They have left the building: A review of aftercare services' outcomes for adolescents following residential youth care

ANNEMIEK T. HARDER, MARGRITE E. KALVERBOER AND ERIK J. KNORTH

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Abstract

Research indicates that aftercare services can maintain the gains that are made during residential youth 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 the outcomes of aftercare services for adolescents with emotional and behavioral problems in residential youth care. In contrast to the expectations, the reviewed studies show little research evidence for the effectiveness of aftercare services following residential care. Several studies in the review indicate that aftercare can have positive outcomes, but the strength of this evidence is limited because of the weak evaluation methodology applied in the studies. In many studies the aftercare programs are not accurately described, so that it is unclear of which components a program consists and which care factors are associated with positive outcomes. Young people completing aftercare programs tend to show better outcomes than young people leaving aftercare prematurely. 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 especially might improve long term outcomes of residential care. The results point to the need for more good quality research to make clear which aftercare services are successful for whom after leaving residential care.

Keywords: review; aftercare; residential youth care; institutional care; outcomes

Introduction

In the continuum of care for troubled children and youth, residential 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 care 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, Little, & Millham, 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 still 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 youth care especially seems to be true for long term outcomes (e.g. Curry, 1991).

However, offering aftercare services can be problematic due to the fact that it is quite common for young people to have an unplanned discharge from residential care (Court of Audit, 2007; Harder, Knorth, & Zandberg, 2006). In a review study of 110 empirical studies on outcomes of residential care, Harder et al. (2006; see also Knorth, Harder, Zandberg, & Kendrick, 2008) 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, Pottebaum, & Read, 1994; Klingsporn, Force, & Burdsal, 1990). Young people who show these problems may be less likely to receive aftercare services. In a review of outpatient aftercare services for young people following intramural and substance-abuse inpatient care, Daniel et al. (2004) conclude, however, 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). The findings of these studies do not consistently show which young people are most likely to receive aftercare services, but indicate that those who leave residential care prematurely might be less likely to receive aftercare.

Besides unplanned discharges, several 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 report 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 find 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 et al., 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 (Altschuler & Armstrong, 1994; Boendermaker, 1998; Bullock, Hosie, Little, & Millham, 1990; Court of Audit, 2007). These findings indicate that it is difficult to realize good quality aftercare services in a residential care context.

While studies often describe aftercare services, relatively few studies seem to include information about outcomes of aftercare following residential youth care. 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).

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 young people. Analysis of the ITB program showed that it had a poor theoretical foundation and that the program's integrity was under pressure. Based on these results, Bijl et al. (2005) concluded that an evaluation study of the ITB method applied in practice would not be meaningful and realistic. The results of this study show that a poor quality of aftercare services in practice obstructs the possibility of outcome research.

Although aftercare is recognized as important for achieving positive (long term) outcomes by residential youth care, there are indications that the provision of aftercare support is problematic and lacking in practice. Moreover, little is known about the outcomes of aftercare services following residential youth care. 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 care. Because adolescents often have problems in their situation after care while making the transition from residential care to independent living, 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 describe the outcomes of aftercare programs for young people who have left residential care, including factors that are associated with negative and positive outcomes. On the basis of findings in previous studies (e.g., Epstein et al., 2004; Pfeiffer & Strzelecki, 1990), we expect that aftercare services mainly show positive outcomes.

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 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 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-familial setting.

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 youth care that was carried out earlier (Harder et al., 2006). In that review study, residential 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:

- esidential, 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 publications we had found. 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 accessible through our library.

Inclusion criteria

Aftercare services for young people with emotional and behavioral problems leaving residential care are the main focus of the present review. This includes aftercare services for both young people 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 residential youth care had to be the main intervention in the study.
2) The study had to focus on the outcomes of aftercare services (e.g., in terms of young people's behavioral functioning, family functioning, et cetera).
3) The target of treatment had to show serious emotional and behavioral disorders (e.g., conduct disorder, delinquent behavior, internalizing problems).
4) The target group had to be 12 to 25 years old on average.
5) Studies had to describe original, empirical data.
6) The studies had to be written in English, Dutch or German and might have been conducted in any country.

