

A Comprehensive Review of the Surrey WRAPAround Program: Toward more Effective Mental
Health Services for Surrey Youth at Risk of Gang Involvement.

By

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Abstract

The primary purpose of this Capstone is to explore the theoretical and practical underpinnings of the Surrey WRAPAround program to facilitate the development of a new intake and assessment tool for the program and advocate for more clinical support for the program's case managers. This Capstone consists of three main components. First, it inquires into the overall concept of wraparound models of care by conducting a literature review exploring the origins of wraparound as a model of care for individuals experiencing complex mental health and detailing the ten guiding principles of wraparound. Second, it delves into the inner workings of the Surrey WRAPAround program by analyzing how students are referred to the program, WRAPAround's current intake and assessment methods, and how Surrey WRAPAround aligns with the ten guiding principles of wraparound. Third, it critically reviews existing structures the WRAPAround program has to support the staff's mental health and recommends that the WRAPAround program increase mental health supports available for the team.

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A Comprehensive Review of the Surrey WRAPAround Program: Toward more Effective Mental Health Services for Surrey Youth at Risk of Gang Involvement.

Introduction

This Capstone aims to explore the theoretical and practical principles of the Surrey WRAPAround program to open a dialogue on the program's current intake and assessment tools and the mental health support structures available to staff.

Recent media reports and newspaper headlines have portrayed Surrey as the heartland of gang violence in British Columbia (B.C.) and Canada. Headlines such as: "Man in Critical Condition as RCMP Investigate Overnight Surrey Shootings" (Little, 2019); "Put the Public At Risk!: 5 Arrested After Gang-Related Shooting, Crash in Surrey" (Scott & Weisgarber 2019); and "Police Worried as Gangs Increasingly Target Girls for Recruitment" (Foy, 2018), are almost weekly occurrences in morning newspapers and nightly television news broadcasts. These headlines are nothing new for Surrey residents. For over a decade now, Surrey has found itself on the frontlines of a drug trafficking turf war that has had immediate effects on B.C.'s Lower Mainland Region and residual impact on the rest of the province and Canada.

The current ongoing conflict in Surrey is often traced back over a decade ago to 2007, when members from the *Red Scorpions* street gang killed four rival gang members and two innocent bystanders in a Surrey apartment complex. This incident is known as the *Surrey Six* (Bolan, 2015 & CBC, 2013): "Like no other gangland slaying before it, the Surrey Six massacre drove home the danger of the gang life in British Columbia, both to those in the thick of it and the innocents around them" (CBC, 2013).

Since the Surrey Six shootings, Surrey has experienced steady rises in violent crime (CBC, 2019), homicides (CTV News, 2019), and opioid-related overdoses (Surrey Now-Leader, 2019).

These increases have resulted from gangs in British Columbia importing illicit substances into B.C. and engaging in brazen daytime shootings in public places (Daily Hive Vancouver, 2018). In addition, fear amongst Surrey residence hit an all-time high in June 2018 when a father of two was killed outside his home in a case of mistaken identity (CTV News, 2019), and two teenagers, a 16-year-old and a 17-year-old were killed in a targeted shooting (CBC, 2019).

Context of Gangs in Surrey, British Columbia

Dr. Keiron McConnell (2015), in his Doctoral Thesis, postulates that the construction of Gangs in British Columbia (B.C.) differs from areas historically associated with gang life (i.e. Los Angeles, California; Chicago, Illinois; and London, England). He also went as far as to suggest the term “gang,” as it is formally defined and understood may not be the appropriate term/label for the type of groups engaging in organized crime and drug trafficking in British Columbia.

McConnell (2015) notes that “One might expect that the definition of a gang is universally accepted by police, academics, government, and the community” (p. 26); however, that is not the case as “the word *gang* means different things to different people” (p. 26). As early as 1927, sociologist and one of the first experts on gangs, Frederic Thrasher, who studied 1313 gangs in Chicago, concluded that no two gangs are alike: a sentiment agreed upon by many gang researchers today (McConnell, 2015).

While there exist many different definitions and constructions of gangs, gangs historically consist of individuals who experience traditional at-risk factors. These factors include lower socioeconomic neighbourhoods, single-mother households, lower academic marks and more unexcused absences, and earlier police contacts with less escalation (Rai & Campbell, 2018). By comparison, youth involved with gangs in B.C. often have backgrounds that include several “non-traditional at-risk factors”: higher-income neighbourhoods, intact families, higher academic

grades and fewer unexcused absences, and later police contacts with higher escalation (Rai & Campbell, 2018). As early as 1994, Gordon found that approximately 50% of youth involved in gangs in B.C. exhibited non-traditional at-risk factors. While the WRAPAround Program does support youths who fit the traditional at-risk mould, “The Mayor’s Task Force on Gang Violence Prevention” (2018) corroborated the assertion that the composite of gangs in B.C. differed from those in other areas experiencing gang violence.

“The Mayor’s Task Force” concluded that in addition to gang members exhibiting non-traditional at-risk factors, several other factors are contributing to the uniqueness of B.C.’s gang landscape. For example, gang members in B.C. come from diverse socioeconomic and ethnic backgrounds: this is in contrast to traditional gang structures, where the majority of gangs comprise of individuals from the same socioeconomic status and ethnic background (City of Surrey, 2018). Additionally, gangs in B.C. are purely profit-driving, resulting in gang members often switching sides, leading to an ever-changing gang landscape (City of Surrey, 2018).

“The Mayor’s Task Force” also noted that the “average age of gang members involved in the 2014-2016 gang conflict is 23” (City of Surrey, 2018, p. 4) and that gang members often exhibited criminal and anti-social behaviour at young ages (City of Surrey, 2018). This is evident because, on average, gang members committed their first criminal offence at 16-years-old and experienced their first school suspension at 13-years-old (City of Surrey, 2018). These early indicators of criminality and anti-social behaviour stress the importance of early- and school-based interventions.

The Surrey WRAPAround Program

Coinciding with the rise of gang violence Surrey was experiencing in 2007, the City of Surrey developed an anti-gang/crime prevention strategy aimed at working with at-risk youth and

their families. The City of Surrey designed the anti-gang/crime prevention strategy to maximize public safety, curb violence, and curtail criminal activity (Public Safety Canada, 2018). The Surrey WRAPAround Program: A Youth-Driven Comprehensive Plan for Gang Violence Prevention (WRAPAround Program) was launched in April 2008 (Dub, 2018). The WRAP program is a “multiagency partnership between the Surrey School District’s Safe Schools Department (SD36), the City of Surrey, and the Surrey Royal Canadian Mounted Police (RCMP) Youth Section.

The Surrey WRAPAround Program works from the wraparound “philosophy of care,” “a set of core concepts and principles including voice and choice; team-based; natural supports; collaboration; community-based; culturally competent; individualized; strength-based; and persistence” (Public Safety Canada, 2018). The WRAPAround program’s primary goal is to place the “young person at the centre of [their] care planning” (Public Safety Canada, 2018). The WRAPAround program also strives to work collaboratively with youth when developing their care plan to ensure “youth have a voice and choice throughout the entire process” (Public Safety Canada, 2018).

Primarily the Surrey WRAPAround Program receives referrals from the Surrey RCMP and school-based administrative staff (i.e., Principals, Vice-Principals, and counsellors) (Public Safety Canada, 2018). However, WRAPAround also takes referrals from government community-based resources, such as the Ministry of Children and Family Development and Child and Youth Mental Health. For youth to be eligible for the WRAPAround program, they must meet at least one of three criteria. First, youth can be currently criminally entrenched. Second, they can be involved or demonstrating a clear trajectory towards the criminal, gang, or anti-social behaviour. Or third,

have family members who have been involved in crime or at-risk but do not yet have a high baseline of anti-social behaviour (City of Surrey, 2018, p. 23).

Definition of Problem

In October 2017, B.C. Premier John Horgan and B.C. Public Safety Minister Mike Farnworth announced that the Surrey WRAPAround Program would receive permanent funding to the tune of \$500,000 per year (Global News BC, 2017). The government funding was intended to expand the WRAPAround Program and help eliminate the waitlist for WRAPAround referrals. After receiving this financial commitment from the B.C. Provincial Government, the WRAPAround Program was able to lower the number of referrals on its waitlist substantially. With increased media attention and awareness, the WRAPAround Program has seen a dramatic increase in the number of referrals it receives. The increase in referrals has led to acknowledging that current WRAPAround intake assessment tools, while providing meaningful data, do not meet the ends of the program's expansion.

Currently, the intake assessment methods utilized by the program provide a meaningful understanding of the complex workings of the students and families referred to the Surrey WRAPAround Program. However, they do not reflect current best practices and result in inconsistent data gathering (Dub, 2008). The consequence of this is a range of accuracy in assessing a family's strengths and needs to inform the wraparound care plan. Therefore, program staff requires a uniform intake data-gathering tool to assist with a more accurate assessment of the complex families.

In addition to needing an upgraded intake and assessment process, the Surrey WRAPAround Program rarely reviews the foundational principles of wraparound care and how it incorporates those core principles into the program's practice of working with individuals and

families. One of the core principles of the wraparound process is ongoing assessment and adjustment. Therefore, the WRAPAround program needs to engage in the practice of regularly reassessing the program, its principles, and its methods. To fully comprehend the WRAPAround program's assessment process needs, it is crucial to understand the concept of wraparound within the context of Surrey's gang crisis.

