Transition Supports to Prevent Homelessness for Youth Leaving Out-of-Home Care

Author:

Samantha Shewchuk, Ph.D.

Co-Principal Investigators:

Dr. Stephen Gaetz, Ph.D, President and CEO, Canadian Observatory on Homelessness

David French, Director of Policy and Planning, A Way Home Canada

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Ontario Trillium Foundation / Fondation Trillium de l'Ontario

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Layout and Design by

Chris Durand, Canadian Observatory on Homelessness (Hub Solutions)

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Executive Summary

Research has shown that child welfare involvement and homelessness are closely linked, and that involvement in child protection is associated with an increased risk of homelessness (Dworsky & Courtney, 2009; Stewart et al., 2014; Wade & Dixon, 2006; Zlotnick et al., 2012). In the first pan-Canadian study on youth homelessness, *Without a Home: The National Youth Homelessness Survey* (2016), 57.8% of youths reported some type of involvement with child protection services over their lifetime. Compared to national data indicating that 0.3% of the general population receive child welfare services (Statistics Canada, 2011), youths experiencing homelessness are 193 times more likely to report interactions with the child welfare system.

There are structural and systemic failures that have been found to be key drivers of both youth homelessness and child welfare involvement. These failures include broader societal issues (e.g., poverty, discrimination) and poor coordination and integration across systems that increase the likelihood that someone will become homeless. Failures to support the transitional needs of young people leaving child welfare have been found to result in:

- Housing instability in care, including being removed from family home at an early age and living in foster care and/or group home setting;

- Higher rates of unemployment, lack of educational engagement and achievement, involvement in corrections, and experiences of poverty;

- Youths with early experiences of homelessness, especially before the age of 16, are more likely to report involvement with child protection services (73% vs. 57.8%). This suggests that preventing homelessness among young people who are under 16 and have child welfare involvement should be a policy priority, and;

- Inequity such as structural forms of disadvantage and marginalization (e.g., colonialism, racism, poverty, homophobia, transphobia) contribute to the overrepresentation of children and families of particular races, ethnicities, implementation of Jordan's Principle to reduce service gaps, delays, and denial of support for Indigenous children and youths[1].

Transitions from out-of-home care (OHC) is not the sole responsibility of the child welfare sector. Education, child and youth mental health, housing and homelessness services, and the labour market each have a role to play in supporting youths as they transition from care. It is important to recognize the breadth of community-based systems that can support transitions processes and that those components of the system need to be better integrated in partnership with **government.**

This report was produced as part of the *Transition Supports to Prevent Homelessness for Youth Leaving Out-of-Home Care Study,* conducted by the Canadian Observatory on Homelessness and A Way Home, Canada. As part of the study, the research team conducted a review of the literature (N=137), profiled 275 national and international programs and

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1. Nichols, N., Schwan, K., Gaetz, S., Redman, M., French, D., Kidd, S., O'Grady, B. (2017). Child Welfare and Youth Homelessness in Canada: A Proposal for Action. Toronto: Canadian Observatory on Homelessness Press.

policies, and interviewed 22 stakeholders (i.e., program providers, policymakers, advocates, and researchers) whose work focuses on supporting young people transitioning out of care. Captured within this report and its related supplemental files are the foundational components of promising practices and policies that exist across jurisdictions to support youths' transitions out of care. From the factors known to affect a young person's trajectory towards homelessness, to the characteristics for effective transitions, this knowledge can shift the negative life outcomes of former youths in OHC both in Canada and internationally. There is widespread agreement about the challenges and needs of youths transitioning out of care. Without timely intervention, youths are at-risk of experiencing a variety of negative life outcomes such as low educational attainment, under- and unemployment, homelessness, substance use, physical and mental health issues, incarceration, teen pregnancy and parenting issues, and early death. As a result of the above issues, the following five recommendations are provided:

Recommendation # 1

All current and future transition-focused programs and services will be guided by current research, promising practices, and practitioner knowledge.

- In collaboration with key stakeholders, develop a research agenda to move Canadian research on youths in OHC forward in a cohesive fashion.

- Expand the current spectrum of accountable and evidence-based models of housing and services.

- Expand the current spectrum of accountable and evidence-based models of extended foster care, experiential life skills programs, and the use of natural mentors.

- Expand the current spectrum of accountable and evidence-based education, employment, and training programs in order to support young peoples' access to long-term, sustainable employment and income.

Recommendation # 2

Ensure young people leaving care have safe, stable transitions and the financial resources to support themselves independently.

- Adjust provincial and territorial legislative wording to state that child welfare agencies shall begin transition planning when youths reach the age of 15 to 16.

- Dedicate and train caseworkers to meet the unique needs of young people leaving care.

  → Training should include information on positive youth development, harm reduction approaches, and trauma-informed care.

- Develop and/or adapt preventative screening tools for early identification, connection, and outreach systems to provide the necessary resources needed to improve outcomes for youths most at-risk.

Recommendation # 3

Expand options to enroll in extended foster care.

- Adjust provincial and territorial legislative wording to state that child welfare agencies shall offer extended care services to all youths.

- Expand options to enroll in extended foster care. This should include allowing young people to remain in foster care, if appropriate.

  → More consistent information around extended care needs to be supplied to both professionals and young people.

Recommendation # 4

Implement a coordinated Canada-wide response to support youths transitioning out of care and into homelessness.

- Work in collaboration with the Child Welfare League of Canada and other local, provincial, and national stakeholders to develop and release a comprehensive transition-planning document for use by Canadian child welfare agencies.

- Create systematic provincial and territorial data tracking and sharing systems.

- Create structures to support authentic youth engagement.

Recommendation # 5

Invest in crisis intervention services.

- Increase the number of social housing options available to homeless youths across all Canadian provinces and territories.

- Improve (using findings from Canadian-based evaluations) and expand emergency housing services to homeless youths, including emergency shelters, street outreach and drop-in centers, family reconnect, and Housing First programs.

The implementation of these recommendations will require time, money, and system level commitment. Nevertheless, each recommendation should be given full consideration as implementation of these recommendations will result in coordinated and responsive systems that are able to address the needs of youths in OHC.

Introduction

In Canada, the historical oversight of policy and legislation that specifically focuses on transitions for youths leaving child welfare settings needs to be addressed. Moreover, attention needs to be given to enhancing housing stabilization for this group of young people. In response to this concern, the Canadian Observatory on Homelessness and A Way Home Canada collaborated to conduct the Transition Supports to Prevent Homelessness for Youth Leaving Out-of-Home Care Study. This final report serves as a summary of the project's findings.

What Is Out-Of-Home Care?

In 92% of Canadian child maltreatment investigations, child welfare agencies provided supports so children and youths can remain at home with parents or caregivers. In rare instances (8%), child welfare agencies remove children from their home while caregivers receive support to resolve challenges and learn healthy skills so the child can safely return home (Trocmé et al., 2010). Out-of-home care (OHC) is provided for children and young people who are unable to live with their families or guardians. OHC generally refers to four types of care:

- **Kinship care** – the child or young person lives with a relative or someone they already know.

- **Foster care** – the child or young person lives in a home-based environment with a foster care provider who takes on the responsibility of parenting.

- **Group homes** – the child or young person lives in a care facility that houses multiple youths.

- **Residential treatment centers** – the child or young person lives in a highly structured and supervised environment. Young persons living in these facilities receive counselling, education, and therapy to support them with psychological, behavioral, or substance abuse issues.

These placements can be formal or informal. Formal arrangements occur when children come under a provincial child protection order, most commonly because of neglect (34%), exposure to family violence (34%), or physical abuse (20%) (Trocmé et al., 2010). Informal arrangements occur when the parent is unable to care of the child and voluntarily places the child in temporary care. Canadian statistics on the number of youths that return home from care were not available. However, statistics from the Ontario Association of Children's Aid Societies report that most children (85%) return to their families within 3 years (Ontario Association of Children's Aid Societies, 2016). While many children reunite with their families once the family has received appropriate services and support, some children remain in care until they reach their province's 'age of the majority' and subsequently 'age out' of the care system.

Other Key Definitions Used Throughout Report

Adolescence. The transitional stage between childhood and adulthood. Recent pediatrics researchers suggest adolescence lasts between 10 to 24 years of age (Sawyer, Azzopardi, Wickremarathne, and Patton, 2018). Throughout this report, the following interchangeable terms may be used – youth(s), young people/persons, transition-age youth(s).

Age of majority. The age at which a child legally becomes an adult. This age varies from jurisdiction to jurisdiction.

Age out. Aging out is the process that occurs when youths must leave the child welfare system because they have reached their jurisdiction's age of majority and are too old to stay in care.

Housing instability. Housing instability encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing (Office of Disease Prevention and Health Promotion, n.d., para 1).

Homeless youths. A situation and experience of young people between the ages of 13 to 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire stable, safe or consistent residence (Canadian Observatory of Homelessness, 2016). Throughout this report, the following interchangeable term may be used – street involved youths.

Canadian Statistics On Children And Youths In OHC

Because child welfare services fall under provincial and territorial jurisdiction, there are no comprehensive national statistics on child abuse and out-of-home placements in Canada. In addition, the quality of provincial reporting on youths in care is variable, and often times non-existent[1]. As a result, evaluating and comparing provincial programs is problematic (Courtney, Flynn, Beaupré, 2013). In 2001, Trocmé and colleagues released the *Canadian Incidence Study of Child Abuse and Neglect* (CIS), the first national study of child maltreatment in Canada. Subsequent studies were conducted in 2003 and 2008 (Trocmé et al., 2005; 2010). As of the writing of this report, the 2019 CIS is currently underway. Using provincial data collected by Jones, Sinha, and Trocmé (2015), Figure 1 presents the number of children living in OHC across Canada. Estimates were not available for Quebec prior to 2003. Therefore, data for 2003 to 2013 are presented both including and excluding Quebec data.
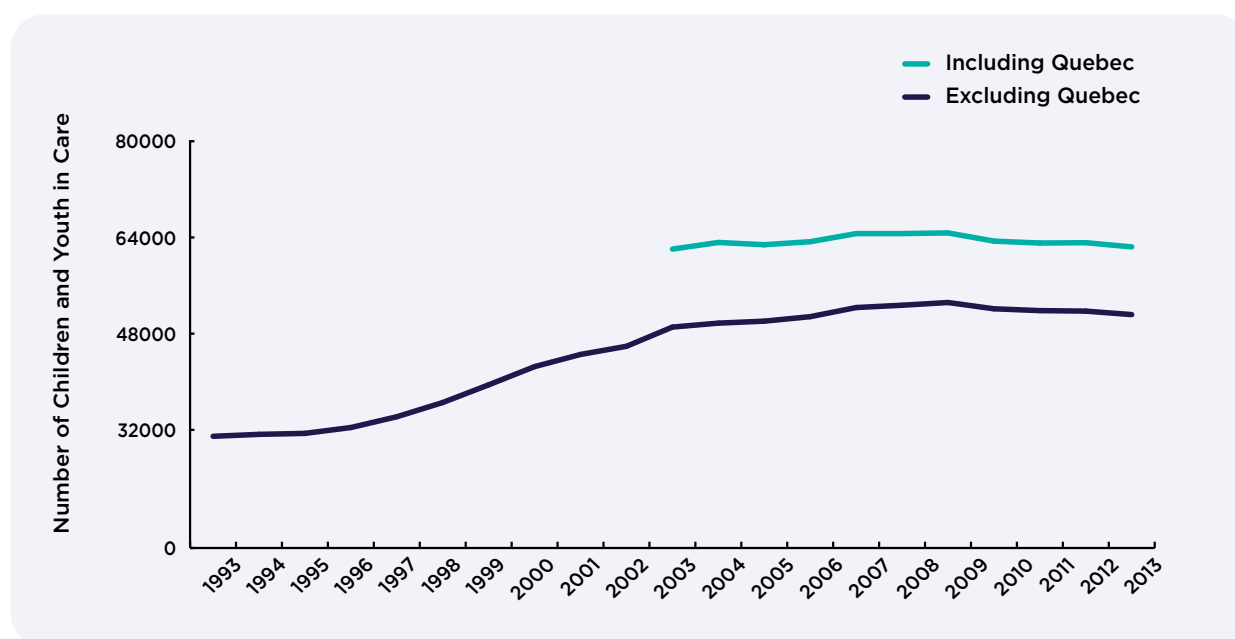

Figure 1. Number of children and youths in care across Canada (1992-2013; including and excluding Quebec)

Jones and colleagues (2015) reported there were an estimated 62,428 children in OHC across Canada in 2013. A 2014 report by the Conference Board of Canada reported they conservatively estimated "that approximately 2,291 children age out of foster care every year" (p. 2). However, publicly available provincial statistics indicate that this number is likely higher. In British Columbia, 549 youths exited from care due to aging out in 2017/18 (British Columbia Ministry of Children and Family Development Reporting Portal, 2017/18). Kovarikova (2017) reported that approximately 1000 young people transition out of care each year in Ontario. While, in Manitoba, 674 young people aged out of care in 2018, bringing the total for these three provinces to 2,223 (Hobson, 2019).

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1. For an example of a more comprehensive provincial data reporting system, see British Columbia's Ministry of Children and Family Development Reporting Portal: https://mcfd.gov.bc.ca/reporting/services

Outcomes Associated With Young People Aging Out Of Care

There is a growing body of Canadian evidence that young people aging out of care are at an increased risk for low educational attainment, under- and unemployment, homelessness, substance use, physical and mental health issues, incarceration, teen pregnancy and parenting issues, and early death.

Low educational attainment. Canadian studies have shown that children and youths in OHC are more likely to face challenges that are associated with lower rates of academic attainment (Shewchuk, 2019; Tessier, O'Higgins, and Flynn, 2018). For example, an Ontario report from the Provincial Advocate of Children and Youth (2012) found that 44% of Ontario youths in OHC received a high school diploma in 2011 compared to 81% of the general student population. A study by Shaffer, Anderson, and Nelson (2016) in British Columbia found that only 32% of youths aging out of care had received a high school diploma compared to 84% of the general population in 2013-14. Shaffer and colleagues also found that "youth[s] aging out of care undertake postsecondary studies at roughly half the rate of the general population and are even less likely to enroll in a university program, with university graduation rates one-sixth or less than the general population" (p. 5). An earlier study from British Columbia found that youths in OHC were 20 times less likely to attend college or university (Turpel-Lafond, 2007).

Lower rates of employment and income. Youths in OHC are less likely to complete a high school or post-secondary degree, often leading to lower employment rates. A Canadian study of 210 youths who had aged out of care found that only 32% reported being employed full-time (Tweddle, 2007). Moreover, 46% were unemployed at the time of the study. Likewise, Shaffer et al. (2016) found that "employment rates for youth[s] aging out of care are low and concentrated in low-paying jobs. There is a high reliance on government assistance, and income from all sources is very low - often below the poverty line" (p. 3). In a cost-analysis study, Bounajm and colleagues (2014) found that Canadian youths who age out of the child welfare system earn about $326,000 less than their peers do.

Homelessness. Canadian research has consistently found youths with a history of living in OHC are more likely to experience homelessness (Gaetz and O'Grady, 2002; Gaetz, O'Grady, Buccieri, Karabanow, and Marsolais, 2013, Evenson, 2009, Serge et al., 2002; Shaffer et al., 2016; Winnipeg Street Census, 2018). In 2016, the Canadian Observatory on Homelessness reported:

> *Almost one-half of all young people surveyed (47.2%) were not only involved in child protection, they also had a history of placements in foster care and/or group homes. Of the 35.2% who had been in foster care, 53% had been removed from the home before the age of ten. Among youth[s] who had been in care, 51.9% were in care between the ages of 16 and 19. (Gaetz, O'Grady, Kidd, Schwan, 2016, p. 48)*

Other Canadian studies have found similar statistics to those released by the Canadian Observatory on Homelessness (Evenson, 2009; Winnipeg Street Census, 2018).

Substance use. An Ontario study of 122 Ontario adolescents in OHC found that 22% reported substance use issues (Guibord, Bell, Romano, Rouilard, 2011). Patterson, Moniruzzaman, and Somers (2015) found that foster care placement independently predicted substance use problems in homeless adults.

