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ENGELBERG CENTER FOR CHILDREN AND YOUTH

The Ma'atefet – Wraparound – Program Evaluation Study

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RESEARCH REPORT

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Executive Summary

1. The Program

The Israeli *Wraparound (Ma'atefet)* program was initiated by the Ministry of Social Affairs and Social Services (MSASS) and is based on the National Wraparound Initiative in the United States. Its goal is to prevent out-of-home placement for youth at high risk. In fact, it is a final attempt to find community-based responses for these youngsters after all other interventions have failed. The program began in Beersheba in 2001 and in Haifa in 2006. It serves 13 to 18-year-olds with severe behavioral and emotional problems who pose a danger to themselves or their surroundings, and for whom suitable services have not been found. The program aims to reintegrate the adolescents into their community and allow them to continue living at home while ensuring their own and their family's safety. It is based on collaboration between all community agencies that are involved with youth at risk and their families. Wraparound's unique model adopts a community perspective: it focuses on the adolescent and the family; it is not structured, but based on the needs of individual families.

1.1 *The Practice of Wraparound*

- ◆ ***Referral to the program.*** Youth at risk and their families are referred to Wraparound by services responsible for their welfare, with the consent of the young person and his or her parents.
- ◆ ***Commitment to cooperate.*** Upon entry, the adolescents and their families are asked to commit to cooperate with the professional staff and do the work required by the program.
- ◆ ***Wraparound coordinators.*** The coordinator is responsible for coordinating all functions and services dealing with the adolescents and their families in Wraparound. S/he leads the intervention sessions, and facilitates cooperation with professional services in the community.
- ◆ ***Family Support Team.*** A Family Support Team is set up for each family. This team meets at the family's home once a week. The team includes the adolescent, the immediate family, members of the extended family or friends, the Wraparound coordinator and other professionals involved with the young person, such as probation officers, social workers or teachers. The team is responsible for planning the "Wraparound" intervention by identifying the family and young person's concerns, needs and unique strengths.
- ◆ ***The Wraparound care plan.*** For each young person a Wraparound care plan is formed. The care plan states the goals and objectives of the intervention and selects responses for the young people and their families. These include a variety of services, interventions and various forms of therapeutic and material assistance, tailoring a unique, creative response for the family and the young person.
- ◆ ***The intervention.*** The Family Support Team meets at the family's home weekly to discuss the care plan's implementation, the adolescent's progress and problems that came up during the week.
- ◆ ***Defining "problems" as "concerns".*** The program's therapeutic approach is reflected in the language used by the professionals: instead of "problems," they refer to "concerns".

"Problems" represents negative labeling whereas "concerns" emphasizes positive expectations of the future. The professionals work on the assumption that the use of the term "concerns" can free the young person and the family from feeling that they are being labeled as problematic and make them more amenable to sharing their worries with the team.

From 2001 to 2009, the program was implemented as a pilot by Ashalim, the MSASS Division for Correctional Services and the Service for Children and Youth, municipal social service departments in Haifa and Beersheba and the Shvil HaKehila non-profit organization. In each city, the program was implemented for four to six adolescents and their families, for three years per family (a total of 12 adolescents over three years). To date, 22 adolescents have participated in the program – 13 in Beersheba and nine in Haifa (five additional adolescents dropped out).

2. The Evaluation Study and Research Method

The evaluation of Wraparound was initiated by Ashalim and conducted by the Myers-JDC-Brookdale Institute. Its goal was to help MSASS and Ashalim develop, implement and improve the program by examining its implementation while identifying issues to be addressed and obtaining participant feedback on how the program was found beneficial and in which areas.

The study was qualitative and based on the following sources of information: case studies, interviews with key personnel and the program's documentation. Case studies were conducted about four families that participated in the program in 2006-08, two families from Haifa and two from Beersheba. Semi-structured in-depth interviews were conducted with five adolescents (in one family, two daughters participated), with six parents and with seven coordinators and other professionals involved in family support teams. The interviews were held in July to September 2008. In addition, interviews were held with two key persons at the national level.

Information was also provided from the case files of all of the program participants (22 young people from 17 families). This information was limited, however, as not all files contained full documentation.

