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A Conceptual Framework for Creating Transition Plans for Incarcerated Youth

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Incarcerated youth face many challenges as they transition back to the community. The development and implementation of person-centered transition plans have been shown to improve re-engagement in education and employment, and to reduce recidivism. There is, however, little research to guide personnel in juvenile justice settings as to what a transition plan should contain and how it could be implemented. This article offers a conceptual framework based on transition theories, the extant research literature on transition plans and services, and practitioner experience to inform transition plan components for all young people in custody, with a focus on youth with disabilities and in out-of-home care. Keywords: Juvenile justice, transition plans, reentry plans, discharge plans, disability, out-of-home care, conceptual framework

INTRODUCTION

Young people involved in the juvenile justice (JJ) system often have poor life outcomes in areas of education, employment, and relationships (Indig et al., 2016; Snyder & Sickmund, 2006). Education can be disrupted and even inhibited if these transitions are not supported as young people move into and out of JJ centers (Hirschfield, 2014; Nellis & Hooks Wayman, 2009). Poor transitions and support on return to the community can leave these young people exposed to risks that can lead to recidivism (Bullis & Yovanoff, 2006). Recidivism rates are high for young offenders, typically over 50% in many western countries including Australia (60%: Richards, 2011), the UK (68%: Ministry of Justice, 2015), and the US (55%: Snyder & Sickmund, 2006).

Ideally, as youths move between various schooling systems, in and out of JJ centers, their education plans and programs should build upon previous achievements to support continuity (Mathur & Griller Clark, 2013; Platt et al., 2015). Recent research conducted in the US has

shown positive effects on re-engagement with education when transition back to the community is supported by evidence-based transition planning and processes (Griller Clark & Unruh, 2010; Hirschfield, 2014; Mathur & Griller Clark, 2013; Unruh, et al., 2019). Most youths, however, do not return to formal education post-release due to exclusionary policies, or if they do, they do not remain for long (Feierman et al., 2009). Getting a fresh start is not often afforded to youths with a criminal history, especially if the youth returns to a small community (Dawes, 2011).

Transition for young people involved in the JJ system involves movement into a secure-setting and after serving their sentence, transition back to community. This involves a change in environment, role, and identity. On entry to the JJ center, transitions encompass changes in residential and educational environments. As the youth nears their release date further transitions can occur such as to pre-release units (Griller Clark et al., 2016). While in custody, school-aged youths are expected to attend school, however, if they return to school on release, it may or may not be to a mainstream setting (Osher et al., 2012; Strnadová & Cumming, 2016). The aim of this article is to propose a conceptual framework to guide the design of effective individualized transition plans (ITP) back to the community, including the necessary domains to support and re-engage youths in prosocial pursuits.

It is acknowledged that young people in the JJ system often have a number of personal challenges that complicate their transition back to the community. Structural or system barriers also exist and have been reported elsewhere (O'Neill et al., 2017). Many have been involved in the child welfare system (Herz et al., 2012), come from poor or dysfunctional families (Williams & Small, 2015), are from minority racial backgrounds (Piquero & Brame, 2008), have substance misuse issues (Chassin et al., 2009), mental health issues (Zajac et al., 2015), a history of truancy (Zhang et al., 2010), and a significant proportion have disability (Griller Clark & Unruh, 2010). These challenges should be planned for in the development of ITPs.

One challenge that requires closer attention is disability. There is an overrepresentation of youth with disability among justice-involved youth in many countries. In the USA, in one study, around 33% of youth in detention were reported to have a disability (Quinn et al., 2005). In the UK, it is estimated that approximately 30% have a disability (Williams & Small, 2015), and in Australia, 46% of youth in detention in one state had an intellectual disability (Australian Institute of Health and Welfare [AIHW], 2018). For the purposes of this article, disability is defined as any impairment, ongoing or cyclical, that causes some form of functional restriction on the person, including sensory, physical, cognitive, learning, or psychological (Crawford, 2012). Problems in identification, reporting, and defining disability result in estimates rather than accurate figures in most countries. Under-identification of special education needs reduces the number of young people who could receive a disability-driven ITP (Platt et al., 2015). This underscores the importance of thorough assessment upon arrival at the JJ center (Griffis et al., 2014; Griller Clark & Unruh, 2010).

There is also an over-representation of youth who are in out-of-home care (OOHC) in the JJ system (Carr & McAllister, 2016). In the UK, 25-50% of youth in juvenile justice centers had been in care at some point in their life (Youth Justice Board, 2009), with 65% of youths dually involved in OOHC and the justice system in the USA (Herz et al., 2012). In Australia, 38% of

youth under juvenile justice supervision had sought homelessness support services (AIHW, 2018). The interplay of disability, cultural background, socio-economic status, family dynamics, and geographic location coupled with community receptiveness and services available necessitates careful planning and support for this vulnerable population (Burrell & Moeser, 2014).