Physical and mental health issues. While "there may be some difference in physical wellness for youths aging out of care… where differences would appear to be most pronounced is with respect to mental health" (Shaffer et al., 2016, p. 4). In a longitudinal study of 37 British Columbian former youths in care, Rutman, Hubberstey, and Feduniw (2007) found that 38% experienced depression, 14% had an eating disorder, and 11% reported having anxiety. Likewise, Patterson and colleagues (2015) found that a history of foster care independently predicted meeting criteria for mood and anxiety disorders (i.e., major depressive episode, panic disorder, PTSD).

Incarceration. Warburton, Warburton, Sweetman, and Hertzman (2014) found that the average incarceration rate (at age 19) for British Columbian youths is more than twice as high for those placed in OHC than for those who were not placed in care.

Teen pregnancy and intergenerational trauma. International research has shown that while young persons in OHC exhibit similar patterns "with respect to the median age at which they first had sexual intercourse and the number of sexual partners they had" (Courtney, Dworsky, Lee, and Raap, 2010, p. 48), youths living in OHC have been found to participate in risky sexual behaviors that may lead to pregnancy (e.g. inconsistent contraceptive use). As a result, young females in foster care were found to be approximately two times more likely to become pregnant then their peers not in care (Courtney et al., 2010). A Manitoba study by Wall-Wieler, Brownell, Singal, Nickel, and Roos (2018) examined data on 576 adolescent mothers who were in the care of child welfare services and 5,366 adolescent mothers who were not. Young mothers who were in OHC were more likely to have their child taken into care before the child reached two years of age, with many children being apprehended during their first week of life.

Early death. A review from the British Columbia Coroners Service Death Review Panel (2018) investigated the deaths of 200 youth who died between January 1, 2011 and December 31, 2016 just prior to or after aging out of care. The report found that youths leaving care died at five times that rate of the general youth population.

Taken together, Canadian and international research has consistently shown that youths who age out of foster care are a vulnerable population who are at an increased risk of experiencing a wide variety of negative life outcomes. The purpose of this report is to summarize what is known and what remains to be understood about helping youth in OHC successfully transition to adulthood.

The Development of this Report

Four research questions guided the study:

1. Which preventative practices are effective in supporting positive youth transitions?

   → What are the characteristics of transition programs available across Canada, the United States, the United Kingdom, and Australia? What insights or lessons might we draw from such programs?

2. Which factors are known to affect OHC youth homelessness?

3. What are the characteristics of effective interventions for homeless youth?

4. What evidence, if any, is still needed and how might it be generated?

The study was undertaken in three parts. The first was an overview of the literature dealing with the link between youth homelessness and the child welfare system as well as evidence-based and promising practices to support transitions from the child welfare system. Second, a jurisdictional scan was conducted to uncover transition programs available across Canada, the United States, the United Kingdom, and Australia. Third, key informant interviews with researchers, policymakers, service providers, and members from advocacy groups were held to gather data in relation to the study's four research questions.

The Literature Review

The evidence underpinning the criteria for a transitions framework was reviewed using a targeted approach. An initial search of websites was carried out to identify recent national and international evidence-based and promising practices that support youths transitioning out of care. Targeted websites included:

- The Homeless Hub;

- The Child Welfare Information Gateway;

- National Alliance to End Homelessness;

- The California Evidence-Based Clearinghouse, and;

- The Canadian Child Welfare Research Portal.

As a result of the initial review, three key areas which required a more in-depth review were identified:

1. programs for pre-transition youths (14 to 18 years old),

2. supports for transition-age youths (18 to 25 years old),

3. and crisis supports for homeless youths.

This involved searching relevant databases including OVID Medline, OVID PsychInfo, JSTOR, Sociological Abstracts, and ProQuest. These databases covered a range of disciplines to include various aspects of the transition process from youth to adulthood. Database searches included combinations and permutations of the keywords outlined in Table 1.

Table 1. Keyword synonym sets

Placement Synonyms	Child Synonyms	Transition Synonym	Best Practice Synonym	Intervention Synonym
Foster care	Child*	Homeless Transition	Best practice	Intervention
Out-of-home care	Young person	Housing instability	Promising practice	Policy
	Youth	Aging out		Program
	Adolescence	Homelessness		
		Housing First		

The same keywords were also used to conduct general internet searches using Google in order to uncover potentially interesting grey literature. About 650 documents were reviewed, and 137 that were most relevant to the objectives of the report were included. For more information on each of the included documents, please see the annotated bibliography presented in Supplemental File A. Selected documents were uploaded to NVivo (qualitative coding software) and their content was coded in an inductive manner to:

1. Condense extensive and varied raw text data into a brief summary format;

2. To establish clear links between the research objectives and the summary findings derived from the raw data, and;

3. To develop a model about the underlying structure or process which are evident in the raw data (Thomas, 2003, p. 1)

Ultimately, the coding process was used to formulate recommendations based on the current evidence for presentation and discussion with the Canadian Observatory on Homelessness, A Way Home Canada, and the Ontario Trillium Foundation. The literature review is not intended to be a comprehensive or systematic review of the research literature. In addition, while preference was given to Canadian studies where possible, much of the research conducted on homeless and transition-age youths are from outside of Canada, so participants in these studies may not be representative of Canadian youths in OHC. In addition, as noted by Dewar and Goodman (2014):

> **A meta-review of the overall literature gathered suggests this is an epistemology that is still in the early stages of development. There is a paucity of knowledge on**

best practices for youth transitioning out of care that strongly correlate with their successful navigation of this transition period from youth to adult. Much of the literature that has been developed, academic or otherwise, tends to be descriptive and process-based, not outcome and longitudinally focused. (p. 3).

Moreover, of evaluations that do exist, several had small sample sizes and generally, participants were not randomly assigned to a particular transition-focused program. As a result, while the report offers considerations to help youths in OHC successfully transition to adulthood, caution should be taken in generalizing the findings to Canadian systems of care.

The Jurisdictional Scan

The second overarching strategy of this study was to conduct a jurisdictional scan to compare transition programs across Canada and in other purposefully selected international locations. The jurisdictional scan addressed research question 1a:

- **What are the characteristics of transition programs available across Canada, the United States, the United Kingdom, and Australia?**

The methodological framework for scoping reviews developed by Arskey and O'Malley (2005) guided the approach for compiling transition programs. The approach included the following steps:

- Identify the research question(s);

- Identify the scope of the scan;

- Identify the key attributes of the programs;

- Collect and chart the data according to key attributes, and;

- Summarize findings and analyze patterns within the data.

Programs and policies included in this jurisdictional scan provide direct funding and/or services related to supporting the transitions of young people with experiences in OHC. The scan included programs offered by government, charities, non-profit organizations, faith-based non-profit organizations, and for-profit organizations. Programs were identified in one of five ways: (1) general internet searches using the keyword synonym sets outlined in Table 1, (2) exploring government funded websites, (3) targeted searches of evaluated programs uncovered during the literature review, (4) targeted searches of programs mentioned by interviewees, and (5) targeted searches of programs known to the Canadian Observatory on Homelessness and A Way Home, Canada.

The scan yielded the following program and policy totals:

- Canada: 72

- Australia: 69

- United Kingdom: 30

- United States: 104

Supplemental File B contains information on the programs uncovered from the jurisdictional scan. More specifically, Supplemental File B includes details regarding the name of the program, the jurisdiction of the program, the descriptions of the programs, who programs are delivered by, the focus of the program, and the program's website.

Key Informant Interviews

To gain insight into the Canadian context, interviews were conducted with key informants. Ethical approval was obtained from York University (#2238) prior to conducting interviews. Potential participants were purposefully selected in one of four ways:

1. experts and practitioners known by the principal investigator to be working in the area;
2. Canadian authors uncovered during the literature review;
3. professionals in charge of programs uncovered by environmental scan, and;
4. snowball sampling from interviews with researchers and professionals.

In total, email invitations were sent to 33 individuals. Interviews occurred between January and March 2019. Twenty-one individuals agreed to participate in an interview while one participant agreed to provide written responses to the interview questions (Ntotal =22). Table 2 provides an overview of the interview participants.

Table 2. Overview of interview participants

#	Role	Region	Edits from Member Check
1	Advocacy	Ontario	No
2	Foundation	British Columbia	No
3	Researcher	British Columbia	No
4	Researcher	Ontario	No
5	Policy	Alberta	Yes
6	Service Provider	Manitoba	Yes
7	Researcher	British Columbia	No
8	Advocacy	Ontario	No
9	Researcher	Manitoba	No
10	Researcher	Belgium	Yes
11	Service Provider	Manitoba	No
12	Service Provider	British Columbia	No
13	Service Provider	Alberta	No
14	Researcher	Ontario	No
15	Policy	Alberta	No
16	Researcher	Quebec	No
17	Service Provider	Ireland	No
18	Researcher	Nova Scotia	Yes
19	Researcher	Nova Scotia	No
20	Researcher	Nova Scotia	No
21	Advocacy	British Columbia	Yes
22	Advocacy	British Columbia	No

As the purpose of this study was to better understand how to support youths transitioning from OHC in the Canadian context, most (N=20) participants were located throughout Canada (i.e., Alberta, British Columbia, Manitoba, Nova Scotia, Ontario, and Québec). However, two participants from Belgium and Ireland were also interviewed to learn about how international jurisdictions were supporting young people transitioning from OHC. In order to ensure confidentiality, no demographic information was collected from participants. Participants included researchers (N=10), service providers (N=5), individuals from advocacy groups (N=4), policymakers (N=2), and individuals from foundations (N=1).

Interviews lasted between 30 to 60 minutes and were conducted over the phone or web-conferencing software (such as Zoom meetings), depending on the preferences of interviewees. Interviews were audio recorded and were later transcribed verbatim. Participants were given the opportunity to review and edit their transcripts for clarity. Finally, interviews were uploaded and coded in NVivo. Interviews were coded in a deductive (using codes generated from the literature review) and inductive (to allow for new information which arose during the interviews) manner.

Findings

This final report provides findings from the literature review, jurisdictional scan, and key informant interviews in relation to the four research questions.

Practices That Support Positive Youth Transitions

The literature notes a number of factors can support positive transitions. For the purposes of this report, these factors were grouped into two categories: (1) extending care to age 21, and (2) holistic transition planning.

Extending Care To Age 21

Research on brain development has shown that the adolescent brain starts maturing at the age of 10 and does not stop until the age of 24 (Sawyer et al., 2018). It is especially important during this period of development that young people learn how to regulate emotions, use critical thinking and decision-makings skills, and develop coping and resiliency skills. (Jim Casey Youth Opportunities Initiative, 2011). Young people often rely on family and other supportive adults they trust to "help them during this transition by providing guidance as well as a financial and emotional safety net" (Rosenberg and Abbott, 2019, para. 1). For example, Kovarikova (2018) highlights that in Canada, "42.1% of adults aged 20 to 34 lived with their parents in 2016" (p. 7). Unfortunately, these skill building opportunities and emotional 'safety nets' are often unavailable to older youths leaving OHC. Extended foster care allows youths to remain involved with their child welfare agency past when they reach the age of majority (often 18) in order to continue to receive supports and services. Extended care may involve the young person continuing to reside with a foster-caregiver. However, youths participating in extended care programs may also take part in independent living programs.

Chapin Hall at the University of Chicago has conducted much of the research on extending care to the age of 21. Over the years, the center has used statewide data on youths in care from Illinois, Iowa, Wisconsin, and California. Studies from Chapin Hall have found that lengthening care to 21 years does help across a number of domains, including improved education outcomes (Beauchamp, 2014; Courtney, Dworsky and Pollack, 2007; Okpych, Park, and Courtney, 2019), increased income (Peters, Dworsky, Courtney, and Pollack, 2009), increased support networks (Okpych, Park, and Courtney 2017), delayed homelessness (Dworsky, Napolitano, and Courtney, 2013), reduced likelihood of arrest (Lee, Courtney, and Tajima, 2014), and improved parenting skills (Hook and Courtney, 2013). Using U.S.-based national datasets, Rosenberg and Abbott (2019) also found youths in extended care experienced better outcomes across a variety of domains, including education, employment, and housing stability. In Ontario Canada, Flynn and Tessier (2011) conducted an evaluation of the province's extended care program. Findings from the study showed that the educational outcomes enrolled in transitional living programs were positive for most participants. In addition, most participants were engaged in education, training, or employment.

While the research team at Chapin Hall are strong proponents of extended care, they explain a one-size fits all approach to extended care is not appropriate due to the diversity of

participant needs (Courtney et al., 2018). In addition, they noted that a 'sizeable majority' of young adults in extended care have reported being concerned about their preparedness for independence with regard to being able to find housing and being able to manage their finances once leaving care. Youths also report being "excluded from participation in developmentally appropriate activities due to their placement in care" (Courtney et al., 2014, p.9). Therefore, the authors warn that extensions of care should not be viewed as a 'panacea' – and needs to be combined with other initiatives to support youths. Most critically, they note that upon transitioning out of care, young adults should be provided with housing assistance if the goal is to "prevent and not just delay homelessness" (Dworsky and Courtney, 2010, para. 5). Housing assistance for youths was also identified as a primary area of need by 21 (out of 47) states that participated in a national survey by Child Trends (Fryar, Jordan, and DeVooght, 2017)

▶ Jurisdictional Scan

Australia. The jurisdictional scan uncovered two pieces of legislation in New South Wales (NSW) and the Australian Capital Territory (ACT) which allow child welfare agencies to provide extended care. In NSW, section 165 of the *Children and Young Persons (Care and Protection) Act* requires the Minister to arrange or to assist eligible care leavers until they reach 25 years of age where assistance is deemed necessary. Likewise, in the ACT, the *Children and Young People Act* allows child welfare agencies to provide transition-aged youths with aftercare supports until the age of 25. It is important to note that in both Australian states, the provision of this assistance is discretionary. The *Home Stretch* organization has been advocating for states to mandate extended foster care. As a result of their efforts, Tasmania, Western Australia, Victoria, and South Australia have dedicated funding to support extended care programs or are undertaking pilot projects to extend care for youths in OHC (Anderson, 2019). For example, in Victoria, the government has undertaken an extended care initiative for Aboriginal young people that allows youths to remain in care until 21 years of age and includes culturally appropriate transition support. The Northern Territory, Queensland, and New South Wales have yet to implement any extended care projects. In addition, the Uniting Church's community services program, *UnitingCare*, is privately funding extended care to young people in Sydney, western NSW, and the north coast (Fitzsimmons, 2019). The private program includes funding to foster caregivers to continue care and provides support and coaching across five domains: education, employment, health and well-being, connections, and housing and living skills.

United Kingdom. In the United Kingdom, four examples of formal extensions of care programs were uncovered. In England, *Staying Put* (Her Majesty's Government, 2013) requires child welfare agencies to offer youths in care the option to remain with their former foster caregiver(s), or another foster caregiver, after their eighteenth birthday until the young person reaches 21 years of age. Young people are not required to take part in education, training, or employment programs to be eligible to participate in *Staying Put* (House of Commons Education Committee, 2017); however, young people are supported to develop a range of skills (relationships, emotional resilience, finance and budgeting, cooking, managing a home, applying for jobs). The *When I Am Ready* program in Wales (Welsh Government, 2016) is a parallel program to the *Staying Put* scheme in England. In Scotland, child welfare agencies have the legislative duty to offer young people *Continuing Care* (2015) placements,

which allows foster youths to remain living with their foster caregiver(s) until they reach their 21st birthday (Scottish Government, 2018). Furthermore, once a young person leaves their continuing care placement, child welfare agencies have a legal duty to support youths who request 'after-care' supports until the young person reaches the age of 25. In addition, Scottish child welfare agencies may (but are not legally required to) provide aftercare to individuals past the age of 26. The *Children Leaving Care Act* in Northern Ireland is available to young people between the ages of 18 to 21 who are in education, employment, or training (Department of Health, n.d.).

United States. The *Fostering Connections to Success and Increasing Adoptions Act* of 2008 is a federal statute that allows states to receive funding for young people to remain in foster care up to the age of 21. Results from the jurisdictional scan reveal that since the Act's passage in 2008, 48 states and the District of Columbia have developed statutory provisions that allow for state-funded extended care. Louisiana, the only state without embedded statutory provisions, is a state provider of the *Chafee Foster Care Independence Program*. California is one of the first states to take advantage of the *Fostering Connections Act*. In 2010, Assembly Bill (AB) 12 was signed into law. The creation of AB 12 resulted in California's extended foster care program, After 18, which allows eligible youths to remain in foster care until age 21 (California Department of Social Services, 2016). Youths may leave care and later choose to re-enter the program up until they reach the age of 21. Youths must have a plan to meet at least one of the following participation criteria: 1) working towards the completion of high school or equivalent program, 2) enrolled in college, community college, or vocational education program, 3) employed at least 80 hours a month, 4) participating in a program designed to assist in gaining employment, or 5) unable to complete one of the above requirements because of a medical condition. Youths have three housing options: remain in their existing foster or group home, participate in a transitional living program, or supervised independent living (e.g., living in an apartment or college dorm while still receiving the supervision of a social worker).

