EVIDENCE BEHIND THE OUR PLACE ELEMENTS

Wrap-around health and wellbeing services

ourplace
education is the key to the door

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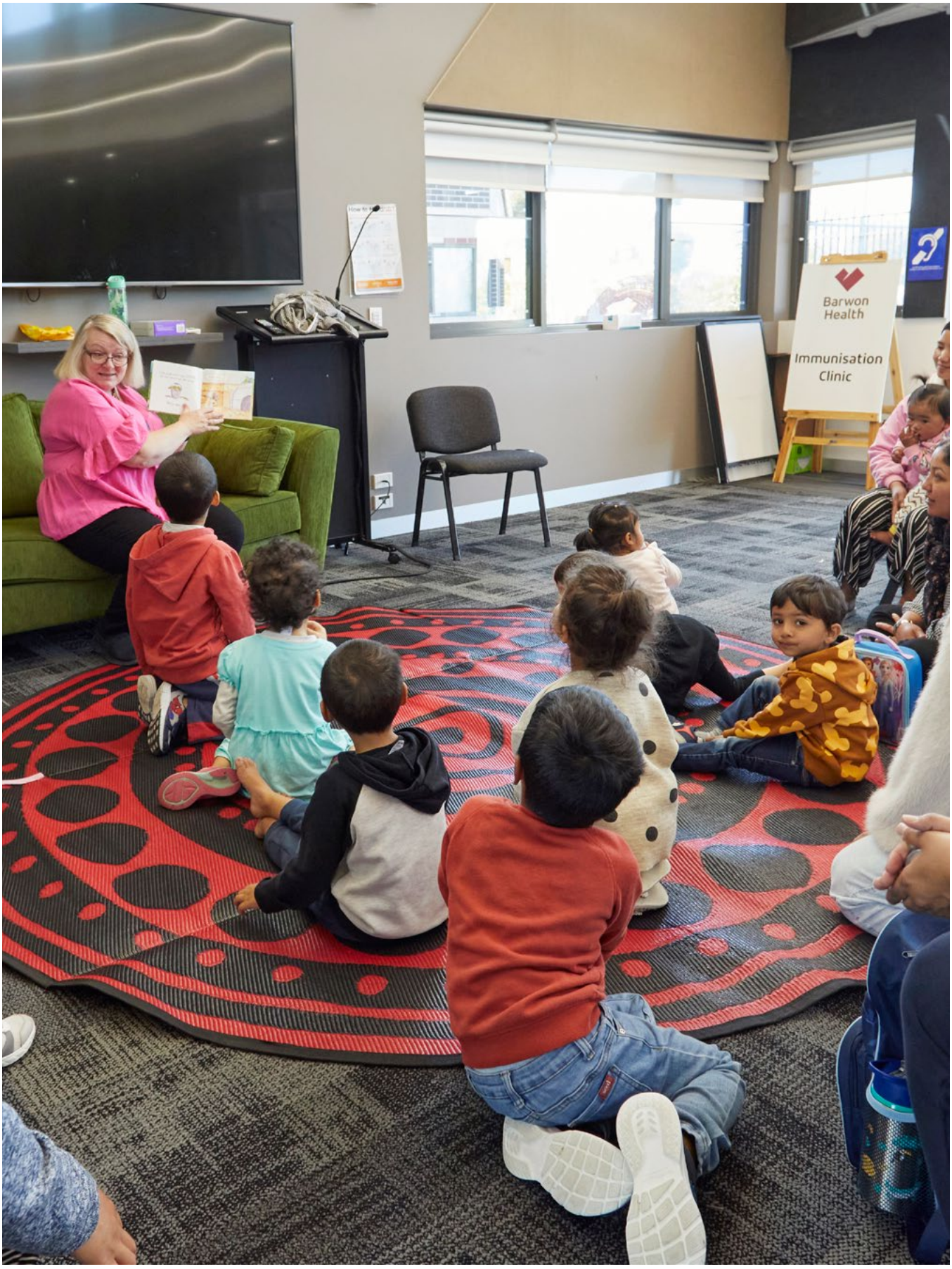
ACKNOWLEDGEMENT OF COUNTRY

Our Place acknowledges the First Nations people of Australia and Traditional Custodians of the lands that we live and work on, and recognise their continuing connection to land, water and culture. We pay our respects to Aboriginal and Torres Strait Islander peoples, their Elders past, present and emerging. We are committed to working together for a brighter future.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Why wrap-around health and wellbeing supports matter

Wrap-around service delivery is an approach that puts the holistic needs of children, young people and their families at the centre, and brings together the wide range of resources, supports and tools that equip them to thrive.

Wrap-around models typically involve collaborations across service systems – for example, connecting education, health, family support, allied health, and employment services, or providing pathways from a universal or 'soft entry' point to a range of services for more complex challenges, like housing, family violence, drug and alcohol or mental health services.