3. Findings

3.1 The Practice of Wraparound

a. Criteria for Accepting Families

The criteria for accepting a family to Wraparound are: a) The adolescent is at high risk; b) the adolescent and family are willing to participate in the program and commit to working with the relevant community agents. In the view of professionals who were involved in Wraparound, a family's motivation should carry more weight than the young person being at the highest risk. They claim that the program benefits only families willing to change and regard such willingness as critical, especially in cases where the young person is less motivated.

b. Setting Goals and Forming a Long-Term Care Plan

The first stage of Wraparound is for the professionals, the family and the adolescent who are part of the Family Support Team to decide on a long-term care plan. All involved identify the main

concerns about the young person together, and derive the goals of the intervention from these concerns. These goals are broken down into measurable objectives to be addressed by the long-term care plan. Preparing the care plan together enhances the family and the adolescent's commitment to the process. However, most of the professionals interviewed reported that in practice there was not a clear, systematic definition of concerns and long-term objectives. In some cases, only short-term objectives were defined, in response to the topics discussed at the meetings.

c. The Contribution of the Family Support Team Sessions at the Family Home

The Family Support Team sessions are held once a week at the family home. Most of the families experienced them as informal and said that they enjoyed the intimacy, which increased their commitment to the program. One family said they had feared that they would experience the sessions in their home as an invasion of privacy. However, in retrospect, they felt the intrusion was the price the family was prepared to pay to gain the adolescent's availability for the meetings.

It emerged from the interviews that the informal contact with the team helped the family open up and make progress, and the sense of intimacy and friendship enhanced both the effectiveness of the intervention and the adolescent's involvement in the sessions. This stemmed from holding the meetings at home, the adolescents' availability at home and at the sessions, the family's sense that the team accepted and included them, the trust they placed in the team, the appreciation of the trouble taken by the team to come to their home each week and, especially, the team's non-judgmental approach.

d. Program Inputs

One of Wraparound's main features is its unique inputs and creative tailoring of responses to the needs of the adolescents and their family members. An examination of the inputs offered to program participants since 2001 ($n=22$) showed five main types. These were

- 1) ***Counseling and professional help***, such as a "big brother" mentor, a psychologist and a support group for mothers participating in Wraparound
- 2) ***School help – tutoring, or referral to a learning center***
- 3) ***Extracurricular activities***, such as membership at a gym or a wall-climbing class
- 4) ***Material inputs, such as a NIS 200 birthday present, coupons to buy food for the holidays or, in one case, a computer, promised to one of the participants as a reward if he did well in school***
- 5) ***Mediation***, such as coordinating between the family and the public housing company for a larger flat, or contacting a charitable foundation to request furniture donations

Some of the inputs, such as birthday presents and gym memberships, were given to all or most of the participants. Others, such as a computer to reward scholastic achievement or a nurse to administer insulin injections, were specific to a participant.

e. The Family Support Team and the Coordinator

The Family Support Team included representatives of different services. This interaction between professionals contributed to the process: team members worked together for the good of the family and they described the sessions as effective in terms of mutual exchange, the division of professional responsibility and the sharing of the emotional burden. Professionals reported that the different perspectives of service representatives promoted a better understanding of the adolescent or family. However, multiple viewpoints were at times detrimental to the intervention due to differences of opinion and the lack of a clear direction.

In order to create a true partnership with the family and the adolescent and to maintain transparency of the process all of the Family Support Team discussions took place at the weekly sessions in the home with the family members and the young person present. In retrospect, the professionals felt that there was also a need for professional meetings without the family and for individual meetings between professionals and the young person, and that the absence of these detracted from the intervention process.