Canada. In Canada, Section 92 of the *British North America Act* (1867) makes provinces and territories responsible for funding, legislating, regulating and coordinating out-of-home placements for children and youths. When a young person reaches their province's age of majority (typically 18), young people are no longer legally 'in care,' and therefore, child welfare legislation no longer applies. A 2018 report from the British Columbia Coroners Service Death Review Panel elucidates:

They leave their social worker, their youth worker, their foster family or other support persons...For many youths, there is no longer a case manager overseeing their services. They lose access to financial, education, and social supports provided through the child welfare system. (p. 10)

As such, most Canadian provinces and territories allow youths to enter voluntary agreements that allow youths to continue to receive aftercare supports and services from child welfare agencies. Table 3 contains legislative requirements for aftercare, age for protection, length of transition support, and types of support offered across Canadian jurisdictions.

Province / Territory	Statutory/ Administrative Code/ Agency Policy Provision	Age for Protection	Length of Transition Support	Types of Support Offered
Alberta	Child, Youth, and Family Enhancement Act	Under 18	**Planning to Begin:** N/A **Support Provided:** 18-24	**An agreement may provide support** and financial assistance that are required for the health, well-being and transition to independence and adulthood of the person, including: living accommodation, financial assistance related to necessities of life, if the person is less than 20 years of age, financial assistance related to training and education, if the person is less than 20 years of age, health benefits, and any other services that may be required to enable the person to live independently or achieve independence.
British Columbia	Child, Family, and Community Service Act	Under 19	**Planning to Begin:** 15 **Support Provided:** 18-21	**The agreement may provide for support** services or financial assistance, or both to assist the person while (a) enrolled in an educational or vocational training program, or (b) taking part in a life skills or rehabilitative program

Province / Territory	Statutory/ Administrative Code/ Agency Policy Provision	Age for Protection	Length of Transition Support	Types of Support Offered
Manitoba	CFS Manual 1.1.7 Preparing Youth for Leaving Care	Under 18	**Planning to Begin:** 15 **Support Provided:** 18-21	**The director, or an agency with the written approval of the director, may** continue to provide care and maintenance for a former permanent ward for the purpose of assisting the ward to complete the transition to independence, but not beyond the date when the former permanent ward attains the age of 21 years. The case manager is responsible for ensuring that all youths in care, regardless of legal status, at the age of 15, have a detailed transition plan with a view to them leaving care. The plan must involve the assessment and development of skills needed for adult living. Preparations for becoming an adult include but are not limited to ensuring the youth can access the following if appropriate: referrals to appropriate adult services; continued medical, dental and prescription coverage; development of an Agreement with Young Adults to be offered for supported services which reflects the cultural background identified by the youth; ability to identify the process to secure safe and appropriate housing with additional support; explore and identify future learning opportunities.
New Brunswick	Family Services Act	Under 19	**Planning to Begin:** N/A **Support Provided:** 19+	The Minister may, for the purposes of subsection 49(5) of the Act, continue to provide care and support for a child who (a) is enrolled in an educational program, or (b) is not self-sufficient by reason of a physical, mental or emotional disability.

Province / Territory	Statutory/ Administrative Code/ Agency Policy Provision	Age for Protection	Length of Transition Support	Types of Support Offered
Newfoundland and Labrador	Children and Youth in Care Protection Act	Under 16	**Planning to Begin:** N/A **Support Provided:** 16-21	Where the youth has been in the care or custody of a manager on his or her sixteenth birthday, the agreement may be extended until the age of 21, provided that the person is attending an educational or rehabilitation program.
Northwest Territories	Child and Family Services Act	Under 18	**Planning to Begin:** N/A **Support Provided:** 18-23	The Director shall, for every youth in the permanent custody of the Director, prepare a written transition plan designed to support and assist the youth to transition to adulthood and independent living. The services referred to in subsection (1) are services intended to support and assist the person to transition to adulthood and independent living, and may include (a) education; (b) counselling, training and other assistance to obtain employment; (c) programs to assist in the person's mental or physical development; and (d) any other services agreed to by the Director and the person.
Nova Scotia	Children and Family Services Act	Under 19	**Planning to Begin:** 16 **Support Provided:** N/A	No support provided upon reaching age of majority

Province / Territory	Statutory/ Administrative Code/ Agency Policy Provision	Age for Protection	Length of Transition Support	Types of Support Offered
Nunavut	Child and Family Services Act	Under 19	**Planning to Begin:** 16 **Support Provided:** 19-26	If a person is party to an agreement referred to in subsection (1) upon reaching the age of majority, the agreement and any related agreement entered into under subsection (2.2) may be extended in accordance with subsection (3) until he or she attains the age of 26 years. S.Nu. 2009,c.10,s.4; S.Nu. 2013, c.15, s.4.

Province / Territory	Statutory/ Administrative Code/ Agency Policy Provision	Age for Protection	Length of Transition Support	Types of Support Offered
Ontario	Child and Family Services Act	Under 18	**Planning to Begin:** N/A	No transition supports embedded in legislation; however, multiple provincial programs found.
			Support Provided: 18-21, 21-29	Through Continued Care and Supports for Youth (CCSY), youth ages 18, 19, and 20 can receive financial and other supports from a Children's Aid Society (CAS). This support is intended to help youth build on their strengths and meet their goals during their transition into adulthood
				The Aftercare Benefits Initiative (ABI) is a comprehensive health and dental benefits program for former youth in care. The program provides a broad range of benefit coverage, including prescription drug, dental, vision, extended health benefits, counselling, and life skills support services. Green Shield Canada provides the health and dental benefits for eligible youth between 21 and 25 years old, and provides the counselling and life skills supports for eligible youth between 21 and 29 years old
				Youth in transition workers connect youth between the ages of 16 to 24 to community services and provide support with securing stable housing, education resources, employment services, and life skills training.
				Youth between the ages of 18 to 21 who need additional time to complete their high school diploma may remain with their foster caregiver(s) while they complete their education.

Province / Territory	Statutory/ Administrative Code/ Agency Policy Provision	Age for Protection	Length of Transition Support	Types of Support Offered
Prince Edward Island	Child Protection Act	Under 18	**Planning to Begin:** N/A **Support Provided:** 18-21	The Director may enter into a written agreement with the person for continued services to prepare the person for independent living, where (a) the person is a student or a participant in an approved educational, training or rehabilitative program; or (b) the Director considers that there are unusual circumstances which necessitate special transitional support
Quebec	Youth Protection Act	Under 18	**Planning to Begin:** N/A **Support Provided:** N/A	N/A
Saskatchewan	The Child and Family Services Act	Under 16	**Planning to Begin:** N/A **Support Provided:** 18-21	The Director may enter into a written agreement with the person for continued services to prepare the person for independent living. Support may include financial assistance for youth continuing their education; employment training, or life skills training.
Yukon	Child and Family Services Act	Under 19	**Planning to Begin:** No details other than a transition place shall be created. **Support Provided:** 19-24	A director may make a written agreement with (a) a youth who is leaving the custody of the director, or (b) a person who, as a youth, was in the custody of the director for the purpose of providing transitional support services to assist that person to move to independent living. Transitional services or services to support youth provided under this division may include: counselling, independent living skills training, educational training opportunities, and facilitating connections to appropriate educational or community resources.

It is important to highlight that only one province, Ontario, allows young people to remain living with their foster caregiver(s) past the age of 18. All other provinces and territories require that youths leave their foster home to participate in an independent living program or supervised independent living. In order to participate in voluntary extended care agreements, youths must typically be involved in education, employment, or training programs. While most Canadian jurisdictions allow child welfare agencies to offer extended supports, many young people who have aged out of care have reported that existing processes and resources are not adequate and "the requirements for accessing support can be unattainable for many who are struggling to cope with childhood trauma" (Coles, 2018, para. 11). As a result, many youths perceive leaving care is "more akin to an 'expulsion' than a transition" (Rutman et al., 2007, p. 3). Moreover, as extended care and other transition, supports may be offered past 18 years, provincial and territorial legislation allows for discretion by individual directors of child welfare agencies to determine who should be provided extended care and for how long.

▶ **Interviews**

Six interviewees (1, 6, 9, 11, 19, and 21) spoke about extension of care programs for Canadian youths. Specifically, they emphasized several key issues at both the policy and practice levels. At the policy level, three interviewees (9, 11, and 21) spoke to the fact that while their provinces' legislation allowed child welfare agencies to offer voluntary extended care agreements to youths formally in care, access to these agreements was uneven due to variation in local practice. Interviewee 11 explained:

> *Some of the challenges we still see, though, is if young people did not have a good relationship with their worker or with their agency, it could be that no one talked to them about getting an extension of care. Therefore, we have some kids turning 18 within a month, and no one has told them that they can get an extension of care; no one has told them about a tuition waiver, no one has told them about some of the resources and supports that are available to them.*

At the programming level, two interviewees (6 and 19) further elucidated that those youths who are 'most in need' are not getting the necessary supports due to "unnecessary structures and rules that…make it more difficult for them to access services" (Interviewee 19). Finally, Interviewee 1 noted that while current research focuses on the effectiveness of offering extended supports until the age of 21, future research might examine the effectiveness of offering supports until the age of 25 or 30.

Transition Planning

Four themes emerged from the literature that provide valuable input into the development of a comprehensive and holistic approach to transition planning for young people exiting the child welfare system. First, programs should be low barrier and include positive youth development, trauma-informed care, and harm reduction approaches. Second, young people in care should be provided gradual, holistic planning and support that addresses each youth's individual strengths and needs. Research highlights seven pillars of support that need to be addressed to improve outcomes for youths transitioning from care: identity, transportation, life skills, relationships, education and career, housing, and after-care supports. Third, for transition-focused programs and services to be successful, they need to be embedded in coordinated system planning and delivery. Finally, transition-focused programs and larger systems should develop data tracking for effective evaluation and program planning. Figure 2 provides a visualization for providing transition planning.
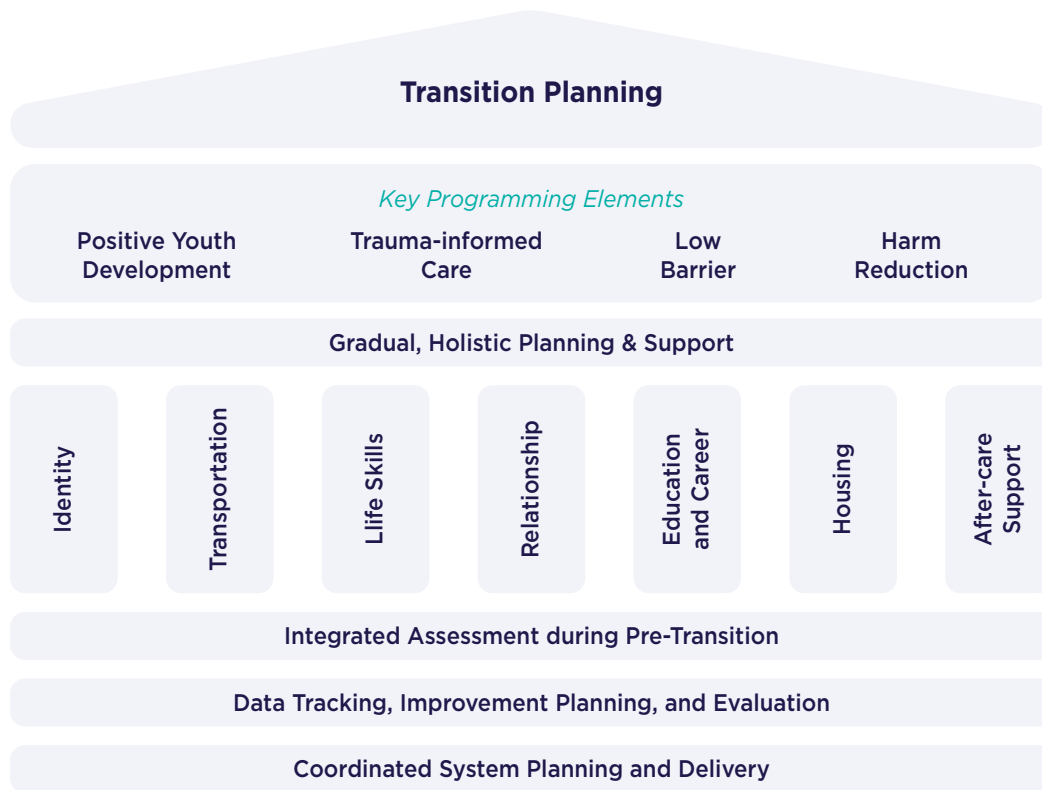

Figure 2. Visualization of preventative transition supports

Each component of preventative transition planning is discussed in further detail below.

Theme 1: Programs should be low barrier and include positive youth development, trauma-informed care, harm reduction approaches.

Positive youth development (PYD) programs intentionally engage young people in meaningful discussion and engagement on programs, practices, and policies which impact them. In addition, PYD programs are inclusive and focus on the strengths of each individual. A PYD approach increases the level of buy-in for participants and enables youths to identify their needs, reflect on their development, and make choices about how to achieve personal goals (McEwan-Morris, 2012; Nesmith, 2017; Reid and Dudding, 2006; Powers et al. 2018; Whalen 2015). PYD is grounded in developmental systems and ecological system theories, which "considers the person-context relationship - that is, the multilayered, ecological web of family...and community" (Developmental Services Group, p. 1). Evaluation evidence of PYD suggests "positive youth development programs can nurture individual protective factors that both increase successes and positive outcomes and decrease problem behaviors" (Developmental Services Group, p. 3). More specifically, a critical review of PYD program frameworks found that the Development Assets Framework developed by the Search Institute has been the most thoroughly tested and refined research and applied practice model (Arnold and Silliman, 2017). The *Development Assets Framework* states that youths should develop external and internal assets, including:

Internal Assets	External Assets
The supports, opportunities, and relationships young people need across all aspects of their lives	The personal skills, commitments, and values they need to make good choices, take responsibility for their own lives, and be independent
Supports	Commitment to Learning
Empowerment	Positive Values
Boundaries and Expectations	Social Competencies
Constructive Use of Time	Positive Identity

Finally, it is important to note that while much research and evaluation on PYD and the *Developmental Assets Framework* has been completed on at-risk populations, most has not focused on OHC populations (Courtney et al., 2017).

Trauma-informed care recognizes that youths who enter OHC have typically been exposed to more adverse experiences than their peers in the general population. A youth's experience with trauma affects many developmental domains, including mental, behavioral, and emotional. Emerging evidence suggests that trauma-informed practices can reduce substance use and improve mental health for at-risk populations when implemented as part of an integrated social services and health care model (Melz, Morrison, and Ingoldsby, 2019). However, additional evidence is needed to confirm effects (Melz et al., 2019) and to

examine its use for OHC populations. Most trauma-informed programs utilize the framework developed by the Substance Abuse and Mental Health Service Administration (SAMHSA) to guide programming components (Melz et al., 2019). SAMHSA defines six core principles of trauma-informed care:

1. **Safety;**

2. **Trustworthiness and transparency;**

3. **Peer support;**

4. **Collaboration and mutuality;**

5. **Empowerment, voice, and choice, and;**

6. **Cultural, historical, and gender issues.**

Researchers (e.g., see Lee, 2017; Patterson et al. 2015; Rebbe, Nurius, Courtney, and Ahrens 2018; Thompson, Greeson, Brunswick, 2016; Yang, 2017) have suggested that service providers should undergo professional development to increase their understanding of the impact of trauma on child development and how to minimize its effects without re-traumatizing youths. In addition, researchers have suggested that all young people in care should be screened for trauma to determine if more intensive, tailored interventions are needed (Alberta Office of the Child and Youth Advocate, 2013; Evenson, 2009; Reid et al., 2006; Serge et al., 2002; Turpel-Lafond, 2014; Whalen, 2015; Woodgate, Morakinyo, and Martin, 2017).

