate that the neurosequential approach is integrated throughout the school, rather than just being an add on.

Buy-in: Teachers and staff. The principal of WBHS took the approach of asking staff members to point out everything that was wrong with the program, and to prove it didn't work. On contrary, over the time, staff started to appreciate the program. This can be demonstrated by the following anecdote: One of the longstanding staff members came into the office and said, "I thought this was a load of crap at the start, but I can't believe the impact it is having on kids!" The WBHS principal also believes that a part of staff buy-in is attracting the right people. According to him, WBHS was lucky to have attracted "some amazing people" over the years. The school also had the support of the Department of Education when it came to hiring counsellors and teachers.

Buy-in: External Stakeholders. The principal contacted Health, who agreed to provide training to the school's teachers in some universal OT, speech pathology, and trauma informed practice. This was followed by involvement by the director of Community Paediatrics, which was rolling out an initiative of Healthy Homes, a model that was taken from an international health system that was about having support in homes in a side by side working relationship. This provided the impetus to house these professionals on campus.

Barriers and Enablers

Barriers. According to the WBHS principal, in addition to lack of funding and high staff turnover, a considerable barrier at the beginning was everyone working in their own silos without having a vision for what needed to happen except the principal. This barrier was overcome by insisting that collaboration was critical and providing opportunities for collaboration. Other barriers included lack of a common language across different sectors and time. The first of those was dealt with by

shared professional experience, co-creation of the program, and many collaborative meetings. Time continues to be a barrier, as the school has yet to find the resources to fund a full-time case manager.

Enablers. The inter-disciplinary approach itself is also an enabler, as team members go through the processes together through dialogue, meetings and sharing ideas. Other enablers included: (a) looking at the neurosequential wraparound approach from a health perspective, as the partner health professionals were committed to it; (b) demonstrating to the different sectors that this approach worked in communities in New Zealand; (c) having aboriginal elders heavily involved, and supportive of the neurosequential model as culturally appropriate, (d) having the elders' trust, as they did their best to garner family and community support; and (e) systemic trends such as Department of Education priorities and funding areas.

Measuring Success

The principal of WBHS claims that there are different ways to measure success, one success they experiencedwas working across systems more efficiently. The fluency by which all the professionals work together was outstanding and the feedback from all the various disciplines confirmed this. From a student outcomes perspective, family support, even through difficult times was. important. The most important benefit and demonstration of success was that the wraparound model enabled the school to better support families outside of school.

Case Study #2 Restorative Practice High School (RPHS)

Restorative Practice High School (RPHS) is located in a rural agricultural region in NSW, in a town with less than 5,000 residents. The school serves about 300 students in the school, ten of those have highly complex support needs. About twenty to thirty percent (60-70 students) have mental health issues, disability, socio-economic, and/or other complex needs. The school provides a comprehensive curriculum for Years 7 to 12 in a caring and supportive environment. The school has taken up restorative practice as a methodology of working with families and students. They chose this

framework because it is all about having a conversation with students, and re-establishes the connections on all levels. The restorative framework affords school staff the capacity to be able to have difficult conversations with a range of people, providing a foundation to have conversations to obtain knowledge of what is going on. This model is meant to support highly traumatised families and people, by building their capacity to cope with internal and external change and their ability to cope when things go wrong. Students now open up about various factors affecting their lives, whereas, in previous years, school personnel never would have had such conversations with students. This open communication is then used to guide the selection of services.

School Based Supports for Students with Complex Support Needs

The two school deputy principals were instrumental in designing and implementing the school-based supports, which include behaviour management plans, which contain specific interventions. For example, a year 7 student with highly complex support needs has the provision of a 'time out card', which allows him to leave the classroom and go to one of the deputies, who then decide where in the school student will learn for the time being after the meeting (e.g., back in their class, at the learning centre, in the deputy's office). The student understands that doing school work is not negotiable but where he/she does the work can be negotiable. There are a variety of places within the school where the students can go when they experience anxiety, anger, or if they are not coping in the mainstream classrooms. They can have restorative conversations with the deputy principals, school counsellor, or other trained staff.

Case management is largely the responsibility of the principal and the two deputy principals. They design, implement, and perform ongoing evaluation of: behaviour support plans, exit plans, and connections with other services. They do home visits on a daily basis, and take people from other involved agencies with them. They engage the parents, carers, and families.

Services Outside the School

A staff member from Uniting Care comes in once a week and works with families of students that are identified by the school as having issues or complex support needs. The school also works with Family and Child Services (FACS) by making referrals when necessary, Out of Home Care (OOHC), and organisations that provide houses for the students themselves. The school sometimes arranges medical appointments for students, but it is the family's or FACS' to get the student to the appointment. A not-for-profit organisation, Hear our Heart has staff to come to school and perform hearing tests. The school informs parents about their children's hearing issues. RPHS has also had health organisations come in and provide a quit smoking programme and drug resistance programme.

