

# Manitoba Education Research Network (MERN) Monograph Series II

Defining Effective Supports for Students with Emotional and Behavioural Disorders

THE WRAPAROUND APPROACH IN THE CONTEXT OF A COMMUNITY SCHOOL

Number 4, Winter 2018

# DEFINING EFFECTIVE SUPPORTS FOR STUDENTS WITH EMOTIONAL AND BEHAVIOURAL DISORDERS THE WRAPAROUND APPROACH IN THE CONTEXT OF A COMMUNITY SCHOOL

Nadine Bartlett

Manitoba Education Research Network (MERN)

Monograph Series II

Number 4 Winter 2018

# DEFINING EFFECTIVE SUPPORTS FOR STUDENTS WITH EMOTIONAL AND BEHAVIOURAL DISORDERS

THE WRAPAROUND APPROACH
IN THE CONTEXT OF A
COMMUNITY SCHOOL

Nadine Bartlett

Manitoba Education Research Network (MERN)
Monograph Series II

Number 4 Winter 2018 Defining effective supports for students with emotional and behavioural disorders : the wraparound approach in the context of a community school / Nadine Bartlett.

(Manitoba Education Research Network (MERN) monograph series II ; no. 4, Winter 2018)

Includes bibliographical references.

This resource is available in print and electronic formats.

ISBN: 978-0-7711-8044-6 (print) ISBN: 978-0-7711-8045-3 (pdf)

- 1. Community schools—Research—Manitoba.
- 2. Community schools—Manitoba—History.
- 3. Community and school—Research—Manitoba.
- ${\bf 4.\ \ Home\ and\ school-Research-Manitoba}.$
- 5. Special education—Research—Manitoba.
- 6. Special education—Manitoba—History.
- ${\bf 7.\ Children\ with\ disabilities-Education-Research-Manitoba.}$
- I. Bartlett, Nadine.
- II. Manitoba Education Research Network (MERN).

371.03097127

Copyright © 2017, Manitoba Education Research Network (MERN) Monograph Series and the author. The views expressed in this monograph are those of the author and not necessarily those of any of the member organizations of the Manitoba Education Research Network. This publication may be reproduced without permission, provided that the author and the publisher are acknowledged.

The Manitoba Education Research Network has as its mission the improvement of education in Manitoba schools through the establishment of partnerships for research studies. It is committed to collecting and analyzing education related data and supporting other forms of research activities. The network is a collaborative effort led by the province's five Faculties of Education and Manitoba Education and Training. More information is available at www.mern.ca.

This resource is also available on the Manitoba Education Research Network website www.mern.ca.

Websites are subject to change without notice.

## The Manitoba Education Research Network (MERN) Monograph Series

The purpose of the MERN Monograph Series II is to publish, in hard copy and electronically, Manitoba educational research that is conducted by Manitoba researchers, in Manitoba, and/or is timely, accessible, and relevant to a broad audience of Manitoba educators and their partners. A call for proposals is posted on the MERN website at www.mern.ca.

#### **Editorial Board**

Stéfan Delaquis (Université de Saint-Boniface)

Heather Duncan (Brandon University)

Heather Hunter (Manitoba Education Research Network)

David Mandzuk (University of Manitoba)

Ken McCluskey (University of Winnipeg)

David Williamson (University College of the North)

Jon Young, Consulting Editor (University of Manitoba)

Further information on, and copies of, the monograph can be obtained from:

Heather Hunter

Manitoba Education Research Network

Email: heather.hunter@mern.ca

#### **Abstract**

Children and youth with emotional and behavioural disorders (EBD) have complex needs that span an array of service providers (Stroul & Friedman, 1994; VanDenBerg, 2008), and given the paucity of supports for this population, they may not receive the support that they require (Burns et al., 1995; Farmer, Burns, Phillips, Angold, & Costello, 2003). There is a considerable amount of research that supports the integration of services for children and youth with EBD through the wraparound approach (VanDenBerg, Osher, & Lourie, 2009). There also is research that supports the notion that community schools may provide the most effective host environment for the integration and provision of support for this population (Dryfoos & Maguire, 2002; Grossman & Vang, 2009). However, there is limited Canadian research about the efficacy of the wraparound approach in the context of a community school. In order to explore this issue, a qualitative, multi-case study was conducted of three community schools in the province of Manitoba to determine the extent to which community schools foster interdisciplinary collaboration and may support the implementation of the wraparound approach (Bruns, Suter, Force, & Burchard, 2005; Bruns, Walker, & The National Wraparound Initiative Advisory Group, 2008; Goldman, 1999). The findings from this study suggest that at the practice level, the community schools that were studied fostered collaboration and the integration of support. In addition, the community schools that were studied possessed many of the requisite conditions that support the implementation of the wraparound approach as a process to guide individualized planning for children and youth with complex needs. Barriers to the full-scale implementation of the wraparound approach in the context of the community schools were identified and primarily included system-level constraints on collaborative practices.

#### CONTENTS

| Abstract   | vii |
|--|-----|
| Contents   | ix  |
| Introduction to the Study  | 1   |
| The Wraparound Approach in Manitoba  | 2   |
| Schools as a Host Environment for the Wraparound Approach                  | 3   |
| Community Schools in Manitoba  | 3   |
| Statement of the Problem   | 4   |
| Significance of the Study  | 6   |
| A Strategy for Change  | 6   |
| Wraparound: An Alternative Model to Foster Interdisciplinary Collaboration | 7   |
| School-Based Wraparound  | 8   |
| Outcomes of Wraparound   | 9   |
| Outcomes of School-Based Wraparound  | 10  |
| Community Schools  | 11  |
| Outcomes of Community Schools  | 11  |
| Overcoming Barriers to Interdisciplinary Collaboration                     | 13  |
| Methods: The Design of the Study   | 14  |
| Research Approach and Foundations  | 14  |
| Selection of Participants  | 14  |
| Research Process   | 15  |
| Case 1: The School without Walls   | 16  |
| Description of the Case  | 16  |
| Student and Community Demographics   | 16  |
| Programming  | 17  |
| Organization and Governance Structure                                      | 17  |
| Summary of Case 1  | 17  |

| Case 2: The Village with a Vision  | 19 |  |  |  |                         |    |  |  |
|--|----|--|--|--|-------------------------|----|--|--|
| Description of the Case  Student and Community Demographics  Organization and Governance Structure |    |  |  |  |                         |    |  |  |
|  |    |  |  |  | Summary of Case 2       |    |  |  |
|  |    |  |  |  | Case 3: The Hub of Hope | 22 |  |  |
| Description of the Case  | 22 |  |  |  |                         |    |  |  |
| Student and Community Demographics   | 22 |  |  |  |                         |    |  |  |
| Organization and Governance Structure  | 24 |  |  |  |                         |    |  |  |
| Summary of Case 3  | 24 |  |  |  |                         |    |  |  |
| Summary of the Data  | 26 |  |  |  |                         |    |  |  |
| Summary of the Themes across the Cases   | 27 |  |  |  |                         |    |  |  |
| Theme 1: Critical Role of the School Principal in a Community School                               | 27 |  |  |  |                         |    |  |  |
| Theme 2: Essential Role of the Community School Connector  | 27 |  |  |  |                         |    |  |  |
| Theme 3: Mindset of Staff  | 28 |  |  |  |                         |    |  |  |
| Theme 4: Building Capacity within the Community  | 28 |  |  |  |                         |    |  |  |
| Theme 5: Factors that Contribute to Collaboration  | 28 |  |  |  |                         |    |  |  |
| Theme 6: Continuum of Behavioural Support  | 29 |  |  |  |                         |    |  |  |
| Theme 7: Perspectives about Resources  | 29 |  |  |  |                         |    |  |  |
| Theme 8: How Community School Programming Is Determined and Its Impact                             | 30 |  |  |  |                         |    |  |  |
| Summary  | 30 |  |  |  |                         |    |  |  |
| Cross-Case Analysis  | 31 |  |  |  |                         |    |  |  |
| Theme 1: Critical Role of the School Principal in a Community School                               | 31 |  |  |  |                         |    |  |  |
| Theme 2: Essential Role of the Community School Connector  | 32 |  |  |  |                         |    |  |  |
| Theme 3: Mindset of Staff  | 33 |  |  |  |                         |    |  |  |
| Theme 4: Building Capacity within the Community  | 33 |  |  |  |                         |    |  |  |
| Theme 5: Factors that Contribute to Collaboration  | 34 |  |  |  |                         |    |  |  |
| Theme 6: Continuum of Behavioural Support  | 35 |  |  |  |                         |    |  |  |
| Theme 7: Perspectives about Resources  | 37 |  |  |  |                         |    |  |  |
| Theme 8: How Community School Programming Is Determined and Its Impact                             | 38 |  |  |  |                         |    |  |  |

| Findings  | 40 |  |
|---|----|--|
| Characteristics of Community Schools that Support Collaboration     |    |  |
| The Extent of Collaboration in Community Schools                    |    |  |
| Practices in Community Schools that Reflect the Wraparound Approach | 46 |  |
| Wraparound in a Community School                                    | 50 |  |
| Recommendations for Future Research                                 | 51 |  |
| Concluding Statement  | 53 |  |
| References  | 54 |  |

#### Introduction to the Study

The mental health and well-being of Canada's children and youth is in peril. The number of Canadian children and youth affected by mental illness is 15% or 1.2 million (Mood Disorders Society of Canada, 2006). Research indicates that approximately one in seven Canadian children and youth under the age of 19 is likely to have a serious mental disorder that impacts their development and ability to participate in the activities of daily life (Government of British Columbia, 2003). Of even greater concern is the prediction that mental health challenges among children and youth in Canada will increase by 50% by the year 2020 (Canadian Pediatric Society, 2007). As the population of children and youth requiring mental health services continues to grow, so too does the complexity of needs within this population. According to Tankersly and Landrum (1997) 10 to 30% of children and youth with mental health challenges may suffer from more than one mental health disorder. Unfortunately, at any given time, 25% of Canadian children and youth will not receive the mental health treatment that they require (Waddell, McEwan, Shepherd, Offord, & Hua, 2005). Mental health disorders have been identified as the leading cause of disability in Canada (Stephens & Joubert, 2001).

In addition to supports being limited, when they are received they are often delivered in a poorly coordinated and fragmented manner (Reid & Brown, 2008; Stroul, 2002; Stroul & Friedman, 1986, 1994; Waddell et al., 2005). The fragmentation of services has been most detrimental to children and youth with EBD and their families as they are often dependent upon multiple service systems to meet their complex needs (Duchnowski, Johnson, Hall, Kutash, & Friedman, 1993; Lourie, 1994).

Due to limited and fragmented supports, children's mental health has been referred to as "the orphan's orphan" of the health care system (Kirby & Keon, 2006), and Canada's emergency rooms have become the most often used mental health support as children and youth are typically moved to a crisis before they receive the support that they require (Waddell et al., 2005). Under these circumstances, it is no wonder that children and youth with EBD have experienced poor outcomes in school and in society (Kauffman, 2005).

In order to address the needs of children and youth with EBD and produce positive life outcomes, comprehensive, integrated supports from many disciplines including, but not limited to, mental health, child welfare, justice, and education are required (Bruns et al., 2004; Burns & Goldman, 1999; Dieker, 2001; Eber et al., 2002; Wagner et al., 2005; Walker et al., 2003; World Health Organization, 2004). In this qualitative, multi-case study, the characteristics of community schools that foster collaboration and align with the 10 guiding principles of the wraparound approach are explored (Bruns, Suter, Force, & Burchard, 2005; Bruns, Walker, & The National Wraparound Initiative Advisory Group, 2008; Goldman, 1999). While there is much consensus in the literature about the efficacy of integrating supports for children and youth with EBD through approaches such as wraparound, questions remain about the practical

implementation of integrated models of support that span service providers. Therefore, this study attempts to determine the extent to which community schools in Manitoba embody the organizational structures and models of professional practice that support the practical implementation of collaborative practices for children and youth with EBD from the perspectives of key stakeholders involved in the process.

Presently, in the province of Manitoba the use of the wraparound approach for children and youth with EBD has been encouraged among human service providers through the implementation of the *Wraparound Protocol for Children and Youth with Severe to Profound Emotional and Behavioural Disorders* (Healthy Child Manitoba, 2013). The Province of Manitoba also recently amended *The Public Schools Act* to include *The Community Schools Act*, which recognizes the community school philosophy and the community school model and outlines the role that community schools may play in the integration of support for children, youth, families, and communities in low socio-economic neighbourhoods (Manitoba, 2013). While neither of these initiatives reference the other they are not mutually exclusive and, if combined, they may serve to enhance the provision of support for children and youth with EBD and their families.

#### The Wraparound Approach in Manitoba

The Wraparound Protocol for Children and Youth with Severe to Profound Emotional and Behavioural Disorders (Healthy Child Manitoba, 2013) represents an agreement between the departments of education, health, family services, and other designated agencies in Manitoba who may provide support to children, youth, and their caregivers to work collaboratively to implement the wraparound approach to meet the needs of this population. The protocol states, "The Wraparound approach promoted in this protocol is designed to enhance the integration of multiple student services, encourage the most efficient use of fiscal resources, and promote continued monitoring and communication of student outcomes across caregivers and multiple service providers" (Healthy Child Manitoba, 2013, p. 6). While a protocol may exist that promotes the use of the wraparound approach and the integration of support for children and youth with severe to profound EBD, a comprehensive plan to support its implementation in Manitoba remains elusive. It is hoped that this research may inform the practical implementation of the wraparound approach as outlined in the Wraparound Protocol for Children and Youth with Severe to Profound Emotional and Behavioural Disorders (Healthy Child Manitoba, 2013) by identifying the most enabling conditions that may support its implementation. School settings might provide the appropriate host environment for the implementation of this wraparound process—this has been referred to in the literature as the school-based wraparound approach (Eber & Nelson, 1997; Eber, Nelson, & Miles, 1997; Pacchiano, Eber, & Devine-Johnston, 2003).

#### Schools as a Host Environment for the Wraparound Approach

According to Zins and Ponti (1990) the "host environment" is an essential element that must be considered in the implementation of any initiative. In the absence of a suitable host environment even the best conceived plans may not succeed. As a host environment, schools have some of the characteristics that may support the implementation of the wraparound approach including (a) mandates for service provision, (b) structures for daily contact with children, adolescents, and their families, (c) broad-based support like resource teachers, counsellors, school psychologists, and social workers, (d) an individualized education planning process (IEP) that includes strengths-based planning, and (e) a continuum of behavioural supports (Eber, Sugai, Smith, & Scott, 2002). While most schools may possess these qualities, full-service community schools that integrate support from an array of service providers within the school setting might be better equipped to provide truly integrated, broad-based support. According to Dryfoos (1998),

A full-service community school integrates the delivery of quality education with whatever health and social services are required in that community. These institutions draw on both school resources and outside community agencies that come into the schools to join forces and provide seamless programs. (p. 73)

The partnerships that may exist within full-service community schools, referred to as community schools, as that is the terminology presently used in the province of Manitoba, may mitigate some of the challenges associated with interdisciplinary collaboration and thereby improve the receipt of services for children and youth with EBD.

#### Community Schools in Manitoba

Recognizing the role of the school as the central hub of the community, in 2005, the Province of Manitoba developed the Community Schools Partnership Initiative. The main purpose of the Community Schools Partnership Initiative was "to support schools serving in low socio-economic neighbourhoods—helping them develop a comprehensive range of supports and approaches to meet the diverse needs of children, youth and their families" (Manitoba Education, Citizenship & Youth, 2006c, p. 3). The Community Schools Partnership Initiative referred to the integration of support as a way to "connect public programs and services such as health care, recreation, child care and family support on an as available and as needed basis to school sites, making them more readily available to community residents" (Manitoba Education, Citizenship & Youth, 2006c, p. 6). In December of 2013, the Province of Manitoba amended The Public Schools Act to include The Community Schools Act, which recognizes the community school philosophy and the community school model (Manitoba, 2013). As a result, the Community Schools Partnership Initiative in Manitoba was replaced by the Community Schools Program and, within the Department of Education, a community schools

unit as well an advisory committee of deputy ministers from various branches of government was established. The deputy ministers' committee on community schools has been charged with the following:

- (a) ensuring that government departments work collaboratively using a cross-departmental approach to address issues relating to community schools;
- (b) making recommendations to the government about financial priorities and resource allocations in relation to participating community schools; and
- (c) assisting the community schools unit in establishing performance measures for the community schools program. (Manitoba, 2013, p. 7)

There are currently 32 officially designated community schools in the province of Manitoba as recognized by the Community Schools Program. These community schools receive additional funding in order to provide a comprehensive array of support in socio-economically disadvantaged communities. The funding that community schools receive also supports the employment of what is referred to as a community liaison or community school connector, whose role is described as identifying, facilitating, and coordinating the delivery of community school programming (Manitoba, 2013). Research indicates that a community liaison or community school connector may play an essential role in the expanding partnerships and supporting the implementation of programming within a community school setting (Blank, 2005; Blank, Melaville, & Shah, 2003; Campbell-Allan, Shah, Sullender, Zazove; 2009). The government of Manitoba through its provincial policies has acknowledged the value of providing holistic and integrated support. However, there has been no connection made between the Wraparound Protocol for Children and Youth with Severe to Profound Emotional and Behavioural Disorders (Healthy Child Manitoba, 2013) and The Community Schools Act (Manitoba, 2013), both of which were led by the Department of Education in the same province. This may be an example of loose coupling whereby the Community Schools Program may be disconnected from other provincial initiatives that promote interdisciplinary partnerships for children and youth.

#### Statement of the Problem

The wraparound approach and the community school model are both based on the premise that the provision of holistic support is the most effective and efficient way to meet the needs of children, youth, and families. The wraparound approach and the community school model are complementary, and if combined, they may improve the provision of support and thereby improve the outcomes of the individuals whom they serve. In this regard, the wraparound approach, if based in a school and referred to as the school-based wraparound approach may provide (a) a designated lead organization, (b) a clearly articulated process to guide planning, (c) case management through the use of wraparound facilitators, and (d) a means by which to measure outcomes.

Building on the structures and process in the wraparound approach, the community school (Dryfoos, 1995, 1998; Dryfoos & Maguire, 2002), as the centre of service provision, may provide (a) formal structures that foster interdependence among service providers, (b) opportunities to blend funding and de-categorize support, (c) a single point of entry to receive services and enhanced information sharing, and (d) opportunities to overcome discipline-based decision making through transdisciplinary teaming. Together, the benefits of the school-based wraparound approach, in the context of a community school, might serve to meet the needs of children, youth, families, and the community at large.

Therefore, it may be necessary to obtain the perspectives of key stakeholders involved in community schools in Manitoba to determine the characteristics of community schools that foster collaboration as well as the extent to which collaboration is occurring. It also may be necessary to determine the extent to which the practices in community schools align with the 10 guiding principles of the wraparound approach and thus may be meeting the needs of children and youth with EBD and their families (Bruns, Walker, & The National Wraparound Advisory Group, 2008). The 10 guiding principles associated with the wraparound approach that have been accepted in the fields of mental health, child welfare, and education, as well as by caregivers, include the following: (1) family voice and choice, (2) teambased processes, (3) the use of natural supports, (4) a focus on collaboration, (5) the use of community-based supports, (6) the provision of culturally competent approaches, (7) the provision of individualized support, (8) building on strengths, (9) persistence, and (10) outcome-based support (Bruns et al., 2008).

In order to learn more about the characteristics of three community schools in Manitoba that may support interdisciplinary collaboration and thus enable the implementation of the wraparound approach, the following research questions were posed:

- 1. What are the characteristics of a community school acknowledged in the literature that facilitate collaboration and support children and youth with EBD and their families?
- 2. According to the key stakeholders involved in the Community Schools Program, to what extent is collaboration fostered and are supports integrated in an environment like a community school?
- 3. What are the practices being used by the community schools in this study that reflect the wraparound approach and are effective in improving outcomes for children and youth with emotional and behavioural disorders and their families, that will serve as a model for other schools, and that will promote improvement and change?

