



The Case for Wraparound

To date, there are only two intervention models that have demonstrated effectiveness for the treatment of foster children. One is a service strategy – “Wraparound” – and the other is therapeutic foster care intervention. Both are described in detail below.

Wraparound- Hewitt Clark and his associates (1995 and 1996) at the University of South Florida developed the Fostering Individualized Assistance Program (FIAP) to provide individualized wraparound supports and services to foster children with emotional/behavioral disturbance (EBD) and their families (biological, adoptive, and foster). The primary program goal was to improve permanency outcomes for foster children. The children served in the FIAP were the most challenging 10 percent of children within the foster care system. The children in this study were between 7 and 12 years old, had been in out-of-home placement an average of 2.6 years and had an average of four placement changes prior to entering the FIAP study.

There are four clinical components to the FIAP intervention: 1) strength-based child and family assessment to address individualized needs; 2) life domain area service planning to support and enhance permanency plans; 3) clinical case management of individualized, wraparound service plans, and 4) follow-along supports and services to maintain permanency and improve overall adjustment. (For a detailed description of this model see McDonald, Boyd, Clark, and Stewart, 1995).

Meanwhile, Stroul (1988) identified three major goals of home-based services: to preserve the family’s integrity and prevent unnecessary out-of-home placements; to put adolescents and their families in touch with community agencies and individuals, thus creating an outside support system; and to strengthen the family’s coping skills and capacity to function effectively in the community after crisis treatment is completed.

A random assignment study was designed to evaluate the effectiveness of the FIAP (Clark, Lee, Prange, and McDonald, 1996). The research design compared children receiving services, which were standard practice (SP), with those who received FIAP. The outcome variables evaluated in this study were: placement settings and change rates, runaway status and incarceration. The summarized results are as follows:

FIAP children were significantly less likely to change placements than were those in the SP group during the intervention

Both groups showed significant improvement in their emotional and behavioral adjustment over time
FIAP boys had significantly lower rates of delinquency and fewer externalizing behaviors than their SP counterparts

Older FIAP youths were significantly more likely than their SP peers to be in permanency settings with their parents, relatives, adoptive parents, or living on their own



The subset of children who had histories of incarceration and running away, spent fewer days per year, on average, on runaway or incarceration status during the post intervention period than did the SP children.

The President's New Freedom Commission on Mental Health – Achieving the Promise: Transforming Mental Health Care in America – Final Report July 2003, states: "An exemplary program that expressly targets children with serious emotional disturbances and their families, Wraparound Milwaukee strives to integrate services and funding for the most seriously affected children and adolescents... Most program participants are racial or ethnic minority youth in the child welfare and juvenile justice systems. Wraparound Milwaukee demonstrates that the seemingly impossible can be made possible: children's care can be seamlessly integrated. The services provided to children not only produce better clinical results, reduce delinquency, and result in fewer hospitalizations, but are cost-effective." (Page 35)

Under the heading End Unnecessary Institutionalization, the report states, "The Commission calls for swiftly eliminating unnecessary and inappropriate institutionalization that severely limits integrating adults with serious mental illnesses and children with serious emotional disturbances into their communities." (Page 45)

Finally, in a discussion of newer community based interventions, the Surgeon General's Report concludes: "Of these interventions, the most convincing evidence of effectiveness is for home-based services and therapeutic foster care..." In the section on home-based services, the report states: "This section describes the strong record of effectiveness for home-based services, which provide very intensive services within the homes of children and youth with serious emotional disturbances. A major goal is to prevent an out-of-home placement (i.e., in foster care, residential, or inpatient treatment)."