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Improving Community Adaptation Outcomes for Youth Graduating from Residential Mental Health Programs: A Synthesis Review (FULL REPORT)

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The views expressed within this report do not necessarily reflect the views of the Ministry.

Background

Over the past six years, through several funded research projects, the Partnerships for Children and Families program of research has been documenting outcomes for youth leaving residential (RT) and intensive (IFS) children's mental health programs in Ontario in four life domains – school and employment, social integration, family living and youth well being (For more information see the reports available on www.wlu.ca/pcfproject). In these investigations, almost all of the 212 youth entering residential care and intensive family service programs showed clinical levels of concern on admission indicators in several or all of these life domains. Most of these youth also showed statistically significant improvements on the same indicators upon graduation from these programs.

However, in follow up investigations approximately 16 months and 36 months after program discharge, most of these youth still faced clinically significant challenges in several or all of these life domains. Indeed, youth difficulties with successfully adapting to school or employment and their engagements in delinquent activities and the criminal justice system were of greater concern overall at follow up than at admission to these programs.

At the time of follow up, youth ages 16 or older were legally able to make the decision to leave school. Among youth 16 or older in our samples, 54.1% for RT youth and 31.6% for IFS youth had left school. Seventy five percent of RT youth and 87% of IFS youth not in school at follow up were also unemployed. Of the youth still in school at follow up, between 55% and 59% were described by their parents as having substantial academic difficulties, increased proportions since program admission. It would be reasonable to expect many of these youth would also leave school when they can do so legally.

Approximately 32-35% of all youth had been in contact with the law at admission which was a much higher percentage than youth in the general population and consistent with the proportions in other studies of youth with mental health challenges. About one-third of IFS youth had problematic contact with the law at follow up. However, the proportion of RT youth in trouble with the law increased to 49% at follow up.

Half of the 143 youth living at home with their parents at 12-18 months post-treatment were having a lot of trouble getting along with parents. In addition, just over half of the youth leaving residential treatment youth were in the guardianship of the child welfare system pointing to likelihood of a significant challenge of transition to independence in late adolescence for many of these youth.

Many youth in difficulty after leaving these mental health programs were having trouble in more than one community adaptation domain. For example, youth with a lot of trouble getting along with parents were struggling in multiple community adaptation domains like school attendance and performance, personal functioning, and quality of life. In addition, a large majority of youth in trouble with the law also had serious school difficulties after graduating from these programs. Youth leaving residential treatment to live in the care of child welfare authorities often experienced serious difficulties in most life domains. Generally, it was not possible to draw clear boundaries between youth having school problems, in trouble with the law, struggling with their parents, personal functioning difficulties, and other community adaptation problems. In addition, challenges in areas of living such as education, employment and trouble with the law became more serious as youth became older.

The research team drew several conclusions from the findings of this program of research. First, conceptually and programmatically, the challenge of helping this youth population to adapt successfully to community life in multiple domains across important development transition points is different from the purposes and potential of short term residential or intensive treatment or other focused programs. Second, from our data, it was clear that improvements in youth functioning while in these intensive treatment programs were poor predictors of successful transitions to community living after leaving these programs. Third, it seemed likely that if we wish to foster substantial gains in education, employment, community involvements, and living with families that might endure, support in multiple domains of living will be needed. It was not possible for us to identify either conceptually or empirically any specific focal point for intervening that would be likely to bring enduring benefits across all or even many of these domains

of living. Fourth, these findings also indicated that short-term supports and skill development interventions are unlikely to be sufficient to promote success community adaptation for many of these youth. Finally, there was not one community adaptation profile for these youth. Also, adaptation challenges faced by younger and older children were not the same. There is no reason to expect that the same intervention strategies would be appropriate for all or even most of these youth. Flexibility in support strategies would seem to be required.

Overall Approach to the Synthesis Review

The focus of this synthesis review was to understand the capacity of systems of care and integrated program models to foster successful community adaptation for children and youth with serious emotional and behavioural difficulties. The primary undertaking was to evaluate and synthesize available evidence about the *risk factors* contributing to poor community life outcomes and the *effectiveness of program interventions* on improving outcomes in the domains of school, delinquency, returning home after residential treatment, and transitioning from child welfare substitute care.

Because of its scope (i.e. community adaptation in multiple life domains) and its exploratory nature, this synthesis review adapted the inclusive approach to synthesis reviews developed by the EPPI-Centre, Social Science Research Unit, Institute of Education, University of London (March 2007). For specific aspects, this review also used procedures developed to carry out Rapid Evidence Assessments for social policy (Government Social Research, www.gsr.uk; Underwood, Thomas, Williams, & Thieba, 2007).

Most of topics of interest for this review (systems of care, adaptation to school, independent living, employment, community engagement, and family living) have been the focus of recent comprehensive reviews. The initial review strategy gathered and summarized available systematic and narrative reviews relevant to these topics that have been produced within the last 10 years. In addition, a number of institutions have

identified and synthesized evidence for "proven or blueprint" program models that are relevant to this review. These too were included in this initial "review of the reviews".

A *descriptive map* of the research studies identified by the above procedures was constructed for each domain reviewed. Such maps help to answer questions about what research is available and identify directions for future research. They allow a much broader field of research to be examined than is possible through a formal statistical synthesis of research findings. Maps provide a resource in their own right providing a description of research in a specific topic area and also, as in this investigation, provide foundation for identifying intervention strategies for closer investigation. The broader map also provides a context for interpreting the results of narrower syntheses (EPPI-Centre, March 2007).

The assessment of reviews and individual studies was based upon the four appraisal criteria recommended by the EPPI-Centre (March, 2007): (1) the trustworthiness of the results based upon accepted norms for that type of research, (2) the appropriateness of the use of the study design for addressing the research questions, (3) the appropriateness of the study's focuses for answering the research questions and (4) an overall assessment of the evidence based on the previous criteria.

Judgments about systematic reviews were based upon how thorough their search of the available evidence was, the procedures used to assess and select studies for inclusion, the methods used for cross-study syntheses and whether findings are presented in a balanced fashion. There are no established procedures for assessing narrative reviews. The research team used its own protocol based upon the scope and relevance of the research reviewed, the credibility of the research methods used in the studies reviewed, and the care with which the findings are summarized.

Our assessment of the information contained in these *reviews of the reviews* gave equal consideration to three types of information: (1) Conceptual arguments and empirical evidence of the pathways to good and bad community adaptation outcomes in each life domain of interest; (2) The evidence from the research reviewed about the community

adaptation outcomes (e.g. school dropout; recidivism for young offenders, etc.) for the different programs included in the reviews; and (3) The characteristics of effective programming identified by the authors of each review.

There were several reasons for this three-pronged assessment strategy. First, there were often discrepancies between the analyses of pathways to community adaptation outcomes and the most common focuses for programming in various domains. For example, the nature of involvement with peers might have been an important predictor of community adaptation outcomes in a domain, yet seldom a focus for program interventions. Second, the most convincing outcome evidence might exist for the most common and easily evaluated program models. Yet such approaches still might not be convincing as standalone approaches or necessarily the most promising program options in each domain. A reliance on outcome studies alone could lead to a stilted or excessively restricted image of what would be worthwhile attempting to produce better community adaptation outcomes for youth. Finally, it is instructive to know what other reviewers have concluded about effective programming in various domains. Once again, there may be discrepancies between the research evidence presented and the programming lessons identified by these reviewers. For example, quite a few reviewers argue for multiple component programming addressing a range of important risk and protective factors for youth. Yet few empirical studies of multiple component programs are available. So in the end, making good judgments about future initiatives will require a consideration of these three types of information both within and across the domains of living examined in this investigation.

Based upon discussion between the members of the project's advisory group and the research team, the results of the *reviews of the reviews* across multiple life domains will be used to identify specific community adaptation intervention strategies/programs for closer inspection.   Our overarching focus or purpose in choosing these specific strategies will be uncovering programming elements with the potential to improve long-term community adaptation outcomes for youth leaving residential children's mental health programs.   Ideally, this process would lead to agreement about the nature of a

specific program model or models to improve community living outcomes for these youth that might become the focus of a demonstration project or projects in Ontario.

The syntheses of effectiveness evidence for specific program models identified through this process will be based upon studies using credible experimental (RCT) and quasi-experimental designs. Only quasi-experiments with concurrent or pre-existing (time series) comparison conditions will be considered for inclusion at this stage.

Because this stage will involve examining a variety of programming approaches, the first search with be for existing systematic and narrative reviews of each program model of interest. If these reviews are comprehensive, credible, and recent, our conclusions about a program model will be based upon these reviews. If not, we will carry out our own synthesis of individual studies for specific program models.

The next step involves, in consultation with the advisory group, examining the findings from this review of specific program models and discussing their implications for improving community adaptation outcomes for youth leaving residential mental health programs. The possibility of a demonstration project or projects will also be discussed.

The final stage will involve disseminating the multiple products from this investigation broadly and examining ways to involve broader constituencies in further discussion.

There are several types of products that will result from this overall approach:

- A summary and a full-length report for each topic included in the review of the reviews (systems of care, education, delinquency, living with family, and transitioning from the care of child welfare authorities to independent living)

- Accessible summary and full-length synthesis reports *incorporating the information from all of the above domain reports* and the *examination of specific program elements* with the potential to improve community adaptation outcomes for youth leaving residential mental health programs.

Focus of the Overall Report

This report is organized around summaries of research reviews in six topic areas:

- Three separate chapters are devoted to reviews of programming to prevent school difficulties and dropout, delinquency, and youth difficulties in living with their families. These were all youth community adaptation challenges for many youth leaving residential care in our prior research.

- Another chapter focuses on programming to facilitate transitions to independent living for youth in the care of child welfare authorities. About half of the youth leaving residential mental health programs in our earlier research went into the care of child welfare authorities. Also, this topic was of interest to the funders of this project.

- The fifth chapter focuses on the nature and effectiveness of systems of care for youth with serious emotional or behavioural issues. This review was motivated by the discussion in the literature to the value of systems of care for these youth and its possible relevance to programming for youth leaving residential mental health programs.

- The final chapter proposes an integrated program model incorporating elements with the potential to improve long-term community adaptation outcomes for youth leaving residential children's mental health programs. Ideally, this might become the focus of a demonstration project or projects in Ontario.

 One important topic left out of these reviews was programming to prevent youth substance abuse. Perhaps because of the younger age of the youth involved, substance abuse did not emerge as a common youth problem in our earlier research. However, it is clearly highlighted in the literature for this population. Time and resource limitations did not allow for a review of this topic for this report.

This overview report incorporates in summary formats the findings from the *review of the reviews* in the five topic areas of interest. It also includes a discussion of commonalities across these domains and considers implications for the development of programming to improve the community adaptation outcomes for youth leaving residential mental health programs.

Readers who want access to the summary or full report for any of these domains can access them at www.wlu.ca/pcfproject. Details of the search procedures followed or information about the reviews and individual studies used in each section of this review are not included in this summary synthesis report. This information is available in the full reports for each domain or from the authors.

Chapter 1: School

Focus

The focus of this section is to identify promising approaches to support youth and their families with the goal of improving school outcomes, specifically reducing chances of dropping out. To this end we identified and examined documents including journal articles, book chapters, and government reports that reviewed pathways to dropping out and interventions to improve school outcomes. The intent of this part of the process was to gain an overarching understanding of best practices related to improving educational outcomes for children and youth who are experiencing difficulties.

Two addition documents provide more detailed supporting information. The full report Promising *Programs to reduce Dropout and Encourage Graduation from High School* contains complete information on search procedures, the studies reviewed as well as the inclusion criteria and aggregation procedures used. A summary version of this education review is also available. Both are available at www.wlu.ca/pcfproject.

Risks and Pathways for Dropping Out of School

Dynarski et al. (2008) concluded that dropping out was a not an event that had its origins in high school, rather they saw it as a process of disengagement that often began in early childhood.   Audas and Willms (2001) argued that a constellation of precursors contributed to a process of *fading out* of school. Hammond et al. (2007) found that no single factor predicted dropping out; stronger prediction came from a combination of risk factors across different life domains.

In interviews, student dropouts described experiencing a tug-of-war between forces keeping them in school and those moving them out of school. Students were equally split between those who described a pivotal moment that precipitated dropping out and those that talked about a gradual process of fading away from school (Lessard et al., 2008).

A typology originally put forward by Janosz in 1994 is sometimes used heuristically to distinguish groupings of student dropouts (Audas & Willms, 2001; McWhirter et al., 2007):

- *Disengaged dropouts*: Believe that they are less competent but actually have reasonably high achievement scores given their lack of involvement, they may not care about grades and do not like school, they typically have low educational hopes and do not recognize the importance of school or value school.

- *Maladjusted dropouts*: Generally have high levels of misbehaviour and are frequently in trouble, they have weak commitment to education, poor school performance and low investment in school life, this is considered the most problematic school profile.

- *Low-achiever dropouts*: Usually have relatively few behaviour problems but have low commitment to education, poor grades, and learn little, these students typically lack the ability to complete minimal course requirements.

- *Quiet dropouts*: Have few external problems and do not get into trouble, although they have poor school performance they may have positive views about school and appear to be involved in school activities, these students generally go unnoticed until they drop out.

Aspects of school life that might alienate students are called *push factors* and may push students out of school (school policies such as frequent use of suspensions and expulsions, or assigning a failing grade based on number of absences). Enticing factors outside of school may *pull* students away from school (parenthood, employment, peer influences, family needs).

Risk factors for school failure have been identified at the school, community, peer, youth characteristics, and family levels. Some researchers have criticized the focus on student problems rather than on aspects of school and community (Audas & Willms, 2001). On the other hand, the core rationale for this synthesis of research is to look for

programming approaches to improve community adaptation outcomes for youth leaving residential mental health programs. Consequently, strategies focused on fundamental changes in schools or communities were considered too ambitious for our purposes. We sought more focused programming strategies with the potential on their own or in combination with other strategies to improve community adaption outcomes for these youth.

Schools

Rumberger and Lim (2008) suggest that over and above variability related to student and family characteristics, school characteristics can account for 20% of differences in dropout rates. There is evidence that clustering at-risk or lower SES students in a given school is related to higher dropout rates (Audas & Willms, 2001). School policies such as zero tolerance for misbehaviour or inflexible academic standards may force youth out of school (Hammond et al., 2007). Based on the National Education Longitudinal Survey (1988), a frequent reason given by youth participants for dropping out was that the *curriculum was not relevant to their lives or work*. They said that they would stay in school if the work was interesting with more 'real-world' learning (Hammond et al., 2007). Youth who drop out report that they did not feel that their teachers were interested in them and that school discipline was ineffective and unfair (Audas & Willms, 2001; Hammond et al., 2007).

In contrast, positive relationships between students and teachers relate to lower dropout rates especially among high-risk students (Rumberger, 2004a). This effect was described by youth who reported feeling like they were *glowing* when they were acknowledged, cared for, and appreciated by teachers and that if more teachers had made them feel like that, they would still have been in school (Lessard et al., 2008).

Almost all empirical studies that explore the relationship report that repeating a grade increases the likelihood of dropping out (Rumberger, 2004a). Grade retention is a powerful predictor of future dropout, the strongest predictor of dropping out of early high school, and being held back more than once dramatically increases the effect

(Hammond et al., 2007; Lessard et al., 2008). Of 53 studies of students retained in elementary school or middle school, 39 showed significant effects on future dropout – the two studies that looked at retention at the high school level did not have significant results (Rumberger & Lim, 2008). Seven of the 12 studies reviewed by Hammond et al. (2007) showed significant effects and the effect was found to be significant at all school levels in at least two studies [not all 12 studies considered retention]. Being retained for more than one grade increases dropout dramatically – in one study 80% of youth who had been kept back for two or more years before grade nine left without graduating and 94% who were retained in both elementary and middle school dropped out (Hammond et al., 2007).

Poor academic performance starting as early as grade one whether measured by grades, test scores, or course failure is one of the most consistent predictors of dropping out and was found to be a predictor across all school levels in 100% of the studies reviewed by Hammond et al. (2007). Rumberger and Lim's (2008) review 77 of 104 (74%) studies showed a significant effect of low grades on not completing high school. Major reasons that participants in the National Education Longitudinal Survey (1988) gave for leaving school included 'poor grades', 'failing at school', or 'couldn't keep up with schoolwork' (Hammond et al., 2007). In interviews, many youth described the impact of poor school performance on losing friends or being rejected which in turn, decreased their engagement with school (Lessard et al., 2008).

Youth who drop out of school tend to have lower academic and occupational aspirations (Rumberger, 2004a). Hammond et al. (2007) found low educational expectations to be significant predictors of drop out in one-third of studies reviewed, particularly in middle and high school (not all of the studies measured expectations). Rumberger and Lim (2008) found that in 23 of 38 studies (61%) of expectations in middle school showed significant effects, and 33 of 41 studies (80%) of expectations in high school showed that higher expectations related to lower likelihood of dropping out.

Conceptually, academic and social engagement is often considered the most important precursor to dropping out (Rumberger & Lim, 2008). Students with undiagnosed

learning disabilities may be at particular risk for academic disengagement, following a cycle of poor performance leading to low self-esteem, potentially poor behaviour that distracts from learning, and eventually blaming and rejecting the school system (Audas & Willms, 2001).

Different measures of student engagement have been found to predict dropping out even after controlling for academic achievement and student background (Rumberger, 2004a). Rumberger and Lim (2008) identified 69 studies that investigated the relationship between composite measures of student engagement and dropping out or graduating. They found that 24 of 35 studies (69%) of engagement in high school found higher levels of engagement reduced likelihood of dropping out or increased likelihood of graduating.

Studies of social engagement alone are more equivocal – 14 of 26 studies showed that involvement in extracurricular activities in high school reduced the likelihood of not finishing high school, but the remaining 12 studies did not support the relationship (Rumberger & Lim, 2008). Hammond et al. (2007) found 3 of 12 studies with significant relationships between no extracurricular participation and dropping out [not all studies assessed extracurricular participation].

Interviews with youth who dropped out shed light on the different avoidance strategies used by students who are at-risk (Lessard et al., 2008). Some *lived invisibly* withdrawing from social aspects of school, skipping school, using drugs, or spacing out, this strategy was more prevalent among girls. Other students who struggled with learning or school difficulties described *walking in the dark* where school was not valued and they did not see the point.

Other forms of academic disengagement include cutting classes, truancy, not finishing homework, and coming to class unprepared (Hammond et al., 2007). High levels of school absences as early as grade one have been associated with future dropping out (Audas & Willms, 2001). Hammond et al. (2007) found that 50% of the studies they reviewed found significant relationships between lateness or cutting class and the

likelihood of dropping out and that attendance was an important predictor across school levels [not all of the studies assessed attendance measures]. Of 35 studies identified by Rumberger and Lim (2008), 27 (77%) found significant relationships between absenteeism and not finishing high school. Surveys of students support these findings; for example, 43% of youth in the National Education Longitudinal Survey said that they left school because they had *missed too many school days* (Rumberger, 2004a).

Community

Audas and Willms, (2001) reported on a study that showed when fewer than 5% of the adults in the neighbourhood had managerial or professional jobs, youth from the community were 50 times more likely to drop out of school. Overall, coming from a disadvantaged neighbourhood characterized by social disorganization, a high proportion of ethnic minorities, high levels of poverty, many single-parent households, lower levels of adult education and employment, violence and crime contributes to higher levels of drop out (Audas & Willms, 2001; Hammond et al., 2007; Rumberger, 2004a).

There is some evidence that youth who work more than 20 hours per week, especially if they are working to help their family, are more likely to drop out regardless of gender, race, or SES (Hammond et al., 2007; Rumberger, 2004a). Rumberger and Lim (2008) found nine of twenty studies showed a positive relationship between hours worked and dropping out.

Peers

There has been considerable interest in the influence of peers, whether positive or negative, on high school completion but little conclusive research (Audas & Willms, 2001). Three aspects of peer relationships have been related to dropping out, association with peers who have negative influence, rejection by school peers, and not being part of the school's social network (Rumberger & Lim, 2008).

Having friends who have dropped out may increase perceived acceptability of dropping out and a norm of lower expectations. Having friends who are involved in antisocial behaviour may reduce social links to the school and increase the chance of engaging in behaviours that would result in expulsion. Being rejected by school peers may result in feeling of alienation and withdrawal from the school environment and may lead youth to gravitate to antisocial peers if they receive a degree of acceptance (Audas & Willms, 2001; Lessard et al., 2008; Rumberger, 2004a).

Hammond et al. (2007) found three studies that linked high-risk peer groups to dropping out of high school. Rumberger and Lim (2008) found significant effects in only 6 of 20 studies of deviant peers including those who had dropped out of school.

Youth Characteristics

Hammond et al. (2007) found that students who have been diagnosed with learning disabilities are three times as likely to drop out when compared to students without a disability. Other researchers suggested the ratio was closer to twice as many students with learning disabilities dropping out (McWhirter et al., 2007; Rumberger & Lim, 2008).

Rumberger and Lim (2008) reported that 6 of 7 studies showed that having psychological problems increased the likelihood of not completing high school and that studies have shown that up to half of seriously emotionally disturbed students drop out before completing high school compared to 15% of students without disabilities. Kearney (2008) concluded that the most common diagnoses seen with youth with attendance problems are depression, anxiety, and disruptive behaviour disorders. In this review, absenteeism was also linked to aggression and affiliation with aggressive peers. In addition, being truant was correlated with higher risks of youth substance use, risky sexual behaviour, and suicide attempts, although the direction of causality was not clear.

There was mixed evidence that students from certain minority backgrounds were more likely to drop out. In Canada, Aboriginal youth, and particularly Aboriginal males,

continue to drop out at higher rates than non-Aboriginal youth (Canadian Council on Learning, 2005). Overall, males comprise a larger proportion of dropouts but there is also good evidence to support concern for females (Lessard et al., 2008; Rumberger & Lim, 2008).

Youth with emotional and behavioural difficulties may be at particular risk for disengagement. Youth who have poor social skills and difficulty getting along with peers at school tend to disengage from school environments while being drawn to alliances outside of school that are often not positive (Hammond et al., 2007). Feelings of isolation and alienation can lead to psychological disengagement from school (Wessendorf et al., 2008).

Problem behaviours identified as early as grade one have been linked to eventually dropping out of school (Audas & Willms, 2001; Hammond et al., 2007; Lessard et al., 2008; Rumberger, 2004a). Students who were aggressive in grade one and those who had more cumulative negative comments from teachers were more likely to drop out once they reached high school (Audas & Willms, 2001). Similarly, early antisocial behaviour including violence, substance use, trouble with the law, and having antisocial peers has been shown to increase the chance of leaving school even when academic failure or difficulty were not present (McWhirter et al., 2007). Hammond et al. (2007) identified misbehaviour as the strongest predictor of dropping out later in high school. Rumberger and Lim's (2008) review of 17 studies that measure misbehaviour in middle school reported that 14 (82%) found significant effects on future dropout. When measured in high school, of 31 studies, 14 (45%) found misbehaviour was related to future dropout.

Dropping out of school tends to coincide with increased delinquency and substance use (Audas & Willms, 2001). Rumberger and Lim (2008) found that two-thirds of studies that looked at substance use and high school completion identified significant relationships (28 of 42) and delinquency was associated significantly with dropout in 11 of 19 studies. Overall, McWhirter et al. (2007) concluded that youth who have been

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sentenced were less likely to graduate from high school; two-thirds did not even return to school after release from custody.

Pregnancy was identified as a major reason for girls dropping out of school. In one study 40% of all female dropouts were married, had children, or were married with children; another showed that the dropout rate for students with children was 32% - this was the highest rate for any single risk factor including being over age for grade by more than 2 years (Hammond et al., 2007). One-quarter of the studies reviewed by Hammond et al., (2008) found that parenthood was a risk factor for dropping out. Rumberger and Lim (2008) found that 52 of 66 (79%) of studies that looked at childbearing and high school completion found significant effects. Pregnancy often coincides with females dropping out and it is possible that a common root is responsible for both events (Audas & Willms, 2001; Rumberger, 2004a).

Family

Of 220 analyses, 115 found that students living with two parents had lower dropout and/or higher graduation rates than did students in other situations (Rumberger & Lim, 2008). One-quarter of the studies reviewed by Hammond et al., (2008) showed significant effects for not living with both natural parents. Changes in household structure may reduce family assets (Rumberger, 2004a) and increase the chance of moving house and/or schools which increases risk of dropping out especially for females (Hammond et al., 2007).

Parental education levels influence the amount of support that parents can offer children with schoolwork and may impact experience with and expectations for higher education. Of 102 studies identified by Rumberger & Lim (2008), two-thirds (67) found that higher levels of parental education corresponded to lower levels of dropout. Almost three-quarters of studies showed that having parents who had not completed high school increased likelihood of dropping out.

Hammond et al. (2007) report that 10 of 12 data sources identified low socioeconomic status (SES) as a risk factor for dropping out. In Rumberger and Lim's (2008) review, 66

of 95 studies (69%) showed that better SES corresponded to better likelihood of completing high school. Of the 110 studies that considered family income, 60 showed significant relationships.

Rumberger and Lim (2008) suggest that three main parenting practices influence school outcomes: 1) parental expectations, 2) parenting within the home, and 3) home-school connections. They found that 15 of 25 studies that measured parental expectations in middle or high school showed significant effects on high school completion. Hammond et al. (2007) located two studies that linked low family educational expectations to high school dropout. Audas & Willms (2001) concluded that parental expectations have been found to be particularly important for low-achieving students.

Quality of care giving as early as 12 months and early life disruptions have both been linked to future high school completion (Hammond et al., 2007; Rumberger, 2004a). In Rumberger & Lim's (2008) review, just over half of the studies (34 of 65) relating parenting practices to high school completion found significant effects. McWhirter et al. (2007) reported that the quality of care giving and the early home environment have been shown to predict high school status fifteen years later. Dropping out has also been linked to high levels of stress in the home stemming from conflict, substance use, financial and health problems, frequent moves, and family disruptions such as divorce or death (Hammond et al., 2007; Kearney, 2008). Among young dropouts interviewed by Lessard et al. (2008), 25% told stories of family turmoil including abuse, neglect, parent criminality, death, and placement in foster care.

Parental involvement in schools has been shown to influence whether low achieving students stay in school (Audas & Willms, 2001; Rumberger, 2004a). Hammond et al. (2007) presented evidence that children of parents who had no contact with the school throughout their grade eight year were more likely to drop out and children of parents who never talked about school in the home were six times as likely to drop out as children of parents who talked about school regularly.

Low levels of monitoring of everyday youth activities and no school night curfews have been associated with higher dropout rates; however, so were excessively high levels of regulation (Hammond et al. 2007). Rumberger (2004a) suggested that parents can lower the odds of children dropping out through monitoring, providing emotional support, and encouraging independent decision making. Kearney (2008) reported that parental involvement was linked to both academic achievement and attendance.

Promising Programs to Improve School Outcomes: Lessons Learned

Most reviews in this synthesis of programming to improve educational outcomes for youth at high risk of dropping out of school did not speculate about which specific program model or particular programming packages held the most promise. However, there was broad agreement about some general programming guidelines that should be followed. These are discussed below.

1. Use available data and evidence to guide interventions and program fidelity

Many of these reviewers agreed on the importance of using the available evidence to guide the selection of interventions. Paradoxically, many also lamented the lack of convincing evaluations of programs to improve academic outcomes (Abrami et al., 2008; Dynarski et al., 2008; Franklin et al., 2009; Hammond et al., 2007; Hoagwood et al., 2007; Olin et al., 2009).

There was agreement about the importance of delivering programs in the manner in which they were intended including service delivery fidelity, staff training, and supervision. Some reviewers stressed the need to provide programming support for a sufficient time period to effect lasting change (Hammond et al., 2007; Hoagwood et al., 2007).

2. *Programs should address multiple risk factors and use a combination of strategies to address educational and non-education needs*

A substantial majority of these reviews endorsed programs directed at multiple risk and protective factors (Dynarski et al., 2008; Hammond et al., 2007; Hoagwood et al., 2007; Olin et al., 2009; Prevatt & Kelly, 2003; Rumberger, 2004b; Test et al., 2009; Wessendorf et al., 2008; Wilson et al., 2001). For example, in their review of school-based mental health interventions, Hoagwood et al., (2007) found that 11 of 15 effective interventions involved interventions across multiple contexts such as home, classroom, and/or school. Less intensive and more focused programs typically showed positive mental health benefits but no improvement in educational outcomes.

Some concluded that the positive effects of educational interventions were more evident when programs began earlier in children's lives (Abrami et al., 2008; Rumberger, 2004b; Wessendorf et al., 2008). However, Wilson et al. (2001) found good evidence that interventions can have positive effects with youth in middle and in high school particularly when focused on high-risk youth rather than general student populations.

Interventions to Improve Educational Outcomes

Two key areas for interventions emerged from the research reviews: (1) programming to improve **students' connections** with the school and (2) programming to improve **parents' involvement** with the school. A number of specific program approaches that were supported by research evidence, professional judgement of researchers, and/or logical links to risk factors were identified in each area. These approaches are described below followed by two examples of established programs that incorporate combinations of the program strategies.

(1)Improving Student Connections to School

Monitoring, Mentoring and Advocacy

In spite of information about known indicators, some research indicate that most students who dropped out did not receive any interventions to encourage them to stay in school - 60% of dropouts said no one on school staff encouraged them to stay and less than 25% saw a counsellor to discuss school trouble or plans to drop out in spite of evidence of school difficulty (McWhirter et al., 2007).   Several reviewers suggested that effective intervention programs can use data from student records and personal information to identify and monitor students at-risk based on histories of academic problems, truancy, grade retention, and/or behaviour problems and where possible include additional information about motivation, academic potential, social skills, and difficulty to teach (Dynarski et al., 2008; Wessendorf et al., 2008).

Monitoring and responding to youth as they progress may be best accomplished by a supportive adult who has a trusting relationship with the student. There was evidence in this synthesis review that linking at-risk youth with a caring and concerned adult who monitors, supports, and advocates for the student can reduce likelihood of dropping out. Adult mentors or advocates are important elements of successful programs identified in numerous reviews (Abrami et al., 2008; Dynarski et al., 2008; Klima et al., 2009; Knesting & Waldron, 2006; Olin et al., 2009; Prevatt & Kelly, 2003). In a review of 22 programs that addressed truancy and dropout, mentoring programs that paired struggling students with supportive adults were found to improved attendance and enrolment and reduce dropout (Klima et al., 2009). Dynarski et al. (2008) found moderate evidence to support their recommendation to assign an adult advocate to students who are at risk of dropping out as three of four interventions that they reviewed showed small positive effects related to adult advocates. Further, Dynarski et al. found that good adult relationships could contribute to decreased risky behaviours, better attendance and grades, and improved communication and social skills, and promote

better school engagement. Test et al. (2009) found support for mentoring programs to prevent dropout among students with emotional or behavioural challenges.