#### Significance of the Study

There is a considerable amount of research that supports the integration of services for children and youth with emotional and behavioural disorders (Bruns, Suter, Force, & Burchard, 2005; Bruns et al., 2008; Burns & Goldman, 1999; VanDenBerg et al., 2009). There also is research that supports the notion that community schools may provide the most effective host environment for the integration of support for children and youth whose needs span an array of service providers support (Dryfoos, 1995; 1998; Dryfoos & Maguire, 2002; Grossman & Vang, 2009). However, there is limited Canadian research about the integration of support through the wraparound approach for children and youth with EBD in the context of a community school. In addition, given that community schools vary widely in their scope and in the type of services that they provide, it may be important to explore the community school model as it exists in Manitoba, as the unique experiences in this province should be reflected in the research literature as it may serve to inform future practice. Identifying the characteristics of community schools that foster collaboration and reflect the wraparound approach may, on a practical level, assist all stakeholders in more effectively supporting children with youth with EBD and thus lead to improvements in life outcomes. The identification of the characteristics of community schools that foster collaboration also may serve as a resource to the recently established Community School Program in the province of Manitoba, as outlined in *The Community Schools Act* (Manitoba, 2013). It also may inform the implementation of the wraparound approach as outlined in the interdepartmental provincial protocol entitled Wraparound Protocol for Children and Youth with Severe to Profound Emotional and Behavioural Disorders (Healthy Child Manitoba, 2013) released by the Province of Manitoba.

#### A Strategy for Change

Significant changes to the manner in which needs are conceptualized and supports are provided are needed in order to address the needs of children and youth with EBD. These changes should involve moving beyond the creation of a provincial protocol that promotes the use of the wraparound approach to establishing a clearly articulated strategy to support its implementation. Relying on a memorandum of understanding between human service providers has been insufficient in fostering collaboration for children and youth with EBD (Bartlett & Freeze, 2005), and may continue to be insufficient if the implementation of the wraparound approach is not clearly articulated and agreed to by all stakeholders.

Alternative approaches like the wraparound approach (Burns & Goldman, 1999) in the context of the school setting, referred to as the school-based wraparound approach (Eber & Nelson, 1997; Eber et al., 1997; Pacchiano et al., 2003), might provide both the process and appropriate host environment to reduce the fragmentation of support and foster interdisciplinary collaboration. To further enhance the integration of support, the school-based wraparound approach might be most effective in the context of a community school (Dryfoos, 1995, 1998; Dryfoos & Maguire, 2002), where the school becomes the centre of service provision. To that end, the tenets of the wraparound approach in the context of a community school will be discussed, and the means by which this proposed model of support might help to overcome the barriers to interdisciplinary collaboration will be explored.

### Wraparound: An Alternative Model to Foster Interdisciplinary Collaboration

The wraparound approach is a process for planning and individualizing supports for children and youth with EBD and their families. In the wraparound approach, services and supports are "wrapped around" the child or youth and their caregiver in that they are placed at the centre of the wraparound plan, and their voice is paramount in identifying their individual and collective strengths, as well as in identifying informal, community-based resources that may be required to meet their needs (Burns & Goldman, 1999; VanDenBerg et al., 2009). Wraparound is not a set of services, but rather, it is a process for meeting the complex needs of children and youth and their caregivers through the integration of multiple systems and the development of individualized plans of care. The overall premise of the wraparound approach is to enhance options for children, youth, and their families by building collaborative wraparound teams, who together tailor supports that lead to improvements in outcomes (Burns & Goldman, 1999; VanDenBerg et al., 2009). In addition to explicating the specific phases and activities involved in a wraparound process and providing a model for the development of an individualized wraparound plan (Walker, Bruns, & The National Wraparound Initiative Advisory Group, 2008), the wraparound approach also details the role of wraparound facilitators and provides training materials for individuals who might fulfill this role (Eber, 2008; Grealish, 2000; VanDenBerg & Rast, 2003). Given its focus on outcomes, there also are tools to measure the wraparound team's adherence to the principles of the wraparound process, from the perspective of the team members and from the vantage point of an individual who observes the team processes and provides specific feedback (Bruns, 2008; Bruns, Burchard, Suter, Leverentz-Brady, & Force, 2004). Given that the wraparound approach has a clearly articulated practice model and tools to measure the fidelity of implementation, it may provide the necessary structures that would enable the tighter coupling of service providers in the provision of support (Bruns & Walker, 2010).

#### School-Based Wraparound

The wraparound approach holds much promise as a best practice in meeting the needs of children and youth with EBD and their families (Burns & Goldman, 1999; Kendziora, Bruns, Osher, Pacchiano, & Mejia, 2001). It has been estimated that 100,000 children, youth, and their families are being supported by the wraparound approach annually in the United States (Sather, Bruns, & Stambaugh, 2008). While wraparound is increasingly recognized as a process for supporting children and youth with EBD, closer attention is being paid to the need for a lead agency to be identified to guide the wraparound process and ensure the fidelity of implementation. According to Walker et al. (2003), the assignment of a lead agency is a necessary precondition to the successful implementation of the wraparound approach. By default, educators in Manitoba have been given the responsibility of leading the development of multi-system plans of care for children and youth with emotional and behavioural challenges, without the partnerships in place to effectively lead beyond the school setting (Bartlett & Freeze, 2005). The role of the lead agency would be to initiate, sustain, and oversee the wraparound approach. The lead agency also would become the recipient of flexible funding dollars to support the implementation of the wraparound approach and enable the development of highly individualized plans of care (Walker et al., 2003).

It has been suggested that with appropriate supports in place, the school might provide the most effective "host environment" to initiate and sustain the wraparound approach (Eber, 1998; Eber & Nelson, 1997; Eber, Sugai, Smith, & Scott, 2002; Hieneman & Dunlap, 2001; Knoster, Villa, & Thousand, 2000). According to Zins and Ponti (1990), the "host environment" is an essential element that must be considered in the implementation of any initiative. In the absence of a suitable host environment even the best conceived plans may not succeed.

In this regard, schools have a number of characteristics that may support the implementation of the wraparound approach including (a) mandates for service provision, (b) structures for daily contact with children, youth, and their families, (c) broad-based support like resource teachers, counsellors, school psychologists, and social workers, (d) an individualized education planning (IEP) process that includes strengths-based planning, and (e) a continuum of behavioural supports (Eber et al., 2002).

#### Outcomes of Wraparound

There is a growing body of research that indicates that high fidelity wraparound, or wraparound that closely adheres to its 10 guiding principles, leads to improvements in outcomes for children, youth, and their families (Bruns, Suter, & Burchard, 2002; Bruns et al., 2005). Several studies have shown that when children and youth are supported through a wraparound process, they display an overall reduction in problematic behaviour (Anderson, Wright, Kooreman, Mohr, & Russell, 2003; Burns, Goldman, Faw, & Burchard, 1999; Goldman & Faw, 1999; Yoe, Santarcangelo, Atkins, & Burchard, 1996). Placement in restrictive settings also has been found to be reduced for children and youth supported through the wraparound process (Anderson et al., 2003). In a matched comparison study in the United States that compared children who were supported by the wraparound process to children who only received mental health support, results indicated that after 18 months 82% of youth who received wraparound support moved to a less restrictive setting, as compared to 38% of youth who only had received mental health support (Bruns, Rast, Peterson, Walker, & Bosworth, 2006; Rast, Bruns, Brown, Peterson & Mears, 2007). Reductions in the number of out-of-home placements resulting from wraparound support also have been found to result in significant reductions in costs related to the provision of care (Kamradt, Gilbertson, & Jefferson, 2008; Rauso, Ly, Lee, & Jarosz, 2009).

There also is research to indicate that children and youth supported by the wraparound approach demonstrate improvements in school performance (Schubauer & Hoyt, 2003) and increased attendance (Duckworth, Smith-Rex, Okey, Brookshire, Rawlinson, & Rawlinson, 2001). In addition, an overall improvement in family functioning also has been noted as a result of the receipt of wraparound support (Burns et al., 1999). Parents also have been found to report increased satisfaction with service provision when they have been involved in the wraparound approach (Heflinger, Sonnichsen, & Brannan, 1996). A Canadian study in Ontario found that wraparound was more effective than traditional approaches in meeting the needs of children and youth with severe to profound EBD in five key areas. The areas included (a) overall improvement in psychosocial and mental health functioning, (b) fewer out-of-home placement days, (c) enhanced assistance to families in achieving their goals, (d) greater parental satisfaction, and (e) as much as a one-third cost reduction when compared to traditional service provision (Brown & Loughlin, 2004).

The wraparound approach also has been found to be an effective tool in guiding team-based collaborative planning. In this regard, wraparound has been found to improve relationships among service providers (Goldman & Faw, 1999; Anderson & Wright, 2004). Case studies and descriptive accounts by key participants in the wraparound approach have revealed high levels of personal satisfaction and engagement with the wraparound process (Burchard, Burchard, Sewell, & VanDenBerg, 1993; Burns & Goldman, 1999; Cailleaux & Dechief, 2007; Kendziora et al., 2001).

#### Outcomes of School-Based Wraparound

Research associated with the school-based wraparound approach has been found to lead to similar improvements in outcomes for children and youth with EBD. School-based wraparound has been found to reduce out-of-home placements (Eber, Osuch, & Rolf, 1996; Eber, Osuch & Redditt, 1996), and lead to improvements in academic performance (Eber et al., 1997; Pacchiano et al., 2003). Duckworth et al. (2001) studied the implementation of a school-based wraparound approach in the southeastern United States. In this study, the school served as the point of entry for wraparound services for students with EBD. Over an 18-month period, they found that office referrals were reduced by 64% and suspensions were cut in half. Notable improvements also were found in attendance and parental participation and engagement with the school. Unlike community-based approaches, the schoolbased wraparound approach has been found to enhance access to communitybased resources and the use of natural supports (Epstein, Nordness, Gallagher, Nelson, Lewis, & Schrepf, 2005). When comparing school-based wraparound to wraparound initiated and led by a mental health agency, Epstein et al. (2005) found that school-based wraparound was more likely to include participation from parents and teachers, incorporate educational objectives in the planning process, and use a more organized meeting process. In a similar study comparing 47 families served by school-based wraparound and 36 families served by community-based wraparound, Nordness (2005) found that school-based wraparound was more likely to include educational staff and discuss educational domains. This study also found that the school-based wraparound approach showed a higher level of interagency collaboration and a higher level of care coordination as measured by the Wraparound Observation Form – Second Version, a tool that measures adherence to the principles of the wraparound approach.

An additional benefit of the wraparound approach, not found in other community-based approaches, includes the role that it plays in the early intervention and prevention of behavioural challenges in children and youth, which may ultimately reduce the need for intensive wraparound support in the future (Eber et al., 2002). The availability of trained staff and the expectation of adherence to a structured meeting format with clear objectives, as outlined in the IEP process, may account for the enhanced collaboration that may occur in a school-based setting. Furthermore, the location of the school in the local community, as an accessible and familiar centre, also may enhance parents' willingness to engage in the wraparound process. The location of the school also may facilitate the involvement of natural, community-based supports (Eber et al., 2002).

#### Community Schools

While schools may have some organizational structures that support the implementation of the wraparound approach, they alone are insufficient to sustain the wraparound approach and meet the needs of children and youth with EBD and their families. It is unrealistic to expect schools in Manitoba to lead the wraparound approach and provide the kind of comprehensive and integrated support that may be required for children and youth with EBD, in the absence of fundamental changes in the way supports are provided. In Manitoba, this may mean re-envisioning the traditional model of schools and replacing it with the community school model. Embracing the paradigm shift from traditional schools to community schools (Dryfoos, 1995, 1998; Dryfoos & Maguire, 2002) might allow for the operationalization of the wraparound approach for children and youth with EBD and their families in Manitoba.

Community schools are consistent with the wraparound approach in that services are individualized, child- and family-centred, integrated across service providers, and available at the community level (Dryfoos, 1995, 1998; Dryfoos & Maguire, 2002). Given the evidence that children and youth with EBD and their families do not receive the services that they require, and when they do receive services, they are fragmented and uncoordinated (Reid & Brown, 2008; Stroul, 2002; Stroul & Friedman, 1986, 1994; Waddell et al., 2005), it stands to reason that integrating much needed supports in the context of a community school may be a viable option to ensure the receipt of support for children, youth, and their families (Hoagwood, Burns, Kiser, Ringeison, & Schoenwald, 2001).

#### **Outcomes of Community Schools**

Stakeholders have come to recognize that integrating an array of services in the context of a community school is an effective way to meet the needs of children, youth, families, and the surrounding community, and to improve outcomes (Dryfoos, 1998; Kirst, 1993; Krysiak, 2001). Grossman and Vang (2009) suggest the following:

The effects of integrated services in full-service schools can be multiplicative, rather than merely additive. By surrounding youth and their families with a constellation of activities and supports dedicated to improving students' well-being, integrated services in schools can improve not only the frequency and ease with which students use services but the nature of that use. (p. 7)

A review of 20 community schools in the United States found that students who attended community schools showed (a) improved grades, (b) improvements in personal and family situations, (c) reduced dropout rates, (d) reduced behaviour and discipline problems, and (d) decreased self-destructive behaviour (Blank, Melaville, & Shaw, 2003). In a similar study involving the review of 49 evaluations of community school initiatives, Dryfoos (2000) found that 36 out of the 49 schools

reported academic gains, 19 demonstrated improved attendance, 11 showed a decline in suspensions, 11 reported a reduction in substance abuse, 12 reported an increase in parental participation rates, and eight showed improved outcomes for individuals with complex needs who were receiving intensive services like mental health support. Through early and sustained contact with children, youth, and families, community schools also have been found to facilitate early intervention and the prevention of academic, social, emotional, and behavioural challenges (Flaherty, Weist, & Warner, 1996).

Epstein, Clark, Salina, Clark, and Sanders (1997) found that when schools established comprehensive partnerships with parents and the community, students' attendance and academic achievement improved. When schools make a significant effort to involve parents and build community partnerships, parents and community members have been found to make significant contributions to academic learning, extracurricular activities, and the cultural richness of the school setting (Brewster & Railsback, 2003). Outreach on the part of the school also has been found to have a positive impact on parental engagement, specifically, when teachers encourage parents to engage with the school; even when parents were described as being "hard to reach," it was found to increase parental participation (Epstein & Dauber, 1991; Dauber & Epstein, 1993).

Parents also have reported feeling empowered by opportunities to engage in partnerships with the school. Of note, the most efficacious partnerships were relationships that were described as reciprocal in nature, with the school supporting the needs of the family and community, and the family and community contributing their strengths to the school (Davies, 1996). Sanders and Harvey (2002) confirmed this finding and noted that partnerships with the school were the most collaborative when the school engaged in what they called "two-way" communication with potential partners about the nature and scope of their involvement. The quality of relationships is often dependent upon the level of social trust that has been established through respectful interactions (Henderson & Mapp, 2002; Payne & Kaba, 2001). Knowing the needs in the community and capitalizing on the strengths that exist within the community also have been found to lead to more sustainable improvements over time (Cicero & Barton, 2003; Dorfman, 1998).

It may be difficult to evaluate the outcomes of community schools in Canada as they vary significantly in the scope of services provided and in their stage of development. However, related research indicates that youth and their families are more likely to obtain mental health support in the context of a community school, as opposed to an off-site treatment facility (Weist, 1999), as accessing mental health support in a school may be much less stigmatizing than visiting a clinic setting (Harbin, McWilliam, & Gallagher, 2000). In addition to the reduction in stigma associated with receiving mental health support in a community school, there also are other benefits related to the increased accessibility of services in a community school, including proximity and the reduced costs associated with the need for transportation (Catron, Harris, & Weiss, 1998).

#### Overcoming Barriers to Interdisciplinary Collaboration

Combining the essential elements of the school-based wraparound approach in the context of a community school may provide the requisite conditions for a truly integrated model of support for children and youth with EBD and their families. The school-based wraparound approach and the community school model are both based on the premise that holistic support is the most effective and efficient way to meet the needs of children, youth, and families. The approaches are complementary, and if combined, they may improve the provision of support, and thus outcomes for children, youth, and families. In this regard, the school-based wraparound approach may provide (a) a designated lead organization, (b) a clearly articulated process to guide planning, (c) case management through the use of wraparound facilitators, and (d) a means by which to measure outcomes. Building on the structures and process in the wraparound approach, the community school (Dryfoos, 1995, 1998; Dryfoos & Maguire, 2002), as a centre of service provision, provides (a) formal structures that foster interdependence among service providers, (b) opportunities to blend funding and de-categorize support, (c) a single point of entry to receive services and enhanced information sharing, and (d) opportunities to overcome discipline-based decision making through transdisciplinary teaming. Together, the benefits of the school-based wraparound approach in the context of a community school might serve to meet the needs of children and youth with EBD and their families.

#### METHODS: THE DESIGN OF THE STUDY

#### Research Approach and Foundations

The purpose of this study was to obtain the perspectives of parents, teachers, principals, community school connectors, and partnering service providers about the characteristics of community schools that support collaboration and the integration of services that support children and youth with EBD and their families. It also explored the practices in a community school that reflected the guiding principles of the wraparound approach that have been found to be effective in improving outcomes for students with EBD and their families. Ultimately, through a review of the literature and an exploration of characteristics of community schools that foster collaboration, it identifies the elements of community schools that promote collaboration as well as the obstacles that may exist.

A qualitative, multi-case study was conducted to give participants who were directly involved in supporting children and youth with EBD in community schools an opportunity to tell their stories. According to Merriam (1998) one of the goals of qualitative research is to "reflect the participant's perspective" (p. 116). The phrase "giving voice" is associated with qualitative research and refers to empowering people who may not have had an opportunity to tell their stories, to share their insights, and ultimately to promote social change (Bogdan & Biklen, 2003).

It is important to obtain the perspectives of the individuals involved in supporting children and youth with EBD in a community school because their first-hand experiences supporting this population may provide evidence of its strengths and weaknesses and may provide suggestions to improve future practice.

#### Selection of Participants

Purposeful sampling was used to identify five school divisions in the city of Winnipeg and within a three-hour driving distance from the city limits that had designated community schools according to the Community Schools Program in Manitoba. To participate in this study, the community school needed to approximate the following criteria: (a) have a designation as a community school for a minimum of five years by the Community Schools Program, (b) have a community school council or an inclusive group of decision makers to lead, monitor, and evaluate the operations of the community school, (c) have a community school plan with a focus on learning, integrated services, parent and community partnerships, and community development as outlined in *Community Schools: A Support Document for Partners in the Community Schools Partnership Initiative* (Manitoba Education, Citizenship and Youth, 2006c), and (d) support students who are identified as severely to profoundly behaviourally disordered or Level 3 EBD according to Manitoba Education's funding criteria (Manitoba Education, 2012b). From the

five school divisions that were contacted, three school divisions were selected to participate in the research based on the order in which they responded to the request.

#### Research Process

The data collection and the interpretation of the data occurred in three phases. The initial phase involved obtaining informed consent from the superintendents of the identified school divisions, as well as the school principals, key personnel, and parents. This phase also included reviewing pertinent support documents in Manitoba, such as Community Schools: A Support Document for Partners in the Community School Partnership Initiative (Manitoba Education, Citizenship and Youth, 2006c) and the Community School Partnership Initiative brochure (Manitoba Education, Citizenship and Youth, 2006b), and the provincial legislation related to community schools included in *The Community Schools Act* (Manitoba, 2013). Community school plans, websites of the identified schools and school divisions, as well as community newsletters from the schools and partnering service providers were also reviewed to gather information about the student population, faculty size, and the grade structure of each of the community schools. These sources also were used to identify the operational characteristics of the community school including its governance structure, the services provided, the partnerships that existed, and the funding sources. Publically available information including Statistics Canada data was also reviewed to learn about each community's demographic profile including its history, socio-economic needs, and cultural composition. In addition, the studentspecific planning documents that were used by each of the identified community schools, including the individualized education planning templates and behaviour intervention planning templates, were reviewed to gather information about how each school plans for students with emotional and behavioural challenges. A close review of this documentation helped to guide the interview process and contextualize the information provided.