Transition plans for incarcerated youth

Firstly, it is important to define what an ITP is for an incarcerated youth, when it is produced, what purpose it serves, and any legal requirements. For incarcerated youths, an ITP is defined here as a planning document that details the youth's goals, post-release from the custodial environment across a number of life domains including education, employment, and community engagement. The ITP produced is more holistic than an exit case management plan (aftercare plan) as it establishes youth-centered goals across many domains that can support the youth having a good life in the community. It is informed by formal and informal assessments conducted by psychologists, transition specialists, health workers, educators, JJ caseworkers, and parole officers. Information should be collected from the youth, their family/carers, and other stakeholders (Burrell & Moeser, 2014; Cumming et al., 2018; Hooper-Arana, 2019; Mathur & Griller Clark, 2013; Strnadová et al., 2017).

The ITP also details the supports and services needed in the youth's home community or place of future residence to achieve those goals, and the key contact/agency. The plan must reflect and abide by any court-imposed re-entry, parole, or probation conditions (Griller Clark et al., 2016). This is why parole officers should be part of the youth's transition planning team. The purpose of the ITP should be to re-engage the youth in their community in pro-social activities and make the most of the youth's strengths (Barton, 2006). Unlike an exit case management plan, the ITP does not focus only on domains assessed as high-risk although it could support risk reduction. Ideally, the ITP is developed over the last two to three months of the youths' sentence but may not be fully formed until just prior to release. Even then, it may require ongoing adjustment (Mathur & Griller Clark, 2013). For clarity, transition *planning* is defined here as the "set of practices or activities that support the goal of successful reentry" (Burrell & Moeser, 2014, p. 1).

Ideally, the ITP sits alongside the exit case management plan produced by the JJ agency, it does not replace it. In Australia, a case management plan is produced 4-6 weeks prior to release and is known as an exit, discharge, or release plan (O'Neill et al., 2016). Exit plans are a legal requirement in many jurisdictions. These plans are produced by the JJ agency and are based on an assessment of the youth's risks, needs, and responsivity to treatment (Hoge & Andrews, 2011). The domains included in the plan are those assessed as having the highest need or risks known to predict recidivism: exit plans are recidivism-risk focused.

The ITP should be a separate document and process to exit case management plans as they serve different purposes. Good ITPs are youth-driven, strengths-based, and include what community-based services and supports can be used to achieve the goals. Agency representatives and other stakeholders are encouraged to participate in the planning process. The information collected and contained in the ITP can feed into to the exit case management plan, and vice versa.

Although exit case management plans provide direction as to what programs or activities should be completed or engaged with to reduce the risk level of domains known to contribute to recidivism, research conducted by the authors on the contents of exit plans revealed that domains can be limited to just a few, and plans sometimes lacked important details as to who, where, or how the support would be provided (O'Neill et al., 2016). Additionally, exit plans are typically managed by parole officers whose remit entails supervision, surveillance, and control of the youth's behavior (Kratcoski et al., 2020, p. 388). Problematically, parole officers are often over-worked (Fader & Dum, 2013), and this can impact the ability to monitor plan implementation. Criticisms also exist about the integrity of case management plans as staff do not always include the needs and special conditions revealed through risk-need-responsivity assessment tools into case plans (Thurman et al., 2019).

Although a positive relationship has been found between adherence to risk-need-responsivity principles and reduced recidivism in youth (Singh et al. 2014), as yet, no formal risk assessment tool that is used to develop exit case management plans has been shown to have good predictive utility for all sub-populations (see Anderson et al., 2016; Barnes et al., 2016). There are likely other factors that remain unaccounted for and unaddressed (Barnes et al., 2016). A youth-driven ITP, that includes core and individual-specific domains identified through the conceptual framework process could overcome these issues. In the conceptual framework proposed here, the inclusion of transition planning approaches used with youth with disability and in OOHC are also included. These approaches seem warranted given the high prevalence of youth with disability and in OOHC in the JJ population and are applicable, in general, to at-risk youth.

In many countries, a transition plan is not a legal requirement for *all* young people leaving JJ settings. This is despite strong recommendations by Nellis and Hooks Wayman (2009) and more recently by Zajac et al. (2015) in the US, and O'Neill et al. (2016) in Australia. In many countries, it is only if the youth is involved in the OOHC system or has a defined disability that a more comprehensive, youth-focused transition from care plan or to post-school life is required. This leaves some youths without a transition plan that address domains beyond those assessed as high from criminogenic risk assessments. The exit plans informed by these assessments may not adequately address the complex needs of youths in a holistic way.