Research has shown that many transition-focused programs set unrealistic entry criteria and performance outcomes that many youths are unable to meet (Schelbe, 2018). For example, one evaluation of a transitional housing program found that the program's strict program rules often led youths to leave the program unsuccessfully. Harm reduction is a philosophy aimed at reducing negative consequences of various lifestyle choices (e.g., drug use, relationships, and sexual practices) based on working with people without judgement, coercion, or discrimination. Harm reduction program models do not include practices that exclude youths who are most in need of accessing and remaining in programs. In addition, programs that use a harm reduction model focus on building relationships with clients in order to build trust and introduce support services (Schelbe, 2018). A review of empirical research reported that harm reduction approaches "are demonstrably effective for alcohol and substance abuse in many settings and with many populations. They are also effective in recruiting a larger proportion of afflicted clients and in reaching several populations (e.g., worksite, homeless) that conventional treatment programs rarely reach" (Logan and Marlatt, 2010, p. 212). Once again, it is important to note that while much research and evaluation on harm reduction approaches has been completed on at-risk populations, most has not focused on OHC populations.

Theme 2: Gradual, holistic transition planning and support.

Across a number of studies, youths describe non-existent or inadequate needs and assessment planning (Campo and Commerford, 2016; Fuchs, Burnside, Reinick, and Marchenski, 2010; Geenen and Powers, 2007; Graham, Schellinger, and Vaughn, 2015; Whalen, 2015; Alberta Office of the Child and Youth Advocate, 2013; Ontario Provincial Advocate for Children and Youth, 2012) prior to exiting care. As a result, youths report lacking awareness of the transition services and funding for which they are eligible (Campo et al., 2016; McEwan-Morris, 2012). An evidence check review by Conroy and Williams (2017) reported that a lack of a transition plan might be associated by unstable housing trajectories. Due to the importance of transition planning, it has been suggested that it should begin "well before they [youths] leave care, beginning in adolescence or even earlier" (Children's Bureau, 2018, p. 1). McEwan-Morris (2012), Campo et al. (2016), and Beauchamp (2014) have argued for the development of a consistent and effective framework for transition planning which child welfare practitioners use to guide transition planning with youths beginning at the ages of 15-16.

Youths in care are not a homogenous group, therefore, transition planning should be unique to each individual's strengths and needs (Alberta Office of the Child and Youth Advocate, 2013; Britton and Pilnik, 2018; Campo et al., 2016; Child Welfare Initiative, 2013; Fairhurst, David, and Corrales, 2015; Graham et al., 2015; McEwan-Morris, 2012; Nesmith, 2017; Turpel-Lafond, 2014; Whalen, 2015;). Seven pillars of support were suggested across the literature: identity, transportation, life skills, relationships, mentoring, education and employment, housing, and after-care supports.

Identity. Prior to leaving care, youths should have a bank account and obtain vital documents such as their birth certificate, social security card, and credit report (Columbia Legal Services, 2014; Taussig and Weiler, 2017). A report by Brandford (2002) found that while Washington youths were likely to have social security cards (75%) and a copy of their birth certificate (72%), far fewer had a bank account (50%) or a driver's license (11%).

Transportation. Policymakers and child welfare organizations have advocated that young people complete driver's education and/or learn how to use public transportation (Louisiana Department of Children and Family Services, 2016; Columbia Legal Services, 2014; NYC Administration for Children's Services, 2018; U.S. Department of Education, 2016).

Life skills programs. Youths have reported that they are given little opportunity to practice the skills (i.e., social, emotional, financial, independent living) needed to live independently (Fuchs et al., 2010; Mayock, Parker, and Murphy, 2014; Reid et al., 2006; Serge et al., 2002; Alberta Office of the Child and Youth Advocate, 2013). As such, a number of independent living and life skills programs have been developed to provide youths with the knowledge and ability to successfully cope with the demands of daily life. However, while many programs exist "there is a serious lack of rigorous evaluation studies" (Kovarikova, 2017, p. 12). Two life skills programs, the *My Life Program* and the *Better Futures Program*, have undergone such evaluations (Geenen et al., 2015; Powers et al., 2012) and have been found to be more effective when compared to other programs. The purpose of the *My Life program* is to support youths (including young persons with mental health conditions and disabilities) between the ages of 15 to 19 during the transition to adulthood. The *Better Futures* model is an adaptation of the *My Life* intervention. The program is targeted towards young people,

including youths with disabilities or mental health conditions, between the ages of 16 to 19 who are completing their final year of high school or GED. Both programs are grounded in PYD; offer long-term, youth-directed coaching and support; provide experiential learning opportunities; focus on building interpersonal, emotional regulation, conflict regulation, and self-advocacy skills, and provide information on topics such as finding housing and employment, maintaining a household and cooking, and financial literacy.

Relationships. Research has consistently found that many youths experience placement instability while in care. For example, the Midwest study by Courtney and colleagues (2007; 2010) showed that one-third of youths experienced two or more placements prior to transitioning from care. A Manitoba study by Fuchs and colleagues (2010) found that placement breakdowns were often internalized by youths as personal failures and left youths struggling with feelings that they did not belong. Other studies have shown that negative life outcomes associated with adverse childhood experiences are mediated by youths perceived social support networks (Gradaille, Montserrat, and Ballester, 2018; Melkman and Benbenishty, 2018; Okpych and Courtney, 2017). As such, researchers have argued that youths in OHC need at least one stable, caring relationship with an adult to provide continuity as youths experience changes in other aspects of their lives (Geenen et al., 2007; Melkman et al., 2018; Neal, 2017; Nesmith and Christopherson, 2014). In addition, close relationships with biological family have been found to reduce the risk of youths experiencing negative life outcomes, such as homelessness (Courtney et al., 2017). Therefore, researchers have argued that youths in care should be supported in maintaining and leveraging familial ties when possible (Courtney et al., 2017; Dworsky et al., 2013; Mayock et al., 2014). A systematic review by Pergamit, Gelatt, Stratford, Beckwith, and Martin (2016) of family intervention programs found "out of 49 interventions identified in the literature, 6 have undergone evaluations… to meet our bars for evidence-based or evidence—informed ratings" (p. 37). Family interventions meeting the standards of the systematic review include *Multidimensional Family Therapy, Multisystemic Therapy, Treatment Foster Care Oregon, Functional Family Therapy, Ecologically Based Family Therapy and Strive*. Pergamit et al. (2016) assert that further evaluation and cost effectiveness studies on family interventions need to be conducted.

Mentoring is another form of nurturing and building relationships for young people in care. A review of the existing research evidence on mentoring young people in foster care by Taussig et al. (2017) found:

- Both natural and program-based mentoring appear to be highly acceptable to youths in foster care, and mentees generally report high satisfaction with their mentoring experiences. (p. 2)

- Available research suggests that mentoring for children in foster care (across a range of ages and mentoring formats) can have positive impacts on many, but not all, targeted outcomes, including mental health, educational functioning and attainment, peer relationships, placement outcomes, and life satisfaction. (p. 2)

- Most formal mentoring programs that have been evaluated to date are multicomponent (that is, they include components other than one-to-one mentoring, such as skills groups) and utilize mentors who are agency staff members or university students. (p. 2)

- The impact of mentoring may differ based on demographic, and placement characteristics and key processes, such as improvements in self-determination and prosocial skills may be the mechanisms through which mentoring outcomes are realized for this population. (p. 2)

Although there are many conceptual reasons why mentoring is an excellent fit for youths in foster care, there are pragmatic challenges that make widespread implementation difficult and no studies have examined program expansion or adaptation. (p. 2)

Emerging evidence has suggested that natural mentoring (i.e., individual whom the youth already knows and has a relationship with) may be more effective than mentors assigned through formal programs (Thompson et al., 2016; Powers et al., 2018, Woodgate et al., 2017). Researchers have recommended that natural mentoring programs should encourage youths to self-identify allies and supports (Powers et al. 2018). In addition, studies have found that "longer relationships between the youth and mentors produced more positive effects and had the potential to better meet the needs of youth transitioning to independent living" (Woodgate et al., 2017, p 295). In addition to mentoring programs, some youths have reported wanting to be involved in a peer support group (Alberta Office of Child and Youth Advocate, 2013; Whalen, 2015) where youths are able to meet with other young people, share fostering experiences, and have access to peer support.

Education and career. As highlighted within the introduction of this report, youths in care often struggle academically. As such, researchers have argued that youths in care need to be provided with K-12 education supports to enable them in obtaining a high school diploma or GED (Berzin, Singer, and Hokanson, 2014; Graham et al., 2015; Kovarikova, 2017; Lawler, Sayfan, Goodman, Narr, and Cordon, 2014; McEwan-Morris, 2012; Villegas, Rosenthal, O'Brien, and Pecora, 2014). In addition, youths should receive help in researching and applying for post-secondary education and/or training in how to apply, get, and keep a job (Evenson, 2009; Graham et al., 2015; Höjer and Sjöblom, 2014; Kovarikova, 2017; McEwan-Morris, 2012; Turpel-Lafond, 2014; Woodgate et al., 2017; Whalen, 2015). A review of educational support programs for youths in foster care by Dworsky, Smithgall, and Courtney (2014) found that none of the programs (N=37) included in the review had been rigorously evaluated.

Housing. All youths should be supported in developing a plan that addresses their housing needs after aging out of care. Dworsky et al. (2013) argues:

At a minimum, that plan should include where they plan to live, with whom they plan to live, and how they plan to pay for their housing related costs… Moreover, special attention should be given during this transition planning process to the housing needs of youths who frequently changed placements, youths who were physically abused, and youths with mental health problems. This special attention might include more hands-on housing search assistance or advocacy with transitional housing programs that might otherwise screen them out.

Housing programs can be grouped into two categories: transitional housing programs and independent living programs. Independent living programs (ILPs) are typically targeted to adolescent youths still in care (13-17). ILPs are designed to help youths gain independent living skills through participation in a supervised housing placement. Young people also participate in the development of holistic transition plans and take part in individualized

life skills training. An evaluation of a holistic transition-planning program by Barnow et al. (2016) found that the longer youths were involved with the program, the more education and employment outcomes were achieved. As such, Barnow et al. (2016) argue that independent living programs should be provided to youths over an extended period. Another evaluation of an independent living program in Massachusetts revealed mixed findings. Youths were more likely to remain in care, enroll and persist in college, and more likely to obtain support across a number of domains. However, the program did not report better outcomes in employment, economic well-being, housing, delinquency, pregnancy, or self-reported preparedness of independence (Courtney, Zinn, Johnson, and Malm; 2011; Katz and Courtney, 2015). Other systematic reviews have shown that the available evidence for ILPs is unreliable (Conroy et al., 2017). Transitional living programs (TLPs) provide short-term (typically 24 months) housing accommodations to young people exiting care. Like ILPs, youths participating in TLPs must agree to case management and participate in the development of individualized transition plans. In addition, youths must typically be employed or attending school to participate in TLP programs. Systematic reviews of transition planning programs have also found that there is insufficient evidence in support of these programs (Conroy et al., 2017). Similarly, a review of housing programs by Dion, Dworsky, Kauff, and Kleinman (2014) reported that "although a number of programs have been developed to address the housing needs of this population, almost nothing about their effect on youth outcomes is known" (p. 1). One housing model, 'Housing First', has a strong research base, and can be considered 'best practice'. A variety of Housing First programs have been developed nationally and internationally to provide housing to young people who have recently transitioned out of care, or who have become homeless since leaving care. For more information about these programs, see the section titled 'Characteristics of Effective Interventions for Homeless Youths'.

Focusing on interdependence, income, and after-care supports. National (Rutman et al., 2007) and international research (e.g., see Berzin, 2014) has consistently found that youths typically "face an abrupt end to service provision and the inability to get continued support as they entered adulthood" (Berzin et al., 2014, p. 632). As such, researchers have argued for systems to maintain relationships with young people as they transition into adulthood so they can seek help when needed.

Theme 3: Coordinated system planning.

In order to address transition planning for youths in OHC, a systems-based, outcomes focused approach is needed to guide planning and service delivery. Evenson (2009) explains:

This will require the collaboration of service providers, policy makers, advocates, youth and community members. All orders of government (municipal, provincial, territorial and federal) will need to be engaged and integrated to deliver the resources to develop these strategies. Community-based delivery and leadership, combined with appropriate, long-term and flexible resources from all levels of government, the community and the private sector, is the model for successful effort[s].

Multiple studies have reported that collaboration among services still leaves much to be desired (Geenen et al., 2007; Graham et al, 2015). For example, through discussion groups with youths and service providers, Geenen et al. (2007) found a "lack of communication between providers [resulted] in confusion over roles, gaps in service, and in some cases, a

duplication of efforts" (p. 1091). Whalen (2015) has also argued that more integrated service provision can result in substantial savings for individual systems as well as improvements in "communication, better understanding of each other's roles and service pressures, improved corporate commitment, a high level of trust, more involvement of the voluntary sector, shared innovation and more supported housing options" (p. 12). McEwan-Morris (2012) has suggested that service providers develop collaboration agreements to reduce fragmentation. For example, many child welfare and education systems across Canada have developed joint protocols focused on reducing school moves due to placement changes and improving academic outcomes of young people in care (Shewchuk, 2019). In addition, it is important to note that coordinated system planning is not synonymous with having a singular approach to supporting youths in care across the nation. Indeed, researchers have asserted that local organizations should develop or adapt programs based on local contexts (Evenson, 2009; Fuchs et al., 2010; Greeson, Garcia, Kim, Thompson and Courtney, 2015).

Theme 4: Data tracking and evaluation for improvement planning.

Finally, despite the potential of many transition-focused program, gaps remain in the knowledge needed to determine effectiveness of such programs, as few programs are set up for rigorous evaluation (Courtney et al, 2017; Singer, Berzin, and Hokanson, 2013). Many jurisdictions lack consistent, data collection and tracking (both internal and publicly available) systems that measure youths' progress across a number of transition-focused domains (McEwan-Morris, 2012). Improved data collection and tracking would help increase local and international understanding of transition-age youths.

▶ Jurisdictional Scan

The jurisdictional scan uncovered over 270 policies and programs, most of which were targeted transitional support services for youths. As such, only a small sample of programs are discussed throughout. For the full list of programs, please see Supplemental File B.

Canada. In Canada, 39 programs and policies were uncovered to support young people transitioning from OHC, of which there was a relatively even split between government-run and charity/non-profit run programs. Provincial and territorial legislation and related child welfare policy requires that transition planning begin for youths between the ages of 15 and 16 (see Table 3). As previously discussed, youths may choose to extend their time in care through voluntary agreements. Voluntary agreements are typically in effect for one year and may be renewed on an annual basis. It is common for support agreements to include an assessment of the young person's strengths, needs, and goals. Any financial and other supports (e.g., life skills training) to be provided to the young person are outlined within these plans. Programs were found related to financial support, life skills, holistic transition planning, family reconnect, health insurance, and transitional and independent living programs. In British Columbia (B.C), transition-age youths pursuing post-secondary education can receive the *Youth Education Assistance Fund*. B.C. youths can also learn life skills by participating in youth retreats offered by the *Federation of BC Youth in Care Networks*. In Manitoba, the *MYTEAM* program offers transition-age youths with holistic transition planning, mentorship, and wrap-around service supports. The Manitoba Metis Child and Family Services offers the *Volunteer One-to-One Mentor* program, which provides family reconnect services to young people and their families. In Ontario, young adults

between the ages of 21 to 24 are eligible for extended health benefits. In addition, *360Kids* and *YOUTHLINK* provide transitional and independent living programs for Ontario youths. These programs range from one to three years in length and require young people to enter transitional support plans and participate in case management.

Australia. In Australia, 41 programs and policies were uncovered to support youths transitioning from OHC. The Australian Government introduced *National Standards for Out-of-Home Care* in 2010 to drive improvements in state-care systems. The standards include a requirement that caseworkers begin developing transition plans with young people at age 15. Western Australia has developed *Rapid Response*, a cross government framework and action plan to promote information sharing and support young people as they transition from care. Unlike Canada, most programs in Australia were run by non-profit organizations. The CREATE Foundation is a national consumer body that represents the voices of children and young people with experiences in OHC. The foundation offers many programs, including youth advisory groups, holistic transition planning, life skills training, and practitioner training. *The Salvation Army, Berry Street, Marist180,* and *Caretakers Cottage* offer independent living programs for youths transitioning from care. Like Canadian-based independent living programs, youths must participate in case management and develop transitional support plans.