Adult advocates potentially can play a role in bringing together community agencies and helping students and their families access supports. However, few of the reviews examined looked at agency or community collaborations to support student success. Studies that supported interagency collaboration typically focused on Wraparound services intended to support youth and their families, facilitate connections between family, school, and community agencies, reduce school problems, and promote positive post-school outcomes (Test et al., 2009; Wessendorf et al., 2008). Evidence about the impacts of these programs on educational outcomes was mixed.

Dynarski et al. (2008) suggested that the adult advocate could be a resource teacher, a community/agency member, or a social worker who interacts in the youth's daily life and acts as a case manager. The adult should become a trusted person in the student's life who can offer direction in all aspects of the students' life and help them address barriers to school success. Knesting and Waldron (2006) emphasized the match between the adult and student was critical; that the adult needed to be open to talking to the student about their life situations; and, that their demeanour including eye contact, body language, and tone affected potential relationships.

Academic Enrichment

Because low academic achievement, absenteeism, and grade retention are all associated with higher levels of dropout, tutoring or enrichment programs that build skills, reduce frustration, and engage students were thought to be effective interventions. A number of reviewers identified academic supports as important components of intervention programs (Abrami et al., 2008; Dynarski et al., 2008; Hammond et al., 2007; Klima et al. 2009; Lehr et al., 2003; Prevatt & Kelly, 2003).

Overall, the evidence on the effectiveness of programs to improve academic success was mixed but suggested that building academic skills can reduce dropout for at-risk youth and if provided by a concerned adult in a flexible format.

Hammond et al. (2007) found that academic support was a major strategy in over one-quarter of effective programs intended to address a wide variety of risk factors associated with problem behaviour including school dropout. Dynarski et al. (2008) identified four interventions that had academic support as a major component, of these, two reported positive results. Lehr et al. (2003) found mixed results for academic support based on calculated effect sizes for 17 studies. Klima et al.'s (2009) review of 22 programs to address truancy and dropout showed that academic remediation programs alone did not lead to better educational outcomes, but alternative school-within-a-school programs did improve youth attendance, academic achievement, dropout, and graduation. These reviews provided tentative support for the hypothesis that academic remediation on their own may not be sufficient to improve school outcomes for youth at-risk. On the other hand, they supported the hypothesis that they can be an important element of broader program strategies.

Academic Engagement

More recently there has been a shift focused on promoting students' engagement and enthusiasm for school and supporting students in meeting academic, social, and behavioural standards. Research about supporting youth academic engagement is more limited and the strategies are diverse. Two strategies that have received some attention are making *clear connections between high school learning and post-school experiences* (often through work experience) and *providing individualized educational programming*.

Almost half (42%) of the programs reviewed by Abrami et al. (2008) included a vocational training or work-based learning strategy. There was great diversity in the approaches used. They concluded that vocational work placements without youth supports and links to post-high school goals were less effective than programs that provided content relevant to youth post-school goals. Lehr et al. (2003) found mixed results of community-based learning interventions. One study showed reported fewer youth absences from school, while two other studies detected no attendance impacts.

On a more positive note, Dynarski et al. (2008) found evidence that interventions such as career development advising, college campus visits, and information about financial aid had positive effects on high school completion. Test et al. (2009) found that making the link between school and future work was very important. They reported that the odds of dropping out of school for males or females with emotional or behavioural disorders (EBD) if they attended no vocational classes was 132:1 (compared to non-disordered youth). Odds fell to 73:1 if youth attended one year of generic vocational education and to 32:1 if they participated in three different forms of vocational education.

Personalized learning environments and instructional processes are particularly important for students with disabilities but they can be beneficial for any at-risk student (Test et al., 2009). Test et al. found two studies in which student-centred planning and individualized services were identified as key factors in preventing dropout. They argued that it was important to engage youth in their own learning plan beginning in middle school. Dynarski et al. (2008) thought that personalized learning environments presented opportunities to encourage better school relationships and greater innovation in educational strategies.

Program Example

A program designed to build academic skills and engagement that has had documented success is *Career Academies.* Key components of Career Academies include incorporating academic and technical skills, small-size classes, collaboration among teachers, a close family-like atmosphere, and establishing employer and community partnerships. Programs may have a specific focus like career development or computer-based learning. Career Academies usually serve urban youth in grades 10-12. In a *What Works Clearinghouse* evaluation, the one study of Career Academies that met their inclusion criteria found positive effects on staying in school and progressing in school. Wessendorf et al. (2008) claimed that other less rigorous studies also supported the success of Career Academies.

Social Engagements

Social engagement refers to the degree students feel connected to their school and to other students and participate in extracurricular activities. Low levels of youth social bonding to school have been associated with more dropping out (Audas & Willms, 2001, Hammond et al., 2007, Rumberger & Lim, 2008). Students with emotional and behavioural disorders may face greater challenges with social engagements at school.

Many programs intended to reduce dropout address social competencies and life skills (Abrami et al., 2008; Dynarski et al., 2008; Franklin et al., 2009; Hammond et al., 2007; Hoagwood et al., 2007; Prevatt & Kelly, 2003; Test et al., 2009; Wessendorf et al., 2008; Wilson et al., 2001; Zins et al., 2004). Dynarski et al. recommended programs to improve students' classroom behaviour and social skills in spite of their finding a low level of supporting evidence. In Knesting and Waldron's (2006) interviews with students who did stay in high school, they found that the key to students staying in school was their ability to change their behaviour to meet school demands, that is, to 'follow the rules of the game'.

There were few evaluations of programs in these reviews designed to promote participation in school activities. There was considerably more evidence about interventions to improve youth social competencies and skills in order to promote better relationships at school. Of the 50 effective programs identified by Hammond et al. (2007), a majority (64%) used life skills development (communication, critical thinking, peer resistance, conflict resolution, and social skills building) and 20% used behavioural interventions (CBT and variants). They concluded that education regarding group norms was a major strategy employed in effective programs. Similarly, in Olin et al.'s (2009) review of 29 programs with clear evidence of effectiveness, 59% focused on externalizing behaviours, 28% on prosocial behaviour, 41% included a social skills component, 28% included a personal management component, and 83% used a cognitive behavioural approach. In a review of 22 programs that addressed truancy and dropout, behavioural programs were found to improve attendance and enrolment (Klima et al., 2009). These programs developed students' problem-solving skills, and/or

provided rewards or punishments for behaviour. In a meta-analysis of 165 studies
Wilson et al. (2001) found that cognitive behavioural and behavioural based programs
that promoted self-control and social competence reduced the likelihood of dropping
out.

Dynarski et al. (2008) report mixed results from six rigorous studies of five interventions
that included efforts to build students' behaviour and social skills. Lehr et al. (2003) also
found mixed educational results for youth social skills programs.

Franklin et al. reviewed 21 studies and concluded that school social work practice had
mostly small and medium-size treatment effects and that stronger effects are seen for
internalizing rather than externalizing outcomes. Hoagwood et al. (2007) suggest that
the effects of mental health interventions on academic outcomes are modest and may
not hold over time when considering dropout or graduation as the outcome.

(2)Improving Parent Involvement in Youth Education

Two main family practices have been found to influence the likelihood of graduation:
interactions within the home and *interactions between the home and the school*.
Researchers have identified the presence of study aids, high educational expectations
and aspirations, parental monitoring, and communication and involvement with the
school as statistically significant home correlates of school completion (Audas & Willms,
2001, Hammond et al., 2007, Kearney, 2008, Lehr et al., 2003; Rumberger 2004a).

Little evidence was found in this synthesis review about programming to improve youth
educational outcomes that focused specifically on families of children. Interventions with
families were typically a smaller part of a program that had youth behaviour
management as its focus (Hoagwood et al., 2007). Hammond et al. (2007) found that
almost half (46%) of the 50 effective programs that they identified did include some
family strengthening component. Intervention focuses included parenting training,
family management, communication skills, and helping children with academics. In Olin

et al.'s (2009) review of school-based programs with clear evidence of effectiveness, 69% included a parent component - 34% on parent training, 31% on parent child communication or bonding, 21% on home school coordination, and 21% on improving other parent behaviours.

Lehr et al. (2003) described two interventions that included a family outreach component. One of them, the *Check and Connect Program,* used adult advocates to maintain regular contact with families and showed positive youth academic and behavioural outcomes. Hammond et al. (2007) reviewed a number of family strengthening programs and noted positive effects on youth behaviours including delinquency and substance abuse but not clearly on youth academic achievement. Test et al. (2009) reported on two studies that supported family involvement to prevent dropout for youth with emotional or behavioural challenges. They suggested that family empowerment and addressing family needs reduced student dropout. Cooper et al., (2005) found that programs that best strengthened families included an adult contact to establish and maintain a relationship with the family. This contact respected the family's knowledge and goals for their child.

Program Example: Check and Connect

Check and Connect is a strength-based model of student engagement for students considered to be at risk of not completing school. The program draws on resilience research that supports the importance of a positive and caring adult in a child's life and the importance of fostering strong family, community, and school connections. Program strategies include mentoring, monitoring, case management, academic support, behavioural intervention, problem solving, and family strengthening (Hammond et al., 2007).

The program guidelines stress relationship building, problem solving, and persistence in working with students and includes three components: 1) a mentor who works with students and families for a minimum of two years, 2) regularly checking on school

adjustment behaviour and educational progress, 3) intervening in a timely manner to re-establish and maintain the student's connection to the school (Wessendorf et al., 2008).

The adult mentor monitors indicators of student educational performance and engagement. The mentor provides feedback to youth and families and, depending on the youth's circumstances, provides or facilitates youth training in cognitive-behavioural problem-solving, tutoring, home-school meetings, and links to community resources. Relationships with families are strengthened through phone calls, meetings, and home visits (Hammond et al., 2007). Wessendorf et al. (2008) reported that the adult mentor works closely with the youth and family for at least two years, regularly monitors school adjustment and progress, and intervenes in a timely manner to re-establish and maintain the student's connection to the school.

Check and Connect was one of four programs identified by Prevatt and Kelly (2003) as displaying strong or promising evidence for improving youth educational outcomes. Experimental studies have shown that students with emotional or behavioural challenges were more likely to be enrolled in school, less likely to have interrupted school, and more likely to be on track to graduate. Check and Connect students were more likely to access services than control groups. Longitudinal studies have shown reduced rates of truancy, out-of-school suspensions, course failures, and dropout, along with increased attendance and five-year school completion rates (Wessendorf et al., 2008). Four longitudinal studies provided evidence that students in Check and Connect had lower truancy and absenteeism, lower dropout rates, accrued more credits, and were more likely to finish high school (Hammond et al., 2007). Another study showed that participating in Check and Connect over three years resulted in better assignment completion and fewer grade nine dropouts when compared to two year involvements (Prevatt & Kelly, 2003).

<u>Program Example: Pathways to Education</u>

The Pathways to Education program is an intense, multi-faceted and long-term support that strives to work in partnership with parents, community agencies, volunteers, local school boards, and secondary schools to promote school attendance, academic achievement, and credit accumulation. There are four main components of the program model: 1) academic tutoring offered by volunteers four night per week in core subjects (students must attend at least twice per week if their grades fall below a certain level); 2) social supports through group mentoring for grade 9 and 10 students. There is also specialty and career mentoring for grade 11 and 12 students; 3) advocacy through a student-parent support worker who monitors attendance, academic progress, and program participation and who helps students build good relationships with parents, school, and peers; and 4) the program provides bus tickets for transportation to school, vouchers for school lunches, and a financial incentive to participate through a bursary toward post-secondary education.

Initial results of the program were promising. In the first community served (Regent Park, Toronto), 93% of eligible youth participated. Dropout rates in the community declined from 56% to 12% and the rate of students going to post-secondary increased from 20% to 80% (Pathways to Education, 2010). For more information refer to www.pathwaystoeducation.ca.

Chapter 1 Overview

Pathways

Most researchers agreed that dropping out is a process that often begins in early childhood. The contributors to youth dropping out of school are many including school and community characteristics, youth school academic and social engagements, peer involvements, youth abilities, attitudes and behaviours, parental engagements with education, being a single parent, parent educational attainment, and family income. There was agreement that the best predictive models of youth drop out incorporate

multiple risk and protective factors in diverse domains of living. There was also agreement that the likelihood of dropping out increases as the number of risks increase.

There was good evidence that a youth having a learning disability increased the risk of dropping out by 2-3 times. There was good evidence that a high proportion of students with emotional or behavioural difficulties leave school before graduating.

Repeating a grade was one of the strongest predictors of dropping out. The effects were cumulative so that repeating two or more grades increases chance of dropout dramatically. Poor academic performance was a strong and pervasive predictor of dropping out. Low educational or vocational expectations of youth were stable predictors of dropping out particularly when measured at the high school level.

There was some support that lower scores on composite measures of youth academic engagement, particularly at the high school level, were linked to dropping out of school. The evidence was less clear supporting the relationship between involvement in extra-curricular activities and school completion. Poor school attendance was clearly linked to a higher likelihood of dropping out beginning as early as first grade. Dropping out was characterized by increasing youth disengagement from their schools. Students reported feeling increasingly alienated from school for one to three years before dropping out and students were most likely to make the decision to drop out around grades 9 or 10 (Hammond et al., 2007). There was evidence that employment, particularly above 20 hours per week may contribute to dropping out; however, the direction of effects was not clear – for example, students may engage in the workforce because of lack of educational engagement.

Conceptually, there was support for the effects of pro-social and anti-social peers on dropping out. However, the research evidence supporting this general connection was limited in these reviews. However, there was good evidence that substance abuse and delinquency overlaps substantially with school problems and dropping out. This negative association was especially strong when youth had been arrested and incarcerated. Early parenthood was an important risk factor especially for females.

There was evidence that living with two parents increased the likelihood of graduation. Youth from poorer families were more likely to drop out. There was some evidence that lower parental educational expectations for their youth led to higher rates of youth dropping out. Children of parents who had not completed high school were more likely not to graduate from high school. Parental involvement with school was conceptually linked to better school outcomes but the empirical support for this relationship was limited. There was evidence that the quality of parenting affected school outcomes. Youth from families facing high levels of stress, conflict or disruptions were more likely to leave school early.

Programs

 The focus of many interventions to improve educational outcomes in this synthesis review was on effecting change in students rather than on improving youth living contexts such as relationships with peers, family, school, and community. This contrasted with the reviewers emphasis on the value of programming focused both on improving youth functioning and increasing the supportiveness of their everyday living environments. The strongest evidence for broad and persistent educational improvements for youth at risk of school failure came from assessments of programs that incorporated multiple components identified as effective or promising in the research – exemplified in this synthesis review by the Career Academies, Check and Connect, and Pathways to Education programs.

Almost every review lamented that there were too few rigorous studies of interventions to reduce dropout or encourage graduation. In addition, many programs that included multiple components implemented them in different ways making it difficult to draw conclusions about individual components. It is also essential to acknowledge that it is highly probable that there are good and creative programs to improve educational outcomes for youth facing school failures that have not been evaluated or have been evaluated poorly (Klima et al., 2009). Therefore, recommendations in many individual reviews, and in this synthesis review, were based on a combination of research evidence, expert judgment, and logical links to the pathways analysis.

The balance of evidence indicated that pairing a student with an adult mentor who is invested in the youth can have positive impacts on youth school attendance and graduation. It is critical that youth mentors develop good relationships with youth and be knowledgeable about what is happening in their lives. Adults mentors typically monitor youth educational performance, provide support and training to youth, maintain connections with parents, and advocate for supportive resources for youth and families.

Overall, the evidence on the effectiveness of programs to improve academic performance was mixed but suggested that building academic skills can help to reduce dropout for at-risk youth. However, evidence about risk factors suggested that students dropped out for complex reasons including poor academic achievement. Overall, these reviews provided tentative support for the hypothesis that academic remediation on its own may not be sufficient to improve school outcomes for youth at-risk. On the other hand, the reviews provided stronger support for the hypothesis that academic remediation can be an important element of broader program strategies.

There was some evidence that career-oriented curricula and training perceived by students as relevant to future employment increased academic engagement and reduced school dropout rates. Work or community experience placements without academic and engagement supports did not improve educational outcomes. There was strong conceptual support but limited empirical support for the positive educational impacts of individualized learning plans and engaging students in creating their learning plans.

Most of the research evidence for programs to improve youth social connections to school focused on cognitive and behavioural or life skills development approaches. These strategies were components of many programs that were identified as promising in the reviews. Overall, the evidence was mixed about the long-term educational benefits of cognitive and behavioural or life skills development programs when provided on their own. Nonetheless, conceptually and empirically, youth social skills and behaviours problems were clearly associated with successful classroom and other relationships at school. Most reviewers saw these types of youth training and support

programs as important elements in an overall strategy to improve educational outcomes for these youth.

Unfortunately, despite the apparent connections to the pathways analysis, there was little research about the educational benefits of youth involvement in extra-curricular actives at school.

Two main family practices were found to influence the likelihood of graduation: *interactions within the home* and *interactions between the home and the school.* Researchers have identified the presence of study aids, high educational expectations and aspirations, parental monitoring, and communication and involvement with the school as statistically significant home correlates of school completion.

Little evidence was found in this synthesis review about programming to improve youth educational outcomes that focused specifically on families. Interventions with families were typically a smaller part of a program that had youth behaviour management as its focus. Many programs identified by reviewers as promising included program elements to maintain connections with families and to improve parents' capacity to support their children's education. These typically included some combination of focuses on parent training, improving parent-school connections, and improving parent-child communications. Some reviewers suggested that youth adult mentors were effective in maintaining relationships with parents.

Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs

The pathways analysis suggested that a very high proportion of youth leaving residential mental health programs will be at very high risk of school failure. Our prior research indicated that many will leave high school as soon as it is legally possible for them to do so. Many will be struggling with emotional and behavioural challenges, one of the major correlates of school failure. Access to adult mentors and family support for educational success will be limited for many. Youth leaving residential mental health programs to live in state care are extremely likely to face significant barriers to success at school.

It seems sensible that improving educational outcomes for these youth should be a central focus of any programming to improve their long-term community adaptation outcomes. Some programming elements with demonstrated success at improving educational outcomes for youth at risk of school failures appear particularly relevant for youth leaving residential mental health programs: adult mentors and advocates, supported vocationally relevant curricula, life skills development, and engagements with families. However, we know that these youth also will have community adaptation challenges in other life domains besides education. Practically, it will not be feasible to implement credible separate programming strategies to bring improvements in each life domain. Therefore, as we move forward in this synthesis review, it becomes essential to look for program approaches with the potential to bring improvements in more than one life domain of interest and to consider how different program approaches might be feasibly packaged together to augment youth community adaptation outcomes.

Chapter 2: Delinquency

Focus

The focus of this section is to identify promising approaches to support youth and their families with the goal of decreasing delinquent behaviours. Because of our interest in youth leaving institutional care, we paid particular attention to youth reoffending or recidivism in this review. Sometimes, programs to reduce offending for high-risk youth were included in this review. However, general population programming to prevent delinquency was beyond the scope of this review. To this end, we identified and examined documents including journal articles, book chapters, and government reports that reviewed pathways to delinquency and interventions to reduce youth reoffending or offending for high-risk youth populations. A total of 8 meta-analyses and 13 narrative reviews informed this section.

Two additional documents provide more detailed supporting information. *Promising Programs to Reduce Delinquency – Full Report* includes tables summarizing information from the individual review sources, and *Promising Programs to Reduce Delinquency - Meta-Analyses Summaries,* reports more detailed information about each of the meta-analyses reviewed. A summary version of the delinquency review is also available. All are available at www.wlu.ca/pcfproject.

Risks and Pathways to Delinquency

Youth with mental health disorders have shown higher rates of delinquency than the general population. One-quarter to two-thirds of youth with mental health issues have had juvenile justice involvement compared to approximately 8% of the general population (Barth et al., 2007; Greenbaum et al., 1996; Hodges & Kim, 2000). In Canada, one in four people who have been hospitalized for mental illness have had contact with law at some point (Canadian Institute for Health Information, 2008). Youth with diagnoses of oppositional defiance disorder, conduct disorder, and substance use are particularly at risk of delinquent involvement (Fergusson, Horwood, and Ridder,

2005; Greenbaum et al., 1996; Hodges and Kim, 2000). Mental health issues are one piece of the complex situation that can lead to criminal behaviour among youth.

Researchers agree that risk and protective factors for delinquency do not come from a single source. Ecological systems theory (Bronfenbrenner, 1979) has been used to justify looking at risk factors at the levels of individuals, families, schools, peer groups, and communities (Howell, 2003; Savignac, 2009). Generally research focused on risk factors is more prevalent that research examining protective factors.

There is some evidence that risk factors differ depending on the age of youth. For example, Lipsey and Derzon (1998) found that among 6 to 11 year olds, substance use was a strong predictor of future criminal behaviour but affiliation with antisocial peers was a weak predictor. The reverse was true for early teens (12 to 14) for whom spending time with antisocial peers and weak social ties was the strongest predictor and substance use was a relatively weak predictor.

Some also argue that the appropriate focuses for interventions may change as children age. For young children, efforts may be best focused on improving parenting practices and family resources. For adolescents, reducing negative peer associations and improving positive social ties become more appropriate along with reducing aggressive and violent youth behaviours, improving relationships with parents, and addressing mental health issues (Howell, 2003; Savignac, 2009).

Researchers agree that offending behaviours have many highly inter-related determinants and that these risk factors are cumulative. Also many youth experience a cluster of problems such as delinquency, drug use, school difficulties, and early parenthood. Because the risk factors are so interdependent, it is likely that addressing risk factors for delinquency will result in beneficial changes on other domains such as school and family.

Individual Factors

Prior offending behaviour

The likelihood of future criminal activity becomes much higher once a youth has already committed a crime. Across studies, prior criminal history has been shown to be the best predictor of future involvement in the juvenile justice system.

Meta-analyses of risk factors have shown that criminal history predicts both general and violent reoffending among mentally disordered offenders (Bonta et al., 1998), among adolescents (Leschied et al., 2008), and for early offending behaviour (Lipsey & Derzon, 1998). Repeat offending behaviour appears to follow the same path so that youth with violent histories are more likely to reoffend violently and those with non-violent histories are more likely to have general recidivism (Lipsey & Derzon, 1998).

In a narrative review, Hawkins et al. (2010) found evidence that almost 40% of children who were involved in serious crimes between the ages of 4 and 10 were also involved in serious or violent crimes in adolescence or adulthood compared to 20-23% for those whose first offence occurred between ages 11 and 14. In narrative reviews, Bonta et al. (1998) found that substance use predicted general and violent recidivism among mentally disordered adults and Hawkins et al. (2010) suggested that drug involvement triples the risk of violent behaviour.

Youth behaviour problems

Specific types of youth behaviour problems are strong protectors of offending.

In narrative reviews, youth behavioural issues linked to criminal offending included early and persistent antisocial behaviour and rebelliousness (Howell, 2003) and beliefs or attitudes favourable to criminal behaviour (Hawkins et al., 2010). Hawkins et al. also presented evidence that diagnoses of hyperactivity or attention deficit-hyperactivity disorder (ADHD) doubled the risk of later violent behaviour.

In a meta-analysis, Leschied et al. (2008) found that behavioural difficulties including hyperactivity, aggression, and conduct disorders predicted adult criminality. They also connected lack of age appropriate social skills to offending behaviours. Other meta-analyses found that criminal behaviour was related to antisocial personality for mentally disordered adults (Bonta et al., 1998) and to aggression (Lipsey & Derzon, 1998). One meta-analysis found that externalizing or behaviour problems in adolescence appear to be better predictors of adult criminality than such problems noted at a younger age (Leschied et al., 2008).

Family Factors

<u>Parenting practices</u>

A relationship between poor parenting practices and future criminal behaviour has been identified in both meta-analyses and in narrative reviews (Bonta et al., 1998; Hawkins et al., 2010; Howell, 2003; Leschied et al., 2008; Lipsey & Derzon, 1998; Savignac, 2009).

In a narrative review, Savignac (2009) found that parenting problems contributing to delinquency included parent's inability to foster self-control in children, inconsistent and coercive parenting, lack of supervision, and harsh punishment. She presented evidence that in one study over half (56%) of youth who said that their parents *never knew who they were with* demonstrated delinquent behaviours in the previous twelve months compared to 12% of youth who said that their parents *always knew who they were with*. In a separate narrative review, Hawkins et al. (2010) presented evidence that poor family management at age ten did not significantly increase the risk of violence but at age 14 it doubled the risk.

In a meta-analysis, Leschied et al. (2008) found that for children age 7 to 11, coercive, inconsistent parenting that was lacking in supervision for middle childhood (7-11) was a strong predictor of future criminality. In another meta-analysis, Lipsey and Derzon (1998) found that parent-child relationship problems including discipline difficulties measured at ages 12 to 14 had a small to moderate effect on future offending.

Family environment

Narrative reviews suggest that youth who grew up in families where attitudes were favourable to criminal behaviour were more likely to commit offences (Hawkins et al., 2010; Howell, 2003, Savignac, 2009). This is consistent with theories of social learning (Leschied et al., 2008). In one narrative review, Hawkins et al. (2010) reported that parent criminality measured when youth were 14 doubled the risk of future youth violence and living in a family with favourable attitudes towards violence measured when youth were age 10 also doubled the risk of future violence. In another narrative review, Savignac (2009) reported on a study where 63% of boys with criminal fathers participated in criminal behaviours themselves, compared to 30% of other boys. Savignac (2009), however, cautions that links between family characteristics and delinquency may be derived from other factors in the environment; for example, single mothers may have less available time for supervision. In a third narrative review, Howell (2003) concluded that the risk of delinquency increases if the youth's family has multiple problems; for example, the prevalence of serious and violent delinquency is three times higher among children experiencing five or more family risk factors than among children who experience none of these risks.

In meta-analyses, criminal behaviour has been linked to having antisocial parents (Lipsey and Derzon, 1998), witnessing or being the target of family violence, and living in an adverse family environment (Leschied et al., 2008). Meta-analyses provide some indication that family factors such as low socio-economic status when children are younger and child welfare involvement when youth are adolescents are associated with higher youth offending (Leschied et al., 2008; Lipsey & Derzon, 1998). Lipsey & Derzon (1998) found that family dysfunction, particularly poor parenting practices and adverse family environments including criminal history or favourable attitudes towards criminality, and family violence appeared to be particularly important risk factors during middle childhood (7-11) (Lipsey & Derzon,1998).

Narrative reviews identified several family factors that appeared to protect youth from engaging in criminal activity including positive parenting practices, good relationships

with parents, good communication with parents, parental supervision of youth's activities, and overall support to youth from families (Howell, 2003; Savignac, 2009).

Peer Factors

In his narrative review, Howell (2003) concluded that association with delinquent peers was a strong and stable predictor of delinquent behaviour and that there was evidence that aggressive and antisocial youths gravitate to one another (Howell, 2003). He also concluded that early peer rejection may constitute a risk for future delinquency, especially for aggressive children who, when rejected by pro-social peers, may gravitate toward deviant peer groups. In another narrative review, Hawkins (2010) reported that having delinquent friends at ages 10, 14, and 16 all increased risks of later violence and that gang membership at age 14 tripled the risk of offending while age 16 gang membership quadrupled the risk.

In their meta-analysis, Lipsey and Derzon (1998) noted the increasing importance of peers as a child gets older. They found that social factors were not strong predictors when measured at ages 6-11 but were the strongest predictors of future offending for youth ages 12-14. They also found that affiliation with anti-social peers increased the likelihood of offending by a factor of 15. However, youth who lacked social ties were more than 18 times more likely to offend.

Howell (2003), in his narrative review, concluded that affiliating with pro-social peers and staying away from anti-social peers protected youth against offending behaviour. However as noted above, he also found that a lack of social ties represented risk of offending for youth.

Contextual Factors

This review uncovered limited information about the relationships between school involvement and offending behaviour. In a meta-analysis, offending was linked to negative youth attitudes about school and poor educational performance (Lipsey & Derzon, 1998). In his narrative review, Howell (2003) linked youth offending to low

commitment to school, low educational aspirations, and multiple changes in school transitions. He also found that early and persistent academic difficulties had been connected to the onset of delinquency particularly for males. In addition, he identified factors such as higher motivation and commitment to school, higher educational expectations and aspirations, and receiving educational support from teachers and mentors as reducing the risk of youth offending (Howell, 2003).

There was some evidence from narrative reviews that disorganized communities with high availability of drugs and adults involved in crime increased the risk of youth delinquency and that youth from poorer neighbourhoods and those with higher unemployment were more likely to participate in criminal acts (Hawkins, 2010; Savignac, 2009).

Co-Occurrence of Risks

Narrative reviews, meta-analyses and individual studies suggested that often problematic behaviours in youth clustered together including various combinations of delinquency, violence, drug abuse, teen pregnancy, school difficulties and dropout (Hawkins et al., 2010; Howell, 2003; Leschied et al., 2008; Savignac, 2009). There also was evidence that risk factors in youths' lives were cumulative, the likelihood of engaging in delinquent behaviour increases when youth experience a greater number of risk factors. For example, Huizinga and Jakob-Chien's (1998) Denver Youth Study found that 68% of youth who had drug problems, mental health problems, school problems, and were victims of crime were also serious offenders. Huizinga, et al. (2000) (cited in Howell, 2003) found that the combination of persistent drug, school, and mental health problems was a reasonably strong risk factor for persistent serious delinquency - between 55% and 73% of those with two or more of these problems were also persistent serious youth offenders. In their meta-analysis, Leschied et al. (2008) concluded that the combination of factors and the intensity of specific risk factors contributed to the strength of the prediction of youth offending. Howell (2003), in his narrative review argued that risk factors reinforce and strengthen one another; for example, family problems can increase chances of delinquency which in turn worsens

family problems. He suggested that it would be important to address such risk factors simultaneously through multi-modal programs.

Promising Programs to Reduce Delinquency: Lessons Learned

Careful review of meta-analyses and narrative reviews related to pathways and interventions for delinquency suggested some over-arching lessons. While few review articles made definitive statements about superiority of particular interventions, there were key principles that could be cautiously extracted. By integrating these key principles with evidence about pathways and interventions, a beginning framework emerged that might assist with making decisions about which specific interventions to improve youth community adaptation merit further exploration. The following summary shows the nature and extent of the agreement among reviewers about some general programming principles to reduce reoffending:

1. Three reviewers highlighted that programs to reduce youth reoffending are more likely to be effective when focused on high-risk youth (Howell, 2003; Lipsey, 2009; Lipsey & Wilson, 1998)

2. Six reviewers stressed that programs should focus on the known predictors of crime and recidivism (Ashford et al., 2007; Bonta et al., 1998; Howell, 2003; Kurtz, 2002; Leschied et al., 2008; Lipsey & Cullen, 2007). Howell (2003) suggested that the most salient risk factors and therefore the most useful to target are antisocial personality characteristics like low self-control and antisocial peer connections combined with a lack of pro-social connections. Bonta et al. (1998) concluded that if criminal behaviour is considered a learned behaviour then pro-criminal attitudes, associates, and lifestyle are promising targets for interventions. Lipsey and Cullen (2007) suggested that, while it is difficult to determine the most important needs or the best treatments, in general, focusing on known risks will produce the best results.

