The downside up? A study of factors associated with a successful course of treatment for adolescents in secure residential care

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CHAPTER 7

THEY HAVE LEFT THE BUILDING: A REVIEW OF AFTERCARE SERVICES FOR ADOLESCENTS IN RESIDENTIAL CHILD AND YOUTH CARE

"For some, it may be that out-of-home care brings them stability they might not otherwise have, but that once discharged, they struggle unsuccessfully"
(Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001, p. 714)

Abstract

Research indicates that aftercare services can maintain the gains that are made during residential care and contribute to better long term outcomes. However, research also shows that the quality of aftercare services seems to be quite poor in practice. Therefore, this article offers a review about the current knowledge on aftercare services for adolescents with emotional and behavioral problems in residential child and youth care. Studies focusing on the outcomes of aftercare services show that aftercare can have positive outcomes, but the strength of the evidence is limited because of the weak evaluation methodology in the studies. Young people completing aftercare programs tend to show better outcomes than young people leaving aftercare prematurely. Furthermore, the severity of the youth's problems is often associated with aftercare service use. None of the outcome studies focused on both youth and their families in aftercare programs following residential care, despite the fact that family-focused aftercare can especially improve long term outcomes of residential care. The results clearly point to the need for more good quality research to make clear which aftercare services are successful for whom after leaving residential care.

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7.1 Introduction

In the continuum of care for troubled children and youth, residential child and youth care can be seen as the most intensive type of child care (Stroul & Friedman, 1986). A common feature of residential care is that youth with often serious emotional and behavioral problems are taken out of their original living conditions and stay in a different environment for a short or long period of time. The ultimate goal of residential treatment is a reduction or elimination of the problems that are present.

After staying in residential care facilities, youth often return back home (Bruil & Mesman Schultz, 1991; Jansen & Feltzer, 2002; Smit, 1994). The departure of youth from residential care can be seen as a process that comprises various stages (Biehal & Wade, 1996; Bullock, Gooch, & Little, 1998):

1) Initial separation after the admission of youth in the residential setting;
2) Changes in the family situation as a result of the separation;
3) The moment on which the return home comes into play;
4) The moment of return and the first period at home;
5) The "honeymoon" period: time directly after return in which everything seems to be going well;
6) Negative acrimonious negotiations between family members;
7) The moment at which a new way of living or "modus vivendi" is reached.

Some of the young people leaving residential do not return back home, but are placed into other types of care or are moving to independency. Research shows that the situation of young people living independently after they have left residential care seems to be less positive than the situation of youth who return to their families or go to live in a foster family (Bruil & Mesman Schultz, 1991).

Youth leaving care have a journey to adulthood that is "both accelerated and compressed" (Biehal & Wade, 1996, p. 443). Studies of care leavers, including young people who have left residential care, consistently show that a majority moves to independency at 16-18 years of age, whereas most of their peers remain at home well into their 20s (Stein, 2006b). For many of these young people leaving care is a final event, while there is no option to return in times of difficulty (Dixon & Stein, 2002).

The achievement of a new way of living after the departure of youth from a residential setting seems to be difficult for the youth and/or their family. For many adolescents the situation after leaving residential care is characterized by various problems (Boendermaker, 1998). Their situation after departure is often instable (Boendermaker, 1998; Bullock et al., 1998; Bullock et al., 1998) and for some young people there are periods of homelessness (Embry, Vander Stoep, Evens, Ryan, & Pollock, 2000). Young people are regularly out of school or unemployed after they have left the institution (Bullock et al., 1998) and have problems in spending their

leisure time (Van der Ploeg & Scholte, 2003). Furthermore, it appears that most of the young people have friends, but that there are problems especially with parents and family members: those relationships are problematic or lacking (Smit, 1994).

Due to the serious problems of the young people, there is often a need for treatment after they have left residential care. An important aim of aftercare services is "that the progress begun in residence can be continued through aftercare" (Frederick, 1999, p. 22). Aftercare services are generally defined as services designed to maintain the gains that are made in residential care and to prevent the need for additional out-of-home placements (Guterman, Hodges, Blythe, & Bronson, 1989).Various studies show that aftercare is an important element for the improvement of residential care outcomes (Epstein, Kutash, & Duchnowski, 2004; Pfeiffer & Strzelecki, 1990) and this has been highlighted in the residential treatment literature since the 1960s and early 1970s (Allerhand, Weber, & Haug, 1966; Taylor, Alpert, & Brubaker, 1973). The importance of aftercare for improving outcomes in residential child and youth care especially seems to be true for long term outcomes (e.g. Curry, 1991).

Despite the apparent importance of aftercare support for positive outcomes of residential care, different studies show that the quality of services seems to be lacking. Some studies point to a lack of preparation of young people for leaving residential care (Baltodano, Platt, & Roberts, 2005; Biehal, 2006; Dixon & Stein, 2002). A recent report of the Council of Europe on the rights of children under 18 living in residential institutions indicates that "in many member States adequate supportive measures based on individual plans for aftercare are not in place" (Council of Europe, 2008, p. 3). Most of the 42 countries (member States of the Council of Europe) in this study did mention some measures for support after residential care, but some countries describe it as unsatisfactory and many countries indicate that aftercare support is not based on legal provisions. Furthermore, the Council of Europe (2008) generally did not found evidence of the child's right to participate in developing aftercare plans.