United Kingdom. In the United Kingdom, 28 programs and policies were uncovered to support youths transitioning from OHC, of which there was a relatively even split between government-run and charity/non-profit run programs. Programs related to holistic transition planning, mentoring, practitioner training, financial support, legal representation, and education were uncovered. An example of a unique government-based program is the *Flinshire Council Tax Discount for Care Leavers* that can reduce Council tax payments of youths between the ages of 18 and 25 up to 100%. The *Care Leaver Covenant* is a system coordination effort between multiple non- and for-profit organizations across England where organizations commit to provide additional support and expertise that is outside of that provided by local child welfare agencies. Due to this system-coordination effort, three for-profit organizations have offered employment-based programs. *Compass Group* and the Group offer pre-employability program for youths in care while *REED* supports care leavers by offering a guaranteed interview to any young person who applies for one of their internships.

United States. In the United States, 89 programs and policies were uncovered to support youths transitioning from OHC. Most programs were run by (or in collaboration with) government organizations. For example, the *Jim Casey Initiative* is a national program that works in partnership with states to support transition-age youths in obtaining: stable housing, education and employment support, and pregnancy prevention and parenting support. A large number of programs were found related to holistic transition planning, independent and transitional living programs, mentoring, education, and financial support. The *THP-Plus Statewide Data System* in California is an example of a statewide voluntary data system. Information collected through the *THP-Plus* data initiative includes demographics of program participants as well as longitudinal data on a number of outcome domains.

► **Interviews**

Findings from the interviews were organized in relation to the four transition-planning themes uncovered from the literature review. Interviewee discussion concerning extended care is subsumed into Theme 2: Gradual, holistic transition planning and support.

Theme 1: Programs should be low barrier and include positive youth development (PYD), trauma-informed care, and harm reduction approaches.

Policymakers, researchers, and service providers from across Canada (Interviewees 1, 2, 4, 5, 6, 8, 9, 11, 12, 13, 14, 15, 18, 19, 20, and 21) stressed the importance of working from a harm reduction, PYD, and low-barrier approach. More specifically, interviewees explained that programs should focus on relationship building, promote youth voice and choice, and develop youths' strengths and resilience. Many interviewees (1, 6, 13, 15, 18, and 21) explained that service providers need increased training to develop the necessary skills to engage and support the needs of young people in care. Interviewee 18 suggested that programs need to embed opportunities for service providers to debrief and problem solve together. In addition, they noted that it was essential for service providers to "continually reinforce themselves and rebuild their own strengths and the services they are able to offer" in order to reduce worker fatigue and burnout.

Theme 2: Gradual, holistic transition planning and support.

Multiple interviewees (2, 3, 4, 8, 9, 11, 12, and 21) explained that transition-age youths require access to a variety of services that mimic familial supports. For example, interviewees (2, 3, 6, 15, 17, and 21) advocated for youths to receive health supports, including mental health, addictions support, and access to physical healthcare. In addition, most interviewees (1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 14, and 21) asserted that youths require access to educational supports, both at the K-12 and post-secondary levels. This support should include both financial assistance (e.g., scholarships) and programs (e.g., tutoring) designed to improve educational outcomes of youths. Four interviewees (1, 6, 8, and 13) brought attention to the need for evidence-based life-skills and mentorship programs to support young people. Two interviewees (6 and 14) called attention to the fact that some young people lack access to documentation, which can create barriers for youths. One interviewee (11) stressed the need for youths to obtain practical preparation for living independently. Many interviewees (6, 9, 10, 11, 12, 13, 17, 20, and 21) advocated for improvements to current discharge planning. Four interviewees (10, 17, 20, and 21) highlighted that financial and legislative constraints impeded transition-age youths from receiving supports after reaching their province's age of majority. For example, a member of an advocacy organization in British Columbia explained:

> *In BC, you lose your social worker at 19. So the guardianship team that might have cared for you no longer can get services for you, they can't really answer the phone for you. They can provide six months of contact [after aging out], it is the most that an agency will give and that is extending further than their mandate allows them to. (Interviewee 21).*

A researcher from Nova Scotia further elucidated:

Systems are so strained and overwhelmed that there is not much put into the kind of exiting strategies... what we are kind of advocating around is just more thoughtful discharge. So the social workers in the system, being able to connect with programs and plans with young people that are more client driven...so what is important to this young person? How are they going to continue with their education, how are they going to continue with employment, are they going to continue with their relationships over time? How are they going to connect with their family? We need to be doing assessments for this young person to make the healthiest transition. (Interviewee 20)

Most interviewees (1, 2, 3, 4, 5, 7, 9, 10, 11, 13, 15, 16, 20, and 21) stressed the importance of extending services to youths past when they reach their province's age of majority. A policymaker from Alberta explained their extended care supports:

Young people can have support services up until the age of 24. Within our Alberta government here, we also have now transition specialists. And so as young people are turning 18...we can get in contact with them. And they will meet with the worker and the young person and support and just kind of see what, what's been done and what hasn't been done, what needs to be done moving forward, and help connect to any places that the young person or the worker might need to connect with before that transition happens. (Interviewee 15)

Interviewees (2, 14, and 15) explained that transition-age youths should be provided with a 'system navigator' or 'transition companion' who helps the young person navigate public institutions they need to connect with during the youth's transition. Three interviewees (6, 20, and 21) were proponents of the "warm hand-off" approach by which child welfare service providers directly introduce young people to other community programs when extended care ends or if it is not possible. Interviewees (9, 11, 20, 17, and 21) also highlighted while provincial legislation allows for child welfare agencies to provide extended support; it does not mandate it. As such, there is variation across organizations in how (and if) supports are offered. Finally, interviewees emphasized the need for systems should promote 'interdependence' for transition-age youths by offering support until young people reach their mid-twenties.

Theme 3: Coordinated system planning.

Seven interviewees (6, 7, 9, 10, 15, 18, and 19) underscored the importance of coordination between systems to support young people in care. For example, one interviewee explained "there is a desire to have things be more systematically accessible to young people who've had experience living in care, irrespective of their status" (Interviewee 7). Two interviewees (6 and 7) reported that a 'champion' (i.e., a person who takes a special interest in the adoption, implementation, and success of a policy or program) was instrumental in catalyzing system level change. A service provider in Manitoba (Interviewee 6) explained coordination between service agencies had led to improved policies as well as increases assistance and supports for young people.

Four interviewees (2, 6, 8, and 19) discussed the need for programs and services to be adaptable to local Canadian contexts. A member of an advocacy organization in British Columbia explained:

> *I think what is needed is so context specific... A program that works in downtown Vancouver is not necessarily the right program for a rural or remote community in northern BC, or in the north of Canada. (Interviewee 2)*

Likewise, a member of an Ontario-based advocacy group explained:

> *My assumption is that across the provinces and across local agencies is all very different and unique because it is responding to the different needs. Again, because child welfare is provincially regulated - by nature of that, it is just going to look different in different provinces and territories. (Interviewee 8)*

Interviewees (6, 8, and 18) described using regional working groups and developing inter-agency protocols as methods to advance system coordination.

Theme 4: Data tracking and evaluation for improvement planning.

Two interviewees (13 and 18) highlighted the need for improved data tracking and information sharing between systems. Interviewee 13 explained:

> *The biggest thing that I think would help is information. There is so much information on these youths and good luck getting it right. What systems are they touching? What happened? If you aggregated at all, I think you would have a really good understanding of the ebbs and flows of youths in care and probably some pretty interesting indicators of what is going to cause housing stability or instability. But it is such a convoluted picture because they have health care records, because they got sealed court documents and we don't share that information system to system.*

Interviewee 18 suggested the development of data sharing agreements between agencies to support holistic planning and program tracking.

Factors Known To Affect OHC Youth Homelessness

Thirteen studies (10 peer reviewed and three pieces of grey literature) were found that examined the risk and protective factors for homelessness among youths exiting OHC. A risk factor is a condition or variable that is associated with a higher likelihood that a youth will become homeless while a protective factor is a condition or variable known to decrease the likelihood of homelessness. Emerging evidence shows there are many factors that may contribute to whether former youths in OHC become homeless. However, there is still disagreement about which factors are associated with housing instability and homelessness. Table 4 contains a summary of the risk factors found throughout the literature and notes where inconsistent findings were found.

Table 4. Risk factors known to increase likelihood of OHC youth homelessness

	Studies Where Significant Association Was Found	Studies Where No Association Was Found
Demographic factors		
Race (African American, Hispanic, Non-white)	Shah et al., 2017; Fowler, Toro, and Miles, 2009; Fowler, Marcal, Zhang, Day, and Landsverk, 2017	Shpiegel et al., 2016
Sexual Orientation (LGBTIQ)	Shpiegel et al., 2016	Dworsky et al., 2013
Being a young parent	Shah et al., 2017	
Type of abuse (physical)	Dworsky et al., 2009; Dworsky et al., 2013; Fowler et al., 2009; Bender, Yang, Ferguson, and Thompson, 2015	
Type of abuse (sexual)	Fowler et al., 2009	Dworsky et al., 2009; Dworsky et al. 2013; Shpiegel et al., 2016; Shah et al. 2017
Community Factors		
Low educational attainment	Berzin, Rhodes, and Curtis, 2011	Dworsky et al. 2013
Early school leaver	Fowler et al., 2009	
Frequent school changes	Shah et al., 2017	Shpiegel et al., 2016
Justice system involvement	Shah et al., 2017; Fowler et al.,2009	Dworsky et al. 2013
Poor engagement with service systems	Natalier and Johnson, 2012	

	Studies Where Significant Association Was Found	Studies Where No Association Was Found
Well-Being Factors		
History of emotional and behavior issues	Dworsky et al. 2013; Fowler et al., 2009	Shah et al., 2017
Mental health problems	Shah et al., 2017; Dworsky et al., 2013	
Reduced financial resources	Berzin et al., 2011	
Homeless or receiving housing assistance during prior 12 months	Shah et al., 2017	
Injury during prior 12 months	Shah et al., 2017	
Poor social networks/Insecure attachments to supportive adults	Berzin et al., 2011; Reilly, 2003; Natalier et al, 2012	Dworsky et al. 2013
Child Welfare Factors		
Instability in care/Number (+) of placements while in care	Berzin et al., 2011; Shah et al., 2017; Dworsky et al., 2013; Fowler et al., 2009; Bender et al., 2015; Shpiegel et al., 2016; Reilly, 2003; Natalier et al., 2012	
Lack of transition plan	Natalier et al. , 2012	
Number (+) of times running away while in care	Dworsky et al., 2009; Dworsky et al., 2013	Shah et al., 2017
Exiting foster care at a young age	Fowler et al., 2009; Natalier et al., 2012	
Disrupted adoptions	Shah et al., 2017	

There is consistent agreement that a greater number of OHC placements were associated with an increased risk of homelessness. Experiencing physical abuse was also consistently associated with an increased risk of homelessness. However, a number of inconsistent findings were noted. Studies reported inconsistent findings for demographic factors, including sex, race, and sexual orientation. In addition, disagreement was also found amongst education, well-being, and child welfare factors. For example, Shah et al. (2017) found that youths who experienced four or more school transitions over a three-year period were 1.7 times more likely to experience homelessness. Conversely, Shpiegel et al. (2016) did not find a link between the number of school transitions and future homelessness. A history of emotional and behavioural issues was found to be significantly associated with homelessness in two studies. However, a third study found no significant association between homelessness and having a history of behavioural problems. There were also inconsistent findings regarding running away while in care. Running away was found to be associated with homelessness in two studies by Dworsky and colleagues (2009; 2013), but it was not found to be significantly associated by Shah et al. (2017).

There has been less attention on the protective factors that lessen the likelihood that youths living in OHC will experience homelessness. However, research by Cohen (2013), Dworsky (2009), and Shah et al. (2017) has revealed individual, community, and child welfare and system factors that are known to decrease the likelihood of homelessness (Table 5).

Table 5. Protective factors known to decrease likelihood of homelessness

	Studies Where a Significant Association was Found
Individual Factors	
Self-regulation skills	Cohen, 2013;
Relational skills	Cohen, 2013
Parenting competencies	Cohen, 2013
Education Factors	
Academic skills	Cohen, 2013
High GPA	Shah et al., 2017
Positive school environment	Cohen, 2013
Community Factors	
Caring adults	Cohen, 2013;
Strong ties with at least 1 primary caretaker	Cohen, 2013; Dworsky 2009; Shah et al., 2017
Reunification with family	Fowler et al., 2017
Child Welfare and System Factors	
Stable living situation	Cohen, 2013
Supports for independent living	Cohen, 2013
Extending foster care to age 21	Dworsky et al., 2013

As can be seen by comparing Tables 4 and 5, risk factors have received greater attention in the literature. The protective factors outlined in Table 5 are only a start toward understanding the characteristics at the individual, community, and system level that contribute to promoting positive transition outcomes. Further research is needed to explore the particular risk factors and protective factors that affect youths in OHC, and examine how prevention and intervention programming can target youths to reduce their risk of experiencing housing instability and homelessness. In particular, a better understanding of protective factors will allow service providers to develop programs focused on developing conditions and attributes that will increase youths' resiliency and lessen the impact of risk factors.

▶ **Jurisdictional Scan**

Canada. *The Upstream Project* (adapted from Australia, see below) uses a population-screening tool to identify youths within school systems who are at-risk for experiencing homelessness. First, students complete a needs assessment survey. Wrap-around community supports are then offered to those youths identified as being at-risk.

Australia. The *Upstream Project* (formerly the *Geelong Project*) is a school-based early intervention program from Australia that is the predecessor of the Canadian *Upstream Project*. *Upstream* uses a proven tool to assess students and identify those who may be at higher risk of homelessness. Young people and their families are provided with necessary supports aimed to repair family relations (if it is safe for the youth to do so), increase school engagement and success, and reduce the risk of family breakdown, dropping out of school and involvement in crime.

United States. Out of the findings from Shah et al.'s (2017) study, a predictive screening tool was developed to identify youths transitioning out of care who are at risk of experiencing homelessness. The tool is currently being piloted in Washington State. The National Alliance to End Homelessness has promoted the tool and stated that it "should help workers in the foster care system decide which youths to target with additional support and interventions after they leave foster care, in order to help ensure that youths remain stably housed". Likewise, the Economic Roundtable has recently developed and released a screening tool targeted at supporting all youths at risk of becoming homeless (Economic Roundtable, n.d.). Both tools require system data (e.g., information from foster care, education, and justice systems). As such, the Economic Roundtable suggests "the most efficient use of the tools is regular, ongoing system-wide screening of linked records" (Economic Roundtable, 2019). Furthermore, it is important to note that while screening tools are useful in identifying and prioritizing services for youths, the tools are not 100% accurate (the Economic Council's claims their youth-focused tool has a 72% accuracy). As such, these tools should be used to support, but not replace, the decision-making process for service providers.

Interviews

Two interviewees (6 and 19), a researcher and service provider, spoke about risk and resiliency factors. The researcher explained that "there are constellation of promotive or protective factors that are processes really, that young people engage in that seem to maximize their... or make them more likely to have success". The researcher further explained that these factors include having a social support network and attachments to caring

adults, access to material resources, and having a sense of belonging. The service provider expounded that early intervention was needed to prevent persistent homelessness and the negative outcomes that go along with it:

> ***Without timely interventions that keep them safe, they will be on the streets and my experience has been they will typically be on the street for two years. Whatever [skills] they had when they left care has completely changed. So they could be raped on the street, they could be involved with gangs, birth a beautiful addiction, they are hanging out with the wrong crowd, they become exploited. So they are bright, shiny things when they are coming out sometimes and without timely intervention that can all go to shit. (Interviewee 6)***

The service provider further highlighted that early intervention allows a youth's "resiliency factors [to] improve. But if they don't have the right environment, they will decline and then they become at risk". As such, the service provider promoted the idea of predictive screening to examine a youth's risk of becoming homeless. They explained that this screening might include examining number of foster placements, life history, education factors, mental health, and factors related to trauma and victimization.

Characteristics of Effective Interventions For Homeless Youths

There is a range of interventions for homeless youths, including street outreach programs and drop-in centers, emergency shelters, family reunification programs, host homes, Housing First, and rapid rehousing programs. The goal of each of these interventions is to provide youths with immediate support to assist youths in connecting with community services so they can exit homelessness into safe and stable housing.

