



Residential vs. Wraparound

Mental Health – A Report of the Surgeon General, (1999) states: “Residential treatment centers (RTCs) are the second most restrictive form of care (next to inpatient hospitalization) for children with severe mental disorders. Although used by a relatively small percentage (8%) of treated children, nearly one-fourth of the national outlay on child mental health is spent on care in these settings (Burns et al., 1998). However, there is only weak evidence for their effectiveness.” (Page 169)

The Surgeon General’s Report continues, “ Concerns about residential care primarily relate to criteria for admission; inconsistency of community-based treatment established in the 1980’s; the costliness of such services (Friedman & Street, 1985); the risks of treatment, including failure to learn behavior needed in the community; the possibility of trauma associated with the separation from the family; difficulty reentering the family or even abandonment by the family; victimization by RTC staff; and learning of antisocial or bizarre behavior from intensive exposure to other disturbed children (Barker, 1998).”

“... In the past, admission to an RTC has been justified on the basis of community protection, child protection, and benefits of residential treatment per se (Barker, 1982). However, none of these justifications have stood up to research scrutiny. In particular, youth who display seriously violent and aggressive behavior do not appear to improve in such settings, according to limited evidence (Joshi & Rosenberg, 1997). (Page 170)

In still another document, Youth Violence: A Report of the Surgeon General (2001) Chapter 5, under the heading Ineffective Tertiary Programs and Strategies it is stated: “Several popular juvenile justice approaches to preventing further criminal behavior in delinquent youths have been shown to be consistently ineffective: specifically, boot camps, residential programs, milieu treatment, behavioral token programs, and waivers to adult court. ...Residential programs, interventions that take place in psychiatric or correctional institutions, also show little promise of reducing subsequent crime and violence in delinquent youths. While some residential programs appear to have positive effects on youths as long as they remain in the institutional setting, research demonstrates consistently that these effects diminish once young people leave. Evaluations of two residential programs showed that participating youths were actually more likely to be rearrested and to report they had committed serious offenses during follow-up.

Another report found that institutions: (1) are not safer or better at promoting child development; (2) are not more stable; (3) generally fail to promote adoption or reunification of families; (4) do not achieve a better quality of life for children when they reach adulthood; and (5) are not a cost-effective form of caring for children and teens. Very little scientific evidence was found to support previous claims that group care does a better job of achieving the major goals of the child welfare system.

“New models of care need to continue to be developed. There is no empirical reason to return to large residential facilities to care for children entering placements at the point of a family emergency or for those remaining in child welfare services for a longer time. There is no new or old evidence to indicate



that shelter care, or group care in general, is a sound approach to caring for most children entering child welfare services. Group care should only be considered for those children who have the most serious forms of mental illness and self-destructive behavior.”

A summary at the end of the article concludes with the following statement “...this review indicates that there is virtually no evidence to indicate that group care enhances the accomplishment of any of the goals of child welfare services: it is not more safe or better at promoting development, it is not more stable, it does not achieve better long-term outcomes, and it is not more efficient as the cost is far in excess of other forms of care.” Barth, R.P. Institutions vs. Foster Homes: The Empirical Base for a Century of Action. Chapel Hill, NC: UNC, School of Social Work, Jordan Institute for Families (2002).