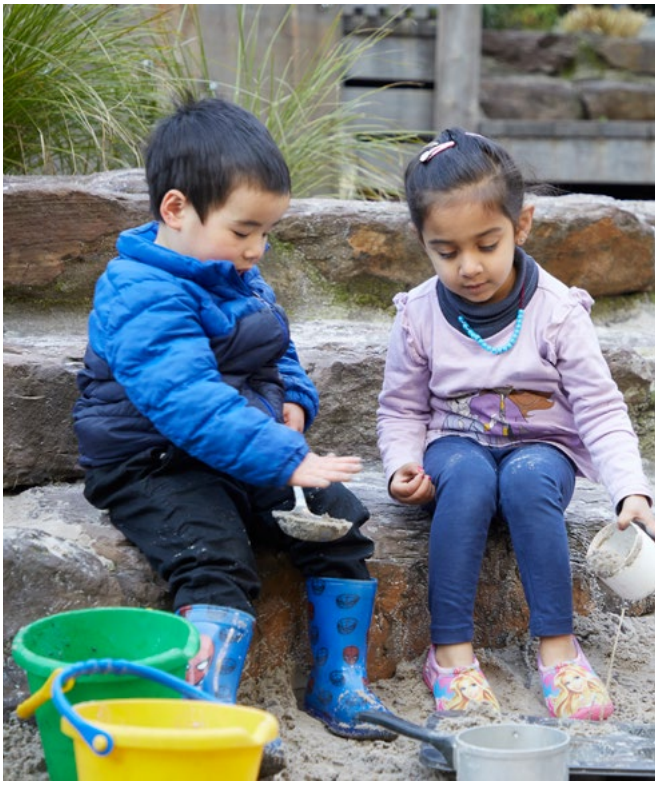
Health and wellbeing supports can include universal services (like maternal and child health) and secondary services (like access to paediatricians or speech therapists), and often also include referral pathways through to tertiary services (like crisis support).

WRAP-AROUND MODELS ARE INTENDED TO ADDRESS SIGNIFICANT LIMITATIONS IN THE WAY SERVICE SYSTEMS ARE CURRENTLY DESIGNED

Wrap-around models have developed because service systems designed to support child and family wellbeing developed in siloes. There is consistent and comprehensive evidence about the extent to which this traditional approach fails to meet the needs of children and families, most recently documented in Royal Commissions on family violence and mental health systems and inquiries into service access in regional Australia (State of Victoria, 2021 and 2017; Senate Community Affairs Reference Committee, 2018).

A 2011 government report identified five key limitations with the design of the service system, and in spite of various efforts at reform, they remain relevant today:

- A fragmented and poorly coordinated system, where specific service sectors largely focus on issues or groups of vulnerable people without a whole of system view.
- A program-focus instead of a client-focus, where the onus is on people to make sense of services, navigate from door to door and 'fit' a program to qualify for support.
- Services which fail to consider the family circumstances of clients, in particular the existence and experience of children.
- A traditional welfare approach that focuses on crisis support and stabilisation, rather than building capability.
- A focus on solving problems after they occur rather than anticipating and intervening to prevent them arising (DHHS, 2011).



Reflecting these challenges, a 2020 OECD review points to the benefits of accessing support services for improved maternal and child health, school performance, family economic self-sufficiency, child maltreatment, and juvenile delinquency.

However, the review notes that in practice most of the families who could benefit are not reached by the existing service system: "a key issue is how to reach the most disadvantaged families, how to ensure that they know such services are available, how to encourage take-up and how to guide them through the whole support system, which in many countries remain complex and fragmented" (OECD, 2020).

Families experiencing disadvantage commonly grapple with multiple and overlapping challenges. Families experience these issues in interrelated ways (access to housing impacts mental health which impacts household stress and child-parent relationships) but are often dealt with by separate service systems. Furthermore, they often experience a range of barriers to accessing services – including access to transport, language barriers, experiences of racism, overcoming the trauma of past negative experiences, or fear of children being removed (McArthur and Thompson, 2011).

Families consistently report that services are hard to find out about, are not culturally safe or appropriate, involve long waiting lists, respond to issues in isolation, and/or don't respond effectively to their particular needs, priorities or circumstances (Cortis et al, 2009). For example, a recent study of barriers to accessing parenting programs identified:

- Individual barriers. Poor physical or mental health, negative perceptions of services or fear of stigma / social anxiety, lack of confidence or motivation, lack of time, access to transport.
- Interpersonal barriers. Domestic violence, lack of family support, lack of informal support networks, caring responsibilities, multiple and complex issues that limit capacity to engage, social isolation.
- Program and service barriers. Accessibility of program (fees, waitlists, locations, program format, timing), inadequate promotion of services, programs/support not aligned to needs, poor staff skills (lack of rapport, prejudiced attitudes), difficult enrolment processes, lack of translators or culturally inappropriate content / approaches.
- Systemic barriers. Programs/services not eligible to some visa categories, families whose income is just above Health Care Card thresholds, limits on subsidised sessions (i.e. mental health care plans), legal requirements to report families to child protection, insufficient funding to meet needs (Molloy et al., 2022).

These barriers mean that children, young people and their families do not access the resources, services, treatment or support that would help them address and move through the challenges they are experiencing.

WRAP-AROUND MODELS ARE COMPREHENSIVE, HOLISTIC, AND FAMILY CENTRED AND REQUIRE SERVICE PROVIDERS TO WORK COLLABORATIVELY

Research highlights effective approaches to support families with complex needs (Superu, 2015; Cumming et al., 2014; McArthur and Thompson, 2011) include:

- Individualised, relationship-based support. Working flexibly with individual family priorities and needs, including ensuring material basics like safety, housing and food security are met first in order to enable focus and development in other areas of wellbeing. This also includes support that is trauma-informed and culturally sensitive (Dowse et al., 2014). In these approaches, practitioners are supported in building positive and affirming relationships with families, underpinned by trust. This increases the likelihood of the family continuing access (Bekaert et al., 202; McArthur and Thompson, 2011).