Other studies show that there is a lack of quality in the realization of aftercare in practice (Barn, Andrew, & Mantovani, 2005; Boendermaker, 1998; Bullock et al., 1998; Daniel, Goldston, Harris, Kelley, & Palmes, 2004; Smit, 1993). Researchers suggest that aftercare services are insufficient in terms of contact quantity, quality and duration to create long-term changes in the lives of the youth and their families (Biehal, 2006; Boendermaker, 1998; Daniel et al., 2004). Factors obstructing the quality of aftercare services in practice are for example practical issues, such as the distance between the care facility and the home community of the young people, support that is divided between different care agencies, and a poor coordination within and outside the residential care setting (Algemene Rekenkamer, 2007; Altschuler & Armstrong, 1994; Boendermaker, 1998; Bullock et al., 1990). These findings indicate that it is difficult to realize good quality aftercare services in a residential care context.

Although aftercare is recognized as an important aspect of residential child and youth care, there are indications that the provision of aftercare support is lacking in practice. The aim of this article, therefore, is to offer an international review of relevant empirical research on aftercare services for young people with emotional and behavioral problems who have left residential child and youth care. Because adolescents often have problems in their situation after care while making the transition from residential care to adulthood they will be the central focus of this review. Furthermore, we will explicitly focus on outcomes of aftercare services, because outcomes can provide implications for successful aftercare services. The central question of this contribution is: What is known about the outcomes of aftercare services for adolescents who have left residential care? In answering this question, we will first look at which young people receive support after leaving residential care. After that, we will describe the outcomes of aftercare programs for adolescents who have left residential care, including factors that are associated with negative and positive outcomes.

7.2 Method

In our review of literature, aftercare services refer to services and professional support (e.g., outpatient mental health care, step-down services, community support) that adolescents receive after leaving residential child and youth care. These services can be related to the residential care program or be provided by an independent care agency. Aftercare services both include aftercare services for young adolescents who (first) return home after leaving residential care before moving to independence, and adolescents aging out of the system and directly moving to independence. Residential child and youth care refers to residential group care (i.e., residential treatment centers and group homes), inpatient psychiatric care, and secure residential care (i.e., correctional and detention centers) for adolescents. A common feature of these types of residential care is that young people reside away from their home in a non-family setting.

7.2.1 Literature search

We carried out an extensive literature search of studies, covering a period from January 1990 up to March 2010. In doing so, we used literature from a review study on residential child care that was carried out earlier (Harder et al., 2006). In that review study, residential child and youth care literature covering the period between January 1990 and mid-2005 was searched. For that review the databases ERIC, IBSS, Medline, PsychInfo, PSYNDEX, Dissertation Abstract International and Academic

Search Premier and various national (Dutch) and international journals were searched using the following search terms:

- residential; inpatient; in-patient; institutional; incarcerat*; out-of-home; hospitalized; children's home; secure units; detention centre;
- child*; youth; juvenile; adolescent*;
- peer; interact*; staff-client; social*; custodial; group*; milieu therapy; psychiatric;
- treatment; care;
- behavioral problems; psychosocial problems; delinquent you*.
- outcome*; effect*, eff*; evaluat*; follow-up; result*; output; product; *success*; drop*-out; quality of care;
- meta*; meta-analysis; review; overview.

For the present review of aftercare services we additionally examined the databases Academic search premier, ERIC, IBSS, MEDLINE, PsycINFO, C2-SPECTR and the Cochrane Library covering a period from January 1990 up to March 2010 by means of various search terms. The following search terms were used:

- aftercare, transition, continuum of services, follow-up care;
- residential, institutional, inpatient, out-of-home, hospitalized, children's home, secure care, incarcerated, detention center, group care;
- youth*, child*, adolescent*, juvenile*, young*;
- effect*, outcome*, result*, evaluation, success*;
- meta-analysis, review, overview.

These keywords were used separately and in combination with each other.

We also searched in the reference lists of the already found literature. Furthermore, we searched in all the 17 journals (from the *American Journal of Orthopsychiatry* to the *Zeitschrift für Pädagogik*) that were searched in the review study of Harder et al. (2006) covering the period between May 2005 and January 2009 by using the keywords 'aftercare', 'residential' and 'youth'. We also searched the volumes 7 (1990) up to 25 (2008) of the journal *Residential Treatment for Children and Youth* and the volumes 1 (2002) up to 4 (2005) of the *Scottish Journal of Residential Child Care*. Other volumes of the latter journal could not be searched, because these were not available.

7.2.2 Inclusion criteria

Aftercare services for adolescents with emotional and behavioral problems leaving residential care are the main focus of the present review. This includes aftercare services for both adolescents who (first) return home after leaving residential care before moving to independence and adolescents aging out of the system and directly

moving to independence. In order to be included in this review study, studies had to meet the following criteria:

1) Care services after a residential intervention had to be the main intervention in the study. Studies that focused on departing from residential care and rehabilitating in the community, but not on care services or support after departure were not included. Studies that focused on (the outcomes of) residential care, but not on care services after residential care, were also excluded. Furthermore, we excluded studies that were focused on other types of care and studies that did focus on aftercare services, but not in a residential child and youth care context. We also excluded studies that focused on both residential and foster care, not making an explicit distinction between those two types of care.
2) The target of treatment had to show serious emotional and behavioral disorders (e.g., conduct disorder, delinquent behavior, internalizing problems). Studies were excluded if they focused primarily on specific types of problems, such as substance use problems or suicidal behavior.
3) The target group had to be 12 to 25 years old.
4) Studies had to describe original, empirical data.
5) The studies had to be written in English, Dutch or German and might have been conducted in any country.

According to these criteria, 134 studies seemed relevant for inclusion. However, 19 studies (9%) could not be used because of missing full-text information. This resulted in a selection of 115 studies.