According to the inclusion criteria, initially 134 studies seemed relevant for inclusion. However, 19 studies (9%) could not be used because of missing full-text information. By studying the information in the abstracts of the remaining 115 studies that seemed relevant for inclusion, a large group of studies was excluded. In the first place, we excluded studies that focused on departing from residential care and rehabilitating in the community, but not on care services or support after departure. Secondly, we excluded studies that focused on (the outcomes of) residential care, but not on care services after residential care. In the third place, we excluded studies that focused on aftercare services in the context of other types of care (e.g., foster care). We also excluded studies that focused on young people in both residential and foster care, not making an explicit distinction between those two types of care. Fifth, we excluded studies that solely focused on specific types of problems, such as substance use problems or suicidal behavior. On the basis of the six inclusion criteria, we finally selected fifteen studies (11%) that focused on outcomes of aftercare services following residential youth care.

Results

The 15 studies that were included in this review are shown in Table 1. Most of the studies were 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 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. Two studies (13%) have a quasi-experimental design comparing different interventions and two studies (13%) have an experimental design using random assignment to treatment groups.

The aftercare services in the studies are conducted following residential group care, inpatient psychiatric care, and secure residential care. 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 experimental study, Greenwood and Turner (1993) did not find differences in delinquent behavior between a group of delinquent youth receiving intensive community reintegration and aftercare and a group who did not receive those services, while these groups where randomly assigned to the conditions and did not show differences in background characteristics. They did find 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 spent 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).

Table 1
Outcomes of aftercare programs (N = 15)

Nr	Study	N (m/f)	Target group (age, problem)	Design of the study[1]	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	Algemene Rekenkamer (2007) the Netherlands	102 (102♂)	• 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%).
3	Baker et al. (2000) United States	231 (231♂)	• 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, counselling, 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 (XX)	• mean age 13.2 (range 3-17) (total sample, N = 184) • emotional and behavioral problems	PE: 1 group 2 measurements: 12 month period preceding and 12 months following TFC	Data from Management Information Systems (MIS)	• Treatment Foster Care (TFC) as step-down services after: • Group home care (46%) • Residential treatment facility (13%) • Incarceration (4%) • Inpatient care (2%)	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 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)* 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	Greenwood & Turner (1993) United States	150 (150♂)	• mean age 16.5 ≥ 15 • delinquent behavior • no sign. differences in background between groups	E: 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 admission, at departure and 1 year after departure	• 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 reintegration and aftercare	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 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 & Cunningham (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 YRS) Random assignment 1 measurement	• Data from service providers and correctional institution	• YRS Program • Special education re-entry services after corrections institutional school • Coordination of re-entry into special education units	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.
11	Kok (1991) the Netherlands	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♂)	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	E: 2 groups 1) Multisystemic Therapy (MST) 2) Care as usual Random assignment 5 measurements: within 24 hours of consent, after discharge, after MST, 6 and 12 months after MST	• instruments for youth and caregivers • Medicaid billing records (from time 1 through time 3)	1) MST: • community-based treatment • intensive home-based model of service delivery • lasting an average of four months 2) Inpatient psychiatric services followed by usual aftercare services	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 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 Netherlands	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♂)	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.

1 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 (T1 and T2) performed within a sample before and after an intervention, which can indicate whether a change, for example in behavior, occurs between T1 and T2.
- Quasi-experimental (QE) – A minimum of two samples in different types of intervention are studied at T1 and T2, 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.

* = Study included in the review study of Daniel et al. (2004)

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 what was expected, 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). In their experimental study, Sheidow et al. (2004) compared the outcomes of aftercare services as a component of inpatient care to the outcomes of the home-based intervention Multi Systemic 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; Bullis, Yovanoff, & Havel, 2004; Court of Audit, 2007; 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) showed 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).