- Strength-based and culturally safe. Approaches that start with the strengths and capabilities of families, focus on their aspirations, and "identify, and free up, the nurturing factors that exist in the user's context that will facilitate wellbeing" are more likely to engage families effectively (Caiels et al., 2021). Feeling culturally safe and services that are responsive to cultural contexts are also critical. This is the case for all families, but is particularly important for First Nations families and communities (Nolan-Isles et al., 2021).
- Family-centred. Traditional delivery of family and social services is often perceived as being "done" to a family, rather than "with" a family. By putting the family at the centre of decision making, this builds agency and families' willingness to participate and engage with services driven by the family's needs, as identified by themselves (Dowse et al., 2014).
- Multi-systemic. Entrenched disadvantage and interlinking complex challenges occur and are influenced across multiple sectors and levels of systems. A family may be experiencing individual health challenges, while facing a health system that is difficult to navigate as a non-English speaker. This may be occurring while facing financial hardships or fleeing domestic violence. A multi-systemic approach is critical for supporting families that are facing challenges that cut across multiple sectors, systems, and levels (Cumming et al., 2014).
- Ongoing and able to dial up or down intensity and duration proportionate to need. For families with complex needs, provision of services over time and with a high enough frequency of engagement to build strong and trusting relationships is key to breaking cycles of intergenerational disadvantage (Cumming et al, 2014; Dowse et al., 2014).

Wrap-around support is a service delivery strategy that supports and enables these ways of working. The NSW government describes wrap-around models as ensuring "families receive integrated and coordinated services that work together to meet their needs. It also acknowledges that clients have complex and diverse needs that are ever changing. Wrap-around support ensures practitioners are flexible and the support provided is tailored to client's circumstances, needs and wants." (NSW Government, 2022).

Wrap around models are used in various ways and across multiple disciplines / sectors (health, psychology, justice, child protection, disability, drug and alcohol, homelessness, social work, and education), encompass a range of ways of working (including varied levels of identity and fidelity), and operates at multiple levels (from individual case management to partnerships between services to place-based collective impact projects) (Shurer Coldiron et al., 2017).

There is a large and growing body of literature internationally, attempting to define the concept, articulate conditions for effective implementation, and measure its impact (Olson et al, 2021; Strnadová et al, 2019; Shurer Coldiron et al., 2017).

The research literature uses a variety of terms – for example, 'wrap-around support', 'wrap-around care', and 'wrap-around service coordination' – and it covers an array of different models – for example, case management, integrated services, coordinated support, place-based collaboration. This paper uses the broad term 'wrap-around models' as an umbrella term to encompass all of these things, as the distinction between definitions across the research is largely driven by the language of the sector or discipline of the researcher (e.g., psychology, education, health, public policy, social work), rather than any differences in conceptualisation or implementation. The principles of wraparound and general phases of implementation seem to be consistent regardless of sector or discipline.

While the lack of effectiveness of traditional service delivery approaches is well-documented and evidenced through rates of disadvantage and developmental vulnerability that have not substantially changed or worsened over the past two decades, it has not been clear if wrap-around models deliver better outcomes for children and families.

Wrap-around models are, by their nature, contextually specific, complex interventions that are difficult to rigorously evaluate. The evidence-base is relatively mixed as a result, with a number of systematic reviews and meta-analysis (across health, education, human services and justice) identifying a lack of high-quality, rigorous studies and a mixed picture of impact. (Bartlett et al, 2018; Shurer Coldiron et al., 2017).

However, the consensus of the evidence base across multiple fields and disciplines is that well-implemented wrap-around models are effective.

A 2022 systematic review of integrated primary health and social care hubs found a positive association between an integrated model of care and improvements in children's mental health and wellbeing. The key integration features evident in studies that found positive effects for children were case management; a holistic model of care focusing on client medical, psychological, and social needs; a focus on education / capacity building; and continuity of relationships and engagement (Honisett et al., 2022).

A 2021 systematic review of the effectiveness of care coordination for young people with significant social and emotional challenges found that it's a highly effective approach. The review found significantly improved

outcomes in school engagement, in-patient mental health care, and cost of service delivery, and strong outcomes for mental health systems, and social functioning. The review found that more disadvantaged cohorts benefited most from coordinated service delivery (Olson et al., 2021).

A 2018 meta-analysis of integrated healthcare services found improved patient satisfaction, perceived improvements in quality of care and increased access to services, but limited evidence of improved health outcomes. These findings are echoed in a 2020 meta-analysis of integrated care models for children (Glover et al., 2021).

A 2016 review of interagency collaboration and children's outcomes showed mixed findings, with some studies showing interagency collaboration was associated with greater service use and equity of service provision, but in some contexts, there were negative effects on service use and quality. However, it was nonetheless perceived as helpful and important by both service users and professionals (Cooper et al., 2016).

Across most of these studies, there is:

- A recognition of the value and importance of wrap around supports and clarity about the problem of siloed service delivery.
- Consistent findings about the value families and practitioners put on wrap-around models.
- Consistent findings about perceived improvements in access and quality of support.
- Mixed evidence of impact on health and wellbeing outcomes, partly attributed to poor quality studies.
- Clear evidence that the quality and consistency of implementation matters, but that implementation fidelity is a persistent challenge.

The evidence is also particularly strong for school-based wrap-around models, outlined in more detail in the following chapters.

Why schools are well-placed to provide wrap-around support

THERE IS A STRONG RATIONALE FOR OFFERING WRAP-AROUND SERVICES THROUGH SCHOOLS

Schools are often already at the centre of communities and can be a highly valued asset in the community. They also include all children, young people and families in the community and have a reach and universality that is unparalleled. The move to leverage this opportunity and connect schools to local service systems has been growing in momentum over the past 30 years.

Research identifies three key benefits of using schools as hubs for wrap-around services:

- Accessibility. Schools are part of the community children and families live in, and are usually close to home or easily accessible by public transport. This brings the service to the family and the community (Eber et al., 2011).
- Reduced stigma. Delivery of support services through 'soft entry' pathways can normalise help-seeking and reduce stigma (Harbin et al., 2000).
- Early intervention. Teachers are well-placed to identify when children would benefit from additional support and connect them to allied health, mental health and other wellbeing services, but when there are strong relationships in place, schools can also play an important role in identifying families that are experiencing challenges and would benefit from support (Whitley & Gooderham, 2016).