7.3 Aftercare services: for whom?

As was mentioned in the introduction, both adolescents returning home after leaving residential care and those directly moving to independence often have a need for continued support after leaving residential care. In this respect, it is relevant to know who receives aftercare services in practice and which decision-making factors are involved in offering aftercare services. Therefore, in this first section we will look at factors that are associated with aftercare use.

Preparing young people for leaving residential care and offering aftercare services can be problematic due to the fact that it is quite common for young people to have an unplanned discharge (Algemene Rekenkamer, 2007; Harder et al., 2006). In a review study of 110 empirical studies on outcomes of residential care, Harder et al. (2006) found that unplanned discharges were reported in more than a third (36%) of the studies. On average, about one quarter (24%) of the young people left residential care by an unplanned discharge, ranging from 3% to 64% in the studies. Factors related to an unplanned departure from residential care are for example chronic problems of the

youth, such as chronic marijuana use, running away and antisocial behavior, and a lack of consensus between social workers and youth about the content of care (Harder et al., 2006; Kashubeck et al., 1994; Klingsporn et al., 1990). Young people having an unplanned discharge and showing these problems may be less likely to receive aftercare services.

In their review on outpatient aftercare services for young people following intramural and substance-abuse inpatient care in the United States, Daniel and colleagues (Daniel et al., 2004) have tried to identify predictors of aftercare use. Despite the fact that almost half of the 21 reports in their review focused on young people with suicidal behavior (five studies) and youth with substance abuse problems (four studies), their review is included in the present review because it does contain relevant studies. On the basis of the reviewed studies, Daniel et al. (2004) note that a younger age may be related to aftercare use. Furthermore, they notice that gender does not seem to influence aftercare use and that there are inconsistencies regarding the relationship between ethnicity and use of aftercare services.

Two studies included in the review of Daniel et al. (2004) have explicitly tried to determine which factors were related to services use for adolescents after they left psychiatric inpatient care. One of these studies focused on adolescents with emotional and behavioral disorders (Goldston et al., 2003). The following factors, all focusing on characteristics of the youth and/or their families, were related to an increased likelihood or tendency of aftercare use in practice:

- youth whose parents reported initiating the first step in obtaining services for their child's problems;
- youth and parent's involvement in treatment planning;
- psychiatric co morbidity;
- the presence of a biological parent or grandparent;
- prior treatment (Goldston et al., 2003).

Furthermore, Daniel et al. (2004) conclude that they found "no strong or consistent evidence that suggested that the presence of a psychiatric disorder, psychiatric co morbidity, or symptoms per se is related to aftercare service use" (p. 910).

In a more recent study on aftercare services after inpatient care in the United States, Fontanella and colleagues (Fontanella, Early, & Phillips, 2008) looked at the influence of (non-) clinical factors on level of aftercare decisions based on record data for 508 adolescents admitted to three inpatient hospitals. They found that decisions of level of aftercare were largely driven by clinical need factors, namely illness severity and prior service history. However, non-clinical factors, such as organizational or institutional factors and availability of resources, also strongly influenced aftercare decisions even after controlling for level of need (Fontanella et al., 2008).

Another recently published study from the United States has tried to identify the needs of 640 young people after departing from residential group care, while focusing

on aftercare (Trout et al., 2010). They made subgroups of youth based on the restrictiveness of the setting after departure, which ended up in four groups: 1) an "independent" group that went to settings with little or no supervision (7%); 2) young people returning to their family (69%); 3) an "intermediate" group using emergency shelters, residential job corps, group homes and specialized foster care (16%); and 4) a "residential" group of young people receiving the highest level of supervision and support due to behavioral needs (8%). As expected, they found that youth and family problems were more pronounced as the level of placement restrictiveness increased (Trout et al., 2010). These results are consistent with that of Fontanella et al. (2008), indicating that the needs of the young people mainly determine the situation or type of care received after departure.

The situation of young people after they have left residential care has also been the subject of several studies carried out in England (Biehal & Wade, 1996; Sinclair, Baker, Wilson, & Gibbs, 2005; Stein & Munro, 2008). These studies focused on young people aging out of the system and draw on findings from a wider study of outcomes for youth leaving care in this country, which includes young people leaving residential child and youth care. The studies suggest that youth leaving care fall into one of three groups:

1) Young people 'moving on': These youth are very resilient and able to manage well after care. This group is making good use of the help they have been offered;
2) 'Survivors': This group is just about coping, but have a resilience which is closely linked to the professional and personal support they receive;
3) 'Victims' or 'strugglers': Youth in this group are very disadvantaged and need sustained support.

The young people 'moving on' successfully are likely to have had stability and continuity in their lives, including a secure attachment relationship. The preparation for leaving care had been gradual, they had left care later and their moving on was likely to have been planned. This group welcomed the challenge of independent living and gaining more control over their lives (Biehal, Clayden, Stein, & Wade, 1995; Sinclair et al., 2005; Stein, 2006a).

The group of 'survivors' had experienced more instability, movement and disruption while living in care than the 'moving on' group. These young people were likely to leave care younger and have an unplanned departure. Furthermore, they were likely to experience problems in their professional and personal relationships though patterns of detachment and dependency.

The most disadvantaged group are the 'victims' or 'strugglers'. Youth in this group were likely to leave care younger, following an unplanned discharge. They had the most damaging pre-care family experiences and, in the main, care was unable to help them overcome their past difficulties. These young people were likely to have

experienced many further placement moves and disruption in especially personal relationships and education (Stein, 2006a).