Best practice rather than evidenced-base practice
Although research evaluating specific transition programs for this population has established an evidence-base at the *program* level (Lipsey et al., 2010), there is a lack of "substantial evidence" on transition planning *practices* at this time for the JJ population (Platt et al., 2015, p. 7). Instead, the extant literature offers best practice advice in the areas of service coordination (e.g., Hogan et al., 2010; Hooper-Arana, 2019), the process of developing transition plans (Nellis & Hooks Wayman, 2009), meeting educational needs (Griller Clark et al., 2016), and developing transition portfolios (Mathur & Griller Clark, 2013). The recommended practices are often based on literature reviews of promising practices (e.g., Griller Clark et al., 2016; Hogan et al. 2010; Nellis & Hooks Wayman, 2009; Zajac et al., 2015), meta-analyses of effective interventions (e.g., Lipsey, 2009), case studies (e.g., Hooper-Arana, 2019; Mathur & Griller Clark, 2013; Risler & O'Rourke, 2009), program evaluations (e.g., Hagner et al., 2008), and mixed methods research (e.g., Bullis et al., 2004; Marshall et al., 2012).

Unlike the availability of transition planning tools and templates available to educators/caseworkers who support secondary school students with disabilities and/or in OOHC, those responsible for transition planning with incarcerated youth will find little guidance in what an ITP ought to contain. The ITP must be individualized to meet the youth's goals and needs, be informed by assessments, and clearly outline what services and supports will be enlisted at their return location to enable the transition goals to be realized. It should outline who should deliver the services, and the key contact person - ideally the transition specialist. What agency the transition specialist is employed by is not important, but that the role exists, and that service coordination and supporting the youth are core business. The transition specialist can assist the youth and their family in navigating and overcoming structural barriers in the many systems involved in the ITP.

Transition goals for incarcerated youths should extend months beyond their initial release from custody (Altschuler & Brash, 2004). Support from a transition specialist to implement the plan should be provided for 12 months or more given the high rate of recidivism in the first 6-12 months post-release (Mathur & Griller Clark, 2013). Goals must account for immediate post-release aspirations, needs, risks, and stressors. Goals should also reflect medium-term, holistic life goals as youth transition from adolescence to young adulthood (Anthony et al., 2010; Barton et al., 2008). Goals should also reflect the age or developmental stage of the young person (Altschuler & Brash, 2004), as trauma and disability can impact the development of self-regulation and/or affect regulation (Cecil et al., 2017), as well as academic capabilities.

Based on transition theories, extant research, and experience, the authors propose a conceptual framework to assist ITP creation for incarcerated youths. The conceptual framework has been developed to guide transition specialists in what core domains should be included, and to consider what individual-specific domains ought to be included in a collaboratively created ITP. It could minimize the impact of competing systems' agendas on service gaps, better align the plan with the therapeutic needs or aspirations of the youth and their family, and, offer a person-centered, holistic approach to ITP formation. It could also provide supports and services for domains that should have been included based on risk-need-responsivity assessments that were omitted. The research question that guided the framework is: What domains should and could be included in ITPs for incarcerated youth?

The Development of a Conceptual Framework

According to Miles and Huberman (2014), a conceptual framework offers a tentative theory to explain the relationships between key concepts, factors, and variables for a particular phenomenon. Maxwell (2012) advocated for the inclusion of theory, research, experience, and personal judgment when forming conceptual frameworks. Further, Jabareen (2009) recommends the inclusion of multidisciplinary texts and sources beyond journal articles, hence, reports have been included as literature sources.

Transition theory contribution to goal domains. Transition theories primarily serve to explain how individuals respond to change or events across the lifespan (Schlossberg 1981). Although a number of theories exist on the causes of and desistence from crime (e.g., Sampson & Laub

1993), less exist on the transitions of at-risk youth populations. Four pertinent theories are included and their contribution to the development of the framework are now discussed.

Chickering and Schlossberg (1994) highlighted how stress can be invoked by transitions into and through educational settings due to the features of the pre- and post-environment, and the youth's characteristics. The ability to cope with transition stress, they argued, was determined by the situation, self, support, and coping strategies. For incarcerated youth, goals in the personal development domain that enhance these are advisable (i.e., developing self-esteem, self-worth, hope, persistence, resilience, positive self-talk; ability to plan, problem solve, and reflect; ability to access information, seek help, self-calm, and to set realistic goals). Key in garnering support are relationships, as youths need support from their families, partners, and friends to reduce transition stress and future challenges (Garfinkel, 2010). Support can also be enlisted from people in organizations in the community. Hence, setting goals in the areas of relationships, and in areas such as education, employment, faith, or community service could reduce stress and enhance adaptive functioning (Nellis & Hooks Wayman, 2009).

The Taxonomy of Transition Programming (Kohler et al. 2016) was developed to improve post-school life outcomes for young people with disabilities. It has recently been adapted to meet the needs of incarcerated youth (Kohler et al., 2018). High numbers of youth in the juvenile justice system have disabilities (Griller Clark & Unruh 2010). The taxonomy alerts transition planners to essential supports, practices, and processes. The most pertinent taxonomy area that informs goal domains is student-focused planning. Under student-focused planning, goals in education/training, employment, and community engagement are advocated.

