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Published in:
Understanding penal practice

[Link to publication](#)

Citation for published version (APA):

Hermanns, J., Menger, A., Butter, R., de Croes, L., Heij, D., & Casteleijn, L. (2014). Wraparound care as a booster of the crime reducing effects of community-based probation. In I. Durnescu, & F. McNeil (Eds.), *Understanding penal practice*. (pp. 296-308). (Routledge frontiers of criminal justice; No. 15). London: Routledge.

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20 Wraparound care as a booster of the crime reducing effects of community-based probation

Jo Hermanns, Anneke Menger, René Butter, Laurens de Croes, Donnalee Heij and Lonieke Casteleijn¹

Introduction

Reducing the high rates of recidivism among imprisoned offenders in the Netherlands (where the average rate of seven years' recidivism for all types of offenders is 70 per cent) has proved to be a difficult task (see Wartna *et al.*, 2003, 2008). In 2009 over 35,000 offenders left prison. Over 80 per cent of them already had a criminal record when they entered prison. In the two years following release, roughly half of them were once again convicted of what is generally a serious enough crime to send them back into prison. Continuity in criminal behaviour seems to be an essential part of the lifestyle of the majority of people who commit serious crimes.

Worldwide, a diligent search is therefore underway for effective programmes and practices that can help turn around the criminal way of life in which a large proportion of offenders have become caught up. This chapter briefly describes the two main strategies: cognitive behavioural interventions and a social ecological approach. A third strategy (wraparound care model) is an attempt to combine the strengths of the first two strategies and add an extra element, namely a management component to translate all the different activities that have to be undertaken into a single integrated and managed process characterized by continuity. Finally, some thoughts about a new approach to the organization and the professional content of rehabilitation processes will be offered, departing from the wraparound care model as a service delivery model.

The 'What Works' approach as the dominant strategy

This chapter focuses on offenders who have been sentenced to a term of imprisonment or to any kind of community supervision programme. The offenders in question sometimes undergo structured interventions based on the 'What Works' approach lasting anything from a few weeks to a few months either during or after their stay in prison. The core of the theory developed by Andrews and Bonta (1998) about the psychology of criminal conduct, upon which the 'What Works' approach is based, 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. Cognitive behavioural interventions are the

Cognitive behavioural interventions are based on the notion that offenders lack the skills to meet their personal wishes in a manner that does not get them into difficulties. Interventions aim at getting them to realize their goals, to stop their wrong thinking and fallacious beliefs, to cope with social situations, for example to deal with stress and putting themselves in more effective ways of resolving problems. This is the assumption that this work is based on.

The Washington State Institute for Public Policy's 'What Works' approach of 'What Works' and 'What Works' are based on the notion of individual adult correctional programmes as a category of the cognitive behavioural interventions. Examples of 'What Works' in the Netherlands are social skills training for drug-involved offenders.

The survey by Aos *et al.* (2003) shows that cognitive behavioural interventions could achieve a 10 per cent reduction among the general offender population. This would reduce the current two-year rate of recidivism to 54 per cent. Cognitive behavioural interventions could also reduce the current two-year rate of recidivism to 54 per cent. Cognitive behavioural interventions could also reduce the current two-year rate of recidivism to 54 per cent. It should be noted here that these figures are based on ideal circumstances. In practice, offenders find their way to the programme.

Even so, it is interesting to note that the Bureau of Prisons (2000) concludes that community based (i.e. take place in the community) are far more effective than traditional prison based. This already points to the

The socio-ecological

This approach, which is based on the case work approach, focuses on working on social relationships in order to be able to integrate the problems which present themselves solely to 'cognitive

not they commit an offence. Andrews and Bonta argue that cognitive behavioural interventions are the best basis for action.

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 by helping them develop more effective ways of resolving problems. These cognitive skills are developed on the assumption that this will prevent undesirable behaviour such as criminality.

The Washington State Institute for Public Policy recently published a survey of 'What Works and what does not' (Aos *et al.*, 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.* (2006) showed that effective cognitive behavioural interventions could achieve a reduction in recidivism averaging 8.2 per cent 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 per cent if all prisoners were to be offered cognitive behavioural interventions that are in keeping with their recidivism risk, criminogenic needs and personal circumstances. The systematic application of effective interventions could 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. It should be noted here, however, that this effect could only take place under ideal circumstances. In reality only a very small percentage of all sentenced offenders find their way into such programmes.