There is research evidence that the personal and professional support the group of 'survivors' received after leaving care is what made the difference to their lives. For the most disadvantaged 'victims' or 'strugglers' group aftercare support was unlikely to be able to help them overcome their problems, and they also lacked or dissociated oneself from personal support (Sinclair et al., 2005). Results from these studies suggest that aftercare programs can be suitable for most of the youth, but that sustained support is wanted for a relatively small group of young people with the most serious and complex problems.

Besides the problems of the young people, some studies also found factors in the care process associated with the use of aftercare services (cf. Fontanella et al., 2008). A Dutch study of aftercare services in secure residential care indicates how the residential care process can influence the participation in aftercare (Algemene Rekenkamer, 2007). More than half of the boys in the study (55%) did not receive aftercare services, while they should have been supported in the period after departure according to the Dutch law. The group that did not receive aftercare services consisted mainly of young people who stayed in the secure residential facility for a short period (three months or less) (Algemene Rekenkamer, 2007). So, a short duration of the residential care period can be associated with a poor participation in aftercare.

Trout and Epstein (2010) looked at aftercare factors that might increase participation in service use of youth and parents following family-style community based residential care. They included 10 youth, 11 parents and 10 staff members and applied focus groups in gathering information about the perceived barriers concerning the participation in an aftercare program. Participants were mostly concerned about time commitments and inflexibility of services, ongoing (over)involvement of care agencies, poor participant commitment, negative staff characteristics, and a poor breadth of services offered (Trout & Epstein, 2010). This study shows that the participation in aftercare services might also be influenced by perceived problems in the aftercare process.

The above mentioned studies suggest that both characteristics of the young people and the care process are associated with the use of aftercare services. The studies do not consistently point out clear-cut indications for the application of aftercare services. There seem to be no specific types of problems present at the moment of departure from residential care that can serve as diagnostic criterion for receiving aftercare services. However, the severity of the youth's problems present at discharge from residential care seems to be an important indicator. For whom aftercare services are most suitable, might further be indicated by the results of outcome studies of aftercare services.

7.4 Outcomes of aftercare services

Aftercare services for young people who have left residential care are described in several studies. In these studies, aftercare services are sometimes described as a component of residential care services or consist of separate care programs for young people who have left residential care. For example, there are aftercare programs that are developed with a specific focus on preparing young people for leaving residential care (Spanjaard, Van der Veldt, & Van den Bogaart, 1999). Furthermore, aftercare services frequently aim at delinquent youth and the prevention of recidivism (Altschuler & Armstrong, 1994) and at support in preparing, finding or maintaining employment (Bernasco, 2001; Platt, Kaczynski, & LeFebvre, 1996). Specific components of these programs can be the active participation of community organizations in providing support, which is for example applied in the American project ADVANCE (Platt et al., 1996). While studies often describe aftercare services, relatively few of them include information about its outcomes.

A possible explanation for the relatively poor amount of information regarding outcomes of aftercare services is provided by findings of Bijl and colleagues (Bijl, Beenker, & Van Baardewijk, 2005). They focused on an intensive type of aftercare for young offenders in the Netherlands, called Individual Traject Support (ITB), which is aimed at preventing recidivism by improving social integration and personal skills of the young people. Analysis of the ITB's program showed that the program had a poor theoretical foundation and that its program integrity was under pressure. Based on these results, Bijl et al. (2005) concluded that an evaluation study on the method of ITB would not be meaningful and realistic. The results of this study show that a poor quality of aftercare services obstructs the possibility of outcome research.

For 15 empirical studies that were included in this review, is was possible to show outcomes of aftercare services following residential care (see Table 7.1 in Appendix 7.1). Most of these studies are carried out in the United States (80%), the other studies in the Netherlands. In accordance with a classification of Van Gageldonk and Bartels (1990) we distinguish four types of outcome studies, i.e. non-experimental, pre-experimental, quasi-experimental and experimental studies (Table 7.1, see also Knorth et al., 2008). Most of the outcome studies (53%) on aftercare services have a non-experimental design with measurements only after the intervention. Three studies (20%) have a pre-experimental design, which means that there are measurements before and after the intervention. Four studies (27%) have a quasi-experimental design comparing different interventions, and two of these studies used random assignment to treatment groups. None of the studies has an experimental design, which allows the most powerful inferences.

The aftercare services in the studies are conducted following residential group care (i.e., residential treatment centers and group homes), inpatient psychiatric care, and secure residential care (i.e., correctional and detention centers). For a systematic description of the results, we will discuss the findings in view of these three types of residential care.

The different aftercare programs for adolescents after departing from *residential group care* that are reported in seven studies (47%) mainly show positive outcomes (Baker, Olson, & Mincer, 2000; Farmer, Wagner, Burns, & Richards, 2003; Greenwood & Turner, 1993; Hoagwood & Cunningham, 1992; Kok, Menkehorst, Naayer, & Zandberg, 1991; Mallon, 1998; Van Haaster, Van der Veldt, & Van den Bogaart, 1997). Respondents in the study of Hoagwood and Cunningham (1992) indicated that the availability of community-based services was the single most likely reason for a positive discharge status from residential treatment. Furthermore, two Dutch studies that focused on the Exit-Training program, which is aimed at the preparation of young people for leaving residential care and is developed for young people at risk for homelessness, show promising results (Kok et al., 1991; Van Haaster et al., 1997).

Farmer and colleagues (Farmer et al., 2003) examined the outcomes of therapeutic foster care (TFC) as a step-down placement for (young) adolescents in residential trajectories. TFC is an intervention designed primarily for youth who have been previously hospitalized (Jensen, Hoagwood, & Petti, 1996). Farmer et al. (2003) found that youth who were older at placement, with fewer strengths, and higher levels of behavior problems (especially externalizing problems) had an increased risk of leaving TFC relatively early, which was associated with problems rather than success.