Discussion

While research suggests that aftercare is an important factor for successful long-term outcomes of residential youth care, we found little research evidence for the effectiveness of aftercare services for adolescents with emotional and behavioral problems following residential care. Relatively few studies have been carried out on (the outcomes of) aftercare services, despite its potential importance in improving the (long term) outcomes of residential youth care. We found 15 studies that have been published in the past 20 years focusing on outcomes of aftercare services. 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, which makes that causal inference between aftercare and outcomes cannot be drawn. Moreover, the two experimental studies in our review that allow the most powerful inferences did not show differences in behavioral functioning of young people in an experimental aftercare program compared to young people who received no aftercare services (Greenwood & Turner, 1993) or aftercare as usual (Sheidow et al., 2004). These findings might be explained by the poor quality of aftercare services in practice, which is reported in several studies (e.g., Barn et al., 2005; Bullock et al., 1990; Daniel et al., 2004).

The results of the present review are consistent with results concerning aftercare services' outcomes found in a review of aftercare services in inpatient psychiatric youth 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. Our 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 poor quality and small amount of studies diminishes the validity and generalizability of the results (Montgomery et al., 2006).

Besides the poor empirical support for the effectiveness of aftercare services in residential youth care, 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 (cf. 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). These 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 concerning outcomes of residential care (Harder et al., 2006). It is partly consistent with results from studies carried out in England, which showed that for the most disadvantaged young people after leaving care, so-called 'victims' or 'strugglers', support was unlikely to be able to help them overcome their problems (Biehal, Clayden, Stein, & Wade, 1995; Sinclair, Baker, Wilson, & Gibbs, 2005). These 'strugglers' often had damaging pre-care family experiences, were likely to have experienced many placement moves and disruptions, particularly in personal relationships and education, lacked or dissociated oneself from personal support, and were likely to leave care at a younger age, following an unplanned discharge (Stein, 2006a). For another group of young people, so-called 'survivors', the personal and professional support after leaving care was, however, very important. These young people were functioning somewhat better than the 'strugglers', but also often experienced instability, movement and disruption while living in care, were likely to experience problems in their professional and personal relationships, to leave care at a younger age and have an unplanned departure, and were just about coping after leaving care (Stein, 2008).

Results from these studies and the present study suggest that it is important to pay attention to and fit in with the needs of the young people to be able to achieve positive outcomes. While other studies suggest that needs of the young people mainly determine the type of care young people receive after departure from residential care (Fontanella, Early, & Phillips, 2008; Goldston et al., 2003; Trout et al., 2010), also non-clinical factors, such as organizational or institutional factors, availability of resources, the length of stay in residential care and perceived barriers concerning aftercare, strongly influence participation in aftercare (Court of Audit, 2007; Fontanella et al., 2008; Trout & Epstein, 2010).

Results concerning the association between client factors and outcomes indicate that 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; Baker et al., 2000; Court of Audit, 2007; 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 (Knorth et al., 2008).

Little is known about the care factors that influence the outcomes of aftercare in residential youth care, because many studies do not mention the content or quality of the care offered (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 (MST) was applied as an alternative for usual aftercare services following inpatient care. None of the other studies focuses 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 can play an important role in improving outcomes of residential treatment (Geurts, Knorth, & Noom, 2008). Parents or families of the young people form an important point of departure 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) were 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 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 the outcome studies included 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 poor research evidence for the effectiveness of aftercare services for adolescents with emotional and behavioral problems following residential care. Although several studies indicate that aftercare may improve outcomes for adolescents leaving residential care, the strength of this evidence is limited because of the weak evaluation methodology applied in the studies. 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. 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 whether and which aftercare services are successful for whom.

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Author's notes

University of Groningen
Faculty of Behavioral and Social Sciences
Department of Special Needs Education and Youth Care
c/o A.T. Harder, PhD
Groote Rozenstraat 38
NL-9712 TJ Groningen
The Netherlands (EU).
Tel.: + 31-50-36-36-566
E-mail address: A.T.Harder@rug.nl.