The second phase of the research process involved conducting in-depth semi-structured interviews with the principal, key school personnel, parents/guardians, and partnering service providers in each of the three community schools that were identified. The findings from each community school were summarized in a case study format by providing what Merriam (1998) refers to as a "thick description" of each case (p. 29). Using the transcribed interviews from each participant, patterns of experience were identified from direct quotes that indicated common ideas and experiences. After an aggregate overview of all three cases, the information gleaned from the participants' interviews was codified and organized the according to the themes and the categories that had emerged within the data.

#### CASE 1: THE SCHOOL WITHOUT WALLS

#### Description of the Case

The community school in Case 1 will be referred to as "The School without Walls" because the community school in this case is an open system that has become an extension of the community in which it is located.

The School without Walls actively invites community participation and fosters partnerships with other service providers so as to remove the walls or barriers that may exist for its students and families in order to provide much needed resources and supports.

The School without Walls is a Kindergarten to Grade 8 school located in an urban setting, and it has a student population of approximately 160 students. This community school is located in a school division that has a student population of over 10 000 students. The population of the school division is diverse and has both an urban and suburban component.

#### Student and Community Demographics

The School without Walls is located in one of the lowest income suburban neighbourhoods in the local urban area. A majority of the students come from loneparent households and approximately 50% of the students have self-identified as Indigenous. There also is an emergent newcomer population in this community. The median income of the residents is comparable to that found in the inner city. Over half of the children under the age of 6 reside in what are considered to be low income households (Statistics Canada, 2007). According to Statistics Canada (2007) if more than 30% of household income is used to pay rent, the cost of housing is considered unaffordable and in this community rent costs typically exceed 30% of the family income. Since rental costs in this community are higher than the inner city, yet incomes remain the same, the higher cost of rent impacts food budgets. As a result, there are several food banks in the local area that are accessed regularly by many of the families in this community. This community is adjacent to middle and upper class neighbourhoods. However, this community is somewhat hidden in that it is not visible from the main traffic thoroughfare. An individual could travel down the main artery in this suburban area and never know that this pocket of low income housing exists.

The lack of visibility of this community also may have contributed to its struggle to obtain much needed resources. The phrase "out of sight, out of mind" captures why communities like this may not have had the level of advocacy from the local community that they may require.

#### Programming

At the School without Walls there is a broad range of programming that is provided to meet the needs of children, youth, families, and the community. There are educational programs, early childhood development initiatives, parenting and family support, a broad range of sports and recreational programs, as well as cultural activities. A significant amount of the programming that is provided for school-aged students is provided after school hours. Most of the early childhood, parenting, and family support is provided during the school day and involves a partnership between the school, the family centre, and the local community resource centre that is located in a housing complex near the school.

#### Organization and Governance Structure

The School without Walls has been designated as a community school as part of the Community Schools Program for over five years. The Kindergarten to Grade 8 school has multi-age grade configurations at almost all grade levels. The Kindergarten programming that is offered is a half-day program. The school day starts at approximately 9:00 a.m. and ends at 3:30 p.m. with a one-hour break for lunch. The administrative structure of the community school consists of a principal and vice-principal who lead a staff of approximately 35 professionals, paraprofessionals, and support staff. There is a parent council at the community school but it has been difficult to sustain a base of active parent involvement, and therefore the role of the parent council has been somewhat limited.

There also is an on-site family centre in the community school with a coordinator and an assistant coordinator who focus on providing early childhood education and parenting support. There is a community school connector employed by the community school who supports the needs of the students, families, and the community by facilitating much of the programming that is provided.

#### Summary of Case 1

At the School without Walls the overarching commitment of all of the stakeholders involved in the community school to meet the needs of the children, youth, families, and community was repeatedly conveyed by all of the participants and was described as contributing to the collaborative culture of the school. The principal's description of the School without Walls as the first line of support for the community also resonated throughout the participant interviews. The relative isolation of this community and the close proximity of the school to the community in need had made the school a logical location for the integration and provision of a broad range of supports. The principal was described not only as the leader of the multi-disciplinary support that was provided but also as playing a case management and advocacy role for children, youth, and families in need.

The idea that there was no need too great and no behaviour too extreme for the school to deal with exemplified the level of commitment that existed within this setting. The principal's description of how he was strategic in his hiring practices and strategic in building partnerships with outside service providers who shared a similar mindset also had helped the School without Walls to remain true to its mission of providing holistic support. The principal's passion for sport also had helped to guide much of the community school programming that was provided at the School without Walls. While the relationships with the direct service providers and the recipients of support were described as being very strong in this setting, it appeared that the principal may have had a disproportionate level of responsibility in ensuring that the community school and its partners worked collaboratively to maintain and expand the level of support that was provided. Stress over insufficient funding to meet the needs of the community also was described as a concern by some stakeholders. Additionally, supporting the development of communitybased leadership was described as an ongoing challenge in this setting and a long-term goal that needed to be addressed in order to support the sustainability of the community school initiatives. Overall, the School without Walls, through its strong school-based leadership, broad-based support, skilled service providers, and commitment to meeting the needs of the population it served, possessed many of the essential conditions that may support the implementation of the wraparound approach as an individualized planning model.

#### CASE 2: THE VILLAGE WITH A VISION

#### Description of the Case

The community school in Case 2 will be referred to as "The Village with a Vision" because this community was once an independent village before it was absorbed by the surrounding urban area. In spite of being absorbed by the surrounding urban area, the community is referred to as a village since it has retained some of its small-town feeling given its relative isolation within the city. It is described as having a vision because the community school and its local community partners focus on cyclical planning using the Planning Alternative Tomorrows with Hope [PATH] model to identify their collective vision and proactively plan to meet the needs of the community (Pearpoint, O'Brien, & Forest, 1993). The principal described the Village with a Vision as always being able to "dream big," in spite of the obstacles that they faced.

The Village with a Vision is a Kindergarten to Grade 5 school located in an urban setting. It has a student population of approximately 150 students and a staff of approximately 30 professionals, paraprofessionals, and support staff. This community school is located in a school division that has a student population of approximately 10 000 students and approximately 30 schools. The population of the school division is diverse and has an urban, suburban, and rural component.

#### Student and Community Demographics

The Village with a Vision is located in the inner city and is surrounded by a largely industrial area that includes trucking businesses, factories, and rail yards. Approximately 50% of the students who attend the Village with a Vision have self-identified as Indigenous and approximately 30% of the students are newcomers. The community is considered a low income neighbourhood in that out of 178 neighbourhoods surveyed in the local urban area it is ranked 135th in terms of overall household income. This community also has the third highest proportion of lone-parent households in the local urban area. Compared to other communities, it also has a higher than average percentage of senior citizens with some of the residents being the fifth generation to reside in the local area. The community has suffered the loss of several community resources due to its changing demographics as some of the younger generation has moved out of the local community. For example, a significant loss in the community involved the closing of the local recreation centre and the feeling that this community unlike other high-risk neighbourhoods had been overlooked when municipal funding was allocated.

The community also is described as a somewhat disconnected neighbourhood, in part given its geographical isolation on the periphery of a major urban centre. Due to the fact that there are large areas of land devoted to industry, the local neighbourhoods in this region are physically divided, and therefore there is a lack of population density, which has posed a challenge to the provision of services. Navigating the community on foot is difficult given that there are few sidewalks. Residents also report that concerns for personal safety prevent them from walking within the community. Even if an individual was to walk within the community, there are few services locally available. For instance, there are no full-service grocery stores within walking distance and therefore access to affordable, healthy food is limited. The closest full-service grocery store is 3.5 kilometres away. There is one local convenience store that sells basic necessities where many families without access to transportation shop; however, the cost of these necessities is much higher than average. In addition, many residents do not have access to a vehicle, which makes obtaining services even more challenging. Public transportation in this area is extremely time-consuming due to indirect bus routes and longer than average wait times.

#### Organization and Governance Structure

The Village with a Vision has been designated as a community school as part of the Community Schools Program for over five years. This Kindergarten to Grade 5 school has multi-age grade configurations at almost all grade levels, and the Kindergarten programming offered is a full-day program. The school day starts at approximately 9:00 a.m and ends at 3:30 p.m. with a one-hour break for lunch. The administrative structure consists of a full-time principal who leads a staff of approximately 30 professionals, paraprofessionals, and support staff. There also is a parent advisory group rather than a parent council, which is an informal group that advises the school on issues but does not have the administrative responsibilities of a formal organization like a parent council.

There is also an on-site family room in the community school where programming is led by the community school connectors and other partnering service providers like the local community resource centre. There are two part-time community school connectors who facilitate the programming that is provided by the community school.

#### Summary of Case 2

At the Village with a Vision, a collaborative culture had been built by honouring all voices and including multiple perspectives in the actions of the community school. For several years the principal of the Village with a Vision had used the PATH process to bring together multiple stakeholders in the development of a collective vision for the community school. The shared vision of the community school included becoming a hub in the community where children, youth, families, and the community not only gathered, but also where they could access a broad range of services and supports. The Village with a Vision's relative isolation from much needed services and the centrality of the community school had made it a vital link in the provision of support. The principal of the Village with a Vision and the staff, as well as its community partners, embraced the idea of expanding the role of the community school and broadening the scope of support provided, and worked tirelessly toward the achievement of that goal. Collaboration also had been fostered by building trusting relationships with the children, youth, families, and the community to be served.

In this regard, the longevity of the principal in his role and the longevity of a core group of teachers and the community school connector were described as contributing to the trust that existed within the community and to the ability of the community school to provide support across multiple life domains. Of note, the extensive array of partnerships that existed included but were not limited to the provision of mental health support on site within the school setting. At the Village with a Vision, there were several instances in which the community school and its partners collectively developed highly individualized plans of support for students with complex needs. The use of the PATH process also had helped to guide the assessment of the progress of the community school toward the achievement of its stated objectives. Monitoring students' academic and social-emotional growth had enabled the Village with a Vision to continually be responsive to the presenting needs. Embedded in all aspects of the community school programming was its focus on literacy development that appeared to be largely due to the commitment of the school principal toward building a more literate community. Stress over insufficient funding and the need for greater community-based leadership were ongoing challenges faced by the Village with a Vision that they continue to work toward overcoming in the future.

In summary, the Village with a Vision demonstrated a commitment to meeting the needs of children, youth, families, and the community in a holistic way. By building collaborative partnerships, it had been able to tailor its support to address broader community needs as well as the unique needs of individuals. The Village with a Vision may serve as an effective host environment for the implementation of the wraparound approach as many of its practices and current models of support provision involved "wrapping" supports around the population that it served across multiple life domains.

#### CASE 3: THE HUB OF HOPE

#### Description of the Case

The community school in Case 3 will be referred to as "The Hub of Hope" because the school acts like a hub in that it is centrally located in a rural area and serves a number of small, surrounding communities. It is described as the Hub of Hope because the community has experienced a steadily declining population, the loss of employment opportunities, and a high rate of poverty. In spite of these challenges, the community school has helped to create a sense of optimism within what some might call a "dying" community.

The Hub of Hope is a Kindergarten to Grade 12 school located in a rural setting. This community school has a student population of approximately 140 students and a staff of approximately 25 professional, paraprofessional, and support staff. This community school is located in a school division that has a student population of approximately 1000 students in less than 10 schools. The population of the school division is entirely rural, and it supports many small, diverse communities in the region.

#### Student and Community Demographics

The Hub of Hope is located in a community that was settled in the 1860s by individuals of Métis and Eastern European descent and at that time it served as a Hudson's Bay Company trading post. The community grew with the development of the Canadian Pacific Railroad; however, in the 1960s rail service was not extended beyond the local community, and since that time the population has steadily declined. Comparing the 1986 census data with the 2011 census data reveals that the population of the local community has declined by almost 30% over the past 25 years. Many of the residents in the community are farmers and commercial fisherman and their work is seasonal. There have been some local mining operations established in the area; however, the introduction of some limited industry has not prevented the steady decline of the population and the high rate of unemployment. The community also has a significant number of foster homes that have created a supplemental income source for some families.

Approximately 85% of the students who attend the Hub of Hope have self-identified as Indigenous. Approximately 60% of the students also are in the care of a child welfare agency or in some form of extended care with relatives. Given that there are many students in care, the student population is highly transient. In any given school year, the student enrolment can fluctuate by approximately 15% as new students move into or out of foster placements in one of the local communities. Another factor that contributes to fluctuations in enrolment is that some students have a pattern of moving back and forth between the community being studied and two neighbouring First Nations communities.

Due to the steadily declining population, two other schools in neighbouring communities have closed. Given the closure of these neighbouring schools, some students spend over one hour travelling each way to and from school on the school bus as they reside in one of the neighbouring communities that has experienced a school closure. As the local community continues to experience out migration, class sizes also have steadily declined, and therefore class configurations change each year and are usually multi-age. Despite the fact that enrolment is declining, the school continues to require separate spaces to accommodate the unique programming needs of its Early, Middle, and Senior Years students who are all housed in the same building. For instance, there are no separate spaces like a cafeteria or multi-purpose room to accommodate the needs of the high school students, and therefore the high school students must share space with the younger students.

The Hub of Hope has had a relatively stable teaching staff and support staff for the past five years. However, the leadership of the school has experienced a high turnover rate. In the past year, the school has had three different principals. While the teaching staff has remained relatively stable, most of the teaching staff do not live in the local community or even in one of the neighbouring communities. Many of the teachers live at least a one hour to one and a half hours away in a larger centre and commute to work each day. While most of the teachers live a significant distance from the school, the community school connector, the educational assistants, and the support staff at the school reside in the local area.

The resources in this community are extremely limited and include a community centre with a skating rink, a church, a museum that is open one day per week, a clinic that is staffed by a licensed practical nurse, a small general store that sells only basic necessities, and a restaurant. There are essentially two main roads in the community, one road where the school, recreation centre, and museum are located and the other where the restaurant, general store, and clinic are located. There are few homes in the immediate vicinity of the school as most residents live outside of the town proper.

The local community does not have essential services like a gas station or a major grocery store. The closest gas station is approximately 45 minutes away and the closest major grocery store is over one hour away. Many of the residents in this community do not have access to a reliable vehicle, which contributes to feelings of isolation and limits access to affordable food. Another major factor contributing to the residents' feelings of isolation in this community is the fact that there is no cellular phone service available within a 10-kilometre radius of the community school. In interviewing the community school connector, she described the local area as a "dead space," in that an individual needs to drive approximately 10 kilometres outside of the local community in order to receive a cellular phone signal. In addition to not having cellular phone service in the local area, many of the residents do not have home telephones, and so communication can be very challenging.

### Organization and Governance Structure

The Hub of Hope has been designated as a community school as part of the Community School Program for over five years. The Kindergarten to Grade 12 school has multi-age grade configurations at almost all levels. The Kindergarten programming is a full-day program offered every day. The school day starts at approximately 9:00 a.m. and ends at 3:30 p.m. with a one-hour break for lunch. Almost all of the students stay at school for lunch due to the fact that most of the students live a significant distance from the school and are transported by bus.

The administrative structure of the school consists of a principal and parttime acting principal who also teaches some core high school subject areas. The administrative team leads a staff of approximately 25 professionals, paraprofessionals, and support staff. There is an active parent advisory council that supports the operation of the community school.

The parent advisory council meets monthly and is involved in making decisions about the programming that is provided at the community school. Many of the members of the parent advisory council are on several committees in the school and not only lead fundraising events, but also volunteer their time to ensure the successful operation of the community school. There is also a designated family room at the community school where some of the community school's programming is provided. There is a full-time community school connector who facilitates the programming that is provided by the community school.

## Summary of Case 3

The Hub of Hope had built a collaborative culture largely by capitalizing on the commitment of its local residents to ensure that the community school was a welcoming and accepting place where all residents might be able to receive support. All of the participants described the community's dependence upon the community school and the major role it played in binding the community together and also in ensuring the well-being of its residents. Given the school closures in surrounding communities, the exit of industry, and the declining population, there was a sense that the Hub of Hope might be the only place where people could go to feel a sense of community. Given frequent changes in school leadership and the fact that most of the teachers lived outside of the local community, the role of the community school connector in building a collaborative culture and providing a broad range of support had become essential. Not only did the community school connector guide the determination of the programming that was provided by the community school, but she also played a significant role in helping to access highly individualized support for students and families. In addition, the community school relied heavily upon the educational assistants and other local volunteers to ensure the community school was able to offer a range of programming and remain open during the evening. A lack of access to transportation and the fact the surrounding community was geographically dispersed was described as a significant obstacle to ensuring

that the community school was accessible to all residents. The limited availability of trained professionals like social workers and psychologists to address the presenting needs within the community also had proven to be a significant obstacle to the receipt of support. It also had meant that individuals like the community school connector were sometimes charged with providing support outside of the scope of their education and training.

The provision of specialized training for individuals like the community school connector and other local residents like educational assistants might serve to enhance the nature and scope of programming provided in more remote community schools. Most of the stakeholders at the Hub of Hope were described as committed to supporting children, youth, families, and the community across multiple life domains. Their commitment together with the central role that the community school plays in this community might enable the provision of the wraparound approach. Through additional training and the support of a practice model as outlined in the wraparound approach, the Hub of Hope might be able to mitigate some of the current challenges associated with supporting individuals with complex needs.

## SUMMARY OF THE DATA

An aggregate overview of all three cases reveals that several core themes emerged across the cases. The core themes include (1) the critical role of the school principal in a community school, (2) the essential role of the community school connector, (3) the mindset of staff, (4) capacity building within the community, (5) the factors that contribute to collaboration, (6) a continuum of behavioural support, (7) perspectives about resources, and (8) how community school programming is determined and its impact. The categories that emerged within each theme also are identified. Both the themes and categories are summarized below in Table 1.

| Table 1 Themes and Categories across the Cases                   |   |  |
|--|---|--|
| Theme  | Category  |  |
| Critical role of the school principal in a community school      | <ul> <li>Articulating a shared vision</li> <li>Redefining the role of the principal</li> <li>Alignment of all stakeholders</li> </ul>                                 |  |
| 2. Essential role of the community school connector              | <ul><li>Role clarity</li><li>Flexibility</li><li>Professional learning and training</li></ul>   |  |
| 3. Mindset of staff  | <ul><li>Shared beliefs</li><li>Flexibility</li><li>Choosing to work in a community school</li></ul>   |  |
| 4. Capacity building within the community                        | <ul><li>Self-advocacy</li><li>Community-based leadership</li></ul>  |  |
| 5. Factors that contribute to collaboration                      | <ul> <li>Open and regular communication</li> <li>Longevity in one's role</li> <li>Shared decision making</li> </ul>   |  |
| 6. Continuum of behavioural support                              | <ul><li>Acceptance</li><li>Inclusive practice</li><li>Case management</li></ul>   |  |
| 7. Perspectives about resources                                  | <ul> <li>The need for multiple funding sources</li> <li>The bureaucratic nature of funding</li> <li>Sharing resources</li> <li>Stress related to resources</li> </ul> |  |
| 8. How community school programming is determined and its impact | <ul><li>Focus of programming</li><li>Outcomes of support</li></ul>  |  |

## SUMMARY OF THE THEMES ACROSS THE CASES

# Theme 1: Critical Role of the School Principal in a Community School

All participants described the principal as the "leader" of the community school and saw the principal's role in articulating a shared vision to the school staff, students, community members, and community partners, and then translating the vision into action as central. All of the participants also thought that the role of the principal in a community school was multi-faceted and that it no longer matched what could be described as the "traditional" role of a school principal. They described how the principal was charged with not only leading the school, but also with building partnerships with multiple stakeholders. The role of the school principal also was described as extending beyond the school itself to include the added responsibility of not just building partnerships with multiple stakeholders, but also ensuring that the partnerships that were formed outside of the school contributed to and aligned with the vision of the community school.

