

The Wraparound Process in Probation Services

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SUMMARY

Reducing recidivism of individual offenders usually is a multifaceted task. Behavioural interventions, based on the ‘what works principles’ go along with interventions in the domains of education, work, housing and social networks. An integrative approach seems to improve the effectiveness of rehabilitation. In most accreditation panels for offender interventions, continuity in the planning and realization of the various services is one of the criteria. In the Dutch panel a distinction is made between synchronous continuity, that is integration of services at a given point in time, and diachronic, that is integration of the sequence of interventions in the course of the probation process. This contribution focuses on synchronous continuity. The Wraparound Care Model (WCM) seems to be a promising service delivery model. WCM is applied on a large scale in child welfare, but not in probation services. WCM is a coordinated social casework model in which several approaches such as behavioural interventions, the desistance approach and the Good Lives Model can be integrated. WCM makes a goal-directed, individualized and

multisystemic approach possible. Studies into the applicability of WCM in probation services should be encouraged.

INTRODUCTION

Reducing the high to very high rates of recidivism among offenders in the Netherlands (average rate of 70%) has proved to be a difficult task. This year (2009) over 35,000 adults will leave prison. Over 80% of them already had a criminal record. In the next two years roughly half of them will once again be convicted of what is generally a serious crime and end up back in prison. Efforts to prevent reoffending, as in other European countries typically are twofold: interventions to change the individual psychological functioning of the offender and interventions to reintegrate the offender in the community and interventions. These two types of interventions will shortly be described. Then the added value of the combination of these approaches will be underlined. The Wraparound Care Model will be proposed as a promising service delivery model.

COGNITIVE BEHAVIOURAL INTERVENTIONS

Interventions in the domain of the psychological functioning of the individual are more and more based on the 'what works approach': offenders participate in structured interventions lasting anything from a few weeks to a few months. The core of the 'what works approach' developed by Andrews and Bonta, is that the attitudes, interpretations and decisions of individuals in the context of risks and criminogenic needs determine whether or not they commit an offence (Andrews and Bonta, 1998). Andrews and Bonta assume that cognitive behavioural interventions that are in concordance with the level of risk of recidivism are directed at criminogenic needs and personal characteristics (the principles of risk, need, and responsivity) factors are the best basis for action. The risk principle stresses that the intensity of the treatment offered should be proportional to the risk of future serious offending. According to the needs principle effective treatment should target specific criminogenic needs of the offender, that is, factors that are related to future offending. The responsivity principle dictates that the manner of delivery of the programme should be consistent with the characteristics and abilities of the offender and should take into account personality disorders, intellectual abilities, learning style and ethnic or cultural backgrounds (see also Thomas-Peter, 2006).

Cognitive behavioural interventions (training or treatment) are based on the notion that offenders lack the cognitive skills they need if they are to fulfil their personal wishes in a manner acceptable to others. This means that they continuously get into difficulties. Interventions are designed to rectify this cognitive deficit by getting them to realize that their present perception of social reality is based on wrong thinking and fallacious ideas. They are then taught new ways of perceiving social situations, for example by interpreting other people's behaviour more realistically and putting themselves in other people's shoes, and more effective ways of resolving problems. These cognitive skills are practiced on the assumption that this will prevent undesirable behaviour such as criminality. It is undisputed that cognitive behavioural interventions contribute to the reduction of recidivism. The Washington State

Institute for Public Policy recently published a survey of 'What Works and what does not' (Aos, Miller, and Drake, 2006). It found 291 evaluations of individual adult corrections based on rigorous research. Interventions in the category of the cognitive-behavioural approach were indeed often found to be effective. Examples of well-known forms of socio-cognitive interventions in the Netherlands are social skills training, aggression regulation training, and lifestyle training for drug-involved offenders.

The survey by Aos et al shows that effective cognitive behavioural interventions could achieve a reduction in recidivism averaging 8.2% among the general offender population. In the Netherlands this would mean that the current two year rate of recidivism among the general offender population could be cut from 54% to 45.8% if all prisoners were to be offered cognitive behavioural interventions that are in keeping with their recidivism risk, criminogenic needs and personal characteristics and circumstances. The systematic application of effective interventions would in that case produce a great social gain both in terms of the quality of life of victims and offenders and in terms of the material social costs.