Street outreach programs and drop-in centers. Street outreach programs and drop-in centers seeks to locate, identify, and build trust with homeless youths and are seen as the 'first step' in engaging young people into more intensive services and reintegration (Slesnick, Dashora, Letcher, Erem, Serovich, 2009). A study by De Rosa, Montgomery, Kipke, Iverson, and Unger (1999) found that homeless youths are more likely to access a drop-in center (78%) than emergency shelter (40%). Street outreach programs are low-barrier, provide non-judgmental information, and integrate PYD and harm reduction approaches to address the immediate needs of street-involved youths (Evenson, 2009; Slesnick, Feng, et al., 2016). For example, these programs provide food, basic medical attention, crisis and survival care, access to showers and laundry, hygiene products, and immediate access and referrals to emergency shelters. Drop-in centers may also offer counselling and other support services. One study found youths (N=180) who accessed intervention and counselling services at one drop-in center showed statistically significant decreases in psychological distress, problem behaviors, and provide a step towards reducing homelessness (Slesnick, Kang, Bonomi, and Prestopnik, 2007). A 2008 scoping review of interventions for homeless youths by Slesnick and colleagues (2009) found that "evaluations of the impact of drop-in centers is lacking" (s 2.2). As such, the authors argue that while initial research shows promising results, further evaluation is needed to determine the efficacy of these programs.

Emergency shelters. Emergency shelters offer immediate housing to homeless individuals. Although emergency shelters are not an appropriate long-term solution to youth homelessness, it is often the first step for youths to receive individualized support and to find stable living arrangements (Council to Homeless Persons, 2016). Research has shown that adolescents avoid homeless shelters targeted towards adults because they:

- Fear emergency shelters would force them to return to their parent or caregiver (Unger et al., 1998);

- Fear violence, robbery, or sexual assault (Unger et al., 1998), and;

- Services are not targeted to youth's developmental needs (Slesnick et al., 2016).

For these reasons, it is important that homeless youths have separate youth-specific shelters where they can feel safe and receive developmentally appropriate services.

Family reunification. Family reunification interventions that seeks to support the reconciliation of family relationships so former foster youths can reconnect with their families in the post care period, when appropriate and safe to do so (Rutman and Hubberstey, 2015). Emerging evidence shows that family reconnect is a promising practice to reduce youth homelessness (Pergamit et al., 2016). It is important to note that family reunification programs are not always safe, appropriate, or possible, especially for those former youths in care who experienced childhood abuse. However, an evaluation of *Eva's Initiative's Family Reconnect Program in Toronto* found that even when living with family is not possible, "there are long-term positive effects to repairing familial relationships to the extent that it is safe and appropriate" (p. 16, Taking action to end youth homelessness). A recent scoping literature review by Pergamit et al. (2016) found that there are limited evaluations of family reunification programs. As such, they argue more research in this area is needed. The Canadian Observatory on Homelessness is currently leading eight demonstration projects in Calgary, Edmonton, Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat, Red Deer, and Toronto to build evidence about effective family intervention strategies. More information about these projects, along with international examples of family reunification programs, see the following subsection with details from the jurisdictional scan.

Host homes. Host homes are private homes that volunteer to host homeless youths in need of temporary placement. The goal of host homes is to provide safe, temporary shelter (accommodation typically lasts up to 6 months) so the young person has time to make plans for more permanent housing.

Housing First. In the 1990's Dr. Tsemberis developed a model known as 'Housing First' to quickly provide safe, affordable, permanent housing to individuals experiencing homelessness. Since its development, the body of research emanating from Housing First interventions makes it "one of the few homelessness interventions that can be truly deemed a 'best practice'" (Gaetz, 2014; p. 159). A review of US and Canadian research has found that individuals using Housing First programs were significantly more likely to retain their housing compared to those persons using traditional services (Watson, Shuman, Kowalsky, Golembieski, and Brown, 2017). Studies have also found improvements across other domains, including community functioning, health service use, and problem substance use (Aubry, Nelson, and Tsemberis, 2015). A UK based (Bretherton and Pleace, 2015) cost-benefit analysis

found that Housing First programs were more cost efficient than using shelters or other high-intensity support service programs (e.g., psychiatric care). Holtschneider (2016) notes that the Housing First model has three core characteristics:

1. **Provides immediate housing;**

2. **Does not contain potential barriers or preconditions (e.g., requiring sobriety, employment) to maintaining housing, and;**

3. **Acknowledges individual differences and complexities and offers (but does not require) a range of long-term supports.**

However, emerging research has shown that while still effective, Housing First requires adaptation to best serve youths. In 2008, the Canadian government invested $110 million for *At Home/Chez Soi*, the largest evaluation of 'Housing First' to date. The *At Home/Chez Soi* was a randomized controlled trial of Housing First specifically targeted at supporting individuals with mental illness. Individuals participating in the evaluation were either assigned to receive Housing First services or 'treatment as usual'. The program ran across five cities across Canada (Vancouver, Winnipeg, Toronto, Montreal, and Moncton). Kozloff et al. (2016) conducted a sub-group analysis of 156 youths aged 18 to 23 years who were participating in the At Home/Chez Soi evaluation. Of the 156 youths, 87 were randomized to 'Housing First' and 69 were receiving treatment as usual. The study found that Housing First significantly improved housing stability for young people with mental illness. However, Housing First did not have a statistically significant effect on other outcomes, including quality of life, community functioning, psychological distress, problem substance use, health service use, and arrests in homeless youths. The authors argue that future research should examine whether adaptations to the model are needed to improve outcomes for young people.

The *Road to Solutions* study by Evenson (2009) revealed that homeless youths in Canada often require a wider range of supports that typical Housing First programs targeted towards adults. In addition to access to housing, the study found that youths also require access to "education, skills training, employment opportunities, health services, mentorship and much more" (p. 8). Therefore, Evenson (2009) argued that policies and services must be integrated and culturally appropriate.

The *Youth Matters in London: Mental Health, Addiction, and Homelessness* study by Forchuk et al. (2013) found that homeless youths in Canada require a wide range of supports, and that a 'one size fits all' approach does not adequately capture the needs of youths. In addition, Forchuk and colleagues reported that not all youths were comfortable with living independently (a key component of typical Housing First approaches) and would prefer to have increased access to a social support network. Finally, they argued that including youth voice and self-determination allowed the *Youth Matters* program to provide effective interventions that met youths' treatment and service preferences.

In 2014, the Canadian Observatory on Homelessness collaborated with The Street Youth Planning Collaborative, and the National Learning Community on Youth Homelessness to develop a framework for *Housing First for Youth* (HF4Y). The framework drew on existing research evidence as well on the knowledge of experts on youth homelessness in Canada (including executive directors of agencies, front-line service providers, and youths with lived experience of homelessness). An enhanced version of the HF4Y model was released in 2017

after an extensive consultation process in Canada, the U.S., and Europe. It is important to note that Dr. Tsemberis was a part of this consultation process and he has strongly endorsed this model. The model includes five core principles (Gaetz, 2017):

1. **A right to housing with no preconditions.** Like the standard Housing First model, HF4Y embraces a harm reduction philosophy and requires no pre-conditions to participate in the program. For example, applicants may enter the program if they are using alcohol or other substances or have been or are involved in the criminal justice system. Although Housing First and HF4Y programs offer clients the choice to participate in support services (e.g., substance use treatment), clients cannot be evicted for not following through with treatment plans.

2. **Positive youth development (PYD) and wellness orientation.** The HF4Y model utilizes trauma informed and PYD approaches. For HF4Y service providers, a trauma-informed approach to programming means recognizing and responding to the effects of trauma as experienced by program participants. PYD is a framework for service delivery that focuses on the strengths of the individual and is centered on developing caring and supportive relationships with adults and peers. It emphasizes youths as partners in decision-making processes, which allows them to take ownership and develop a sense of identity.

3. **Youth choice, youth voice, and self-determination.** In alignment with positive PYD, harm reduction, and trauma-informed approaches, youths are engaged in the decision-making process regarding what services they need (and when).

4. **Individualized, client-driven supports with no time limits.** In alignment with a PYD approach, young people are engaged in person-centered planning to support individual goals. Supports must be flexible in terms of time frames and recognize that the needs of youths will evolve over time.

   → **Housing supports.** Young people are able to choose the location and type of housing they receive (choice may be constrained in some instances by local availability and affordability). For example, youths may choose to live in a congregate style setting if they are not comfortable living independently. HF4Y case workers may provide housing support as: help in obtaining housing, housing retention, rent supplements, access to home furnishing and appliances, evictions prevention, and ongoing support from a caseworker.

   → **Supports for health and well-being.** Young people are able to access health care and mental health supports, food, and safety supports to ensure that their needs are met.

   → **Access to opportunities for education and training.** Young people are offered education, employment, and income supports.

   → **Complementary supports.** HF4Y encourages and supports youths through life skills training, advocacy services, system navigation, peer support, parenting support, and legal advice and representation

5. **Social inclusion and community integration.** HF4Y helps youths develop supportive relationships with adults and peers.

> → **Housing supports should not stigmatize clients.**

> → **Family reconnect.** Family reconnection and reunification offers individual and family counselling to encourage positive interaction between children and their parents to enhance family connections

> → **Connections with natural and professional supports.** HF4Y service providers support youths in building healthy relationships with friends, meaningful adults, and professionals.

> → **Opportunities for social and cultural engagement.** HF4Y service providers offer young people opportunities to engage in meaningful education, employment, vocational, and recreational activities. In addition, service providers offer opportunities for social and cultural engagement for subpopulations that may experience social isolation and exclusion (e.g., Indigenous and LGBTQ2S youths).

In addition to the above core principles, five points for consideration were also developed. First, communities must decide which youth populations are in greatest need. Communities may target specific sub-populations or employ HF4Y as a preventative strategy. The HF4Y model allows service providers to use professional judgement to support youths who may not be captured by narrow prioritization mandates. Once population priorities have been decided at the community level, service providers must prioritize youths in greatest need. Gaetz (2017) suggest the use of the *Youth Assessment Prioritization Tool* to assist service providers in decision-making. Second, many homeless youths have a variety of physical, mental, social, emotional, educational, and developmental needs. Integrated systems response is a service delivery approach that builds strategic partnerships to created broad, integrated process for meeting youths' multiple needs. Third, it is necessary to take the goals of HF4Y and translate them into tangible, measurable outcomes. Tracking program outcomes allows service providers to determine whether a program succeeded or not. Fourth, HF4Y recognizes the need for case management as a tool for providing the most effective and coordinated services. Gaetz (2017) reports that caseloads between 7 to 10 clients is ideal. Fifth, effective case management requires ongoing training and support in the following domains: PYD, trauma-informed care, harm reduction, and developmentally focused motivational interviewing.

Currently, a national research project called *Making the Shift* is underway to develop strategies to provide interventions to Canadian youths who are homeless or at risk of homelessness. Demonstration projects in Ottawa (HF4Y), Toronto (HF4Y-leaving care), and Hamilton (HF4Y-Indigenous) are currently underway. The HF4Y demonstration projects are undergoing extensive developmental and outcomes evaluations to "build practical knowledge and an evidence base in order to shift policy, practice, and investment". The HF4Y-leaving care demonstration project, along with international examples of HF4Y programs targeted towards youths with experience in OHC are further discussed in the findings from the jurisdictional scan.

Rapid rehousing. Informed by a Housing First approach, rapid rehousing has been shown to be evidence-based and is considered a 'best practice' intervention. There are three components to rapid rehousing programs (RRH). First, RRH programs help homeless people quickly identify and obtain housing (e.g., support includes locating possible rental units, contacting landlords, and completing tenant applications). Second, RRH programs provide rent and move-in assistance that cover initial housing costs such as rental and utility deposits. Third, RRH programs provide case management and services to clients (Council to Homeless Persons, 2016).

Jurisdictional Scan

A variety of homeless services (street outreach and drop-in centers, emergency shelters, family reconnect programs, and Housing First) were uncovered during the jurisdictional scan. Due to the promising evidence in support of Housing First programs, only these programs are discussed in this section of the findings.

Canada. *Free 2 Be (Housing First for Youth Leaving Care)* is a HF4Y program in Toronto, Canada that is being delivered in partnership with Woodgreen that serves youths between the ages of 17 to 24 who are transitioning or who have transitioned out of care. The program provides coordinated housing and community-based services to provide participants with the skills to enable them to successfully transition to self-sufficiency. *Free 2 Be* participants receive subsidized housing in a private (i.e., not shared) apartment for the duration of their stay in the program. While in the program, youths are expected to work with program staff as they pursue self-identified goals across a variety of domains, including education, employment, housing, and health and wellness. *Aunt Leah*'s *Place* supports former OHC youths by providing housing as they transition out of government care. In addition, *Aunt Leah's Place* provides immediate access to housing for at-risk or homeless participants. *Aunt Leah's Place* has no age restrictions, provides rent subsidies, offers life skills, education and employment services, provides emergency food and clothing, and provides application help for income assistance and disability support.

United States. *My First Place* is a HF4Y program in California, USA that serves youths between the ages of 18 to 24 who are transitioning or have transitioned out of care. *My First Place* participants receive fully subsidized housing in a shared apartment during the duration of their stay within the program. While in the program, participants work with a youth advocate, an education and employment specialist, and a housing specialist as they pursue their self-identified goals. Embedded within *My First Place* is *Steps to Success*, a structured model of educational and career development support to assess youths' academic and employment readiness and to help them obtain skills and certifications to be career ready. *Steps to Success* is composed of four steps: 1) assessment – determine reading and math proficiency and identify interests, strengths, and needs; 2) build basics – earn high school diploma or successfully complete GED, prepare for postsecondary education, demonstrate readiness for employment and begin job seeking; 3) exploration and selection – explore career pathways, complete coursework, pursue internships, obtain vocational certificates, focus on job retention; and 4) training and career pathway – identify and pursue postsecondary education. During this process, participants receive developmentally appropriate and individualized support and guidance.

United Kingdom. The *Housing First for Youth project by Rock Trust* is a HF4Y program that operates in West Lothian, Scotland and serves young people leaving care. *Housing First for Youth* participants are offered immediate and permanent accommodation on an unconditional basis. In addition, youths are provided with holistic support across education, employment, and health and well-being needs. Focus Ireland has developed HF4Y programs in Limerick, Cork, and Waterford that are mainly focused on young people with a history of being in care. In addition to stable and secure housing, participants are provided with wraparound housing and health supports so they can sustain their tenancies as they transition to adulthood. A mixed-methods evaluation (i.e., semi-structured interviews with some quantitative scales to enable comparisons) of the Limerick program found that it "had a transformative impact on the lives of research participants" (Lawlor and Bowen, 2017, p.5). Participants noted improvements in physical health, life satisfaction, and independent living skills. In addition, half of participants were engaged in some form of education or training. Evaluations of Cork and Waterford programs are currently underway.

Interviews

Seven individuals (6, 11, 14, 15, 18, 19, and 21) from across research, policy, and practice underscored the importance of street-outreach programs and drop-in centers. Interviewees further explained that homeless youths need to have basic needs (food, clothing, shelter) met before they can focus on long-term planning. Housing support was stressed as an essential component to supporting successful transitions for youth in care and for those youth who had become homeless. Interviewees highlighted a variety of housing interventions, from youth-focused emergency shelters (Interviewee 20), rapid rehousing (Interviewee 6), to Housing First programs (Interviewees 5, 6, 12, 13, 14, 15, 17, 18, 19, and 20). Interviewees (15 and 19) explained how Housing First programs for transition-age and homeless youths were different from standard independent living programs. First, Housing First programs do not have barriers to accessing the program (e.g., free from substance use) or "arbitrary" rules to remain in the program, such as maintaining employment (Interviewees 5, 6, 17, and 19). Second, while Housing First programs are not time limited, many standard independent living programs are which leads some young people not being able to maintain their living situation independently (Interviewee 9). Interviewees (10, 13, 16, and 20) also discussed the importance of offering multiple housing options that offer differing levels of support depending on a youth's developmental needs.

> *One of the big dynamics is that it is very difficult for a 16 to 17 [year old] to be able to live independently. So you need to have mechanisms in place that would allow for a second-stage oriented housing, congregate style housing, and long-term housing. (Interviewee 20)*

In addition to providing housing, interviewees (4, 6, 7, 13, 17, and 21) also explained that effective interventions provide holistic wrap-around services to support youths across a variety of domains (with domains mimicking those highlighted in Figure 2). Interviewees brought attention to system-level and structural level barriers that impede the success of housing programs. For example, Interviewee 14 discussed the lack of affordable housing across Canada:

We can develop really innovative program models or approaches to supporting young people exiting care or exiting homelessness. But if there isn't housing, if minimum wage is so low, if social assistance rates are so low…you can't magically solve that with a beautiful program….you just can't skip over that housing piece and think we are going to solve this issue.