## Theme 2: Essential Role of the Community School Connector

The community school connectors also were described as essential to the daily operation of the community schools given that the community school connectors were responsible for the provision of several highly valued programs, as well as for providing individualized support to students and families. However, the role of the community school connector was not specifically defined, and it was described as being driven by the needs of the students and the community, as well by the skill set of the individual in the role. In addition, there were several benefits associated with the community school connector residing in the local area of the community schools. The need to be flexible was further described as a requirement of the role of a community school connector given that the role was not specifically defined and also due to the fact that the work schedule needed to be flexible and responsive to the presenting needs of the students and the community. This flexibility involved working during the school day as well as during the evening. It also involved working extended hours beyond what the community school connectors had been hired to work. The community school connector often was not a part of the professional learning opportunities that were afforded to other school staff given that they usually used their excess work time by taking professional development days off of work. The need for increased opportunities for professional learning, given the scope of the responsibilities of a community school connector, and whether or not a community school connector should have more clearly defined prerequisite skills also were discussed.

#### Theme 3: Mindset of Staff

All of the participants explained that in order to work in a community school the staff needed to believe that it was their collective responsibility to educate the whole child. The staff at the community schools also were described as needing to be flexible and not bound by a specific idea about how a school should operate or what their role as teachers, educational assistants, and support staff should be. Specifically, teachers were described as needing to be flexible about the nature and level of support that they provided, including being committed to providing a significant amount of support to students and the community outside of school hours. In one case, there were varying levels of teacher involvement, which meant that the support staff, including the community school connector, educational assistants, and community volunteers, were described as having to take on greater responsibilities in the provision of support. The range of needs of the students and families at community schools were described as significantly broad, and to address these needs in a comprehensive and caring way required a significant commitment on the part of all staff. Some of the participants said that the transfer or placement of a teacher whose beliefs did not align with the philosophy of the community school in a community school would be detrimental to the students and families that they serve.

## Theme 4: Building Capacity within the Community

Several of the interventions that were being provided by the community schools were intended to empower parents and increase feelings of self-esteem and self-confidence. However, most of the participants described that they had seen modest growth in this area and recognized that it would require a significant investment of time and support in order to see significant, sustainable changes over time. The community schools also had tried to foster leadership within the parent community through the organization of parent councils; however, most of the participants described some form of conflict in the parent organizations in their respective communities. In several instances these conflicts had led to the breakdown of the organization.

#### Theme 5: Factors that Contribute to Collaboration

Open and regular communication was described as essential for the community schools to operate successfully. All of the participants talked about the need to have regularly scheduled meetings to discuss the needs of the students and of the community, as well as opportunities for informal communication in order to plan and implement support in a collaborative manner. All of the participants also described how longevity of their respective roles had led to the development of trusting relationships that they described as contributing to effective collaboration.

All of the participants expressed a willingness to bring ideas forward and express their opinions because they felt valued and respected by the other stakeholders involved in the community school.

# Theme 6: Continuum of Behavioural Support

The acceptance of students with emotional and behavioural challenges seemed to be a part of the culture of the community schools. However, there were varying degrees of acceptance and disparate views about how behavioural challenges should be addressed. In addition to creating a culture of acceptance for all students and families, the participants described how the students, regardless of their level of need, were included in all aspects of the community school. All of the participants described how the community school used a team approach when addressing the needs of students and families. In cases where students and families presented with intensive needs, the principal as well as the community school connector were described as taking on a case management function to support students and their families.

## Theme 7: Perspectives about Resources

The funding that the community schools received as a part of the Community Schools Program was described as insufficient to support the range of programming and services that the community schools wanted to provide; therefore, additional funding needed to be obtained from other sources. The task of obtaining additional funding involved the principal and the community school connector seeking out additional funders to support the initiatives at the community school. In addition to the Community School Program's funding being limited, accessing the funding also was described as a complicated, bureaucratic process. Most of the participants talked about the sharing of capital resources, including the shared use of spaces like the school's gym, the school's community kitchen, or materials and equipment among the stakeholders involved in the community schools. The partnering service providers were funded by separate sources and therefore the sharing of resources that occurred often was the result of the personal initiative of the participants in the community school. Most of the stress related to funding dollars was related to concerns about obtaining funding through grant applications, and the uncertainty over whether or not current funding sources would continue in the future, as well as a lack of access to skilled professionals to provide much needed support.

MERN Monograph Series ■ 29

# Theme 8: How Community School Programming Is Determined and Its Impact

The principal's personal beliefs, the initiative of the community school connector, and the local availability of resources seemed to determine the nature of the support that was provided at the community schools. All of the participants in the study talked about their personal belief in the positive impact that the community schools were having on students, families, and the community. They also provided examples of individual students who, in their opinion, had benefited from the support that they had received. Most of the participants also described some measures that were being used to varying degrees to assess the impact of the support that was being provided, including tracking academic achievement, behavioural growth, and the attendance of students. It also included monitoring the attendance of parents and community members at events and sometimes obtaining feedback from the participants about the support provided.

## Summary

All three of the community schools in this study were described as having a positive impact in their respective communities. The leadership of the principal and the community school connector were described as essential in determining both the nature and scope of programming provided. Additionally, the partnerships that were forged with support providers outside of the community school also were largely the result of outreach performed by the school principal. While the community schools in this study made an effort to provide support that was responsive to the needs of the children, youth, families, and the communities that they serve, the determination of this support varied and the formal measurement of its impact in some instances was not firmly established.

All of the community schools in this study also provided a continuum of behaviour support and used individualized educational plans and behaviour intervention plans as frameworks to guide the provision of support. However, the role of the stakeholders in the provision of support was again largely guided by the school principal, and as such may have benefited from more formal structures at the system level to help bridge the interagency partnerships that existed in these instances.

### CROSS-CASE ANALYSIS

A further analysis of the data obtained from the participants through the interview process explored variations in the participants' perspectives relative to the eight themes that were identified.

# Theme 1: Critical Role of the School Principal in a Community School

All of the participants across the cases felt that the leadership of the school principal was invaluable in a community school. The participants described how the principal needed to articulate a shared vision, participate in multiple aspects of the community school programming, and guide the alignment of all stakeholders in the community school. While there was agreement on these points, the most significant variation in this theme was not whether the principal was regarded as the leader, but rather the degree to which the principal actively led the community school programming. In two out of the three cases the principals had been the leaders of their respective community schools for five or more years, and in those cases the principals were described as actively taking on the leadership of the community school. There were multiple examples of their leadership in all aspects of the community school, and they confidently articulated their vision and spearheaded many of the initiatives and partnerships at the school. In both of these cases all of the participants who worked with the principals talked about how they relied on the direction of the principal to guide them in their respective roles in supporting the community school.

However, in one case the principal had recently been hired at the community school and was described as having been the third administrator of the school during a one-year period. In this case the principal described his role as focused on learning about the school and maintaining the goals and objectives from the previous year. While there was an acting principal who played an administrative role at the school, it appeared as though the community school connector at this school had a much larger role relative to the community school connectors in the other two cases, and also served in a leadership capacity relative to operation of the community school. There did not appear to be any training for the new administrator of the school about the expectations and responsibilities of being a leader in a community school, which may have served to assist the principal in taking on what was described as a much broader role than might typically be expected of a principal in another setting. In light of the expectations of a school administrator in a community school to take on not just the leadership of the school, but also an active role in community development and in the development of community partnerships, it may be beneficial for the educational training of school administrators to address the unique aspects of a community school that may not exist in other settings. The idea of formal transition planning when there is a change in the leadership of the

community beyond the community school connector might also help to ensure that progress toward the achievement of the community school's objectives are not adversely affected when a new administrative leader takes over.

## Theme 2: Essential Role of the Community School Connector

Most of the community school connectors described a desire to have opportunities to participate in professional development to assist them in providing support to children, youth, and families in the community school. However, some of the participants differed in their perspectives about the prerequisite skills that a community school connector should possess to be hired in that role. In this regard, the principal of one of the urban schools felt that the community school connector should have post-secondary educational training that would help to further the objectives of the community school. For instance, in one of the urban community schools, the community school connector had a Bachelor of Science degree in Community Health, and it was felt that this educational training had enhanced the provision of support in the community school. However, in the other urban community school, the principal felt that a high school education was sufficient education to fulfill the responsibilities of the role and that further post-secondary education might interfere with the community school connector's ability to relate to and be accepted by the community being served. In the rural community school, the community school connector shared that she personally wanted to obtain post-secondary education in counselling in order to better meet the needs of the community. The principal of the rural school knew that it would not be realistic in a remote setting to make a post-secondary education a requirement of being a community school connector due to the challenges with obtaining skilled personnel of any kind.

The differences in opinions among the two urban administrators may be due in part to the fact that the community school connector's role was meant to be responsive to the unique needs of the community, and as such, it stands to reason that the roles and the requirements may differ across settings. However, in all cases the roles of the community school connector and the responsibilities that were required of the positions were vague. The lack of specificity about the core competencies of the role may have contributed to the differing opinions across settings about the level of education a community school connector required. If the actual responsibilities of a community school connector were detailed in their respective settings, it might reveal the specific education and training that may be required of the position and further guide the determination of a professional development plan for the community school connector or influence the hiring of community school connectors in the future.

#### Theme 3: Mindset of Staff

In the two urban community schools, the discussion about the need for staff to have a shared belief about the need to educate the whole child and also to display a high degree of flexibility in their role focused on the teaching staff. In these two schools, the teaching staff were described as highly committed to the community school model and were directly involved in the provision of support outside of the school day. However, in the rural community school, most of the participants emphasized the role that the support staff and community volunteers played in contributing to what could be described as community school programming. In this rural community school, the staff, including educational assistants, the community school connector, and volunteers from the community, were described as the individuals who primarily supported the provision of the community school programming that occurred outside of school hours. The level of support for the provision of community school programming on the part of the teachers seemed to be related to the fact that most of the teachers did not live in the local area, while the support staff at the school were all local residents.

Due to the fact that the teachers had to commute a significant distance, some of the participants in this case questioned the commitment of the teaching staff to the community school model of extending the school day and providing more holistic support. This observation leads to the question, "What should the role of teachers be in a community school?" In rural settings, it may be beneficial to clearly delineate the role of teachers in a community school and to require a commitment on the part of the teaching staff to actively engage in community school programming as opposed to allowing the leadership of extracurricular activities to be completely voluntary.

# Theme 4: Capacity Building within the Community

All of the community schools were described as engaging in the process of community development. In the two urban community schools, it had been very difficult to establish a parent council given that it had been challenging to find a group of parents who were willing and able to take on a leadership role. The ability of the local community in these settings to lead an organization like a parent council was described as a long-term goal in that the parent community required ongoing support in the development of leadership skills. In contrast, in the rural setting, it had not been difficult to identify a core group of individuals to establish and lead a parent council. In this setting, there were a number of highly committed individuals who were identified as taking on a very active leadership role of this organization. Although there was core group of individuals in the rural setting who were committed to the leadership of the parent council, the parent council was described as not being representative of the entire community. In spite of the differences among the community schools in their ability to establish a parent council, there was one common theme that emerged related to the theme of community-based

leadership. It appeared as though all of the parent councils in the community schools had some form of conflictual relationships either within the council itself or with other stakeholders at the school level. Since establishing community-based leadership was described as essential to the success of the community school by all of the participants, it appeared evident that the parent councils may require direct support and ongoing guidance in the leadership of an organization like a parent council.

In many instances the school principal in the community schools had taken on the added responsibility of supporting the parent council in developing as an organization; however, this may have been perceived as a conflict of interest given that some of the tensions that developed within the parent councils were at times directed toward the principal of the school. In this regard, the provision of support from an organization other than the school principal to help the parent councils to organize and lead might prove to be a worthwhile investment in community development. There may be a role for the Community Schools Program and other partnering service providers to support the development of community-based leadership through the provision of professional learning opportunities and/or the establishment of mentors or coaches to support the empowerment of parent councils in community schools. Support of community-based leadership through a strong parent council may lead to the greater sustainability of change at the community level, as the local residents who have a personal stake in the betterment of their community will have obtained the necessary skills to lead an organization like a parent council in a community school. When professionals or other service providers leave their respective roles or when specific agencies no longer exist, the establishment of a core group of leaders within the local community may serve to insulate the community school from these kinds of external changes over which they may have no control.

#### Theme 5: Factors that Contribute to Collaboration

All of the participants across the cases described that there was an overall spirit of collaboration within the community school and with partnering service providers. In the two urban community schools, while there were challenges associated with encouraging the community to enter the school, the students were not bused to school, and families, except in times of inclement weather, were able to walk to the community school. The relatively short distance of the community school from the homes of the students, families, and community members that it served had enabled some families to have regular face-to-face contact with the staff at the community schools and thus begin to build relationships and foster an increased willingness to collaborate with one another.

However, in the rural community school where almost all of the students were bused to school, some over an hour each way, and the families lacked access to reliable transportation and cellular phone coverage, it had proven to be a significant challenge to have open and regular communication with families and community members, which was described as being detrimental to collaboration. Of particular note, a lack of access to transportation was identified as the primary limiting factor that was preventing students, families, and community members from having contact with the staff at the community school and from participating in the life of the community school.

In the two urban settings, a walking school bus had been implemented, which had provided further opportunities for face-to-face contact with students, families, and community members. In addition to improving students' attendance, the regular face-to-face contact provided by the walking school bus was described as being an effective form of outreach in building relationships with the community.

The lack of access to transportation in the rural community school was described as such a significant obstacle to the development of relationships within the community and in promoting participation in the activities of the community school that it may require a specific and targeted response. In this regard, one of the participants described how, several years prior, a former principal had operated a school bus after school hours so that students could stay to participate in after-school activities. The participant said that the school bus drivers in the community take the buses home when they are not in use so they are idle during much of the school day as well as during the evening. It was not clear why this kind of support was disbanded, but it appeared as though exploring options to use existing resources like the school buses during alternative times of the school day to not only pick up students but also community members to participate in the community school activities may be a worthwhile investment of time and resources.

# Theme 6: Continuum of Behavioural Support

All of the participants across the cases described the value of using a team approach when supporting students with emotional and behavioural challenges. However, the level of acceptance and the use of what might be described as inclusive practices varied in one of the community school settings.

In the two urban community schools, the participants explained that all staff had a shared belief system that included the unconditional acceptance of all students regardless of their emotional and behavioural needs. The range of behavioural supports provided for students in both of these settings was clearly articulated and there was an awareness among the staff of the whole school's expectations related to behaviour. The shared beliefs at these community schools espoused the unconditional acceptance of all students, and also included an emphasis on avoiding the use of suspension as a means of responding to students' behaviour. In both of the urban settings, suspension was described as a last resort and as an approach

MERN Monograph Series ■ **35** 

that was not typically used. Both of the urban school principals described some initial resistance from a small segment of the teaching staff to this unconditional acceptance, but they explained that the initial resistance had been overcome and that the staff now shared the same mindset with respect to promoting positive behaviour and responding to any challenging behaviour that may arise.

In the rural setting, all of the participants described that they personally felt the need to proactively support the individualized needs of students with emotional and behavioural challenges; however, some of the participants felt that there were divergent approaches within the school with respect to responding to this population of students. The rural community school also was described as using a suspension model with varying degrees of detention and in-school and out-of-school suspension in response to students' challenging behaviour. Given that the rural school did not have access to the specialized resources that the urban schools had, like a guidance counsellor, a psychologist, and a medical and/or mental health professional, it stands to reason that models like suspension may have been used in the absence of other perceived options. In the absence of specialized support, it may be even more critical that teachers receive the necessary training to support this population of students using positive and proactive measures.

It also may be essential that a pyramid of behavioural interventions is clearly articulated so that all stakeholders involved in the community school understand and can respond to students' needs with a shared frame of reference and in a manner that supports behavioural growth.

In addition to the responses differing in one of the settings about how to respond to challenging behaviour, there were disparate views across all of the settings regarding the case management of students with complex emotional and behavioural needs. In one urban setting, the principal of the school was clearly described as taking on the case management role for students with complex needs. The task of cross-agency liaison work and advocating for support for children, youth, and families appeared to be an added responsibility for one of the principals. In the other urban community school, the principal himself emphasized the role of the team in supporting students with complex emotional and behavioural needs and did not attribute the case management function to one specific individual. While the principal did not describe himself as performing case management duties, the other participants who were interviewed in this case described the principal as taking on a case management role in bringing the necessary stakeholders together to develop plans of support, enlisting the support of partnering service providers, and advocating for families. In contrast, in the rural community school, the case management role of children, youth, and families with complex needs was largely attributed to the community school connector. In spite of the fact that all of the participants expressed the desire for the school's social worker to perform that function, the fact that the social worker was only present in the school for one day per week meant that the added task of case management often was the responsibility of the community school connector. In this regard, the community

school connector was described as contacting health, mental health, and child welfare agencies who were at a significant distance, and helping to coordinate plans of support. The school administrators and the community school connector in these cases were described as performing case management functions and yet the term "case management" was not consistently used. In community school settings where the focus is to integrate services from multiple service providers, it may be beneficial to more clearly define the case management role for students with complex needs and officially designate a person to carry out the duties associated with a case management. When case management is clearly defined and the roles of the case manager are delineated, it may lead to clarity within the team about their respective responsibilities, as well as more focused intervention for students and families. When case management becomes an added responsibility to an individual's role, it may not receive the necessary attention that it may require.

## Theme 7: Perspectives about Resources

All of the participants across the cases described the need to access multiple funding sources in order to support the activities of the community school. Applying for grants and building partnerships with potential funders often was described as the responsibility of the principal, the community school connector, and partnering service providers. In the two urban community schools, most of the stress related to funding was attributed to the fear of cutbacks and the uncertainty over whether or not a grant application would be approved. While in the rural setting the aforementioned stressors related to funding also existed, the primary stress related to resources was described as being due to the lack of availability of services in the form of specialized personnel to meet the range of needs that existed within the community. Additionally, the lack of access to reliable transportation again was mentioned related to the theme of resources because not only were specialized supports not available in the local area, but also many of the individuals in the community were described as being unable to access support that may have been available in other larger centres because they did not have access to transportation. In remote areas, there may need to be a strong commitment on the part of local governments to implement incentive strategies that promote the hiring and retention of specialized professionals in rural settings. Additionally, all of the community schools identified that they did not receive common pools of funding that could be shared among service providers.

This meant that both the community schools and partnering service providers applied for their own separate funding, and that through the initiative of the individual members of the team, creative ways to share resources were determined. However the sharing of resources was often limited to sharing capital resources like space and materials as well as expertise. In order to build truly collaborative partnerships among the stakeholders in a community school, it may be beneficial to explore the provision of shared pools of money that can be used by community schools. The sharing of resources may lead to more collective goal setting and greater shared accountability for the actions and outcomes of the service providers.

# Theme 8: How Community School Programming Is Determined and Its Impact

All of the community schools in this study seemed to have a great deal of autonomy in determining the activities in which the community schools engaged. In the two urban community schools, the programming that was implemented seemed to be largely determined by the school principals. The principal's personal passion for sport at one of the community schools and the principal's personal passion for literacy at the other seemed to guide the focus of the programming that was being provided. This did not mean that the programming in both places was not broad in scope, but rather it meant that sports and literacy were clearly indicated in a majority of the initiatives in which these community schools participated.

In contrast, in the rural setting the factors that seemed to determine the nature of the programming that was provided were the personal initiative of the community school connector and the local availability of resources. The local availability of resources often meant capitalizing on the skills of volunteers within the community to provide programming. The rural community school did not have as many options in terms of partnerships with agencies, companies, and funders as the urban community schools, and therefore it relied heavily upon the local community as a resource.