From the sphere of criminology, recidivism risk factors inform transition planning. Within a commonly used risk assessment measure, the Youth Level of Service – Case Management Inventory (Hoge & Andrews, 2011), eight central risk and/or needs are assessed including: the youth's history of antisocial behavior; their antisocial personality patterns, cognition, and associates; family circumstances; school or employment situation; their leisure pursuits; and their alcohol or other drug (AOD) usage. Given the positive results of this approach in predicting recidivism for some populations, ensuring transition plans include these domains, as appropriate, is advisable.

Barry's (2007) Bourdieusien Youth Offending and Desistence Theory seeks to explain youths' desistence away from criminal activity from the perspective of Bourdieu's capital. Desistence is thought to arise from the realization that crime costs more socially than the personal benefits it delivers. Accumulating or having others supply social, cultural, economic, and symbolic capital is not enough to deter criminal behavior, instead, young people must have the opportunity to expend capital as well: to give something back or take on responsibilities (e.g., employment), and generativity (e.g., becoming a counsellor). Including goals that address responsibility to others including family, friends, and employers, and that address generativity (e.g., volunteerism) appear worthwhile inclusions.

The contribution of the above theories to identifying goal domains is seen in Table 1. Fourteen different domains could be identified in the theories, 12 from an education perspective, and 11

from a criminology perspective. Education/training and employment were strong inclusions in common, with relationships being more central to the criminology perspective. From the education perspective, a broader range of domains should be included, namely social skills, health, transport, and finances. Pertinent to young people in detention, AOD and mental health may need to be included given the high prevalence rates reported for this population (Kapp et al., 2013; Sedlak & McPherson, 2010).

Table 1
Transition Goal Domains Found in Transition Theory.

Goal domain	Theory			
	Education		Criminology	
	Schlossberg's Transition Theory (1981)	Kohler's Taxonomy for Transition Programming (2016)	Risk-Need-Responsivity (Hoge & Andrews, 2002)	Barry's Youth Offending and Desistence Theory (2007)
Education / Training	X	X	X	X
Employment	X	X	X	X
Residence (including independent living skills)		X	X	
Personal development (including life skills)	X		X	
Social Skills		X		
Relationships	X		X	X
Leisure/Recreation		X	X	
Health/Medical		X		
Mental Health			X	
AOD			X	
Transport		X		
Community Service/ Engagement, (including volunteerism)	X	X		X
Faith	X			X
Finances		X		

Transition research contribution to goal domains. A conceptual review of the literature (Jesson et al., 2011) on the phenomenon of transition planning and plans was conducted that drew from multiple fields. Conceptual reviews are a type of traditional literature review that locate and synthesize literature by themes to provide an understanding of the important issues, ideas, or concepts (Jesson et al., 2011). By their nature, they are not intended to be exhaustive such as is required of a systematic review. Nineteen articles and reports were located from database

(*Scopus, PsycInfo*, and *Criminal Justice Abstracts*) and ancestral searches from the fields of education, criminology, and multidisciplinary perspectives that included recommended transition plan areas or re-entry services. Practitioner articles, and other gray literature such as reports, and practitioner manuals were included in the search.

Articles that were focused on the education of incarcerated youth, including career development, were analyzed for domain themes from an education perspective. Thirteen domains were found in the 12 articles (see Table 2). The need for education on return to the community was mentioned in all articles, this was followed closely by a need to plan for future employment, residence (including independent living skills), mental health, relationships, and AOD. Health, social skills, leisure, personal development, transport, and finances were mentioned in less than half of the articles, in descending order of inclusion. Faith and community service/engagement domains were not raised in these articles.

Table 2
Transition Domains in Education Perspective Articles

Domain	Geis (2014) ◊	Griller Clark, Mathur & Helding (2011) Ω	Griller Clark & Unruh (2010) ^	Griller Clark et al. (2016)	Hagner, Malloy, Mazzone & Cormier (2008) +		Hirschfield (2014) ^	Jolivette, Swoszowski, McDaniel & Duchaine (2014) ◊	Ochoa (2016) ◊	Osher et al. (2012) ^	Risler & O'Rourke (2009) Ω	Sheldon-Sherman (2010) ◊	Waintrup & Unruh (2008) ◊
					Youth	Adult							
Education/training	X	X	X	X	X	X	X	X	X	X	X	X	X
Employment and/or work experience	X	X	X	X	X	X	X	X	X	X	X		X
Residence (including independent living)		X	X	X	X		X		X	X	X	X	X
Personal development (including life skills)			X	X							X	X	
Social Skills			X	X				X			X		X
Relationships					X	X		X	X	X	X	X	
Leisure/Recreation		X	X	X							X		X
Health/Medical				X				X	X	X	X		X
Mental Health		X	X	X			X	X	X		X	X	X
AOD		X	X	X						X	X	X	X
Transport										X			X
Community Service/ Engagement, (including volunteerism)				X									
Faith				X									
Finances												X	
Child care/raising												X	