Significance of Problem

Solely looking at the statistics in what Surrey residents refer to as a *gang violence crisis*, the numbers are not comparable to areas conventionally associated with gang violence (i.e. Los Angeles, California and Chicago, Illinois). For example, in 2017, British Columbia experienced a total of 59 shootings, with 32 of those being gang-related homicides (CFSEU, 2017). By comparison, in the same year, Los Angeles had 282 homicides, with 177 gang-related homicides (City News Services, 2018). Even more troubling is that Chicago had 2,785 shooting incidents with 3,475 shooting victims (CNN, 2018).

Comparing the body count between conflicts often helps people justify how bad they are suffering compared to others. The fact remains that our experience remains our own. While I will most likely never experience nearly 3,500 people from my community senselessly losing their lives in a single year, I have experienced what it is like for a mother, a father, a sibling, or a friend to lose someone they deeply care for. Statistically, the gang violence problem in Surrey is not comparable to other parts of the world. I, along with other members of the WRAPAround Team and Surrey residents, have experienced what it is like to wake up one morning and have someone who positively impacted your life no longer be there.

The problem of gang violence in Surrey is significant, not because it impacts the larger global community but also because it impacts my community. It affects my co-workers and

colleagues, who, daily, sacrifice to help others avoid the tragedy and heartbreak felt by many in Surrey. It impacts the WRAPAround youth and their friends/family, who we connect with daily to help realize life beyond gangs and drug trafficking. It affects the people I call family and friends, who I have stood by as they've mourned the loss of those they care most about. And it impacts my children, who live and go to school in this community.

There is no doubt there are issues in the world we need to look at as global problems, but if we only look at gang violence from a globalist perspective and compare statistics, we will forget why these problems matter. Gang violence, and violence as a whole, is not a problem that can solely be looked at quantitatively. It also needs to be looked at qualitatively. Numbers only tell a small part of the story as behind each one of those numbers is a person, and recently those people are increasingly children. At the end of the *Gang Reduction Through Informed Practice (GRIP)* training manual, the authors write,

Though most of these homicides were of adults, the men and women murdered were at one time children, wide-eyed and filled with laughter potential and promise. The loss of any human being is tragic and even more so when the death could have been prevented.

(Rai & Campbell, 2018, p. 46)

With that statement in mind, this capstone project is significant because it will help contribute to the Surrey WRAParound programs efforts preventing, intervening, and suppressing youth from entering gang life in Surrey, which in turn can potentially save the lives of youth.

Aims of Capstone

The prime focus of this research project aims to develop an intake and assessment tool that better meets the needs of the Surrey WRAPAround program. This Capstone also aims to review what supports the WRAPAround program has in place for their staff. A more effective intake and

assessment tool helps youths and families the WRAPAround program collaborates with. In addition, a review of the WRAPAround program's staff support services will help case managers feel more supported in their work.

The undertaking of developing an intake/assessment tool that addresses the multidimensional and complex needs of a community-based outreach program, such as the Surrey WRAPAround Program, requires a more in-depth analysis than a traditional literature review. This process not only requires critically reviewing historically significant and contemporary literature correlated with assessing traditional at-risk factors. Moreover, developing a specifically designed assessment tool entails examining the larger context in which the assessment model will operate. While generic research into gangs is an excellent place to start to understand the foundations of the construction of gangs, how gangs operate, and risk factors associated with gang life, "We are learning that gangs in British Columbia are unique from most other gangs the world over" (Rai & Campbell, 2018, p. 46).

In the Surrey WRAPAround Program, developing an assessment model that best fits the program's needs requires not only conducting a literature review on the current WRAPAround assessment model: The Level of Service / Case Management Inventory (YLS/CMI). Developing a specific assessment tool for the Surrey WRAPAround Program also requires fully contextualizing the environment in which the WRAPAround program operates. This process means reviewing the principles and concepts in which the Surrey WRAPAround Program was founded and exploring the larger sociocultural context of the gang landscape in Surrey, British Columbia.

With that in mind, this Capstone sets out to answer three questions:

1. What are the core principles of WRAPAround models of care, and how do these principles inform the Surrey WRAPAround Program?

2. How has the Surrey WRAPAround Program traditionally assessed youth at risk for getting involved in gangs, and how effective is this assessment model?
3. Are there any improvements the WRAPAround program could make to improve its effectiveness in supporting the youth and families?
4. How does the Surrey WRAPAround program currently support its staff, and are there any improvements the WRAPAround program could make to increase staff mental health services?

The data gathered in this Capstone could inform the development of an intake and assessment tool that best meets the needs of the Surrey WRAPAround Program. It also could be used to enhance the mental health supports for its staff. Due to the uniqueness of the ongoing gang conflict in Surrey (McConnell, 2015), it is of the utmost ethical importance that the WRAPAround Program has an assessment model that best fits the needs of the individuals and families the program serves.

Capstone Roadmap

Chapter 1 began by introducing the gang crisis currently taking place throughout British Columbia and contextualizing the conflict within the City of Surrey by summarizing Dr. Kieron McConnell's (2015) research into the difference between the construction of gangs in B.C. compared to places traditionally known for gang violence. It also briefly introduced the Surrey Wraparound Program: A Youth-Driven Comprehensive Plan for Gang Violence Prevention, an initiative collaboratively established to support local youth avoid gang life. Chapter 1 then lays out why the WRAPAround Program needs a new intake assessment model and the importance of understanding the underlying principles of wraparound play in developing said assessment.

Next, Chapter 1 explains the significance of the Surrey WRAPAround program within the context of Surrey's gang crisis and the importance of developing a more comprehensive assessment tool for the WRAPAround program. Finally, Chapter 1 will conclude with a detailed explanation of the aims of this capstone project and the questions it hopes to answer, and a roadmap illustrating what each chapter contains.

Chapter 2 will provide an in-depth literature review of wraparound as a model of care for addressing complex mental health conditions and how the Surrey Wraparound program operates. Chapter 2 begins by exploring the development and implementation of the wraparound process in Canada, concluding with the creation of WRAPAround Canada. Next, Chapter 2 will compare and contrast the wraparound model of care with traditional evidence-based treatment models and detail why wraparound models are more effective for treating complex mental health conditions than manualized evidence-based treatments. Chapter 2 will then provide an in-depth explanation of the ten core principles: Family Voice and Choice, Team-Based, Natural Supports, Collaboration, Community-Based, Culturally Competent, Individualized, Strength-Based, Unconditional, and Outcome-Based.

Following that, Chapter 2 will explore the Surrey WRAPAround Program's referral and assessment process. First, it will detail how youths are referred to the program and the process undertaken once the WRAPAround team receives the referral. It will also layout the different categories youth are placed in once accepted into the program. Second, it will review the assessment tools the Surrey Wrap Program used when it was created in 2007: the Youth Level of Service/Case Management Inventory (YLS/CMI), the Risk Assessment Tool (RAT), and the Surrey Entrenchment Scale (SGES). After reviewing the WRAPAround Program's initial assessment process, Chapter 2 will look at the WRAPAround Program's current assessment

practices. The team assesses youth based on the Five Domains model: Individual, Family, School, Peer/Social, and Community. Finally, Chapter 2 will conclude with a section explaining the importance of balancing quantitative and qualitative approaches to research when researching frontline mental health programs due to the inherent and human element embedded in such programs.

This Capstone will conclude with Chapter 3. Chapter 3 will begin with my thoughts on what I was expecting to find in the literature review conducting in Chapter 2 and what I appreciated regarding existing literature related to wraparound models of care. Next, Chapter 3 will detail how the Surrey WRAPAround program can improve the effectiveness and efficiency of their current intake and assessment process based on my experience of working for the WRAPAround program for three years. This section will focus on two key recommendations the WRAPAround program could undertake to improve the overall function of the program: increasing the consistency of the program's intake process and developing a robust support system for staff, in particular, the case managers. Finally, Chapter 3 will conclude with a summary of chapter 3 and a conclusion.

Literature Review

This chapter will explore several topics related to the development and implementation of the wraparound process in Canada. First, it will review the initial efforts to encourage and support the development of wraparound initiatives in Canada: in particular, it will focus on the events that lead to the creation of Wrap Canada. This chapter will then examine the difference between the wraparound processes and traditional evidence-based treatments and detail why wraparound is a more effective treatment model for individuals and families dealing with complex mental health problems than manualized evidence-based treatments. Finally, this section will present an in-depth explanation of the ten core principles and how they influence the wraparound process: Family Voice and Choice, Team-Based, Natural Supports, Collaboration, Community-Based, Culturally Competent, Individualized, Strength-Based, Unconditional, and Outcome-Based.

Next, Chapter 2 will provide a review of the WRAPAround program's referral process. It will examine how and by whom referrals are made, information collected on the referral form, how other significant data points are gathered, and the process referrals go through from the time they are received to the time the wraparound team will meet with youths and their family. Finally, chapter 2 will conclude with an in-depth analysis of the Surrey WRAPAround Programs' current assessment practice, which is based extensively on the Five Domains: Individual Factors, Family Factors, School Factors, Peer/Social Factors, and Community Factors.

Development of WRAPAround in Canada

The significant push forward for the wraparound movement is often attributed to 2003 in the United States when the final report of the President's New Freedom Commission was released. The report detailed a vision for an overhaul of the mental health system in the United States. The report promoted a vision "that every adult and child with a serious mental health

condition would have comprehensive, individualized, consumer- or family-driven plan of care that would coordinate effective, community-based care while promoting recovery and resilience” (Walker & Sanders, 2011, p. 747). From this report, the wraparound process began to materialize as one of the most utilized methods for providing individualized, multi-systemic care for people dealing with complex mental health issues (Walker & Sanders, 2011). However, well before 2003, in the early 1990s, the implementation of the wraparound process had begun in Canada (Debicki & Wrap Canada, 2014).