One of the main difficulties of the multi-disciplinary model was the absence of a team head to lead and direct. The formal definition of the Wraparound coordinator as the head of the Family Support Team appears inadequate since, mostly, the position was filled by young para-professionals, whereas in practice, it requires a skilled, experienced professional to moderate the sessions and work with all of the services. Employing senior, professional coordinators instead may also prevent the frequent turnover of coordinators, which, to date, has had an adverse effect on the commitment of the adolescents and their families and on the process of teamwork.

f. The Balance between Family Support Team Sessions and Additional Responses

The young people met with the professionals mainly in the Family Support Team sessions; most had no ongoing contact in-between. According to the interviews, this was insufficient. In Haifa, the gap was filled somewhat by a social worker employed by Wraparound to support participating youngsters and their families. Also in Haifa, there was good, consistent cooperation between professionals and services, resulting in creative tailoring of unique responses for every family. In Beersheba, in contrast, the intervention mostly took place in the Family Support Team sessions and fewer partnerships were created to obtain additional responses for the adolescents and families.

g. Contact with Schools

In most cases, school problems were one of the major concerns raised by the Wraparound Family Support Team about the adolescent. Contact with the teacher and other school staff was therefore vital to the intervention. Nevertheless, though Wraparound's model explicitly calls for the participation of a school representative in the Family Support Team sessions when necessary, contact with schools was problematic in each of the cases studied. Despite attempts of team members to connect with the schools, school representatives rarely participated in the sessions. This was true of all the case studies. Teachers explained that they could not participate regularly in Family Support Team sessions because they did not take place during school hours.

h. Systemic Perspective

As a system, Wraparound had two main difficulties. The first difficulty was the absence of a central mechanism to direct and develop the program. As a result, the practice was not clearly defined within the Family Support Teams or between these teams and other professional services in the community. Working procedures were not clear, care plans were not defined, and documentation was inconsistent. Although the coordinators did receive supervision from professionals in the local department of social services, neither they nor the team received in-depth, focused training to work as a team or with professional services in the community. Particularly lacking was the training of coordinators to lead and moderate the Family Support Team sessions and to represent the team with other community services.

The second difficulty for the system was the limited cooperation between social services and schools. Since school is a major factor in the life of adolescents and their difficulties are not confined to the home but also impact their studies and their school functioning, cooperation between the two services is extremely important.

3.2 Summary of the Four Case Studies¹

Danny: The family was referred to Wraparound by a social worker due to 14-year-old Danny's emotional and behavioral difficulties, as well as problems with school, family relations and delinquency. The Family Support Team included Danny, his parents, his probation officer, a social worker and the Wraparound coordinator. As part of the Wraparound care plan, Danny joined a soccer team, he was assigned an "older brother" (mentor), he took part in a theatre class and was tutored by a student. After about a year in Wraparound, Danny's interpersonal communication and school performance improved noticeably and he demonstrated considerably less violent behavior and delinquency. Near the end of his first year in the program, there was some deterioration in his behavior, he had more discipline problems at school, was less accepting of his parents' authority and less cooperative in the Family Support Team sessions. Yet his functioning in these areas was still better than it had been before he started the program. After this setback, Danny continued to make progress and showed improvement in all the areas that had been marked as concerns at the start of the intervention.

Ronit and Revital: Ronit and Revital were 15 and 13 at the time of referral (and 17.5 and 15.5 at the time of the interviews). Their family had severe economic difficulties and lived in a crowded public housing apartment. The father had recently returned home after spending time in prison and in an old age home. The girls and the family were referred to Wraparound by the social worker, and by the school truancy officer due to emotional and behavioral difficulties and problems in family relations. The girls did not attend school; they wandered around and often did not sleep at home. The Family Support Team consisted of Ronit, Revital, their mother, their older brother, a school attendance officer, a social worker and the Wraparound coordinator. The Wraparound care plan included a volunteer to support the girls and a volunteer to help the father

¹ The names of the participants and their families have been changed for reasons of confidentiality.

and older brother find work. The mother was offered vocational courses and options for volunteering (though she rejected them). The public housing company provided the family with a larger home, which was furnished with the help of charitable foundations; and the family received shopping coupons for the holidays. After about two and a half years in Wraparound, the girls stopped wandering around and sleeping outside of the home, they became more accepting of their parents' authority and their school attendance improved. After moving to a larger home, the family and girls enjoyed more privacy. The mother learned to use her authority and the family learned to be more accepting of the father who had rejoined the family. About two years after they joined the program, the older daughter Ronit got pregnant and had a baby. Though Family Support Team professionals perceived this as a negative development, they reported that she takes good care of the baby. Recently, the father regressed, raising fears that he was using drugs again.