However, some families – particularly those experiencing disadvantage – can be highly alienated from schools, either from poor or traumatic previous experience with schools or language and cultural barriers (Emerson et al, 2012). Wrap-around school models work best when they include a range of informal pathways in the school, the opportunity to build trust and relationships, and supported pathways into a range support services that are either co-located or working collaboratively with the school.

USING SCHOOLS AS THE 'HUB' FOR WRAP-AROUND SERVICES HAS A STRONG AND GROWING EVIDENCE BASE

Wrap-around models are common in many areas of health and social services, but school-based models have some of the best evidence behind them. Measuring the impact of wrap-around support offered through schools is necessarily complex – school and community contexts vary significantly, the nature of the model (what and how services are provided) differs sharply, implementation quality and fidelity is mixed, and complex, multi-faceted interventions are by their nature difficult to measure quantitatively.

However, there have been multiple international and Australian studies of the impact of schools providing wrap-around support and there is consensus in the literature that children, families and communities benefit from the provision of wrap-around services in schools. One seminal study makes the important point that the "influence of individual, parent and family, peer, school, neighbourhood, and public policy factors have relatively small individual effects, but collectively, these factors lead to educational success and shape students' futures" (Moore in Maier et al., 2017).

In this context, the cumulative effects of the wide and varied evidence-base in this space is very strong. In particular, studies point to the improvements in children's outcomes, benefits for families and the wider community, and positive returns on investment.

THERE'S STRONG EVIDENCE OF THE IMPACTS ON CHILDREN'S OUTCOMES

A number of studies of wrap-around school models have demonstrated improvements on children's attendance, behaviour and achievement.

- A 2021 review of four randomised controlled trials of wrap-around models found improvements in school attendance and behaviour for children, with moderate effect sizes on these key outcomes.
- A substantial review of 147 studies of American Community Schools concluded that "strong research reinforces the efficacy of integrated student supports, expanded learning time and opportunities, and family and community engagement as intervention strategies" (Maier et al., 2017).
- A related review found significant positive improvements in attachment to school and attendance rates, academic achievement (literacy and maths), and behaviour, and suggested that Community School reduced racial and economic achievement gaps (Oakes et al., 2017).
- A 2017 quasi-experimental study of 53 wrap-around schools from MRDC found positive and statistically significant effects on:
  - Students' reports of having caring, supportive relationships with adults outside of home and school; the quality of their peer relationships; and their belief that education has positive value for their lives.
  - School attendance rates.
  - School graduation rates and decreased disengagement from school (Somers & Haider, 2017).
  - A 2014 Child Trends meta-analysis also found integrated / wrap-around school models had promising impacts on attendance, achievement and graduation rates (Anderson Moore et al, 2014).

THERE ARE ALSO COMPELLING BENEFITS FOR FAMILIES AND THE COMMUNITY

The benefits of wrap-around models extend to families and the wider community. Studies point to improvements in:

- Parent-teacher relationships and parent confidence in the school.
- Increased use of services and services being more aligned with family needs.
- Reduced costs in operating services due to co-location.
- Benefits to the school environment, like community gardens.
- Parents feeling more connected to their community, including increasing the engagement of families from diverse backgrounds in the school, and reduced social isolation.
- Widening the school's networks and connections to the wider community, often contributing to new partnerships.
- Improved school reputation and community / neighbourhood renewal (Cleveland et al., 2020; Maier et al., 2017; Press et al., 2015; Sanjeevan et al., 2012; Teo et al., 2022).

COST BENEFIT ANALYSIS DEMONSTRATES A STRONG RETURN ON INVESTMENT

Maier et al.'s (2017) synthesis of the research on the economic returns from community schools "suggests an excellent return in social value on investments into schools providing wrap-around services and other community school supports, ranging from $3 (excluding economic benefits) to $15 in savings for every dollar invested." (Maier et al, 2017). This included:

- A five-year study that found a return on investment of 1:11.6, with the returns based on higher earnings for students who graduate and taxpayer savings created by this increased academic achievement. Costs included direct investments in staffing, infrastructure, local operations, and the opportunity cost of students remaining in school rather than joining the labour market (Maier et al., 2017).
- Another study found returns of between 1:10 and 1:14.8 with the returns based on the additional revenues generated and costs avoided from improved readiness for school, academic success (not repeating grades, school attendance), mental and physical wellbeing, and positive relationships with adults in the school and broader community (Maier et al., 2017).

3 The services and supports wrap-around schools can provide

In addition to the evidence of impact for students, families and communities, there is a strong evidence base about the components and features of effective wrap-around models. This chapter focuses on three key features:

- Delivering core health services onsite at the school.
- Offering pathways to wider support networks.
- Supporting access to informal and formal resources.

The research also points to the critical role of effective governance, leadership for collaboration and shared use of evidence to guide a common vision and shared planning. These factors are considered in more detail in another paper in this series, *The Glue that enables place-based initiatives to work*.

CONNECTING HEALTH AND EDUCATION SYSTEMS IS PARTICULARLY VALUABLE

Access to healthcare is a key challenge in communities experiencing disadvantage, and connecting the two key universal service systems – primary health and education – is an important strategy for addressing barriers to access.

Core health services commonly offered through schools include primary health care like school nurses, maternal and child health nurses, youth health workers, with some also offering or supporting access to additional services like speech therapy, occupational therapy, disability support, dental health, general practitioners, and paediatricians able to conduct developmental assessments and enable referrals for additional support (Levinson et al., 2019).