Another study in the residential treatment context focused on the outcomes of an independent living program for a small group of young people (Mallon, 1998). This study showed that youth in the program showed improvements in their life skills from intake to discharge and that many youth showed positive outcomes in terms of school and employment six months after discharge from the program (Mallon, 1998).

Less positive outcomes are found in studies focusing on delinquent behavior of young people receiving aftercare services following residential treatment (Baker et al., 2000; Greenwood & Turner, 1993). In their quasi-experimental study, Greenwood and Turner (1993) did not find differences between a group of delinquent youth receiving intensive community reintegration and aftercare and a group not receive those services, while these groups where randomly assigned to the conditions and did not show differences in background characteristics. They did found that young people who completed the program performed significantly better than those who were removed for disciplinary reasons. Baker et al. (2000) evaluated the aftercare component of an employment program called Work Appreciation for Youth (WAY). The outcomes, which were reported selectively, showed that young people who spend at least two years in the WAY program reported nonsignificantly lower adult criminality rates (5%) than comparison youth (15%) and significantly lower rates

than those who remained in the program less than two years (35%) (Baker et al., 2000).

The two studies (13%) concerning the outcomes of aftercare following *inpatient psychiatric care* show poor outcomes in terms of readmissions and cost-effectiveness (Foster, 1999; Sheidow et al., 2004). Foster (1999) found, in contrast to his expectations, no significant difference in terms of readmission between a group of youth that received aftercare and a group that did not receive aftercare services. When looking at specific types of aftercare, the results showed that outpatient therapy had the largest effects on readmission and step-down services in intermediate settings, such as group homes, had the smallest effects (Foster, 1999). Sheidow et al. (2004) compared the outcomes of aftercare services as a component of inpatient care to the outcomes of the home-based intervention multisystemic therapy (MST). Because aftercare was an explicit care component of the residential care services in this study, it was included in the present review. Sheidow et al. (2004) found that inpatient care followed by aftercare services showed poorer short-term cost effectiveness than MST. However, they did not find significant short- and long-term differences in behavioral functioning of the young people in the two groups (Sheidow et al., 2004).

The six studies (40%) on the outcomes of aftercare programs for youth in *secure residential care* show mixed results (Abrams, Shannon, & Sangalang, 2008; Algemene Rekenkamer, 2007; Bullis, Yovanoff, & Havel, 2004; Hagner, Malloy, Mazzone, & Cormier, 2008; Karcz, 1996; Wiebush, Wagner, McNulty, Wang, & Le, 2005). In three secure residential care studies, aftercare services are associated with positive outcomes in terms of reengagement with education and employment after departure (Bullis et al., 2004; Hagner et al., 2008; Karcz, 1996). The study of Hagner et al. (2008) indicated that transition problems were primarily viewed as the product of systemic and community factors rather than factors amenable to individual-level intervention.

Two studies that have focused on the outcomes of Intensive Aftercare Programs (IAP) in terms of recidivism one year after departure found few statistically significant differences between the IAP group and youth receiving treatment as usual or no aftercare services (Abrams et al., 2008; Wiebush et al., 2005). Besides long-term outcomes, Wiebush et al. (2005) also tried to measure short-term change of youth in IAP directly before and after receiving the program. However, planned pre-post measures could not be applied due to extensive missing data at departure. The results of the IAP studies suggest that long-term outcomes in terms of recidivism rates are unaffected by aftercare programs that teach young people to adjust to gradual independence (Abrams et al., 2008).

7.5 Conclusion

While research suggests that aftercare is an important factor for successful long-term outcomes of residential child and youth care, the quality of these aftercare services quite often seems to be lacking in practice. Despite its potential importance in improving the (long term) outcomes of residential child and youth care, relatively few research studies have been carried out concerning (the outcomes of) aftercare services in the past 20 years. The studies that have been conducted on the outcomes of aftercare services show that some aftercare services may improve outcomes for adolescents leaving residential care. However, the strength of this evidence is diminished by the weak evaluation methodology that is often applied in the studies.

We found 15 studies that have been published in the past 20 years focusing on outcomes of aftercare services for adolescents with emotional and behavioral problems following residential care. The outcome studies show diversity in aftercare programs and outcome measures. While some studies indicate that aftercare programs can have positive outcomes, no causal inferences between aftercare and outcomes can be drawn due to the lack of quality in research designs. In many studies, the aftercare programs are not accurately described, so that it is unclear of which components a program consists. Furthermore, most of the aftercare programs are described without mentioning the underlying theoretical approaches of the care program: there are no sufficient, underlying theories of what the key factors or processes are in the aftercare process (Stein, 2006b). In this perspective, it is also remarkable that often the content of the aftercare programs is not elucidated in the studies, even when focusing on what works in aftercare (see Mech, 2000).

The results of the present review are consistent with the results on outcomes of aftercare services found in a review of aftercare services in inpatient care by Daniel et al. (2004). They found no study that demonstrated that aftercare services reduced the likelihood of rehospitalizations and found mixed results about whether aftercare services use is associated with better outcomes in terms of psychiatric symptoms. The results also correspond with findings by a recent review study of Montgomery, Donkoh and Underhill (2006) on independent living programmes (ILP) for young people leaving the care system. They found that some ILPs may improve outcomes for the young people, but that the quality of the studies and small amount of studies diminishes the validity and generalizability of the results (Montgomery et al., 2006). The findings point to the need for more good quality research on the quality and outcomes of aftercare services for adolescents who have left residential care facilities.