Even so, it is interesting to note that Aos *et al.* (2006) and Cullen and Gendreau (2000) conclude that cognitive behavioural interventions which 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, contextual perspective.

The socio-ecological approach

This approach, which is sometimes referred to by researchers as classical social case work approach, puts the emphasis on solving practical problems and working on social relationships, which are necessary following 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 cannot be attributed solely to 'cognitive deficits' (and indeed, most 'What Works' researchers

recognize this). The results of risk assessments of over 11,000 offenders by the Dutch probation service to measure criminogenic needs produced, for example, the following Top five list (Knaap *et al.*, 2007):

- 1 training, work and learning
- 2 ways of thinking, behaviour and skills
- 3 attitudes
- 4 relationships with friends and acquaintances
- 5 drug-taking.

A Dutch study of the needs of prisoners following release showed that 22 per cent of them encounter ID-related problems (no ID document or inability to retrieve it), 40 per cent have income-related problems, 30 per cent have accommodation problems and 8 per cent have health care problems (Kuppens and Ferwerda, 2008). According to the researchers themselves, the last of these figures is an underestimate owing to the research methods used. 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 are functionally illiterate and/or dyslexic (Hudson, 2003). Solutions will have to be found to all these obstacles to the participation of former prisoners not just in rehabilitative programmes, but in society itself. Despite the long tradition of the classic social work approach and the more recent emergence of the 'What Works' approach, given the high reoffending figures, these factors still hinder the smooth adoption of evidence-based policies.

In many respects in line with social case work ideas and inspired by 'positive psychology', we now find both the desistance approach (McNeill, 2006) and the Good Lives Model (Ward and Brown, 2004) emerging in debates about offender rehabilitation. In both approaches, work extends beyond criminogenic needs (or risk factors) to include 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, and other personal achievements is seen as important. In a longitudinal study on the life course of more than 4,500 imprisoned offenders, Blokland and colleagues (2005) showed that a marriage was related to a reduction of recidivism of 27 per cent. Few behavioural interventions have an effect of that size.

The assumption is that reoffending can only partially be achieved by changing the offender 'between the ears'; rather altering a formerly criminal life course must include coming to see an alternative life as 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 informal social systems in society.

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Wraparound care

An intervention strategy that has become known as 'wraparound' – sometimes referred to as the wraparound care model – seems able to combine the strengths of effective cognitive behavioural interventions and the contribution of the socio-ecological approach, and adds an important extra element: namely the planning and coordination of all activities. Wraparound was originally designed as a case management process for the better organization of help provided to clients with complex needs. After all, providing care to multi-problem families and their children involved dealing with similar problems to those that occur in supervising and counselling persistent reoffenders.

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 are now represented in quality or integrity criteria that can be assessed by standardized observation scales (Bruns *et al.*, 2006).

Up until this point, there is only limited 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. However, no data were collected on recidivism occurring after this short follow-up period. Wraparound cannot yet be called evidence-based. However, practice-based would be a fair description.

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

- the plan sets out definite objectives to be achieved in the circumstances of the client's life;
- 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 are arranged;
- the plan is implemented in the surroundings which are least restrictive in the given circumstances, preferably in the client's own home and community.

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The wraparound model is protocol-based.² Besides the case manager there is an assistant with a very low caseload (between three and eight clients³) who provides day-to-day support for the 'client system', that is, the client and the significant others who are present in his or her specific context, in implementing the plan, preparing team meetings and monitoring progress. In principle, a wrap-around 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.

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;
- 5 draw up a plan with measurable goals;
- 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;
- 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 (2004) estimated that the post-imprisonment wraparound stage can take anything between one month and two years.

Finally, an important element of the wraparound model is the conviction that the client system is to a large extent 'owner' of the problem and that changes are not possible without the intrinsic motivation of the client. This is why the client or the clients in the case of a family is/are always members of the wraparound team. This may appear at first sight to be at odds with the fact that the wrap-around model is often applied in situations where there is a mandatory framework, such as juvenile criminal law and child protection, but, in fact, is not (Menger and Krechtig, 2010; Trotter, 1999).

