

Volunteer Peer Support- WrapAround for Older Adults Program Information

WrapAround is an effective approach to helping older adults & caregivers with complex needs achieve their goals. Teams of family, friends and professionals that the older adult or caregiver chooses come together to “wrap” participants in community supports. The participant’s strengths, culture and vision for a better life drive the process from beginning to end.

The WrapAround Process:

- An older adult/family driven, team based and holistic planning process that develops one individualized and integrated plan.
- Builds on the strengths of the older adult and their team members
- Develops strategies that the entire team takes on to effectively address the needs identified by the older adult on a daily basis.
- This process blends the older adult’s formal services and natural supports into one team that work together to support the implementation of the older adult’s plan.

How the WrapAround Process Works:

- The team brainstorms strategies or options that build on the strengths and resources of the older adult and their team
- Key to the success of WrapAround is that the older adult picks who will be on their team, what they want to work on, the strategies that they want in their Action Plan and how fast they want to work on the plan.
- The older adult’s team meets on average once a month to both develop and then review their Action Plan.

Eligible Participant Criteria:

1. Older adults residing in Northumberland County, who:
2. Are experiencing complex and persistent needs/conditions or are caring for someone with multiple complex and persistent needs/conditions, and;
3. Are agreeable to a WrapAround process, and;
4. Have not effectively had their needs met or addressed by the efforts of service providers.

Participant Referral Form attached

CONTACT US

For more information on WrapAround for Older Adults and how to be referred:

Contact the Program Coordinator, Kelly Peterson
(905) 372-7356 x 102; k.peterson@commcare.ca

OR VIST:

www.ohtnorthumberland.ca OR www.commcare.ca



Supported by
CommunityCare
NORTHUMBERLAND

WrapAround for Older Adults

Volunteer Peer Support

PARTICIPANT REFERRAL FORM

WRAPAROUND PARTICIPANT REFERRAL

Date: _____

Referred by: _____ Phone #: _____

Referring Organization: _____

Reason(s) for Referral (*refer to participant eligibility criteria*):

PARTICIPANT INFORMATION

Name: _____

D.O.B: _____ Age: _____

Address: _____

Contact Information: _____

Current Services involved in: _____

Comments: _____

PARTICIPANT CONSENT

I agree to have my name and contact information released to the Volunteer Peer Support, Northumberland Older Adults WrapAround Program.

Name: _____ **Signature:** _____

CONTACT INFORMATION

SEND TO: Kelly Peterson - Volunteer Peer Support Coordinator

Email: k.peterson@commcare.ca | Fax: 905-372-3898 | Phone: 905-372-7356 x102



Supported by
CommunityCare
NORTHUMBERLAND