



This info sheet is one of 12 two-pagers that highlights key findings and promising practices from the **Co-Creating Evidence** (CCE) study.

Co-Creating Evidence was an evaluation of eight different Canadian programs serving women at risk of having an infant with prenatal exposure to alcohol or other substances.

Creating Wraparound Programs: Partnerships are Essential

Wraparound programs rely on partner relationships between and within health and social service sectors. Formal agreements help define roles and limits of confidentiality and facilitate information sharing. Informal partnerships are guided by shared goals, clientele, and purpose.

The connection between child welfare, primary health care, and substance use services is a unique feature of the programs in the CCE study.

6 programs provide a **one-stop, wraparound experience** for clients, i.e., multiple services that are in one location.

5 programs had primary care services and/or housing **co-located** with the program.

At **7** programs, **integration of staff from other organizations** (e.g., child protection, income assistance, infant development, Indigenous Elders) helped to promote a one-stop experience.

Addressing fragmentation of services within health care as well as between health and social services was a goal for the programs.

Common partners



Child welfare/child protection services



Prenatal/postnatal health care services, e.g. public health, midwifery, primary care physicians



Specialized health services – e.g. maternal fetal medicine; pregnancy and substance use; Opioid Agonist Therapy



Addictions and mental health services

Less common partners



Housing related services



Detox



Health services related to Indigenous health



Infant development/child health



Income assistance



Legal services



Probation services



Wraparound programs and partnerships in practice



Co-location of health and social care helps improve clients' access to services.

"Being team-based is really important. We share our expertise across disciplines. I can hook the women up with the right person on the team, such as the A&D counsellor, and I can do it a lot more easily than if that person were located somewhere else."

Regular case conferences and joint planning sessions help mitigate problems and build relationships.

"By meeting, we build relationships with the team and can solve problems before they happen."



Formal partnership agreements can support service delivery by spelling out information and resource sharing, roles, and limits to confidentiality.

Sitting on inter-agency or advisory committees is a way to exchange knowledge and build trust.



"With the Collaborative Planning Committee, we do a really good job of collaboration, especially given that we differ in our roles."

Informal connections help round out services.

"Our agency runs a group for women at the program. I facilitate it and they pay for transportation vouchers, childcare, and snacks. It's a win for both of us."

Partnering with a local Indigenous organization to be part of case planning and/or to provide staff, knowledge or services helps promote cultural safety and connections.



"We have a Memorandum of Understanding to provide an Elder who goes to the program weekly to hold a Circle talk and also sit with people, one to one."