In terms of measuring the impact that the community school may have been having on students, families, and the community at large, there were varying degrees of assessment being used to measure students' academic progress, behavioural growth, attendance, and graduation rates. There also were varying degrees of assessment being used to determine participation rates at community school offerings, as well to obtain feedback related to community school programming. However, one of the urban community schools had a significant focus on using assessment information to determine students' progress and had started to longitudinally monitor the growth of students' academic achievement. This urban school also focused on measuring students' behavioural improvements through a variety of means and monitored student's attendance as well as parent and community attendance at community school events. The other urban community school also described that they used assessment tools but seemed to emphasize the use of assessment to a lesser degree. However, this community school actively sought feedback from students and from parents and community members in order to help to determine its future programming.

In contrast, the rural community school seemed to focus less on the formal assessment of students' academic and behavioural progress as a means by which determine the impact of the community school; however, increasing the use of assessment was described as a future goal. There also did not seem to be any formal tracking of graduation rates given that the rural school was a Kindergarten to Grade 12 school. The participants in the rural setting described that due to the transiency of the community it had been difficult to track graduation rates over time.

In all of the cases, the ability of the community school to have autonomy in determining the nature of the support that it provided was described as beneficial, given that this autonomy had allowed the community schools to be responsive to the unique needs of their respective communities. However, there may be a risk in providing support that one thinks is having a positive impact in the absence of specific methods to assess whether one's perception about the support is valid. Therefore, it may be important for community schools to begin to identify specific needs within the community that they want to improve or change and then identify corresponding evidence-based practices that support the achievement of the goal, as well as corresponding means by which the achievement of the goal might be assessed. There seemed to be a strong emphasis on "thinking" and "feeling" that community schools were having a positive impact on children, youth, families, and the community; however, it may be beneficial to focus on the provision of some evidence-based practices and to formalize the means by which progress toward the achievement of the stated goals will be determined.

There may be a role for the Community Schools Program to formally identify a number of evidence-based practices that should be used by designated community schools and the corresponding assessment tools to determine the impact that they may be having on the populations that they are intended to serve. If common interventions and assessments were used across community school sites, it may help to ensure that the activities in which community schools are engaged are having the desired effect. One such common tool may be the use of the wraparound approach across community school sites when supporting children and youth with severe to profound EBD and their families.

The use of the wraparound approach and the corresponding assessment tools to determine the fidelity of its implementation may help to ensure that the support that is being provided to individuals with complex needs follows an evidence-based model, which may lead to improved outcomes for children, youth, and families.

#### FINDINGS

# Characteristics of Community Schools that Support Collaboration

Children and youth with EBD, their families, and service providers benefit from the collective knowledge of a diverse group and the shared decision making and problem solving that result from effective interdisciplinary collaboration (Bronstein, 2003). According to Zins and Ponti (1990), the host environment must provide the necessary preconditions that support the collaborative efforts of the team when supporting individuals with complex needs. Based on the research that supports the use of collaborative practices when supporting children and youth with EBD and their families (Bruns, Burchard, & Yoe, 1995; Eber, Rolf, & Schreiber, 1996; Malloy, Cheney, & Cormier, 1998), I posed the first research question about the characteristics of a community school that support collaboration and thereby may meet the needs of children and youth with EBD and their families. While the first question that I posed focused on the collaborative practices in community schools that support children and youth with EBD, the participants across all settings consistently shared that they felt that the collaborative practices that they employed within the community school not only benefited children and youth with EBD, but rather benefited all children, youth, and families, as well as the community that they served.

Given that the populations served by community schools in this study were located in low-socio-economic neighbourhoods characterized by high unemployment, a significant number of children and youth in care, high transiency, substance abuse, justice involvement, poor attendance rates, and in the case of the high school, low graduation rates, it stands to reason that the benefits of collaborative practices were not limited to children and youth with EBD. This finding is consistent with other research that described how community schools meet a broad range of needs and positively impact the following for the entire populations that they serve: (a) achievement, (b) attendance, (c) personal and family situations, (d) graduation rates, (e) parental engagement, and (f) early intervention and prevention practices (Blank, Melaville, & Shah, 2003; Dryfoos, 2000; Flaherty, Weist, & Warner, 1996). This finding also supports the research by White and Wehlage (1995) who found that the impact of community schools was far reaching and significantly contributed to overall community development. Therefore, the findings of this study cannot be limited to the positive impact that collaboration has on the needs of children and youth with EBD and will be referred to more broadly as the positive impact that collaboration has in a community school for all of the individuals that they serve, which may include children and youth with EBD.

To respond to the first question in this study, I have synthesized the analyzed participant perspectives with the research literature by identifying common threads in both the literature and in the participant responses. The analyzed participant perspectives and the research literature were synthesized into three main characteristics of community schools that support collaboration: (1) structure, (2) climate, and (3) resources. I will define each of the aforementioned characteristics and then summarize the participant perspectives and related literature in Tables 2 through 4. Given that the research indicates the impact of community schools may be far reaching, identifying the characteristics of community schools that support collaboration may assist community schools in ensuring that the practices in which they engage most effectively meet the needs of the populations that they are intended to serve.

**Structure.** The structure of the community school refers to its place as an organization within the community that was described as leading the provision of support. Specifically, the structure of the community school included its location as a central "hub" in the community, its leadership, the articulation of a shared vision to address the presenting needs, the means by which support was provided by multiple stakeholders, and how outcomes were assessed.

Climate. The second characteristic of community schools that supported collaboration and thereby addressed the needs of the population that they served was its climate. The climate refers to the extent to which the stakeholders involved in the community school felt that the environment was positive and welcoming and promoted the establishment of trusting relationships, regular communication, and the ability of professionals to transcend disciplinary boundaries when supporting the population that they served.

**Resources.** The third characteristic of community schools that supported collaboration was the resources that were available to the community school. Resources were defined as funding to support the operation of the community school, as well as the availability of staff and capital supports that were shared across service providers. Tables 2 through 4 provide a synthesis of the analyzed participant perspectives and the literature related to the aforementioned characteristics.

Table 2

**STRUCTURE** 

#### Concepts from the Literature and Participant Perspectives

- Provide support in a central "hub" at the community level (Grossman & Vang, 2009; Dryfoos, 1998; Dryfoos & Maguire, 2002)
- Identify leadership and articulate roles (Fixen, Naoom, Blase, Friedman, & Wallace, 2005; Walker, Koroloff, & Schutte, 2003)
- Sustain leadership (Fixen et. al., 2005; McMahon, Ward, Pruett, Davidson, & Griffith, 2000)
- Identify the needs to be addressed (D'Amour, Ferrada-Videla, Rodrigues, & Beaulieu, 2005; Dorfman, 1998)
- Establish a shared vision (Sanders & Harvey, 2002; Adelman & Taylor, 1997)
- Establish a collective response to the presenting needs (Walker & Schutte, 2004; Cicero & Barton, 2003; Blank et al., 2003)
- Use evidence-based practices (Blank et al., 2003; Fixen et. al., 2005)
- Integrate support (Dryfoos, 1998; Kirst, 1993; Krysiak, 2001)
- Measure outcomes (Dryfoos & Maguire, 2002; Blank et al., 2003 Flaherty et al., 1996)

Table 3

**CLIMATE** 

#### Concepts from the Literature and Participant Perspectives

- Ensure that interactions are based on mutual respect and social trust (Payne & Kaba, 2001; Henderson & Mapp, 2002)
- Provide opportunities for parental and community involvement that are reciprocal in nature and build on strengths (Brewster & Railsback, 2003; Davies, 1996; Epstein et. al., 1997; Dauber & Epstein, 1993; Epstein & Dauber, 1991)
- Value community partnerships and actively seek to expand them (Sanders & Harvey, 2002; Epstein et. al., 1997)
- Generate opportunities for two-way communication between all stakeholders (Sanders & Harvey, 2002; Walker et al., 2003)
- Openly share information (Barker, Bosco, & Oandasan, 2005; Walker et. al., 2003; Dryfoos, 1995; Dryfoos & Maguire, 2002)
- Transcend disciplinary boundaries (Ball, Anderson-Butcher, Mellin, & Green, 2010; D'Amour et al., 2005; Jehn, Northcraft, & Neale, 1999; Koskie & Freeze, 2000; Linder, 1990)

Table 4

Resources

#### Concepts from the Literature and Participant Perspectives

- Ensure the availability of needed services and supports in the community school (Grossman & Vang, 2009; Dryfoos, 1998; Dryfoos & Maguire, 2002)
- Ensure the availability of broad-based professional support (Mellin, Anderson-Butcher, & Bronstein, 2011; Coalition for Community Schools, n.d.; Blank et al, 2003; Dryfoos, 1998; Dryfoos & Maguire, 2002)
- Employ community school connectors (Campbell-Allan et. al., 2009; Coalition for Community Schools, n.d.; Blank et al., 2003)
- Share resources (Campbell-Allan et. al., 2009; Blank, 2005; Fixen et al., 2005; Blank et al., 2003; Walker et al., 2003; Adelman & Taylor, 1997)
- Ensure that funding is individualized, readily available, easily disseminated, and decided upon at the team level (Campbell-Allan et. al., 2009; Blank, 2005; Dollard, Evans, Lubrecht, & Schaeffer, 1994)

Together the structure, climate, and resources in a community school coalesce to provide the conditions that support collaboration. All of the aforementioned characteristics were cited as fundamental to the provision of support in both the literature and in the analyzed participant perspectives. While all of the aforementioned characteristics of community schools were described as being essential, the degree to which they existed in the community schools that were studied varied. Therefore, it may not only be necessary to identify the characteristics of community schools that support collaboration, but also the degree to which collaboration occurs. Identifying the degree to which collaborative practices are implemented may help identify opportunities where collaboration may be enhanced, which may ultimately lead to enhanced support for the populations that they serve.

# The Extent of Collaboration in Community Schools

Walker et al. (2003) also suggest that it is important to analyze collaborative practices through the lens of team-, organization-, and system-level partnerships. Therefore, in my response to the second question that was posed in this study about the extent of collaboration that occurred within the community schools, I will describe the degree of collaboration from the team-, organization-, and system-level perspectives. To that end, the team level will refer to the child or youth, primary caregiver(s), and other direct service providers who play a role in the provision of support; the organization level will include organizations or agencies involved as partners with the team level that contribute services, staffing, and funding to support the provision of support; and the system level will encompass the larger service system within which the organization and team operate.

It is important to determine the extent to which collaboration is occurring at the team, organization, and system levels in community schools as, according to Walker et al. (2003), evidence of collaborative practice at all three levels has been found to improve the provision of support for individuals with complex, multi-system needs.

In describing the extent of collaboration that was occurring in the community schools that were studied, I will also use the continuum of collaboration developed by Horwath and Morrison (2007). The continuum of collaboration describes five levels of collaboration: (1) **communication** where individuals from different disciplines talk together, (2) **co-operation** where there is some low-key joint work on a case-by-case basis, (3) **coordination** where more formalized joint working occurs but there are no sanctions for non-compliance, (4) **coalition** where joint structures exist and participants begin to sacrifice some autonomy, and (5) **integration** where organizations merge to create a new joint identity. Research indicates that when supporting individuals with complex needs, collaborative practices that demonstrate the integration of support may be required in order to most effectively meet the presenting needs (Burns & Goldman, 1999; VanDenBerg et al., 2009). Therefore, it may be important to determine the degree to which the collaborative practices that are present within community schools approximate the fifth level of collaboration as outlined by Horwath and Morrison (2007), so that the areas where collaborative practices might be strengthened may be identified. In Table 5, I will exemplify the degree to which collaboration was described as occurring from the analyzed participant perspectives.

| Table 5        | THE EXTENT OF COLLABORATION |  |
|----------------|-----------------------------|--|
| Level of Partr | nership                     | Degree of Collaboration  |
| Team           |                             | 5—Integration: organizations merge to create a new joint identity                                  |
| Organization   |                             | 4—Coalition: joint structures exist and participants sacrifice some autonomy                       |
| System         |                             | 3—Coordination: more formalized joint working occurs but there are no sanctions for non-compliance |

**Team.** When describing the partnerships that existed at the team or direct service level in the community schools, most of the participants across all three cases described what could be characterized as integrated practices or the fifth level of collaboration (Horwath & Morrison, 2007). Even participants who were employed by separate agencies described the principal of the school as the identified leader, and as the person to whom they looked for guidance in all matters related to the community school. While the principal of the community school might be the most appropriate individual to function in a leadership capacity, the principal's role in leading other partnering service providers in the best interests of the community school has not been legitimized through formal policies or agreements at the organization level or system level. When an initiative is expected to involve the

integration of support, the lead organization needs to be officially designated as such, and along with being charged with formal leadership responsibilities, the concomitant resources also need to be provided (Fixen et al., 2005). The participants in this study attributed the integrated collaboration at the school or team level to the enabling structures within the community school, the positive climate, and the willingness on the part of individuals at the team level to creatively share resources.

**Organization.** The organization level refers to the organizations or agencies involved as partners with the team level that contribute services, staffing, and funding to enable the provision of support (Horwath & Morrison, 2007). In this study the organization level is represented by the senior administrators of the school division and the senior administrators of the partnering service providers involved in the community school. The level of collaboration that was described by the participants as existing at the organization level may be characterized as a "coalition" in that some joint structures for the provision of support were described as being present, but the organizations involved in supporting the community school continued to operate as largely separate entities. There were some examples of organizations sharing space and at times sharing staffing to support the provision of a common initiative; however, the organizations involved in these coalitions continued to have separate mandates that guided their practice, separate funding, and separate accountability structures, which Fixen et al. (2005) describe as detrimental to collaboration. In this study, most of the joint work to support the community school seemed to occur not because it was mandated at the organization level, but rather because a senior administrator at the organization valued the work of the community school and had made a personal choice to support it.

**System.** The system level encompasses the larger service system within which the organization and team operate. In this study, the system refers to the government or the systems that make decisions regarding policies and procedures and the allocation of resources that guide the functioning of the organizations and by extension the teams (Walker et al., 2003). The participants in this study described the system level as demonstrating the third level of collaboration referred to as coordination. Coordination occurs when there is some formalized joint working but there are no sanctions for non-compliance. Recently in Manitoba, *The Community Schools Act* was passed (Manitoba, 2013) and a Deputy Ministers' Committee on Community Schools was established that has representation from several branches of government.

The mandate of this committee includes

- (a) ensuring that government departments work collaboratively using a cross-departmental approach to address issues relating to community schools;
- (b) making recommendations to the government about financial priorities and resource allocations in relation to participating community schools; and
- (c) assisting the community schools unit in establishing performance measures for the community schools program. (Manitoba, 2013)

MERN Monograph Series ■ 45

However, this description is vague and does not delineate the type of support nor the means by which the separate branches of government will work together to integrate support in community schools. Community schools continue to receive separate funding as do the other branches of government that are supposed to provide support in community schools.

The vulnerability of community schools. The community schools in this study provided evidence of integrated collaborative practices at the team level that may be largely attributed to the school principal and other key members of the school team, like the community school connector. It appears that the strength of the integrated collaborative practices at the team level in the community schools in this study may be mitigating the more limited collaboration that was described as occurring at the organization and system levels. However, the community schools in this study may be so highly dependent upon the team level for both leadership and the provision of support that they may be extremely vulnerable to internal personnel changes, and thereby unable to sustain the current integrated practices if changes within the team were to occur. Structures like shared governance models, mandates for service provision, and shared resources have not been explicated at the system and organization level, which are necessary in order to achieve a truly integrated model of support in an environment like a community school (Blank, 2005; Campbell-Allan et al., 2009). As a result, the system and organization levels remain loosely coupled with the direct work that is taking place within community schools in the province of Manitoba, and the current support the community schools are providing may not be sustainable in the longer term. Given the lack of formal structures that support the integration of services at the system level, the Community Schools Program runs the risk of being yet another government program that is easily disbanded when a change in government occurs as there have not been significant changes within the government departments charged with supporting community schools.

# Practices in Community Schools that Reflect the Wraparound Approach

In order to respond to the third question in this study about the practices being used by community schools that reflect the wraparound approach, I will identify the practices of the community schools in this study, according to the analyzed participant perspectives, that align with the guiding principles of the wraparound approach. Evidence of the guiding principles of the wraparound approach in the practices of community schools may demonstrate that the wraparound approach as an individualized planning process for children and youth with EBD might be best implemented in the context of a community school as the requisite conditions may exist to support its implementation.

The wraparound approach is a highly individualized and structured approach to the provision of support for individuals with complex needs, and it may not be successfully implemented unless the host environment provides the conditions to support its implementation. It has been suggested that the school might provide the most effective "host environment" to initiate and sustain the wraparound approach (Hienemann & Dunlap, 2001; Knoster et al., 2000; Eber et al., 2002; Eber & Nelson, 1997; Eber, 1998). It may be argued that the community school model with its enhanced focus on the provision of support across multiple life domains with an array of available supports sets the stage for the implementation of the wraparound approach. A review of the analyzed participant perspectives in this study reveals that the community schools were already engaging in what could be described as the wraparound approach for children, youth, and families with complex needs without specific adherence to a practice model. Although a practice model was not specifically followed, the tenets of the wraparound approach were evident in the support that was being provided in these settings.

The literature describes the wraparound approach as a process for planning and individualizing supports for children and youth with EBD and their families. In the wraparound approach, services and supports are "wrapped around" the child or youth and their caregiver, in that they are placed at the centre of the wraparound plan and their voice is paramount in identifying their individual and collective strengths, as well as in identifying natural and community-based resources that may be required to meet their needs (Burns & Goldman, 1999; VanDenBerg et al., 2009). Wraparound is not a set of services, but rather a process for meeting the complex needs of children and youth and their caregivers through the integration of multiple systems and the development of individualized plans of care. The overall premise of the wraparound approach is to enhance options for children, youth, and their families, by building collaborative wraparound teams, who together tailor supports that lead to improvements in outcomes (Burns & Goldman, 1999; VanDenBerg et al., 2009).

Family voice and choice. The research indicates that when the school values and promotes parental and community participation, parental participation rates in the school increase (Epstein & Dauber, 1991; Dauber & Epstein, 1993). The research also indicates that when schools make a significant effort to involve parents and build community partnerships, parents and community members were found to make significant contributions to academic learning, extracurricular activities, and the cultural richness of the school setting (Brewster & Railsback, 2003). In all of the community schools that were studied, the engagement of families and the community in all aspects of the community school was a primary focus. The involvement of families in the community schools that were studied was characterized as reciprocal in nature given that the voice of the community was included in decisions related to the community school. The focus of the community schools in this study on ensuring that parental and community input were included in key decisions that were made at the community school is consistent with the wraparound approach in that, as an individualized planning process for children

and youth with EBD, it also values the centrality of the child and family in the determination of the nature and scope of support that is provided.

**Team-based and a focus on collaboration.** West, Borrill, and Unsworth (1998) found that team-based approaches created more options for the individuals that they were intended to serve and also led to the development of more effective plans. The research also indicates that the benefits of interdisciplinary collaboration for children and youth with EBD include the provision of more holistic, child-centered services (Williamson, 2001), enhanced information sharing across service providers and with families (Barker et al., 2005), less duplication and redundancy in services provided (VanEyk & Baum, 2002), and the timely receipt of services (Cottrell, Lucey, Porter, & Walker, 2000). All of the community schools in this study used what could be characterized as team-based, collaborative approaches in the operation of the community school and in the provision of support. While the composition of the teams at the community schools varied, the notion that the incorporation of multiple perspectives could enhance the support that was provided was shared by all of the participants. The broad-based support that is available within community schools and the collaborative team structures that exist may enable the implementation of the wraparound approach in a community school setting given that the key people involved the provision of support may be present and the practice of integrating support at the team level may already be established.

#### Natural, culturally competent, strengths-based support at the community level.

The research demonstrates that parental and community involvement in the school setting should build upon the strengths that they possess (Brewster & Railsback, 2003; Davies, 1996; Epstein et. al., 1997; Dauber & Epstein, 1993; Epstein & Dauber, 1991). Strengths-based approaches that use natural supports that exist within the family and community have been found to enhance the sustainability of support. Furthermore, the accessibility of support at the community level also has been found to improve access to support and promote service use (Harbin, McWilliam, & Gallagher, 2000; Catron et al., 1998). One of the hallmarks of the community schools in this study was that they capitalized on the natural supports that individuals possessed within their respective communities in the development and implementation of the community school programming and in the provision of support. Building upon community assets in the provision of support parallels the wraparound approach in that it too emphasizes the use of natural supports at the community level in the development of individualized plans of support (Dorfman, 1998). Therefore, the implementation of the wraparound approach might be most efficacious in an environment like a community school that already values and uses the natural supports that exist at the local level.