The adoption, development, and implementation of wraparound initiatives in Canada have enjoyed a long and storied history. Starting in the early 1990s, practitioners across Canada realized that residential treatment programs for children and youth dealing with complex mental health needs often did not lead to positive outcomes or follow best practices (Debicki & Wrap Canada, 2014). Throughout the 1990s in British Columbia, Ontario, and Saskatchewan, local agencies and community groups began partnering to implement Wraparound initiatives in numerous local communities. Research by Debicki (2009) into wraparound efforts quickly followed. Studies indicated that the wraparound process in British Columbia and Ontario led to more positive outcomes than traditional residential treatment programs. Emerging research on the wraparound process was so positive that a group in Ontario founded the Wraparound Association of Ontario.

The Wraparound Association of Ontario began connecting with various wraparound initiatives across Canada to implement a Canada-wide wraparound process. In 1991 and 2005, the Wraparound Association of Ontario held two national conferences, bringing together individuals and organizations implementing the wraparound process across Canada, which resulted in the formation of Wrap Canada in 2008 (Debicki & Wrap Canada, 2014). Wrap Canada recognized in

2009, approximately 20% of individuals and families were dealing with complex mental health, and behavioural problems have needs that were not met by the current health and human services systems (Debicki, 2009). Wrap Canada was created to help those individuals gain access to effective individualized treatment that would meet their needs under the umbrella of creating a community for all (Debicki, 2009). Wrap Canada believes “all children, youth, and adults and their families will be part of a vibrant supportive community such that their carried challenges and needs will be heard, addressed and met” (Debicki, 2009, p. 6). Ultimately,

Wrap Canada will support communities to successfully implement the Wraparound process with all children, youth and adults and their families dealing with varied and complex problems so that they can have better lives and can be active participants in their community (Debicki, 2009, p. 6).

In British Columbia, there are currently four organizations supported by Public Safety Canada’s National Crime Prevention Strategy to implement programs based on the main principles of the wraparound approach. They include Abbotsford Youth Crime Prevention Project, established in 2009 in partnership with Abbotsford Community Services; Changing Directions in Support of Aboriginal Youth, established in 2013 in collaboration with the Native Court work & Counselling Association of British Columbia; Redirecting Youth Through Empowerment (RYTE) – Wraparound Program, established in 2016 in partnership with Mosaic Multilingual Orientation Service; and WRAPARound Surrey: A Youth-Driven Plan for Gang Violence Prevention, established in 2008 in collaboration with the Surrey School District, the City of Surrey, and the Surrey RCMP Youth Division (Public Safety, 2018).

WRAPAROUND vs. Traditional Evidence-Based Treatments

Traditionally, manualized evidence-based treatments (EBT) have supported youth and families dealing with complex mental health and problematic behaviours. They include Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Multidimensional Treatment Foster Care (MFTC) have supported youth and families dealing with complex mental health and problematic behaviours (Coldiron, Bruns & Quick, 2017). Research into these models has proven to be reliable approaches to addressing the complex and multi-systemic needs of youth and their families while also helping reduce the overall cost of care through prevention. Nevertheless, organizations and communities have been slow to adopt these models due to the “limited generalizability to the full range of youth with intensive multi-system needs... [and] challenges to building multiple EBTs into an accessible service array” (Coldiron, Bruns & Quick, 2017, p. 1246). In contrast to manualized interventions designed to target specific problems, wraparound models of care have emerged as one of the most consistently implemented approaches for planning and providing care for children and youth with severe mental health conditions and complex behavioural concerns (Walker & Sanders, 2011).

Wraparound tends to be more inclusionary than most EBTs as they have less exclusionary criteria. EBTs “hold the potential to be deployed as an ‘operating system’ for providing individualized care across child-serving agencies” (Coldiron, Bruns & Quick, 2017, p. 1246). Thus, enabling wraparound to have greater applicability than EBTs, even when multiple EBTs are used. Moreover, wraparound can coexist with and even enhance the effectiveness of EBTs by coordinating multiple EBTs and ensuring supports and services remain in place after time-limited interventions have ended (Coldiron, Bruns & Quick, 2017).

On top of that, wraparound models are “non-proprietary and locally adaptable, enhancing flexibility and appeal among system administrators and providers” (Coldiron, Bruns & Quick, 2017, p. 1246). This adaptability and flexibility in implementing the wraparound process is a significant advantage over EBTs as the wraparound can be adapted to the community it is being implemented for. EBTs are advantageous, as every community has their own set of unique needs and challenges, as well as, each community will have different services and barriers to accessing those supports. Ultimately, the goal of the wraparound team is to develop a single, individualized care plan that will help guide and coordinate the various services and agencies as they support the youth and family (Walker & Sanders, 2011).

Another factor that separates the wraparound process from EBTs and other traditional models of care is the emphasis wraparound places on the client and professional (wraparound team) partnership and on inter-agency collaboration (Walker & Sanders, 2011; Coldiron, Bruns & Quick, 2017). The wraparound process is based on values that place the needs and perspectives of the child/youth and family at the center of the planning process and should be considered active members of the wraparound team. Wraparound concepts believe youth and their families are the ultimate stakeholders when it comes to their care planning. Therefore, youth and family members should play a significant role in determining the course of treatment (Walker & Sanders, 2011; Bruns & Walker, 2004). Collaborating with family members ensures continuity of care after the wraparound team disengages with the youth and family. Familial connections will continue to support the youth after services have withdrawn. In addition, family members can help ensure that the care plan is continued after the wraparound team ends services (Walker & Sanders, 2011).

Inter-agency and cross-organization collaboration also play a significant role in the wraparound process. When supporting children and youth with complex mental health issues and

behavioural problems, the youth and their families receive support from multiple agencies (i.e., Child and Youth Mental Health, Ministry of Children and Family Development, School-Based Teams, BC Housing, Legal Aid, etc.). Due to the number of services a family can be receiving, wraparound care plans need to be comprehensive to coordinate the different services and agencies supporting the youth and family (Walker & Sanders, 2011). By developing a comprehensive care plan based on collaboration, the wraparound team can create an efficient system of care: a “spectrum of effective, community-based services, organized into a coordinated network... of structures, processes and relationships that provide access to a comprehensive array of needed services and supports” (Walker & Sanders, 2011, p. 748). Furthermore, the system of care philosophy’s principles of family-driven, youth-guided, community-based, and culturally and linguistically competent fit well with many of wraparound’s ten foundational principles (Coldiron, Bruns & Quick, 2017; Bruns & Walker, 2004).

Ten Principles of the Wraparound Process

VanDenBerg and Grealish (1996) first formulated the ten core principles of wraparound and provided a theoretical and practical framework (Burns & Walker, 2004). Although each wraparound program is unique to the community in which it operates, all wraparound initiatives abide by ten core principles. The ten principles help wraparound teams and programs develop a comprehensive approach for planning and implementing an individualized community-based care plan for children and youth with complex behavioural and mental health conditions (Walker & Sanders, 2011). The ten core principles of wraparound include Family Voice and Choice, Team-Based, Natural Supports, Collaboration, Community-Based, Culturally Competent, Individualized, Strength-Based, Unconditional, and Outcome-Based.

Family Voice and Choice

Family voice and choice is the first principle of the wraparound process as “Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process” (Bruns & Walker, 2004, p. 3). Family voice refers to “the provision of opportunities for family members to fully explore and express their perspectives during wraparound activities” (p. 3) Family choices involve “the structuring of decision making such that the family members can select, from among various options, the one(s) consistent with their perceptions of how things are, how things should be, and what needs to happen to help the family achieve its own version of well-being” (p. 3).

Family voice and choice are critical to the foundation of the wraparound process as every youth and family who are engaged in the wraparound process come from diverse socioeconomic, ethnic, religious, political, and cultural backgrounds, in addition to experiencing a vast array of different presenting problems (Debicki, 2011). Furthermore, youth and their families may or may not be connected to additional social services and face their own distinct barriers when attempting to engage with other services. Thus, wraparound care planning “strives to provide options and choices such that the [care] plan reflects family values and preferences” (Bruns & Walker, 2004, p. 3).

Family voice and choice recognizes that family members, who will continue to be in the youths’ life after the wraparound process is over have a “unique stake in and commitment to the wraparound process and its outcomes” (Bruns & Walker, 2004, p. 3). They are the ones who will continue to support the youth after the wraparound process concludes. As such, “the goal is always to prioritize the influence of the people who have the deepest and most persistent

connection to the youth person and commitment to [their] well-being” (Bruns & Walker, 2004, p. 3).

Youth also have a unique stake in the process and outcomes. While families typically have the most influence in a young person’s life, and therefore the wraparound process, it is essential to note that as a young person matures and becomes more independent that they are allowed to exhibit more influence within the wraparound process (Bruns & Walker, 2004; Debicki, 2011). Creating space for youth to influence their wraparound process helps them develop agency over their own lives as a whole and learn how to advocate for themselves: skills that will help sustain long-term well-being.

Team-Based

The wraparound team consists of several personal and professional resources “committed to the family through informal, formal, and community support and service relationships” (Bruns & Walker, 2004, p. 4). The wraparound team should consist of “family members and others who have a long term commitment to the young person and who will remain connected to the [them] after formal agency involvement has ended” (Bruns & Walker, 2004, p. 4). Families should be supported when making informed decisions regarding whom the team is comprised of and can choose not to participate in the wraparound process at any time (Bruns & Walker, 2004; Debicki, 2011). Nevertheless, choosing not to invite specific people to be a part of the team can have unintended consequences and undesired effects on a family’s well-being (Bruns & Walker, 2004).