3. Two reviewers explicitly stressed the importance of matching the temperament and circumstances of the youth with programmatic responses. Howell (2003) highlighted the importance of taking into account differences in offenders' motivations, personalities, and abilities which can influence their responsiveness to difference interventions and practitioners. Lipsey and Cullen (2007) argued for the importance of differential program responses depending on the characteristics of young offenders.

4. Three reviewers commented on the importance of matching program responses to youth development stages. Howell (2003) stressed the importance of expanding the focus of programming to include school, peers, and community connections when youth are ready to leave elementary school. Leschied et al. (2008) also saw the usefulness of a shift in programming focuses for youth in middle childhood and adolescence. Lipsey and Derzon (1998) saw a need for a broader range of programming focuses as youth entered adolescence.

5. Two reviewers commented on the need to be sensitive to gender and cultural differences in programming but noted that little empirical guidance was available to do this (Foley, 2008; Spencer & Jones-Walker, 2004) On the other hand, Bonta et al. (1998) concluded that the predictors of youth crime do not differ substantially for race, gender, class, or the presence of mental illness.

6. Five reviewers stressed the need to respect program fidelity requirements to improve adaptation outcomes for youth (Hawkins et al., 2010; Howell, 2003; Lipsey & Cullen, 2007; Lipsey, 2009; Trupin, 2007). In his meta-analysis, Lipsey (2009) concluded that, after youth at risk, the largest contributor to effect size was quality or fidelity of program implementation. In another meta-analysis, Lipsey and Cullen (2007) found that the quality of program implementation was almost as important as the type of treatment provided. Hawkins et al. (2010) highlighted the fidelity difficulties in transferring program models across settings

and in scaling up from demonstration projects to broader implementation. Trupin (2007) stressed the importance of detailed manuals and intensive treatment to maintain good outcomes in the replication of many program models.

7. Four reviewers (Hawkins et al., 2010; Howell, 2003; Lipsey, 2009; Underwood & Knight, 2006) explicitly concluded that programs to reduce youth reoffending should use a combination of strategies to address multiple risk factors in diverse domains of living. Hawkins et al. (2010) also stressed that youth program involvement should continue for several years to produce the greatest impacts.

Interventions to Reduce Reoffending

Considerable investment of time and money is made in programs to address reoffending behaviour. Consequently, considerable effort has been made to determine the capacity of different program approaches to reduce youth reoffending and recidivism.

Two types of sources provided information about interventions: meta-analyses and narrative reviews. Each presented some challenges to interpretation. Narrative reviews typically provided less extensive evidence to support program effectiveness claims but were more likely to describe a broader range of programs and incorporate the author's expert opinion. Meta-analyses can provide more focused and rigorous evidence. However, quite a few different program models were usually included within any particular program category in many meta-analyses. In addition, there was little consistency in the categories in which specific interventions were placed across the meta-analyses reviewed. Consequently, it was difficult to draw conclusions about some specific program approaches from these meta-analyses.

Many of the meta-analyses reviewed reported program impacts in terms of a percentage reduction in youth reoffending. These analyses drew on the work of Lipsey and Wilson (1998) who calculated an overall recidivism rate of 50% based on the average for the control groups in studies of programming for youth on probation. The

average was based on data from 548 independent study samples from 361 primary research reports from 1958 to 2002 that addressed juveniles aged 12-21 who received an intervention intended to reduce subsequent delinquency. For our purposes, a recidivism rate of 43% will be reported as being 7% lower than a recidivism rate of 50%.[1] In a couple of meta-analyses, the results were presented in standard effect sizes.

Program information is presented in five groupings: (1) programs to support youth functioning, (2) programs to improve family functioning, (3) programs to improve resource coordination and access for youth, (4) Multidimensional Treatment Foster Care, and (5) multiple component programs. Usually but not exclusively, the outcome of interest in these reviews was youth reoffending.

(1) Programs to Support Youth Functioning

Peer support groups

There were large variations in how peer support groups were defined in these reviews. Typically a group of youth at risk of delinquency or of reoffending would meet with facilitator who may or may not be a therapist. Groups focused upon different issues such as self-esteem, drug abuse, sexuality, culture, life skills, etc. There was no clarity in the reviews about the theoretical or service delivery frameworks used by these groups. In addition, relatively few of the program model studies covered in these reviews focused clearly in whole or in part on the use of peer groups to reduce youth delinquency or reoffending.

The peer group program models specifically identified in the narrative reviews included the Cultural Enhancement Project, Friendly PEERsuasion, Movimento Ascendensia,

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[1] In the reviews by Lipsey and his colleagues, this difference would be reported as a 14% reduction in the 50% baseline rate (7/50=14%). However, we decided that reporting how much less one recidivism rate is than the other (i.e. 7%) is less likely to be misunderstood by the average reader of this report. It's easier to understand what 7% lower than 50% is than to calculate what 14% of 50% is (i.e. 7%).

Chrysalis, Girl's Circle, Sisters of Nia (Foley, 2008) and Children at Risk (Hawkins et al., 2010).

In two meta-analyses, group and peer counselling showed mixed and inconsistent evidence of reducing delinquency or reoffending rates (Lipsey & Wilson, 1998; Lipsey, 2009). Foley's (2008) narrative review of programming for girls reported that support groups, particularly those with a skill development component, reduced the temptation to use drugs, improved refusal skill, lowered associations with negative peers, improved behaviour at school, improved body image, reduced sexual risk taking, and improved ethic identity.

<u>Mentoring programs</u>

Mentoring programs have generally focused on youth who have been identified at risk because of socio-economic, geographic, and demographic factors. These programs ideally involved matching youth with carefully screened, supportive adults who met regularly with the youth usually for at least one year.

The mentoring programs specifically identified in these reviews included Big Brothers/Big Sisters and Mentoring Plus (Hawkins et al., 2010; Underwood & Knight, 2006).

In a meta-analysis of 18 mentoring programs, Joliffe and Farrington (2008) found an average 10% reduction in offending (as cited in Hawkins et al., 2010). Mentoring programs were included in the counselling category in Lipsey's (2009) meta-analyses and were associated with an 11% lower recidivism rate than the control group baseline.

In narrative reviews, the Big Brothers/Big Sisters (BBBS) program has been associated with positive outcomes including reduced drug use, less assaultive behaviour, better relationships, and better school-related behaviour (Hawkins et al., 2010; Underwood &

Knight, 2006). However other programs such as Mentoring Plus in the United Kingdom have demonstrated less definitive positive results (Hawkins, 2010).

Cognitive behavioural therapy (CBT) and other psychosocial skill-based programs

These programs operate on the premise that personal beliefs about violence and aggression and lack of social skills contribute to offending behaviour. Participants are taught to identify psychological and situational factors that may trigger unwanted behaviour and to learn strategies for coping effectively (Ashford et al., 2007). Typically CBT is offered as a short-term program (e.g., 12 weeks), may be offered in individual or group settings, and may take place as part of a pre-release program or be community based. CBT and skill development programs for youth leaving juvenile justice detention was the most extensively research programming approach in this review of the reviews. Consequently, the results presented are more detailed than in the other parts of program to support youth functioning.

The program models reviewed included child and adolescent skills programs (Hawkins, et al., 2010); non-juvenile justice psychosocial treatments (Kurtz, 2002); skill building (Lipsey, 2009); relapse prevention [drug use, sexual offenses] (Ashford et al., 2007); dialectical behavior therapy (Foley, 2008; Trupin, 2007); cognitive behavioural therapy; aggression replacement therapy: Viewpoints (Kurtz, 2002; Townsend et al., 2010; Underwood & Knight, 2006); and, behaviour modification (Tennyson, 2010).

In meta-analyses, interpersonal skills programs were associated with a youth recidivism rate that was 19% lower than the average for control groups (31% instead of 50%) in one review (Lipsey & Wilson, 1998) and between 18% and 30% lower in another (Lipsey & Cullen, 2007). Behaviour programs had lower reoffending rates by institutionalized young offenders by 16% in one meta-analyses (Lipsey & Wilson, 1998), 11% in another (Lipsey, 2009), and between 16% and 40% in a third review (Lipsey & Cullen, 2007). In meta-analyses of CBT programs, youth recidivism was lower by 13%

(Lipsey, 2009) and by 4% to 12% in another (Lipsey & Cullen, 2007). Tennyson's meta-analysis (2010) found that skills programs (behavioural and instructional) had a medium effect on recidivism (ES=.25).

In his meta-analysis, Lipsey (2009) found that skill building programs were more effective with youth at high risk of delinquency but less effective with youth with aggressive histories or incarcerated youth. Hawkins et al. (2010) reported that a meta-analysis of 71 studies found behavior training to be more effective for older adolescents.

There is evidence from narrative reviews that CBT and other skills programs can result in improvements in youth outcomes including abstinence, aggression, and psychological and psychosocial outcomes (Ashford et al., 2007; Foley, 2008; Townsend et al., 2010; Trupin, 2007). However, some researchers have questioned whether these outcomes are correlated with improvements in delinquency or recidivism outcomes (Kurtz, 2002). Narrative reviews have also connected CBT programs to reductions in delinquency (Hawkins et al., 2010) and to recidivism (Spencer & Jones-Walker, 2004; Tennyson, 2010).

Townsend et al. (2010) argued that CBT was a good option for delinquent youth because it is short-term and focused on current problems. They also thought that strength of CBT was that it followed explicit theoretical principles and was often structured by a manual to guide replications in different contexts. It has also been used effectively with individual youth as well as groups of youth (Tennyson, 2010; Townsend et al., 2010).

Counselling programs

 For this section, we searched for individual and group youth counselling programs focused on youth personal issues that involved trained therapists or counsellors. However, very few studies matching this definition were found in the narrative reviews.

In addition, some meta-analyses have included mentoring, family therapy, and peer support groups in this category, and in others CBT or skills development interventions were included. The scope of the program approaches included under counselling in the meta-analyses, and the inconsistencies in deciding what to include in this category across the meta-analyses reviewed, made it hard to disentangle the effects of specific counselling approaches.

In Lipsey and Wilson's (1998) review, individual counselling was linked to a 22% lower rate of reoffending for young offenders who had not been sent to juvenile detention institutions. However, in a later meta-analysis, Lipsey (2009) found only a 2% reduction in reoffending rates for individual counselling programs. In the same meta-analysis, group counselling reduced reoffending rates by 11% (Lipsey, 2009) and in another by 4% to 6% (Lipsey & Cullen, 2007). In Tennyson's (2010) meta-analysis, counselling programs in general had a medium effect (ES=.27) on reoffending. Lipsey (2009) also concluded that counselling approaches were more effective with youth at high risk of delinquency and less effective with youth with a history of aggression, with all male groups and with youth who had been incarcerated.

(2)Programs to Improve Family Functioning

Parenting development programs

Parenting development programs address problems with parental management in the home. Programs teach consistent use of rewards and punishments and monitoring typically in guided group meetings with parents using role-playing and modelling exercises.

The parenting development programs specifically mentioned in these reviews included Parenting with Love and Limits, Positive Parenting Program in Hawkins et al. (2010)

and Prevention Treatment Program, Parenting with Love and Limits, Focus on Families in Savignac (2009).

In their narrative review, Hawkins et al. (2010) included the findings from two meta-analyses: (1) A meta-analysis of ten parent management training programs showed a 20% reduction in antisocial and delinquent behavior, and (2) A second meta-analysis of 71 studies found that parental training was more effective than youth CBT when children are ages 6-12. In two narrative reviews, programs that teach parenting skills were associated with decreased antisocial and delinquent behaviour in youth, particularly when the children were between 6 and 12 (Hawkins et al., 2010; Savignac, 2009).

Family therapy programs

Family therapy programs involve counsellors who work with the youth and the family to improve communication and positive interactions within the family and to reduce negative patterns of behaviour. Programs are typically of a finite length (e.g., 10 weeks). Two meta-analyses showed inconsistent evidence for reducing reoffending in youth (Lipsey & Wilson, 1998; Lipsey, 2009).

Two specific family-based approaches have received considerable attention in the narrative literature:

Functional Family Therapy (FFT) is a prevention/intervention program targeting youth, aged 11-18, at risk of or involved with delinquent acts, violence, substance use, and youth with conduct disorders. FFT ideally includes flexible delivery of service to families in various home and community settings and also is available when youth leave institutional placements. It averages 12 home visits per family. In their narrative review, Hawkins et al. (2010) concluded that research evidence supports the effectiveness of FFT in reducing youth reoffending; for example, youth age 11-18 had a recidivism rate

16% lower than a control group receiving other treatment in one study. In his narrative review, Savingnac (2009) identified FFT as effective reducing reoffending based on evidence from many "rigorous" evaluations.

Multi-systemic Therapy (MST) is an intensive family- and community-based treatment for youths at risk for out-of-home placements. Treatment teams ideally provide individualized intensive supports often accessible at all hours. Teams also are supposed to work with other systems in the youth's life such as school and peer groups. The intention is to empower families through their direct involvement in assessment, interventions planning, and service delivery (Shepperd et al., 2009; Thomas et al., 2008).

Narrative reviews provided strong evidence that MST reduced youth anti-social and criminal behaviours (Hawkins et al., 2010; Kurtz, 2002; Savingnac, 2009; Trupin, 2007; Underwood & Knight, 2006). It was difficult to assess MST within the meta-analyses because it was categorized differently in different reviews and usually not analyzed separately in these reviews. However, in one meta-analysis of 10 studies, MST reduced criminality for up to four years after treatment (Tennyson, 2010).

(3)Programs to Improve Resource Coordination and Access for Youth

Resource coordination programs

Resource coordination programs such as case management services (CMS) help individuals gain access to appropriate community services. Case management programs ideally take a proactive role in help people navigate increasingly fragmented service and support networks. Conceptually, a case management service should include: a) assessment of client needs, b) development of a treatment plan, c) linking

youth with available services, d) monitoring of service delivery, and e) evaluation and follow-up (Ashford et al., 2007).

The following CMS programs received specific mention in the narrative reviews: Assertive Community Treatment (ACT); Intensive Aftercare; Wraparound; (Ashford et al., 2007; Savignac, 2009; Underwood & Knight, 2006).

Lipsey & Wilson's (1998) meta-analysis found inconsistent effects of CMS on youth reoffending but their more recent meta-analysis case found a 5% lower recidivism rate for CMS. One narrative review suggested that the Assertive Community Treatment [CMS] program had been associated with fewer police contacts and less time in hospitals for at-risk youth (Ashford et al., 2007). In two narrative reviews, the Wraparound (CMS) program was linked to reduced recidivism and improved school performance (Savignac, 2009) and improved CAFAS youth functioning scores (Underwood & Knight, 2006).

Agency coalitions

Agency coalitions bring together stakeholders including community, schools, law enforcement, health and human service agencies, youth serving agencies, local government, business, religious groups, youth, parents, and neighbourhood to help troubled youth.

Agency coalitions mentioned specifically in the narrative reviews included Multi-Agency/Intervention Model, Multi-Agency Prevention Program (DeGusti et al., 2009); WINGS (Foley, 2008); Communities that Care, (Hawkins et al., 2010); and, Intensive Aftercare Programs.

There was very little evidence that agency coalitions led to less youth delinquency in these reviews. In narrative reviews, Foley (2008) found some evidence that the WINGS

program reduced youth reoffending and Hawkins et al. (2010) suggested that there was some evidence that community mobilization efforts with clear goals and a focus on using programming with demonstrated effectiveness could reduce youth offending.

Community support programs

Employment problems have been associated with higher incidence of physical and mental illness as well as anti-social behaviour (Ashford et al., 2007). However, there was little research in these reviews connecting youth employment programs with reduced youth delinquency or recidivism. Meta-analyses showed mixed or minimal impacts of youth offending (Lipsey, 2009; Lipsey & Wilson, 1998). Hawkins et al. (2010) found evidence that Job Corps, a residential program to improve the employability of youth at risk of delinquency was associated with less youth criminal involvements and better school performance.

Housing access has been correlated with other measures of successful community adaptation (Ogilive, 1997 cited in Ashford et al., 2007). However, there were no studies in these reviews of the impacts of access to housing supports on delinquency.

Alternative School Programs provide education and training options for youth outside of the mainstream classroom. Two meta-analyses showed small or mixed effects of academic programs on recidivism (Lipsey, 2009; Lipsey & Wilson, 1998). Two narrative reviews provided some evidence that specific alternative program models (Southern Oaks, Status) resulted in less criminal involvements and other benefits for participating youth (Foley, 2008; Hawkins et al., 2010). On the other hand, in her narrative review, Kurtz (2002) suggested that there is not a clear causal link between school trouble and subsequent delinquency. However, she suggested that youth behaviour and school problems often co-occur and perhaps behaviour problems lead to poor school outcomes.

(4)Multidimensional Treatment Foster Care's (MTFC)

The underlying philosophy of MTFC is that the best treatment for youth with serious emotional or behavioural problems takes place in a structured family environment. MTFC places youth in short-term foster homes while therapy involves youth and their own families. Duration of foster care is typically 6-9 months with 12 months of intensive parental training. Lipsey and Wilson's (1998) meta-analysis showed that teaching family homes effectively reduce reoffending for incarcerated youth. Four narrative reviews supported MTFC's capacity to reduce reoffending and youth violence (Hawkins et al., 2010; Kurtz, 2002; Savignac, 2009; Underwood & Knight, 2006).

(5)Multiple Component Programs (MCP)

For our purposes, multiple component programs refer to programs that incorporate various strategies to meet youths' needs in various life domains. Most of the reviewers emphasized the need for complex interventions (Ashford et al., 2007; Hawkins et al., 2010; Howell, 2003; Kurtz, 2002; Lipsey, 2009; Spencer & Jones-Walker, 2004; Tennyson, 2010; Trupin, 2007; Unruh et al., 2009). For example, "interventions that are explicitly based on a causal model and address a range of possible causal factors have been shown to be more successful than those that do not" (Kurtz, 2002, p. 687). Spencer and Jones-Walker (2004) concluded that simple solutions aimed at 'fixing' young offenders are not generally successful because they do not address the myriad of personal, family and contextual influences affecting outcomes. Hawkins et al. (2010) adds "multiple prevention strategies crossing multiple domains that are mutually reinforcing and that are maintained for several years produce the greatest impact" (p.234).

Chapter 2 Overview

The focus of this section is to identify promising approaches to support youth and their families with the goal of decreasing delinquent behaviours. Because of our interest in

youth leaving institutional care, we paid particular attention to youth reoffending or recidivism in this review. Sometimes, programs to reduce offending for high-risk youth were included in this review. However, general population programming to prevent delinquency was beyond the scope of this review. To this end, we identified and examined documents including journal articles, book chapters, and government reports that reviewed pathways to delinquency and interventions to reduce youth reoffending or offending for high-risk youth populations. A total of 8 meta-analyses and 13 narrative reviews informed this section.

Pathways to Delinquency

There was solid agreement among delinquency researchers in this review that the pathways to delinquency were complex and worked on many levels. There was also some evidence that different risk factors had more salience at different developmental points in children's and youth's lives. There was a fair amount of agreement that the effects of different risk factors were cumulative for youth and that many offending youth were coping with multiple risk factors.

Overall, in both the meta-analyses and narrative reviews, the risk factors for delinquency that had the strongest evidence base of their predictive power and most agreement across reviewers included:

- Prior involvement in criminal or delinquent activity

- Negative peer and other social ties

- Externalizing youth behavior problems

- Poor or limited parenting capacity

- Criminal or anti-social parents

The meta-analyses reviewed suggested that the primary predictors of youth offending (with medium to strong effect sizes) can be usefully grouped under four broad

categories: youth criminal history (including substance abuse), youth behavior problems, family dysfunction, and negative peer involvements and social ties.

There was no suggestion in any of these reviews that any single risk or protective factor was the most important consideration in preventing delinquency. There does not also seem to be any reason to conclude from this analysis of pathways that positive change in one area (e.g. youth behavior or family functioning) would likely be the catalyst for positive change in many other areas. Rather, the implicit and sometimes explicit suggestion in these reviews was that often for individual youth, and certainly for groups of youth, attention to multiple risk and protective factors will be needed.

Promising Programs to Reduce Delinquency: Lessons Learned

The strongest area of agreement about guidelines for programming across this review was that programs need to respect what is known about pathways to youth delinquency and youth reoffending. The clearest consensus was that effective programs must focus on known and important predictors of youth delinquent behaviours. There was somewhat less agreement that the most promising programs would incorporate diverse intervention strategies to address multiple risk factors. Finally, there was broad agreement that, when a program model is known to produce good outcomes, respecting its program rationale and service delivery requirements (program fidelity) is essential to reproducing these good outcomes in other settings. While mentioned less often, it is likely that appropriate programming to reduce delinquency and youth reoffending will differ in important ways for younger children and adolescent youth.

Programs to Support Youth Functioning

 It is not possible to draw any conclusions about the potential of peer support groups to reduce reoffending or delinquent behaviours based upon the research reviews included in this report. Equally important, in light of the emphasis placed on negative peer and social involvements as risk factors for delinquent youth, and of the centrality of pro-social involvements as protective factors, is the relative lack of attention to peer

involvements in programming for this population or at least in the research about programming for these youth.

While the research base is limited, information from two meta-analyses suggested that mentoring programs can have a modest impact on lowering youth delinquency and reoffending rates. Two narrative reviews concluded that well-run mentoring programs can have positive impacts on youth attitudes and behaviours that put them at risk of involvement in criminal activities. These narrative reviews also indicated that successful implementation of youth mentorship programs depends on the availability and commitment of high-quality volunteers for an extended period of time. They also suggested that mentoring success is enhanced with good youth-mentor matches including gender, ethnicity, and high levels of mentor commitment, early intervention before long-term habits are entrenched, and when mentorship programs are combined with other supports.

Overall, there was good evidence from these reviews that skill development programs in general, and cognitive behavioural programs in particular, had significantly lower rates of youth reoffending than the control group baseline of 50%. These approaches also were connected to beneficial changes in youth behaviours and psychosocial outcomes. Part of the attractiveness of this general program model is that it is usually short-term, sometimes provides specific service delivery guidelines (manuals), and is relatively easy for agencies to implement. On the other hand, in light of the pathways to delinquency discussed previously, and the general lessons suggested by the reviewers, it is less evident that skill development programs would be sufficient on their own if enduring changes are to be sought in several domains of living.

Because of the inconsistencies in program approaches in the meta-analyses and the lack of counselling programs included in the narrative reviews, very little can be concluded about the usefulness of psychosocial or psychodynamic individual or group counselling from these reviews

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Programs to Improve Family Functioning

While the number of reviews including parenting development or training programs was limited, there does appear to be good evidence for the usefulness of parenting development and training, especially for children between 6 and 12.

There was strong agreement across most of the narrative reviews that there is good evidence Functional Family Therapy and Multi-Systemic Therapy reduce youth involvement in delinquency and reoffending as well as help to keep this population of youth living with their families.

There was less clear evidence about the benefit of MST with other populations. Indeed, several reviewers claimed that there was not clear evidence that MST has significant clinical advantages over other family-focused interventions (Littell et al., 2005; Shepperd et al., 2009; Thomas et al., 2008). A meta-analysis of MST (Littell et al., 2005) suggested that this may reflect the poor quality of research rather than the effectiveness of MST.

Programs to Improve Resource Coordination and Access for Youth

There was not convincing evidence from these reviews that generic Case Management Services or agency coalitions were likely to substantially reduce youth delinquency or recidivism rates. There was limited evidence that the Wraparound model might reduce youth reoffending. Conceptually, it may be that benefits for youth are more closely related to the types of program involvements facilitated for youth through these networks than to generic system coordination efforts. On the other hand, both the pathways to delinquency and expert opinions on promising programming reviewed earlier in this document suggested that youth at risk of offending or reoffending would benefit from resources addressing a variety of salient challenges. From this perspective,

resource mobilization and coordination efforts may prove to be a necessary if not sufficient consideration when thinking about improving community adaptation outcomes for youth leaving residential mental health programs.

While undeniably important in the lives of these youth, there was minimal evidence in these reviews of a direct impact of employment, housing or alternative school programs on youth delinquency or recidivism. It may be that a simple linear causal relationship between these types of support and less delinquency is not to be expected. It is also true that very few of the studies reviewed examined programs that provided these types of supports to youth.

Multidimensional Treatment Foster Care

There is good evidence from both meta-analyses and narrative reviews of Multidimensional Treatment Foster Care's capacity to reduce youth delinquency and reoffending as well as produce various other benefits for involved youth and their families. In its service delivery dimensions, it may include many of the characteristics of multiple component programming discussed in the following section.

Multiple Component Programs

Virtually all of the authors included in this review of reviews reported multiple inter-related risks and pathways to delinquency and criminal behaviour. Similarly, almost all of the reviewers of interventions suggested that the best interventions are likely to be programs explicitly focused on altering young offender risk and protective factors in several life domains. This review of reviews identified programs intended to improve individual functioning, family functioning, school performance, resource coordination, and community supports. It is noteworthy that there were no studies of program models that explicitly tried to bring together the benefits of a variety of these strategies. This

may be because such multiple component programs are rare. It is also likely that such complex programs are much more difficult to create and to evaluate.

Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs

Earlier evidence was presented from our research that about half of the youth leaving residential mental health programs in this research got into trouble with the law at some point. This suggests that some of the lessons about delinquency programs from this review will be relevant to improving community adaptation outcomes for these youth. One implication from this review is there is not likely to be a simple, short-term program approach that will produce substantial and enduring reductions in youth offending. A second implication is that there are probable benefits to thinking about what combination(s) of programming strategies would be feasible and sensible to reduce youth offending among these youth. This review suggests several broad program strategies worthy of closer consideration: skill development for youth, parent training and supports for family functioning, and positive peer and adult social connections for youth. It also seems likely that promising programming strategies will have to differ somewhat for younger and older youth populations. Unfortunately, this review provided no guidance for how to responds with different cultural and ethnic groupings of youth and families.

It is also important to stress that there are other community adaptation challenges facing this population of youth (e.g. school, family living, transitioning to independent living, etc.). It would be impossible to identify one of these challenges as the most important. Nor would it be credible to expect change in any one area of living to be the key to promoting change in the other areas. Yet it is not possible to do everything. So, from our perspective, it will be important to look for commonalities across the various areas of programming included in this review of the reviews and to think about whether

the same strategies could be relevant to several community adaptation challenges for these youth and what particular packages of programming focuses and strategies seem most promising.

Chapter 3: Youth Returning Home after Children's Residential Mental Health Treatment

Focus

This section focuses on youth returning to live with their families after leaving residential mental health programs. In the Partnerships research, about 43% of youth exiting residential treatment were living with family approximately 12-18 months later. While many of these youth showed improved personal functioning, levels of parent-child conflict and quarrelling among parents about youth behaviours continued to be high in over half of these families. Many families still reported clinical levels of disruption in daily activities such as going out shopping or visiting and having friends or relatives into the home. Approximately 58% of parents reported that they were having a lot of trouble getting along with the youth living in the home. Additional analyses revealed that youth who were having a lot of trouble getting along with their parents often were also struggling with relationships in the community. They were also more likely to have serious educational challenges. Parents of these youth reported perceptions of lower parenting competence, personal quality of life and increased stress.

A focus on bettering life at home for youth leaving residential mental health programs was not part of the original mandate of this synthesis review. However, because of the above findings from our own research, and the evidence about the importance of positive family connections in most of the other sections of this synthesis review, this topic was added to the synthesis review. A caveat, however, is that, due to time and resource constraints, the search for pathways and programming research could not be as extensive as in the other sections.

Family-focused interventions were among the interventions examined in other sections of this report. However, in those instances, improvements in home life were assessed as a means to an end – for example, to reduce youth delinquency or school failures. In

this section, improved family life and youth continuing to live at home are the community adaptation outcomes of interest.

Two addition documents provide more detailed supporting information. The full report *Returning Home after Children's Residential Mental Health Treatment: Outcomes, Pathways, Strategies* contains complete information on search procedures, the studies reviewed as well as the inclusion criteria and aggregation procedures used. A summary version of this review is also available. Both are available at www.wlu.ca/pcfproject.

Pathways to Stability of Returning Home Following Children's Residential Mental Health Treatment

There was agreement that little research has focused on understanding the relationships among family risk factors, family reunification, and the likelihood of returning to residential treatment (Farmer et al., 2009; Fontanella, 2008). Therefore, this synthesis review also examined the family reunification and readmission literature from other sectors such as psychiatric inpatient hospitalization and child welfare. Our discussion of factors linked to the stability (or instability) of returning home is based on ten sources, two of which focused on youth discharged from residential mental health treatment (Lakin, Brambila, & Sigda, 2004 and Teare et al., 1999).

The proportions of youth who went to live with their family following residential mental health treatment varied from 38-62% in different investigations (Fontanella, 2008; Lakin et al., 2004; Teare et al., 1999). Rates of failed reunifications were typically reported as the proportion of youth who went into another out-of-home placement. Rates of re-entry to out-of-home placements varied widely across sectors and studies. Shaw, (2006) reported a 13% return rate to child welfare placements within one year of family reunification. Wulczyn (2004) reported that, over ten years, 20-28% of children who were reunited with their family re-entered child welfare care and 70% of these children re-entered care within the first year of reunification. Fontanella (2008) found that a 40% re-entry rate within 12 months of reunification following inpatient psychiatric treatment.

In Lakin et al. (2004) review, 35% of youth were readmitted to acute care or residential treatment within one year of initial discharge, with 67% of these youth readmitted within the first four months.

In general, the effects of youth demographics like age, gender, and race on placement stability following discharge were inconsistent across studies. Severity of youth mental health challenges, however, showed a negative effect on the stability of returning home. Also consistent were the negative impacts of family characteristics such as parental problems and lower family functioning. A history of previous youth placements in various out-of-home settings such as juvenile justice and inpatient mental health services was also predictive of reunification instability. Family involvement in treatment programs, longer lengths of stay in these programs, and use of aftercare services positively influenced the stability of youth returning home following residential treatment.

Table 3 provides an overview of the risk and protective factors associated with the stability of returning home following residential or out-of-home treatment.

Individual Youth Factors

The effect of age on placement stability following treatment was considered in four studies. Two studies (Fontanella, 2008 and Teare et al., 1999) found that younger youth were at greater risk for an unstable placement in the home, while Farmer et al. (2009) and Shaw (2006) conversely reported that older youth were at greater risk for instability following treatment. The effects of gender and race were mixed as well. Females were 2.7 times more likely than males in one study to re-enter inpatient facilities (Foster, 1999) while Robst et al. (2011) found higher rates of re-entry to out-of-home placements for males. Whites were 2.6 times more likely than non-Whites to be readmitted to inpatient facilities in one study (Foster, 1999) and Blacks were more likely to return to care in another (Shaw, 2006).