Having core health services delivered at the school premises has been shown to have positive impacts for children and their families (Montgomery et al., 2022). Three recent systematic literature reviews focus on school-based health centres or school-based health-care (Montgomery et al., 2022; Levinson et al., 2019; Knopf et al., 2016). The key findings from each show small to moderate positive health and wellbeing effects of co-locating health services at schools.

When implemented with a family-centred model and accepted by the community and school-based health services:

- Increase access to primary health services. Students and families were reported to attend the GP or health centre more often when co-located at a school.
- Increase health equity, by increasing the accessibility of health services to students and families who may struggle to find time or transport to off-site health centres / services.
- Improve health outcomes for children and adolescents, through early identification of health challenges (including mental health challenges, eating disorders, and sexual health concerns).
- Improve school attendance by reducing incidences and length of absenteeism due to sickness.
- Improve quality of care of service providers by building stronger relationships, trust and familiarity with students and families through regular and informal interactions (Montgomery et al., 2022; Levinson et al, 2019; Knopf et al., 2016).

Studies that focused on the effects of the most disadvantaged students, and families with complex needs, found that these effects have the potential to be larger for disadvantaged cohorts. Having health services co-located at a school reduces common barriers associated with families with complex needs to access and increases their utilisation of community health services (Haig, 2014).

OFFERING PATHWAYS TO WIDER SUPPORT NETWORKS EQUIPS SCHOOLS TO BE RESPONSIVE TO CHILD AND FAMILY PRIORITIES AND NEEDS

A strength and core feature of wrap-around is the flexibility of the model to be designed to cater to the needs of the community and families they serve, and for schools to be a connected in with a wide range of broader supports.

There is no specified list of additional services that have been proven to increase the effectiveness or increase positive outcomes of wrap-around models. Instead, research has shown that being driven by the context and operating environment and working with community to define and identify needs and strengths of the community is a critical enabler for wrap-around models to deliver positive outcomes (Olson et al., 2021; Schurer Coldiron et. al., 2017).

Research has shown that wrap-around models that are responsive to community priorities:

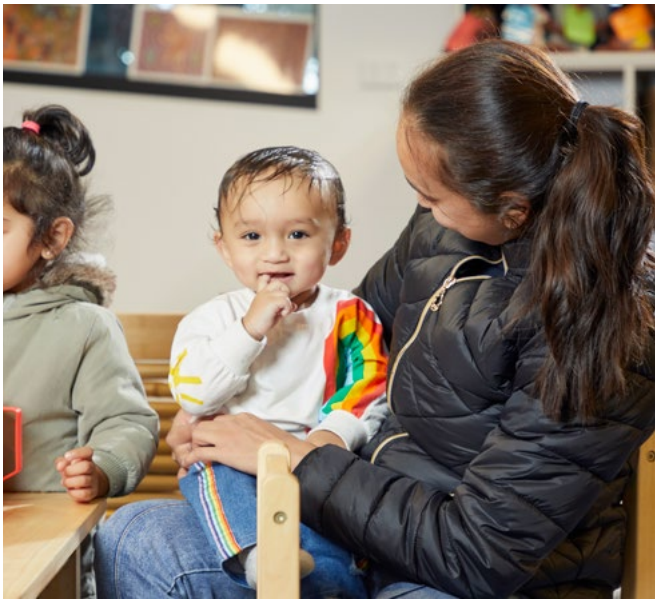
- Are more likely to have achieved acceptability (or buy-in) from the community.
- Increase community and family agency by providing the opportunity to drive what services and approaches work for them.
- Achieve a more purposeful and connected network of service providers.
- Increase quality of service delivery because the support is tailored to local priorities and contexts.
- Achieve greater economies of scale in identifying and working with the strengths and challenges that the community is facing collectively.
- Increase utilisation of services, both the additional services, but also core health services.
- Reduce the likelihood that a family will 'fall through the cracks', as service delivery gaps at the local level can be addressed more readily.

Being responsive to community needs is implemented by listening to community about how, when and what they want to be engaged with. When considering how to respond to community needs, a program should:

1. Co-design with community about their priorities and needs. Listening sessions with families to understand the challenges they are experiencing and the support that would make a difference – for example, simple measures like support for families to fill out government forms can provide significant stress release.
2. Ensure additional services are contextually informed. Being responsive to community dynamics, factors like historical experiences of trauma, or local employment conditions. For example, different approaches are needed in communities where many families are in shift work or insecure roles to make ends meet, versus communities with high rates of intergenerational unemployment.
3. Ensure additional services are accessible given cultural, social, and environmental constraints. Understanding the cultural norms and values of the school community. For example, including interpreters or bilingual health and social service professionals that speak languages that the community speak or understanding the local bus timetable and planning around that.

This is an important aspect of wrap-around models for families with complex needs because:

- Being able to access services and supports will enable families to more easily access a tailored suite of supports that is relevant to their needs.
- Having a say in the type and nature of services and supports that are delivered through a program increases a family's agency and supports their self-determination. Increasing their willingness to seek and utilise the services and supports.
- Being responsive to community specific needs creates a sense that services and supports are for and with the community and families, rather than acting on or to families. Increasing the collective nature of the program, increasing community cohesion, and reducing stigma around accessing the services.



SUPPORTING COMMUNITY CONNECTEDNESS ALSO INCREASES ACCESS TO INFORMAL SUPPORT

Most research on wrap-around models focuses on referral pathways to formal supports and services. However, some research points to the importance of informal supports as a critical resource for families (Strnadova et al., 2019).