The family and youth have the final say on who the wraparound team is comprised of. However, there may be times when the family members’ choices on who is a part of the team may be limited to certain practical and legal circumstances (Bruns & Walker, 2004). To be eligible for the Wraparound program, youth must meet one of the following criteria: be criminally

entrenched; involved in or demonstrate a clear trajectory towards gang-life or have family members with a history of criminality; display anti-social behaviour or are at-risk but do not yet have a high baseline of anti-social criminal/ behaviour (Public Safety, 2018). At times, this can mean there are situations where family members will not want a particular professional on their wraparound team. Be that as it may, certain individuals will legally be required to be on the wraparound team (such as in the case of probation orders, mandated counselling, and the involvement of the Ministry of Children and Family Development) (Debicki, 2011).

Natural Supports

The wraparound process “encourages the full participation of team members drawn from family members’ networks of interpersonal and community relationships” (Bruns & Walker, 2004, p. 5), especially those which have occurred naturally. Natural supports are “individuals and organizations whose connection to the family is independent of the formal service system and its resources” (Bruns & Walker, 2004, p. 5). Professional should always be observant of maintaining boundaries; nonetheless, there are times when professional relationships “exceed the boundaries and expectations of their formal roles” (Bruns & Walker, 2004, p.5).

A family’s primary network of support should include extended family members (i.e. grandparents, aunts and uncles, cousins, etc.), friends, and co-workers, neighbours and surrounding community (i.e. religious leaders and institutions, community and school sports leagues, and recreation centres) (Bruns & Walker, 2004; Debicki, 2011). These individuals and organizations “are sustainable and thus most likely to be available for the youth/child and family after wraparound and formal services end” (Bruns & Walker, 2004, p. 5). Natural supports may also find it easier to provide certain types of supports (counselling, spiritual healing, life coaching,

etc.) compared to a professional due to having a less hierarchal relationship with the youth and family members (Bruns & Walker, 2004).

When wraparound involvement ends, it is crucial to consider who will continue to support the youth and family members after formal services are no longer working with the family. Connecting youth and family members with natural supports who will continue to be there for the family post-wraparound is vital to sustaining long-term change and well-being (Debicki, 2011).

Collaboration

Wraparound teams function collaboratively. Team members (family members and professionals) “share responsibility for developing, implementing, monitoring, and evaluating a single wraparound” (Bruns & Walker, 2004, p. 6). In addition, team members are responsible for collectively deciding on a care plan and agreeing on all decisions made throughout the wraparound process. Therefore, the established care plan should “reflect a blending of team member’s perspectives, mandates, and resources” (Bruns & Walker, 2004, p.6) and will guide each member’s work, as well as help coordinate all team members' efforts to meeting goals. When team members “approach decisions in an open-minded manner, prepared to listen to and be influenced by other team members’ ideas and opinions” (Bruns & Walker, 2004, p. 6), the team is more likely to accomplish the care plans goals.

While family voice and choice are essential to the wraparound process, collaboration has to “strike a balance between wraparound being youth- and family-drive as well as being team-driven” (Bruns & Walker, 2004, p. 6), which at times can lead to tension between family members and professionals. There are several different ways tensions can arise amongst team members, including situations where professionals may be more knowledgeable on a specific course of treatment that the family may disagree with. For example, youth or family members may have a

conflicted relationship with a professional legally required to work with them. The family may have a secret they are keeping due to guilt/shame, which causes tension between family members. Or, the professionals may have unresolved issues from past experiences working with one another. These issues can pose particular challenges when trying to resolve them completely and can only be fixed by examining them on a case-to-case basis.

Community-Based

Wraparound philosophy believes “families and young people who receive wraparound... should have the opportunity to participate fully in family and community life” (Bruns & Walker, 2004, p. 7) and “safely [promoting] child and family integration into home and community life” (p. 7). Ideally, a wraparound implementation should include “services and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible” (Bruns & Walker, 2004, p. 7). With this in mind, services should be located within the family’s community when possible to help reduce barriers to accessing resources and supports (Debicki, 2011). More often than not, supports and services a family needs are located within their community. However, there are times when specific support or service may not be easily accessible.

Culturally Competent

Cultural competence and family voice and choice go hand in hand as youths’ culture and identity will always influence a decision made by the youth and their family. Cultural competence within the wraparound process aims to “demonstrate respect for and build on the values, preferences, beliefs, culture, and identity of the child/youth and family, and community” (Bruns & Walker, 2004, p. 7). A family’s cultural traditions, values, and heritage are central sources of

strength and essential for the wraparound team to draw on when working with youth and family members.

Wraparound team members must not only “demonstrate respect for diversity in expression, opinion, and preference” (Bruns & Walker, 2004, p. 7) when working with youths and their families. They must also ensure cultural competence extends into other services and supports the family receives (Bruns & Walker, 2004; Debicki, 2011). For example, cultural competence must also extend into linking youth and family members to natural supports. Natural supports must share a cultural connection to youths “can be essential sources of support and resources” (Bruns & Walker, 2004, p. 7). Connecting youths and families to culturally appropriated supports help “achieve goals... and sustain positive momentum” (p. 7) post-wraparound.

Individualized

Because every individual and family is unique and faces their own distinctive set of circumstances, the wraparound team has to “develop and implement a customized set of strategies, supports, and services” (Bruns & Walker, 2004, p. 7). Individualization occurs naturally through collaboration as wraparound team members develop a care plan that “capitalizes on [the team's] collective strengths, creativity, and knowledge of possible strategies and available resources” (Bruns & Walker, 2004, p. 8). Family voice and choice, natural supports, community-based supports, and culturally competent care all play a significant role in creating an individualized care plan that fits the unique needs of youths and families. Individualized care is focused on how things are for the family, how the family thinks things should be, and what the family needs to happen to achieve their desired state of well-being (Bruns & Walker, 2004; Debicki, 2011).

Wraparound teams need to be aware that practical experience with wraparound initiatives shows that “only a portion of the help and support required is available through existing formal services” (Bruns & Walker, 2004, p. 7-8). In addition, providing help and support to wraparound families requires team members to find a way to deliver resources “outside the boundaries of traditional service environment” (Bruns & Walker, 2004, p. 8). Individualized care also requires the WRAPAround team to learn how to be dynamic and adaptive when planning how to connect youth and family members to individual and organizational supports.

Strengths-Based

A key to the success of the wraparound process and care plan is to “identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members” (Bruns & Walker, 2004, p. 8). The wraparound process takes a strength-based approach that focuses on the skills and knowledge of youth and family members, in addition to the skills and expertise of each team member. Interactions between youth, family members, and professionals should “demonstrate mutual respect and appreciation for the value each person brings to the team” (Bruns & Walker, 2004, p. 8). The goal of the wraparound process is three-fold, in the sense that it “seeks to validate, build on, and expand family members’ psychological assets... their interpersonal assets... and their expertise, skills, and knowledge” (Bruns & Walker, 2004, p. 8). Psychological assets include positive self-regard, self-efficacy, hope, optimism, resilience, and helping family members clarify their values, a sense of purpose, and identity (Bruns & Walker, 2004; Debicki, 2011). The primary focus interpersonal skills focus on social competence and social connectedness, while a family member’s expertise, skills, and knowledge will vary significantly from person to person (Bruns & Walker, 2004; Debicki, 2011).

When developing a care plan, the wraparound team builds a plan that includes strategies to help “capitalize on and enhance the strengths of the people (professionals and family members) who participate in carrying out the plan” (Bruns & Walker, 2004, p. 8). To achieve outcomes, wraparound team members and care planning should focus on utilizing and increasing family members’ assets rather than eliminating youth and family members’ deficits (Debicki, 2011).

Unconditional

Unconditional support “emphasizes the [wraparound] team’s commitment to achieving its goals persist regardless of the child’s behaviour, placement setting, the family’s circumstances, or availability of services in the community” (Bruns & Walker, 2004, p. 8). Despite challenges, setbacks, or adverse situations the wraparound team may face, the team “does not give up on, blame, or reject children, youth, and their families” (Bruns & Walker, 2004, p. 8). The wraparound process should always continue working to achieve desired outcomes until the team collectively agrees that wraparound services are no longer need.

Often when a care team is faced with undesired behaviours, adverse events, or outcomes not being achieved, they will view these as failures and use them as excuses not to work with youth and family members or eject them from care. In contrast, wraparound models view these as opportunities to “revise the wraparound plan so that it more successfully promotes the positive outcomes associated with the goals” (Bruns & Walker, 2004, p. 8). Even when faced with more considerable socioeconomic and political challenges, such as funding limitations, the wraparound team remains “committed to creating and implementing a plan that reflects the wraparound principles” (Bruns & Walker, 2004, p. 8).

Outcome-Based

For the wraparound process to be successful, the wraparound team must create goals and strategies that are “observable or measurable indicators of success, monitor progress in terms of these indicators” (Bruns & Walker, 2004, p. 9) and are easily revisable when not working. Being outcome-based ensures the wraparound team is accountable to one another, the family, individuals, organizations and agencies that support the wraparound process, the public and funding sources (Bruns & Walker, 2004; Debicki, 2011). Monitoring and tracking progress towards the wraparound team’s goals is a central part of the wraparound process as it allows the team to “regularly assess the effectiveness of the plan... strategies included within the plan, and to determine when the plan needs revision” (Bruns & Walker, 2004, p. 9).