A greater risk of instability in returning home was related to specific youth mental health challenges in the post-discharge period. Youth with high externalizing problems, moderate to severe behavioural problems, struggles at school or at home were found to

be at increased risk for reunification breakdown in separate studies. (Fontanella, 2008; Teare et al., 1999; Xue et al., 2004). Diagnoses of oppositional defiance disorder and depression were associated with reunification difficulties in one study. Two studies identified past or recent youth violent episodes, youth who've been a victim of abuse and youth with a history of suicide attempts or ideations as risk factors (Farmer et al., 2009; Fontanella, 2008). Teare et al., 1999 reported that lower internalizing behaviours were associated with an increased risk of placement disruption.

Family Factors

Research on the relationships among family factors, maintaining youth within the home post-discharge, and maintaining gains made by youth in treatment into the follow up was quite scarce (Farmer et al., 2009; Fontanella, 2008). However, the available information pointed towards consistent negative effects of family functioning difficulties and parents' personal problems on the stability of youth of returning home following out-of-home placement.

In two investigations, youth from families characterized by a history of parental mental health, parental alcohol or drug abuse or family violence were identified as about twice as likely to experience a reunification disruption after involvement in residential mental health programs (Fontanella, 2008; Teare et al., 1999). Youth from single parent families were found in one study to be more likely to return to child welfare placements (Jones, 1998 as cited in Wulcyzn, 2004). Youth presenting higher burdens of care for parents were more likely to re-enter inpatient treatment in two investigations (Foster, 1999; Xue et al., 2004).

Treatment Factors

Histories of previous out-of-home placements and medication use were reported to negatively impact youth's stability in returning home. Stability in the home was also related to several protective factors including family involvement in treatment, longer length of stays, as well as increased aftercare services and medication compliance in the post-discharge period.

Youth with previous out-of-home placements such as inpatient hospitalization, involuntary commitment, or juvenile justice involvement were at increased risk for reunification failure (Farmer et al., 2009; Robst et al., 2011; Xue et al., 2004).

Fontanella (2008) reported that not taking medication as prescribed in the post-discharge period was related to a greater likelihood of returning to out-of-home treatment while Robst et al. (2011) found that youth who *had* taken anti-psychotic medication in the past had a greater risk for re-entry to treatment.

Increased reunification stability was related to parental involvement in treatment programs before the youth was discharged (Lakin et al., 2004). A longer length of stay in treatment (on average 7-8 months) was predictive of increased stability in returning home in two studies (Robst et al., 2011; Shaw, 2006).

Contact with a mental health practitioner, case manager, or physician in the post-discharge period was linked to a decrease in youth re-entry to residential treatment following reunification with family (Robst et al., 2011; Teare et al., 1999). Youth who received additional treatment in the post-discharge period had a better chance of successful family reunification than youth with no additional treatment (Teare et al., 1999).

Overview of Risk and Protective Factors Associated with Stability of Returning Home

	Individual/Youth	Family	Treatment
Risks associated with instability of returning home (greater likelihood of re-entry into treatment)	<u>Age</u> -younger (Fontanella, 2008); Teare et al 1999) -older (Farmer et al., 2009; Shaw, 2006) <u>Gender</u> -female (Foster, 1999) -male (Robst et al., 2011)	<u>Family and/or Parental Functioning</u> -more family problems (Teare et al., 1999) -medium to high family risk (Fontanella, 2008) -parental problems (Festinger 1996 as cited in	<u>Placement history</u> -extensive placement history (Farmer et al., 2009) -involvement in juvenile justice (Xue et al., 2004) -inpatient hospitalization (Xue et al., 2004)

	Individual/Youth	Family	Treatment
	<u>Race</u> -White (Foster, 1999) -Black (Shaw, 2006) <u>Severity of Mental Health Behaviours</u> -higher externalizing behaviours (Teare et al, 1999) -diagnosis of Oppositional Defiance Disorder (Foster, 1999) -moderate to severe behavioural problems (Fontanella, 2008) -pervasiveness of problems (Xue et al., 2004) -historical or recent violent episodes (Fontanella, 2008) -lower internalizing behaviours (Teare et al., 1999) -diagnosis of depression (Foster, 1999) -history of suicidality (Farmer et al., 2009) -Victim of Abuse (Fontanella, 2008)	Wulczyn, 2004) <u>Family structure</u> -single parenthood (Jones, 1998 as cited in Wulczyn, 2004; Shaw 2006) -biological mother absent (Foster, 1999) <u>Caregiver burden</u> -increased burden caregivers feel in caring for their child (Foster, 1999) -impaired care giving environment (Xue et al., 2004)	-prior involuntary commitment (Robst et al., 2011) <u>Medication Use</u> -not taking medication as prescribed in post-discharge period (Fontanella, 2008) -prior use of antipsychotic medication (Robst et al., 2011)
Protective factors increasing stability of return home (or lengthening time in the			-parental involvement in treatment (Lakin et al., 2004) -contact with mental health practitioner, case manager, physician in post-discharge period (Robst et al., 2011; Teare et al.,

	Individual/Youth	Family	Treatment
community prior to subsequent re-entry into treatment)			1999) -extensive additional treatment (vs. none or mild) following discharge (Teare et al., 1999) -longer length of stay in treatment/care (Robst et al., 2011; Shaw, 2006) -fewer negative incidents in treatment (Teare et al., 1999) -taking antipsychotic medication (Robst et al., 2011)

Programming for Youth Returning Home after Children's Residential Mental Health Treatment: Lessons Learned

In the reviews for this section of the synthesis review, reviewers sometimes offered general considerations for effective programs. These are summarized briefly in this section.

Maintaining gains made in treatment after discharge is vital to stability within the home; however, staying in the home is contingent upon many ecological factors like the systems in which youth live such as family, school, neighbourhood, and community (Farmer et al., 2009). Releasing youth back into a family environment with the same or similar problems and resources prior to treatment is ill advised and places youth in a position for future failure. Daniel et al. (2004) also reminded us of the impacts that youth behaviours have on other members of the family system. For these reasons, interest in family involvement in treatment was strong and support for its positive impact on the stability of returning home was encouraging. The mechanism by which family

involvement in treatment impacts the stability of returning home was described by Lakin et al (2004) as the acquisition of skills by parents that can be applied to home life following treatment.

With the greatest risk for readmission to treatment often occurring within the first three to four months following discharge, this window of time has been identified as critical for the delivery of follow up services, particularly for high risk youth (Fontanella, 2008). The few studies about the effect of aftercare service use on readmission to treatment suggested the importance of the timely delivery of family-centred services to support the maintenance of treatment gains made by youth (Robst et al., 2011; Teare et al., 1999; Shaw, 2006).

Interventions to Increase the Stability of Returning Home after Children's Residential Mental Health Treatment

Engage Families in Treatment

Engaging families in treatment has been identified as a protective factor for successful reunification of families. Programs that actively partner with families in the delivery of care have provided evidence of shorter stays in residential care by almost 50% (Martone, et al. 1989), improved child functioning (Anderson et al., 2003; Leichtman et al., 2001; Lieberman, 2006), decreased length of stay in treatment for youth living in less restrictive settings, (Anderson et al., 2003; Building Bridges Initiative, 2008; Byalin, 1990; Knecht & Hargrave, 2002; Landsman et al., 2001; Lieberman, 2006) and improved family functioning (Lakin et al., 2004) (all cited in Affronti & Levison-Johnson, 2009).

Assessment and Case Planning

The Child Welfare Information Gateway (CWIG) identified assessment and case planning that includes individualized needs assessment and clear, mutually established goals as an important intervention for reunifying families. The report suggested

assessments and plans should address parenting skills, parent-child interactions, and life-skills for the parents, as well as specific areas of concern such as substance use, or parent mental health (CWIG, 2005). Provision of concrete supports including food, transportation, housing and costs related to housing should also be considered. A study of over 1000 reunified families showed that 50% used financial assistance and transportation supports (Rzepnicki et al., 1997 cited in CWIG, 2005).

Intensive Family Preservation Services

The goal of Intensive Family Preservation Services (IFPS) programs is to teach parenting skills and coping strategies through short-term intensive in-home support to steer families out of a crisis situation and to avoid out-of-home placement of children (Barth et al., 2005). Early evaluations of these programs without control groups showed promising effects (Nelson et al., 2009). More recent reviews have highlighted difficulties with definitions of what constitutes IFPS and with implementation fidelity to the program model. These reviews also pointed to frequent poor quality of IFPS evaluations (Nelson et al., 2009). Another concern about IFPS assessment studies was that outcome measures are often limited to out-of-home placement without consideration of whether a child placement might have been an appropriate outcome for the youth (Nelson et al., 2009; Tully, 2008).

In one investigation, families who received intensive casework services, parenting and life skills education, family-focused treatment, and help with accessing community resources had reunification rates three times that of a comparison group and families stayed together at a higher rate seven years later (Lewis, Walton, & Fraser,1995; Walton, 1998 in CWIG, 2005).

MacLeod and Nelson (2000) conducted a meta-analysis of 56 studies including ten IFPS program studies and reported a medium IFPS effect size at post-test (0.500) and at follow-up (.350).

Several reviewers suggested that IFPS programs that adhered to the principles of the Homebuilders model had the most robust results (Nelson et al., 2009; Shepperd et al.,

2009; Tully, 2008). A meta-analysis of 14 IFPS with rigorous experimental designs found that programs that adhered to at least 13 of the 16 components of the Homebuilders program reduced out-of-home placements by 31% (Washington State Institute for Public Policy, 2006 cited in Nelson et al., 2009). Tully (2008) argued that four elements differentiated IFPS that followed the Homebuilders model from other IFPS programs: 1) focusing on youth at imminent risk of out-of-home placement, 2) having small therapist caseloads, 3) maintaining intensity of service, and 4) having around-the-clock availability for families. From their meta-analysis, MacLeod and Nelson, (2000) concluded that IFPS programs that were empowerment and strengths-based focused were more effective than those that were expert-driven and deficit focused.

In Dagenais et al.'s (2004) meta-analysis of 38 reports on 27 IFPS, 16 assessed program impacts on rates of placement. Of these, 9 reported significantly better placement rates and 7 reported no significant difference. When considered together, the impact of 16 programs on out-of-home placement was considered negligible. Seventeen of the 27 programs included measures of child and family functioning. Overall, the studies reported positive effects on general family functioning, family support networks, and child functioning at home. They also found report a small number of studies with evidence of positive effects on conjugal relations, delinquent behaviours, and peer relationships. There were mixed results about IFPS impacts on family environment, child symptoms and child maltreatment. Very few of the studies included information about fidelity to the IFPS model (n=4).

Other reviewers cautioned that, while there is some evidence that IFPS has some success in family reunification, it is not clear that there is reduced risk of re-entry into care and that longer-term interventions may be required (Barth et al., 2005; CWIG, 2005). Tully (2008) found that outcomes were better with longer duration of services and a strengths-based approach and social supports.

In their meta-analysis, Dagenais et al. (2004) suggest that only studies of families who were referred because behaviour problems or delinquency (n=3) showed significant effects. Another analysis of IFPS suggested that outcomes were slightly better for

youth involved in juvenile justice or mental health compared to child welfare (Fraser et al., 1997 cited in Nelson et al., 2009). Tully (2008) found that families with cocaine problems had high levels of subsequent maltreatment, out-of-home placement, and fewer case closures. This review also found that families with housing and alcohol problems were more likely to experience subsequent placement.

Parent Training Programs

Parent training has been a common component of different child welfare service provisions to try to keep families together. Barth et al. (2005) described four generic components of parent training programs: (1) assessing parenting problems, (2) teaching new skills to parents, (3) parents apply new skills with their children, and (4) parents receive feedback. Parent training programs have sometimes been combined with other supports and services for parents and youth (Hoagwood et al., 2010). Some reviewers have raised concerns have been raised about the potential of this approach as a stand-alone approach and about its long-term impacts (Cameron et al., 2001; Johnson et al., 2005).

Barth et al. (2005) noted that parenting programs were designed to teach alternatives to excessive discipline; however, the proportion of parents identified as using excessive discipline in child welfare samples of neglect was low (3%). Additionally, they argued that other difficulties in parents' lives such as domestic violence, serious mental health issues, substance abuse, and financial troubles need to be considered.

Hoagwood et al. (2010) concluded that parent training programs had strong evidence of success with the general population but more limited success with more vulnerable populations. Their review suggested that smaller effects of parent training has been associated with families with lower SES, mental health issues, single parent status, lack of social support, and concrete barriers to service use such as transportation. To address this concern, some programs in their review added components such as stress management, social support, anger management, and communication skills.

Assessments of parent training programs in this synthesis review typically focused on youth behaviours and well-being and parenting behaviours. Some evaluations included measures of family functioning. None considered the impact of parent training on youth reunification with families or youth out-of-home placements.

Kaminski et al. (2008) conducted a meta-analysis of 77 parent training programs intended to enhance behaviour and adjustment in young children (ages 0-7). They found that overall programs changed parents' behaviours and reduced behaviour problems in children. Effect sizes were larger for parents than for children. For children, they found larger effects on internalizing behaviours than on externalizing behaviours. Overall, their analysis suggested that the most effective parent training programs (1) helped parents create positive interactions with their child, (2) taught emotional communication to parents, (3) taught parents how to use time outs and the importance of parenting consistency, and (4) required parents to practice new skills with their children during training sessions. They also found that neither teaching parents about child development nor using a standardized curriculum increased program effect size.

Johnson et al. (2005) concluded that parent training is the treatment of choice for mild to moderate behaviour disorders. They argued that parent training following well-established behavioural training protocols were more effective than non-behavioural training.

In MacLeod and Nelson's (2000) meta-analysis, the pooled effect of 5 parent training programs was medium (.357) at post-test and modest at follow-up (.246), and overall (.340).

In Hoagwood et al.'s (2010) review of 50 family support programs in children's mental health, 13 described parent training approaches of which 11 were evaluated with random controlled trials. Most of the programs reported improvements in the child's behaviour and/or symptoms; some reported improved parenting practices and/or decreased parental stress.

Barth et al. (2005) identified parent training programs with high standards of evidence: The Incredible Years (Webster-Stratton & Hammond, 1997), Multisystemic Therapy (Henggeler et al., 2003), Oregon Social Learning Center's Parent Management Training (Forgatch & Martinez, 1999; Patterson, Chamberlain, & Reid, 1982), and Parent-Child Interaction Training (Eyberg & Robinson, 1982). They also identified parent training programs that were possibly efficacious based on quasi-experimental or series of single-subject studies: Parenting Wisely (Gordon, 2003), Nurturing Parent (Bavolek, 2002), STEP (Adams, 2001), and Project 12-Ways (Lutzker & Rice, 1984). These exemplar parent training programs included both stand-alone examples as well as programs immersed in broader programming approaches.

Barth et al. (2005) suggested that parent training approaches need to change to meet the developmental needs of children as they age. They indicated that the evidence of effectiveness for specific parent training models may only be for certain ages (e.g., Parent-Child interaction therapy ages 3 to 11; The Incredible Years ages 4 to 8; and Parent Management Training ages 3 to 18). They also indicated that many parent training programs provide sessions for 6 to 10 weeks and there was little evidence about the effects of longer programs.

Family Therapy

There were no assessments of the impacts of family therapy or parent-child relationship therapy on youth reunification with their families or on maintaining these youth in their homes in this synthesis review. A review of the effectiveness of family therapy and parent-child relationship therapy with disadvantaged populations or with youth with serious emotional or behavioural problems was beyond the scope of this synthesis review. While difficulties between parents and youth leaving residential mental health facilities was an important concern in our prior research and a major risk factor for family breakdown, no conclusions can be drawn from this synthesis review about the potential of family therapy or parent-child relationship therapy to improve these situations.

Parent Support

Parent support programs in this synthesis review usually provided different types of social support and service coordination/advocacy to parents of youth who were thought to be at risk of out-of-home placements. However, there was little consistency in how these parent support programs operated. Parent support programming also was often offered in combination with other programming. Many support programs included parent-to-parent relationships and helping. Hoagwood et al. (2010) said that parent support programs often provided information, instruction, and advocacy. Peer advocates sometimes helped parents negotiate court and services systems and normalized the experiences (CWIG, 2011). Hoagwood et al. (2010) found relatively few formal evaluations of programs with these characteristics.

In MacLeod & Nelson's (2000) meta-analysis of 56 studies of programs to promote family well-being and prevent maltreatment, 2 looked at social support. The effect size of all social support / mutual aid interventions were medium-large at post-test (.748) medium at follow-up (.607), and medium overall (.613). Social support and mutual aid interventions had the highest effect size of all program approaches but it was based on only two studies.

Hoagwood et al., (2010) reviewed 50 family-based programs for children's mental health. Programs that focused mainly on supporting parents were associated with increased satisfaction by caregivers.

The Maternal Stress Coping Group provided education and coping skills to parents of youth with ADHD who were themselves at risk for depression. Participating parents had significantly reduced depression, improved self-esteem, fewer negative cognitions about their child, less impairment, and greater satisfaction than a waitlist control group (Chronis et al., 2006 cited in Hoagwood et al., 2010).

Similarly, a parent stress management program for caregivers of youth with ADHD provided information, instruction in coping skills, emotional support, and advocacy. It was associated with reduced stress and improved parenting for mothers and increased

satisfaction compared to a waitlist control group (Treacy et al., 2005 cited in Hoagwood et al., 2010).

Singer et al. (1999) (as cited in Affronti & Levinson- Johnson, 2009) concluded that, in parenting programs that used parent mentors, parents had significantly better acceptance of family circumstances, better perceived ability to cope, and felt better able to move forward with problems . Another study associated parent mentors with better mother-child interaction scores, better parental responsiveness, higher quality of home environment, and lower anxiety (Roman et al., 1995 cited in Affronti & Levinson-Johnson, 2009*)*.

Cognitive Behavioural Therapy/Social Cognitive Skill Development for Youth

Youth behaviour problems have been associated with difficulty in reuniting families and reduced stability when youth return home. Reviews of social and cognitive skill interventions have shown consistently positive effects on youth behaviours and relationships (Thomas et al., 2008). In Hoagwood et al.'s (2010) review, 10 CBT programs in children's mental health provided evidence of youth having reduced symptoms of OCD, decreased oppositional behaviours, reduced anxiety, and decreased post-traumatic stress. These benefits of CBT and youth skill development programs are consistent with the findings in other sections of this synthesis review. While these reviews did not specifically examine these program approaches impacts on family reunification or maintaining these youth at home, conceptually, improved youth behaviours and relationship skills should be linked to improvements on these two outcomes.

Multiple-Component Programs

There were no multiple component programs described in this review that had a primary focus on family reunification or improving youth-parent relationships within the home.

Cameron et al. (2001) narrative review focused on programming to prevent out-of-home placements in child welfare suggested that the clearest consensus in the literature was that, for many adolescents at-risk of entering the child protection or other restrictive

service systems, one-shot, single-dimensional interventions will not suffice to prevent out-of-home placements. Their review uncovered relatively few multi-component programs. While many of the comprehensive programs they reviewed did not include outcome evidence, for those that did, they found evidence of significant youth benefits in domains such as school engagement and performance, sexual risk taking, teen pregnancy, trouble with the law and reducing out-of home placements. Youth functioning in the home was typically not included as an outcome measure in these assessments.

In MacLeod & Nelson's (2000) meta-analysis of 56 programs to promote family well-being and reduce maltreatment, there were 5 multiple-component programs. Effect size of all multi-component programs were medium at post-test (.406), small at follow-up (.219), and medium overall (.369). Little detail was provided on the 5 multi-component.

Chapter 3 Overview

This section focuses on youth returning to live with their families after leaving residential mental health programs. In the Partnerships research, about 43% of youth exiting residential treatment were living with family approximately 12-18 months later. While many of these youth showed improved personal functioning, levels of parent-child conflict and quarrelling among parents about youth behaviours continued to be high in over half of these families. Many families still reported clinical levels of disruption in daily activities such as going out shopping or visiting and having friends or relatives into the home. Approximately 58% of parents reported that they were having a lot of trouble getting along with the youth living in the home. Additional analyses revealed that youth who were having a lot of trouble getting along with their parents often were also struggling with relationships in the community. They were also more likely to have serious educational challenges. Parents of these youth reported perceptions of lower parenting competence, personal quality of life and increased stress.

A focus on bettering life at home for youth leaving residential mental health programs was not part of the original mandate of this synthesis review. However, because of the above findings from our own research, and the evidence about the importance of positive family connections in most of the other sections of this synthesis review, this topic was added to the synthesis review. A caveat, however, is that, due to time and resource constraints, the search for pathways and programming research could not be as extensive as in the other sections.

Family-focused interventions were among the interventions examined in other sections of this report. However, in those instances, improvements in home life were assessed as a means to an end – for example, to reduce youth delinquency or school failures. In this section, improved family life and youth continuing to live at home are the community adaptation outcomes of interest.

Two addition documents provide more detailed supporting information. The full report *Returning Home after Children's Residential Mental Health Treatment: Outcomes, Pathways, Strategies* contains complete information on search procedures, the studies reviewed as well as the inclusion criteria and aggregation procedures used. A summary version of this review is also available. Both are available at www.wlu.ca/pcfproject.

Pathways to Stability of Returning Home Following Children's Residential Mental Health Treatment

There was agreement that little research has focused on understanding the relationships among family risk factors, family reunification, and the likelihood of returning to residential treatment. The findings from the available research were not consistent. Therefore, this synthesis review also examined the family reunification and readmission literature from other sectors such as psychiatric inpatient hospitalization and child welfare. Our discussion of factors linked to the stability (or instability) of returning home is based on ten sources, two of which focused on youth discharged from residential mental health treatment.

The proportions of youth who went to live with their family following residential mental health treatment varied from 38-62% in different investigations. Rates of failed reunifications were typically reported as the proportion of youth who went into another out-of-home placement. Rates of re-entry to out-of-home placements varied widely across sectors and studies. One study reported a 13% return rate to child welfare placements within one year of family reunification. Another reported that, over ten years, 20-28% of children who were reunited with their family re-entered child welfare care and 70% of these children re-entered care within the first year of reunification. A third study found that a 40% re-entry rate within 12 months of reunification following inpatient psychiatric treatment. In one review, 35% of youth were readmitted to acute care or residential treatment within one year of initial discharge, with 67% of these youth readmitted within the first four months.

In general, the effects of youth demographics like age, gender, and race on placement stability following discharge were inconsistent across studies. Severity of youth mental health challenges, however, showed a negative effect on the stability of returning home. Also consistent were the negative impacts of family characteristics such as parental problems and lower family functioning. A history of previous youth placements in various out-of-home settings such as juvenile justice and inpatient mental health services was also predictive of reunification instability. Family involvement in treatment programs, longer lengths of stay in these programs, and use of aftercare services positively influenced the stability of youth returning home following residential treatment.

Programming for Youth Returning Home after Children's Residential Mental Health Treatment: Lessons Learned

In the reviews for this section of the synthesis review, reviewers sometimes offered general considerations for effective programs. These are summarized briefly in this section.

Maintaining gains made in treatment after discharge is vital to stability within the home; however, staying in the home was seen as contingent upon many ecological factors like the systems in which youth live such as family, school, neighbourhood, and community. Releasing youth back into a family environment with the same or similar problems and resources prior to treatment was considered to be ill advised and placed youth in a position for future failure. One review reminded us of the impacts that youth behaviours have on other members of the family system. For these reasons, interest in family involvement in treatment was strong and belief in the positive impacts of good family relationships on youth returning home was shared by quite a few reviewers.

With evidence that the greatest risk for readmission to out-of-home care occurred within the first three to four months following discharge, this window of time was identified in one review as critical for the delivery of follow up services, particularly for youth facing more substantial challenges. Three reviewers highlighted the importance of the timely delivery of family-centred services to support the maintenance of treatment gains made by youth.

Interventions to Increase the Stability of Returning Home after Children's Residential Mental Health Treatment

Engaging families in residential care has been identified as a protective factor for successful reunification of families. Programs that actively partner with families in the delivery of care have provided evidence of shorter stays in residential care, improved child functioning, decreased length of stay in treatment for youth living in less restrictive settings, and improved family functioning.

Assessment and case planning that includes individualized needs assessment and clear goals established with parents and youth were considered to be important in reunifying families. These reviewers suggested that assessments and plans should address parenting skills, parent-child interactions, and life-skills for parents, as well as

specific areas of concern such as substance use, or parent mental health. Provision of concrete supports including food, transportation, housing and costs related to housing should also be considered (CWIG, 2005).

While the evidence was mixed, overall, there was modest support for the hypotheses that Intensive Family Preservation Services (IFPS) with good program fidelity can reduce out-of-home placements for youth in families in crisis and they can support family reunification efforts. It was less clear that these short-term interventions will reduce re-entry to care over time. There was little evidence about IFPS impacts on youth or family functioning.

There was reasonably good evidence of the capacity of well-designed parenting training programs to improve parenting practices, parent-child relationships and youth behaviours. However, while there was evidence of benefits for families facing moderate challenges, some reviewers questioned whether parent training programs on their own worked as well with multiply-disadvantaged families or with youth with serious behavior problems. The long-term impacts of parent training programs were also unclear.

There were no assessments in this synthesis review of the impacts of family therapy or parent-child relationship therapy on youth reunification with their families or on maintaining these youth in their homes. A broader review of the effectiveness of family therapy and parent-child relationship therapy with disadvantaged populations or with youth with serious emotional or behavioural problems was beyond the scope of this project. While difficulties between parents and youth leaving residential mental health facilities were identified as an important concern in our prior research, and a major risk factor for family breakdown in the pathways analyses, no conclusions can be drawn from this synthesis review about the potential of family therapy or parent-child therapy to improve home life for this population of youth and their parents.

 While the number of studies reviewed was limited, there was consistent evidence across these studies of the benefits to parents from participating in parent support

groups. Parents reported feeling better able to mange stress, were more confident about their capacity to care for their children, and felt better about themselves. Fewer studies included measures of parenting and relationships within the home but those that did suggested improvements. No studies examined the impacts of parent support groups on youth reuniting with families or maintain these youth at home. However, particularly when joined with other programming, conceptually such improvements in parents' attitudes and confidence should be helpful in maintaining these youth at home.

Youth behaviour problems have been associated with difficulty in reuniting families and reduced stability in returning home. Reviews of social and cognitive skill training consistently showed positive effects on youth behaviours and relationships with others. These benefits of CBT and youth skill development programs are consistent with the findings in other sections of this synthesis review. While these reviews did not specifically examine the impacts of these program approaches on family reunification or maintaining these youth at home, conceptually, improved youth behaviours and relationship skills should help to improve these two outcomes. However, like parent training, it was less clear that youth social and cognitive training programs on their own are sufficient to produce enduring improvements in youth community adaptation outcomes in multiple life domains. Most reviewers saw the value of these youth training programs as part of broader packages of service and supports.

There were no multiple component programs described in this review that had a primary focus on family reunification or improving youth-parent relationships within the home. Consequently, no conclusions can be drawn about the relevance of multiple-component programming for improving family reunification or parent-child relationships in the home from this synthesis review.

Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs

The findings from our earlier program of research as well as the pathways analyses suggest that many youth leaving residential mental health programs are likely to confront serious conflict with their parents and perhaps face more family reunification breakdowns. When joined with the importance of good relationships at home and parents being engaged in supporting youth education and functioning within the community identified in earlier sections of this report, this review strongly supports the value at looking closely at improving parent-child relationships as part of a broader strategy to improve community adaptation outcomes for youth leaving residential mental health programs.

Chapter 4: Youth Transitions from Substitute Care

Focus

As part of a synthesis review of programs to foster successful community adaptation for children and youth with serious emotional and behavioural difficulties, this section focuses on community adaptation outcomes for older youth transitioning out of substitute care (specifically child welfare). This section summarizes some of the negative outcomes for youth leaving substitute care (in the areas of education, housing, employment, criminality, and mental health) and the factors that place youth at risk for such negative outcomes. Additionally, the research evidence for the effectiveness of existing program models in addressing these problem outcomes are highlighted along with a discussion of promising program ideas put forth by authors in the field.

Our scan of available research about programs for youth exiting substitute care revealed that there was a scarcity of reviews of program effectiveness studies (almost no meta-analyses and few narrative reviews) as well as limited outcome evidence about specific programming approaches to consider. This review included all available reviews along with information on programs that were identified as promising in the literature but had limited information about their effectiveness.

The focus of this section differs from the sections on education, delinquency and family living in that it does not look at pathways and programming for a single area of community adaptation. Rather, it focuses upon how a specific youth population (youth aging out of child welfare care) is adapting across all of the life domains of interest and what program strategies can help them to do better. However, it is likely that the pathways and programming for education and delinquency reviewed in other sections will have relevance to this specific youth population.

Two addition documents provide more detailed supporting information. The full report Promising *programs to Improve Youth Transitions from Substitute Care* contains complete information on search procedures, the studies reviewed as well as the inclusion criteria and aggregation procedures used. A summary version of this review is also available. Both are available at www.wlu.ca/pcfproject.

Community Adaptation Outcomes for Youth Transitioning from Substitute Care

Older youth leaving care face two important and coinciding transitions, one from foster care and the other from adolescence to young adulthood. These life changing transitions often navigated earlier than other youth and without support from family can leave youth vulnerable to poor adaptation outcomes in key life domains including education, employment, delinquency, housing, and mental health. The thousands of youth who exit the substitute care system annually face a difficult road to adulthood according to research in this field. A few large scale studies in the US, mainly the *Midwest Evaluation of Adult Functioning of Former Foster Youth* and the *Northwest Foster Care Alumni Study* suggest youth "aging out" of the child welfare system fare worse than youth in general in securing employment, obtaining a high school diploma, finding a safe place to live, and maintaining health and happiness.

This section provides a brief summary of the negative outcomes experienced by youth in care in five life domains often used to judge a successful transition to adulthood including education, employment, delinquency, housing, and mental health.

Education

Rates of high school completion among youth exiting substitute care are consistently lower than completion rates among the general student population. Reported rates vary across studies from 49.5% at age of emancipation from care to 84.8% when longitudinal

studies are considered. Obtaining a GED (General Equivalency Diploma) to complete high school is more common among foster youth than in the general population and some authors suggest a GED is linked to lower earning potential than a traditional high school diploma (Pecora et al., 2010). Foster youth begin to drop out of school early with 8% of students age 14 or 15 dropping out in their first year of high school and 15% of students dropping out by age 16 (Smithgall et al., 2004). Furthermore, over a five year period, 55% of youth age 15 at the start of the study period dropped out of school by the end. Similarly more than half of 13 and 14 year olds in the same study had also dropped out of school by the end of the five years.

For foster youth still in school, academic careers are characterized by grade failures, multiple school changes, harsh disciplinary action, and overrepresentation in special education. Approximately one-third of foster youth experience one or more grade failures (Pecora et al., 2010; Scherr, 2007; Pecora et al., 2006). In the *Northwest Foster Care Alumni Study,* 65% of youth experienced seven or more school changes over their school careers (Pecora et al., 2010) and among *Casey Family Programs* 33.1% former foster youth attended five or more elementary schools (Pecora et al., 2006b). Across the 3,646 students included in Scherr's (2007) meta analyses of rates of suspensions and expulsions, 24% of foster youth experienced such disciplinary action. Around one-third of foster youth are either eligible or are receiving special education services, a rate of 2-3X the US average (Pecora et al., 2010; Scherr, 2007; Pecora et al., 2006b).