Note: Ω adult perspectives, + youth and adult stakeholder perspectives, # comprehensive review, ^ literature review, ◊ practitioner article

Six studies were reviewed that were from a criminology perspective. Sixteen domains were found (see Table 3). The need for engagement in education and building relationships featured in all articles, closely followed by employment, residence, and AOD, then personal development, leisure, and transport. A new domain emerged from this body of literature, that of legal

assistance, which was raised in the article by Field and Abrams (2010). Seldom mentioned were social skills, health, mental health, faith, community service/engagement, or finances.

Eight articles were from a multi-disciplinary perspective, where research conducted with social and health workers was evident. Thirteen domains emerged from this body of literature (see Table 4). Education featured in all articles, but so did health, mental health, and AOD. Next, was residence, followed then by employment and relationships, then finances in order of inclusion. Personal development, social skills, and transport were mentioned in 3 out 8 articles; with leisure, child care, and legal assistance in only one or two. Absent from this body of literature were faith, and community service/engagement domains.

Table 3
Transition Domains in Criminology Perspective Articles

Domain	Abrams (2007) *	Abrams, Shannon & Sangalang (2008) +	Barton et al. (2008) Ω	Bouffard & Bergseth (2008) Ω	Field & Abrams (2010) *	Lodewijks (2011) Ω
Education/training	X	X	X	X	X	X
Employment and/or work experience	X	X		X	X	X
Residence (including independent living)	X	X	X		X	X
Personal development (including life skills)	X	X		X		X
Social Skills						X
Relationships	X	X	X	X	X	X
Leisure/Recreation	X		X	X		X
Health/Medical					X	X
Mental Health				X	X	
AOD	X	X		X	X	X
Transport	X	X		X	X	
Community Service, Engagement, or Volunteerism			X			
Faith					X	
Finances	X				X	
Child care/Raising					X	
Legal Assistance					X	

Note: * youth perspective, Ω adult perspectives, + youth and adult stakeholder perspectives

Table 4
Transition Domains in Multidisciplinary Perspective Articles

Domain	Anthony et al. (2010) #	Burrell & Moeser (2014) Δ	Maschi et al. (2008) ^	Nellis & Hooks Wayman (2009) ^	Sedlak & McPherson (2010) *	Stepteau-Watson et al. (2014) ^	Unruh, Gau & Waintrup (2009) *	Zajac et al. (2015) #
Education/training	X	X	X	X	X	X	X	X
Employment and/or work experience	X	X		X		X	X	X
Residence (including independent living)	X	X	X	X		X	X	X
Personal development (including life skills)		X		X			X	
Social Skills		X		X			X	
Relationships	X	X		X		X	X	X
Leisure/Recreation				X				
Health/Medical	X	X	X	X	X	X	X	X
Mental Health	X	X	X	X	X	X	X	X
AOD	X	X	X	X	X	X	X	X
Transport		X				X		X
Community Service/Engagement (including volunteerism)								
Faith								
Finances	X	X	X	X		X		
Child care/Raising		X						X
Legal Assistance				X				

Note: * youth perspective, # comprehensive review, ^ literature review, Δ practitioner manual

THE CONCEPTUAL FRAMEWORK

From theory and literature 16 domains were identified that could be considered for inclusion in transition plans for incarcerated youth to support their return to the community. As there is a need to balance the rehabilitation needs of the youth alongside the potential risk of recidivism, it is recommended that domains that score highly on risk assessments are addressed in the plan (Nellis & Hooks Wayman, 2009). To create a more holistic plan, the transition specialist should then consider the following domains in light of the youth's age and developmental needs (Altschuler & Brash, 2004). Each domain will be now clearly defined and described, and on what basis it should be included in the transition plan. Core domains will be discussed first and then domains that may be youth specific.

Core Domains
Education. Education was a central component in transition theories and the research literature in all three discipline areas reviewed. An education or training goal should be included in all transition plans. The immediate goal should be to re-engage in education on release but can also include a medium-term goal such as high school completion or college entry (Field & Abrams, 2010). Youth of mandatory school-age must engage in education whether at their local school, an

alternative education setting, or via some other permissible means such as distance education. For these youth, flexible integration options should be explored with the youth to allow for their choice of setting, and subjects/courses they would like to take when developing their education goal (Cumming & Strnadová, 2017). Behavioral goals should also be discussed with youth (Bruhn et al., 2016). For youth with a history of truancy, attendance goals can be set and interventions such as Check, Connect, and Expect organized to support regular attendance (McDaniel et al., 2016). Youths may need smaller academic goals such as developing reading, writing, or mathematics skills as these areas have been identified as those youths feel less confident about (Field & Abrams, 2010). Part of the transition specialist's role may be finding a suitable and welcoming school, facilitating the timely transfer of records, and preparing the school executive, staff, and youth for enrolment and ongoing support (Cumming et al., 2018).

