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# Continuity of care in youth services: A systematic review☆,☆☆

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ABSTRACT

Improving continuity of care is an important objective of various interventions and innovative programs for youngsters in vulnerable situations. Yet, the definition and conceptualization of continuity of youth care remains unclear, as well as important benefits and pitfalls regarding its implementation. Therefore, this study provides a systematic review of the literature, focusing on the conceptualization and evaluation of continuity. Database searches revealed 28 studies that focus on youth care interventions aimed at improving continuity of care. Selected studies were analyzed in Nvivo, using a three dimension model of continuity of care developed in general practice. Results show that continuity of care is rarely the central focus in youth services research. Moreover, its conceptualization is often limited to management aspects of continuity rather than highlighting other dimensions of continuity (e.g., relational and informational continuity). Also, experienced continuity of care as perceived by youngsters themselves is underrepresented in the selected studies, resulting in a partial view on continuity in youth care. It is concluded that more research is needed on youngsters' perceptions of continuity of youth services and its relational and information aspects, using qualitative study designs.



## 1. Introduction

Continuity of care is believed to be an important prerequisite and characteristic for providing youth care of high quality (Holland, Faulkner, & Perez-del-Aguila, 2005). One of the arguments to reorganize youth care systems is often to improve continuity of care (Stroul, Pires, Armstrong, & Meyers, 1998; Vanderplasschen, Vandevelde, Claes, Broekaert, & Van Hove, 2006). Despite a wide range of services, contextual differences and the use of various terms to refer to child and youth services, we will use the term 'youth care' consistently throughout this article to refer to all types of planned interventions aimed at improving the living situation of youngsters between 16 and 25 in vulnerable situations. These youngsters often experience multiple and complex problems and need support on various life domains (Fernandes-Alcantara, 2014). They are registered in various services and systems, such as mental health care, child welfare, medical care, educational and juvenile justice systems (Tobon, Reid, & Brown, 2015). Deinstitutionalization in child and youth welfare and protection services from the 1950s onwards, led to the creation of a complex and fragmented system of diverse agencies and service providers, including specific and specialized services for various types of problems. The complexity and fragmentation of professional youth care is recognized as a pertinent problem and an important reason why youngsters drop out of care (De Winter & Noom, 2003).

Continuity of care has been identified as a central feature of youth care services of high quality, and a broad range of interventions have been implemented to improve continuity of care, such as case management, care coordination, wraparound care, transitional care, critical time intervention or integrated care, in particular to serve hard-to-reach populations and youngsters experiencing problems on different life domains (Cortis, 2012; Ungar, Liebenberg, & Ikeda, 2014). Despite the increasing focus on continuity of care, the concept is poorly defined and not universally understood, resulting in divergent practices (Heaton, Corden, & Parker, 2012). A comprehensive review of continuity of health care demonstrated clear conceptual changes over time and its entanglement with related concepts like coordination of care, integrated care, client-centered care and case management (Uijen, Schers, Schellevis, & van den Bosch, 2012). The concept is also closely related to specific themes in youth care research like accessibility (Ådnanes & Steihaug, 2013) and transitions within and out of youth care (McNicholas et al., 2015; Rachas et al., 2016). Continuity of care appears to be particularly important in the provision of youth services due to the specific transitions in adolescents' care trajectories and interrelation between the problems they experience (Fernandes-Alcantara, 2014). Within specific areas that provide support for children and youth such as foster care, child and adolescent mental health care and the juvenile justice system, the importance of continuity of care is acknowledged, mainly as an a priori understood concept and prerequisite for quality

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care. However, in their review of continuity and related concepts Uijen et al. (2012) criticize the limitations of research looking only from a partial conceptual framework.

In other domains, the concept of continuity of care has been studied longer and more intensively, resulting in established conceptual frameworks and theoretical approaches. A frequently cited model in general practice is the one originating from the work of Freeman and colleagues (Freeman, Shepperd, Robinson, Ehrich, & Richards, 2001), which was later updated in publications by Haggerty (Haggerty et al., 2003) and Freeman (Freeman & Hughes, 2010; Freeman et al., 2007), leading to a model that differentiates between three generic dimensions of continuity of care: relational, management and informational continuity.

### 1.1. Relational continuity

Relational continuity is about the relationship between care provider and service user. It is – or should be – characterized by a long-standing and personal caring relation over a longer period of time. Relationship continuity can be seen as the 'glue' between past, present and future care. The aim is to provide service users a sense of predictability and coherence of support. In short, it has been described as "a continuous therapeutic relationship with a clinician" (Freeman & Hughes, 2010, p. 4).