Rates of post-secondary education enrolment and completion are low with 20.6% of former foster youth (in the Northwest Study) completing any degree or certificate beyond high school and only 1.8% obtaining a college degree or higher (Pecora et al. 2010). Slightly more encouraging, 43.7% of Casey Family Program foster youth have some college or more by the age of 25 (Pecora et al., 2006).

Employment

Employment realities for youth leaving care are bleak with youth commonly being underemployed, earning less than their counterparts, living below the poverty line, and relying on some form of social assistance. Reported rates of employment among former

foster youth vary widely between 40-80% for the two years after care (Dworsky, 2005; Goerge et al., 2002; Hook & Courtney, 2010). Research agrees, however, that the population is both underemployed and earning less than their counterparts in the general population. For example, Goerge et al. (2002) report that only 45% of over 4,000 youth who aged out of care in California, Illinois, and South Carolina (in years 1995-1997) had any earnings at all in any 3 month period leading up to their 18th birthday (at which point they exited care) and two years beyond. Among employed former foster youth, annual earnings are low with 17-64% reported to live below the poverty line and/or receive some type of social assistance (Dworsky, 2005; Goerge et al., 2002; Hook & Courtney, 2010; Pecora, et al., 2006a). For example, Pecora et al. (2006a) reported that 17% of former foster youth in their study received public assistance compared to 3% in the general US population and 33% of youth lived below the poverty line which is approximately three times the national average. In Dworsky's (2005) examination of the economic self sufficiency of 8,511 former foster youth in Wisconsin, youth's total earnings over the two year study period were below the poverty threshold for a *single* year. Further, earnings have been reported to remain under the poverty threshold even up to eight years after care.

Delinquency

Research has established that youth in care have higher rates of delinquency than youth in the general population. However, life course patterns of delinquency for substitute care youth are similar to patterns in the general youth population (albeit with higher levels of delinquent behaviours and arrests) with delinquent behaviours peaking in mid to late adolescence and then dropping off by age 21 (Cusick, Courtney, Havlicek, & Hess, 2011).

The majority of youth in care are non offenders or low offenders with proportions of these youth ranging from 34-69% (Cusick et al., 2011; Vaughn et al., 2008). Results from a Latent Class Analysis (LCA) revealed 34% of former foster youth were consistently "low offenders", 28% had offending behaviours limited to adolescence, and 19% reported early delinquency with a decrease by age 21 (Cusick et al., 2011).

Similarly, Vaughn et al. (2008) reported four classes of youth offenders with the largest group (69%) at "low risk" for legal involvement. Other groups were as follows "moderate risk" (16.2%), "high risk externalizing psychopathology" (7.9%), and "high risk drug culture" (6.9%).

Rates of delinquency vary widely depending upon the outcome being measured from self reported arrests, to less serious legal involvement like theft under $50, to the most serious of crimes involving the use of a weapon. Additionally rates vary by demographic characteristics including age, gender, and race.

Housing

A basic need for youth exiting care is to find a safe and stable place to live. This task does not come easy to youth with limited financial resources and familial supports. Without the safety net of family to fall back on, former youth in care experience rates of homelessness higher than other youth in the general population. Housing instability including multiple and frequent moves are characteristic of living arrangements of former youth in care in the months after discharge.

Approximately 14% of the *Midwest Study* sample youth reported being homeless at least once following exit from care (Dworsky & Courtney, 2009). Of the youth who reported being homeless, 54% had more than one homeless spell and 21% experienced a homeless spell of one month or more. In the year following emancipation from care, 22.2% of the *Northwest Foster Care Alumni* youth experienced one or more nights of homelessness (Pecora et al., 2010). And of those youth, 51.9% were homeless for one week or longer.

More encouragingly, in a longitudinal study of 106 former foster youth Jones (2011) reported a homeless rate of 4% over a three year period with youth discharged to transitional housing immediately following exit from care not experiencing *any* bouts of homelessness during the study duration.

Increased housing instability is characteristic of living arrangements of youth formerly in substitute care. In Jones (2011), youth discharged to living arrangements other than

transitional housing reported moving on average two to three times between follow up interviews (6 months, 12 months, 2 years, 3 years). Similarly 25% of youth in the *Midwest Study* who were not homeless experienced unstable housing arrangements of three or more moves since exiting care (Dworsky & Courtney, 2009). Also as an indication of housing instability, the proportions of youth (with average age of 24) who owned their own house or apartment/condo unit in the *Northwest Study* was far below the US national average of home ownership among adults age 25 and under (9.3% vs. 22.4% with home ownership for all adults in the US being 67.5%).

Mental Health

Mental health needs among youth in substitute care are common with estimates of up to 60% of youth in care (or three out of five children) ever having a mental health disorder and 37% of older youth in care reporting a psychiatric disorder within the past year (McMillen et al., 2005). In the *Midwest Study* rates of mental health diagnoses varied by type with 16.2% of youth diagnosed with PTSD and 10.1% diagnosed with major depressive episode (Keller, Cusick, & Courtney, 2007).

Substance use disorders are also higher among youth exiting care than in the general youth population. Rate of "lifetime" alcohol dependency for *Northwest Study* alumni was 11.3% (vs. 7.1% in general population) and "lifetime" drug dependency was 21% for alumni and 4.5% for the general population (White et al., 2008). Rates of recent alcohol and drug dependency (within 12 months of data collection) were lower but still more prevalent than normative youth populations. Approximately 14% of *Midwest Study* former foster youth were diagnosed with alcohol dependency and the same proportion with substance dependency (Keller et al., 2007). Drug dependency within the last 12 months was 8% for former foster youth in the *Northwest Study* (vs. 0.7% for general population) while alcohol dependency within the last 12 months was 3.6% for former foster youth, not that dissimilar from the general youth population (2.3%) (White et al., 2008).

Pathways To Community Adaptation Outcomes For Youth Transitioning From Substitute Care

This discussion examines the risk factors associated with poor community adaptation outcomes for youth leaving substitute care. More specifically what are the demographic/individual characteristics, in care experiences, and pre-care experiences thought to impact outcomes for youth exiting care in the domains of education, employment, delinquency, housing, and mental health? Additionally what protective factors have been identified in improving youth in care's chances for higher education, stable housing and employment, and staying out of trouble with the law?

This discussion is again organized by the five life domains of interest. Table 1 provides a matrix of type of risk and protective factors (individual, in-care experiences, pre-care experiences) for negative community adaptation outcomes across domains (education, employment, delinquency, housing, and mental health). Community adaptation outcomes for youth transitioning from substitute can be influenced by a few key risk and protective factors common to more than one life domain. More specifically:

Individual factors

- Having emotional and behavioural difficulties was identified as a risk factor for negative outcomes in all domains for youth transitioning out of substitute care. Substance abuse was also a risk factor in the domains of employment and mental health.

- Involvement in the criminal justice system and an association with deviant peers were linked to negative outcomes in the areas of employment and delinquency.

- Youth who are Black were at greater risk for negative outcomes in the domains of employment and delinquency.

- Older youth in the child welfare system were at greater risk for negative mental health outcomes, particularly substance abuse.

In-Care Experiences

- In four out of five life domains (excluding housing), instability of child welfare placement was linked to poor later community adaptation outcomes for youth transitioning from substitute care to independence.

- Living in group care had negative consequences in the domains of housing, delinquency, and mental health.

- Running away from substitute care was linked to poor housing and mental health outcomes.

Pre-Care Experiences

- Experiencing abuse or neglect was linked to poor community adaptation outcomes in four out of five life domains (excluding employment).

- Dysfunctional family patterns including parent-child conflict, family violence, low family cohesion, and a strained or no relationship with mother were risk factors for negative outcomes in housing, delinquency, and mental health.

Protective Factors

- Having a job or building some employment experience while in care was associated with better outcomes in the domains of education, employment, housing, and delinquency (four out of five domains).

- A positive and supportive relationship with an adult family member was linked to improved outcomes in education, housing, delinquency, and mental health (four out of five domains).

- Accessing independent living services including the provision of tangible resources when leaving care was associated with improved outcomes in education, delinquency, and mental health (three out of five domains).

- School related factors including a positive attitude toward school, involvement in extra-curricular activities, supplemental educational supports, and college aspirations were related to improved outcomes in the domains of employment, delinquency, and mental health (three out of five domains).

Education

Lower rates of high school completion among youth in care and former youth in care were associated with several individual risk factors as well as a few pre-care and in-care experiences. There is a consensus among authors reviewed here that academic deficits beginning in grade school and continuing into high school contribute to poor educational outcomes for youth in care. These include low standardized test scores, absenteeism, failing one or more grades, and high rates of severe disciplinary action such as suspensions and expulsions. Additionally, higher proportions of youth in care than other students have a mental health diagnoses or special education classification such as emotional and behavioural disorder (EBD) or learning disability (LD) and are overrepresented in special education services (Scherr, 2007; Smithgall et al., 2004; Snow, 2009).

High school completion was jeopardized by multiple school changes over the academic careers of youth in care often coinciding with entry into care and placement changes while in care (Pecora et al., 2006a, 2006b; Smithgall et al., 2004; Snow, 2009). Experiences of abuse or neglect and family poverty prior to entry into care were also reported to share an association with dropping out of high school (Smithgall et al., 2004; Snow, 2009). Protective factors coming out of the *Northwest Study* and *Casey Family Programs* evaluation suggest that positive educational outcomes such as completing high school and pursuing other educational opportunities beyond high school can be encouraged by way of a good relationship with the foster family, providing youth with tangible resources upon emancipation from care, offering employment experiences while in care, and access to independent living services (Pecora et al., 2006a, 2006b).

Overview of Risk and Protective Factors Associated with Negative Life Domain Outcomes

	Education	Employment	Housing	Delinquency	Mental Health
Risk Factors					
Individual	Special education classification (e.g. EBD or LD) (Smithgall et al., 2004; Snow, 2009) Academic deficits (Scherr, 2007; Smithgall et al., 2004; Snow, 2009)	Mental health diagnosis (Naccarato et al., 2010) Involvement in criminal justice system (Hook & Courtney, 2010) Race (Hook & Courtney, 2010)	Externalizing behaviours including delinquency and substance use (Dworsky & Courtney, 2009; Jones, 2011; Nesmith, 2006; Robert et al., 2005)	Externalizing behaviours (Vaughn et al., 2008) Deviant peer affiliations (Vaughn et al., 2008) Race (Ryan & Testa, 2005)	High externalizing problem behaviours (Keller, Cusick, & Courtney, 2007) Increased perceived stress (Aguilar-Vafaie et al., 2011) Older age (Guilbord et al., 2011)
In Care Experiences (System)	Placement instability/increased placement and school changes (Pecora et al., 2006a, 2006b; Smithgall et al., 2004; Snow, 2009)	Placement instability/increased placement changes (Hook & Courtney, 2010)	History of running away (Dworsky & Courtney, 2009; Nesmith, 2006) Living in group care (Dworsky & Courtney, 2009) Place discharged to (Jones, 2011)	Placement instability/increased placement changes (Cusick et al., 2011; Jonson-Reid & Barth, 2000; Ryan & Testa, 2005) Living in group care (Cusick et al., 2011) Older age at placement (Jonson-Reid & Barth, 2000; Ryan & Testa, 2005)	Placement instability/increased placement changes (Keller, Cusick & Courtney, 2007) Living in group care (Keller, Cusick & Courtney, 2007; McMillen et al., 2005) Running away (Keller, Cusick & Courtney, 2007)
Pre-Care Experiences	Experience of abuse/neglect (Smithgall et al., 2004; Snow, 2009) Poverty (Snow, 2009)		Experience of physical abuse (Dworsky & Courtney 2008; Robert et al., 2005) Parent-child conflict (Robert et al., 2005)	Type of abuse (Cusick et al., 2011; Ryan & Testa, 2005; Vaughn et al., 2008) Relationship with mother (Cusick et al., 2011)	Experience of physical abuse (McMillen et al., 2005) Family violence (Reinherz et al., 2003) Low family cohesion (Reinherz et al., 2003)
Protective Factors					
	Employment experiences while in care (Pecora et al., 2006b) Good relationship with foster family (Pecora et al., 2006b)	Employment experiences while in care (Dworsky, 2005; Goerge et al., 2002; Naccarato, 2010)	Being employed (Jones, 2011) Close relationship with at least one adult family member	Being employed (Cusick et al., 2011; Vaughn et al., 2008) Family support (Vaughn et al., 2008)	Foster parents perceived as helpful (White et al., 2008) Relationship with female caregiver (Guilbord et al., 2011)

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	Education	Employment	Housing	Delinquency	Mental Health
			(Dworsky & Courtney, 2008)		
	Tangible resources upon leaving care (Pecora et al., 2006a)	Higher education level (Naccarato et al., 2010; Hook & Courtney, 2010; Pecora et al., 2006)		College aspirations (Cusick et al., 2011)	Tangible resources upon leaving care (White et al., 2008)
	Accessing independent living services (Pecora et al., 2006b)	Older age at discharge (Dworsky, 2005; Hook & Courtney, 2010)		Accessing independent living services (Cusick et al., 2011)	Positive attitude toward school (Aguilar-Vafaie et al., 2011)
					Extra-curricular activities (Guilbord et al., 2011)
					Supplemental education services (White et al., 2008)

Employment

The employment and earning potential of former substitute care youth is related to several individual-based risk factors and in-care experiences, but less so to any pre-care experiences. Overall patterns suggest African-American youth consistently earn less and are less likely to be employed than White youth. Involvement in the criminal justice system and having a mental health diagnosis are negatively related to earnings and employment. The effect of gender on the employment of youth exiting care is mixed with the *Midwest Study* reporting women with children were less likely to be employed and earn lower wages if employed while others suggest males were less likely to be employed in the short time following discharge.

Placement instability, group care, and running away were associated with lower wages in the months following discharge from care. Conversely, wages and likelihood of employment were higher for youth coming out of kinship care arrangements, youth who entered care as a result of parent-child conflict, youth who were older at initial placement, and youth who were older age at discharge. Receipt of employment services did not have any impact on yearly earnings for former youth in care while higher levels of education and having some employment experience in the months leading up to discharge was positively related to future total earnings.

Delinquency

While the majority of youth in care are non-offenders or at low risk for offending, there are a few common factors related to predicting the risk of offending behaviours and arrest among this population. For an expanded review of risk factors related to delinquency and delinquency reduction programs among general high risk populations see the *Promising Programs to Reduce Delinquency: Full Report.*

Much of the interest and subsequently available literature has focused on predicting delinquency among youth in care using in-care variables such as placement characteristics and types of maltreatment. Indeed several authors reviewed here found a positive significant relationship between placement instability and delinquency. That

is, each additional placement change (usually beyond three or four placements) resulted in increased odds of delinquent behaviour and arrest among former youth in care. Older age at initial placement into care was also linked to increased delinquent behaviour. The role that maltreatment plays in predicting delinquent behaviour was less clear. Both physical and sexual abuse reduced the odds of future delinquency while a greater number of substantiated maltreatment reports (unknown types) were predictive of an increase in delinquent behaviour among females only.

Among youth in care populations (or former youth in care), other risk factors like deviant peer affiliations, externalizing behaviours such as conduct disorder and substance use, as well as race (being African American) shared some association with increased likelihood of delinquent behaviours. Factors found to protect youth in care from increased risk of delinquent behaviours included employment, having college aspirations, family support, and accessing independent living services.

Housing

While rates of homelessness among former foster youth are well documented, less researched are the precursors to homelessness among this population. For that reason several studies have been incorporated here that expand the outcome of interest to include housing instability, running away from care, and bouts of homelessness among a sample of Canadian youth whose families were under child welfare supervision. Common risk factors associated with this cluster of outcomes consist of mental health issues, prior abuse and family dysfunction, as well as several in-care factors.

Mental health diagnoses, externalizing behaviours, delinquent behaviours, and substance use were all found to place youth at increased risk for housing instability, running away, and homelessness. Similar to risk factors for homelessness among general youth populations, experiences of physical abuse and parent-child conflict were predictive of homelessness for youth in care. Running away from substitute care was predictive of future running away episodes as well as increasing the likelihood of future homelessness among former foster youth. Living in group care in contrast to other care

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situations increased the odds of becoming homeless after care. Post-care living arrangements were related to housing instability with youth discharged to transitional housing experiencing fewer moves than youth discharged to other types of living arrangements.

Factors that were found to buffer the risk of homelessness and housing instability among former youth in care included being employed and having a close relationship with at least one adult family member.

Mental Health

The body of literature on risk factors related to youth mental health is extensive and outside the scope of this synthesis review. Studies included here focus on only populations of youth exiting substitute care and/or transition age youth. Specific to these populations, the most frequently studied mental health problems and their possible risk and protective factors were internalizing behaviours (i.e. depression), externalizing behaviours (e.g. ADHD/ODD/CD), and substance use (both alcohol and drug abuse).

Several studies on depression among former youth in care and transition age youth suggest that later depressive episodes can be linked to exposure to family violence by age 15, low family cohesion, association with deviant peers, and neighbourhood poverty (Aguilar-Vafaie et al., 2011; Reinherz et al., 2003). Additionally, rates of depression were 3-6X higher for females than males (Guilbord et al., 2011; McMillen et al, 2005).

Despite higher than general youth population prevalence rates, potential risks for externalizing behaviours among youth exiting care were unclear. McMillen et al. (2005) found that a history of physical abuse in particular had some effect on the odds of externalizing problems, while Aguilar-Vafaie (2011) reported a link between high levels of perceived stress in males and externalizing behaviours.

As for substance abuse, youth whose substitute care experience could be classified as "distressed and disconnected" (characterized by a constellation of adverse events including multiple placements, school expulsions, and running away) were more likely to

report problems with alcohol and drug abuse than youth with less traumatic substitute care experiences (Keller et al., 2007). Older youth were also more likely to report substance abuse, with each year increasing the odds of problems by 2.5X (Guilbord et al., 2011). However, no significant relationship was found between maltreatment type and later substance use or depression (Guilbord et al., 2011; White et al., 2008).

While the risk factors for mental health problems among youth exiting care and transition age youth lacked any clear patterns, one protective factor emerged from the studies included here. School related factors including a positive attitude toward school, receiving supplemental education services, and involvement in extracurricular activities all had a protective effect against depression, alcohol dependency, and substance abuse (Aguilar-Vafaie, 2011; Guilbord et al., 2011; White et al., 2008). However, any relationship with reducing externalizing behaviours was notably absent.

Promising Strategies to Improve the Community Adaptation Outcomes of Youth Transitioning from Substitute Care

This section focuses on two popular programs for assisting youth with the transition to adulthood, independent living programs (ILPs) from child welfare and the Transition to Independence (TIP) model used in children's mental health. ILPs are widely used in child welfare and their use is guided and supported by legislation (not reviewed here). There are many examples of ILPs and we provide brief descriptions of several successful US programs as well as some Canadian applications. Two reviews (Montgomery, Donkoh, & Underhill, 2006; Naccarato & DeLorenzo, 2008) suggested that ILPs have some success in supporting youth as they transition from substitute care to independence.

Within the mental health field, the TIP model (Clark & Hart, 2009) has been in use since 2002 to aid youth with emotional and behavioural disorders as they prepare for

adulthood. Four outcome studies summarized here point to the value of TIP in fostering positive outcomes in several key transition domains.

Relatively new to program thinking around transition supports for youth exiting care is the use of family group decision making (FGDM) models. In this context, a *transition conference* is held to bring together people who may make up youths' supportive networks during the transition process. For illustrative purposes we include a brief summary of one study providing some evaluation data for a US application of this model with a transition population.

Independent Living Programs (ILPs)

In broad terms, ILPs provide youth leaving care with the skills training to assist in their transition to independent living and adulthood (Montgomery, et al., 2006). ILPs vary in their program design, delivery format, and delivery settings. They can include social skills training which focus on personal development and independent living and may be delivered in a group or individual format. Many ILPs also provide educational and vocational support. Length of involvement can vary with some services extending well beyond exit from care.

Despite the wide use of ILPs for youth exiting care, repeatedly expert voices in child welfare have called into question the thin evidence base for such programming. Jones (2011) suggests that there is little evidence to support neither the effectiveness of ILPs nor recent US policy changes to prepare foster youth for life after care. Additionally, Dworksky & Courtney (2009) conclude that despite having components that make sense to the post-care needs of foster youth (like housing assistance, etc) they caution that there is "very little in the way of empirical data regarding their effectiveness" (p.50).

Our search for systematic or narrative reviews of ILPs effectiveness revealed two articles: a systematic review by Montgomery, Donkoh, and Underhill (2006) which found no randomized controlled studies of ILPs but goes on to summarize results from 8 outcome studies; and, a narrative review by Naccarato and DeLorenzo (2008) which reported on 19 outcome studies conducted in the US and UK between 1990 and 2006.

Three Canadian reports were released in 2006 focused on transition services for youth in care. These included one at the national level (Reid & Dudding, 2006) and two provincial reports: the Youth Leaving Care Project by OACAS (Ontario) and the Office of the Children's Advocate (Manitoba). Additionally, Massinga and Pecora (2004) provide an overview of US policy affecting transition services for youth in care and include a few examples of local ILPs. All of these authors make recommendations to improving transition services.

Massinga and Pecora (2004) provided the following examples of ILP programs in the United States:

In the *San Antonio Preparation for Adult Living Program (PAL)*, following an initial assessment (using the Ansell-Casey Life Skills Assessment) of youth's readiness for independent living around their 16th birthday, specific plans and training are offered to prepare them for the transition from care. Individualized plans may include independent living skills training (money management, housing, job skills), supportive services (GED classes, Driver's Education), and financial benefits. For example, youth between ages 18 and 21 are eligible for aftercare room and board assistance up to $500 per month not to exceed $3,000 accumulated payment for rent, utilities, and groceries. For more information on this program see:
http://www.dfps.state.tx.us/child_protection/preparation_for_adult_living/

The Jim Casey Youth Opportunities Initiative Program (JCYOI), currently working with 10 demonstration sites across the US, actively engages youth in their transition planning with a focus on making connections ("connect by 25") to foster success in the areas of employment, education, housing, and supportive personal and community relationships. Some of the policy and practice goals of the JCYOI include the Opportunities Passport which includes financial training, a savings bank account, and an Individual Development Account (IDA) that allows youth to purchase assets like supports for education, vehicles, and housing. IDAs provide dollar for dollar matching of funds up to $1,000 per year based on youth's savings. For more information on this initiative see: http://www.jimcaseyyouth.org/

The Winnipeg Child and Family Services agency has operated its own ILP for over 15 years. Individual preparation and a life skills group are at the core of the ILP. Referred youth are assigned an Independent Living Worker and together they form an independence plan which can include finding a place to live, continuing educational pursuits, obtaining household items, and generally managing in the community. After leaving care, workers continue to monitor youths' success and provide further assistance until the age of majority. The *B & L Supported Independent Living Program* offers semi-independent housing, individual preparation, and a life skills group. Youth in placement facilities operated by the *Knowles Centre* are offered life skills training, career planning, assistance in locating housing, advocacy and supportive services. The *Macdonald Youth Services* runs the Support Toward Education/Employment Participation (STEP) program for youth who are between 15-20 and unemployed or not in school. Youth learn life skills, employment preparation, and the confidence to set goals for their futures. No outcome data are presented for any of these ILPs (Manitoba Office of the Children's Advocate, 2006).

Montgomery et al.'s (2006) review of outcomes for seven ILPs suggested predominantly positive effects of ILPs on education, employment, and housing indicators. All but one study indicated ILPs had some positive effect on educational attainment. Similarly, most studies reported improved employment outcomes for youth involved in ILPs with the exception of one study. More favourable housing outcomes such as less homelessness, fewer moves, and living independently were reported for ILP involved youth. Other outcomes like health and criminality were less consistently reported; however, of the studies including these indicators, ILP involved youth fared better than other youth who received usual care, no intervention, or another type of intervention. The reviewers concluded that the available evidence suggests that some ILPs may improve educational, employment, and housing outcomes for youth leaving care. Their criticisms of the existing research base were many citing such methodological flaws as small sample sizes, scarcity of long term outcomes, and questions of program fidelity. Additionally without the ability to identify which program elements are successful, which populations could benefit the most from ILPs, and the causal pathways by which ILPs

affect outcomes, they thought that the evidence was limited in its capacity to inform practice and policy recommendations.

Similarly, Naccarato and DeLorenzo's (2008) narrative found that ILPs lead to higher rates of independent living and enrolment in post-secondary education. However, there was little to no description of programming elements for any of the ILPs in their review. A significant limitation cited by the authors was a lack of uniform outcome measures across studies to assess readiness for independent living. Of the 19 studies included, only 2 studies compared post discharge outcomes for youth who had participated in an ILP to youth who did not (Georgiades, 2005 and Lindsey & Ahmed, 1999 as cited in Naccarato & DeLorenzo, 2008). Of the two studies with a comparison group, rates of independent living were higher among ILP youth (68%) than non-ILP youth (44%). The proportion of ILP youth who were enrolled in college or had completed a vocational/technical program was higher (16% and 21% respectively) with no non-ILP youth having additional education beyond secondary school. Employment rates for ILP youth were modestly higher than non-ILP youth at one to three years post discharge.

Despite the shortcomings in its evidence base, ILPs are widely used and many experts in child welfare support their usefulness in preparing youth for independent living, especially if existing approaches can be enhanced and modified. ILP elements frequently endorsed by experts as integral to their success include incorporating youth voices as planners and decision makers (Manitoba Children's Advocate, 2006; Massinga & Pecora, 2004; Naccarato & DeLorenzo, 2008; Reid & Dudding, 2006); fostering youth support networks that incorporate healthy relationships with at least one adult mentor (Manitoba Children's Advocate, 2006; OACAS, 2006; Reid & Dudding, 2006); preparing youth for contact with their biological family members (Manitoba Children's Advocate, 2006; Massinga & Pecora, 2004); and an emphasis on the systematic teaching of life skills to all older youth transitioning from care to independent living (Manitoba Children's Advocate, 2006; Massinga & Pecora, 2004; Naccarato & DeLorenzo, 2008).

The Thresholds Young Adult Program in Chicago provides transition services to youth age 16-21 diagnosed with a severe mental illness. As an illustration of an ILP program, a more detailed description of this program is provided in the following table.

<table>
<tr><td>Program Example: Thresholds Young Adult Program</td></tr>
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Youth entering the Thresholds Young Adult Program (YAP) can be referred from other social service systems such as child welfare, school, or mental health residential services in Illinois. Funded primarily by child welfare, YAP provides a range of services to youth with serious mental difficulties until the age of 21. Among services like case management, therapeutic high school, and supported employment, YAP also offers supervised dormitory and supported apartment living where youth can learn independent living skills.

The target populations for YAP services include (1) youth with extensive outpatient histories including residential mental health treatment (2) youth aging out of the foster care system who have survived abuse and neglect and (3) young adults with their first onset of serious mental illness and displaying symptoms that may be lifelong.

The mission of YAP is to "engage and empower young adults in their journey toward recovery through individualized, developmentally appropriate services and supports designed to achieve members' maximum capacity for independence as they transition to adulthood" (p.164)

To foster independent living skills, YAP offers a hub apartment living model in which 5 apartments for youth and one for staff (24/7) are occupied in a larger community apartment. Youth take care of their own unit including cooking, cleaning, budgeting, etc. while receiving support from YAP staff in achieving their transition goals. As youth approach 21, they receive assistance in selecting appropriate community housing.

Overall outcome data for YAP is promising with increasing rates of high school graduation from the special education school and decreasing rates in number of arrests. Additionally, the average number of days in hospital per YAP youth decreased from almost 17 days to approximately 11 days as the program implemented more elements of the Transition to Independence Model (TIP).

For more information on Thresholds Young Adult Program visit http://www.thresholds.org/find-services/family-and-youth

Additional Source: Fagan et al. (2009)
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Transition to Independence Process (TIP) Model

The TIP model is designed to assist young people with emotional and behavioural disorders as they prepare for greater independence and self sufficiency in various domains including living situation, employment, education, and community functioning including personal effectiveness and wellbeing (Clark & Hart, 2009). The TIP approach has many principles and elements in common with systems of care reviewed elsewhere in this report. The model is based on seven guiding principles:

1. Engage young people through relationship development, person-centred planning, and a focus on their futures.

2. Tailor services and supports to be accessible, coordinated, appealing, nonstigmatizing, and developmentally appropriate—and building on strengths to enable the young people to pursue their goals across relevant transition domains.

3. Acknowledge and develop personal choice and social responsibility with young people.

4. Ensure a safety net of support by involving a young person's parents, family members, and other informal and formal key players.

5. Enhance young persons' competencies to assist them in achieving greater self-sufficiency and confidence.

6. Maintain an outcome focus in the TIP system at the young person, program, and community levels.

7. Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.

Administered by a *transition facilitator*, the TIP system ideally is "an integrated process with a young person, his or her informal key players (e.g., parents relatives, friends, spouse), and formal key players (e.g., therapist, teacher, supervisor). Thus, the transition facilitators and others working with youth and young adults need to apply the guidelines and core practices on an individualized basis, addressing the priorities, needs, and wishes of each young person to facilitate his or her goal planning and accomplishments." (Clark & Hart, 2009, p. 51)

Program outcome studies suggest the TIP model is successful in fostering improvements in community adaptation for youth with emotional and behavioural

disorders, in particular across the domains of education and employment. These studies evaluated three transition programs for youth with EBD based on the TIP model including the Partnerships for Youth Transition (PYT) implemented across five US sites, the Steps-to-Success program in Florida, and the Options program in Washington State.

Haber, Karpur, Deschenes, and Clark (2008) assessed the Partnerships for Youth Transition (PYT) program piloted at five US demonstration sites in 2002. Data on transition-related progress and challenges were collected from 193 youth at program intake and every 90 days thereafter with a minimum of four quarters post intake data. They reported that the greatest positive change for youth occurred in the first 3 months of involvement in the PYT initiative. Older youth, females, and Blacks showed greater improvement, as did youth with a history of incarceration. Younger youth and youth with a diagnosis of disruptive disorder were the least likely to improve with the latter group worsening on a substance abuse indicator during program involvement.

In another study of the same program by Clark et al. (2008), progress indicators were examined for 193 youth enrolled in the program for at least one year. The research showed significant trends toward improvement over time in the domains of employment, education, mental health, and substance use. Change in criminal justice involvement, while in the expected direction, was not significant.

The Options program was based on the TIP model and supplemented with a supported employment component. Data were collected from 51 youth with 9 months of involvement with the program. The researchers found that the program was effective in reducing the rate of substantiated criminal offenses among program youth from 61% (pre-program) to 29% (during program) (Koroloff, Pullmann & Gordon, 2008). Additionally the number of hours of employment services received was directly related to improvement in employment outcomes over time.