Youth above mandatory school-age should be encouraged to complete high school due the strong correlation between high school completion and better life outcomes (OECD, 2017). However, vocational education, or community college for those who have completed high school might present some youth with a more acceptable option. Courses within reasonable distance from their future residence or online programs should be explored with youth to provide a path towards the future career of their choice. Transition assessments such as those that explore careers are essential here to make the connection for youth between their future career aspirations and what level of education is required (Mazzotti et al., 2009).

Employment. Employment was included in all four theories and in most of the literature reviewed. Both short-term and medium-term goals are relevant here for mandatory school-aged youth and older youth. For mandatory school-aged youth or those who seek to finish high school, short-term goals can be set to secure a part-time job out of school hours to earn money, gain work experience, and develop soft skills in entry level jobs. The choices here may be narrow for the youth dependent on where the youth resides, what work is available, and having a criminal record (Field & Abrams, 2010). Family networks and connections can be useful in finding job opportunities or work experience for youth (Mathur & Griller Clark, 2014). Medium-term goals can be set by the youth that reflect their future post-school career aspirations.

For older youth, a short-term goal may be to secure a job within reasonable travelling distance from their residence in an area of interest or aptitude. Transition specialists should assist youth to set realistic employment goals based on transition assessments, and to see the connection between entry level jobs and their ideal job (Pham et al., 2017; Waintrup & Unruh, 2008). Transition specialists that have built relationships with local businesses or chambers of commerce can assist youth in finding work, completing job applications, rehearsing for job interviews, and in developing a transition portfolio (Griller Clark & Unruh, 2010; Mathur & Griller Clark, 2013).

Residence. Residing in safe and stable accommodation on release from detention is important for youth, particularly for young women (Field & Abrams, 2010), as stressful or unsafe environments are known to contribute to recidivism (Stansfield, 2016). Residence was mentioned in transition theories and in more than 80% of the articles reviewed. Consultation must occur with the family and youth, in conjunction with court-imposed conditions when

forming residence goals. Cultural sensitivity must be observed as not all cultures support children living away from home until they marry.

For some youth, returning to the family home may not be possible on release due to the nature of the crime committed, or if the environment has been assessed as unsuitable by the JJ agency. Other accommodation options must be explored with the youth, and where possible, choice given when formulating a short-term goal. Kinship placements are preferred over foster care (Winkour et al., 2014). For older youth, independent living is an option, and can be set as the short-term goal. For younger youths, independent living could be a medium-term goal. For youth who express a desire to live independently, goals that prepare them to find and maintain rental accommodation, pay rent and bills on time, conduct basic household maintenance, shop for groceries, cook, and clean will need to be set (Field & Abrams, 2010). Transitional living environments, while in detention and on release, can provide youth with opportunities to develop independent living skills and reduce homelessness that can contribute to recidivism (National Network for Youth, 2017). The role of the transition specialist will include assisting the youth in applying for housing and in locating transitional accommodation options (Sinclair et al., 2019).

Relationships. Having relationships with family and peers that are supportive and positive have been reported by formerly incarcerated youth as important in their efforts to desist from criminal activity on return to their communities (Abrams, 2007). Relationships were included in around three-quarters of the literature reviewed. Youth noted how difficult it was to cut ties with old associates when they returned to their old neighborhoods (Abrams, 2007; Field & Abrams, 2010). The presence of a supportive adult in their lives, whether a family member or community-based mentor, can provide youth with an advocate, confidant, and positive regard (Griller Clark et al., 2016). Transition goals in this domain could focus on finding mentors and prosocial peers through developing new networks through leisure, interests and hobbies, school, faith, or work. Goals may also include participation in family or relationship counselling for youth in romantic partnerships, where previous dysfunction has been reported (Field & Abrams, 2010).

Personal development and social skills. These skills cover a range of 'self' skills (i.e., self-esteem) and aspects such as resilience, and problem-solving. Goals in this domain may require some guidance from psychologists based on assessments and counselling sessions. An issue raised in the literature is how incarcerated youth see themselves as 'bad' or 'criminals' (Feinstein, 2015) and they may need assistance in envisaging themselves as otherwise. Encouraging youth to continue to attend counselling post-release can be difficult if not a court-imposed condition (Field & Abrams, 2010). If youth set their own personal development goals, buy-in and attendance might be improved (Nelson et al., 2010). Assistance in getting to sessions by the transition specialist can also remove transport hurdles.