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This apparent tension can be easily solved in practice. The supervision targets that are imposed by law are included as conditional goals in the wraparound plan. This framework, including the imposed conditions, constitutes an integral part of the reality of clients (and their social surroundings) with which they somehow have to deal. Professionals who are adequately trained to work within the mandatory framework are able to take this reality and the resulting external starting motivation of many clients as a stepping stone to link the enforced goals to the positive values of their clients. Accordingly, they search for motivational congruence (Menger and Krechtig, 2012). The aforementioned approaches to reduce recidivism offer various methodical leads to that effect, which will not be discussed in this chapter.⁴

Implications for the probation service

What we have described above is an ideal-type process for supporting desistance. The logic of combating recidivism is in this way juxtaposed with the logic of processing people through the criminal justice chain. Reasoning backward from important life goals of and for offenders, the probation service can devise a plan involving a combination of activities that must be undertaken by the offender him or herself, by his or her (future) social network, and by professional care workers and support staff (sometimes from multiple agencies). Evidence-based cognitive behavioural training will generally be part of the plan that is drawn up, but social networks and social institutions also play an essential role in this respect. This involves a unique project for each prisoner individually, which can be carried out only with strong 'project management' and a 'support base' among all concerned. Such projects must not be seen as a form of after-care (i.e. after the sentence has been served) but as a coordinated range of activities which are implemented *during and after* the imprisonment as part of a single continuous process. 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 offenders in various aspects of their life. Each 'project' is therefore unique and takes account of the individual characteristics of the offender.

Since 2006, the reintegration process for prisoners in the Netherlands has, broadly speaking, taken the following form:

- 1 During imprisonment cognitive behavioural interventions are possible, and are the responsibility of the penal institution concerned.
- 2 During imprisonment offenders receive counselling from the social services staff of the prisons, who provide help with problems in four areas (identity papers, income, accommodation and health care) and collaborate with the municipal authorities.
- 3 After release, prisoners with a moderate or high risk of recidivism have to accept supervision and counselling by one of the three probation organizations. Here too, use is made of cognitive behavioural interventions. The

probation service remains active as long as the sentence still exists. This is the case, for example, where a prisoner is released on licence.

- 4 Once a sentence has formally ended, responsibility passes to the municipal authorities under the Social Support Act. These services are voluntary. Each municipality should therefore have a liaison officer for cooperation with the social services staff and for the provision of care in the municipality.

Once again, each of these four links in the reintegration chain involves a variety of organizations, each with its own responsibilities: the Public Prosecution Service, the courts, the (mental) health care institutions, social services, municipal and regional institutions, educational establishments and so forth. The number of case managers and professionals with whom a former prisoner comes into contact within a period of, say, six months can vary, but in most cases the number could not be counted on the fingers of two hands. Often, it is found that essential activities in the chain are not carried out (Kuppens and Ferwerda, 2008). For example, when this survey was carried out 83 municipalities had still not appointed a liaison officer for former prisoners. The quality of the information transferred between social services and the municipalities also often left something to be desired.

But even if the chain were to function as intended, this complex process involving countless risks of failure in relation to transfers and forms of bilateral collaboration would be a very ambitious, even utopian undertaking. What plays a role in this connection is that each link in the chain often has its own management, funding, regulation and performance targets. Other factors include differences in organizational culture, professional autonomy, privacy protection and institutional interests. An essential difference between the sequential organizational structure of the reintegration process and the wraparound model described above is that the latter is based not on a diagnosis or problem analysis but on analysis of what objectives should be achieved. Any obstacles that are anticipated or occur in achieving these objectives require attention, but only in the context of achieving the final objectives. As noted, this model does not create sequential actions by different professional institutions that can be placed in a timeline. Instead, a chain is forged around the prisoner/former prisoner in such a way as to create a circle rather than a classical linear 'pipeline structure'. Naturally, a time schedule forms part of the wraparound plan, but this can be visualized as a circle which moves over time. Part of the circle adjusts to the stage in which the prisoner or former prisoner is at the moment in question. Strong case management with continuity over time is a precondition. Coherence and collaboration are not sufficient. A form of overall control is necessary.

What now?