COMMUNITY INTEGRATION

The community integration approach puts the emphasis on solving practical problems and working on social relationships, which are necessary after imprisonment in order to be able to integrate into society. It is evident from a series of studies that the problems which prisoners and ex-prisoners experience are pervasive and cannot be solved by only repairing cognitive defects. Even if cognitive defects play a major role in recidivism, the process that leads to recidivism is a complex and pervasive development of action and reaction that requires support on more domains than the psychological domain. As Towl (2010) points out, an undue focus on the individual neglects the impact of environmental factors that influence the risk of offending.

For example, the results of risk assessments of over 11,000 offenders by the Dutch probation service to measure criminogenic needs, produced the following Top Five list (Knaap, Leenarts, and

Nijssen, 2007) and points to the importance of societal participation and social networks.

1. Training, work and learning
2. Ways of thinking, behaviour and skills
3. Attitudes
4. Relationships with friends and acquaintances, and
5. drug-taking.

Another Dutch study into the needs of prisoners after release showed that 22% of them encounter ID-related problems (no ID document or inability to retrieve it), 40% have income-related problems, 30% have accommodation problems and 8% have health care problems (Kuppens and Ferwerda, 2008). In view of the high percentages in the different categories it may be assumed that many former prisoners encounter a combination of these problems simultaneously. In addition, a relatively large proportion of ex-prisoners have mental health problems or addictions or both. A problem that is also often overlooked is that an unknown but probably substantial proportion of the prison population is functionally illiterate and/or dyslexic (Hudson, 2003). Solutions will have to be found to all these obstacles to the participation of former prisoners in society.

In line with the social casework approach and inspired by 'positive psychology' are the desistance approach (McNeill, 2006) and the Good Lives Model (Ward and Brown, 2004). In both approaches, the approach of working on criminogenic risks is expanded to working towards goals that are positively valued by the client. Supporting the development of positive values such as intimate relationships (romantic partnership, but also parenthood), education, work, personal achievements is seen as important. How much impact intimate relationships can have, is shown in a longitudinal study on the life course of more than 4,500 imprisoned offenders in which Blokland, Nagin, and Nieuwebeerta (2005) showed that, controlling for other variables, a marriage was related to a reduction of recidivism of 27%. No cognitive behavioural interventions claim effects close to this level of reduction. The validity of the effect of marriage was unfortunately underlined by the fact that divorce completely dissolved the positive effect of marriage.

The assumption is that re-offending can only partially be reduced by changing the offender's cognitions, but that a criminal life course only can be changed by making an alternative life more attractive. In this approach not only the offender but also his or her social environment has to be involved in the programme. The 'push forces' from the judicial and care systems should be combined with the 'pull forces' of the social systems in the society.

SYSTEMS OF CARE

Interesting are the findings, summarized by Aos et al (2006) and Cullen and Gendreau (2000) that behavioural interventions that are community based, i.e. take place in the actual life and social context of the offender are far more effective than the same interventions in penitentiary institutions. This already points to the importance of a broader, more integrative perspective on probation services. From a scientific perspective Lösel (2010), refers to this integrative perspective as 'the Third Generation of What Works': integration of knowledge of single programmes into a broader systems perspective (see also Thomas-Peter, 2006 and Towl and Crighton, 2005).

In the reality of daily probation work in most European countries, it is realized that the prevention of reoffending takes a holistic approach. A number of services are usually offered to offenders, often a combination of two or more services like counselling, support in finding housing, income, jobs, treatment for drug addiction, behavioural interventions, (mental health) treatment and seldom community services and restorative justice. Workers try to coordinate and integrate these services as much as possible. Tasks in the complex area of supervision and services are located in a number of institutional and professional domains: the judicial system, mental health services, the educational system, local authorities, and local social work etcetera. A number of problems typically are encountered. These problems are caused by a number of circumstances. The most important ones are the following four. The first is the process of the judicial system that is governed by law, protocols and fixed working processes. The structure and timetable of this process is legitimate, but not always attuned to the individual needs of offenders (or to the needs of the victims of

crime). For example, the formal start of probation services usually starts after imprisonment, while a start in the last months of the imprisonment would be better from a service perspective. Secondly the necessary treatment and guidance from institutions is often hard to get for example because of waiting lists and insurance problems and often there is no match between the actual content of the services and the needs of the individual offender. Thirdly, workers have to deal with a number of local authorities and agencies in the domain of education, housing, welfare and social security. Fourthly, high caseloads of probation workers and the resulting limits on time investments can play a role.