Social skills are included here as there may be a connection between these domains for some youth. Not all incarcerated youth have poor social skills. Social skill assessments and observations by JJ center staff, family, and youths themselves can help to identify skills that could be beneficial to social and work relationships. Once identified, these skills can be worked on while incarcerated with teachers, youth workers, and the transition specialist. On release, the transition specialist can work with the youth in authentic settings. Specific programs have been

developed for adjudicated youth that encompass communicating with employers and colleagues, problem-solving, disclosing criminal past, self-regulation, and taking responsibility (see Unruh et al., 2014). Pham et al. (2017) offer additional advice to transition specialists teaching youths with disabilities social skills, including the need for explicit, one-to-one instruction, and the use of role plays and performance feedback.

Leisure, recreation, or community service/engagement. Having a range of spare-time interests can provide opportunities to engage youth in prosocial activities in their communities (Nelson et al., 2010). Although these domains were not commonly mentioned in theories or the literature reviewed, for youth who experience difficulty in re-engaging in school or finding employment, engaging in a combination of leisure, recreation, sport, or community service activities can occupy time and deliver improved psychological and physical wellbeing, self-concept, and build character and belonging (Barry, 2007; Kreager, 2007). Including goals in these domains that reflect youth interests includes a strength-based aspect to transition plans (Barton et al., 2008). Researchers have, however, reported youths' indifference towards recreational programs available in the community (Field & Abrams, 2010). Further, a recent meta-analysis showed no overall effect of sports as a protective factor against delinquency, however, involvement in team sports, with coaches had more favorable outcomes (Spruit et al., 2015). Transition specialists will need to assist youths in finding activities they are interested in where they can work with others in a team, and in organizing transport.

Included in this domain is civic engagement, namely voting in elections for government officials. Kohler et al. (2016) included voting as an example of a community engagement goal within the student-focused planning area of the taxonomy. As voting is not mandatory in most countries, voting may not be viewed as important goal by some youth, however, transition specialists should raise civic engagement with youths approaching 18 years as a citizenship right and responsibility.

Health. This domain covers a youth's general health goals including maintaining good health through regular visits to the doctor, dentist, and where needed, optometrist or other specialized health professionals. Many justice-involved youths come from low socio-economic backgrounds and have a poor record of engaging with health services (Committee on Adolescence, 2011). Many rely on government-funded public health services, and their families can struggle to afford medication or equipment. For some youth, it is only upon entry to a JJ center that their health needs are addressed (Committee on Adolescence, 2011; The Royal Australasian College of Physicians, 2011). Maintaining health gains achieved while in detention can be a challenge when youth return to the community.

Transition specialists in conjunction with facility health professionals should work with the youth to identify and develop health-based goals (Committee on Adolescence, 2011). Youths aged 15 or over should be assisted in applying for or reapplying for their own public health account (e.g., Medicare). This ensures that it is ready for use on release to avoid delays in seeking medical assistance and services. Youth should also be discharged with medication and prescriptions to facilitate continued use in the community (Australian Medical Association, 2012), and a comprehensive health care plan (The Royal Australasian College of Physicians,

2011). Support may be needed by the transition specialist to assist youths to make and keep medical appointments and organize transportation.

Finances*.* Money, or lack thereof, was reported by youth in the studies reviewed. Needing money motivated some youths to commit offences to satisfy their needs and wants (Field & Abrams, 2010; Halsey, 2007). Although this domain was seldom included in theories or the literature, this domain is a necessary inclusion in transition plans. For younger youth, considerations should be made as to how they will they obtain finances to engage in recreation or leisure pursuits, purchase meals while away from home, pay for public transport, or save for desirable items such as mobile phones. For older youth, the same needs and wants may apply, but there may be additional costs associated with greater independence and responsibility. Transition specialists can assist youth in exploring what social service payments they may be eligible for, and in finding casual employment as legal way of obtaining money immediately post-release, but also when setting medium-term goals. This domain can also include smaller goals associated with budgeting, banking, taxation, and developing financial literacy (Waintrup & Unruh, 2008).

Transport. This was another domain that was seldom included in theories or the literature but can present challenges for youths back in the community. Transport options for getting to school (possibly an alternate one), work, leisure, parole meetings, or other activities must be explored and solved. Transition specialists can provide or help organize transportation to attend appointments and services. Youth in rural and remote communities may find transportation particularly challenging if they do not drive or have access to convenient community or private transport. A transition goal may be to get a driver's license, borrow a bicycle, or use community or public transport. This domain can cross into independent living goal domains and skills in reading timetables and filling in application forms.