The first conclusion of this chapter is that the present procedure for reintegrating former prisoners is unlikely to achieve a substantial reduction in the recidivism of Dutch prisoners, when compared with the proposed 'ideal-type wraparound

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model'. If the wraparound model is used, pragmatic solutions for the current prisoners must be sought through the collaboration that exists in the present system. This chapter is not the place to resolve such a complicated issue from behind the keyboard or *ex cathedra*. Nonetheless, a number of conceptual exercises could perhaps be informative.

The main challenge in the present structure to introducing the wraparound process is (besides a number of substantive professional difficulties which are beyond the scope of this chapter) the lack of continuity in the approach to and management of the overall process. Speculating about specific solutions, the following probation model would seem feasible.

On the premise that it is necessary in the case of the wraparound model to reason backwards from final objectives, the obvious course of action would seem to be to focus the management of the process directly on these final objectives and to appoint a professional (facilitator) who has the professional responsibility for achieving these final objectives as fully as possible. The facilitator should form a wraparound team from the start of the prison sentence and manage the team both during the imprisonment and following release, until social participation takes place smoothly and the client poses no security risk to society. The contribution to be made by the other institutions and staff involved should form part of the plan managed by the facilitator and the client. 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. Arrangements could be made, for example, for a psychiatrist to join the team temporarily.

Effective cognitive behavioural interventions may be used to achieve definite objectives relating to cognitions, emotions and behaviour. The various effective behavioural interventions available to the team may 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 services,⁵ 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 question is: Who could act as professional facilitator in the circular network around the client system? Since reintegration revolves largely around the system of local facilities but the probation service is best equipped professionally, the obvious course of action would be for the municipalities to use ('hire') the probation service to manage the overall reintegration process. Probation officers are the ideal wraparound workers. After all, changing a criminal lifestyle into something more socially acceptable is their profession. They are experienced in working within a correctional setting; that is, in the context created by the criminal law for part of the change process.

Experiments with wraparound care to reduce offending are taking place in the Netherlands. Evaluation studies are part of these experiments. There is however no doubt that increasing continuity throughout the judicial chain in the rehabilitation process of offenders will contribute to its effectiveness.

Wraparound pilots and flanking research

Experiments on wraparound care, flanked by research, have been set up in the Netherlands in recent years. A pilot involving offenders with substance dependency problems was launched in Utrecht in 2009 and was extended in 2012 with two drug rehabilitation centres in other parts of the country. The pilots are being monitored and studied by the *Werken in Justitieel Kader* (Working with Mandated Clients) research group. Overarching effectiveness research (including a Ph.D. project) is also being conducted (up until 2014).

The pilots pay particular attention to the methodical integration of the judicial framework with the principles of wraparound care. Each pilot started with a survey-based audit of the organizations in the reintegration chain. The results revealed room for improvement in the continuity and coordination of the entire reintegration process. The problem was addressed by appointing a coach for the entire duration of the pilots. As for the research methodology, a multi-methodological approach is used; in addition to the audits, individual and group interviews are held with chain partners, professionals and clients, surveys are conducted, files are consulted and cases discussed. The research is therefore action-based with the main focus on (strengthening) what the professionals actually do.

Experience gained from the pilots has shown that wraparound care can open up new perspectives. A rehabilitation officer explains:

Wraparound care has made me more aware of how I do my job. You seem to do a lot more thinking for the client and you take a lot out of their hands. You try to make the client see what you believe to be important. Care providers are often inclined to think that they know what is good for the client. Wraparound care made me realize that things don't work like that, even though I sometimes think they do.

Doing justice to the wishes and sense-making of the client with the aim of restoring control to him or her is a challenging business. The professionals noted that many clients are not used to formulating their own goals and rely on the rehabilitation process to tell them what they can – and cannot – do. In the pilot the professionals were trained to work with solution-focused methods which placed the client's own strengths at the centre and cast the rehabilitation officer as the 'professional friend' who helps the client to discover his or her strengths and goals. Together, the client and the rehabilitation officer directed the coaching process. Coordination with partners proved a challenge. Institutions tend to be 'inward-looking' and they were not easily persuaded to get around the table, despite the general agreement among the professionals on the importance of a shared plan.