The Steps-to-Success program based on the TIP model provided educational, employment and psychosocial skills services to youth with emotional and behavioural

disorders in the Miami-Dade County school district. It had a heavy emphasis on employment practicum and vocational training. A sample of 43 youth who had participated in the Steps-to-Success Program for a minimum of 1 year were matched on gender and demographics with two larger comparison samples: youth with EBD receiving services as usual and youth with no special education classification. The samples were mostly male (65%), age 18 (36%), and Hispanic (44%). The researchers found significantly improved the rates of post-secondary enrolment and productivity levels among program involved youth (Karpur, Clark, Caproni & Sterner, 2005). In comparison to youth with EBD receiving services "as usual", program youth fared better. Furthermore, odds of negative outcomes (such as unemployment, incarceration, and no post-secondary enrolment) were comparable to the likelihoods among a comparison group of youth in the same school district with no diagnosis of EBD.

Most of the evaluation studies of the TIP model have been conducted by the team who formulated the model. With this caveat, results showed the value of the TIP system in improving community adaptation outcomes for EBD youth in transition to adulthood. With TIP's particular successes in the areas of education and employment, this model may be adaptable to address these same challenges for youth transitioning from substitute care into young adulthood. It may have particular relevance for youth with EBD in state care who have previously been in residential mental health programs.

Family Group Decision Making (FGDM)

FGDM is a decision and planning process that positions families and youth as leaders in deriving plans to address child protection issues within their families including child safety, permanency, and well-being (Merkel-Holguin, Tinworth, & Horner, 2007). A core principle of FGDM is, if given the opportunity, families are capable of nurturing their children and know best their own strengths, needs, and resources (Velen & Devine, 2005). Other parties to the decision-making process like community members and child

welfare representatives facilitate access to resources needed to enact family-driven solutions (Merkel-Holguin, Tinworth, & Horner, 2007).

Typically FGDM has been used in child welfare to pursue outcomes of safety and permanency for children and is commonly applied as a front end technique for permanency planning for children facing out of home placement (Merkel-Holguin, Nixon, & Burford, 2003). Presently there is a growing interest in using FGDM to address the permanency needs of older youth expected to "age out" of care. For example the American Humane Association offers a one day training program, "Cultivating Forever Connections for Youth through FGDM", which guides professionals in using FGDM to work with youth in creating a network of supportive relationships lasting into adulthood. As this application of FGDM is a recent initiative, we did not locate any narrative reviews or meta-analyses evaluating the effectiveness of FGDM for use with youth transitioning from substitute care to independent living. General reviews of the effectiveness of restorative justice, the larger umbrella term, are not summarized here. Instead we highlight several program initiatives using FGDM for this target population.

JusticeWorksYouthCare (JWYC) provides FGDM services for child welfare and juvenile justice sectors in 10 counties in Pennsylvania. In applying FGDM to working with youth exiting care in one county, JWYC completed 14 successful transition conferences out of 16 referrals for youth in foster care, group homes, and residential treatment (Family Group Conferencing Ontario Provincial Resource, 2011). The KIN-nections Project in Arizona utilizes FGDM to address the permanency needs of children who have been in care for five years or longer. While securing a permanent placement for these youth proved to be challenging, a notable positive benefit to the process was the re-establishment of relationships with family members that previously did not exist (Velen & Devine, 2005). Youth Transition Conferences are an initiative in Burnaby, BC which engage youth in decision making around identifying their needs in transitioning out of care and creating a network of people to whom they can turn for support during their transition and beyond (Federation of BC Youth in care Networks, 2005). Transition goals are set by youth and their support network helps to attain these goals.

Chapter 4 Overview

As part of a synthesis review of programs to foster successful community adaptation for children and youth with serious emotional and behavioural difficulties this section focuses on community adaptation outcomes for older youth transitioning out of substitute care (specifically child welfare). This section summarizes some of the negative outcomes for youth leaving substitute care (in the areas of education, housing, employment, criminality, and mental health) and the factors that place youth at risk for such negative outcomes. Additionally, the research evidence for the effectiveness of existing program models in addressing these problem outcomes are highlighted along with a discussion of promising program ideas put forth by authors in the field.

Community Adaptation Outcomes for Youth Transitioning from Substitute Care

To date much of the literature has focused on documenting poor community adaptation outcomes of youth transitioning to independence from the child welfare system. Information about youth functioning after leaving substitute care primarily comes from several large-scale US studies: *Northwest Foster Care Alumni Study, Midwest Evaluation of Adult Functioning of Former Foster Youth, Casey Family Programs,* and a three year (2001-2003) longitudinal study in partnership with the *Missouri Division of Family Services.* These studies portray a multiply disadvantaged start to adulthood marked by early abuse/neglect and educational deficits and after care bouts of unemployment, homelessness, and mental health episodes.

Overall, rates of high school completion are lower than rates among the general student population and youth in care tend to drop out of school early. Former youth in care are both underemployed and earning less than their counterparts in the general population. While the majority of youth in care are non offenders or low offenders youth in care have higher rates of delinquency than youth in the general population. About one-quarter of youth previously in care experienced housing instability and periods of homelessness. Mental health needs among youth in substitute care are common with estimates of up to 60% of youth in care (or three out of five children) ever having a

mental health disorder. Frequent disorders include PTSD, depression, substance abuse, and alcohol dependency. The next section offers some insight into the pathways leading youth in care to these unfortunate outcomes.

These community adaptation profiles for youth aging out of child welfare care are fairly similar to those presented at the beginning of this report for youth leaving residential mental health programs. Some of implications drawn by the research team for this earlier profile seem equally relevant here:

- Conceptually and programmatically, the challenge of helping this youth population to adapt successfully to community life in these multiple domains is different from the purposes and potential typically associated with short term focused programs.
- It is likely that to foster substantial gains in education, employment, housing stability, community and family relationships, and youth personal functioning, support in multiple domains of living will be needed.
- These findings also indicate that short-term supports and skill development interventions on their own are unlikely to be sufficient to promote success community adaptation for many of these youth.
- Finally, there is not one community adaptation profile for these youth. There is no reason to expect that the same intervention strategies would be appropriate for all or even most of these youth. Flexibility in support strategies would seem to be required.

The extra complication for youth leaving residential mental health programs to live in state care is that few will have access to the continuing support of family members without specific efforts being made to seek out such support for these youth.

Pathways To Community Adaptation Outcomes For Youth Transitioning From Substitute Care

Overall the most notable risk factors to influence negative community adaptation outcomes in almost all life domains were emotional and behavioural disorders, child welfare placement instability, and pre-care abuse or neglect. Having a mental health disorder was predictive of poor outcomes across all five life domains. Experiencing multiple placements while in care was related to negative outcomes in four domains with the exception of housing. Poor community adaptation in all domains except employment was linked to the experience of abuse or neglect prior to entering care.

Both residing in group care and coming from a family with dysfunctional family patterns (like extreme parent-child conflict) were influential in establishing negative outcomes in the life domains of housing, delinquency, and mental health. Substance use, involvement with the criminal justice system, associating with deviant peers, and race were all linked to negative employment outcomes. Poor mental health outcomes were related to substance use, running away, and being older in age while in care.

The most influential protective factors, in the sense that they had a buffering effect against negative outcomes in almost all domains, were having a job and having a positive and supportive relationship with one adult family member. Gaining employment experience while in care had a positive impact in four life domains with the exception of mental health. A supportive relationship with an adult family member had a protective effect in four domains except employment. Receipt of independent living services was positively related to improved outcomes in the areas of education, delinquency, and mental health. Similarly positive school related factors (like college aspirations, extra-curricular activities) had a buffering effect on negative employment, delinquency, and mental health outcomes.

This review suggests that the pathways to successful community adaptation for youth leaving state care will be complex and involve factors in different life domains. As in other areas, it would be reasonable to assume that the effects of different risk and

protective factors would be cumulative for youth leaving state care and that many of these youth will be coping with multiple challenges.

This analysis suggests that the youth leaving residential mental health programs in our program of research to live in state care were likely to be in the higher risk category for poor outcomes in multiple life domains. Many had emotional and behavioural disorders. Quite a few had persistent externalizing behavior problems. Many were in serious trouble or alienated from school and relatively few had access to family support or a positive long-term adult relationship. These youth characteristics earlier were identified as risk factors for delinquency. It seems possible that these characteristics would also be associated with more frequent child welfare placement breakdowns for these youth and more frequent placement in group or institutional rather than family settings.

Promising Strategies to Improve the Community Adaptation Outcomes
of Youth Transitioning from Substitute Care

This section focuses on two popular programs for assisting youth with the transition to adulthood, independent living programs (ILPs) from child welfare and the Transition to Independence (TIP) model used in children's mental health. Relatively new to program thinking around transition supports for youth exiting care is the use of family group decision making (FGDM) models. FGDM were included in this review.

There are several overarching patterns in this review to consider when thinking about strategies to assist youth in their transition from substitute care to independence and adulthood. First, generally the studies reviewed provided more evidence for the potential of the TIP model to improve youth transition outcomes than they did for the ILP models. Indeed, the reviewers of the ILP models typically made recommendation for improvements in the approach that would bring it closer to the TIP approach. However, even if the studies and the reviewers were more positive, it is important to remember that the evidence for the effectiveness of the TIP model was modest. Finally, while there was no outcome research uncovered supporting the effectiveness of using FGDM

approaches to support youth leaving state care, FGDM does share quite a few service principles and elements with the TIP approach.

There were several possible reasons for the greater impacts detected for the TIP model. First, TIP models typically were intended to provide a broader range of services and supports to youth. The ILP programs reviewed placed a relatively heavy emphasis on youth life skill training and supplemented this training with a modest range of additional supports. Second, TIP programs, in principle at least, placed a greater emphasis on the flexibility of the service model and being able to tailor responses for individual youth. Finally, the TIP approach strove to incorporate several program delivery principles that were not stressed in the ILP approaches reviewed. These included engaging youth as planners and decision makers in their transition, creating supportive networks to help youth achieve transition goals, and including family members in youth transitions. It is important to note that, while these principles were supported by several reviewers, they were not in fact supported by evidence of their specific contributions to better youth community outcomes in the studies reviewed. At this point they are best understood as promising practices based mostly on what reviewers thought should be done.

An established guideline within the TIP model is to engage youth through relationship development, person-centered planning, and a focus on the future. Using a "strengths discovery approach" the TIP model engages youth in identifying their talents, competencies, and resources on which to build attainable goals for the future. According to Clark and Hart (2009), this strategy is more compelling for youth engagement than using a deficit based approach.

ILPs have focused less on youth as decision-makers in their transition planning instead endorsing skills training for all older youth prior to exit from care. Naccarato and DeLorenzo (2008) recommended ILPs could do more to engage youth by creating highly tailored plans and seeking youth input to change outdated legislative goals. Reid and Dudding (2006) suggested programs must be developed in consultation with youth and evaluations of programs should include youth evaluations as service users. Massinga and Pecora (2004) also argued that more emphasis on providing youth with a

voice is needed to bolster transition programming for older youth leaving care. The FGDM model in theory is a youth-driven process in which youth determine the level of permanence they desire and who will be a part of their supportive networks.

Common to all three program models to differing degrees was an emphasis on developing supportive networks for youth consisting of family, informal contacts, and formal players. This program element was most closely linked to the identified protective factor of having a relationship with one or more supportive adults as a buffer against poor outcomes across several life domains. Several reviewers suggested the importance of conceptualizing youth transition to adulthood moving towards "interdependence" rather than independence (Casey Family Programs, 2001 as cited in Reid & Dudding, 2006; Smith, 2011). They emphasized the centrality of relationships with family, friends, professionals, and other community members. According to Smith (2011), "interdependent living is a goal that more accurately represents the process of emerging adult development … resources develop and grow from connectedness to significant others, organizations, and communities." (p. 228)

Several authors identified youth's propensity to seek out family members after leaving care. Jones (2011) pointed out that a common place for youth to end up living after discharge from state care is with their family. Smith (2011) argued that successful transition planning should prepare youth for potential reconnection with their family of origin including boundary setting, addressing expectations, and identifying sources of support.

While some ILPs prepare youth for contact with family, FGDM placed the most emphasis on facilitating reconnections with family after leaving state care. Proponents argue that negotiating the roles of family members in youth supportive networks is a potentially delicate process and the FGDM can provide a safe environment in which youth can do so.

Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs

The pathways analysis suggests that the youth leaving residential mental health programs to live in state care were likely to be in the higher risk categories for poor outcomes in multiple life domains when they leave state care. In our research, many of these youth had enduring emotional and behavioural challenges. Quite a few had persistent externalizing behavior problems. Many were in serious trouble or alienated from school. Relatively few had access to family support or a positive long-term adult relationship. Many of these circumstances were identified as risk factors for delinquency and school failure. It also seems likely that these circumstances would be associated with more frequent child welfare placement breakdowns and more frequent placement in group or institutional rather than family settings. These findings also suggest that the lessons from programming for youth leaving state care will have some relevance for youth leaving residential mental health programs.

Perhaps the clearest implication for youth leaving residential mental health programs was the consensus among reviewers that transitions programs that provided more supports and were more inclusive had more promise. None of these reviewers saw great merit in transition programs that focused mainly on the development of youth life skills. Most supported active youth engagement in setting transition goals and in developing transition plans. Most saw the value of an emphasis on developing supportive networks for youth consisting of family, friends and informal helpers, and paid service providers. Even for youth who had grown up in state care, re-connecting with their family and having the support of at least one adult family member were seen as important considerations. A strong caution, however, is that the evidence base for any of these contentions was extremely modest.

Chapter 5: Systems of Care

Focus

The *systems of care* approach has received considerable attention and funding, particularly in the United States, as a general approach to improving community adaptation outcomes for youth with emotional, behavioural and psychiatric disorders. To provide an overview of current research findings related to systems of care (SOC), we identified and examined documents including journal articles, book chapters, and government reports that reviewed evaluations across systems of care. *Wraparound* is an approach to providing services that incorporates many of the principles of systems of care. This section also includes a review of the research about Wraparound services.

A more detailed report *Systems of Care for Youth with Severe Emotional Disorders and Their Families - Full Report* provides tables with supporting information from the source documents as well as information about the search, inclusion and aggregation procedures used. Summaries of each of the source documents are available on request.

What are Systems of Care?

> *First and foremost, systems of care are a range of treatment services and supports guided by a philosophy and supported by an infrastructure.*
> (Stroul, 2002, p.5)

Systems of care provide a range of treatment services and supports to assist children and youth with serious emotional difficulties (SED) and their families so that they can do better in all aspects of their lives including home, school, and community (Stroul, 2002).

Youth and family needs are not considered in isolation, rather systems of care are intended to address needs in eight overlapping dimensions: mental health, social services, educational services, health services, substance abuse services, vocational services, recreational services, and juvenile justice services (Stroul, Blau, & Sondheimer, 2008). In theory, SOCs are intended to provide unconditional services that are focused on the child and the family, are strength-based, provide services in the most normal setting, create partnerships with families, consider the environmental context of the family, and are culturally appropriate (Biebel & Geller, 2007).

Systems of care are not intended to be a prescriptive approach to service provision or a model to be replicated. Rather, they are proposed as flexible and evolving systems that are intended to meet the needs of individual communities (Stroul, 2002; Cook & Kilmer, 2004). A core idea is that the responsibility for care lies in the community as a whole rather than with a specific agency (Pinkard & Bickman, 2007).

The SOC concept was developed in response to concerns about services for children with mental health needs. Reportedly, there were insufficient services and those that did exist were not effective and took place in restrictive settings away from the child's family and community. Often there were adversarial relationships between service agencies and families (Stroul, 2002; Stroul, Blau, & Sondheimer, 2008).

SOCs are intended to support children and adolescents with complex diagnoses who often experience co-occurring problems such as mental health issues, substance abuse, school troubles, and/or incarceration. The underlying premise is that there are known biological and environmental factors that can lead to emotional and behavioural problems with children and providing coordinated services that intervene as early as possible in as many areas as possible can reduce the severity of problems (Cook & Kilmer, 2004; Rogers, 2003).

Three core values guide SOCs: 1) services are *child centred and family focused* meaning that the needs of the child and family direct the services, 2) supports are

community based with service provision and decision making at the community level, and 3) services are appropriate and *responsive to community cultural and linguistic needs.* Ideally programs are family-driven, with families having primary decision making roles in the care of their children, and youth-guided, with youth making developmentally appropriate decisions about their own care (Stroul, Blau, & Sondheimer, 2008).

The components or different services offered in a SOC will vary depending on each community's needs and resources. In theory, within a SOC all of the services are interrelated and how effective one service can be is dependent on the availability and effectiveness of all of the other services. In broad categories, SOCs typically include mental health interventions, recreation, and operational services (Biebel & Geller, 2007).

Evaluations of Systems of Care

The effectiveness of SOC has been evaluated on multiple levels (Manteuffel et al., 2008). Evaluations report on changes at the following levels: systems, service delivery and practice, and child and family outcomes. Three main sources of empirical information about the effectiveness of systems of care were identified in this review:

(1) The U.S. Centre for Mental Health Services (CMHS)[2] funded a national evaluation of all communities that received public funding to develop systems of care (Cook & Kilmer, 2004; Manteuffel et al., 2008; Stroul et al., 2008);

(2) One major quasi-experimental study compared a system of care at Fort Bragg, North Carolina and comparison sites collecting data about mental health, service use, and costs from approximately 1,000 families over 5 years (Bickman & Mulvaney, 2005; Biebel & Geller, 2007; Cook & Kilmer, 2004; Manteuffel et al., 2008).

(3) One randomized evaluation in which families were randomly assigned to a SOC in Stark County, Ohio or to a control group that received treatment as usual. The Stark

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[2] Comprehensive Community Mental Health Services for Children and their Families Program (CCMHSCF)

County site was considered to be an established and exemplary system of care, families in the control group received treatment as usual. The study was a randomized experimental longitudinal design collecting similar data from 350 families over five waves (Bickman & Mulvaney, 2005; Biebel & Geller, 2007).

Systems Outcomes

Adherence to systems level principles was found to develop over time. As expected, SOC sites had better adherence to SOC principles, three of four SOC sites had adequate implementation of principles compared to one in four of the comparison sites (Cook & Kilmer, 2004). Specifically, SOC sites had better adherence to the principles of providing family-focused care, individualized care plans, collaborative supports, cultural competence, adequate access to care, and use of the least restrictive setting possible (Cook & Kilmer, 2004; Manteuffel et al., 2008). SOC sites had the most difficulty with adherence to the principles of interagency collaboration and cultural sensitivity (although they did better than non-SOC sites) but they also had the greatest improvement in these areas (Manteuffel et al., 2008).

Service and Practice Outcomes

SOC sites had better adherence to principles at the service level than the infrastructure or systems level and were most successful with the principles of providing family-focused, individualized, and accessible care. All assessed SOC sites were deficient in some capacities, and cultural sensitivity presented the greatest challenge but was also the principle that showed the most improvement (Manteuffel et al., 2008). Some SOC sites also struggled with transportation, individualization of treatment plans, and family involvement in program infrastructure (Cook & Kilmer, 2004).

Across studies, SOCs have been found to serve children between the ages of 7-18 who have significant functional impairment in multiple life domains including home and school. Two-thirds of the children served were boys. Up to one-half of the children had a history of substance abuse and one-quarter had troubled histories including psychiatric hospitalization, abuse, and/or running away from home. Many of the

children experienced three or more vulnerabilities. About half of the children and youth had multiple diagnoses including attention deficit, hyperactivity disorder, oppositional defiant disorder, and mood disorders. Almost all of the children were attending school (90%) but performance was typically below average and approximately half were in special education classes and had received outpatient treatment (Cook & Kilmer, 2004; Manteuffel et al., 2008).

Overall, the SOC sites increased the number and types of services offered to families. On average children and families in SOCs used six different kinds of services in their first six months. The services used most frequently were traditional mental health services such as case management, individual therapy, and assessment. One-third of families used family support services, one-third of children accessed recreation services, one-fifth of families used transportation, flexible funds, or behavioural or therapeutic aids (Cook & Kilmer, 2004; Manteuffel et al., 2008).

In comparative studies, youth in SOC programs were more likely to receive to receive treatment in their communities, to use outpatient treatments and support services, case management, and medication monitoring services. Families in the SOC sites received twice as many services as those in comparison sites (Cook & Kilmer, 2004).

Overall, the largest improvements were seen in caregivers' satisfaction with services, interactions with service providers, and with service planning (75%) with somewhat fewer caregivers satisfied with the progress of their child (66%). The reverse was seen among youth, 74% were satisfied with their own progress, and just less than two-thirds were satisfied with services and involvement (Cook & Kilmer, 2004). Similarly, Manteuffel et al. (2008) report that after 36 months of SOC involvement, 80% of caregivers reported being satisfied with services.

Child and Family Outcomes

Youth who had been involved in SOCs showed marginally improved internalizing behaviour scores, going from an average of 67 at intake to 59 at the two year point (just below the clinical cut-off of 60). Similarly, there were small improvements in externalizing behaviours from 71 at intake to 64 at two years (just above the clinical cut-off of 60). Just over half of the children (53%) had better overall Child Behaviour Checklist (CBCL) scores after two years. Child and Adolescent Functional Assessment Score (CAFAS) scores showed improvement in overall functioning from 107 at intake to 77 after two years, indicating that many children were still in the moderate impairment range. A very small proportion of children improved in Behavioral and Emotional Rating Scale (BERS) total competence scores (7% improved and 2% declined) over two years (Cook & Kilmer, 2004). Comparisons of SOC to treatment as usual showed that youth in both situations had improvements in emotional and behavioural measures but there were no differences in clinical or functional outcomes between the two settings (Bickman & Mulvaney, 2005; Biebel & Geller, 2007).

The National Longitudinal Youth Study suggests that after two years, children who received services from SOCs did better at school (45% improved vs. 26% deteriorated) and fewer suspensions (29% compared to a baseline of 41%) (Cook & Kilmer, 2004). Children who had previous juvenile justice involvement and received services through SOC at the at the Stark County site had fewer school suspensions, less need for special education, and associated with more pro-social peers than did children in the comparison sites (Cook & Kilmer, 2004).

Information from the National Longitudinal Study suggests that after two years youth who received SOC services appeared to have less juvenile justice system involvement. Children who had previous juvenile justice involvement and received services through SOCs at the Stark County site had fewer juvenile justice charges than did children in the comparison sites (Cook & Kilmer, 2004).

There were mixed results related to overall family functioning from the National Longitudinal Study – 46% reported less family strain after two years but mixed impacts on family functioning (Cook & Kilmer, 2004). There was some evidence that children who were involved in SOCs had improvements in the stability of their housing; three-quarters had a stable living arrangement over six months compared to a baseline of 60% (Cook & Kilmer, 2004).

Wraparound Programs

Nature of Wraparound Programs

Wraparound is closely related to SOC and provides an example of a practical implementation of case management using SOC (Stroul, 2002). Wraparound has been described as a practice-level strategy for implementing SOC with greater emphasis on empowerment of families than is often found within SOC (Prakash, et al., 2010; Walker et al., 2008). The goal is to reduce the use of restrictive or out-of-home placements for youth. Wraparound philosophically takes a moral position by shifting from blaming families to engaging them in the planning and implementation of programs through family voice and choice, unconditional commitment to support, and cultural responsiveness (Prakash, et al., 2010). Wraparound has been called a participatory planning process intended to build capacity in families through participation in the Wraparound process (Prakash, et al., 2010).

Wraparound services are typically aimed at children and families with multifaceted needs. The defining characteristics of Wraparound ideally are a collaborative team approach to develop and implement a plan to access services and supports from more than a single agency, system, or sector. Families are intended to be equal partners on teams that include both professionals and people close to the family (natural supports) that are guided by a vision determine by the family and by focusing on assets and strengths of the family. Services are focused on helping youth in their own communities and enhancing community ties by connecting families with community supports (Prakash et al., 2010).

Within the US, Wraparound is most often used to support children and youth with significant emotional and behavioural needs. It has been used with children and youth who have complex needs, have not responded to traditional prevention or intervention approaches, and are at-risk for out-of-home placements. However, in other countries including Canada, there are examples of Wraparound services for other populations including recent immigrants, teen mothers, people with significant physical disabilities, youth in gangs, and people who are unemployed (Prakash et al., 2010).

Wraparound is a wide spread approach. In 2007, 100,000 youth in the United States received Wraparound care compared to 16,000 receiving multisystemic therapy (MST) and 1000 receiving therapeutic foster care (Bruns, 2008). While all have different evaluation criteria, a number of institutions have endorsed the Wraparound model, including state agencies and the National Center on Education, Disability, and Juvenile Justice (Suter and & Bruns, 2009).

Wraparound is based on the belief that vulnerable children and families have diverse and complex concerns that cannot be met by a single treatment or agency. A basic premise of Wraparound is that, if family needs can be identified and met, it is likely the family will do better and the children will stay in their family or community (Walker et al., 2008).

Wraparound is hypothesized to provide more effective services to families because they are equal participants in planning and implementation of programs. There is evidence that individuals and families who make their own choices about goals and interventions are more committed to following through and therefore have better outcomes (Walker et al., 2008). The Wraparound process also emphasizes integration and coordination of services for families. There is evidence that when youth and families perceive better service coordination, there is better program retention and outcomes (Walker et al., 2008).

Because the youth and family are an integral part of the team that creates the service plan, services and supports can be more carefully matched to the needs identified by the youth and family. A better fit between interventions and needs has been associated with better outcomes (Walker et al., 2008).

Focusing on family strengths and collaborative decision-making is intended to enhance 'buy-in' from youth and their family with the intent to create an iterative feedback loop facilitating greater empowerment hopefully leading to small improvements and opportunities for success. People with increased confidence and self-efficacy have been shown to experience better mental health outcomes, better well-being, are more persistent, are more resilient, cope with stress better, avoid unhealthy behaviours and adopt healthy behaviours, and have fewer social problems (Walker et al., 2008).

Wraparound's reported strength is addressing the needs of youth with multiple problems. Ideally, it would include interventions with evidence of their effectiveness given youth and family needs. In practice Wraparound programs include many different types of services and supports (Bruns, 2008).

The defining characteristic of Wraparound is the composition and collaborative nature of the Wraparound team. Prakash et al. (2010) suggest that the effectiveness of this team is the most important predictor of positive change in individual youth. The team should include the youth, a caregiver, and at least two or three other core members who create and implement a plan.

Prakash et al. (2010) noted that overall there is little information about how to translate Wraparound principles into practical implementation. These authors stated that reports of implementations of Wraparound in communities show that challenges can occur at the team level, the organizational level, and/or the system level. Some guidelines for providing Wraparound have been developed and are available on the National

Wraparound Initiative Website (www.rtc.pdx.edu/NWI-book). The guidelines describe what experts believe *needs* to happen to effectively implement Wraparound.

Wraparound Program Example: Choices

Rotto et al. (2008) provide a detailed description of a care management organization called *Choices* that uses the SOC philosophy and approach with Wraparound values. They outline how the Choices program is intended to function. Choices supports high-risk children and adults with multiple and complex needs. Choices collaborates with child welfare, education, juvenile justice, and mental health agencies. A resource person within Choices works to engage local service providers including smaller, less traditional and/or cultural or faith-based services.

Each family in the Choices program works with a care coordinator who first gets to know the family. The care coordinator documents the family's strengths, identifies immediate needs, and creates the family's Wraparound team. The team includes the people that know the youth best, including family and/or caregivers, people who are close to the family (informal or natural supports), a representative of the referring agency, parent advocates, and representatives of relevant public services such as education, juvenile justice, or mental health. Meetings do not take place unless a family member or spokesperson is present. The direction of the team is set by identifying the family's vision – or what they would like to be different, and building on the family's strengths and needs.

The care coordinator helps the team to develop an initial plan focused on strengths and immediate needs. The top three to five needs are identified as outcomes that will be addressed in the first 30 days of services. Each outcome is measurable and has a person assigned to it who is expected to report back at the next meeting. The primary focus is to access family, nonprofessional, or community resources that will continue to be available to families. Teams continue to meet approximately once per month to monitor and make decisions about progress. When the team agrees that the family is

ready, that is, outcomes have been realized and the family is comfortable with how to obtain necessary services and supports, a transition plan, schedule, and post-Wraparound crisis plan are developed.

While Choices identified supporting assessments of its efforts, evaluations of the Choices program were not available for this review.

Evidence for the Effectiveness of Wraparound Programs

There has not been a great deal of research about youth and family outcomes of Wraparound programs. Historically, much of the research has been carried out within programs with equivocal outcomes evidence. Recently there have been some more rigorous evaluations (Prakash et al., 2010).

In a later study, Suter and Bruns (2009) conducted a meta-analysis using seven quasi-experimental and random controlled studies. Overall, the average random effect size across the seven studies was between small and medium (ES = 0.33). The average effect size for mental health improvements was .31 ($p<.05$). Overall, the evidence suggests that participation in wraparound improved youth functioning scores but there was less conclusive evidence that problem behaviours declined.

Not all evaluations of Wraparound report fidelity measures; however studies that reported better fidelity to the ten core principle, typically measured using the Wraparound Fidelity Index (WFI), showed better youth and family outcomes including positive changes in behaviour, functioning, and restrictiveness of living situations (Prakash et al., 2010; Suter & Bruns, 2008).

Quasi-experimental studies showed mixed evidence for emotional and behavioural advantages for youth involved with Wraparound programs. The Connections Program was evaluated with a comparison of a matched group of youth who were involved in the juvenile justice system. Youth who received either Wraparound or conventional mental health services reported significant emotional and behavioural improvements (Pullman et al., 2006). A second study compared matched groups of youth receiving Wraparound supports and traditional mental health supports. After 18 months, youth receiving Wraparound services had improved emotional and behavioural scores compared to the traditional services group (Rast et al., 2007). A third study compared Wraparound to Multi-systemic Therapy (MST). Youth in both groups showed improvements on emotional and behavioural measures but those in the MST groups showed greater improvement (Suter & Bruns, 2008). Another matched comparison study of youth involved in child welfare showed that youth receiving Wraparound showed significantly greater improvement in functioning on the Child and Adolescent Functional Assessment Scale compared to traditional child welfare services, but showed no difference in Child Behaviour Checklist scores, juvenile justice involvement, or education outcomes (Mears et al., 2009) (all cited in Bruns & Suter, 2010; Suter & Bruns, 2009).

Randomized control studies also provide modest support for participation in Wraparound programs by youth with emotional or behavioural challenges. One study (Clark et al., 1996) randomly assigned youth in foster care to a Wraparound service or to treatment as usual. Boys in the Wraparound group showed larger improvements in externalizing behaviours than the comparison group. This study provided moderate evidence for better outcomes for boys and for externalizing problems. Another randomized trial (Evans et al., 1996) compared youth referred to out-of-home placements to intensive case management that followed the principles of wraparound. Youth who received case management had more improvements in positive behaviours and moods but there were no difference in other outcomes such as problem behaviours or family cohesion, or self-esteem. The researchers believed that the small sample size

(n=42) of this study may have influenced the ability to find significant results (all cited in Bruns & Suter, 2010; Suter & Bruns, 2009).