These problems make the planning and integration of these provisions and services a complex process. This is even more difficult because the aforementioned principles of effective interventions and good lives principles should be points of departure in the process of supervision and service delivery. Though not all problems listed can be solved by probation workers, use of evidence based systems of care can undoubtedly improve probation services.

THE WRAPAROUND CARE MODEL

An intervention model that has become known as 'the wraparound care model' seems able to combine the strengths of effective behavioural interventions, the community integration approach and the contribution of the good lives model and adds an important extra element: namely the planning and coordination of all activities. Wraparound was originally designed as a case management process in child protection services and child welfare for the better organization of help provided to families with complex needs. There is also some experience with wraparound services for young offenders (see below).

The first aim of wraparound was to develop a strong case management system which could bring all the necessary activities under unified control (Brown and Hill, 1996). The help, care and support was organized and directed by the case manager using a specific plan of action. The loose elements were, as it were, wrapped around the client system. Wraparound has now become more than a form of

case management. In practice, a substantive vision evolved of how to bring about changes in the lives of people who display serious and chronic problematic behaviour. The National Wraparound Initiative Group, under the direction of Bruns, (Bruns et al, 2004) formulated a number of principles that now belong to the quality or integrity criteria that can be assessed by reference to standardized observation scales (Bruns, Suter, and Leverentz-Brady, 2006).

The key elements of the substantive thinking behind wraparound are that lasting changes in client systems can take place only if:

- (a) The interventions are in keeping with a plan designed by a team of professionals and persons from the client's own network and the client system;
- (b) The plan sets out definite objectives to be achieved in the circumstances of the client's life;
- (c) The necessary activities are jointly controlled by a case manager and the client;
- (d) Where necessary, interventions by both the client's own social networks and by professional organizations from a variety of sectors such as social work, health care and general support can be arranged;
- (e) The plan is implemented in the surroundings which are least restrictive in the given circumstances, preferably in the client's own home and community.

In probation services, the definite objectives (concrete goals) of the plan will be a combination of two types of objectives: those that follow from the judicial system (e.g. supervision, mandated care, court orders, restorative justice) and those that follow from the personal needs of the offender. Often these two types of goals will be intertwined.

The wraparound model is protocol-based.¹ Besides the case manager there is an assistant with a very low case load who provides day-to-day support for the client system in implementing the plan, preparing team meetings and monitoring progress. In principle, a wraparound programme involves support in all relevant fields of life such as housing, family, cognitions, behaviour and emotions, occupational qualifications and training, legality, relationships and

social networks, safety and medical care. Community integration as well as behavioural interventions can be incorporated in the wraparound process.

The wraparound process consists of 13 steps. In the case of the services provided to former prisoners to prevent recidivism, these steps are as follows:

1. Identify the key persons in the client's life;
2. Explain to those concerned how wraparound works;
3. Form a wraparound team;
4. Decide which professional services should be provided to the client and select which services are necessary (or still necessary);
5. Draw up a plan with measurable objectives;
6. Decide what training or counselling the key figures need;
7. Draft a plan for crisis situations and decide the conditions for implementation of the plan;
8. Search for assistance, treatment and support which is necessary but not yet available;
9. Arrange for the funding of the plan;
10. Implement the plan;
11. Evaluate progress and adjust the plan as necessary;
12. Decide on completion and draw up a long-term plan; and
13. Determine the extent to which objectives have been achieved as input for the further development of the programme.

The team meets only a few times (usually every three months). The responsibility for implementation lies mainly with the client, the case manager and the assistant. The programme is implemented under the direction of a single case manager who is active throughout the entire process. In the case of programmes for combating recidivism, the process must start during the imprisonment stage and continue thereafter until the defined objectives have been achieved. On the basis of experience of reintegration projects for prisoners, Taxman has estimated that the post-imprisonment wraparound stage can take anything between one month and two years (Taxman, 2004).

Finally, an important element of the wraparound model is the conviction that the client system is a part 'owner' of the problem and that enduring changes are not possible without the intrinsic motivation of the client. Here lies the opportunity to introduce elements of the desistance approach. By working towards objectives instead of departing from a problem description, risk assessment or diagnosis, individual life values and goals of the offender can be introduced into the system. This is why the client (or the clients in the case of a family) is/are always members of the wraparound team. This demand-oriented perspective may appear at first sight to be at odds with the fact that the wraparound model is often applied in situations where there is a mandatory framework, such as criminal law and child protection, but is not. The goals in the wraparound plan that follow from a mandatory framework are as important as the personal goals of the offender. It is the probation worker's task to support the offender in accomplishing both goals. Besides, a mandatory framework can have several advantages in the wraparound model: the obligation to start and finish the programme and the inclusion of measurable objectives that are monitored continuously. Specific and measurable goals that are mandated fit well into this process. Probation violation thus can be translated as a lack of goal attainment.