Adoption and Implementation

RPHS adopted the Restorative Practice Model after a meeting between one of the deputies and a convenor of organisation called Real Justice. This led to the introduction to and eventual partnership with a third party who assisted with the training and implementation. Initially, the two deputies and a science teacher completed formal training, but now, most of the staff are trained, including teachers, the Aboriginal Education Officers, and many students.

School staff also conducted their own research to determine how best to contextualise the model to their specific setting. One of the main motivators for change was the fact that the school had a 51% suspension rate. Suspensions weren't working because students were just being isolated. They stepped out of the school and then returned as if nothing has happened, thus issues remained unresolved. Restorative practices are the opposite of that. The school, as a community, looks at what harm has been caused and how it can be fixed. Restorative practices provide a framework to deal with that harm so that everyone can feel good about themselves and can move forward positively.

How it works. The mainstay of restorative practice are interactions called circles. There are informal small circles which might be just two facilitators who will have a chat with the students, write what happened, write how students are going to solve the problem and make a plan of how to move forward. When students have a suspension, a more formal circle takes place; the facilitators, the

parents of all involved students, and student peers listen to what happened, talk about how this is not "the kind of stuff we want in our school, maybe you should have looked at doing this instead", and they come up with a formal plan at the end. Relevant health community services might be also invited. For example, if it is a health-related problem, the school would invite public health representative. If an aboriginal student is involved, aboriginal elders are invited. Once the circle is convened, the facilitators use Socratic questioning: (1) what happened, (2) how did you feel, (3) who was affected, (4) how do we move forward from it, and (5) how do we make our plans. The students then make their plans, come back to the circle, and they read out their plans. After the circle concludes, someone mentors them for a month, checking in in the morning and out in the afternoon.

An open circle has between 3 and 5 community members and student peers. The peers are always older students, so that they can lead the conversation about school community, i.e., what community they want to create, what do they want their school to look like, and how do they want everyone to act. Important consideration is what would Australians think of what has happened and what would they deem as a responsible and respectful way to go forward. Also, the older students are often able to share with the younger ones their stories, including what has worked for them to improve the situation. Thus, students learn from each other in a respectful way.

Barriers to Wraparound

The students' FACS caseworkers are constantly changing, and their quality varies. FACS will often outsource students to other agencies, which makes collaboration a challenge. Families often have difficulty getting funding, Medicare cards, etc., which is problematic when students need routine medical and dental care, operations, and medication. It can take from 12-18 months to get an appointment with a paediatrician. There is not good communication between the school and FACS, caseworkers often show up unannounced, which is a problem since both deputies teach and are not always available to meet and discuss students without prior notice.

Family financial status, along with parental inability to understand that their child has a mental health issue, can be barriers, along with the fact that 70% of the time the parents themselves also have mental health issues. There is a lack of facilities in town; the town needs 3 permanent psychologists to deal with the adult and youth mental health issues in the community. Although the town used to have a local paediatrician, he retired years ago, and has not been replaced. Thus overall, unavailability of services is a major barrier to wraparound service provision. Barriers to interagency collaboration include a lack of time on the part of school leaders to attend interagency meetings.

Enablers

Indigenous academy. The school is home to an academy that aims to support young, Indigenous boys. It is a not-for-profit organisation that helps Indigenous students attend school, finish Year 12, and enter into employment. The academy is one of over 100 in Australia and has two teachers. Activities include building relationships, reward camps, and attendance at employment forums. The school and the academy collaborate and work well together. Student attendance has improved since the program started. The principal would like to see the formation of a similar program for girls.

School counsellor/psychologist. Although RPHS does not have regular psychologist, this is viewed as something that would be a major enabler to a successful wraparound program, as many parents cannot afford to get their children psychological services. The deputy principals make referrals for students with mental health issues. There is a school counsellor 3 days a week, and because of the large number of students with complex support needs, all she has the capacity to do is triage and assessment testing. If a student needs assessment, one of the deputies writes up a full report that will go to the paediatrician or psychologist. Uniting Care also supply a psychologist to come to school once a week to see the students who are not being served by FACS.

Home visits. Another enabler is that school personnel do house visits to develop and strengthen relationships with the families. Both deputy principals spend a lot of time outside of the

school day meeting with and phoning students' families. It works well, but may not be sustainable over time, due to the amount time and emotional investment.

The school is the hub of wellbeing now, as it is a community where staff know the students and families well and the outside services just don't have the ability to plan who is doing what and, the biggest issue for the school is access to medical services because it is rural and remote. The town has no psychologists or psychiatrists so the deputy principals collect the data, write reports and communicate via emails and post with psychiatrists and psychologists.

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