The Surrey WRAPAround Program’s Referral Process & Assessment Process

Referral Process

The Surrey WRAPAround Program’s primary source of referrals comes from the Surrey RCMP and school-based administrative staff (i.e., Principals, Vice-Principals, and counsellors) (Public Safety Canada, 2018). The WRAPAround program also takes referrals from government community-based resources, such as the Ministry of Children and Family Development and Child and Youth Mental Health. For youth to qualify for the WRAPAround program, they must meet one of the following criteria: be criminally entrenched; involved in or demonstrating a clear trajectory towards criminal/gang-life; display anti-social behaviour or at-risk but do not yet have a high baseline of anti-social behaviour; or have family members who have been involved in crime (City of Surrey, 2018).

Referrals for the Surrey WRAPAround Program are completed online and are found on the Surrey School Districts website under the Safe Schools Department (Surrey Schools, 2019). Once

a referral is completed, the online document is automatically sent to the WRAPAround Program's supervisors to begin the assessment process. The first step in the assessment process is checking whether or not the referred youth have any police contacts and if any members of the youth's family have any police contacts or known gang connections. This process serves two purposes: first, the information in a youth's PRIME files help determine a youth's eligibility for the wraparound program and will help guide the wraparound team when care planning depending on the type(s) of criminality the youth, whether or not the youth is currently in custody, and if the youth is on probation and has conditions they need to abide by; and second, it helps create safety for the wraparound team members who will be engaging with the youth by letting the team know if the youth or any of the family members pose a safety risk to be engaging with (Sanchez, Rai, & Buna, 2017).

At times, they are cases where youth or certain family members are deemed high risk and could pose a danger of engaging within the community. There are many different safety options the Surrey WRAPAround Program can put into place to ensure youth can still receive services while maintaining safety for wrap team members. For example, one way the wraparound team creates safety for team members is to mandate that a wraparound RCMP officer must accompany other wraparound team members when they are engaging with youth. In other cases, a wraparound team member may only be able to engage with youth in designated areas such as their probation office, the Ministry of Children and Family Development office, or at police stations. However, due to the nature of the wrap team's work and the type of clients the wrap team engages with, there are situations where youth are deemed too high risk to engage with due to their continued criminality or gang involvement. When those circumstances arise, the wraparound team

always puts the safety of team members first and will never put a team member in a situation that jeopardizes their safety.

After a youth's police contacts, history of criminality, and level of safety are assessed, and the youth is determined to be eligible for the program, one of the wraparound team's case managers will receive the referral. Upon receiving a referral, the case manager will connect with the individual who referred the youth: typically, a youth's school principal or vice-principal. Meeting with the referrer provides the case manager with the opportunity to gather more in-depth information on the youth and the Five Domains. Additionally, meeting with the referrer can also provide the case manager with names of other people connected to the youth (e.g. school counsellor, teacher, child and youth care worker, etc.) who can act as additional sources of information on the youth. Different service providers or adults connected to the youth will often have supplementary information that will help corroborate information on the referral form and provide details on the youth's strengths.

After meeting with the referrer and collecting additional information on the youth, the case manager, in consultation with one of the wrap team supervisors, will assess whether or not the youth meet the criteria for the wrap program. If it is determined that a youth will be accepted into the wrap program, the case manager will then reach out to the youth and their family. If the team decides a youth does not meet the criteria for the wrap program, the case manager will consult with the referrer about other resources to support the youth. It is important to note that the Surrey WRAPAround Program is voluntary, and even if a youth is deemed eligible for the program, the youth and their family choose to refuse services from the wrap team. Furthermore, there are cases where a family wants to support, but the youth does not, or vice-versa. In those situations, the wrap team will help any family member seeking support in the hopes that when family members

who are reluctant to work with the wrap team see the support the team can offer, those family members will choose to work with the wrap team.

Categorizations for Youth in the WRAP Program

Youth referred to the WRAPAround program and youth within the program are categorized in one of five different classifications: Active Referral (A.R.), Active (A), Supplemental (S), Closed (C), and Alumni (AA). *Active Referrals* are youth who have been referred to the program, but program staff are currently completing the referral process described in the previous section. Active youth are youth who have completed the referral process and have been deemed eligible for the program. *Active* youth and their families regularly connect with a WRAPAround case manager responsible for managing the youth's care plan. *Supplemental* youth means another community-based agency/organization is primarily responsible for managing the youth's care plan. The WRAPAround case manager provides additional support based on their role in the care plan.

Youth are classified as *Closed* when their file with the program has been closed. A file can be closed for several different reasons. The youth graduated from school, or they aged out of the program. The youth was non-compliant with their care plan or were not engaging with program staff. Or, the youth has stabilized (i.e., they have got to a place where they can successfully manage their mental health or criminality concerns). There is no set definition of *stabilized* as stabilization looks different for each youth. Finally, *Alumni* are youth who have successfully stabilized to the point where they can act as role models or mentors for younger youth by participating in group activities. Alumni youth must still be high-school-aged and enrolled in the Surrey School District.

Assessment Process

When the Surrey WRAPAround Program began, program staff used the Youth Level of Service/Case Management Inventory (YLS/CMI), the Risk Assessment Tool (RAT), and the Surrey Gang Entrenchment Scale (SGES). The YLS/CMI, RAT, and SGES determined a referral's eligibility for the WRAPAround Program and established the risk level of the youth (Public Safety Canada, 2018). In addition to the YLS/CMI, RAT, and SGES, WRAPAround Program workers would also assess a youth's participation in the program/at-risk factors based on data "collected from the RCMP and school records, such as criminal records, police contacts, school attendance, and school performance (Public Safety Canada, 2018).

As a significant portion of gang members and youth-targeted gang recruitment in Surrey exhibit several risk factors not traditionally associated with gang life, the WRAPAround Program needed an assessment tool that examined non-traditional at-risk factors (GRIP, 2018 & McConnell, 2015). The RAT and SGES are assessment tools developed by the WRAP Program to assess participants who exhibit non-traditional at-risk factors and "determine whether participants were gang-affiliated/gang members or associated with gang members" (Public Safety, 2018). However, the RAT and SGES have not been validated and are no longer used by the WRAPAround team (Sanchez, Rai, & Buna, 2017 & Public Safety, 2018). Results from the YLS/CMI indicate approximately 95% of individuals referred to the program were categorized as moderate or high-risk. Many of the participants had high-risk factors related to family circumstances, education/employment. Additionally, a significant number of participants also struggled with substance use-related issues (Public Safety Canada, 2018).

Youth Level of Services/Case Management Inventory. The Youth Level of Services/Case Management Inventory (YLS/CMI) is a third-generation risk assessment tool for

youth (age 12-18 years old). The YLS/CMI is used to assess risk levels, explore criminogenic needs, determine strengths, and formulate a case management plan (Barnes et al., 2016; Chu et al., 2015; & Sanchez, Rai & Buna, 2017). The YLS/CMI was initially adapted from the Level of Service Inventory-Revised (LSI-R), a risk assessment tool used in the adult correctional system (Barnes et al., 2016). To develop the YLS/CMI, Andrews, Robinson, and Hoge (1984) conducted a literature review to identify risk factors from the LSI-R that had strong associations with juvenile delinquency. The study identified 112 risk factors associated with juvenile delinquency and resulted in the Youth Level of Service Inventory (YLSI). Andrews, Robinson, and Balla (1986) further researched the psychometric properties of the YLSI and “discovered that 42 of the 112 items were consistently associated with juvenile recidivism” (Barnes et al., 2016, p. 27). Simourd, Hoge, and Andrews (1991) created the YLS/CMI from the results of their study. The YLS/CMI assesses juvenile recidivism based on eight categories: Prior and Current Offenses, Family and Parenting, Education, Peer Relations, Substance Abuse, Leisure and Recreation, Personality and Behaviour, Attitudes and Orientation (Barnes et al., 2016; Chu et al., 2015; & Hoge, Andrews & Leschied, 2002). Additionally, each of the eight subscales has a section for a strength/protective factor to be listed (Hoge, Andrews & Leschied, 2002).

Risk factors are scored on a dichotomous yes or no basis indicating either the presence or absence of a given risk factor for a total score indicating a youth’s overall level of risk: low (0-8), moderate (9-22) and high (23-42) (Barnes et al., 2016 & Chu et al., 2015). The scores of the individual subscales then help inform case management plans and supports (Barnes et al., 2016). For example, a care plan could connect youth to their local Recreation Centre or organized sports team if a youth scores high risk in the Leisure and Recreation subscale. Or, if youth scores high in Family and Parenting, this could indicate that the youth’s parents will need significant support.

Using the overall level of risk score and the individual subscale scores, the YLS/CMI can determine a youth's risk of recidivism, identify key risk factors in the youth's life, and outline a case management plan (Barnes et al., 2016). Furthermore, having a space to indicate one of the youth's strengths/protective for each subscale provides an area of strength the care plan can build on. In this sense, the YLS/CMI is both an assessment tool and a case management tool.

The Five Domains

As the program evolved, the Surrey WRAPAround program used a modified version of the Youth Level of Services/Case Management Inventory (YLS/CMI). This new assessment method assesses five core domains: Individual, Family, Peer/Social, School, and Community. Youth referred to the program are evaluated in these domains, and the results support the formulation of a care plan for the youth and their family (Dub, 2018). At the time, all program staff were trained and certified in the use of the YLS/CMI and every youth referred to the program was assessed based on this model (Dub, 2018).

