

## *Introduction and Basics: Chapter 1.5*

# The National Wraparound Initiative (NWI): Why? What? How?

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### Why?

As the history of wraparound (Chapter 1.3) clearly illustrates, wraparound originated as a philosophy and a grassroots movement as much as a specific intervention. This unique nature of wraparound has proven to be a source of both strength and difficulty. Normally, an intervention is designed and tested by a single person or group. In contrast, wraparound practice and supporting policies have evolved through a process of ongoing innovation on the part of families, trainers, and providers around the nation. This process has stimulated a kind of creativity that would never have occurred within a less flexible model. On the other hand, the lack of shared standards or guidelines for wraparound practice has created problems around issues of quality assurance and fidelity.

During the late 1970s and early 80s, wraparound emerged gradually from the efforts of individuals and organizations committed to providing individualized, comprehensive, community-based care for children and their families. While the term *wraparound* came to be more and more widely used throughout the 1990s, there was still no formal agreement about exactly what wraparound was. Many wraparound programs shared features with one another, but there existed no consensus about what was essential for wraparound. Some programs were able to document notable successes from using wraparound, but it also became apparent that many teams and programs were not operating in a manner that reflected the wraparound principles. Toward the end of the 1990s, it became increasingly

obvious that without a clear definition of what wraparound was (and wasn't), any practice could be called "wraparound," regardless of quality. Furthermore, it would be impossible to establish evidence for wraparound's effectiveness without a clear definition of the practice.

### What?

In true wraparound fashion, a team approach emerged to address these difficulties. In June of 2003, the Research and Training Center on Family Support and Children's Mental Health hosted a national meeting in Portland, Oregon, and invited parents, parent advocates, wraparound trainers, practitioners, program administrators, researchers, and systems of care technical assistance providers. This was the first meeting of what became the Advisory Group of a new *National Wraparound Initiative*. At this initial meeting, the group reaffirmed the need to define a wraparound practice model, discussed potential methods for conducting such work, and described specific products that should result. By the end of the meeting, the group reached a consensus about what was most needed to promote high quality in wraparound:

1. Clear definitions of the wraparound philosophy and the wraparound practice model
2. Specific strategies on how to achieve high-quality wraparound at the family, team, provider, and system levels
3. Minimum standards for wraparound practice and for supporting families, teams, and practitioners
4. Implementation and fidelity tools—aligned with the strategies and standards for wraparound—that could inform quality improvement and be used in more rigorous evaluation
5. Handbooks for youth, caregivers, practitioners, and team members that explain Wraparound and what should be expected during implementation

Since that initial meeting, the collective efforts of the members of the NWI have been successful in meeting many of these needs and making progress toward meeting the others.

### How?

Membership in the NWI's advisory group is open to anyone who has expertise in wraparound and who is willing to contribute 20 to 40 hours per year to the Initiative's work. The NWI's main products are produced collaboratively, through structured and semi-structured processes. A formal, structured consensus-building process used by the NWI is described in detail in an article about the process that was used to define the practice model (Chapter 4a.1). A similar process was used to clarify the principles of wraparound, to create the *Community Supports for Wraparound Inventory*, and to develop the document describing the role of family partners in carrying out the ten principles. Less highly structured but still collaborative processes were used to develop other NWI products, including the theory of change and the various guides and manuals. The *Resource Guide for Wraparound* is also a collaborative effort, with contributions from dozens of NWI advisors. The overall goal of the Initiative is to preserve the creative essence and innovative spirit of wraparound while also providing specific guidelines and resources to support high quality implementation.

### Author

**Janet Walker** is Research Associate Professor in the School of Social Work at Portland State University and co-Director of the Research and Training Center on Pathways to Positive Futures. Her current research focuses on 1) exploring how individuals and organizations acquire capacity to implement and sustain high quality practice in human service settings, 2) describing key implementation factors that affect the ability of organizations and individuals to provide high quality services and treatment, and 3) developing and evaluating interventions to increase the extent to which youth with emotional or mental health difficulties are meaningfully involved in care and treatment planning. Together with Dr. Eric Bruns, Dr. Walker co-directs the National Wraparound Initiative.

*Suggested Citation:*

Walker, J. S. (2008). The National Wrap-around Initiative (NWI): Why? What? How? In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.