**Persistence.** The research indicates that the stakeholders in a community school setting need to demonstrate a commitment to the provision of holistic support (Dryfoos, 1998). Adelman and Taylor (1997) describe the need to have "a critical mass of committed stakeholders" in order to implement any broad-based initiative that is intended to be sustained over time (p. 418). All of the participants in this

study described their personal commitment to providing broad-based support for children, youth, and families in the context of the community school and described how they were not deterred by the complexity of needs that existed within the community school. The unconditional commitment of the stakeholders in a community school to the provision of support even when faced with challenges is consistent with wraparound approach. The wraparound approach as a model for providing individualized support necessitates the commitment of all team members to seek solutions to complex problems even when it may appear that all options have been exhausted. The community school might be the most hospitable environment to implement the wraparound approach because the stakeholders in a community school setting are united by a shared vision to meet the needs of the whole child and are not constrained by their defined roles in the provision of needed support.

**Individualized support.** The research indicates that the IEP and the behaviour intervention plan (BIP) processes as well as other person-centred planning models that are used in schools are consistent with the tenets of the wraparound approach in that they involve strength-based, individualized planning that prioritizes family voice and choice (Eber et al., 2002). The research also describes how the availability of a trained staff and the expectation of adherence to a structured meeting format with clear objectives, as outlined in the IEP and the BIP process, has led to comprehensive planning in the school setting (Eber et al., 2002). All of the community schools in this study used an IEP and BIP process to guide the provision of support for children and youth with EBD. The use of a structured process to guide the provision of individualized support is consistent with the wraparound approach, and therefore the implementation of the wraparound approach in a community school may be a natural extension of the work that is already taking place. Furthermore, community schools also may be a logical place to implement the wraparound approach because wraparound plans involve support that addresses multiple life domains, which is consistent with the work of community schools in that they too typically engage in the provision of support across multiple life domains.

Outcomes based. In determining a system's readiness to implement the wraparound approach there must be structures that support the measurement of outcomes (Bruns & Walker, 2010; Walker, 2008; Walker et al., 2003). In this regard, the research indicates that individuals involved in the provision of support needed to know whether or not the support that they were providing was achieving the desired results. In order to measure the impact of an intervention, the need to implement evidence-based practices is described as essential (Burns & Goldman, 1999; VanDenBerg et al., 2009). In all of the community schools that were studied, there was some evidence of the measurement of outcomes and some reference to the implementation of evidence-based practices in describing the broad-based support that was provided by the community school. However, when referencing the provision of individualized support for children and youth with EBD and other complex, multi-system needs, the process that was relied upon was limited to the individualized education planning process and the behaviour intervention planning

process, and outcome measures were less clearly defined. In addition, the case management functions involved in the provision of highly individualized support for children and youth with EBD in the schools that were studied were largely the responsibility of the school principal and to some extent the community school connector. However, the roles of the case manager were not clearly defined and appeared to be an added responsibility of the school-based team.

## Wraparound in a Community School

When planning for individuals with complex multi-system needs, the wraparound approach might further enhance the provision of support in a community school by clearly explicating the process by which support is provided, and providing a means by which to measure the outcomes of support. The wraparound approach has a clearly articulated practice model that provides a structured approach to service delivery. The practice model describes the four phases of the wraparound approach and the corresponding 32 activities that are included in the phases. The four phases of the wraparound approach are (1) engagement and team preparation, (2) initial plan development, (3) plan implementation, and (4) transition. Support materials are also available that further describe the activities, their purpose, and any documentation that should emerge from the activity, as well as any potential challenges that may arise in the process (Bruns & Walker, 2010).

The wraparound approach also has a clearly articulated model of case management that specifies the roles and responsibilities of an individual referred to as a wraparound facilitator. The wraparound facilitator is employed by the lead agency, and manages the development and implementation of the wraparound plan across service providers (Bruns & Walker, 2010). In order to support the training and skill development of wraparound facilitators, there are comprehensive training manuals in wraparound facilitation (Grealish, 2000; VanDenBerg & Grealish, 1998). The research indicates that a trained wraparound facilitator enhances team effectiveness by guiding the wraparound team toward the achievement of common goals (VanDenBerg & Grealish, 1998; VanDenBerg & Rast, 2003). While the system and organizational barriers to the implementation of an integrated, collaborative practice like the wraparound may exist, the current team level supports within a community school may provide the foundation to support its implementation.

### RECOMMENDATIONS FOR FUTURE RESEARCH

The findings of this study have identified the characteristics of community schools that may foster collaboration and thereby address the needs of children and youth with EBD, as well as other populations who are served by community schools. This study further identified the obstacles to the integration of support that may continue to exist in the province of Manitoba, including the loose coupling of the organization and system levels from the direct work of community schools. These findings also indicate that many of the essential elements that may support the implementation of the wraparound approach, as outlined in *Wraparound Protocol for Children and Youth with Severe Emotional and Behavioural Disorders* (Healthy Child Manitoba, 2013), may be evident within the community schools.

The following additional areas might be studied in the future to provide suggestions about how community school might best meet the needs of the populations that they serve.

- 1. All of the participants spoke about the role of the principal not only as a school leader but also as a leader in establishing community partnerships. It may be beneficial to explore the education and training that may be required of school administrators when they are charged with leading a community school.
- 2. Most of the participants described that there was a lack of specificity about the role of a community school connector and that they may have responsibilities that are outside of the scope of their education and training. Future research might seek to determine the core competencies of a community school connector, and identify the necessary professional development for an individual in that role.
- 3. Most of the participants acknowledged that the role of teachers in a community school requires a significant commitment. It may be important to explore how the commitment of teachers might be enhanced particularly in a rural community school setting.
- 4. All of the community schools that were studied had experienced some level of conflict within the parent council groups. In order to address this issue, it may be worthwhile to explore how parent councils might be supported in their leadership role in community schools.
- 5. Some of the participants in the rural community school that was studied suggested using a school bus or purchasing a van to be used to increase access to community school programming outside of school hours and to provide outreach during the school day. It may be worthwhile to research the feasibility of this model of support and the potential benefits to children, youth, families, and the community.

- 6. Identifying a community school as a pilot site for the formal integration of support with joint funding and staffing from all human service departments under the officially designated leadership of the community school principal might be an efficacious way to study the potential impact of integrated support for the population served by the community school.
- 7. Future research also might also seek to identify the potential evidence-based practices that should be implemented within community school settings and the means by which outcomes should be measured. Providing guidance to community schools about the practices that support early intervention, academic growth, social and emotional development, improved attendance, improved nutrition, high graduation rates, and community engagement, as well as the means by which to measure the achievement of the desired outcomes, might help to ensure that community schools in the province are achieving their stated objectives. The formal assessment of the impact of specific evidence-based practice over the long term in community school settings also may provide evidence of the interventions with the most impact, which might then be replicated in other settings.
- 8. An additional study might also explore training community school connectors as wraparound facilitators and assessing the potential impact of implementing the wraparound approach in the context of a community school for individuals with EBD and other complex needs.

### CONCLUDING STATEMENT

The findings from this study suggest that at the practice level, the community schools that were studied fostered collaboration and possessed the requisite conditions that would support the implementation of the wraparound approach as a process to guide individualized planning for children and youth with complex needs. Barriers to the full-scale implementation of the wraparound approach in the context of community schools were identified and primarily included system level constraints on collaborative practices. Future research may involve piloting the implementation of the wraparound approach as outlined in *Wraparound Protocol for Children and Youth with Severe to Profound Emotional and Behavioural Disorders* (Healthy Child Manitoba, 2013) in designated community schools within the province of Manitoba in order to build upon the strengths of community schools as effective host environments for the implementation of the wraparound approach and also to identify the means by which the system level constraints to collaborative practices might be overcome.

### REFERENCES

- Adelman, H. S., & Taylor, L. (1997). Addressing barrier to learning: Beyond schoollinked services and full-service schools. *American Journal of Orthopsychiatry*, 67(3), 408–421.
- Alberta Education. (2012). *Special education coding criteria*. Retrieved April 3, 2015, from: http://education.alberta.ca/media/825847/spedcodingcriteria.pdf
- Alberta Human Services. (2012). *Alberta's information sharing strategy: Supporting human services*. Retrieved June 6, 2015, from: <a href="http://humanservices.alberta.ca/documents/information-sharing-strategy.pdf">http://humanservices.alberta.ca/documents/information-sharing-strategy.pdf</a>
- Allan, J. M. (2001). Addressing fragmentation: Building integrated services for student support. In G. R. Walz & J. C. Bleuer (Eds.), *Assessment: Issues and challenges for the millennium* (pp. 87–94). Greensboro, NC: CAPS Publications.
- Alper, S., & Ryndak, D. L. (1992). Educating students with severe handicaps in regular classes. *Elementary School Journal*, 92(3), 373–388.
- Altman, D. (1991). The challenge of services integration for children and families. In National Research Council, *Effective Services for Young Children: Report of a Workshop* (pp. 74–79). Washington, DC: National Academies Press.
- Altschuler, S. J. (2003). From barriers to successful collaboration: Public schools and child welfare working together. *Social Work*, 48(1), 52–63.
- Amankwah, D. S. (2003). *Integrative wraparound [IWRAP] process training*. Saskatoon, SK: Community-University Institute for Social Research.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. (4th ed.). Text Revision. Washington, DC: American Psychiatric Association.
- Anderson, J. A., & Wright, E. R. (2004, February). *Exploring how systems of care influence a community's children's social services*. Paper presented at the 17th Annual Research Conference, A system of care for children's mental health: Expanding the research base, Tampa, FL.
- Anderson, J. A., Wright, E. R., Kooreman, H. E., Mohr, W. K., & Russell, L. A. (2003). The Dawn Project: A model for responding to the needs of children with emotional and behavioral challenges and their families. *Community Mental Health Journal*, 39(1), 63–74.
- Ball, A., Anderson-Butcher, D., Mellin, E. A., & Green, J. H. (2010). A cross-walk of professional competencies involved in expanded school mental health: An exploratory study. *School Mental Health*, 2, 114–124.

- Barker, K. K., Bosco, C., Oandasan, I. F. (2005). Factors impacting interprofessional education and collaboration practices initiatives: Findings from key informant interviews. *Journal of Interprofessional Care*, 19(Issue sup. 1), 166–176.
- Bartlett, N. (2004). A system of care for children and adolescents with emotional and behavioural disorders. Pilot study. Unpublished manuscript. Faculty of Education, University of Manitoba, Winnipeg: MB.
- Bartlett, N. (2005). A system of care for children and adolescents with emotional and behavioural disorders. Masters thesis. Faculty of Education, University of Manitoba, Winnipeg: MB.
- Bartlett, N., & Freeze, R. (2005). Rethinking the system of care in Manitoba. *Exceptionality Education Canada*, 15(1), 43–59.
- Bentro, L., Brokenleg, M., & Van Bockern, S. (2002). *Reclaiming youth at risk: Our hope for the future* (Rev. ed.). Bloomington, IN: Solution Tree.
- Bernard, H. (1995). *Research methods in anthropology: Qualitative and quantitative approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Blank, M. J. (2005). Reaching out to create a movement. In J. G. Dryfoos, J. Quinn, & C. Barkin (Eds.), *Community schools in action* (pp. 243–258). New York, NY: Oxford University Press.
- Blank, M. J., Melaville, A., & Shah, B. P. (2003). *Making the difference: Research and practice in community schools*. Washington, DC: Coalition for Community Schools, 2003.
- Bogdan, R., & Biklen, S. K. (2003). *Qualitative research for education: An introduction to theories and methods* (4th ed.). Boston, MA: Allyn and Bacon.
- Bouchard, D., Martin, J., & Cameron, K. (2009). *The seven sacred teachings*. Vancouver, BC: MTW Publishers.
- Brewster, C., & Railsback, J. (2003). *Building trust with schools and diverse families: A foundation for lasting partnerships*. Portland, OR: Northwest Regional Educational Laboratory.
- British Columbia Ministry of Education. (2006). *Students with special needs: How are we doing?* Retrieved July 1, 2012, from: http://www.bced.gov.bc.ca/specialed/performance.pdf
- British Columbia Ministry of Education. (2012). Neighbourhood learning centres.

  Retrieved on May 16, 2015, from: <a href="http://www2.gov.bc.ca/gov/topic.page?id=817C919AB33D42D5B89A0714F5FCE280">http://www2.gov.bc.ca/gov/topic.page?id=817C919AB33D42D5B89A0714F5FCE280</a>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronstein, L. R. (2003). A model for interdisciplinary collaboration. *Social Work*, 48(3), 297–306.

- Brown, R. A., & Loughlin, J. (2004). A cost satisfaction study of the wraparound process. Proceedings from the 16th Annual Research Conference: A system of care for children's mental health: Expanding the research base, Tampa, FL, pp. 297–302.
- Bruner, C., Kunesh, L. G., Knuth, R. A. (1992). What does research say about interagency collaboration? Oak Brook, IL: North Central Region.
- Bruns, E. (2008). Measuring wraparound fidelity. 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.
- Bruns, E., Burchard, J., Suter, J., Leverentz-Brady, K., & Force, M. (2004). Assessing the fidelity to a community-based treatment for youth: The Wraparound Fidelity Index. *Journal of Emotional and Behavioral Disorders*, 12(2), 79–89.
- Bruns, E., Burchard, J., & Yoe, J. (1995). Evaluating the Vermont system of care: Outcomes associated with community-based wraparound services. *Journal of Child and Family Studies*, 4(3), 321–339.
- Bruns, E., Rast, J., Peterson, C., Walker, J., & Bosworth, J. (2006). Spreadsheets, service providers, and the state house: Using data and the wraparound process to reform systems for children and families. *American Journal of Community Psychology*, 38(3-4), 201–212.
- Bruns, E., Suter, J., & Burchard, J. (2002). Pilot test of the Wraparound Fidelity Index 2.0. In C. Newmann, C. Liberton, K. Kutash, & R.M. Friedman (Eds.), *The 14th Annual Research Conference Proceedings: A system of care for children's mental health* (pp. 235–238). Tampa, FL: Research and Training Center for Children's Mental Health.
- Bruns, E., Suter, J. C., Force, M. M., & Burchard, J. D. (2005). Adherence to wraparound principles and association outcomes. *Journal of Child and Family Studies*, 14(4), 521–534.
- Bruns, E. J., Suter, J. C., & Leverentz-Brady, K. M. (2006). Relations between program and system variables and fidelity to the wraparound process for children and families. *Psychiatric Services*, *57*(11), 1586–1593.
- Bruns, E., Walker, J., & The National Wraparound Advisory Group. (2008). Ten principles of the wraparound process. In E. Bruns & J. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.
- Bruns, E., & Walker, J. S. (2010). The wraparound process: An overview of implementation essentials. 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.
- Bullock, L. M., Ellis, L. L., & Wilson, M. J. (1994). Knowledge/skills needed by teachers who work with students with severe emotional/behavioral disorders: A revisitation. *Behavioral Disorders*, 19(2), 108–125.

- Burchard, J. D., Burchard, S. N., Sewell, R., & VanDenBerg, J. (1993). *One kid at a time: Evaluation case studies and description of the Alaska Youth Initiative Demonstration Project*. Washington, DC: CASSP Technical Assistance Center, Georgetown University.
- Burchard, J. D., & Clark, R. T. (1990). The role of individualized care in a service delivery system for children and adolescents with severely maladjusted behaviour. *The Journal of Behavioral Health Services and Research*, 17(1), 48–60.
- Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M., & Erkanli, A. (1995). Children's mental health service use across service sectors. *Health Affairs*, 14(3), 147–159.
- Burns, B. J, Farmer, E. M. Z., Angold, A., Costello, E. J., & Behar, L. (1996). A randomized trial of case management for youths with serious emotional disturbance. *Journal of Clinical Child Psychology*, 25(4), 476–486.
- Burns, B. J. & Goldman, S. K. (Eds.). (1999). Systems of care: Promising practices in children's mental health, 1998 series. Volume IV: Promising practices in wraparound for children with serious emotional disturbance and their families. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
- Burns, B. J., Goldman, S. K., Faw, L., & Burchard, J. D. (1999). The wraparound evidence base. In B. J. Burns and S. K. Goldman (Eds.), *Systems of care: Promising practices in children's mental health, 1998 series. Volume IV: Promising practices in wraparound for children with serious emotional disturbance and their families* (pp. 95–118). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
- Burns, B., & Hoagwood, K. (Eds.) (2002). *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders*. New York, NY: Oxford University Press.
- Burns, B., Schoenwald, S., Burchard, J., Faw, L., & Santos, A. (2000). Comprehensive community-based interventions for youth with severe emotional disorders: Multisystemic therapy and the wraparound process. *Journal of Child and Family Studies*, 9(3), 283–314.
- Cailleaux, M., & Dechief, L. (2007). "I've found my voice." Wraparound as a promising strength-based team process for high-risk pregnant and early parenting women. *Research Review*, 1(2), 16–38.
- Campbell-Allan, R., Shah, M. P. A., Sullender, R., & Zazove, R. (2009). *Full-service schools. Policy review and recommendations*. Harvard Graduate School of Education. Report retrieved on June 9, 2015, from: http://a100educationalpolicy.pbworks.com/f/Full+Service+Schools+complete+paperZ.pdf

MERN Monograph Series ■ **57** 

- Canadian Pediatric Society. (2007). *Are we doing enough? A status report on Canadian public policy and child and youth health* (2007 Ed.). Retrieved on April 7, 2015, from: <a href="https://www.cps.ca/en/advocacy-defense">www.cps.ca/en/advocacy-defense</a>
- Carletta, J. (2001). *Communication and effectiveness in primary health care teams*. Edinburgh, Scotland: Human Communication Research Centre, University of Edinburgh. Retrieved on November 20, 2017, from: <a href="http://homepages.inf.ed.ac.uk/jeanc/DIRC-paper.pdf">http://homepages.inf.ed.ac.uk/jeanc/DIRC-paper.pdf</a>
- Catron, T, Harris, V. S., & Weiss, B. (1998). Post-treatment results after 2 years of services in the Vanderbilt School-Based Counseling project. In M. H. Epstein, K. Kutash. & A. Duchnowski (Eds.), Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices (pp. 653–656). Austin, TX: PRO-ED, Inc.
- Chappell, A. L. (1992). Towards a sociological critique of the normalisation principle. *Disability, Handicap and Society, 7*(1), 35–51.
- Cicero, G., & Barton, P. (2003). Parental involvement and outreach, and the emerging role of the professional school counseling profession. Upper Saddle River, NJ: Merrill Prentice Hall.
- Charmaz, K. (2006). Constructing grounded theory: A practical guide through qualitative analysis. London, UK: Sage Publications.
- Clark, H. B., & Clarke, R. T. (1996). Research on the wraparound process and individualized services for children with multisystem needs. *Journal of Child and Family Studies*, 5(1), 1–5.
- Clark, P. G. (1994). Social, professional and educational values on the interdisciplinary team: Implications for gerontological and geriatric education. *Educational Gerontology*, 20, 35–52.
- Coalition for Community Schools. (n.d.). *Community schools: Promoting student success:*A rationale and results framework. Washington, DC: Coalition for Community Schools. Retrieved June 9, 2015, from: <a href="www.communityschools.org/assets/1/AssetManager/CS\_Results\_Framework.pdf">www.communityschools.org/assets/1/AssetManager/CS\_Results\_Framework.pdf</a>
- Coalition for Community Schools at the Institute for Educational Leadership. (2015). What is a community school? Retrieved on December 10, 2015, from: <a href="http://www.communityschools.org/aboutschools/what\_is\_a\_community\_school.aspx">http://www.communityschools.org/aboutschools/what\_is\_a\_community\_school.aspx</a>
- Cottrell, D., Lucey, D., Porter, I., & Walker, D. (2000). Joint working between child and adolescent mental health service and the department of social services: The Leeds model. *Clinical Child Psychology and Psychiatry*, 5(4), 481–489.
- Csapo, M. (1981). The behaviorally disordered child in Canada's schools. *Behavioral Disorders*, 6(3), 139–149.
- D'Amour, D., Ferrada-Videla, M., Rodrigues, L., & Beaulieu, M. R. (2005, May). The conceptual basis for interprofessional collaboration: Core concepts and theoretical frameworks. *Journal of Interprofessional Care*, 19(Issue sup. 1), 116–131.