This research describes informal supports are friendships, extended family and other members of a family's wider support network that support them to overcome challenges and enable them to reach their potential. Informal supports help families in a myriad of different ways, but often it is to take a small load off a parent by sharing responsibilities to give back time and space for a family to work through complex challenges they may be facing. For example, an informal support may:

- Mind children so a parent can attend training or education or access a social service to help with unemployment.
- Drive a student to an extra-curricular activity if the family doesn't own a car, supporting the student to be more engaged in their education.
- Identify that a family is struggling and in need of formal support, and help by referring the family to a service (Foster et al., 2022; Crossman, 2018; McLeigh, 2013).

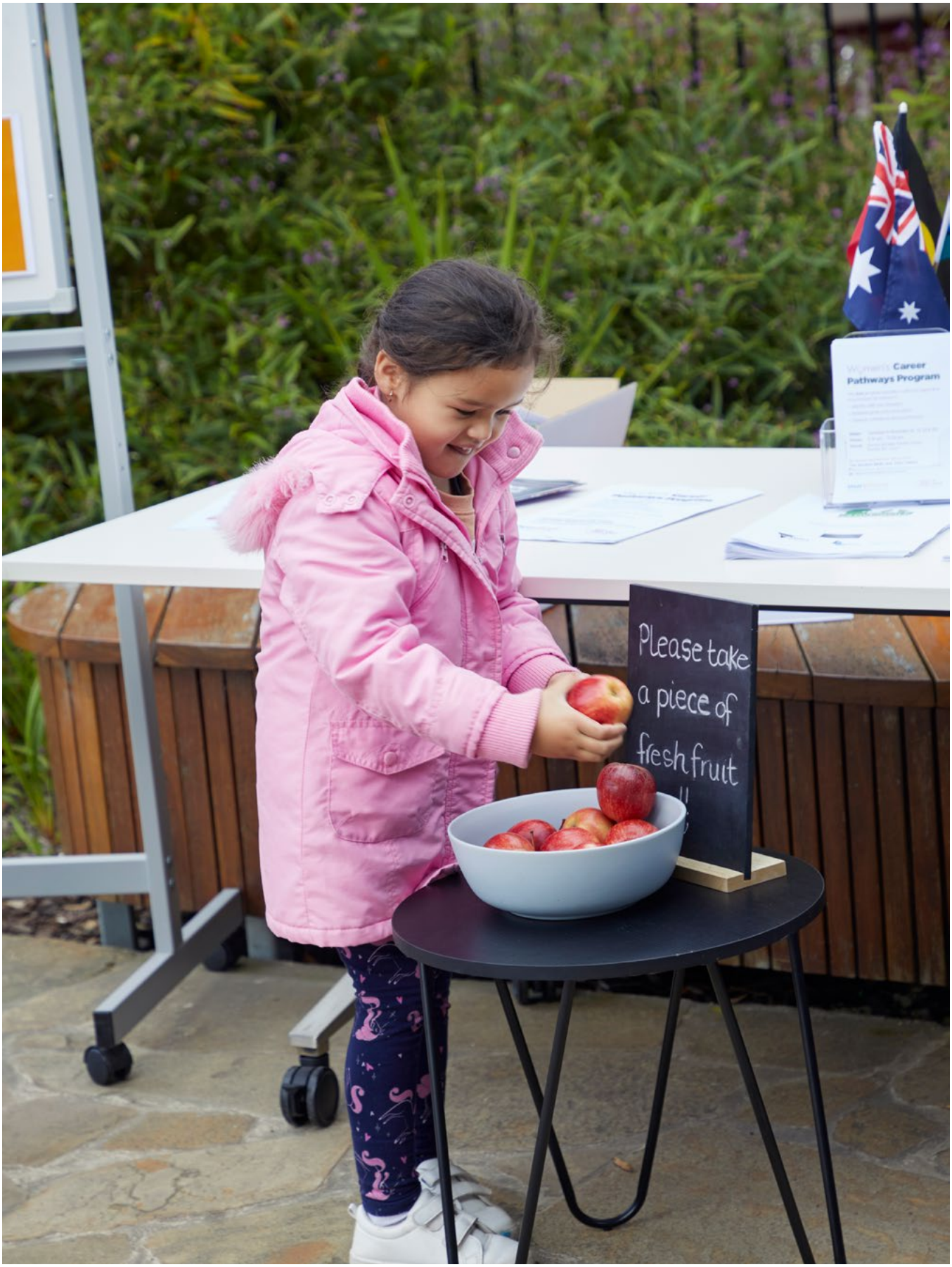
It's these small and informal incidences that can be the catalyst for whether a family is able to access support and build their own capacity to support positive life outcomes. Often families with complex needs and facing multiple life challenges or entrenched disadvantage lack these informal networks – this increases their isolation and reduces the avenues for a family to access help and support (Australian Institute of Family Studies, 2013).

A school is already a place where informal networks are built organically (Knopf et al., 2016). Wrap-around service delivery models based at schools provide a mechanism to intentionally grow the environment for families to cultivate these informal supports.