The WRAPAround Program's intake assessment methods are currently carried out in various ways, focusing on the five domains. WRAPAround referral forms now have a section dedicated to eligibility factors and an area for each of the five domains. The eligibility section is a checklist of risk factors a referrer can tick off. Although integrated into one long list, the eligibility factors relate to the five domains. Some of the eligibility factors include known trafficking offences, substance use, family poverty, familial connections to criminal activity, known to use weapons or has access to weapons, gaps in school attendance, no connection to extra-curricular activities, etc. (WRAP Referral, 2019). Each section of the five domains allows the referrer to provide further details related to the eligibility factors they checked off or list risk factors not covered in the previous section and list any protective factors the youth may have.

Individual factors. The Individual-Level seeks to assess any risk or protective factors about the youth and their functioning (WRAP Referral, 2019). This includes details of the youth's identity, mental health, general attitudes and abilities, and details surrounding any known substance use (WRAP Referral, 2019). Factors assessed include prior delinquency or past engagement in drug trafficking, identifying with gang culture, desire for status, concepts of self/identity, self-esteem, anger management issues, and lack of emotional regulation and self-control (WRAP Referral, 2019 & Sanchez, Rai, & Buna, 2017).

Family factors. The Family-Level seeks to assess any risk or protective factors related to a youth's family/caregiver(s). Especially important to this section is listing all of the known family members who live in the home youth's home and any positive or negative family role models the youth may have (WRAP Referral, 2019). Family Factors include: having family members who are gang or criminally involved; involvement with the Ministry of Children and Family Development (MCFD); no adult role model of the same gender; and severe family dysfunction (i.e., domestic violence, substance use, and history of child abuse or neglect) (WRAP Referral, 2019 & Sanchez, Rai, & Buna, 2017).

School factors. The School-Level seeks to assess any risk or protective factors related to school ability, cognitive functioning, attendance, and any concerning behaviours associated with being successful at school (WRAP Referral, 2019). School Factors include: poor school performance (i.e. grades or failed classes); lack of or sudden decline in attendance; positive attachments to school or school-based staff; history of suspensions; and the number of schools attended in both elementary and secondary (WRAP Referral, 2019 & Sanchez, Rai, & Buna, 2017).

Peer factors. The Peer-Level seeks to assess any risk or protective factors related to “the youth’s peer involvement, negative associates, and peer connections” (WRAP Referral, 2019). Factors assessed include a high commitment to delinquent peers, friends involved in a negative peer group, and a boyfriend/girlfriend/partner connected to criminal activity or gang life (WRAP Referral, 2019 & Sanchez, Rai, & Buna, 2017).

Community factors. The Community-Level seeks to assess any risk or protective factors related to the “youth’s activities in the community, including any known police contacts or criminal involvement” (WRAP Referral, 2019). The Community-Level also aims to assess “details about pro-social activities the youth is currently or historically involved in (sports, clubs, etc.) (WRAP Referral, 2019). Community Factors include: the presence of gangs and drugs in the neighbourhood; cultural norms support gang behaviour; connections to community-based extra-curricular activities and resources; and positive community mentors (WRAP Referral, 2019 & Sanchez, Rai, & Buna, 2017).

Statistics Verse Story

In research into counselling and therapy, there is often a debate about which research methodology yields the best results: quantitative or qualitative. Quantitative research is concerned with discovering facts about social phenomena and assumes that reality is fixed and measurable. Quantitative data is collected by measurements of statistics. Data is analyzed through numerical comparisons and statistical inferences and reported through statistical analysis (Creswell, 2014). In contrast, qualitative research is concerned with understanding human behaviour from a subject(s) perspective and assumes that reality is dynamic and negotiated. Participant observations and interviews collect qualitative data, data is analyzed by finding common themes within each participants’ narratives, and data is reported using the subjects’ language (Creswell, 2014).

Alternatively, multi methodology or multimethod research is a combination of research that uses more than one data collection method in a research study (Tashakkori & Teddlie, 2010). More often than not, this type of research is referred to as mixed-methods research. However, mixed-methods research is a more specific form of a multimethod approach. It uses quantitative and qualitative data, methods, methodologies, analysis, and presentation of results (Tashakkori & Teddlie, 2010; Creswell, 2014).

While scientific research has traditionally focused on quantitative methodologies, the balance between quantitative verse qualitative, objectivity verse subjectivity, and statistics verse story plays a significant role in research, especially when it comes to topics in counselling, therapy, and psychology. For example, programs such as the Surrey WRAPAround Program are data-driven and meticulously track data points. These data points include: the number of new referrals; the number of students who graduated or moved on from the program; the number of police contacts per student; and the number of criminal offences or time spent in juvenile detention. However, it is vital to remember behind each of those data points is a person. Although the data leads to more funding opportunities and perceived success for programs following a wraparound model of care, the real success of working with people with complex mental health or multifaceted behavioural issues requires a more individualized approach that examines their unique journey within the program.

Having spent three years working with the Surrey WRAPAround program, I know the program does a good job balancing quantitative and qualitative analysis. Each month, the WRAPAround program sends data to the provincial government that examines several different quantitative data points. These data points include: how many referrals the WRAPAround program receives each month; how many of the referrals met the program's mandate each month;

the total number of youth in the program; which category the youth are in (referral, active, supplemental, or alumni); how many youths left the program each month and the reason why they departed; and the total number of police contacts youth in the program acquired over the previous month.

In addition to monthly quantitative data reports, the WRAPAround program also provides quarterly qualitative reports to the provincial government. They give highlights and success stories. Each member of the WRAPAround team provides a one-page write-up detailing a particular youth or group of youth who have demonstrated an ability to create significant positive change in their lives. These reports depict the human side of the work that occurs within the program and move beyond a purely statistical analysis that does not paint the complete, realistic success of the WRAPAround program as a whole.

The Human Element

There's no denying the importance of facts, especially given our current sociopolitical climate where terms such as "Fake News" and "Alternative Facts" have entered societies' lexicon. However, the type of work mental health professionals engages in places individuals and their unique experience of the world at the center of their therapeutic process. Therefore, while it is essential to provide evidence-based care, at the end of the day, mental health workers, including those on the WRAPAround team, have to remain vigilant to the fact that they are working with people, not statistics.

Every data point the WRAPAround team collects helps illuminate portions of a youth or family's story. However, it is sometimes easier to use that data to form a generic course supporting the youth and their family. There are real-life consequences for each individual that the plan supports. Mainly, the youth involved in the WRAPAround program are some of Surrey's

most at-risk and vulnerable youth. The WRAPAround team's decisions regarding care plans can result in them getting kicked out of school, being arrested or incarcerated, joining a gang, dead. It is critical for the WRAPAround program and other mental health-based programs to focus more on the individual and their uniqueness than to focus solely on statistics.

Conclusion

In summary, this chapter aimed to review both the wraparound concept of care as a whole while also examining the Surrey Wraparound Program based on the concept of wraparound and applied to the gang context in Surrey, British Columbia. Chapter 2 started by exploring the origins of Wrap Canada and its impact on the development of wraparound programs across Canada. Wrap Canada played a critical role in the initial implementation of wraparound programs across in the early 2000s. However, since then, there remain only a few active wraparound programs still operating across Canada. In terms of British Columbia, there are currently only four wraparound programs operating in the province, despite research indicating the effectiveness of wraparound models of care treating severe mental health conditions and complex behavioural concerns.

Chapter 2 then explored the differences between wraparound models of care and traditional evidence-based treatments (EBTs). This section reviewed why wraparound models of care are better equipped for severe mental health conditions and complex behavioural concerns when compared to EBTs. One reason for this is that wraparound care focus on the individual's unique needs, whereas traditional forms of treatment often have a pre-determined care plan that the client has to adapt to. Wraparound models of care can also enhance EBTs by fostering interagency collaboration and coordinate multiple EBTs. Finally, the concept of wraparound care is non-proprietary and locally adaptable, increasing its overall effectiveness.

Next, Chapter 2 detailed the ten core principles of wraparound care. First and foremost, wraparound care aims to provide families with voice and choice in their care planning and implementation while fostering natural supports and a youth and family's strengths. Second, wraparound care consists of a team of community-based supports that work collaboratively with the youth and their family to provide individualized, culturally competent care. Third, wraparound workers offer youth and families unconditional positive regard while working towards agreed-upon outcomes.

Following the exploration of 10 core principles, Chapter 2 begins to review the Surrey WRAPAround Program. The Surrey WRAPAround program supports youth at risk of engaging in criminality, drug trafficking, or gang activity. The program primarily receives referrals from school administrators and the Surrey RCMP. Youth in the program fall into one of five categories (active referral, active, supplementary, closed, and alumni) based on their level of engagement with their WRAPAround caseworker. The WRAPAround program initially based its assessment process on a combination of the Youth Level of Service/Case Management Inventory (YLS/CMI), the Risk Assessment Tool (RAT), and the Surrey Gang Entrenchment Scale (SGES). However, over time, the program developed its assessment model to gather data on five domains: individual, family, school, peer, and community. The WRAPAround program developed its unique assessment model because Kieron McConnell (2015) indicated youth at risk for gang involvement in British Columbia do not experience traditional at-risk factors.

Finally, Chapter 2 looks at the difference between qualitative and quantitative research and offers a perspective for critically examining the effectiveness of the Surrey WRAPAround program and other programs that provide mental health care. While statistics and data play a central role in determining the best course of action, in mental health work, a human is behind

each statistic. The WRAPAround team recognizes this and focuses on reviewing the success of their program based on both qualitative and quantitative data. They compile monthly reports that provide quantitative data analyzing increases and decreases in police contacts and compile quarterly reports providing qualitative data which tell personal stories of the program and individual success.