Other interviewees (2, 11, 15, and 17) also highlighted the limited social and affordable housing available across Canada and internationally. Others (1 and 14) explained that due to limited funding of many housing programs, some youths end up living in poor quality housing and in low-income areas. A member of an advocacy organization explained this resulted in:

All of the pimps and drug dealers know[ing] where to find them. So, you know, foster care has been described as pipeline to prostitution, pipeline to sex trafficking. There is a reason why that is happening so we need to be really careful about how we support youths with their housing solutions. (Interviewee 1)

Finally, four interviewees (2, 7, 12, and 21) highlighted *Aunt Leah's Place* as a Canadian example of a successful housing first model in action.

Areas Where Further Evidence Is Still Needed

There are a number of issues emerging from the research literature on youths aging out of care. In addition, interviewees were also asked to highlight areas where further evidence is needed. These issues are organized in Table 6 in relation to what is currently known and where gaps in knowledge still exist.

Domain	What is Known	Where Gaps in Knowledge Exist (Literature)	Where Gaps in Knowledge Exist (Interviewees)
Outcomes of Transition-Age Youth	The literature review has uncovered an abundance of national and international research evidence that shows that many young people who transition from care experience negative life outcomes across a number of domains.	'Truly' longitudinal studies (i.e., tracking for more than 2 years) do not exist	Some interviewees noted there was limited Canadian-focused longitudinal research (1, 13, 14, 20, and 21), Some interviewees requested additional research which seeks to understand the experiences of sub-populations within the OHC population (e.g., gender, indigenous, refugees) (6, 7, 10, and 14). Some interviewees (1, 17, 19, and 21) reported that simple descriptive measures (e.g., the number of youths who age out every year, the number of youths who access transition supports) are either not provided by provincial governments or are difficult to access.
Extended Care	Extended care is the most evaluated preventative program for foster care youths. Evaluations show that extended care can improve youths' outcomes across a number of domains.	Only one study of Canadian-based extended care was found through the literature review. More Canadian-focused studies are needed.	Some interviewees noted that because legislation allows but does not mandate the provision of extended care services, gaps in practice are found across Canada.

Domain	What is Known	Where Gaps in Knowledge Exist (Literature)	Where Gaps in Knowledge Exist (Interviewees)
Preventative Programming for Transition-Age Youths	There is a large amount of evidence that shows that programs for at-risk youths should use PYD models. Emerging evidence supports the use of trauma informed and harm reduction models Emerging evidence suggests that experiential life skills programs may improve some outcomes for youths in care. Emerging evidence suggests that mentoring programs may improve some outcomes for youths in care. In addition, some evaluations have found 'natural' mentoring programs may be more effective than structured mentoring programs.	There are limited evaluations of PYD programs focused on foster youths More rigorous evaluations of trauma-informed and harm reduction models need to be completed (in general and for OHC populations) More rigorous evaluations of life skills programs for OHC populations should be completed (with a focus on experiential versus didactic approaches) More rigorous evaluations of mentoring programs for OHC populations should be completed (with a focus on structured versus natural approaches)	Program evaluation data (1, 3, 4, 5, 7, 10, 14, and 16) and studies that examine strength-based, solution-focused, trauma-informed approaches (13, 18). Conducting multi-systemic studies (Interviewee 19) Examining how to effectively increase social inclusion for young people (Interviewee 14) Understanding youths' experiences throughout the transition process across Canadian jurisdictions (e.g., attending transition meetings, tracking resources accessed) (Interviewee 20)
Risk and Protective Factors Associated with Homelessness	There is consistent agreement that a greater number of OHC placements was associated with an increased risk of homelessness. Experiencing physical abuse was also consistently associated with an increased risk of homelessness.	A number of inconsistent findings were noted. Studies reported inconsistent findings for demographic factors, including sex, race, and sexual orientation. In addition, disagreement was also found amongst education, well-being, and child welfare factors.	N/A

Domain	What is Known	Where Gaps in Knowledge Exist (Literature)	Where Gaps in Knowledge Exist (Interviewees)
What are the Characteristics of Effective Interventions for Homeless Youths	Emerging evidence shows that street outreach programs and drop-in centers have the potential to facilitate engagement of homeless youth.	Limited evaluations of homelessness interventions (including Housing First) targeted to youths and OHC populations.	Evaluating basic income initiatives (Interviewee 13)
	Research that examined youths' perceptions and experiences with emergency shelters showed that adult shelters are not appropriate for youths' needs and specific youth-focused shelters should be developed.		
	Emerging evidence suggests that family reconnect programs may help prevent and reduce length of homelessness for some youths. Where returning home is not possible, family reconnect programs have still reported improved relationships between youths and their families.		
	Housing First is the most extensively evaluated program to reduce homelessness across adult populations		

Conclusion And Recommendations

The negative life outcomes of former youths in OHC have been identified as a serious problem, both in Canada and internationally. There is widespread agreement about the challenges and needs of youths transitioning out of care. Without timely intervention, youths are at-risk of experiencing a variety of negative life outcomes such as low educational attainment, under- and unemployment, homelessness, substance use, physical and mental health issues, incarceration, teen pregnancy and parenting issues, and early death. Key issues that impede successful transitions at the system, organizational, and research levels are discussed below.

System. While most Canadian provinces and territories allow for extended care services, allowing agency discretion regarding whether services are offered to youths results in considerable variation in local practice and understanding of provincial policy at practitioner and managerial level. There is a lack of reliable provincial and territorial data on or monitoring of the outcomes for care leavers once they turn 18 years of age.

Organizational level. Youths have repeatedly reported that they were not involved in the transition planning process and that their experience with transition planning was inadequate. Further, some youths who requested supports have reported being denied services. Youths have also reported that 'high barrier' programs do more harm than good, as they can result in some youths not being able to access services and housing they require.

Research. While the jurisdictional scan uncovered a large number of preventative supports for youths transitioning from OHC, findings from the literature review revealed that very few programs have undergone rigorous evaluation. Promising transition-focused programs include extended foster care, experiential life skills programs, and the use of natural mentors; however further research is need. Likewise, while a number of emergency housing services were uncovered in the jurisdictional scan, very few had extensive research-bases. Housing First for Youth, rapid rehousing, youth-focused emergency shelters, and street-outreach and drop-in centers are promising programs which require more rigorous research to be conducted.

As a result of the above issues, the following five recommendations are provided:

Recommendation # 1

All current and future transition-focused programs and services will be guided by current research, promising practices, and practitioner knowledge.

- In collaboration with key stakeholders, develop a research agenda to move Canadian research on youths in OHC forward in a cohesive fashion.
- Expand the current spectrum of accountable and evidence-based models of housing and services.
- Expand the current spectrum of accountable and evidence-based models of extended foster care, experiential life skills programs, and the use of natural mentors.
- Expand the current spectrum of accountable and evidence-based education, employment, and training programs in order to support young peoples' access to long-term, sustainable employment and income.

Recommendation # 2

Ensure young people leaving care have safe, stable transitions and the financial resources to support themselves independently.

- Adjust provincial and territorial legislative wording to state that child welfare agencies shall begin transition planning when youths reach the age of 15 to 16.

- Dedicate and train caseworkers to meet the unique needs of young people leaving care.

  → Training should include information on positive youth development, harm reduction approaches, and trauma-informed care.

- Develop and/or adapt preventative screening tools for early identification, connection, and outreach systems to provide the necessary resources needed to improve outcomes for youths most at-risk.

Recommendation # 3

Expand options to enroll in extended foster care

- Adjust provincial and territorial legislative wording to state that child welfare agencies shall offer extended care services to all youths.

- Expand options to enroll in extended foster care. This should include allowing young people to remain in foster care, if appropriate.

  → More consistent information around extended care needs to be supplied to both professionals and young people.

Recommendation # 4

Implement a coordinated Canadian-wide response to support youth transitioning out of care and into homelessness

- Work in collaboration with the Child Welfare League of Canada and other local, provincial, and national stakeholders to develop and release a comprehensive transition-planning document for use by Canadian child welfare agencies.

- Create systematic provincial and territorial data tracking and sharing systems.

- Create structures to support authentic youth engagement.

Recommendation # 5

Invest in crisis intervention services

- Increase the number of social housing options available to homeless youths across all Canadian provinces and territories.

- Improve (using findings from Canadian-based evaluations) and expand emergency housing services to homeless youths, including emergency shelters, street outreach and drop-in centers, family reconnect, rapid rehousing, and Housing First programs.

The implementation of these recommendations will require time, money, and system level commitment. Nevertheless, each recommendation should be given full consideration, as implementation of these recommendations will result in coordinated and responsive systems that are able to address the needs of youths in OHC.

REFERENCES

Alberta Office of the Child and Youth Advocate. (2013). *Where do we go from here: Youth aging out of care special report*. Edmonton, Alberta: Alberta Office of the Child and Youth Advocate. Retrieved from https://cwrp.ca/publications/where-do-we-go-here-youth-aging-out-care-special-report

Anderson, S. (3 Apr. 2019). *Victoria Government launches trial to extend age of young people in state care.* Victoria, Australia: ABC News. Retrieved from https://www.abc.net.au/news/2019-04-02/victorian-state-care-leaver-age-extended-from-18-to-21/10963418

Arksey, H., & O'Malley, L. (2005). *Scoping studies: towards a methodological framework.* International Journal of Social Research Methodology, 8(1), 19-32.

Arnold, M. E., & Silliman, B. (2017). *From theory to practice: A critical review of positive youth development program frameworks*. Journal of Youth Development, 12(2), 1-20.

Aubry, T., Nelson, G., & Tsemberis, S. (2015). *Housing first for people with severe mental illness who are homeless: a review of the research and findings from the at home—Chez Soi demonstration project*. The Canadian Journal of Psychiatry, 60(11), 467-474. https://doi.org/10.1177/070674371506001102

Barnow, B.S., Buck, A., O'Brien, K., Pecora, P., Ellis, M.L., & Steiner, E. (2015). *Effective services for improving education and employment outcomes for children and alumni of foster care service: Correlates and educational and employment outcomes.* Child & Family Social Work, 20(2), 159–170. doi:10.1111/cfs.12063

Beauchamp, T. (2014). *Young people transitioning from out-of-home care to adulthood: Review of policy and program approaches in Australia and overseas.* Parramatta, New South Wales: UnitingCare. Retrieved from https://uniting.org/__data/assets/pdf_file/0006/126906/UCCYPF-young-people-transitiioning-from-O OHC-to-adulthood.pdf

Bender, K., Yang, J., Ferguson, K., & Thompson, S. (2015). *Experiences and needs of homeless youth with a history of foster care.* Children and Youth Services Review, 55(2015), 222-231. https://doi.org/10.1016/j.childyouth.2015.06.007

Berzin, S. C., Rhodes, A. M., & Curtis, M. A. (2011). *Housing experiences of former foster youth: How do they fare in comparison to other youth?*. Children and Youth Services Review, 33(11), 2119-2126. https://doi.org/10.1016/j.childyouth.2011.06.018

Berzin, S. C., Singer, E., & Hokanson, K. (2014). *Emerging versus emancipating: The transition to adulthood for youth in foster care.* Journal of Adolescent Research, 29(5), 616-638. https://doi-org.udel.idm.oclc.org/10.1177/0743558414528977

Bounajm, F., Beckman, K., & Thériault, L. (2014). *Success for all: The economic case for investing in the future of Canadian children in care.* Ottawa, Ontario: The Conference Board of Canada. Retrieved from http://www.untilthelastchild.com/wp-content/uploads/2017/02/5949-success-for-all-br-rev.pdf

Brandford, C. (2002). *Foster youth transition to independence study: First annual report.* Seattle, Washington: Office of Children's Administration Research. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.554.9086&rep=rep1&type=pdf

Bretherton, J. & Pleace, N. (2015). *Housing First in England: An evaluation of nine services.* York, United Kingdom. Centre for Housing Policy, University of York. Retrieved from http://eprints.whiterose.ac.uk/83966/

British Columbia Ministry of Children & Family Development (2017/2018). *Post transition supports: case data and trends. Children who exited from care due to aging out.* Vancouver, British Columbia: Reporting Portal, British Columbia Ministry of Children & Family Development. Retrieved from https://mcfd.gov.bc.ca/reporting/services/child-protection/post-transition-supports/case-data-and-trends

British Columbia Coroners Service Death Review Panel. (2016) *Review of MCFD-involved youth transitioning to independence: January 1, 2011 – December 31, 2016.* Vancouver, British Columbia: British Columbia Coroners Service. Retrieved from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/child-death-review-unit/reports-publications/youth_in_transition_-_death_review_panel_report_-_28-05-2018.pdf

Britton, L., & Pilnik, L. (2018). *Preventing homelessness for system-involved youth.* Juvenile and Family Court Journal, 69(1), 19-33. https://doi.org/10.1111/jfcj.12107

California Department of Social Services. (2016). *After 18 Program.* Sacramento, California: California Department of Social Services. Retrieved from http://www.childsworld.ca.gov/res/pdf/AB12FactSheet.pdf

Campo, M. & Commerford, J. (2016). *Supporting young people leaving out-of-home care.* Melbourne, Australia: Australian Institute of Family Studies. Retrieved from: https://aifs.gov.au/cfca/publications/supporting-young-people-leaving-out-home-care

Canadian Observatory on Homelessness. (2016). *Canadian definition of youth homelessness.* Toronto, Ontario: Canadian Observatory on Homelessness. Retrieved from https://homelesshub.ca/resource/canadian-definition-youth-homelessness

Child Welfare Initiative. (2013). *Transition age youth housing and service roadmap.* Los Angeles, California: Child Welfare Initiative: http://file.lacounty.gov/SDSInter/bos/supdocs/75772.pdf

Children's Bureau. (2018). *Helping youth transition to adulthood: Guidance for foster parents.* Washington, D.C.: Office on Child Abuse and Neglect, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/youth_transition.pdf

Cohen, M. (2013). *Protective factors for populations served by the administration on children, youth, and families: A literature review and theoretical framework.* Washington, D.C.: Office on Child Abuse and Neglect, Children's Bureau. Retrieved from: https://dsgonline.com/acyf/DSG%20Protective%20Factors%20Literature%20Review%202013%20Exec%20Summary.pdf

Coles, K. (24 Oct. 2018). *B.C. youth aging out of foster care call for serious child welfare reform.* Oak Bay, British Columbia: Oak Bay News. Retrieved from https://www.oakbaynews.com/news/b-c-youth-aging-out-of-foster-care-call-for-serious-child-welfare-reform/

Columbia Legal Services. (2014). *Promising practices for preventing youth and young adult homelessness.* Washington, D.C.: Columbia Legal Services. Retrieved from http://68.169.48.243/sites/default/files/14%200926%20MERGED%20%20Final%20 Promising%20Practices%20and%20Intro%20and%20TOC.pdf

Conroy, E, & Williams, M. (2017). *Homelessness at transition: An evidence check rapid review brokered by the Sax Institute for the NSW Family and Community Services and FACSIAR.* Sydney, New South Wales: Sax Institute, Western Sydney University. Retrieved from https:// www.saxinstitute.org.au/wp-content/uploads/Homeless-at-transition.pdf

Council to Homeless Persons. (2016). *Position paper on the Victorian Homelessness Action Plan Reform Project: A framework for ending homelessness.* Melbourne, Victoria: Council to Homeless Persons. Retrieved from https://www.pc.gov.au/__data/assets/pdf_ file/0020/214058/sub434-human-services-reform-attachment.pdf

Courtney, M. E., Charles, P., Okpych, N. J., Napolitano, L., & Halsted, K. (2014). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 17.* Chicago, Illinois: Chapin Hall at the University of Chicago. Retrieved from https://www. chapinhall.org/wp-content/uploads/CY_YT_RE1214-1.pdf

Courtney, M.E., Dworsky, A., Lee, J.S., Raap, M. (2010). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at ages 23 and 24.* Chicago, Illinois: Chapin Hall at the University of Chicago. Retrieved from https://rhyclearinghouse.acf.hhs.gov/sites/ default/files/docs/18690-Midwest_Evaluation-Outcomes_at_Ages_23_and_24.pdf

Courtney, M. E., Dworsky, A., & Pollack, H. (2007). *When should the state cease parenting? Evidence from the Midwest study.* Chicago, Illinois: Chapin Hall at the University of Chicago. Retrieved from http://thehomestretch.org.au/site/wp-content/uploads/2016/08/ Dworsky2007WhenShouldTheStateStopParenting.pdf

Courtney, M.E., Flynn, R. J., & Beaupré, J. (2013). *Overview of out of home care in the USA and Canada.* Psychosocial Intervention, 22(3), 163–173. http://doi.org/10.5093/in2013a20

Courtney, M.E., Pergamit, McDaniel, McDonald, Giesen, Okpych, & Zinn, A. (2017). *Planning a next generation evaluation agenda for the John. H. Chafee Foster Care Independence Program.* Washington, D.C.: Office of Planning. Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https:// www.acf.hhs.gov/sites/default/files/opre/20180103_planning_a_next_generation_final508_ newfinal2_b508.pdf

Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., Kindle, B., Harty, J., & Feng, H. (2018). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 19.* Chicago, Illinois: Chapin Hall at the University of Chicago. Retrieved from https://www.chapinhall.org/research/calyouth/

Courtney, M. E., Zinn, A., Johnson, H., & Malm, K. E. (2011). *Evaluation of the Massachusetts adolescent outreach program for youths in intensive foster care: Final report (OPRE Report# 2011-14).* Washington, DC: Office of Planning. Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services. Retrieved from https:// www.acf.hhs.gov/opre/resource/evaluation-of-the-massachusetts-adolescent-outreach- program-for-youths-in

Crawford, B., Pharris, A.B., & Dorsett-Burrell, R. (2018). *Risk of serious criminal involvement among former foster youth aging out of care.* Children and Youth Services Review, 93(2018), 451–457. https://doi.org/10.1016/j.childyouth.2018.08.027

De Rosa, C. J., Montgomery, S. B., Kipke, M. D., Iverson, E., Ma, J. L., & Unger, J. B. (1999). *Service utilization among homeless and runaway youth in Los Angeles, California: Rates and reasons*. Journal of Adolescent Health, 24(3), 190–200.