Three studies provided evidence for the positive effects of wraparound on school outcomes. A study of matched groups (Rast et al., 2007) of youth receiving wraparound supports and traditional mental health supports found that after 18 months, youth receiving wraparound services had better school outcome measures including attendance and GPA compared to the comparison group. Another matched comparison of groups of juvenile justice involved youth (Pullman et al., 2006) reported improved functioning at school for youth who received wraparound services. In a third study (Carney & Buttell, 2003) court-referred youth were randomly assigned to a wraparound service or conventional services. After 18 months, youth who received wraparound services had fewer school absences and suspensions (all cited in Bruns & Suter, 2010; Suter & Bruns, 2009). Suter and Bruns (2009) meta-analysis showed, that across studies, the effect size for school functioning was .27 ($p > .05$).

Pullman et al.'s (2006) quasi-experimental study suggested that youth involved with the juvenile justice system who received wraparound were three times less likely to commit a felony offense in the follow-up period and 72% served detention in the two years after identification compared to 100% of the comparison group. In another study, youth who were randomly assigned to wraparound service had fewer days of incarceration compared to those receiving treatment as usual (Clarke et al., 1996). Carney and Buttell (2003) found that after 18 months, youth who received wraparound services were less assaultive than a comparison group but there were no differences in reoffending behavior between the two groups (all cited in Bruns & Suter, 2010; Suter & Bruns, 2009). Suter and Bruns (2009) meta-analysis showed, that across studies, the effect size for juvenile justice was .21 ($p > .05$).

There was little reported evidence of changes in family functioning related to wraparound services. A number of studies provided evidence for more stable living

arrangements for youth involved in wraparound services. A study that compared matched groups of youth (Rast et al., 2007) receiving wraparound supports and traditional mental health supports found that after 18 months, youth receiving wraparound services had less restrictive living arrangements and were more likely to be placed with family (82% compared to 38%). Another matched comparison study (Rauso et al., 2009) found that youth who received wraparound services had fewer out-of-home placements, less restrictive placements, and more stable living environments. A third study (Mears et al., 2009) found that youth receiving wraparound support had less restrictive placements than those receiving traditional child welfare supports. A randomized control study (Clark et al., 1996) showed that youth receiving wraparound services had fewer placement changes, fewer runaways, and more permanent living settings compared to standard foster care. In another study (Carney & Buttell, 2003), 141 court referred youth were randomly assigned to a wraparound service or conventional services. After 18 months, the youth who received wraparound services ran away less (all cited in Bruns & Suter, 2010; Suter & Bruns, 2009). Suter and Bruns (2009) meta-analysis showed, that across studies, the effect size for living situation was .44 (p>.05).

Chapter 5 Overview

Nature of Systems of Care

Systems of care (SOC) provide a range of treatment services and supports to assist children and youth with serious emotional difficulties (SED) and their families so that they can do better in all aspects of their lives including home, school, and community. SOC are intended to address needs in eight overlapping dimensions: mental health, social services, educational services, health services, substance abuse services, vocational services, recreational services, and juvenile justice services. In theory, SOCs are intended to provide unconditional services that are focused on the child and the family, are strength-based, provide services in the most normal setting, create

partnerships with families, consider the environmental context of the family, and are culturally appropriate.

SOC are intended to support children and adolescents with complex diagnoses who often experience co-occurring problems such as mental health issues, substance abuse, school troubles, and/or incarceration. The underlying premise is that there are known biological and environmental factors that can lead to emotional and behavioural problems with children and providing coordinated services that intervene as early as possible in as many areas as possible can reduce the severity of problems.

Three core values guide SOC: 1) services are *child centred and family focused* meaning that the needs of the child and family direct the services, 2) supports are *community based* with service provision and decision making at the community level, and 3) services are appropriate and *responsive to community cultural and linguistic needs*. Ideally programs are family-driven, with families having primary decision making roles in the care of their children, and youth-guided, with youth making developmentally appropriate decisions about their own care (Stroul, Blau, & Sondheimer, 2008). The components or different services offered in a SOC will vary depending on each community's needs and resources.

Effectiveness of Systems of Care

Overall, the evidence for improved outcomes youth and families was sparse. This was true both because of the small number of outcome investigations found for this synthesis review and the questionable rigor of some of the assessment designs.

Overall, the results of a National Longitudinal Study showed that children involved in SOCs had some positive changes but many children did not show improvement. For example, approximately half of the children in the studies did not improve at school or on measures of behaviour or emotional problems and the children who did improve remained in the range of moderate impairment. In this survey, on the whole, families were satisfied with services but somewhat less satisfied with the outcomes for their child.

In one experimental study and in one quasi-experimental study, children and families had improved clinical outcomes regardless of whether they were part of the experimental or treatment as usual groups but youth and families in SOCs did not have statistically significantly better outcomes. Most authors suggested that these findings do not imply that SOCs are ineffective but that there are a number of difficult challenges in evaluating complex undertakings such as SOCs.

SOCs are based on the assumption that a better system is needed to deliver effective services. This assumption falls down if there is no evidence that the services delivered are effective. One way to test effectiveness is to consider how different levels of treatment affect outcomes. In three separate studies no evidence was found that more treatment was associated with better improvement. These findings have led to an increased interest in the evidence base for the individual services and treatments that are provided within a SOC; that is, whether the SOC brings together programs with proven effectiveness for youth.

Some reviewers have noted that SOCs typically involve a diverse range of youth facing challenges. Some have suggested that a SOC would be more effective if they focused upon a specific youth group – for example, youth with serious emotional or behaviour problems.

SOC research has shown that families receive services more quickly, and that they use more services, a broader range of services, for a longer period of time, and fewer children have to leave their communities to receive treatment. The clearest outcome is that families are more satisfied with services offered in a SOC.

There was evidence of service delivery system changes in SOCs. However, it was not clear conceptually or empirically that these system changes were linked qualitatively to better program involvements that could be expected to lead to better outcomes for children and youth. More children received more services, youth and caregivers were more satisfied, less restrictive treatment settings were used; however, there was no

clear evidence that outcomes for children and families were better than traditional services.

Nature of Wraparound programs

Wraparound is closely related to SOC and provides an example of a practical implementation of case management. Wraparound services are typically aimed at children and families with multifaceted needs. The defining characteristics of Wraparound ideally is a collaborative team approach to develop and implement a plan to access services and supports from more than a single agency, system, or sector. Families are intended to be equal partners on teams that include both professionals and people close to the family. Services are focused on helping youth in their own communities and enhancing community ties by connecting families with community supports.

Wraparound is most often used to support children and youth with significant emotional and behavioural needs. It has been used with children and youth who have complex needs, have not responded to traditional prevention or intervention approaches, and are at-risk for out-of-home placements. However, there are examples of Wraparound services for other populations including recent immigrants, teen mothers, people with significant physical disabilities, youth in gangs, and people who are unemployed.

Wraparound is based on the belief that vulnerable children and families have diverse and complex concerns that cannot be met by a single treatment or agency. The Wraparound process also emphasizes integration and coordination of services for families. Because the youth and family are an integral part of the team that creates the service plan, it is believed that services and supports can be more carefully matched to the needs identified by the youth and family. The defining characteristic of Wraparound is considered to be the composition and collaborative nature of the Wraparound team. The team should include the youth, a caregiver, and at least two or three other core members who create and implement a plan.

Effectiveness of Wraparound programs

While some studies found significant benefits for youth participating in Wraparound programs, overall caution is suggested in drawing conclusions about the effectiveness of the Wraparound approach. First, there were only a modest number of studies of Wraparound uncovered in this synthesis review. Second, only a small number of these studies used experimental or credible quasi-experimental assessment designs. Third, the Wraparound programs assessed involved diverse youth populations with different intervention goals. Fourth, for some outcome measures, the evidence for the benefits of Wraparound was quite mixed.

Three quasi-experimental studies with comparison groups showed mixed evidence for emotional and behavioural advantages for youth involved with Wraparound programs. One study showed superior emotional and behavioural score improvements for youth involved in Wraparound. Another study showed greater improvements on the Child and Adolescent Functional Assessment Score compared to youth receiving traditional child welfare services. A third study found youth in Wraparound improved on emotional and behavioural measures but less than youth in Multi-systemic Therapy.

Three randomized control studies also provided mixed support for participation in Wraparound programs for youth with emotional or behavioural challenges. One study found that youth in foster care assigned to Wraparound showed larger improvements in externalizing behaviours. Another study compared youth referred to out-of-home placements to intensive case management that followed Wraparound principles. Youth who received case management had more improvements in positive behaviours and moods but there were no difference in other outcomes such as problem behaviours or family cohesion, or self-esteem. In a third study, 141 court-referred youth were randomly assigned to a wraparound service or conventional services. After 18 months, the youth who received wraparound services were less assaultive but there were no differences in reoffending between the two groups.

Two quasi-experimental studies and one experimental study provided evidence of positive effects of wraparound on school outcomes. In one study, youth receiving wraparound services had better school outcome measures including attendance and GPA compared to the comparison group. Another matched comparison of groups of juvenile justice involved youth reported better functioning at school for youth who received wraparound services. In a third study involving court-referred youth, after 18 months, the youth who received wraparound services had fewer school absences and suspensions. Suter and Bruns (2009) meta-analysis showed, that across studies, the effect size for school functioning was quite modest (ES = .27,n.s., 4 studies).

The evidence of the positive impacts of Wraparound on youth criminal involvements and incarceration was also mixed. One quasi-experimental study found that youth involved with the juvenile justice system who received wraparound were three times less likely to commit a felony offense in the follow-up period. In another experimental study, youth who were randomly assigned to wraparound service had fewer days of incarceration compared to those receiving treatment as usual. Another study found that, after 18 months, youth who received wraparound services were less assaultive than a comparison group but there were no differences in reoffending behavior. Suter and Bruns (2009) meta-analysis showed, that across studies, the effect size for juvenile justice was .21 (n.s., 5 studies).

A number of studies provided consistent evidence for more stable living arrangements for youth involved in wraparound services. One study that compared matched groups of youth receiving wraparound supports and traditional mental health supports found that after 18 months, youth receiving wraparound services had less restrictive living arrangements and were more likely to be placed with family. Another matched comparison study found that youth who received wraparound services had fewer out-of-home placements, less restrictive placements, and more stable living environments. A third study found that youth receiving wraparound support had less restrictive

placements than those receiving traditional child welfare supports. An experimental study showed that youth receiving wraparound services had fewer placement changes, fewer runaways, and more permanent living settings compared to standard foster care. In another experimental study of 141 court referred youth found that after 18 months, youth who received wraparound services ran away less frequently. Suter and Bruns (2009) meta-analysis showed, that the average effect size for Wraparound on youth living situation was moderate (ES = .44, n.s., 3 studies).

Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs

Despite the lack of convincing evidence for improved youth community adaptation outcomes for SOC or Wraparound programs, there are several important lessons for thinking about programming for youth leaving residential mental health programs. In light of the challenges in multiple life domains facing most youth leaving residential mental health programs, and the multiplicity of risk and protective factors influencing youth outcomes in each of these domains, a natural conclusion is that it will be necessary to facilitate access for youth and their parents to a variety of service and supports over time. However, the evidence in this section suggests strongly that accessing and coordinating existing resources will not be sufficient to significantly improve community adaptation outcomes for these youth. Evidence presented in previous sections suggest two additional considerations: (1) youth need to be involved in programs that have strong conceptual and/or empirical connections to the desired community adaptation outcomes; and (2) since all youth are not the same, there needs to be some capacity to adjust program involvements to youth and family needs over time.

The review in every section of this synthesis report mentioned the need to find and coordinate the provision of community adaptation resources for youth. In various guises – mentor, advocate, case manager – something akin the individual coordinators role in

the Wraparound program is proposed. It seems certain that in designing community adaptation programming for youth leaving residential mental health programs that a focus on adaptation resource discovery and coordination will be required. It also seems worthwhile to examine the role of a youth mentor/advocate/case manager as part of this response.

Each of the previous sections also highlighted the potential value of creating diversified supportive networks for youth and families with similarities to the networks envisioned for Wraparound programs. These earlier reviews also provided evidence for Wraparound's emphasis on creating space for family members' active involvement in supporting youths' community adaptation efforts.

Chapter 6: Developing Programs to Improve Youth Community Adaptation Outcomes

Pathways analyses and our prior program of research indicated that many youth leaving residential mental health programs are at very high risk of poor community adaptation outcomes in multiple life domains. Several common characteristics of this youth population after they leave residential care were identified as important risk factors in several life domains including:

- Enduring youth emotional and behavioural challenges

- Limited positive peer and social connections

- Limited long-term support from a pro-social adult

- Limited continuing support from an adult family member

- Poor youth relationship and life skills

- Limited parental engagement and capacity to support youth community adaptation

There are three important implications for community adaptation programming from this profile of youth challenges and resources. First, there was a strong consensus among the authors of the reviews in each of the life domains that better youth community adaptation outcomes requires attention to a variety of risk and protective factors. Second, given this youth profile, a focus on short-term "fixing" of the youth or their families is unlikely to produce satisfactory community adaptation benefits. We would be better to imagine services and supports that could be available for several years if necessary. In addition, besides focusing on helping youth and their families directly, there is a need to think of ways to ameliorate the community adaptation resources that

they can access. Third, there was agreement among reviewers that "one size does not fit all." There is a need to tailor packages of services and supports for individual youth.

A common response to service populations facing challenges in multiple life domains or to clients "falling into the gaps" between systems has been to engage in discussions of broader system service integration or coordination reforms. The evidence in this synthesis review is that "higher" level service coordination and integration efforts do not often lead to improved community adaptation outcomes for this youth population. There are two reasons: (1) The causal links between broad system reforms and improved youth and family outcomes are very long and indirect; and (2) Better youth community adaptation outcomes depend on being involved in programming with convincing conceptual and empirical connections with the desired improvements. Such involvements will not necessary come from coordinating existing services and supports. In addition, the obstacles to formal integration and coordination across multiple service systems to help these youth are formidable. Our conclusion is that a less ambitious focus on a program model or models specifically for youth leaving residential treatment is likely to prove more feasible and useful.

It was clear from our prior research and from this synthesis review that referring youth to existing services and supports led to discouraging community adaptation outcomes for many youth leaving residential mental health programs. There were several likely reasons. First, existing residential programs were not able to invest substantially in connecting these youth with post-program services and supports. Second, a common observation was that existing programs that might be helpful to these youth often had waiting lists. Third, outside services were not designed to provide the multiplicity of long term services and supports many of these youth require to improve their community adaptation outcomes. Finally, separate service networks were not able to coordinate their efforts on behalf of this youth population.

Considering the small number of youth involved and the complexity of the community adaptation challenges that they face, in our opinion, it is not reasonable to expect the educational, justice, child welfare and mental health systems to create the responses

that these youth require. It is unclear how programs in these systems created for broader youth populations could be adapted and pieced together to meet the specific constellation of challenges facing youth leaving residential mental health programs. As mentioned, from our perspective, a better investment would be in a smaller integrated program or programs specifically to improve community adaptation outcomes for youth leaving residential mental health programs. Ideally, such a program would establish relationships with youth while they were in residential mental health programs that would continue when youth leave the residential program.

There are several reasons to consider making improvements in education adaptation outcomes a pivotal, but not exclusive, focus in any integrated program model for youth leaving residential mental health programs. First, almost all of the youth leaving residential mental health programs will face serious difficulties at school and most of them will be attending school. Second, positive engagements with schools, adequate academic performance and graduating from high school have been identified as protective factors for other youth community adaptation outcomes. Finally, graduating from high school and/or securing employment have important long term implications for youth wellbeing and community living.

On the other hand, educational outcomes may prove more difficult to improve than other community adaptation outcomes for youth leaving residential mental health programs. Youth will attend geographically dispersed schools. In addition, youth educational outcomes will be determined substantially by their experiences within these schools. It is unlikely to be feasible to establish programming specifically for this youth population in every school. As outlined below, our suggestion to improve educational outcomes includes helping these youth navigate their schools and making additional educational supports available to youth through integrated programs.

Modifications to the suggested integrated program model(s) will be required for middle years (7-11) children and adolescents (12+) involved with residential mental health programs. For example, younger children are less likely to leave school or get in trouble with the law. Relationships within their family may be more central. The academic,

family and life skills supports required by younger children are likely to be different. However, our sense is that the basic integrated program configuration outlined below will be relevant to improving community adaptation outcomes for both age groups.

In our research, about half of the youth leaving residential mental health programs moved to child welfare placements. The challenges of delivering integrated services and supports to youth living at home and to those living in state care need to be considered in creating integrated programming. Also, as mentioned previously, because of the small numbers of youth involved, it does not seem reasonable to expect the child welfare system to be able to make adequate accommodation for this specific group of youth in its care. Our contention is that both groups of youth would benefit from similar services and supports. The basic integrated program configuration discussed below should be relevant to youth living with their families and to youth in child welfare care. For us, this is preferable to simply transferring the responsibility for improving community adaptation outcomes for these youth to another formal service system.

For programming involving adolescents, an implementation principle shared by quite a few programs was the importance of actively involving youth creating their plan of services and supports and in deciding who would be part of any support network created for them. Similarly, the usefulness of parents also being active in creating any plan of service and support for themselves or for their children was emphasized for several program approaches.

Integrated Community Adaptation Program Configuration

 Based upon our synthesis review of program approaches in various life domains, we have selected several intervention strategies that, when combined, might produce enduring improvements in community adaptation outcomes for youth leaving residential mental health programs. We have used the following criteria in selecting these intervention strategies: (1) There was evidence of positive community adaptation benefits for youth from each strategy in one or more of the life domains reviewed, (2)

The combined strategies address many of the important risk and protective factors highlighted in the synthesis review, and (3) It seemed feasible to include each strategy within an integrated program strategy that connects with youth while they are in residential mental health programs and maintains these relationships in the community.

Youth and Education Advocates

Programs in the synthesis review that emphasized bringing together a variety of service and supports for youth and their families stressed the importance of actively facilitating this process (e.g. Transitions to Independence, Wrap Around, Systems of Care, Family Group Decision Making). Youth and Education Advocate positions described below are pivotal in this suggested program configuration. These positions incorporate three insights from the synthesis review: (1) the importance of trustworthy and sustained relationships between youth and one or more constructive adults, (2) the need to actively intervene in formal systems on behalf of youth – in particular with schools, and (3) the value of transition support systems for youth and families.

However, there are some cautions. There is a temptation to rely on a single Advocate to provide or to create all of the helping strategies required by youth. In our opinion, this is not a realistic expectation and it would undermine the integrated program model's effectiveness. Other elements open to groups of youth supported by various staff are required in this configuration. Even with this understanding, the evidence is that the Advocate roles will be very demanding. If Advocates are to be effective, they will only be able to engage with a small number of youth at one time.

We suggest two types of advocates for youth in this configuration. Youth Advocates would have broader responsibilities: establishing ongoing relationships with youth; liaising with their families; intervening on behalf of youth and families with various formal systems (e.g. mental health, justice, employment training, recreation, etc.); convening support networks to facilitate youth transition to living in the community; and, liaising with members of youth support networks. They would also support youth and parent

involvement in the training provided by the program and, time permitting, perhaps participate in some of the training.

Education Advocates would have more focused responsibilities. They would have ongoing relationships with school personnel and become familiar with education procedures and resources. They would monitor and support youth in schools and intervene on their behalf for curriculum accommodations and academic supports. They would coordinate youth access to tutoring and academic enrichments available through the integrated program and, perhaps, participate in providing some of these supports. The two positions are discussed separately although much of the rationale for Youth Advocates also applies to Education Advocates.

 Youth Advocates: Building a Relationship with Youth

Resilience research supports the importance of a positive and caring adult in a child's life (Spencer et al., 2010). This focus is particularly important for youth who do not have stable family connections (Spencer et al., 2010; Tolan et al., 2009). Programs emphasizing this role stress getting to know youth, problem solving with them, and being persistent. There must be enough time for a trusting relationship to develop between the Youth Advocate and the youth. Ideally, this relationship would be sustained long enough to put into place a suitable range of community adaptation resources for youth and their families – maybe for one to two years or longer. This trusting relationship is also considered to be the cornerstone around which supportive networks can be built.

It can be particularly challenging to maintain mentor relationships as youth transition out of formal care; mentors need to be flexible and creative to maintain contact with youth. If mentor relationships begin early enough prior to youth transitioning from care, a stronger relationship may carry through the transition (Spencer et al., 2010).

Knesting and Waldron (2006) emphasized that the match between adult mentors and youth was critical. Spencer et al. (2010) identified three components associated with

better mentoring programs: longer *duration*, *consistent contacts*, and *close emotional connections*. In their review, longer mentoring relationships (at least one year) were associated with better outcomes. Shorter relationships were linked to decreased youth feelings of self-worth and to worse academic performance. Across studies, there is considerable evidence to suggest that successful mentoring has benefits for youth in reducing delinquency, school difficulties, and youth aggressive and antisocial behaviours (Hawkins et al., 2010; Test et al., 2009; Tolan et al., 2009).

Youth Advocates: Facilitating the Development of Youth Support Networks

In general, evaluations of simple case management or brokerage models have not demonstrated better outcomes for youth or families (Lipsey & Wilson, 1998). Somewhat better outcomes were found when a committed adult takes a more assertive approach to supporting youth and finding appropriate community adaptation resources (Ashford et al., 2007). A strategy with some evidence of effectiveness in assisting youth transitions is assembling ongoing networks of services and supports for youth. Facilitated support networks are based on the premise that vulnerable youth and families have diverse and complex concerns that cannot be met by a single helper or intervention (Bruns, 2008; Clark & Hart, 2009; Cook & Kilmer, 2004; Rogers, 2003; Walker et al., 2008).

In the suggested integrated model, the Youth Advocate would collaborate with youth and, if appropriate, with their parents/caregivers to assess their circumstances, resources, and priorities. They would work together to develop a youth transitions plan. With youth and family approval, the Youth Advocate would work to bring together a network of services and supports including an appropriate mix of professionals, extended family, friends, and volunteers. The Youth Advocate would provide support for meetings of the network to make sure that the plan is moving forward. Ideally, some elements of this network would continue to be available to youth and their families when they are no longer involved with the Youth Advocate.

There are several caveats to including youth support networks as part of the suggested integrated program strategy. It will not be possible to create a viable and acceptable

support network for all youth. In addition, creating and sustaining a support network is a complex and demanding process. A network will not be of interest to all youth or families. Finally, while an appropriate support network can be quite useful in supporting youth transitions to community living, they are often difficult to maintain over a long period of time. On the other hand, more effectively managing initial transition challenges can be an important contribution for many youth and families.

Family Group Decision Making is a well known programming strategy that stresses the creation of support networks for youth and families. It has some demonstrated success in facilitating youth transitions to community living. The following table provides an illustration of the Coordinators role in this approach along with some of the potential benefits and challenges in implementing this model.

Program Example: Family Group Decision Making

Family Group Decision Making (FGDM) models bring together family and extended family members, identified friends and/or community members, and relevant professionals including child welfare (Merkel-Holguin, Tinworth, & Horner, 2007). Important features of FGDM are that it is family-centred, based on family strengths, culturally sensitive, and community-based (Crampton et al., 2007). A second important aspect of successful support networks is creating lasting relationships between youth and supportive adults.

A common example of FGDM would involve bringing family and extended family together to address a problem. A facilitator would make introductions and review the meeting's purpose allowing relevant people to raise concerns. The family would then be left alone to discuss the current problem situation and generate solutions without professionals. After the discussion is complete, the professionals are invited back into the room to hear, discuss and agree to the plan. Progress is monitored and evaluated (Crampton et al., 2007).

FGDM requires extensive preparation time (averaging about 20-25 hours) on the part of the facilitator to establish resources, engage family members, and to develop trust. Engagement can be enhanced by clarifying the goals of the meeting, focusing on family strengths, providing time to develop a plan, and sensitive facilitation. Although adequate preparation time, for example to explore family resources, seems to differentiate successful programs there are no studies that show that preparation time leads to better outcomes. Crampton et al., (2007) caution that attempting FGDM without allowing

adequate time and resources for preparation, follow-up, and support are not likely to have demonstrable success.

The synthesis review did not find many outcome studies of FGDM and few had control groups. Studies with matched comparison groups have shown mixed positive and neutral results (Crampton et al., 2007). Some studies of FGDM have reported evidence of less abuse and better care, reduced child protection contacts, more stable living situations, and fewer institutional placements. On the other hand, studies in Sweden and California noted that many families did not want to include extended family members in support networks and they highlighted the difficulties of creating and maintaining community support networks (Crampton et al., 2007).

Another example of the use of youth support networks is the Transition to Independence Model that is summarized in the following table This program uses Transition Coordinators to create diverse support networks specifically for transition age youth leaving state care.

Program Example: Transition to Independence
The *Transition to Independence (TIP) Model* is designed to help young people with emotional and behavioural disorders (EBD) as they prepare for greater independence and self sufficiency in multiple domains including living situation, employment, educational pursuits, and community life (Clark & Hart, 2009). Administered by a *Transition Facilitator*, the TIP system is an integrated process with a young person, his or her informal key players (e.g., parents relatives, friends, spouse), and formal key players (e.g., therapist, teacher, supervisor). The model is based on seven guiding principles and their associated core practices. The transition facilitators and others working with youth and young adults need to apply the guidelines and core practices on an individualized basis, addressing the priorities, needs, and wishes of each young person to facilitate his or her goal planning and accomplishments. (Clark & Hart, 2009, p. 51).
TIP Guidelines 1. Engage young people through relationship development, person-centred planning, and a focus on their futures. 2. Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, and developmentally appropriate—and building on strengths to

enable the young people to pursue their goals across relevant transition domains.

3. Acknowledge and develop personal choice and social responsibility with young people.

4. Ensure a safety net of support by involving a young person's parents, family members, and other informal and formal key players.

5. Enhance young persons' competencies to assist them in achieving greater self-sufficiency and confidence.

6. Maintain an outcome focus in the TIP system at the young person, program, and community levels.

7. Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels.

Evidence:

Program outcome evaluations of three transition programs for youth with EBD based on the TIP model suggest improvements in community adaptation, in particular across the domains of education and employment. The programs included the Partnerships for Youth Transition (PYT) implemented across five US sites, the Steps-to-Success program in Florida, and the Options program in Washington State (Clark & Hart, 2009).

Youth Advocates: Advocating for Youth

Tolan et al. (2009) suggested that Advocates should provide information and intervene on behalf of youth in various systems and settings. Dynarski et al. (2008) suggested that a Youth Advocate could be a resource teacher, a community or agency member, or a social worker who develops a relationship with the youth and also acts as a case manager. Youth Advocates would monitor youth behaviours and emotions. They would help the youth navigate the social service, legal or other systems as required. They would help youth connect with emotional supports and concrete resources (e.g. food, housing, employment, and health care) that have been associated with successful transitions to independence and community living (Spencer et al., 2010).

Education Advocates

Youth in residential care and youth living in state care often lack adult advocates who know their strengths and weaknesses and who can intervene on their behalf at school (Snow, 2009; Zetlin et al., 2004). In this integrated model, Education Advocates would have ongoing relationships with youth at school. Ideally, Educational Advocates would maintain their relationships with individual youth if they change schools or if they leave school to explore ways to continue their academic and vocational preparation. They would monitor youth attendance and academics possibly in conjunction with school counselors. They would work with school staff to create flexible and relevant learning opportunities such as accessing vocational learning programs. They would encourage other forms of youth-school engagement. They would also arrange and support youth involvement in tutoring and other academic enrichments available through the suggested integrated program (see the discussion below). Several programs incorporating some or all of the previous elements of the Education Advocates role are described below.

A US pilot program employed Educational Specialists (ES) who were certified special education teachers and were familiar with the local school rules, regulations, resources, and services. The ES worked with child welfare workers to ensure appropriate and effective educational programs and supports for children and youth in care. In this pilot, students were referred to the ES when education problems arose and, when necessary, the ES worked with a representative of a law firm. Study results suggest that there were improved educational outcomes for children and youth who received this support (Zetlin et al., 2004).

The Check and Connect program has emphasized developing trusting relationships with youth at risk of dropping out of school and their families. It also incorporated active interventions on behalf of youth within schools. It has been associated with improvements in educational involvements and performance for these youth. This

program is described in the following table as an illustration of both the mentoring and advocacy elements of an Education Advocate's role.

Program Example: Check and Connect
Check and Connect is a strength-based model of student engagement for students considered to be at risk of not completing school. The program draws on resilience research that supports the importance of a positive and caring adult in a child's life and the importance of fostering strong family, community, and school connections. Program strategies include mentoring, monitoring, case management, academic support, behavioural intervention, problem solving, and family strengthening (Hammond et al., 2007). Typically the adult mentor works closely with the youth and family for at least two years, regularly monitors school adjustment and progress, and intervenes in a timely manner to re-establish and maintain the student's connection to the school (Wessendorf et al., 2008). The program guidelines stress relationship building, problem solving, and persistence in working with students and includes three components: 1) a mentor who works with students and families for a minimum of two years, 2) regularly checking on school adjustment behaviour and educational progress, 3) intervening in a timely manner to re-establish and maintain the student's connection to the school (Wessendorf et al., 2008).
Evidence: Check and Connect was identified by Prevatt and Kelly (2003) as displaying strong or promising evidence for improving youth educational outcomes. Four longitudinal studies showed that students in Check and Connect had lower truancy; out-of-school suspensions and absenteeism, lower dropout rates, accrued more credits, and were more likely to finish high school (Hammond et al., 2007; Wessendorf et al., 2008). Participating in Check and Connect over three years was associated with better assignment completion and fewer grade nine dropouts when compared to two year involvements (Prevatt & Kelly, 2003).

In the United Kingdom, a Virtual Head Teacher program is being piloted. Youth living in state care are registered with a virtual school in addition to their regular schools. A Head Teacher monitors each student's progress and facilitates information exchange between

schools and support services. The intention is to provide these students with greater academic stability and to increase the time that they spend in school (Sutherland, 2008).

Tutors and Academic Enhancements

Our program of research indicated that most youth leaving residential mental health programs experienced many school difficulties including low academic achievement, absenteeism, and grade retention. These were all associated with higher levels of dropout further reducing their opportunities for successful adult outcomes.

Building youth academic capability through tutoring and academic enrichment activities is a common strategy. These approaches also strive to reduce youth frustration and to keep them connected with schools (Abrami et al., 2008; Dynarski et al., 2008; Hammond et al., 2007; Klima et al. 2009; Lehr et al., 2003; Prevatt & Kelly, 2003). Hammond et al. (2007) found that academic support was a major strategy in over one-quarter of effective programs addressing a range of youth community adaptation problems.

Overall, there is reasonable evidence that academic support programs can help youth at risk. Dynarski et al. (2008) found moderate evidence supporting the usefulness of academic support and enrichment for improving academic performance. Ritter et al. (2006) conducted a meta-analysis of volunteer adult tutoring programs offered to students in grades kindergarten to eight – they found that across 28 study cohorts there were significant improvements in reading but not for mathematics (only 5 of 28 included a measure of math outcomes). A comprehensive review of 53 assessments of out-of-school-time programs (OST) to support students at risk for poor outcomes in grades K-12, found that, overall, these OST programs showed small but important improvements in reading and math performance for at-risk students (Lauer, Akiba, Wilkerson, Apthorp, Snow, & Martin-Glenn; 2004).