Discussion, Summary, Analysis, & Conclusion

The primary purpose of this Capstone is to explore the theoretical and practical underpinnings of the Surrey WRAPAround program to facilitate the development of a new intake and assessment tool for the program and advocate for more clinical support for the program's case managers. This Capstone consists of three main components. First, it inquired into the overall concept of wraparound models of care by conducting a literature review by exploring the origins of wraparound as a model of care for individuals experiencing complex mental health and detailing the ten guiding principles of wraparound. Second, it delved into the inner workings of the Surrey WRAPAround program by analyzing how students are referred to the program, WRAPAround's current intake and assessment methods, and how Surrey WRAPAround aligns with the ten guiding principles of wraparound. Third, it critically reviewed existing structures the WRAPAround program has to support the staff's mental health and recommend that the WRAPAround program increase mental health supports available for the team.

What I Expected to Find in my Literature Review

When conducting my literature review, I did not expect to find a trove of research into wraparound initiatives across Canada, particularly the Surrey WRAPAround program. Still, I was surprised at the lack of research that did exist. During my three years working with the Surrey WRAPAround program, I was aware that although a Canada-wide initiative was initially launched, the Surrey WRAPAround program was one of a handful (if not the only one) wraparound programs still operating across Canada. Based on this assumption, I was aware that I would most likely not find a lot of current/up-to-date research on wraparound models of care and wraparound programs in Canada.

Furthermore, when exploring Wrap Canada's website, despite the site indicating it had been updated as recently as June 2019, it was clear the website has not been added to in several years (Wrap Canada, 2013). Many of the site's subheadings were blank or contained a couple of pieces of information. For example, under the heading *Articles*, only three articles date from the early to late 2000s. Under the heading *Training*, there are only eight bullet points on potential training they offer and an email link to contact for more information (Wrap Canada, 2013). However, the most glaring omission I noticed with the site is that under the section for British Columbia, there is no mention of the Surrey WRAPAround program. This is despite the program being funded by the Provincial Government of British Columbia and repeatedly mentioned in local news stories (Wrap Canada, 2013; Global News BC, 2017).

In addition to the lack of information on Wrap Canada's website, when I initially searched "Wraparound Care" in ProQuest's Psychology Collections database filtering for full text, peer-reviewed articles from the last five years, only 39 articles appeared. Even when I expanded the range within the previous ten years, the number of articles only went up to 74 (ProQuest, 2019). Upon exploring these articles, it was noteworthy that out of the 74 articles, only 36 contained the term wraparound. When I added *Gang* to the search, it left me with five articles within the last ten years.

Finally, when looking at research specifically into the Surrey WRAPAround program, minimal research exists outside Dub's (2008) and Mayor's Task Force on Gang Violence (2018). That said, both of these articles focus on anti-gang programs across all of British Columbia and Surrey, respectively, and only offer a brief examination of the Surrey WRAPAround program. Given the longevity of the program and the program's notoriety within British Columbia, I believe there should be more in-depth research looking specifically at the Surrey WRAPAround program.

Thoughts on Existing Literature

Although the Surrey WRAPAround program has been around for over ten years, research into the program remains limited and almost non-existent. I was surprised at the lack of research into the program, given the longevity of the program's existence and the number of media and public attention the program receives. Unfortunately, this lack of research provides a barrier when attempting to look at the effectiveness and efficiency of the WRAPAround program from a purely research-based lens as there are only a handful of articles to rely on. This results in a literature review that has a shortfall of differing perspectives. With that in mind, when it came to the Surrey WRAPAround program, many of the inferences I made were from my perspective working in the program for three years.

The Surrey WRAPAround program could alleviate this issue by being more open to allowing outside individuals or institutions to conduct more research into the program. Although the WRAPAround program works collaboratively with several community-based and government organizations throughout Surrey, it is difficult for outsiders, be in academic institutions or organizations, to gain access to the inner workings of the WRAPAround program. In addition, due to the sensitive data the WRAPAround team collects on youth and their families (i.e. school records, physical and mental health records, police files, court documents, etc.), some safety and privacy issues arise when an outside organization wants to access the WRAPAround program.

However, conducting more research on the program would provide several benefits. First, it would eliminate potential organizational bias when making more significant operational decisions regarding how the program should function by allowing decisions to be made from an evidence-based approach. Second, more research would help the program operate more efficiently

and effectively. Issues surrounding a youth's eligibility for the program and course of action when proceeding with youth who do not fit the program's requirements would be streamlined.

Additionally, given the uniqueness of gang involvement in British Columbia compare to other areas, it would also provide a significant amount of research into how to better support youth in Surrey and British Columbia who are at risk for getting involved in gang life. The Surrey WRAPAround Program is at the forefront of providing prevention-based services to youth criminality and gang involvement. If more research was conducted on the program's inner workings, the findings could be used to inform other programs that focus on crime and gang prevention. Furthermore, data collected from the Surrey WRAPAround program could create additional wraparound programs in other cities across British Columbia, Canada.

In contrast to research looking directly at the Surrey WRAPAround program, there is a significant amount of research related to the theoretical underpinnings of wraparound care and a great deal of research into different programs and approaches that incorporate wraparound principles. Research on wraparound care as a theoretical concept was beneficial in helping to examine the theoretical underpinnings of wraparound care and how those principles influence the Surrey WRAPAround program. However, a significant amount of the research into wraparound care was redundant. In addition, it focused on vastly different organizations and systems of care (i.e. hospital settings, palliative care, care homes, etc.) compared to the Surrey WRAPAround program. Due to the vast difference in clientele and mandate of the Surrey WRAPAround program supports compared to hospitals, palliative care, and care homes, a significant amount of the research into how wraparound concepts operated in these settings did not offer further insight into this Capstone.

Improvements for WRAPAround's Intake & Assessment Model

Wraparound models of care create unique complexities for assessment. The wraparound team assesses the needs of the youth, the primary client, and each family member who is participating in the wraparound process. In addition to evaluating the needs of multiple family members, the wraparound assessment process is dynamic and ongoing throughout the entire process (Bruns & Walker, 2008). In 2018, "The Mayor's Task Force On Gang Violence Prevention" (2018) concluded, "WRAP was successful in reaching its target population" (p. 24) and had been shown to significantly reduce the number of negative police contacts a youth has. Furthermore, many youths in the program "graduated high school and came back as leaders in the community" (p. 24). However, the "Task Force" (2018) also concluded that WRAPAround does experience some challenges when it comes to workers having limited time for administrative tasks, as well as "limited capacity, resulting in a waitlist for participation" (p. 24). A more effective assessment model would mitigate these challenges.

Having worked in the WRAPAround program for three years and conducted this review, I agree with the Mayor's Task Force (2018) assessment that the WRAPAround program could significantly improve their intake process and assessment model. One reason why the Surrey WRAPAround's program has limited time for administrative tasks and limited capacity has acted as a catchall program for the most vulnerable and at-risk youth in Surrey. This is due to several factors. These factors include the program's effectiveness in working with complex cases, a program's willingness to balance youth at immediate risk of gang involvement and those at risk due to mental health concerns, and the program's ability to foster inter-agency collaboration case management.

In 2019 when I left the WRAPAround team, there were 10 case managers and two program supervisors responsible for managing almost 300 students. The program would receive anywhere from 5 to 15 new referrals a month and often have between 10 to 15 youth on the waitlist: waiting for the referral process or the intake process to start. With that being said, the next section of this Capstone will present improvements to the Surrey WRAPAround program's intake and assessment process to make the program function more effectively and efficiently, which in turn will help program staff better support the youth they work with.

Due to an increasing influx of referrals and limited staff time available for administrative work, slowing down the initial examination and assessing referrals would benefit case managers in the long run. It is often difficult for case managers to inform a referrer that the student they referred to the program is not eligible after having connected with them several times.

Additionally, a significant number of school administrators have a misconception that once a WRAPAround worker shows up at their school, this means the student has been accepted into the WRAPAround program. This puts added stress on the program. While many students are experiencing significant mental health issues, behavioural concerns, and limited access to community supports, they may not fit the WRAPAround program's mandate. It is up to the case managers to articulate to school administrators. This can be burdensome for the case managers because the WRAPAround program is often the last chance for vulnerable students to receive mental health support. Case managers are forced into difficult ethical and moral decisions about choosing to provide care to a vulnerable individual.

Two Recommendations for the Surrey WRAPAround Program

Having concluded this research in the Surrey WRAPAround program, as well as having three years of experiential knowledge working for the Surrey WRAPAround program, there are

two key areas the program should focus on improving: increasing consistency during the intake process and developing a robust staff support system.

Increase Consistency During Intake Process

Although the WRAPAround program was initially intended to operate their initial intake process formally, the Surrey WRAPAround program has drifted away from a uniform and systematic intake process over the past few years. This is because of a significant increase in the number of referrals the program receives and a limited ability of staff to dedicate a considerable amount of time to the intake process due to the high number of cases each staff member is responsible for managing.

Initially, when the WRAPAround program received a referral, one of the program's supervisors and RCMP officers review the completed referral form, and the RCMP's Police Records Information Environment (PRIME) files to initially assess whether or not the referred youth met the program's mandate or not. If a youth is deemed eligible for the program or the supervisor determines they need more information, the youth would be assigned a case manager who would begin collecting more data about the youth. To gather additional information on the youth, the case manager would connect directly with the individual who referred the youth and other school-based staff who have helped support the youth (i.e. teacher, youth care worker, counsellor, etc.). The information gathered by the case manager focuses on the Five Domains (Individual, Family, School, Peer, and Community) to get a better sense of which areas the youth is struggling in and needs supports, as well as what are the youth's areas of strength that to be built upon (WRAP Referral, 2019). Upon gathering more information regarding a potential candidate for the program, the WRAPAround case manager and WRAPAround supervisor would meet to discuss why and why not the student would be a good fit for the WRAPAround program.