- Darlington, Y., Feeney, J. A., & Rixon, K. (2004). Complexity, conflict and uncertainty: Issues in collaboration between child protection and mental health services. *Child and Youth Services Review*, 26(12), 1175–1192.
- Dauber, L., & Epstein, J. L. (1993). Parents' attitudes and practices of involvement in inner-city elementary and middle schools. In N. Chavkin (Ed.), *Families and schools in a pluralistic society* (pp. 53–71). Albany, NY: Suny Press.
- Davies, D. (1996). Parents feel partnerships for students' success. *New Schools, New Communities*, 12(3), 14–21.
- Dieker, L. A. (2001). Collaboration as a tool to resolve the issue of disjointed service delivery. *Journal of Educational and Psychological Consultation*, 12(3), 263–269.
- Dollard, N., Evans, M. E., Lubrecht, J., & Schaeffer, D. (1994). The use of flexible service dollars in rural community-based programs for children with serious emotional disturbance and their families. *The Journal of Emotional and Behavioral Disorders*, 2(2), 117–125.
- Dorfman, D. (1998). *Mapping community assets workbook. Strengthening community education: The basis for sustainable renewal.* Portland, OR: Northwest Regional Educational Laboratory, Rural Education Program.
- Dryfoos, J. G. (1995). Full service schools: Revolution or fad? *Journal of Research and Adolescence*, 5(2), 147–172.
- Dryfoos, J. G. (1998). *Making it through adolescence in a risky society: What parents, schools and communities can do.* New York, NY: Oxford University Press.
- Dryfoos, J. G. (2000). *Evaluation of community schools: Findings to date.* Washington, DC: Coalition for Community Schools.
- Dryfoos, J. G., & Maguire, S. (2002). *Inside full-service community schools*. Thousand Oaks, CA: Corwin Press.
- Duchnowski, A. J., Johnson, M. K., Hall, K. S., Kutash, K., & Friedman, R. M. (1993). The alternatives to residential treatment study: Initial findings. *Journal of Emotional and Behavioral Disorders*, 1(1), 17–26.
- Duckworth, S., Smith-Rex, S., Okey, S., Brookshire, M. A., Rawlinson, D., & Rawlinson, R. (2001). Wraparound services for young schoolchildren with emotional and behavioural disorders. *Teaching Exceptional Children*, 33(4), 54–60.
- Dworet, D., & Maich, K. (2007). Canadian school progams for students with emotional/behavioral disorders: An updated look. *Behavioural Disorders*, 33(1), 33–42.
- Dworet, D. H., & Rathgeber, A. J. (1990). Provincial and territorial responses to behaviorally disordered students in Canada—1988. *Behavioural Disorders*, 15(4), 201–209.

- Eber, L. (1998). *What's happening in the schools? Experience with systems of care*. Washington, DC: Washington Business Group.
- Eber, L. (2008). Wraparound: A key component of school-wide systems of positive behavior supports. 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.
- Eber, L., Hyde, K., Rose, J., Breen, K., McDonald, D., & Lewandowski, H. (2009). Completing the continuum of school-wide positive behavior support: Wraparound as a tertiary level intervention. In W. Sailor, G. Dunlap, G. Sugai, & R. Horner (Eds.), *Handbook of positive behavior support* (pp. 634–671). New York, NY: Springer.
- Eber, L., & Nelson, C. M. (1997). Integrating services for students with emotional and behavioral needs through school-based wraparound. *American Journal of Orthopsychiatry*, 67, 385–395.
- Eber, L. Nelson, C., & Miles, P. (1997). School-based wraparound for student with emotional and behavioral challenges. *Exceptional Children*, 63(4), 539–555.
- Eber, L., Osuch, R., & Redditt, C. A. (1996). School-based applications of the wraparound process: Early results on service provision and student outcomes. *Journal of Child and Family Studies*, *5*(1), 83–99.
- Eber, L., Osuch R., & Rolf, K. (1996). School-based wraparound: How implementation and evaluation can lead to system change. In C. Liberton, K. Kutash, & R. Friedman (Eds.), *The 8th annual research conference proceedings: A system of care for children's mental health: Expanding the research base* (pp. 143–147). Tampa, FL: University of South Florida.
- Eber, L., Rolf, K., & Schreiber, M. P. (1996). A look at the 5-year ISBE EBD Initiative: End of the year report for 1995–96. LaGrange, IL: LaGrange Area Department of Special Education.
- Eber, L., Sugai, G. Smith, C., & Scott, T. (2002). Wraparound and positive behavioural interventions and supports in the schools. *Journal of Emotional and Behavioural Disorders*, 10(3), 171–180.
- Epstein, J. L., Clark, L., Salina, L., Clark, K., & Sanders, M. (1997). Scaling-up school-family-community connections in Baltimore: Effects on student achievement and attendance. Baltimore, MD: CRESPAR and the Centre on School Family and Community Partnerships. John Hopkins.
- Epstein, J. L. & Dauber, S. L. (1991). School programs and teacher practices of parent involvement in inner-city elementary and middle schools. *The Elementary School Journal*, 91(3), 289–305.
- Epstein, M. H., Nordness, P., Gallagher, K., Nelson, J. R., Lewis, L., & Schrepf, S. (2005). School as the entry point: Assessing adherence to the basic tenants of the wraparound approach. *Behavioral Disorders*, 30(2), 85–93.

- Evans, S. W. (1999). Mental health services in schools: Utilization, effectiveness, and consent. *Clinical Psychology Review*, 19(2), 165–178.
- Fairbanks, S., Sugai, G., Guardino, D., & Lathrop, M. (2007). Response to intervention: Examining classroom behavior support in second grade. *Exceptional Children*, 73(3), 288–310.
- Families and Schools Together International [F.A.S.T.]. Home page. Retrieved on January 20, 2015, from http://familiesandschools.org
- Farmer, E. M. Z., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services*, *54*(1), 60–66.
- Faw, L. (1999). The state of wraparound survey. In B. J. Burns & S. K. Goldman (Eds.), Systems of Care: Promising practices in children's mental health, 1998 series. Volume IV: Promising practices in wraparound for children with serious emotional disturbance and their families (pp. 78–83). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
- Federation for Families for Children's Mental Health. (1990, March). *Philosophy statement*. Alexandria, VA: Author
- Fessler, M., Rosenberg, M. S., & Rosenberg, L. A. (1991). Concomitant learning disabilities and learning problems among students with behavioral/emotional disorders. *Behavior Disorders*, 16, 97–106.
- Fixen, D. L., Naoom, S. F., Blase, R. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. National Implementation Research Network. University of South Florida.
- Flaherty, L.T., Weist, M. D., & Warner, B. S. (1996). School-based mental health services in the United States: History, current models, and needs. *Community Mental Health*, 32(4), 341–352.
- Flynn, M., & Hayes, C. D. (2003, January). *Blending and braiding funds to support early care and education initiatives*. Financing strategy series. Washington, DC: The Finance Project.
- Forest, M., & Pearpoint, J. (1992). Everyone belongs: Building the vision with MAPS— The McGill Action Planning System. In D. Wetherow (Ed.), *The whole community catalogue: Welcoming people with disabilities into the heart of community life* (pp. 95–99). Manchester, CT: Communities.
- Friend, M., & Cook, L. (1990). Collaboration as a predictor for success in school reform. *Journal of Educational and Psychological Consultation*, 1(1), 69–86.
- Friesen, B. J., & Koroloff, N. M. (1990). Family-centered services: Implications for mental health administration and research. *The Journal of Mental Health Administration*, 17(1), 13–25.

- Garmston, R. J., & Wellman, B. M. (1999). *The adaptive school: A sourcebook for developing collaborative groups*. Norwood, MA: Christopher-Gordon Publishers.
- Goldman, S. K. (1999). The conceptual framework for wraparound. In B. J. Burns & S. K. Goldman (Eds.), *Systems of care: Promising practices in children's mental health, 1998 series. Volume IV: Promising Practices in wraparound for children with serious emotional disturbance and their families* (pp. 27–34). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
- Goldman, S. K., & Faw, L. (1999). Three wraparound models as promising practices. In B. J. Burns & S. K. Goldman (Eds.). *Systems of care: Promising practices in children's mental health.* 1998 series. *Volume IV: Promising practices in wraparound for children with serious emotional disturbance and their families* (pp. 35–77). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
- Gordon, M. (2005) *Roots of empathy: Changing the world child by child.* Toronto, ON: Thomas Allen.
- Government of Alberta Education. (2015). Community supports. Retrieved on May 10, 2015 from: http://teachingrefugees.com/socio-emotional-supports/wrap-around/
- Government of British Columbia. (2003, February). *Ministry of children and family development. Child and youth mental health plan.* Retrieved on April 13, 2015, from: <a href="http://www.gov.bc.ca/mcf/">http://www.gov.bc.ca/mcf/</a>
- Government of Canada. (2006). *The human face of mental health and mental illness in Canada,* 2006. Ottawa, ON: Minister of Public Works and Government Services.
- Government of New Brunswick. (2015). Community schools. Retrieved on April, 17, 2015, from: http://www.gnb.ca/0000/communityschools.asp
- Graves, D. (2011). Exploring schools as community hubs: Investigating application of the community hub model in context of the closure of the Athabasca School, Regina, Saskatchewan, Canada and other small schools. Regina, SK: University of Regina.
- Gregson, B. A., Cartlidge, A. M., & Bond, J. (1992). Development of a measure of professional collaboration in primary health care. *Journal of Epidemiology and Community Health*, 46(1), 48–53.
- Grealish, E. (2000). *The wraparound process curriculum*. McMurray, PA: Community Partners, Inc.
- Grossman, J. B., & Vang, Z. M. (2009). The case for school-based integration of services: Changing the ways students, families, and communities engage with their schools. Public/Private Ventures. Retrieved on April 23, 2015, from: http://www.ilcommunityschools.org/docs/Case%20for%20Integration%20of%20Services%20-%20PPV.pdf

- Hale, A. (2008). Building databases and MIS to support wraparound implementation. 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.
- Hallett, C., & Birchall, E. (1992). Coordination in child protection. London, UK: HMSO.
- Harbin, G., McWilliam, R. A., & Gallagher, J. J. (2000). Services for young children with disabilities and their families. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 387–415). New York, NY: Cambridge University Press.
- Health Canada. (1997). Nobody's perfect parenting program. Ottawa: ON. Author.
- Healthy Child Manitoba. (2009, June). *The EDI Teacher Newsletter*. Retrieved on January 13, 2015, from: http://www.gov.mb.ca/healthychild/edi/edi\_tnews2.pdf
- Healthy Child Manitoba. (2011). 2010/2011 EDI Community Reports. Retrieved on January 13, 2015, from: http://www.gov.mb.ca/healthychild/edi/edi\_reports.html
- Healthy Child Manitoba. (2013). *Wraparound protocol for children and youth with severe to profound emotional and behavioural disorders*. Winnipeg, MB: Author. Retrieved on January 16, 2015, from: <a href="http://www.gov.mb.ca/healthychild/publications/protocol\_ebd\_wraparound.pdf">http://www.gov.mb.ca/healthychild/publications/protocol\_ebd\_wraparound.pdf</a>
- Heflinger, C. A., Sonnichsen, S. E., & Brannan, A. M. (1996). Parent satisfaction with children's mental health services in a mental health managed care demonstration. *Journal of Mental Health Administration*, 23(1), 69–79.
- Henderson, A. T., & Mapp, K. L. (2002). A new wave of evidence: The impact of school, family, and community connections on student achievement [Annual synthesis]. Austin, TX: National Center for Family & Community Connections with Schools, SEDL.
- Hernandez, M., & Hodges, S. (2003). *Crafting logic models for systems of care: Ideas into action*. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.
- Hieneman, M., & Dunlap, G. (2001). Factors affecting the outcomes of community-based behavioral support: II. Factor category importance. *Journal of Positive Behavior Interventions*, 3(2), 67–74.
- Hoagwood, H., Burns, B. J., Kiser, L., Ringeisen, H., & Schoenwald, S. K. (2001). Evidence-based practice in child and adolescent mental health services. *Psychiatric Services*, 52(9), 1179–1189.
- Hobbs, T., & Westling, D. (2002). Mentoring for inclusion: A model class for special and general educators. *The Teacher Educator*, *37*(3), 186–102.
- Horwath, J., & Morrison, T. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. *Child Abuse and Neglect*, 31(1), 55–69.

- Hudson, B. (2002). Interprofessionality in health and social care: The Achilles' heel of partnership? *Journal of Interprofessional Care*, 16(1), 7–17.
- Huffine, C. (2002). Child and adolescent psychiatry: Current trends in the community treatment of seriously emotionally disturbed youth. *Psychiatric Services*, 53(7), 809–811.
- Huxham, C., & Macdonald, D. (1992). Introducing collaborative advantage: Achieving interorganizational effectiveness through meta-strategy. *Management Decision*, 30(3), 50–56.
- Hymel, S., Schonert-Reichl, K. A., & Miller, L. D. (2006). Reading, 'riting, 'rithmetic and relationships: Considering the social side of education. *Exceptionality Education Canada*, 16(3), 1–44.
- Jehn, K. A., Northcraft, G. B., & Neale, M. A. (1999). Why differences make a difference: A field of study of diversity, conflict, and performance in workgroups. *Administrative Science Quarterly*, 44(4), 741–763.
- Johnson, L. J., Zorn, D., Kai Yung Tam, B., Lamontagne, M., & Johnson, S. A. (2003). Stakeholders' views of factors that impact successful interagency collaboration. *Exceptional Children*, 69(2), 195–209.
- Jones, R. (2003). The construction of emotional and behavioral difficulties. *Educational Psychology in Practice*, 19(2), 147–157.
- Kagan, S. L., & Neville, P. R. (1993). *Integrating services for children and families: Understanding the past to shape the future.* New Haven, CT: Yale University Press.
- Kamradt, B. (2000). Wraparound Milwaukee: Aiding youth with mental health needs. *Juvenile Justice*, 7(1), 14–23.
- Kamradt, B., Gilberton, S. A., & Jefferson, M. (2008). Services for high-risk populations in systems of care. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: Transforming mental health services for children, youth, and families* (pp. 3–24). Baltimore, MD: Paul H. Brookes Publishing Company.
- Katz-Leavy, J. W., Lourie, I. S., Stroul, B. A., & Zeigler-Dendy, C. (1992). *Individualized* services in a system of care. Washington, DC: Georgetown University, CASSP Technical Assistance Centre.
- Kauffman, J. M. (2005). *Characteristics of emotional and behavioural disorders of children and youth.* Upper Saddle River, NJ: Pearson Education, Inc.
- Kendziora, K., Bruns, E., Osher, D., Pacchiano, D., & Mejia, B. (2001). *Systems of care: Promising practices in children's mental health, 2001 series. Volume 1: Wraparound stories from the field.* Washington, DC: Center for Effective Collaboration and Practice.

  American Institutes for Research.

- Kessler, R. C., Berglund, P. Demler, D., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602.
- King, G., Strachan, D., Tucker, M., Duwyn, B., Desserud, S., & Shillington, M. (2009). The application of transdisciplinary model for early intervention services. *Infants and Young Children*, 22(3), 211–223.
- Kirby, M. J. L., & Keon, W. J. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada*. Ottawa, ON: Standing Senate Committee on Social Affairs, Science & Technology.
- Kirst, M. W. (1993). Financing school-linked services. Education and Society, 25(2), 166–174.
- Knitzer, J. (1993). Children's mental health policy: Challenging the future. *Journal of Emotional and Behavioral Disorders*, 1(1), 8–16.
- Knitzer, J., Steinberg, Z., & Fleisch, B. (1990). At the schoolhouse door: An examination of programs and policies for children with behavioral and emotional problems. New York, NY: Bank Street College of Education.
- Knotser, T., Villa, R., & Thousand, J. (2000). A framework for thinking about systems change. In R. Villa & J. Thousand (Eds.), *Restructuring for caring and effective education: Piecing the puzzle together* (pp. 93–128). Baltimore, MD: Paul H. Brookes Publishing.
- Koff, N. A., DeFriese, A. M., & Witzke, D. B. (1994). Loosely coupled systems as a conceptual framework for interdisciplinary training. *Educational Gerontology*, 20(1), 1–13.
- Koskie, J., & Freeze, R. (2000). A critique of multidisciplinary teaming: Problems and possibilities. *Developmental Disabilities Bulletin*, 28(1), 1–17.
- Krysiak, B. H. (2001, August). Full-service community schools: Jane Addams meets John Dewey. *School Business Affairs*, *67*(8), 4–8.
- Learn. (2015). Community schools. Retrieved May 10, 2015, from: http://www.learnquebec.ca/en/content/clc/about.html
- Linder, T. (1990). *Transdisciplinary play-based assessment*. Baltimore, MD: Paul H. Brookes Publishers.
- Lourie, I. S. (1994). *Principles of local system development for children, adolescents and their families.* Chicago, IL: Kaleidoscope.
- Lloyd, J. E. V., & Hertzman, C. (2009). From kindergarten readiness to fourth-grade assessment: Longitudinal analysis with linked population data. *Social Science & Medicine*, 68(1), 111–123.

- Maag, J. W., & Katsiyannis, A. (1999). Behavioral intervention plans: Legal and practical considerations for students with emotional and behavioral disorders. *Behavioral Disorders*, 31(4), 348–362.
- Malloy, J. M., Cheney, D., & Cormier, G. M. (1998). Interagency collaboration and the transition to adulthood for students with emotional or behavioral disabilities. *Education and Treatment of Children*, 21(3), 303–320.
- Manitoba. (2013). *The Community Schools Act*. C.C.S.M. c. C168. Winnipeg, MB: Queen's Printer—Statutory Publications. Available at <a href="https://web2.gov.mb.ca/laws/statutes/ccsm/pdf.php?cap=c168">https://web2.gov.mb.ca/laws/statutes/ccsm/pdf.php?cap=c168</a>.
- Manitoba Education (2012a). Guidelines for student services level 2 and level 3 support. Retrieved on April 25, 2015, from: <a href="http://www.edu.gov.mb.ca/k12/specedu/funding/level2-3.html">http://www.edu.gov.mb.ca/k12/specedu/funding/level2-3.html</a>
- Manitoba Education. (2012b). Special needs categorical funding criteria level 2 and 3. Retrieved January 20, 2015, from: http://www.edu.gov.mb.ca/k12/specedu/funding/multiapp.html
- Manitoba Education (2012c). Student Services: Guidelines for submitting multisystem EBD applications. Retrieved on January 2, 2015, from: http://www.edu.gov.mb.ca/k12/specedu/funding/multiapp.html
- Manitoba Education (2013). *Community schools partnership initiative brochure: Supporting families, strengthening communities, helping students succeed.* Retrieved on February 5, 2015, from: <a href="http://www.edu.gov.mb.ca/cspi/documents/brochure.pdf">http://www.edu.gov.mb.ca/cspi/documents/brochure.pdf</a>
- Manitoba Education and Advanced Learning (2014). *Safe and caring schools provincial code of conduct: Appropriate interventions and disciplinary consequences.* Retrieved on January 11, 2015, from: <a href="http://www.edu.gov.mb.ca/k12/safe\_schools/pdf/code\_conduct.pdf">http://www.edu.gov.mb.ca/k12/safe\_schools/pdf/code\_conduct.pdf</a>
- Manitoba Education and Training. (2000). *Multisystem planning workshop for Pembina Trails School Division, February* 2003. Winnipeg, MB: Author.
- Manitoba Education and Training, Manitoba Family Services, Manitoba Health, & Manitoba Justice (1995). *Interdepartmental protocol agreement for children, adolescents with severe to profound emotional and behavioural disorders, June 1995*. Winnipeg, MB: Author.
- Manitoba Education, Citizenship and Youth. (2006a). *Appropriate educational programming in Manitoba: Standards for student services.* Winnipeg, MB: Author.
- Manitoba Education, Citizenship and Youth (2006b). *Community Schools Partnership Initiative*. Winnipeg, MB: Author.
- Manitoba Education, Citizenship and Youth (2006c). *Community schools: A support document for partners in the community schools partnership initiative*. Winnipeg, MB: Author.