The pilots invited the professional to explore and push forward their horizons in terms of cooperation, the mobilization of networks, the execution of tasks, the roles they play and the time available. Table 20.1 gives an overview of the comparisons made by professionals participating in the Utrecht pilot between the wraparound pilot and standard practices. Table 20.1 suggests that, in the

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Table 20.1 Estimated presence of wraparound characteristics in their work by professionals in the Utrecht pilot

<i>Wraparound characteristics</i>	<i>Estimated presence in general</i>	<i>Estimated presence in pilot</i>	<i>Added value of pilot</i>
Client is speaking out	3.2	4.4	1.2
Based on teamwork	2.2	3.2	1.0
Support from network	2.8	3.2	0.4
Cooperation	2.8	3.4	0.6
Outreaching	4.2	4.8	0.6
Culturally competent	4.2	4.8	0.6
Tailor-made approach	4.0	4.4	0.4
Strength-based approach	3.4	4.4	1.0
Endurance	3.0	3.8	0.8
Focus on results	2.6	3.4	0.8

Note

Mean ratings by seven professionals on a scale from 1 (almost never) to 5 (very often).

experience of the professionals, wraparound care prompts the client to say more often what he wants, makes more demands on the client's own strength, leads to more teamwork in the coaching process, and sharpens the focus on results (Butter and Heij, 2012).

The development of a comprehensive plan, an essential precondition for wraparound care, can be time-consuming at first. The way the informal network is used to achieve goals is, according to the rehabilitation officers, different from before. The following comment was made by one rehabilitation officer when comparing wraparound care with the conventional approaches:

We do have contact with parents and partners, but we use it in a totally different way. There is much more of it now. I call them and they call me if they're worried, and I call them to haul the client out of bed. But, if you ask me, we haven't really succeeded yet in challenging them to have a really meaningful contribution for the client.

Working within a network fits in with the principle that coaching should take place as close to home as possible. One case manager said:

I think that networks and personal empowerment work best in the place where you live. That's where it should happen. It seems to me that it's more theoretical when it happens here in a consulting room. They have to step into my world, but really, I have to step into theirs. I think that people then feel recognized for who they are. That they are considered important enough to get a visit, for us to come to them.

Another case manager added:

When you work like this, you achieve a lot more than when clients turn up here alone at the office. When I tell a client to come here, the visit becomes formalized by the surroundings. When I'm cycling with a client we say totally different things. You can do a lot with that, you get more of a response. I find that really worthwhile.

Conclusion

The initial findings of the research on wraparound care in the Netherlands seem promising: the professionals feel they have more space to do their job and the clients are challenged to draw more often upon their own strengths and take more ownership of the problem and the plan.

Accordingly, wraparound care has potential as a booster of the effectiveness of community-based approaches to fight reoffending. The pilots also show that it can co-exist with the judicial framework. It should be noted here that this framework is not a goal in itself but is seen as a part of the reality of the client that should be dealt with. Hence, safety is constantly present as a pervasive issue that is intertwined with the wraparound characteristics.

The implementation of wraparound care calls for fundamental changes in the way we think about cooperation, funding and scope for ownership by the client. The judicial framework seems to be more of a facilitator of wraparound care than a hindrance. After all, the restoration of control and the goal-driven working methods take place in a context of motivating conditions which are an integral part of the world as perceived by the client.

Summary

Reducing recidivism proves to be a difficult task. Cognitive behavioural interventions, based on the 'What Works principles', can contribute, though the effects are limited. Such interventions are substantially more effective if they are applied in a real life context. Combining these interventions with a systemic approach that enhances continuity will further enlarge the positive effects. Wraparound care enhances continuity by combining cognitive behavioural interventions, the desistance approach and the Good Lives Model in an integrated framework. It enables a goal-directed, individualized and multi-system approach with a promising potential to fight reoffending.

Notes

- 1 All authors are attached to the HU University of Applied Sciences Utrecht, Lectorate Working with Mandated Clients.
- 2 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 protocolled and structured programmes as described and studied in the literature referred to here.
- 3 In some cases volunteers can be assistants.

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- 4 The research group working with mandated clients runs a specific research programme that is focused on working alliance.
- 5 In the Netherlands two-thirds of prisoners have debts (Kuppens and Ferwerda, 2008).

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