In my experience working for the WRAPAround, this standardized process is not consistently followed. There are times when WRAPAround case managers would be assigned a youth without fully being provided all the necessary information regarding a youth, their family, and any possible criminal involvement. In those situations, case managers are often frustrated with the lack of consistency because it negatively impacts their ability to most effectively and efficiently do their jobs. When case managers do not have all the correct information on youth, it often puts them in a position to accept a youth into the WRAPAround program who does not fit the program's mandate. I have witnessed this put a significant strain on the WRAPAround program's resources as case managers, who are already managing high caseloads, have to allocate time to support the youth who should not be in the program. Additionally, it leads to youth who critically need the support of the program to remain on the waitlist for longer and could potentially put them more at risk of engaging in criminality, drug trafficking, or joining a gang.

To solve this problem, I suggest that the WRAPAround program significantly slow down their intake and assessment process. The program needs to take more time to assess whether or not the youth and their family meet the program's criteria, evaluate what types of supports/resources they need, and develop a comprehensive care plan. By slowing down the intake process and being more purposeful during the initial assessment phase, the WRAPAround program would eliminate the current intake and assessment process problems. Additionally, it is my opinion that having a more effective intake process and initial assessment will result in the youth and their family receiving more outstanding care. In addition, there will be more time to develop a comprehensive care plan that reflects the clients' needs.

Development of Robust Staff Support System

The term burnout has a wide variety of definitions; however, the term burnout generally refers to “a prolonged state of occupational stress and exhaustion that occurs in response to long-term job-related interpersonal demands” (Warlick, Van Gorp, Farmer, Patterson & Armstrong, 2020, p.1). Burnout can significantly negatively impact service professionals’ ability to effectively do their jobs, resulting in lower-quality care for patients/clients, leading to poor treatment outcomes (Warlick et al.). For example, case managers for the Surrey WRAPAround Program work with youth who have experienced or are currently experiencing significant amounts of trauma (Rai & Campbell, 2018). Additionally, case managers conduct a majority of their work without the support of fellow case managers and supervisors. Outside of a monthly team meeting, occasionally seeing colleagues in the field, and quarterly meetings with an outside clinician, case managers, are left unsupported. In my experience, this creates a working environment that leaves case managers highly susceptible to experiencing burnout.

There are a few external clinicians connected to the WRAPAround Program who case managers could connect with when feeling burnout. However, for the most part, the external clinicians were primarily there to support youth in the program and their parent(s)/caregiver(s). For the first two years I was a part of the program, there was very little mental health and burnout support for case managers. In my third and final year with WRAPAround, they did bring in an external clinician who provided therapeutic support to the case managers. Nonetheless, the clinician only came in every three to four months, and they were not intended to provide consistent and continued support for members of the WRAPAround team. Additionally, case managers would not always be able to book sessions given their heavy caseloads. More often than

not, WRAPAround supervisors would book consultations for high-level youth during sessions that were planned for case managers.

I do not want to imply there are no supports available for WRAPAround case managers. As employees of the Surrey School District, they are members of the Canadian Union Public Employees (CUPE 728) and do have access to an Employee and Family Assistance Plan (EFAP), which provides them with confidential access to counselling and mental health supports (CUPE728, 2020). EFAP can provide workers with valuable access to mental health supports. However, in my view, WRAPAround case managers need more readily available access to clinical support, either directly for their own mental health needs or for consulting on the complex cases they are managing. In addition, I firmly believe it would be beneficial for WRAPAround staff to have access to a full-time clinical supervisor. The WRAPAround team currently has two supervisors who oversee and support the case managers. However, they are not clinically trained. They can provide valuable support for case management based on their experience working in the program, but they cannot provide clinical counselling or supervision for the case managers. This is why I suggest the WRAPAround program and its staff would benefit immensely from having a clinical counsellor on the team.

Summary

Chapter 3 focused on three overarching aspects. First, what prior research I expected to find on wraparound care models, specifically the Surrey WRAPAround Program, as I conducted my research. Second, my thoughts on the existing literature on wraparound models of care and the Surrey WRAPAround Program. And third, the two key recommendations I would make for improving the Surrey WRAPAround Program's intake and assessment process and the clinical supports available to the program's case managers.

Having worked in the Surrey WRAPAround program for three years, I was only aware of a handful of research documents the program used as the foundation for the program. With that in mind, I did not expect to find much research on either the Surrey WRAPAround program or the concept of WRAPAround care as it pertained to providing care for vulnerable youth. The research I did find on the WRAPAround program was limited and would not qualify as extensive peer-reviewed research. The research that I was able to find was mainly City of Surrey (2018) or Government of British Columbia's Ministry of Public Safety (2018) reports. This is surprising given the WRAPAround program has been around since 2007 and supports some of the most vulnerable/at-risk youth in Surrey, British Columbia, during an ongoing major gang conflict.

In addition to the lack of research on the WRAPAround program, I was not expecting to find a significant amount of research into wraparound models of care. During my time with the WRAPAround program, I only saw one document on wraparound care, the program used as the theoretical base for their program: *WRAPAround Milwaukee Family Handbook* (2015). Even with that in mind, the Milwaukee handbook was hardly referenced when supervisors spoke about the program's conceptualization. Due to this experience, I was not expecting to find much research into wraparound care models. The research I did find on wraparound care was limited and not related to providing wraparound care for gang-entrenched youth or youth at risk for engaging in drug trafficking or other criminal activities.

After conducting research into wraparound care models and the Surrey WRAPAround program and reflecting on my own experience working in the program, it became evident there are two significant areas the program could improve. First, their intake and assessment process. Second, providing staff with more clinical/counselling support. While the WRAPAround program has a standardized intake and assessment model, it is often not followed, which results in a

significant amount of frustration amongst the case managers. This also results in the care managers being less effective and efficient when supporting the youth and families they work with. Second, due to the complex nature of the youth and families, the WRAPAround program provides care to the case managers at high risk of burnout. Currently, the WRAPAround program has minimal support to support the case managers; however, the program and the program staff would benefit immensely from having a more robust clinical support system in place.

Conclusion

The Lower Mainland has been engulfed in an ongoing gang war since 2007. This conflict has resulted in the deaths of hundreds of individuals. These tragic losses of life have not only impacted young adults and their families. It has increasingly resulted in the deaths of younger and younger people, including two 16-year-old and 17-year-old high-school students, as the conflict has raged on (CBC, 2019). While this gang conflict carried on throughout the years, the Surrey WRAPAround program provided a source of support for several youths at risk of becoming involved in gang or criminal activity. In addition, the WRAPAround program offers youths resources to improve their mental health and quality of life, build positive connections with their family, peers, school, and community, and explore opportunities they might not otherwise have the privilege to engage in.

Overall, the WRAPAround program is one of the best community-based programs in Surrey at supporting youth at-risk for being involved in gang life. The program has established partnerships with the Surrey School District, the Surrey Royal Canadian Mounted Police, the City of Surrey, and numerous community resources. However, the program is not without its faults. For instance, there is a stark lack of research into the program, despite the program's longevity and the complexity of the clients the program supports. To function as an evidence-based

program, the WRAPAround program needs to increase the amount of research conducted on the program. This research could be performed both internally by program staff and by an external individual or organization. Research would add more credibility to the program and help identify other areas the program could make improvements to serve the youth and families better.

This Capstone was designed to be a starting point for further research and exploration in the WRAPAround program by reviewing the WRAPAround program and the principles of wraparound care. This review examined the theoretical foundations on which the program operates to uncover any immediate areas the program could improve upon to increase the program's effectiveness. This review of the WRAPAround program revealed two areas the program could make instant changes: increasing the intake and initial assessment process consistency and developing a robust staff support system. Improving the consistency of the intake process would alleviate frustrations among staff who, at times, feel there is a lack of a clear definition of the type of youth who meet the criteria for enrollment in the program. Additionally, a more cohesive intake process would allow case managers to formulate better care plans. They would have access to more data to inform them on how to support the youth and their families to meet their needs. Having a clear sense of direction at the start of the support process will increase the youth's ability to complete the care plan's goals.

Second, given the complexity of the youth and families, the WRAPAround program supports, in my opinion, the program staff must be adequately supported in the work they do. Compared to other clinically based programs, the WRAPAround program has minimal support to take care of their staff if staff members struggle with compassion fatigue, vicarious trauma, burnout, etc. They are not clinically qualified supervisors on the team who can regularly check in with case managers or provide referrals for staff members to connect with community-based

supports for themselves. Having worked in the WRAPAround program before conducting this Capstone, I know firsthand there is a desire by team members to feel more supported in their work. These feelings are similar to those felt with the inconsistency of the intake process. Providing staff with more support would help validate the case managers' feelings about the lack of support and inconsistency they face every day at work. It would also pay dividends in supporting the youth and families the program works with. Increasing the program's ability to support the case managers will help case managers be more effective and efficient at their jobs as they will not be under as much stress as they usually are. When faced with adversity at work, they will have the support available to them to overcome those challenges.

There is always room for improvement, like any program that supports individuals with complex behavioural or mental health challenges. The WRAPAround program and case managers continue to support some of the most at-risk/vulnerable youth and families in Surrey at the height of the ongoing gang conflict. The program has helped hundreds, if not thousands of young people avoid going down toward the path of gang life, and in turn, has most likely saved several individuals from losing their life to the gang crisis. As the program continues to evolve to meet the ever-changing needs of youth and families in Surrey, the program's evolution must be based on peer-reviewed research to follow best practice standards and maintain the credibility it has established over the years.

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