Legal assistance. Knowing how to access legal assistance was seldom mentioned in the literature and was not included in transition theories. Nellis and Hooks Wayman (2009) and Field and Abrams (2010) listed legal assistance as a core domain to include in youths' pre-release plans. Youths, particularly young men, in the study by Field and Abrams expressed their concern of getting into trouble as their most pressing issue on release. Despite this, they did not perceive obtaining legal assistance as major concern and rated this as one area that they felt least likely to use. Given the high rate of recidivism, including a goal to learn about who to contact, and how to obtain legal assistance in their local community seems a worthwhile addition to a youth's transition plan.

Individual-specific domains. The remaining transition domains identified in theory and the literature; mental health, alcohol and other drugs (AOD), child care/raising, faith are domains that will be specific to the needs or interests of the youth. Risk, psychological, and health assessments conducted on intake to the JJ center tend to highlight mental health and AOD issues, and other formative transition assessments will likely uncover the others. Considerations concerning these domains will be discussed below.

Mental health. Mental health issues are prevalent among justice-involved youth and are often combined with other complex needs (Grisso, 2008). It is estimated that between 50-75% of youth

in the US juvenile justice system meet the diagnostic criteria for a mental health disorder, and often more than one kind (Teplin et al., 2013). Mental health disorders include affective, anxiety, psychotic, post-traumatic stress, and disruptive behavior disorders (Underwood & Washington, 2016). Schubert and Mulvey (2014) noted that not all mental health disorders pose a risk of recidivism, e.g., depression. Further, treatment for youth with mental health disorders occurred for some while in detention, but only to a limited extent. When treatment is provided, cognitive behavior therapy, counselling, medication, and multi-systemic therapy have been reported as offered (Underwood & Washington, 2016). Prior to discharge, youth require community systems of care to be in place *and* to contribute to their transition and aftercare plan to support their return to the community. Unfortunately, many youths do not participate in community-based support services post-release (Field & Abrams, 2010). Given the high prevalence rate of mental health disorders, transition specialists need to assist youths in developing a goal in this domain and in attending appointments.

Alcohol and other drugs (AOD). Substances are commonly misused by a high proportion of youth who enter JJ centers (Prichard & Payne, 2005). Further, there is a high correlation between mental health disorders and substance abuse issues (Schubert & Mulvey, 2014). Schubert, Mulvey, and Glasheen (2011) found that youth who had a co-occurring mental health and substance abuse disorder had elevated rates of re-arrest. There is some evidence, however, that interventions provided while in detention can reduce substance abuse post-release (Chassin et al., 2009). Transition goals in this domain will be needed for youth with AOD issues, where harm reduction rather than abstinence might be a more realistic goal for some youth returning to their community (Jenkins et al., 2017). Engaging in multidimensional family therapy prior to and on release may be a suitable goal to set (Liddle et al., 2011).

Child care/raising. These goals may be needed for a small but significant number of incarcerated youths who are already parents or expectant parents when they enter juvenile detention (Buston et al., 2010). For these youths, particularly girls, child care goals should be discussed to enable education, employment, or leisure possibilities (Field & Abrams, 2010; Waintrup & Unruh, 2008). Child raising goals are relevant to youth who are or are about to become parents. Although courses and programs can be offered while in detention, short sentences may preclude course initiation or completion. Goals could include completing courses in positive parenting, basic first aid, child development, or developmental play. Understanding their parental rights and responsibilities, knowledge of support services in the community, reproductive health, and for males, programs that present alternate views to hegemonic masculinity and fatherhood could be other options (Buston et al., 2010). The transition specialist can enlist the assistance of family and health agencies for support.

Faith. A goal in this domain may be useful for some youths. Not all youth may want to engage in religious activities, however, a number of youth programs in communities are run by faith-based organizations and these should be explored with youth (Nellis & Hooks Wayman, 2009). Faith was included as a domain in two of the four transition theories, as an option for receiving social support (Schlossberg, 1981) and giving back to the community (Barry, 2007). Youth in the study by Field and Abrams (2010) rated themselves as likely to engage with a religious institution on return to the community. Transition specialists should explore faith goals with youths, or at

minimum, what services and supports faith-based organizations can offer in their local community.

CONCLUSION

In this article, a conceptual framework to guide transition plan formation that is youth-centered has been proposed. Theory and research were examined to determine what domains should and could be included in ITPs for incarcerated youths. Sixteen domains were identified and described for inclusion in transition plans for incarcerated youth. The role of a dedicated transition specialist in developing the plan with the youth and their family, providing on-going support to the youth in the community, and in coordinating the many services identified in the plan is vital.

The suggested conceptual framework will be a useful tool for a transition specialist or teams when developing ITPs for youth serving custodial sentences. Using the framework to develop ITPs can also provide complementary information to strengthen risk-need-responsivity exit case management plans. Not every domain included in the framework will be applicable to each young person, but it will ensure that individual-specific domains identified through the conceptual framework process are considered. Transition specialists' professional judgement and experience, as well as knowledge of the young person will be of crucial importance in formulating a comprehensive and culturally responsive ITP, and in supporting its implementation in the community.

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