The few studies that have looked at the association between client factors and outcomes indicate that young people completing aftercare programs tend to show better outcomes than young people leaving aftercare prematurely (Farmer et al., 2003; Greenwood & Turner, 1993). This is consistent with findings on outcomes of residential care (Harder et al., 2006). Furthermore, aftercare services for youth with

delinquent behavior tend to show poorer outcomes than aftercare services for youth with other problems, such as emotional and behavioral problems (Abrams et al., 2008; Algemene Rekenkamer, 2007; Baker et al., 2000; Greenwood & Turner, 1993; Wiebush et al., 2005). However, this finding might partly be explained by the design of the studies. In studies focusing on delinquent youth recidivism is regularly applied as an outcome measure and therefore, outcomes are often measured one year after departure, which is longer term after departure than is regularly applied for outcomes in the other studies.

Studies that have looked at factors associated with aftercare use show that problem severity and prior service history of youth are positively associated with aftercare service use. Studies do not clearly point at specific types of problems that can serve as diagnostic criterion for receiving aftercare services. However, they do show that sustained support seems to be needed for youth with the most serious and complex problems, which often include youth who prematurely drop out of residential care (Biehal & Wade, 1996; Harder et al., 2006).

Little is known about the care factors that influence the outcomes of aftercare in residential child and youth care, because many studies do not mention the content or quality of the offered care (see also Daniel et al., 2004). Furthermore, few of the outcome studies in the present review looked at the association between care factors and outcomes. Aftercare services for adolescents who have left residential treatment seem to show more positive outcomes compared to services following inpatient care and secure residential care. However, due to the small amount of studies, the lack of quality in research designs and the diversity of aftercare services in the studies, more research is needed to make clear which aftercare services are successful and which are not.

Only one of the studies in our review focused on an aftercare program for both youth and their families (Sheidow et al., 2004). However, the intervention in that study (multisystemic therapy; MST) was applied as an alternative for aftercare services following inpatient care. None of the other studies focus on aftercare programs for both the young people and their parents or families. This is remarkable, because young(er) people often return home after residential care. Furthermore, parental involvement in residential treatment can play an important role in improving its outcomes (Geurts et al., 2008). Parents or families of the young people form an important starting point for support after the young people's departure from residential care, especially when (it is expected that) young people (will) return home to their parents. Studies that have looked at aftercare services for both young people and families (Guterman et al., 1989; Harding, Bellew, & Penwell, 1978; Hodges, Guterman, Blythe, & Bronson, 1989; Jenson, Hawkins, & Catalano, 1986) are all carried out more than 20 years ago and, therefore, not included in our review.

Different programs have been developed with an explicit focus on families of youth with serious emotional and behavioral problems, such as Multi Systemic

Therapy (MST), which is included in the study of Sheidow et al. (2004), and Functional Family Therapy (FFT). These programs might be suitable for use as a type of aftercare following residential care (see also Frederick, 1999). Quite recently, a residential care program started in the Netherlands called "Doen Wat Werkt" [Do What Works] which consists of short-term secure residential care for youth with serious emotional and behavioral problems, followed by MST or FFT. A preliminary study on this care program shows positive short-term outcomes (Van Aggelen, Willemsen, De Meyer, & Roosma, 2009).

A limitation of this review is that outcome studies included in the review only consisted of studies that were carried out in the United States and the Netherlands, which limits the representativeness of the results. Despite the fact that we searched for literature written in English, Dutch or German in diverse databases, we have only found Dutch and American outcome studies that were suitable for inclusion in the present review.

In conclusion, this review shows that some aftercare services may improve outcomes for adolescents leaving residential care. However, the strength of this evidence is limited because of the weak evaluation methodology that is often applied in the studies that focus on outcomes of aftercare services. Furthermore, the applied aftercare programs are often not accurately described in the outcome studies, so that it is unclear of which components a program consists and how the services have been carried out in practice. While there seems to be no specific type of problem that can serve as a criterion or indication for receiving aftercare services, studies do show that the severity of the youth's problems present at discharge from residential care is positively associated with aftercare service use. Due to the small amount of studies, the lack of quality in research designs and the diversity of aftercare services in the studies, more research is needed to make clear which aftercare services are successful for whom.

Appendix 7.1

Table 7.1
Outcomes of aftercare programs (N = 15)

Study	*N (m/f)*	*Target group (age, problem)*	*Design of the study*[8]	*Method (source of information)*	*Aftercare program*	*Outcomes*
1. Abrams et al. (2008) United States	83 (61/ 22)	- mean age 15.9 - delinquent behavior	NE: 2 groups 1) Transitional living program (TLP) (*n*=46) 2) Non-TLP (*n*=37) 1 measurement	- Archival data from the state administrative data system - Official client case records	- Six-week TLP in cottage - After secure residential care - Based on IAP model - Daytimes: youth in the community	46 males completed the TLP, and the other youth completed the program but did not participate in the TLP. For the TLP group 48% and for the non-TLP 27% was reconvicted. Age at arrest and number of prior offenses predicted recidivism one year after discharge. Youth in the aftercare program and youth involved in both child welfare and juvenile justice systems were slightly more likely to recidivate.
2. Court of Audit (2007) the Nether-lands	102 (102/ 0)	- mean age at departure 18.2 (range 13-25) - delinquent behavior	NE: 1 group 1 measurement: 6 months after departure	- File information	- Aftercare services after secure residential care offered by probation officers or the secure unit	For a group of 50 boys there was information about their condition six months after departure. For 16 boys (32%) there was a good outcome in terms of recidivism and daily functioning and for the other 32 boys (68%) a poor outcome. Youth with a positive outcome appeared to have received aftercare services more often (81%) than youth with poor outcomes (55%).