Building informal support networks for community can include a wide range of community engagement and community building activities. Some examples from research that have been shown to be effective are: school holiday sport / craft programs, parent groups, fitness programs, casual meet-ups or informal community interest groups, or maintaining a safe and welcoming space for families and their informal supports to connect (Casey Family Programs, 2016). These opportunities are outlined in more detail in the paper on *Adult engagement, learning, volunteering and employment pathways.*

The value of explicitly cultivating opportunities for improved informal supports in school-based wrap-around models is that they:

1. Act as a soft entry point into more formal supports. Building Informal supports at a location where formal services and supports exist as well, enables health and social service professionals to build connections and relationships with families by giving families positive reasons to come and utilise the space (Schurer Coldiron et al., 2017).
2. Foster a sense of belonging at the school and in the community. Informal support building activities can connect families and friends to each other, to form bonds, fostering a more connected community as a whole, and one that is more likely to support each other (Campbell et al., 2013).
3. Organically build relationships between the school, service delivery staff and community members. Facilitating the building of informal supports can be an avenue for wrap-around staff to connect with community members, form positive relationships and be accepted as community members themselves. (Schurer Coldiron et al, 2017; Walker et al., 2011).
4. Can increase the quality of care and increase their individualisation of care to families through connecting with informal supports (Olson et al, 2021). In particular, the capabilities that health and social care practitioners need to work effectively in integrated, collaborative settings are associated with improved patient care and relationships. A recent meta-analysis suggests "building deeper relationships with patients and more functional relationships with colleagues and other service providers will result in an integrated knowledge of biopsychosocial aspects of disease and systems and social determinants of care", and therefore enhanced quality of care (Barraclough et al., 2021).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a piece of
fresh fruit

What's required to deliver effective wrap-around service delivery in schools

Research is clear that how wrap-around models are designed and delivered is as important – if not more so – than what services are provided. This chapter covers three particularly important enabling conditions that, when implemented successfully, set up wrap-around models for success:

- Securing buy-in and engagement from community from the outset and in an ongoing way.
- Families only telling their story once and supported to access and receive services in a coordinated, efficient and effective way.
- Warm referral protocols in place across the site.

A high proportion of the most rigorous research in this space comes out of the American Community Schools movement, which includes wrap-around hub models alongside more intensive family 'case management' support. However, the key findings of this evidence base, including the conclusions of a recent systematic review, are highly relevant in an Australian context (Olson et al., 2021).

SECURING BUY-IN AND ENGAGEMENT FROM COMMUNITY FROM THE OUTSET AND IN AN ONGOING WAY

A precondition for effective wrap-around models is cultivating buy-in and engagement from community. Research into wrap-around and place-based models more broadly have shown that community readiness and community acceptance for an initiative are critical to the access, utilisation and ultimate success of the program (Burgemeister et al, 2022; Bruns et al., 2008). Buy-in from community is important because:

- Families experiencing entrenched disadvantage who have been let down by the health and social service system in the past may have mistrust for services and new programs within their community. Cultivating buy-in and having community support for an initiative, particularly in a community where multiple and overlapping disadvantage exists increases family and community agency and willingness to participate in the program. (Montgomery et al., 2022).
- A wrap-around model relies on community cooperation to build a robust service provider and support network. Without community buy-in, local service providers may be hesitant to connect and collaborate. (Olson et al., 2021).

FAMILIES ONLY HAVE TO TELL THEIR STORY ONCE, AND SUPPORTED TO ACCESS AND RECEIVE SERVICES IN A COORDINATED, EFFICIENT AND EFFECTIVE WAY

A key principle underpinning wrap-around models is the importance of collaboration within networks within supports and services to individualise and tailor support for each family. There is consensus in the implementation evidence that processes and systems need to be developed to enable this way of working.

The operational mechanisms to achieve this are explored in more detail in the paper on The Glue that Makes Place-Based Models Effective, but one feature central to effective wrap-around models is families only having to tell their story once – and being confident that having shared their story, they will be connected with meaningful, practical and appropriate support that is aligned to their needs and preferences.

For families with complex needs and / or entrenched disadvantage, being "bounced around" a fragmented and siloed service system is a reality that has caused many families to stop seeking support all together (Nooteboom, 2020; Bekaert et al., 2021; Haig, 2014;).

However, information sharing and service continuity are important strategies for overcoming these challenges. A 2018 qualitative study of barriers and enablers to referral and service uptake, conducted for the Queensland Mental Health Commission, concluded that:

- Information sharing between service providers is largely accepted and valued.
- Actual or perceived risks to service continuity can be a barrier to uptake, effectiveness, and integration for remote services (QMHC, 2019).

Having well-coordinated services is important and an underpinning feature of wrap-around models because it:

- Reduces re-traumatisation from a family having to tell their story over and over again.
- Builds trust in the model, service providers and the health and social service system more broadly.
- Enables inter-agency problem solving and support provision for the family.
- Increases the quality of care provided for the family through collaborative practices (Richter et. al., 2020, Caiels et. al., 2021).

WARM REFERRAL PRACTICES INCREASE ACCESS TO SUPPORT

- Warm referrals connect families directly with a definite contact point at a new service provider. Best practice for warm referrals is in person with the family present (Agency for Healthcare Research and Quality, 2017).

A definite contact point gives the family a face, name and contact details which:

- Gives the family agency and choice about when and how to follow up, through a direct line of contact, reducing the risk of feeling like they are being bounced around a service.
- Builds trust in the new service provider, which, for families who have a history of abandonment and disappointment with health and social service providers, will encourage access to and utilisation of new services.
- Increases the credibility of the new service provider and creates a sense of accountability, when a member of families' support care team refers the family to a specific person, it provides assurance that they are a quality service provider and also that there are other parties invested in the successful provision of the new service.
- Reduces the need for families to repeat their story, and increases the efficiency of information transfer between service providers.
- Demonstrates that the support care team is being responsive to the family needs and also acts on those needs by seeking quality additional support. (Sanderson, 2021; Centre for Integrated Health Solutions, 2017).