Ritter et al.'s review (2006) concluded that structured volunteer tutor programs that focused on reading improved reading and language skills in elementary and middle school children. Many of the tutoring programs in this review focused on reading skills rather than math. On the other hand, a study by Flynn et al. (2011) found that children in foster care were more deficient in mathematics than reading. Lauer et al.'s (2004) review of out-of school time (OST) programs suggested that larger positive effects were noted for reading studies that used one-to-one tutoring. For both reading and math, programs that were longer than 45 hours had better results.

Zief, Lauver, and Maynard's (2006) review of after-school programs found that students who had good relationships with college student volunteers of a similar background had higher post-secondary aspirations. Their review also pointed to a shortfall of many after-school programs. Program participation was typically voluntary and sporadic. They concluded that the amount of contact with the youth often was not sufficient to bring about academic improvements.

Dynarski et al.'s review (2008) recommended individual or small group formats that build study and test-taking skills and target specific areas such as reading, writing, or mathematics. They argued that programs should be comfortable and welcoming to students at risk for leaving school. They concluded that programs need to run for a sufficient length of time. Suggestions in their review ranged from 10-12 weeks to 30 weeks with total time of program involvement exceeding 45 hours. They also suggested that programs needed to be sensitive to students' schedules. Youth might be reluctant to give up social time or have commitments such as employment or care giving outside of school time. They suggested that supplemental learning opportunities could be offered during the day accompanying core classes. In addition to building academic skills, they suggested that programs could provide extra time for studying and the chance to make up lost credits, help with transitions from middle school to high school, and build engagements with schools.

The Pathways to Education program combines tutoring and academic mentoring, adult education advocates, and concrete supports. Early evaluation evidence is very promising. This approach is summarized in the following table.

Program Example: Pathways to Education
Pathways to Education is a Canadian model that has shown impressive early results. The program was developed to address inequities in high school completion and post-secondary participation among youth in communities with traditionally low income, high unemployment, low educational attainment, and a high proportion of sole-support families. Pathways includes intense, multi-faceted, and long-term supports including academic, social, advocacy, and financial assistance. The program works closely with the public school system and other agencies to build on existing services. Program components include: **Tutoring** in core subjects in a safe, social learning environment. **Social supports** in the form of group mentoring (grade 9 and 10) and specialty and career mentoring (grade 11 and 12). **Advocacy** from a Student-Parent Support Worker (SPSW) who monitors attendance, academic progress, and program participation and facilitates good relationships with parents, teachers, and other students. The SPSW works closely with school administration and teachers, advocates for the students when necessary, and keeps parents connected with the program. **Financial support** is provided for school expenses such as transportation, lunches, and school trips as well as bursaries to support post-secondary education. From the onset, evaluation of implementation and results has been built into the Pathways model. To date, evaluations show that average enrolment for the five programs with students in their final year of high school is 92%, fewer grade nine students are identified as struggling/having poor attendance and an increased proportion are identified as doing well. Dropout rates across the first five cohorts fell from an average of 56% to 11.1%, and graduation rates are at or above the Toronto average. In the first three graduating classes, rates of post-secondary participation have increased from 20% to 83%. [http://www.pathwaystoeducation.ca/sites/default/files/pdf/Overview%2021_10_10.pdf]

Parent Training and Support Programs

Parent training programs have several objectives including improving relationships between parents and their children, increasing parents' ability to manage youth behaviour, and increasing responsible parent behaviours (Hoagwood et al., 2010; Kaminski et al., 2008; National Institute of Health and Clinical Excellence (NICE), 2005; Savignac, 2009). Some parent training programs also focus on improving parental functioning (e.g. depression, marital problems) and child cognitive development, emotional well being, and physical health (Kaminski et al., 2008; NICE, 2005). In child welfare, parent training is often used as a service component to help keep families together and teach alternatives to excessive discipline (Barth et al., 2005).

Common components of parent training programs include sessions focusing on (Hoagwood et al., 2010; Kaminski et al., 2008; NICE, 2005; Savignac, 2009; Thomas & Zimmer-Gembeck, 2007):

- Skills to manage youth behaviours,
- Youth behaviour management strategies (e.g. consistent use of rewards and punishments, differential reinforcement),
- Youth monitoring and supervision methods,
- Role playing and modeling of above methods,
- Practice of above methods during sessions with own children,
- Understanding youth development,
- Addressing other factors interfering with parenting (e.g. marital problems, depression).

Parent training programs vary in service delivery settings and how the training is provided. They are delivered in clinic/agency, neighbourhood and home settings. Training may be led by professionals, parents, or by a parent-professional team (Hoagwood et al., 2010). Service provision can be one-to-one or in a groups or both (NICE, 2005).

NICE (2005) identified seven essential characteristics of effective programs:

(1) a structured curriculum based on social learning theory;

(2) the use of relationship-enhancing strategies;

(3) an optimum of 8-12 sessions;

(4) enabling parents to identify their own program objectives;

(5) role playing during sessions and practice in the home setting;

(6) delivery by trained facilitators;

(7) the consistent implementation of program through adherence to manuals and materials.

Kaminski et al. (2008) found that the following program components were consistently associated with larger effect sizes: in session practice of parenting strategies with their own children coupled with curriculum focuses on emotional communication, positive interactions between parents and children, and the use of consistent discipline. This review also found that the use of manuals and standardized curriculum was not significantly associated with program effect sizes.

Specific programs identified in this review as embodying the above recommended elements include Triple-P—Positive Parenting Program, The Incredible Years (Webster-Stratton & Hammond, 1997) and Parent-Child Interaction Training (Eyberg & Robinson, 1982). As an illustration, the following table provides a more detailed description of the Triple-P—Positive Parenting Program.

Program Example: Triple-P—Positive Parenting Program
Triple P—Positive Parenting Program is an international parent training program with applicability for a wide range of families including those with complex issues such as depression, marital discord, highly distressed parents, and involvement with child welfare services.   Triple P is a behavioural family intervention intended to promote positive relationships between parents and their children (age 2-16 years). Using a variety of sources (multi-media, self-directed, or professional consultations), parents access information on parenting and behaviour management strategies. Triple P uses didactic presentations,

individual or group activities, and homework to assist parents in identifying causes and goals for behaviour change. Other teachings include communication skills, planned activity scheduling, differential reinforcement, and effective consequences for misbehaviour.

Triple P is offered in five formats: Standard (with single families), Group (in group sessions), Enhanced (additional parent-focused modules), Self-Directed (using a workbook), and Media (12 teaching video episodes). In the Enhanced Triple P additional modules focus on practice, coping skills, and partner support.

Five levels of family support ranging in intensity and duration are offered. Most relevant to families with children and youth leaving residential treatment, levels 4 and 5 address the needs of families whose children have serious problems and families with multiple risk factors for increased family dysfunction. Level 4 provides intensive parent training over 8-10 sessions. Level 5 offers an individualized intensive program for dysfunctional families and includes practice opportunities for parents to manage their stress and improve parenting skills. This level can be used for families at risk of child maltreatment.

The universal goals of Triple P are to provide support to parents, reinforce parenting skills, promote good family functioning and non-violent behaviours, reduce the risk of child abuse, and increase resources available to parents.

Across various formats, Triple P had, on average, medium effect sizes on child behaviours. Parents reported improvements in child behaviours at home. Less consistent were reports of child behaviour improvements by stepparents, teachers, and clinic observations. Mothers and fathers reported reductions in negative parenting behaviours. See www.triplep.net for more detailed information.

(Additional Sources: Savignac, 2009 and Thomas & Zimmer-Gembeck, 2007).

There is extensive research examining the effectiveness of parent training programs. Most studies evaluated short term program outcomes. Notwithstanding variations in the rigor of research designs, evaluations of parent training programs generally reported favourable impacts on parent, child, and parent-child indicators (Hoagwood et al., 2010; NICE, 2005).

High parental satisfaction with parent training programs was consistently reported. Benefits to parents included increased feelings of efficacy, parenting skills acquisition, knowledge about their child challenges, and perceived social support (Hoagwood et al.,

2010). The parent training program effect sizes reported by Kaminski et al. (2008) were larger for parents (0.43) than for children (0.30).

Impacts on child functioning of parent training programs generally were favourable, particularly for programs with a behavioural rather than relational focus (NICE, 2005). Larger program effect sizes for child externalizing behaviour were significantly associated with program focuses on positive interactions with their child, use of time out, consistent responding, and practicing skills with their child (Kaminski et al. 2008). NICE (2005), in their review, reported that 50% of all child outcomes measured showed improvement and 50% showed no significant change. The following table provides an overview of the parent training effectiveness studies reviewed.

Effectiveness Studies for Parent Training

Reference	Focus	Findings
Hoagwood, K. E., Cavaleri, M., Olin, S., Burns, B., Slaton, E. Gruttadaro, D. & Hughes, R. (2010). Family Support in Children's Mental Health: A Review and Synthesis. *Clinical Child & Family Psychology Review,13,* 1-45.	A comprehensive review of 50 family support programs in children's mental health with the intent to operationalize and characterize key components of family support.	*Clinician-led programs (33/50 studies)*: Parental satisfaction was high. Parenting skills, knowledge about their child's illness, and perceived social support were all impacted favourably. Impacts on family dysfunction and conflict were mixed. *Team-led programs (6/50 studies)*: Parents experienced positive benefits related to self-efficacy, symptom reduction, and perceived social support and skills. Programs that also had a focus on child services had a positive impact on child behaviour. Impacts on service utilization were unclear. *Parent-led programs (11/50 studies)*: Evidence was thin with most findings based on pre-post test designs with no control groups. One RCT found positive changes in child academic achievement. Outcomes related to service access and participation were mixed. There was some evidence that low-income families or families with limited empowerment showed increased family and service empowerment.
Kaminski, J., Valle, L., Filene, J. & Boyle, C. (2008). A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness. *Journal of Abnormal Child Psychology, 36,* 567-589.	A meta-analytic review of parent training program components (content and delivery methods) associated with successful parenting and early childhood behavioural outcomes (age 0-7 yrs). Authors reviewed 77 studies from 1990 until 2002 that met their criteria.	Overall weighted effect size for parent training programs was 0.34 indicative of a significant mean difference between treatment and control groups at post-test (95% CI=0.29—0.39). Separate weighted effect sizes for parenting/skills outcomes was 0.43 and 0.30 for child behaviour outcomes. Significant predictors of larger program effects for positive *parenting behaviours/skills* outcomes included emotional communication, positive interactions with child, and practice with own child. Smaller program

Reference	Focus	Findings
		effect sizes were significantly associated with problem solving, promoting children's cognitive/academic skills, and ancillary services.
		Larger program effect sizes for *child externalizing behaviour* outcomes were significantly associated with positive interactions with child, time out, consistent responding, and practice with own child. Programs with the component promoting children's social skills were associated with smaller effect sizes.
		Positive outcomes for parenting behaviours and child externalizing problems were most reliably predicted by in-session practice of skills with their own children, teaching emotional communication, positive interactions between parents and children, and consistent discipline.
		The use of standardized manualized curriculum was not associated with effect size in any models.
National Institute of Health and Clinical Excellence (2005). Final Appraisal Determination: Parent training/education programmes in the management of children with conduct disorders. Authors.	An assessment of the effectiveness of parent training programs for children diagnosed with conduct disorder age 12 or younger.	16 systematic reviews were identified that assessed effectiveness of one or more parent training programs. 6 reviews determined to be of high quality showed parent training programs were effective in improving children's behaviours, particularly programs with a behavioural rather than relationship focus.
		Only 1 review assessed med to long term outcomes and found that parental well being was improved and maintained between 1 and 4.5 years and children's behaviours were significantly improved between 1 and 10 years after intervention.
		In 19 studies with a control group, 50% of child behaviour outcomes showed a significant improvement and 50% were neutral (n.s.).
		In 16 studies with an "active comparator"/comparison group, 9 studies reported effectiveness evidence in favour of parent training programs and 6 studies showed no difference between interventions.

Parent Support Programs

Parent support programs provide emotional and informational support through parents sharing of experiences either one-to-one or in groups (Dunn et al., 2003; Woolacott et al., 2006). Participants both give and receive support and advice (Chien & Norman, 2009; Dunn et al., 2003; Woolacott et al., 2006).

Parent mutual support programs in this review varied substantially in types of program leadership, length of program involvement, and formats for involvement (Chien & Norman, 2009; Dunn et al., 2003). Support groups were facilitated by professionals or by parents or by both. Duration of program involvement ranged from from 6 weeks to a year or more. Support was most often provided in face-to-face contact within a group but was also available through parent-to-parent contacts and use of remote technologies such as the phone or internet.

Earlier research by the Partnerships Project indicated that parents of children in need of residential mental health treatment often experienced feelings of isolation and a heavy care giving burden. The rationale for parent support programs is that contact with other parents facing similar circumstances should help parents to feel that they are better able to manage daily stress and to feel better about themselves. The support should also help them to gain confidence about their ability to care for their children. The Parent Connections Program is described in the following table as an illustration of a parent support program.

Program Example: Parent Connections
Parent Connections is a family-to-family support program for parents with children with emotional and behavioural difficulties. The program links a "veteran" parent, known as a parent support partner (PSP), with up to eight parents who have a school-aged child. The PSP offers support in the form of weekly telephone calls to build a relationship with each parent. Parents and their PSPs also meet at a series of educational workshops facilitated collaboratively by professionals and parent advocates. In addition to their educational merit, the workshops provide an opportunity for parents to share experiences and receive informational, affirmational, and emotional support. Informational support involves PSPs helping parents identify difficulties and finding ways to address their needs and concerns. PSPs provide affirmational support by identifying opportunities for parents to build parenting competencies, confidence, and positive self-evaluations. Parents receive emotional support by their PSPs listening to their concerns, communicating an understanding of their feelings, and supporting parents to cultivate other emotionally supportive relationships with key people (relatives, friends, church

members, etc.).

Parent Connections was built on five primary principles:
- A strong support network can improve parents' responses to the challenges of raising a child with emotional and behavioural difficulties
- Support can help parents deal more effectively with their own worries and doubts
- Support can diminish feelings of stigma
- Support may allow professional treatment to work more effectively (i.e. stay engaged with treatment, make use of resources)
- Building parents' knowledge and skills can produce an increased sense of efficacy.

Results from an evaluation using data from 257 families revealed positive program impacts on maternal mental health and perceived support. Parents involved in the program, compared to a control group, reported greater breadth of support. Approximately ¾ of Parent Connections participants said they wished they could have talked to someone about their child's condition and an equal proportion actually did talk to someone. In the control group, about two-thirds of parents wished they could have talked to someone and only about half of these parents did. Maternal mental health was also positively impacted by program involvement. About 22% of mothers in the program moved from high to low levels of anxiety 12 months into the program. Only 9% of mothers in the control group had lower levels of anxiety after 12 months.

Source: Dvoskin Sakwa & Ireys (2006)

Research about the effectiveness of parent/peer support groups was scarce in this review. In addition, given the lack of consistent defining features for parent support groups and the difficulties in researching naturalistic group processes, the rigor of the available research evidence was questioned (Chien et al., 2009; Woolacott et al., 2006). Despite these shortcomings, there was support in the available studies for the benefits of being involved in support programs, particularly for parents. Improvements in parents' knowledge acquisition and feeling that support was available were frequently noted in studies. Other benefits to caregivers included reductions in measures of family burden as assessed by parents and caregiver distress. Parents' also perceived improvements in their coping and quality of life (Chien et al., 2009; Dunn et al., 2003; Woolacott et al., 2006).

Most studies of support programs did not show direct impacts on youth outcomes. One exception was Woolacott et al.'s review (2006) that identified two experimental studies in which lower rates of rehospitalisation and increased patient psychosocial functioning were associated with support group involvement of caregivers of individuals with various chronic conditions. The table below provides an overview of the parent support research in this review.

Effectiveness Studies for Parental Support

Reference	Focus	Findings
Woolacott, N., Orton, L., Beynon, S., Myers, L. & Forbes, C. (2006). Systematic review of the clinical effectiveness of self care support networks in health and social care. University of York: Centre for Reviews and Dissemination.	A systematic review of 46 studies to assess the effectiveness of support networks in health and social care.	Overall, review concluded that the evidence base for support groups is weak; however, support networks/groups may be helpful in specific settings particularly in weight-loss and carers of individuals with mental illness. No optimal features of self help groups/networks were evident. 9 studies were included that evaluated support groups for carers of individuals with various chronic conditions (2 studies—long term disability/illness, 1 study—caring for a young child and elderly person, 4 studies—caring for a family member with schizophrenia or major affective disorder, 1 study—caring for a premature infant). In 2 high quality RCTs, improvements were found for carer distress, quality of life, family burden, family functioning, and patient's psychosocial functioning and rehospitalisation.
Chien, W. & Norman, I. (2009). The effectiveness and active ingredients of mutual support groups for family caregivers of people with psychotic disorders: A literature review. *International Journal of Nursing Studies,* 46, 1604-1623.	A literature review of 25 studies to assess the effectiveness of peer-led or professionally facilitated support groups for caregivers of people with schizophrenia or other psychotic disorders.	The 25 studies consisted of 19 studies using either qualitative, exploratory cross-sectional survey, or quasi-experimental methods. Six studies were either RCT or experimental designs. There is limited information on the effects and active components of support groups. The variability in design of support groups (treatment integrity) may hinder the study of their effectiveness. The six experimental studies reported significant short term improvements on family related measures (family burden, knowledge, coping, self efficacy, social support). Differences over a longer follow up period (two studies) were non-significant.
Dunn, J. D., Steginga, S. K., Rosoman, N., & Millichap, D. (2003). A review of peer support in the context of cancer. *Journal of Psychosocial*	A narrative review of 25 studies of the effectiveness of support programs for cancer patients or their families.	The 25 studies consisted of 15 descriptive, 5 cross-sectional post-test evaluations, 2 case comparisons, 1 experimental, and 1 RCT (reported twice). Research on peer support is hindered by the variability in definitions and descriptions of what it is. In this

| Reference	Focus	Findings
Oncology, 21 (2), 55-67.		review support programs were classified based on three dimensions: style of supervision, context, and mode of delivery. However, no evaluations of comparative effectiveness were made.
		Most studies reported high levels of participant satisfaction. Peer support seemed to be helpful in reducing feelings of isolation, promoting optimism and coping, and providing information about illness and treatment.
		One study reported that women with good social support did not benefit from a support program. This and another study suggested that support in a group setting was not always beneficial.

From our perspective, parent support programs merit inclusion in this integrated program model. Conceptually, there is no evident reason why parent training and parent support strategies cannot be complementary. It is probable that fewer parents will become involved in ongoing support groups than will participate in short-term training programs. Many parents with youth living at home after residential care encounter significant challenges caring for these youth along with their other responsibilities. Both social support theory and research evidence suggest that support programs can help parents to feel less alone and to feel more able to cope with their responsibilities. As a consequence, it may be that more youth can continue to live at home.

Youth Life Skills Development

In the synthesis review, social and cognitive behavioural skills building approaches were common components in programs intended to reduce delinquency, educational failures and conflicts within the home. On the other hand, residential mental health programs for youth place a high emphasis on appropriate youth behaviours and the development of useful life skills. So why is youth life skills development included in our suggested integrated community adaptation program model if it is a major focus of residential programs?

As the following figure based on our research shows, most youth arrived in residential care with very high problem scores on a variety of behavioural, emotional and relational indicators. This figure also shows that most youth demonstrated significant improvement on many of these indicators at the point of discharge from these residential programs. However, many youth continued to have scores on these indicators around the level of clinical concern. This research also found that most of these youth continued to face serious educational challenges. In addition, about half of these youth experienced troubles with the law after leaving these residential programs. For about half of the youth who returned to live with their families, relationships at home were difficult. Finally, these youth confronted different community adaptation problems after leaving residential treatment and these challenges changed as they became older. This suggests that helping these youth to manage their behaviours and to develop a requisite set of community adaptation skills is best understood as an ongoing process.

Figure 1: Average Admission and Follow Up (12-18 months post discharge) Scores on Selected Mental Health Subscales of the Brief Child and Family Phone Interview (BCFPI-3)
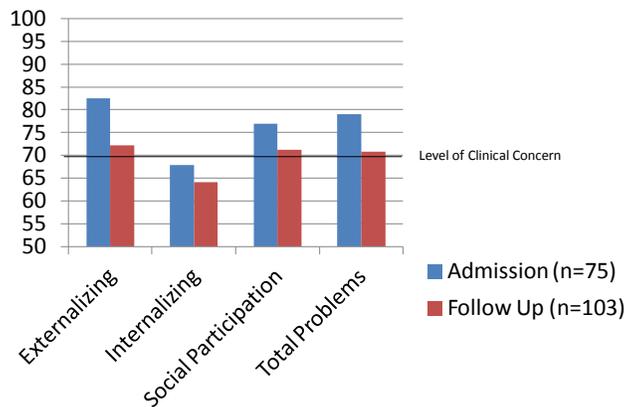
Typically administered in a group format, skills building programs engage youth with lessons by utilizing role playing and practicing skills in real life applications. Various skill lessons or modules may be taught over a series of sessions or the curriculum may be shorter in duration and focus on acquiring a specific skill like conflict resolution. Skills building programs generally last 1-2 months; however, some programs may last a year or more (Hammond et al., 2007).

The most common life skills development approach identified in this review was cognitive-behavioural (CB). CB interventions typically focused on both cognitive and contingency management skills (Cobb et al., 2006). Common components included problem-solving, communication, and situational self-awareness. Besides positive reinforcement, cognitive behavioural programs often also included token economies and behavioural contracting. Other frequent curricula included coping effectively with relationships, critical thinking, assertiveness, peer selection, making low-risk choices, self-improvement, stress reduction, peer resistance, recognizing and responding to potentially harmful situations, conflict resolution and leadership (Hammond et al., 2007).

The Coping Power Program described in the following table combines both youth life skills development and parent training in a program focused on reducing substance use, delinquency, and school problems among youth with a history of aggressive behaviours.

Program Example: Coping Power

Coping Power is a multi-component selective prevention/intervention program for middle school aged boys with aggressive behaviour. Coping Power addresses key risk factors associated with substance use and delinquency by fostering social competence, self-regulation, and positive parental involvement. Delivered in school, Coping Power has also been adapted for delivery in mental health settings. The program has a child component and a parent component. The child component is delivered in groups of 5-6 boys over 33 one-hour sessions over 15 months. The child group sessions are co-led by a program specialist and a school guidance counselor.

Child teachings include "behavioural and personal goal setting, awareness of feelings

and associated physiological arousal, use of coping self-statements, distraction techniques and relaxation methods when provoked and made angry, organizational and study skills, perspective taking and attribution retraining, social problem-solving skills, and dealing with peer pressure and neighborhood-based problems by using refusal skills." (Lochman & Wells, 2004, p. 573)

The parent component is delivered in 16 parent group sessions (4-6 parents) over the same 15 months. Groups are held at the boys' school and are co-led by two program staff. The parent component is a parent training program based on social learning theory which incorporates various parenting skills like rewarding appropriate child behaviour, giving effective instruction, and establishing ongoing family communication. Parents also learn to support their child's social-cognitive skills acquired through the Coping Power program.

Several evaluation studies have shown that Coping Power is effective in reducing delinquent behaviour, substance use, and improving social competence and behaviours in the classroom at one year follow up (Lochman & Wells, 2004).

www.copingpower.com

There is no shortage of evidence on the effectiveness of life skills development programs in promoting better community adaptation outcomes in education, delinquency, and relationships at home. The table below provides an overview of effectiveness studies of the life skills development programs in this review.

In a systematic review of 136 studies, Beelman and Losel (2006) reported an overall mean effect size of 0.39 immediately after program completion and a total effect size of 0.28 at follow up (up to one year post-intervention). CB programs were the only approach with significant effects on both antisocial behaviour and social competence. Additionally, programs involving youth age 13 or older with antisocial behaviour had the largest effect sizes.

In another meta-analysis of 361 studies, Lipsey (2009) found that larger program effects were seen for older youth, those with higher risk of delinquency, those in diversion programs, and for programs with higher quality implementation. Behavioural and cognitive behavioural approaches had the largest reductions on juvenile justice recidivism rates.

Effectiveness Studies of Social and Cognitive-Behavioural Skills Building Programs

Reference	Focus	Findings
Beelmann, A. & Lösel, F. (2006). Child social skills training in developmental crime prevention: Effects on antisocial behaviour and social competence. *Psicothema, 18*(3), 603-610.	A systematic review of 136 studies to assess the effectiveness of social skills training on the prevention and treatment of antisocial behaviour and increasing social competence.	Types of social skills treatments included behavioural (27.7%), cognitive (21.3%), cognitive-behavioural (35.3%), and counseling/psychotherapy (15.4%). Most programs were no longer than 2 months in duration, delivered in group training, and administered in school settings. Programs directed at children/youth with identified antisocial behaviour (indicated prevention) or other identified risk factors (selective prevention) were more common than universal prevention programs. The mean total post-intervention effect was 0.39 and the mean total follow-up effect was 0.28. Follow up effects however were rarely assessed more than 12 months post-intervention. Cognitive-behavioural treatment was the only treatment type with significant effects on both antisocial behaviour and social competence. Type of trainer influenced effect sizes. Researchers, project staff, and trained students were associated with larger effect sizes than teachers or other psychosocial practitioners. Programs targeted at youth age 13 or older for antisocial behaviour showed the largest effect sizes.
Hammond, C., Linton, D., Smink, J. & Drew, S. (2007). *Dropout Risk Factors and Exemplary Programs.* Clemson, SC: National Dropout Prevention Center, Communities In Schools, Inc.	A research review to identify risk factors for school dropout and exemplary evidence-based programs that address the identified risk factors.	Life skills development strategies were found in 60% of identified exemplary programs (30/50 programs). Life Skills included communication skills, the ability to cope effectively with relationships, problem solving/decision making, critical thinking, assertiveness, peer selection, low-risk choice making, self-improvement, stress reduction, peer resistance, recognize and appropriately respond to risky or potentially harmful situations; conflict resolution skills and social skills.
Lipsey, M.W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders*, 4, 124-147.	A meta-analysis to determine principles of effective programs for juvenile offenders and compare the relative effectiveness of different programs. 361 reports were included from published and unpublished studies dated 1958 to 2002. The outcome was recidivism, most frequently measured as	For s*kill building programs*, larger program effects were seen with older youth, those with higher delinquency risk, and those in diversion programs, and for programs with higher quality implementation. Smaller effects were seen with youth with aggressive/violent histories. Among *skill building programs*, behavioural and cognitive behavioural approaches had the largest reductions on recidivism rates (22% and 26%, respectively), followed by social skills (13%), challenge (12%), academic (10%), and job related (6%).

Reference	Focus	Findings
	re-arrest within 12 months.	

The Integrated Program's Links with Pathways to Improved Youth Community Adaptation

Overall, the suggested integrated program has the potential to address many of the major factors associated with successful youth community adaptation in this synthesis review. In particular, the program has the potential to provide youth with connections to adults who are invested in their wellbeing, to improve youth relationships with their families, to improve life skills, and to keep youth positively connected with peers and social institutions. In the synthesis review, these factors were linked conceptually and empirically to better school outcomes, less delinquency, and better transitions to community living for troubled youth.

The program connects youth with adult Youth and Education Advocates and, ideally, with adults from their youth support networks. Theories of resilience suggest that having at least one trusted, supportive adult is related to better outcomes for school, delinquency, mental health, and housing (Dworsky & Courtney, 2008; Guilbord et al., 2011; Hawkins et al., 2010; Pecora et al., 2006; Underwood & Knight, 2006). Good relationships with adults can contribute to decreased risky behaviours, better school attendance, grades, and completion, and improved communication and social skills (Dynarski et al., 2008; Test et al., 2009).

The program has the potential to connect youth with supportive peer and staff relationships within the school. Positive relationships between students and teachers or other adults at school have been linked to lower dropout rates especially among high-

risk students (Lessard et al., 2008; Rumberger, 2004a). Conceptually, academic and social engagement is often considered the most important precursor to dropping out (Audas & Willms, 2001; Rumberger & Lim, 2008). Delinquency research suggest that factors that can reduce delinquency include discouraging negative peer associations, improving positive social ties, and receiving support from teachers and mentors (Howell, 2003; Savignac, 2009).

Education Advocates can help to adjust experiences at school to be more congruent with youth capabilities and aspirations. At-risk students are more likely to persist in school if they believe that finishing school will contribute to their goals for a better life and avoid the negative consequences of dropping out (Knesting & Waldron, 2006). Opportunities to make school-to-work or community connections can be a strong motivator for students (Abrami et al., 2008; Lehr et al., 2003). Some studies have shown that well designed programs that make the links to the post-school paths identified by students can be effective (Dynarski et al., 2008; Test et al., 2009).

Ideally, the program may empower parents to support their child's schooling. Parent expectations have significant effects on high school completion (Audas & Willms, 2001; Rumberger and Lim, 2008). Also parental involvement influences whether low achieving students stay in school (Audas & Willms, 2001; Rumberger, 2004a). In addition, potentially the program can help to compensate for shortages of tangible and educational resources at home (Hammond et al., 2007; Rumberger & Lim, 2008).

Parent training and support can help to improve relations within the home. Family factors that protect youth from engaging in criminal activity include positive parenting practices, good relationships with parents, good communication with parents, parental supervision of youth's activities, and overall support to youth from families (Howell, 2003; Savignac, 2009).

Youth skills development can help youth to take advantage of the community adaptation supports available to them. Youth with emotional and behavioural difficulties often have problematic interactions with peers, family members, teachers, and other adults. This

impairment can have significant negative consequences in the domains of education, employment, peer acceptance, and general community adaptation where social skills are needed for success (Audas & Willms, 2001; Clark & Crosland, 2009; Hammond et al., 2007; Rumberger & Lim, 2008).

Concluding Remarks

At the beginning of this synthesis review, the main purpose was described as finding program strategies with the potential to improve community adaptation outcomes for youth leaving residential mental health programs. Consequently, this review has ended with the recommendation of an integrated program to improve youth community adaptation outcomes. From our perspective, if nothing different is tried to improve youth community adaptation, the useful of this synthesis review is quite limited.

While many operational specifics remain to be clarified for this integrated program, it is well grounded in available evidence about pathways to community adaptation and the effectiveness of a broad range of program strategies in various youth life domains. Equally important, if the resources can be found, the integrated program can be implemented on a relatively modest scale – in one or a few settings. If this is done, it would be very important to carry out good quality implementation and outcome assessments of these efforts.

We hope the attention can now shift to trying out these ideas. It is clear that community adaptation outcomes for youth leaving residential mental health programs need to be improved. Hopefully, this synthesis review has made it clear that we are not without credible ideas on how to bring about these improvements. The unanswered question is whether there is sufficient motivation and resources to try.

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