[8] Four types of designs can be distinguished:
- Non-experimental (NE) - There are only measurements of outcomes after the intervention.
- Pre-experimental (PE) - There are at least two measurements (T_1 and T_2) performed within a sample before and after an intervention, which can indicate whether a change, for example in behavior, occurs between T_1 and T_2.
- Quasi-experimental (QE) - A minimum of two samples in different types of intervention are studied at T_1 and T_2, which are compared on relevant variables.
- Experimental (E) – Random assignment of subjects to an experimental group receiving intervention and a control group not receiving intervention.

3. Baker et al. (2000) United States	231 (231/ 0)	- mean age treatment and comparison 14.2 - severe emotional and behavioral difficulties	NE: 2 groups 10 cohorts of 15-20 boys (*n*=155) Comparison group discharged from care earlier (*n*=76) 1 measurement	- Interviews with youth in cohorts 1-6 who had spend at least 2 years in the program	- Aftercare component of the Work Appreciation for Youth (WAY) employment program (residential treatment) - Educational advocacy, tutoring, counseling, mentoring, work experience, and financial incentives. Services continued after discharge from residential care until youth were enrolled for 5 years.	80% of the youths in cohorts 1-6 who had spend at least 2 years in the program were working at follow-up 2 to 11 years after leaving the program and 80% were in school or had graduated from high school at age 21. Young people who spend at least two years in the WAY program reported nonsignificantly lower adult criminality rates (5%) than comparison youth (15%) and significantly lower rates than those who remained in the program less than two years (35%). Youth who left the program during the first 2,5 years in the program (drop-outs; 24%), were more likely to be older, were discharged sooner, and experienced fewer types of abuse early in life.
4. Bullis et al. (2004) United States	531 (446/ 85)	- median age 16 - age at exit: ≤16 - 47% >16 - 53% - delinquent behavior	NE: 1 group 2 measurements: 6 months (*n*=338) and 12 months (*n*=248) after departure	- Interviews with young people	Care services after juvenile correctional care (2 large correctional programs and 3 correctional camps)	Few young people received services from community-based agencies, while most had diagnosed mental health problems, special education disabilities, and/or previous substance abuse problems. Youth who received care services upon leaving the facility were more likely to be involved in school and work and not arrested or placed back into the criminal justice system 6 months after departure than participants who did not receive such services. Furthermore, positive outcomes at 6 months were positively related to positive outcomes at 12 months after departure.
5. Farmer et al. (2003) United States	141 (X/X)	- mean age 13.2 (range 3-17) (total sample, *N*=184)	PE: 1 group 2 measurements: 12 month period preceding and 12 months following	Data from Management Information Systems (MIS)	- Treatment Foster Care (TFC) as step-down services after: - Group home care (46%)	A majority of youth (64%) remained in TFC for the entire 12 months following placement. Of the 60 youth that left TFC, 45% moved into a less restrictive setting (43% home and 2% foster care), 47% went

		- emotional and behavioral problems	TFC		- Residential treatment facility (13%) - Incarceration (4%) - Inpatient care (2%)	to a more restrictive setting and 8% ran away. Short stays were associated with problems rather than success. Youth who were older at placement, had fewer strengths, and higher levels of behavior problems (especially externalizing problems) had an increased risk of leaving TFC in the 12 months after placement.
6. Foster (1999)[a] United States	204 (129/ 75)	- mean age 12.6 - children and adolescents	NE: 2 groups: 1) Demonstration 2) Comparison 1 measurement: 2 months after discharge	Data from 1) Management Information Systems (MIS) 2) CHAMPUS system	- Aftercare services in Fort Bragg Demonstration, psychiatric inpatient care 1) Demonstration group: - Case management (79%) - Intermediate (step-down) services (58%) - Residential treatment (4%) 2) Comparison group: - Outpatient therapy - Residential treatment (4%)	Most of the youth (91%) in the demonstration group and 38% of the comparison group received aftercare within 60 days of discharge. Youth who had received aftercare were 7% less likely to be readmitted than those who had not (non significant difference). The difference stayed nonsignificant after controlling for different factors, such as child characteristics. More likely to be readmitted were females, white young people and youth with a major depression or oppositional defiance. Outpatient therapy had the largest effects and step-down services in intermediate settings, such as group homes, had the smallest effects on readmission.
7. Green-wood & Turner (1993) United States	150 (150/ 0)	- mean age 16.5 ≥ 15 - delinquent behavior - no sign. differences in background between groups	QE: 2 groups: 1) Experimental (*n*=75) (Paint Creek Youth Center; PCYC) 2) control (*n*=74) (regular training schools; RTC's) Random assignment 3 measurements: 6 months after	- Interviews with youth one year after departure (*n*=124) - Reviewing court records (*n*=150)	1) PCYC: - Intensive community reintegration and aftercare - Aftercare: visits from community workers to youth and family during residential care and frequent contact following release 2) RTC's: - No community	Although experimental youth appeared to perform better, there were no significant differences in arrests or self-reported delinquency at one year after departure between the two groups. According to official numbers, 51% of the experimental group and 61% of the control shows recidivism. Self-report info of youth shows that 75% of the youth in the experimental and 62% of the control group shows delinquent behavior one year after departure. As expected, those who