### 1.2. Management continuity

Management continuity focuses on flexible and seamless care across the boundaries of single service providers. Managerial continuity is often linked to chronic and complex disorders, and focuses on the management aspects of care provision. From this perspective, continuity is achieved when services are provided in a complementary and timely manner. Management continuity also concerns the consistency of treatment by sharing clinical information and information on treatment planning and coordination of care (Freeman & Hughes, 2010).

### 1.3. Informational continuity

Informational continuity encompasses assessment of clients' needs, problems and assets and gives insight in previous care episodes, persons' values and context. The focus can be on either the diagnosis or the person. A differentiation can be made between information documented in treatment plans, which tends to focus on individuals' specific problems and support needs, and informally accumulated information by practitioners who interact with clients and get to know their preferences, values and context (Freeman & Hughes, 2010; Reid, Haggerty, & McKendry, 2002).

If these distinct dimensions of continuity are provided, individuals should experience continuity of care in contacts with service providers. The experience of continuity by service users themselves, is a cornerstone, defined as "*the experience of a coordinated and smooth progression of care from the patients' point of view (experienced continuity)*" (Freeman et al., 2001; p. 7). Experienced continuity is related to how well services perform on specific dimensions that contribute to the subjective perception of continuity of care (Heaton et al., 2012). According to Haggerty et al. (2003), continuity of care is about whether a client experiences care over time as coherent and connected. This experience seems to be the result of a satisfactory information flow, positive interpersonal skills, and expert coordination of care. Research also showed the importance of the paradigm of care (e.g. diagnostic/disease model vs. person-centered/strengths-based approaches) as a potential mediator of the operationalization of these dimensions of continuity of care (Reid et al., 2002).

While these different dimensions of continuity of care are well-documented for primary care, family medicine and mental health care, relatively few studies have focused on continuity in youth care as a central theme. Consequently, the aim of this study is to explore the concept of continuity of care and how it is operationalized in youth services, based on a systematic review of available peer-reviewed literature on this topic. Two core research questions will be addressed: (1) What are constitutive elements of continuity in youth care and how are these elements operationalized? (2) What are the benefits and barriers of implementation of continuity of care in youth care? The presented dimensions of continuity will be used to frame these questions (Freeman & Hughes, 2010).

## 2. Method

A systematic literature search was performed using following databases: ISI Web of Science, PubMed, ProQuest, ERIC, APA PsychNET and Elsevier Science Direct. We looked for studies published between 1990 and 2016 about youth care services and interventions focusing on 'continuity of care' and related concepts such as 'coordination of care' and 'case management' (see Fig. 1: Selection Flow Chart). Title and abstract were searched with following key words: "youth", "youngsters", "adolescents" AND "continuity", "continuity of care", "continuity in care", "case management" AND "coordination of care". We probed for publications that specifically focused on interventions or programs in which continuity of care was the primary focus. In total, 2097 articles were identified. After removing duplicates from various searches, 889 articles were left. In a first phase, studies were included if they met following two criteria: (1) target population: young persons between 12 and 25 years old in some type of youth care; and (2) continuity of care as core theme/focus of the study. Articles were excluded if: (1) the target population consisted of young children; (2) the scope of the study was on somatic disorders/medical interventions; (3) it concerned a small spectrum intervention concerning a specific life domain e.g. only targeting a specific diagnose as ADHD in school (4) continuity was only mentioned as a recommendation, not as the main focus of the article. By applying these criteria, 711 studies were excluded. Based on a thorough screening of the abstracts of the remaining studies, 35 articles were retained on continuity of care and youth care. After analyzing the full text of these 35 publications, another seven studies were excluded, resulting in the selection of 28 articles for this review (see Fig. 1: Selection Flow Chart).

All included articles were coded using Nvivo software (Nvivo, 2015). A combination of open coding and coding with predefined codes was made using the dimensions of continuity by Freeman and Hughes (2010), distinguishing between relational, management, informational and experienced continuity of care. All text segments in the selected articles in which continuity of care or a specific dimension of continuity was mentioned were coded. After coding the materials, a critical interpretative synthesis was used to analyze the data within each theme/dimension (Heaton et al., 2012). Results are discussed with coded excerpts of the original studies.

## 3. Results

### 3.1. Study characteristics

Table 1 provides an overview of the 28 included studies, highlighting the country, study design, aim of the study, study informants and setting/care system for each study (see Table 1). Our search strategy resulted in a wide variety of articles, since continuity of care was mentioned in various ways in the selected articles. Continuity could be a central aspect of the research question or the studied intervention or program, or rather be a conclusion regarding a specific intervention. Since this review focuses on the way continuity of care is defined and conceptualized in youth services, diversity of the selected papers was not seen as a problem, on the contrary. Papers were categorized according to the scope of the central research question. Overall, 15 articles focused on a specific intervention, program or system of care to enhance continuity (e.g. a continuum of care), 8 papers reported about the transition