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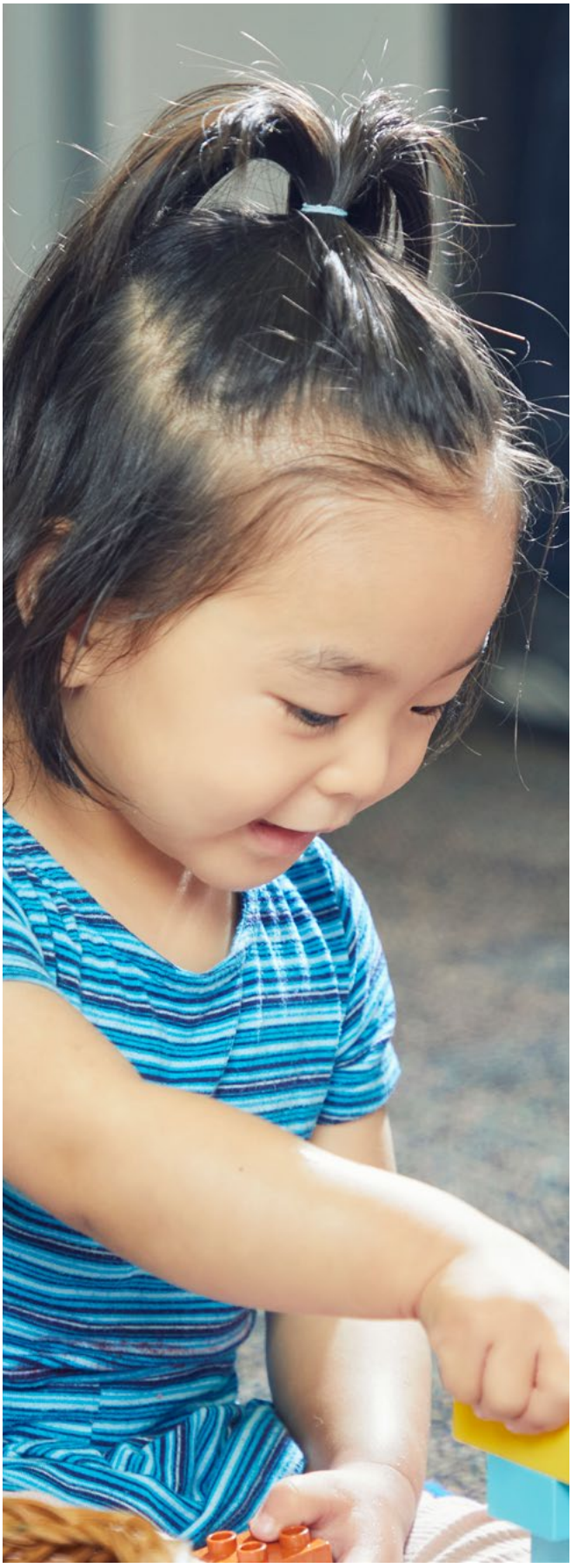
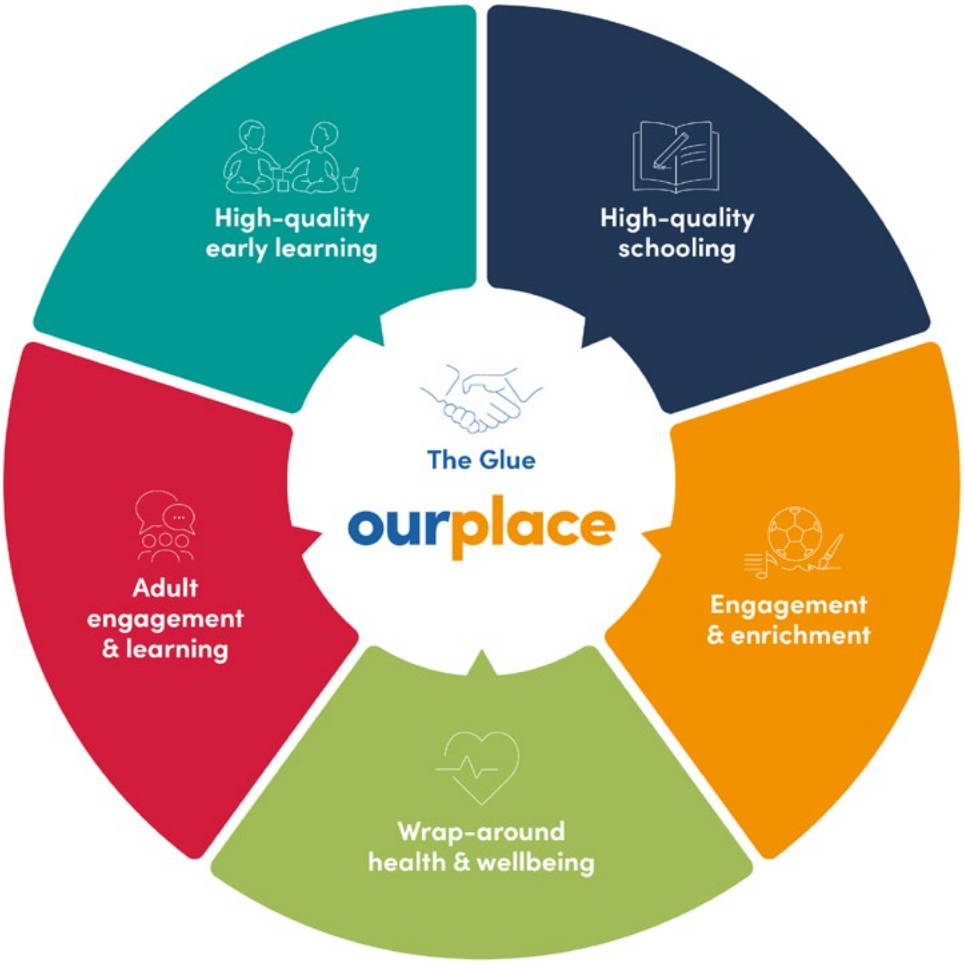


Our Place Elements



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