			admission, at departure and 1 year after departure		reintegration and aftercare	completed the experimental program performed significantly better than those who were removed for disciplinary reasons. The intensive aftercare program was not differentially effective for subgroups of offenders.
8. Hagner et al. (2008) United States	33 (27/ 6)	- mean age 16.1 (range 14-17) - non-adjudicated youth - emotional and behavioural disabilities	NE: 1 group 1 measurement	- interviews with youth (*n*=3), professionals (*n*=8)	Transition service model 'Rehabilitation, Empowerment, Natural supports, Education and Work' (RENEW) project: 1) person-centered planning, 2) support for high school completion, 3) career preparation and employment support, 4) interagency coordination, and 5) mentoring and social support	Most of the youth (68%) successfully reengaged with education or employment in the community following their release from detention. The interviews resulted in the following often mentioned factors differentiating successful from unsuccessful outcomes: the quality of social support for life in the community (90%), career preparation and employment support (60%) and the degree to which agencies involved in the system worked in collaboration (60%).
9. Hoagwood & Cunning-ham (1992) United States	114 (86/ 28)	13 (range 5-18) - serious emotional disturbance	NE: 1 group 1 measurement during the 3-year study period	- Analysis of state records - Interviews with special education directors - Outcome scale by special education administrators	- Community-based services - Care services after departure from 36 residential treatment facilities for educational purposes	Education directors reported that the availability of community-based services from residential placement back into the community, such as day treatment, respite care, intensive home-family support, and crisis stabilization, was the single most likely reason for a positive discharge status.
10. Karcz (1996) United States	88 (76/ 12)	X - youth - handicap-ping conditions	NE: 2 groups 1) experimental (Youth Re-entry Specialist (YRS) Program) 2) control (no	- Data from service providers and correctional institution	- YRS Program - Special education re-entry services after corrections institutional school - Coordination of re-	Youth who participated in the re-entry services seem to have a better chance on receiving special education and vocational training three months after release than youth who did not receive the services.

			YRS) Random assignment 1 measurement		entry into special education units	
11. Kok (1991) the Nether-lands	X (X/X)	12-18	QE: 3 groups 1) Residential behavioral therapeutic treatment (RBT) program 2) Individual group care 3) Other treatment 3 measurements: at admission, departure and 6 months after departure	- Question-naires for youth and care workers	- RBT program including Exit-Training, group care, parental support and individual or group behavioral therapy	Youth in the residential program show significant progress in their self-image, an average decline in problem behavior, a larger increase of social skills and less substance use compared to youth in the other conditions. Youth in the residential program show significant progress in their functioning compared to youth in the individual group care. The effect of the residential program on social skills is unclear. For a larger group (63%) in the residential program group the reason for departure is positive than in the other groups (52% in the individual care and 38% in the other care group).
12. Mallon (1998) United States	46 (46/ 0)	18 (range 16-20) - at risk for homelessness - 35% learning disabilities	PE: 1 group 3 measurements: at intake, discharge and follow-up at least 6 months after discharge	- independent living scales with youth - care records - interviews former clients after discharge	Independent living program after leaving residential care	Youth showed an improvement in mean ratings of life skills from intake to discharge. At the time of discharge from the program, 75% of the population had completed high school or obtained a General Equivalency Diploma, 72% had full-employment and 65% had saving accounts. At follow-up, 76% of the youth had regular contact with staff members from the program, 46% shared an apartment and 15% lived with their families.
13. Sheidow et al. (2004) United States	115 (77/ 38)	- mean age 12.6 (range 10-17) - families	QE: 2 groups 1) Multisystemic Therapy (MST) 2) Care as usual Random assignment	- instruments for youth and caregivers - Medicaid billing records (from time 1	1) MST: - community-based treatment - intensive home-based model of service delivery	Multisystemic therapy demonstrated better short-term (from intake to discharge) cost-effectiveness for each of the clinical outcomes (externalizing behavior, internalizing behavior, and global severity of symptoms) than did usual

			5 measurements: within 24 hours of consent, after discharge, after MST, 6 and 12 months after MST	through time 3)	- lasting an average of four months 2) Inpatient psychiatric services followed by usual aftercare services	inpatient care followed by community aftercare. The two treatments demonstrated equivalent long-term (6 to 12 months after completing MST) cost-effectiveness. Although the MST group showed marginally, nonsignificant short-term improvements in externalizing behavior, no significant difference in behavioral functioning between the two groups were found.
14. Van Haaster et al. (1997) the Nether-lands	67 (34/ 33)	15-19 - youth at risk for homelessness	PE: 4 groups 4 measurements: at admission, at the end of the training and 3 and 6 months after the training	- Exit and follow-up questionnaires - Goal Attainment Checklist	- Exit-Training - Duration of ten weeks - Starting in residential care, and continued outside the facility - Aimed at preventing homelessness and independent living	Of the 67 young people in the training, 55 completed the training (82%) and 7 dropped-out prematurely (10%). At the end of the training, 94% of the 54 youth in the program had stable living conditions, 93% a supporting network, 89% had cleared criminal cases, 69% structural daytime activities and 67% had organized and stabile finances. Six months after the training most of the 28 youth remaining in the study still show positive results.
15. Wiebush et al. (2005) United States	435 (435/ 0)	X - youth - delinquent behavior	QE: 2 groups 1) Intensive Aftercare Program (IAP) on 3 locations (*n*=230) 2) Control (*n*=205) Random assignment 1 measurement: 12 month follow-up period	- data in juvenile and adult system	After secure residential care: 1) IAP: - model integrates strain, social learning and social control theories - intensive supervision - provision of services - focus on reintegration 2) Control group receiving traditional services	The results showed that recidivism rates were high for both groups in all three sites: 50-60% was rearrested for felony offenses, 60-70% for felony and/or misdemeanour offenses and 80-85% for some type of offense. There were few statistically significant differences in recidivism between the IAP groups and control groups.