The Case of Yonatan: 13 year-old Yonatan and his family were referred to Wraparound by a child-parent center where they had been treated, as Yonatan showed no improvement in his emotional and behavioral problems, which included an eating disorder. He also had shown no improvement in his problems with family relations and had missed several months of school. The Family Support Team included Yonatan, his mother, his grandmother, the Wraparound coordinator, a school attendance officer (part of the time), the Wraparound social worker and the Wraparound coordinator. As part of the Wraparound care plan, Yonatan was referred to psychological treatment, his mother participated in a group for mothers of Wraparound participants, and Yonatan received four weekly hours at a learning center and a big brother/mentor. He was also referred to sports activities – membership at a gym and at a swimming pool, a wall-climbing class, a volleyball class (paid for by his mother). He also received a monthly bus pass so that he could get to his activities. Yonatan was promised a new (NIS 3,500) computer if he finished the school year without failing any subject. After about a year and a half in the program, Yonatan was more obedient towards his mother and she was able to set limits with him. His eating disorder diminished and he had made more friends. He returned to school, finished eighth grade with no failing grades and even represented the school in the "Mathematics Olympics". He also played volleyball on the school team. Despite his marked progress, Yonatan he showed no interest in the process of Family Support Team sessions and consistently claimed that he had improved his behavior simply for the material rewards.

Roni: Roni, age 17, was referred to Wraparound at his mother's request and the social worker's recommendation. This was after he had returned home after eight years at of residential care, which he left on his own initiative. Roni had emotional-behavioral difficulties, difficulties with school and with family relations and delinquent behaviors. The Family Support Team included Roni, his mother, his probation officer the Wraparound social worker and the Wraparound coordinator. His care plan included meetings between Roni, his mother and the Wraparound social worker. Roni was referred to a work and study program for adolescents who had dropped out of high school. He took part in a youth theater, received a membership to a gym, and was assigned a big brother/mentor. The family received furniture that they needed from a charitable

foundation. The mother was referred to the Wraparound support group for mothers. After about a year in Wraparound, Roni showed considerable improvement in his self-confidence, in his control of his anger, and in his ability to open up to other people. He did well at the work study program, and made friends there. Communication problems with his mother decreased and he respected her authority more; he was not involved in violence or delinquency. Roni decided to enlist to the IDF rather than try to avoid the required military service.

3.3 Examining the Program's Impact

Each of the participants described above showed improvement in the areas of concern: school performance, behavior, delinquency, family relations, acceptance of parental authority and emotional adjustment.

The examination of the existing program documentation ($n=22$) yielded a similar picture with most participants showing improvement in the concerns noted at the start of the intervention. With the exception of one of the 22 participants documented, all showed some improvement in school attendance, and some even achieved higher marks. For three of the program participants, delinquency was a concern and two of them had significantly reduced it. The program helped some of the families improve living conditions and financial conditions. The case studies revealed that material assistance in some instances led to positive changes in other areas; for example, in Yonatan's case, the promise of a computer contributed to his improved schoolwork; for Ronit and Revital, the move to a larger apartment encouraged them to sleep at home.

Note that despite the progress of the adolescents described in the case studies, at times some of them regressed in various areas. For example, , Dani had discipline problems at school while he was in the program. Nonetheless, when assessing the outcomes of these interventions, the professionals in the Family Support Teams emphasized the long-term process rather than the situation at any given moment. As they explain it, regression is a natural occurrence in the process of intervention and treatment.

The Program's Contribution from the Perspective of Parents and Youth

Most of those interviewed, parents and youth alike, expressed satisfaction with the program, noting that it had helped them in the areas initially marked as concerns. Their very participation in Family Support Team sessions caused the adolescents to feel wanted and accepted. This contributed to their commitment to change. Wraparound also contributed greatly to the parents: it allowed them to share their concerns about their children with the Family Support Team and it provided them with practical tools to increase their parental authority and empowerment, and improve family communication patterns.

Wraparound's Contribution to Youth Communication and Behavioral Skills

One of Wraparound's significant contributions was helping the young participants improve their skills in interpersonal communication and anger management. The adolescents, parents and staff consistently noted this impact on family relationships, school functioning, and peer relations.

They also noted that the sessions of the Family Support Team provided a regular opportunity to discuss family difficulties with professionals, helping to maintain positive communication at home in between the sessions.