- Manitoba Education, Training and Youth. (2001). Follow-up to the Manitoba special education review: Proposals for a policy, accountability and funding framework (detailed version), September 2001. Winnipeg, MB: Author.
- Marrett, C. (1971). On the specification of inter-organizational dimensions. *Sociology and Social Research*, 56(1), 83–99.
- Mayer, G. R. (1995). Preventing antisocial behavior in the schools. *Journal of Applied Behavior Analysis*, 28(4), 467–478.
- McDermott, R., & Varenne, H. (1995). Culture as disability. *Anthropology & Education Quarterly*, 26(3), 324–348.
- McMahon, T. J., Ward, N. L., Pruett, M. K., Davidson, L., & Griffith, E. E. H. (2000). Building full-service schools: Lessons learned in the development of inter-agency collaboratives, *Journal of Educational and Psychological Consultation*, 11(1), 65–92.
- Mellin, E. A. (2009). Unpacking interdisciplinary collaboration in expanded school mental health: A conceptual model for developing the evidence base. *Advances in School Mental Health Promotion*, 2(3), 4–14.
- Mellin, E. A., Anderson-Butcher, D., & Bronstein, L. (2011). Strengthening interprofessional team collaboration: Potential roles for school mental health professionals. *Advances in School Mental Health Promotion*, 4(2), 51–60.
- Merriam, S. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.
- Meyer, J. W., & Rowan, B. (1977). Institutionalized organizations: Formal structure as myth and ceremony. *American Journal of Sociology*, 83(2), 340–363.
- Meyers, M. J. (2008). Supporting workforce development: Lessons learned from wraparound Milwaukee. 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.
- Miller, C., & Ahmad, Y. (2000). Collaboration and partnership: An effective response to complexity and fragmentation or solution building on sand? *International Journal of Sociology and Social Policy*, 20(5/6), 1–39.
- Miller, W. L. & Crabtree, B. F. (1992). Primary care research: A multi-method typology and qualitative roadmap. In B. F. Crabtree and W. L. Miller (Eds.), *Doing qualitative research* (1st ed., pp. 3–28). Newbury Park, CA. Sage Publication.
- Moffit, T. E., Caspi, A., Dickson, N., Silva, P., & Stanton, W. (1996). Childhood-onset versus adolescent-onset antisocial conduct problems in males: Natural history from ages 3 to 18 years. *Development and Psychopathology*, 8(2), 399–424.

- Mood Disorders Society of Canada. (2006, May). *Quick facts: Mental illness & addiction in Canada*. Guelph, ON: Author. Retrieved on May 12, 2015 from: <a href="http://www.mooddisorderscanada.ca/documents/Media%20Room/Quick%20Facts%203rd%20Edition%20Referenced%20Plain%20Text.pdf">http://www.mooddisorderscanada.ca/documents/Media%20Room/Quick%20Facts%203rd%20Edition%20Referenced%20Plain%20Text.pdf</a>
- Morse, W. (1992). Mental health professionals and teachers: How do the twain meet? *Beyond Behavior*, 3, 12–20.
- Munger, R. L. (1998). *The ecology of troubled children*. Cambridge, MA: Brookline Books.
- Murphy, J. A., & Hallinger, P. (1984). Policy analysis at the local level: A framework for expanded investigation. *Educational Evaluation and Policy Analysis*, 6(1), 5–13.
- Nordness, P. D. (2005). A comparison of school-based and community-based adherence to wraparound during family planning meetings. *Education and Treatment of Children*, 28(3), 308–320.
- Nordness, P. D., & Epstein, M. (2003). Reliability of the Wraparound Observation Form—Second Version: An instrument designed to assess the fidelity of the wraparound approach. *Mental Health Services Research*, 5(2), 89–96.
- Nova Scotia Department of Education. (2015). SchoolsPlus in Nova Scotia. Retrieved on May 5, 2015, from: https://schoolsplus.ednet.ns.ca/
- Offord, J. (2000). *The health of Canada's children*. (3rd ed.). Ottawa, ON: Canadian Institute of Child Health.
- Olson, D., Whitbeck, J., & Robinson, R. (1991). The Washington experience: Research on community effort to provide individualized tailored care. In A. Algarin, & R. Friedman (Eds.), A system of care for children's mental health: Expanding the research base (pp. 113–126). Tampa, FL: Research and Training Center for Children's Mental Health Florida Mental Health Institute, University of South Florida.
- Olweus, D. (1993). *Bullying at school: What we know and what we can do.* Oxford, UK: Blackwell.
- Ontario. Advisory Committee on Children's Services. (1990). *Children first: Report of the advisory committee on children's services*. Toronto, ON: Ministry of Community and Social Services.
- Pacchiano, D., Eber, L. & Devine-Johnston, L. (2003). A school-based wraparound example: Outcomes and processes. In C. Newman, C. Liberton, K. Kutash, & R. Friedman (Eds.), The 15th annual research conference proceedings: A system of care for children's mental health: Expanding the research base (pp. 196–199). Tampa, FL: University of South Florida.
- Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, 44(2), 329–335.

- Payne, C., & Kaba, M. (2001). *So much reform, so little change: Building-level obstacles to urban school reform* [Working paper 98-26]. Evanston, IL: Institute for Policy Research, Northwestern University.
- Phillips, S. M. (2008). Forging partnerships, opening doors: Community school case studies from Manitoba and Saskatchewan. H. Raham & E. Bredberg (Series Eds.), SAEE Research Series, 34. Kelowna, BC: Society for the Advancement of Excellence in Education.
- Pearpoint, J., O'Brien, J., & Forest, M. (1993). *PATH: A workbook for planning positive possible futures* (2nd ed.). Toronto, ON: Inclusion Press.
- Postl, B. (1995). *The health of Manitoba's children*. Report of the Child Health Strategy Committee, Manitoba Health.
- Prince Edward Island Department of Innovation and Advanced Learning (2015). PEI Community Schools Association. Retrieved February 16, 2015, from: http://peicommunityschools.com/
- Proactive Information Services Inc. (1998). *The Manitoba Special Education Review: Equity, Capacity & Community: A Future for Special Education in Manitoba*. Winnipeg, MB: Manitoba Education and Training.
- Proactive Information Services Inc. (2006). *Louis Riel School Division Student Services*Review: Final report and all appendices. Winnipeg, MB: Louis Riel School Division.
- Rast, J., Bruns, E., Brown E. C., Peterson, C. R., & Mears, S. L. (2007). *Impact of the wraparound process in a child welfare system: Results of a matched comparison study.* Unpublished program evaluation.
- Rauso, M., Ly, T. M., Lee, M. H., & Jarosz, C. J. (2009). Improving outcomes for foster care youth with complex emotional and behavioral needs: A comparison of outcomes for wraparound vs. residential care in Los Angeles County. *Emotional and Behavioral Disorders in Youth*, *9*, 63–68, 74–74.
- Reid, G. J., & Brown, J. B. (2008). Money, case complexity, and wait lists: Perspectives on problems and solutions at children's mental health centers in Ontario. *Journal of Behavioural and Health Services Research*, 35(3), 334–346.
- Resendez, M. (2002). The relationship between flexible wraparound funds and mental health outcomes. In C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), The 14th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base (pp. 243–246). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.
- Richards, M., & Vostanis, P. (2004). Interprofessional perspectives on transitional mental health services for young people aged 16–19 years. *Journal of Interprofessional Care*, *18*, 115–128.

- Rivera, V. R., & Kutash, K. (1995). The system of care survey (SOCS): Initial results and psychometric properties. In C. Liberton, K. Kutash, & R. Friedman (Eds.). *The 7th annual research conference proceedings: A system of care for children's mental health: Expanding the research base* (Februrary 28 to March 2, 1994, pp. 373–373). Tampa, FL: University of South Florida, Florida Mental Health Institute, Research and Training Center for Children's Mental Health.
- Rock, E. E, Fessler, M. A., & Church, R. P. (1997). The concomitance of learning disabilities and emotional/behavioral disorders: A conceptual model. *Journal of Learning Disabilities*, 30(3), 245–264.
- Rodney, L. W., Crafter, B., Rodney, H. E., & Mupier, R. M. (1999). Variables contributing to grade retention among African American adolescent males. *Journal of Educational Research*, 92(3), 185–190.
- Rose, W., Aldgate, J. McIntosh, M., & Hunter, H. (2009). High-risk children with challenging behaviour: Changing directions for them and their families. *Child and Family Social Work,* 14(2), 178–188.
- Salmon, G., & Rapport, F. (2005). Multi-agency voices: A thematic analysis of multi-agency working practices within the setting of a child and adolescent mental health service. *Journal of Interprofessional Care*, 19(5), 249–443.
- Sanders, M. G., & Harvey, A. (2002). Beyond the school walls: A case study of principal leadership for school-community collaboration. *Teachers College Record*, 104(7), 1345–1368.
- Sanders, M. R., Kirby, J. N., Tellegen C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review*, 34(4), 337–357.
- Saskatchewan Learning. (2015). *Community education and development: Implementing the community education philosophy in schools*. Retrieved May 10, 2015 from: http://www.spiritsd.ca/schoolplus/ceed/implementation.htm
- Saskatchewan Special Education Review Committee (2000). *Directions for diversity:* Enhancing supports to children and youth with diverse needs: Final report of the Saskatchewan Special Education Review Committee. Regina, SK: Publications Saskatchewan.
- Sather, A. K., Bruns, E. J., & Stambaugh, L. F. (2008). The wraparound survey, 2007: An update on wraparound implementation across the United States. In C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), *The 21st annual research conference proceedings: A system of care for children's mental health: Expanding the research base* (pp.110–111). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

- Satin, D. G. (1994). A conceptual framework for working relationships among disciplines and the place of interdisciplinary education and practice: Clarifying muddy waters. *Gerontology & Geriatrics Education*, 14(3), 3–24.
- Schein, E. (1972). *Professional education: The Carnegie Commission on Higher Education*. New York, NY: McGraw-Hill Book Co.
- Schorr, L. B., & Both, D. (1991). Attributes of effective services for young children: A brief survey of current knowledge and its implications for program and policy development. Effective Services for Young Children. National Research Council, Washington, DC: National Academy Press.
- Schubauer, J., & Hoyt, D. (2003). Using case-specific information in support of wraparound teams. In C. Newman, C. Liberton, K. Kutash, & R. Friedman (Eds.), The 15th annual research conference proceedings: A system of care for children's mental health: Expanding the research base (pp. 53–55). Tampa, FL: University of South Florida.
- Sicotte, C., D'Amour, D., & Moreault, M. P. (2002). Interdisciplinary collaboration with Quebec community health care centres. *Social Science & Medicine*, 55(6), 991–1003.
- Skiba, R., & Sprague, J. (2008). Safety without suspensions. *Educational Leadership*, 66(1), 38–43.
- Sprague, J., & Walker, H. (2000). Early identification and intervention for youth with antisocial and violent behavior. *Exceptional Children*, 66(3), 367–379.
- Stake, R. E. (1995). The art of case study research. Thousand Oaks, CA: Sage.
- Stake, R. E., & Trumbull, D. (1982). Naturalistic generalizations. *Review Journal of Philosophy and Social Science*, 7(1), 1–12.
- Statistics Canada (2003). Canadian community health survey: Mental health and wellbeing, *The Daily*, 3. Author.
- Statistics Canada. (2007, March 13). Winnipeg, Manitoba (Code4611040) [Table]. 2006 Community profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa, ON: Author. Retrieved on January 12, 2015 from: <a href="http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E">http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E</a>
- Stephens, T., & Joubert, N. (2001). The economic burden of mental health problems in Canada. *Chronic Diseases in Canada*, 22(1), 18–23.
- Stroul, B. (2002). *Issue brief: Systems of care: A framework for system reform in children's mental health.* Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

- Stroul, B., & Friedman, R. (1986). A system of care for severely emotionally disturbed children and youth. Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University, Child Development Centre.
- Stroul, B. & Friedman, R. (1994). *A system of care for severely emotionally disturbed children and youth*. (Rev. ed.). Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University, Child Development Centre.
- Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T. J., Nelson, C. M., . . . Ruef, M. (2000). Applying positive behavior support and functional behavioral assessment in schools. *Journal of Positive Behavioral Interventions*, 2(3), 131–143.
- Tankersley, M., & Landrum, T. J. (1997). Comorbidity of emotional and behavioral disorders. In J. W. Lloyd, E. J. Kameenui, & D. Chard (Eds.), Issues in educating students with disabilities (pp. 153–173). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Toronto District School Board. (2015) Priority Schools Initiative. Retrieved on May 15, 2015, from: <a href="http://www.tdsb.on.ca/community/communityuseofschools/priorityschoolsinitiative.aspx">http://www.tdsb.on.ca/community/communityuseofschools/priorityschoolsinitiative.aspx</a>
- VanDenBerg, J. (2008). Reflecting on wraparound: Inspirations, innovations, and future directions. In Bruns, E. J., & Walker, J. S. (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Centre for Family Support and Children's Mental Health.
- VanDenBerg, J., & Grealish, E. M. (1998). *The wraparound process: Training manual.* Ontario, PA: The Community Partnerships Group.
- VanDenBerg, J., Osher, T, & Lourie, I. (2009). *Child, adolescent, and family issues: Teambased planning and the wraparound process.* National Research and Training Center on Psychiatric Disability, University of Illinois, Chicago. Retrieved on September 5, 2017, from: <a href="https://www.spokanecounty.org/DocumentCenter/Home/View/3011">https://www.spokanecounty.org/DocumentCenter/Home/View/3011</a>
- VanDenBerg J., & Rast, J. (2000). Supervisory practice as the catalyst for an improved system of care and a quality wraparound process. Parsons, KS: Vroon Associates & VanDenBerg Consulting.
- VanDenBerg, J., & Rast, J. (2003). Wraparound coaching and supervision toolkit. Englewood, CO: Vroon VanDenBerg.
- van Eyk, H., & Baum, F. (2002). Learning about interagency collaboration: Trialling collaborative projects between hospitals and community health services. *Health and Social Care in Community*, 10(4), 262–269.

- Waddell, C. & Shepherd, C. (2002). Prevalence of Mental Disorders in Children and Youth: A research update prepared for the British Columbia Ministry of Children and Family Development, October, 2002. Mental Health Evaluation and Community Consultation Unit (MHECCU), Department of Psychiatry, University of British Columbia, Vancouver, BC.
- Waddell, C., McEwan, K., Shepherd, C. A., Offord, D. R., & Hua, J. M. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50(4), 226–233.
- Waddell, C, Shepherd, C. A., Lavis, J. N., Lomas, J., Abelson, J., & Bird-Gayson, T. (2007). Balancing rigour and relevance: Researchers' contributions to children's mental health policy in Canada. *Evidence and Policy*, 3(2), 181–195.
- Wagner, M., Kutash, K., Duchnowski, A. J., Epstein, M. H., & Sumi, C. (2005). The children and youth we serve: A national picture of students with emotional disturbances receiving special education. *Journal of Emotional and Behavioral Disorders*, 13(2), 79–96.
- Walker, J. S. (2008). Supporting wraparound implementation: Overview. 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.
- Walker, J. S., Bruns, E. J., & The National Wraparound Initiative Advisory Group. (2008). Phases and activities of the wraparound process: Building agreement around a practice model. 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, Portland State University.
- Walker, H. M., Horner, R. H., Sugai, G., Bullis, M., Sprague J. R., Bricker, D., & Kaufman, M. J. (1996). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional and Behavioral Disorders*, 4(4), 194–209.
- Walker, J. S., Koroloff, N., & Schutte, K. (2003). The context of services for effective individualized service/support planning: Assessing the necessary agency and system support for wraparound. Retrieved July 11, 2012 from: http://www.rtc.pdx.edu/PDF/pbImpHighQualISP.pdf
- Walker, J. S., & Schutte, K. M. (2004). Practice and process in wraparound teamwork. *Journal of Emotional and Behavioral Disorders*, 12(3), 182–192.
- Walker, J. S., & Schutte, K. M. (2005). Quality and individualization in wraparound team planning. *Journal of Child and Family Studies*, 14(2), 251–267.
- Weick, K. E. (1976). Educational organizations as loosely coupled systems. *Administrative Science Quarterly*, 21(1), 1–19.

- Weist, M. D. (1999). Challenges and opportunities in expanded school mental health. *Clinical Psychology Review*, 19(2), 131–135.
- West, M. A., Borrill, C. S., & Unsworth, K. L. (1998). Team effectiveness in organizations. In C. L. Cooper & I. T. Robertson (Eds.), *International review of industrial and organizational psychology* (Vol. 13, pp. 1–48). New York, NY: Wiley.
- White, J. A., & Wehlage, G. (1995). Community collaboration: If it is such a good idea, why is it so hard to do? *Educational Evaluation and Policy Analysis*, 17(1), 23–38.
- Whole Child Program. (2012). Retrieved on May, 17, 2015 from: http://www.yukonwellness.ca/stories\_whole.php#.VYDEpWrwupo
- Williams, R., & Salmon, G. (2002). Collaboration in commissioning and delivering child and adolescent mental health services. *Current Opinion in Psychiatry*, 15(4), 349–353.
- Williamson, V. (2001). The potential of project status to support partnerships. In S. Balloch & M. Taylor (Eds.), *Partnership working policy and practice* (pp. 117–141). Bristol, UK: Polity Press.
- Wilson, B. L., & Corbett, H. D. (1983). Organization and change: The effects of school linkages on the quality of implementation. *Educational Administration Quarterly*, 19(4), 85–104.
- Wiseman, A., Kates, D., & Kaufman, K. (2001). Funding early childhood mental health services and supports. United States Department of Health and Human Services. Report.
- Withane, S. (1984). Changing patterns of local administration in Sri Lanka: Loose coupling between planning and implementation. *Canadian Journal of Development Studies*, *5*(2), 243–255.
- World Health Organization (2004). Promoting mental health: Concepts, emerging evidence, practice: Summary Report/A report from the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva: Author. Retrieved on April 5, 2015, from: <a href="http://www.who.int/mental\_health/evidence/en/promoting\_mhh.pdf">http://www.who.int/mental\_health/evidence/en/promoting\_mhh.pdf</a>
- Wolfensberger, W. (1983). Social role valorization: a proposed new term for the principle of normalization. *Mental Retardation*, 21(6), 234–239.
- Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Yoe, J. T., Santarcangelo, S., Atkins, M., & Burchard, J. D. (1996). Wraparound care in Vermont: Program development, implementation, and evaluation of a statewide system of individualized services. *Journal of Child and Family Studies*, *5*(1), 23–37.
- Zigler, E. F., Finn-Stevenson, M., & Stern, B. (1997). Supporting children and families in the schools: The school of the 21st century. *American Journal of Orthopsychiatry*, 67(3), 396–406.

Zins, J. E., & Ponti, C. R. (1990). Best practices in school-based consultation. In A. Thomas & Grimes (Eds.), *Best practices in school psychology* (Vol. 2, pp. 673–694). Washington, DC: National Association of School Psychologists.