Up till now there is only limited, be it promising empirical evidence about the efficacy of this approach in reducing recidivism and even this relates only to young offenders. The only randomized controlled trial that can be found in the literature shows that during and immediately after the programme a group of young offenders who received wraparound services did not play truant, get expelled or suspended from school, run away from home or get picked up by the police as frequently as those members of a control group who received the juvenile court conventional services (i.e. referral by a case manager to a number of separate services) (Carney and Buttell, 2003). During a short measuring period of a few months after the programme, there was no difference between the very low rates of recidivism of the two groups. Regrettably, no data were collected on recidivism in the rather longer term. Wraparound can therefore not yet be called evidence-based. However, practice-based would be a fair description.

‘WHAT WORKS’ AND ‘WHO WORKS’

The wraparound care model involves a unique project for each offender individually, which can be carried out only with strong ‘project management’ and a ‘support base’ among all concerned. The intensity and duration of the programme is geared to the seriousness of the recidivism risk and the programme is based on the concrete needs of the individual offenders in various aspects of their life. Each ‘project’ is therefore unique and takes account of the individual characteristics of the offender. The objectives of the wraparound plan could be determined, in principle, by using the instruments currently available to the probation service, such as offender assessments and the RISC (Knaap et al, 2007). Arrangements could be made, for example, for a mental health professional to join the team temporarily. Effective behavioural interventions can be used to achieve definite objectives relating to cognitions, emotions and behaviour. The various effective behavioural interventions available to the team can be regarded as the ‘toolkit’ of those who facilitate the wraparound plan for prisoners and former prisoners. An important part of the plan will be objectives that can be achieved in or by organizations that form part of ordinary society, such as schools, social services, debt management services², businesses, social networks and so forth. In this approach it is therefore necessary for representatives of these institutions to be members of the wraparound team.

The effectiveness of probation services in reducing recidivism will in the wraparound model mainly be determined by the professional quality of the probation worker. The wraparound process requires specific skills with the probation workers. The working alliance (Wormith, 2007) with the offender must for example be of high quality and be able to deal with crises and reactance. Probation officers are however probably in the best position to apply the wraparound model with offenders. After all, changing a criminal lifestyle into something more socially acceptable is their profession. They are experienced in working within correctional settings and the context created by the criminal law for part of the change process.

At first sight, this may seem a costly undertaking. At best most probation workers are, given their caseload, in a position to carry out a form of distant case management, in which referrals are made and progress is monitored administratively. The organization of a wraparound process, the making and monitoring of concrete individual life-course plans is in most European countries beyond their reach. At the same time, the current practice is less effective than it perhaps could be. And every contribution to an even small reduction of recidivism by more investments in probation work would be rapidly cost-effective, given the enormous costs of crime.

CONCLUSION

The risk of recidivism is affected by many domains of life and affects many domains of life. This results in a complex dynamic process that results in continuity in criminality for the majority of offenders. Preventing recidivism should take this complexity and its dynamics into account. Changing a delinquent life course is not only changing the psychological functioning of the offender, but also changing interactions between individuals and their social and physical context. Or even better, using these interactions to change a life course. The wraparound care model seems to be a system of care in which recent and more traditional evidence based practices of probation services can be integrated into a personal plan of change for individual offenders.

Research into the effectiveness of this approach is needed. Experiments with the Wraparound Care Model to reduce offending therefore are taking place in the Netherlands. Evaluation studies are part of these experiments.

Introducing Wraparound Care Models in the field is not an easy undertaking. Development of professional competencies of probation workers should go along with changes in the system of care and new ways of collaboration of professionals and institutions. Working on these domains seems however a promising avenue for reducing recidivism.

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NOTES

- ¹ In the USA millions of families receive services under hundreds of different programmes described as wraparound, by no means all of which fulfil the minimum quality requirements. This chapter refers only to protocol led and structured programmes as described and studied in the literature referred to here.
- ² In the Netherlands two thirds of prisoners have serious debts (Kuppens and Ferwerda 2008).