Wraparound's Contribution to the Family as a Whole

Youth, parents and professionals saw Wraparound's capacity to provide multiple responses as a major advantage. The multi-disciplinary flexible model can respond to the needs of both the family as whole and individual family members, indirectly helping the adolescents by alleviating the parents' problems and freeing family resources to support the adolescents who are the initial target of the intervention.

4. Discussion

Strengths

- ◆ Wraparound contributed significantly to the adolescents and their families and the participants made progress in most areas of concern.
- ◆ Participants were highly satisfied with the program, especially with the personal relationship with the professionals and their availability.
- ◆ Holding Family Support Team sessions in the family home created intimacy and openness, and enhanced the family trust in the team.
- ◆ Participation of professionals from different services provided diverse perspectives.
- ◆ The program relied on a range of community resources to help the adolescents and families. Material and therapeutic responses contributed directly and indirectly to the youth and family needs.
- ◆ Wraparound contributed to parents – easing their concerns, empowering them and providing tools to cope and to reinforce their parental authority.
- ◆ The flexibility of the intervention model made it possible to respond to the family as a whole, which positively impacted the adolescents.

Challenges and Issues for Consideration

- ◆ ***The Family's motivation.*** Family Support Team professionals believe that motivation to participate should be a decisive criterion for acceptance to the program. They also agree that more highly motivated families and youth should take priority over youth at higher risk. In their view, the program only benefits families who are motivated and willing to change; in the absence of motivation, serving the family and adolescent could prove a waste of resources. Moreover, if the young person's motivation is low, the family's high motivation and willingness become crucial.

Note that the program targets the families of youth in extremely difficult situations who are generally not highly motivated to cooperate with professional services. Consequently, the question of the professionals' training to work with unmotivated youth should be examined.

- ◆ ***Setting objectives and goals.*** Overall, in planning the Wraparound intervention with the adolescent and family, there was no process of defining measurable, applicable long-term

goals and interim objectives, as the model dictates. Objectives were usually set flexibly during the ongoing sessions. It seems preferable to adopt a process of setting goals and objectives in advance, and to follow up on the progress in achieving them. In order to keep the program flexible as well, the process should include periodic evaluation of the progress, to redefine the goals if necessary.

- ◆ ***The role of the coordinator in the multi-disciplinary team.*** Usually, young para-professionals were employed as Wraparound coordinators. The professionals in the Family Support Teams criticized the absence of an experienced, professional coordinator to guide and direct the teamwork and to deal with other services. Several changes to consider are employing experienced social workers as coordinators, training the coordinators to serve as team leaders and moderators for this intervention and for work with community services and training the professionals on the Family Support Teams to work as multi-disciplinary teams.
- ◆ ***Lack of both professional meetings outside of Family Support Team sessions, and individual sessions with youth.*** All the meetings with professionals were held in the Family Support Team sessions with the family. This enhanced the partnership with the family and transparency of the process but did not enable professionals to consult with one another or coordinate and plan further work. Furthermore, in the present format, Family Support Team sessions do not allow for family members to raise sensitive issues that are not appropriate for discussion in such a wide forum, or for professionals from the team to meet with the young person in private. It is worth considering professional and individual meetings outside of Family Support Team, according to need.
- ◆ ***Creating a central management for the program.*** The further development and expansion of the program beyond the first two cities calls for a central mechanism to consolidate the practice within the teams and with the services.
- ◆ ***Strengthening cooperation between local education departments and social services.*** The involvement of school staff was extremely limited. It seems likely that engaging local education departments will help increase the involvement of teachers and schools that is vital to improving the adolescents' situation.

Directions for the Future

The study findings were presented to program initiators and leaders. At the time of the writing of this report, the pilot funded by Ashalim and the Haifa and Be'er Sheva municipalities had ended and the Ministry of Social Affairs and Social Services was examining ways to extend the program to respond to the needs of youth at high risk. At the time of this report, the MSASS Youth Probation Service is planning to implement the program in four cities in which there are many adolescents waiting for out of home placements (Tel Aviv, Jerusalem, Haifa and Beersheba). In the first stage, the program will treat 20 adolescents and their families, on condition that the adolescent and family are willing to participate and motivated to cooperate with the program..

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