Development Services Group, Inc. (2014). *Positive youth development: Literature review.* Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. Retrieved from https://www.ojjdp.gov/mpg/litreviews/PositiveYouthDevelopment.pdf

Dewar, L. & Goodman, D. (2014). *Literature review: Best practices in transitioning youth out of care.* Toronto, Ontario: Child Welfare Institute, Children's Aid Society of Toronto. Retrieved from http://untilthelastchild.com/wp-content/uploads/2014/06/CWI-Best-Practices-Transition-Youth-Lit-Review-Mar-30-2014-FINAL.pdf

Dion, M. R., Dworsky, A., Kauff, J., & Kleinman, R. (2014). *Housing for youth aging out of foster care.* Washington, DC: US Department of Housing and Urban Development. Retrieved from https://www.huduser.gov/portal/publications/youth_hsg_main_report.pdf

Dworsky, A. & Courtney, M. E. (2010). *Assessing the impact of extending care beyond age 18 on homelessness: Emerging findings from the Midwest Study*. Chicago, Illinois: Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Midwest_IB2_Homelessness.pdf

Dworsky, A., & Courtney, M. E. (2009). *Homelessness and the transition from foster care to adulthood.* Child Welfare, 88(4), 23-56. Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2446532

Dworsky, A., Napolitano, L., & Courtney, M. (2013). *Homelessness during the transition from foster care to adulthood*. American Journal of Public Health, 103(S2), S318-S323. doi:10.2105/AJPH.2013.301455

Dworsky, A., Smithgall, C., & Courtney, M. E. (2014). *Supporting youth transitioning out of foster care. Issue brief 1: Education programs.* Administration of Children and Families, Office of Planning, Research, & Evaluation [OPRE] Report No. 2014-66. Washington, D.C.: Urban Institute. Retrieved from https://eric.ed.gov/?id=ED559304

Economic Roundtable. (n.d.). *Using the public's data to combat the public crisis of homelessness: Tools for smarter, faster, cheaper homeless interventions*. Los Angeles, California: Economic Roundtable. Retrieved from https://economicrt.org/ert_homeless_research/

Economic Roundtable (19 Mar. 2019). *Early intervention to prevent persistent homelessness: Predictive models for identifying unemployed workers and young adults who become persistently homeless.* Los Angeles, California: Economic Roundtable. Retrieved from https://economicrt.org/publication/early-intervention-to-prevent-persistent-homelessness/

Evenson, J. *Youth homelessness in Canada: The road to solutions*. Toronto, Ontario: Raising the Roof. Retrieved from https://www.raisingtheroof.org/wp-content/uploads/2015/10/road2sols-FINAL.pdf

Fairhurst, K. David, L., Corrales, T. (2015). *Baby and me: Exploring the development of a residential care model for young pregnant women, and young women with babies, in out-of-home care.* Melbourne, Victoria: Anglicare. Retrieved from https://www.anglicarevic.org.au/wp-content/uploads/2017/03/488_BabyAndMe_v5.pdf

Fitzsimmons, C. (8 Sept. 2019). *Uniting becomes first foster carer in NSW to extend care to age 21.* The Sydney Morning Herald. Retrieved from https://www.smh.com.au/politics/nsw/uniting-becomes-first-foster-carer-in-nsw-to-extend-care-to-age-21-20190905-p52oav.html

Flynn, R.J. & Tessier, N.G. (2011). *Promotive and risk factors as concurrent predictors of educational outcomes in supported transitional living: Extended care and maintenance in Ontario, Canada.* Children and Youth Services Review, 33(2011), 2498–2503. doi:10.1016/j.childyouth.2011.08.014

Forchuk, C., Richardson, J., Laverty, K., Bryant, M., Csiernik, R., Edwards, B., & Kelly, C. (2013). *Service preferences of homeless youth with mental Illness: Housing first, treatment first, or both together.* In Gaetz, S., O'Grady, B., Buccieri, K., Karabanow, J., & Marsolais, A. (Eds.)., *Youth homelessness in Canada: Implications for policy and practice* (pp. 95-109). Toronto, Ontario: Canadian Homelessness Research Network Press. Retrieved from https://www.homelesshub.ca/resource/youth-homelessness-canada-implications-policy-and-practice

Fowler, P. J., Marcal, K. E., Zhang, J., Day, O., & Landsverk, J. (2017). *Homelessness and aging out of foster care: A national comparison of child welfare-involved adolescents.* Children and Youth Services Review, 77(2017), 27-33. http://dx.doi.org/10.1016/j.childyouth.2017.03.017

Fowler PJ, Toro PA, & Miles BW. (2009). *Pathways to and from homelessness and associated psychosocial outcomes among adolescents leaving the foster care system.* American Journal of Public Health, 99(2009),1453–1458. doi: 10.2105/AJPH.2008.142547

Fryar, G., Jordan, E., & DeVooght, K. (2017). *Supporting young people transitioning from foster care: Findings from a national survey.* Washington, D.C.: Child Trends. Retrieved from https://www.childtrends.org/wp-content/uploads/2017/11/SYPTFC-Findings-from-a-National-Survey-11.29.17.pdf

Fuchs, D. M., Burnside, L., Reinink, A., & Marchenski, S. (2010). *Bound by the clock: The voices of Manitoba youth with FASD leaving care.* Winnipeg, Manitoba: University of Manitoba School of Social Work. Retrieved from https://cwrp.ca/publications/bound-clock-voices-manitoba-youth-fasd-leaving-care

Gaetz, S. (2017). *This is Housing First for youth: A program model guide*. Toronto, Ontario: Canadian Observatory on Homelessness and A Way Home Canada. Retrieved from https://www.homelesshub.ca/HF4Y

Gaetz, S., & O'Grady, B. (2002). *Making money: Exploring the economy of young homeless workers*. Work, Employment and Society, 16(3), 433-456. https://doi.org/10.1177/095001702762217425

Gaetz, S., O'Grady, S., Buccieri, B., Karabanow, K., Marsolais, J. (eds). (2013). Y*outh Homelessness in Canada: Implications for Policy and Practice.* Toronto, Ontario: Canadian Observatory on Homelessness Press. Retrieved from https://www.homelesshub.ca/resource/youth-homelessness-canada-implications-policy-and-practice

Gaetz, S. O'Grady, B., Kidd, S., & Schwan, K. (2016). *Without a Home: The National Youth Homelessness Survey*. Toronto, Ontario: Canadian Observatory on Homelessness Press. Retrieved from https://homelesshub.ca/sites/default/files/WithoutAHome-final.pdf

Geenen, S., & Powers, L. E. (2007). *"Tomorrow is another problem": The experiences of youth in foster care during their transition into adulthood*. Children and Youth Services Review, 29(8), 1085-1101. https://doi.org/10.1016/j.childyouth.2007.04.008

Geenen, S., Powers, L. E., Phillips, L. A., Nelson, M., McKenna, J., Winges-Yanez, N., ... & Swank, P. (2015). *Better Futures: A randomized field test of a model for supporting young people in foster care with mental health challenges to participate in higher education.* The Journal of Behavioral Health Services & Research, 42(2), 150-171. https://doi.org/10.1007/s11414-014-9451-6

Gradaille, R., Montserrat, C. & Ballester, L. (2018). *Transition to adulthood from foster care in Spain: A biographical approach.* Children and Youth Services Review, 89(2018), 54–61. https://doi.org/10.1016/j.childyouth.2018.04.020

Graham, K.E., Schellinger, A.R., & Vaughn. L.M. (2015). *Developing strategies for positive change: Transitioning foster youth to adulthood.* Children and Youth Services Review, 54(2015), 71-79. http://dx.doi.org/10.1016/j.childyouth.2015.04.014

Greeson, J.K.P., Garcia, A.R., Kim, M., Thompson, A.E., Courtney, M.E. (2015). *Development & maintenance of social support among aged out foster youth who received independent living services: Results from the multi-site evaluation of foster youth programs.* Children and Youth Services Review, 53(2015), 1-9.

Guibord, M., Bell, T., Romano, E., & Louise, R. (2011). *Risk and protective factors for depression and substance use in adolescent child welfare sample.* Children and Youth Services Review, 33(11), 2127–2137. https://doi.org/10.1016/j.childyouth.2011.06.019

Her Majesty's Government (2013). *"Staying Put": Arrangements for Care Leavers aged 18 and above to stay on with their former foster carers.* London, England: Her Majesty's Government. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/201015/Staying_Put_Guidance.pdf

Hobson, B. (22 Feb. 2019). *'Just kind of felt like I was existing': Life after aging out of care.* Winnipeg, Manitoba: APTN National News. Retrieved from https://aptnnews.ca/2019/02/22/just-kind-of-felt-like-i-was-existing-life-after-aging-out-of-care/

Höjer, I., & Sjöblom, Y. (2014). *Voices of 65 young people leaving care in Sweden: "There is so much I need to know!".* Australian Social Work, 67(1), 71-87. http://dx.doi.org/10.1080/0312407X.2013.863957

Holtschneider, C. (2016). *A part of something: The importance of transitional living programs within a Housing First framework for youth experiencing homelessness.* Children and Youth Services Review, 65(2016), 204-215. https://doi.org/10.1016/j.childyouth.2016.04.009

Hook, J. L., & Courtney, M. E. (2013). *Former foster youth as fathers: Risk and protective factors predicting father–child contact.* Family Relations, 62(4), 571-583. https://doi.org/10.1111/fare.12031

House of Commons Education Committee. (2017). *Fostering: First report of session 2017-19*. London: Education Committee, House of Commons. Retrieved from https://bettercarenetwork.org/library/the-continuum-of-care/foster-care/fostering-first-report-of-session-2017–19

Jim Casey Youth Opportunities Initiative. (2011). *The adolescent brain: New research and its implications for young people transitioning from foster care.* St. Louis, Missouri: Jim Casey Youth Opportunities Initiative. Retrieved from https://www.aecf.org/resources/the-adolescent-brain-foster-care/

Jones, A., Sinha, V., & Trocmé, N. (2015). *Children and youth in out-of-home care in the Canadian provinces.* Canadian Child Welfare Research Portal Information Sheet, 167E. Retrieved from https://cwrp.ca/sites/default/files/publications/en/167e.pdf

Katz, C.C., & Courtney, M.E. (2015). *Evaluating the self-expressed unmet needs of emancipated foster youth over time.* Children and Youth Services Review, 57(2015), 9–18. http://dx.doi.org/10.1016/j.childyouth.2015.07.016

Kovarikova, J. (2018). *Review of policy and practice for youth leaving care.* London, Ontario: Department of Political Science, Western University. Retrieved from http://docs.wixstatic.com/ugd/6548f4_7ba391d9a4b54e7a972c1314de2cefca.pdf

Kovarikova, J. (2017). *Exploring youth outcomes after aging-out of care.* Toronto, Canada: Provincial Advocate for Children and Youth. Retrieved from https://www.homelesshub.ca/sites/default/files/attachments/Exploring%20Youth%20Outcomes%20After%20Aging-Out%20of%20Care%20.pdf

Kozloff, N., Adair, C. E., Lazgare, L. I. P., Poremski, D., Cheung, A. H., Sandu, R., & Stergiopoulos, V. (2016). *"Housing first" for homeless youth with mental illness.* Pediatrics, 138(4), e20161514. Retrieved from https://pediatrics.aappublications.org/content/138/4/e20161514

Lawler, M. J., Sayfan, L., Goodman, G. S., Narr, R., & Cordon, I. M. (2014). *Comprehensive residential education: A promising model for emerging adults in foster care.* Children and Youth Services Review, 38(2014), 10-19. https://doi.org/10.1016/j.childyouth.2014.01.003

Lawlor, E., & Bowen, N. (2017). *Limerick Youth Housing Evaluation*. Dublin, Ireland: Focus Ireland. Retrieved from https://www.endyouthhomelessness.ie/assets/files/pdf/limerick_youth_housing_evaluation.pdf

Lee, J.S., Courtney, M.E., Tajima, E. (2014). *Extended foster care support during the transition to adulthood: Effect on the risk of arrest.* Children and Youth Services Review, 42(2014), 34-42. https://doi.org/10.1016/j.childyouth.2014.03.018

Logan, D. E., & Marlatt, G. A. (2010). *Harm reduction therapy: a practice-friendly review of research.* Journal of Clinical Psychology, 66(2), 201-214. doi: 10.1002/jclp.20669

Louisiana Department of Children and Family Services. (2016). *Final report.* Baton Rouge, Louisiana: Task Force on Youth Aging Out of Foster Care, Louisiana Department of Children and Family Services. Retrieved from http://www.dcfs.louisiana.gov/assets/docs/searchable/Child%20Welfare/PlansReports/1.23.2017%20Final%20Report.pdf

Mayock, P., Parker, S., & Murphy, A. (2014). *Young people, homelessness, and housing exclusion.* Dublin: Focus Ireland. Retrieved from https://www.focusireland.ie/wp-content/uploads/2016/04/Mayock-Parker-and-Murphy-2014-Young-People-Homelessness-and-Housing-Exclusion-FULL-BOOK.pdf

McEwan-Morris, A. (2012). *Strengthening our youth: Their journey to competence and independence.* Winnipeg, Manitoba: Manitoba Office of the Children's Advocate. Retrieved from https://digitalcollection.gov.mb.ca/awweb/pdfopener?smd=1&did=20935&md=1

Melkman, E.P., & Benbenishty, R. (2018). *Social support networks of care leavers: Mediating between childhood adversity and adult functioning.* Child and Youth Services Review, 86(2018), 176–187. https://doi.org/10.1016/j.childyouth.2018.01.040

Melz, H., Morrison, C., & Ingoldsby, E. (2019). *Review of trauma-informed initiatives at the systems level.* Arlington, Virginia: James Bell Associates. Retrieved from https://aspe.hhs.gov/system/files/pdf/262051/TI_Approaches_Research_Review.pdf

Natalier, K., & Johnson, G. (2012). *Housing pathways of young people who have left out-of-home state care.* Housing, Theory and Society, 29(1), 75–91.

Neal, D. (2017). *Academic resilience and caring adults: The experiences of former foster youth.* Children and Youth Services Review, 79(2017), 242–248. http://dx.doi.org/10.1016/j.childyouth.2017.06.005

Nesmith, A. (2017). *Coping with change: Using the Bridge's Transition Framework with foster youth.* Children and Youth Services Review, 78(2017), 41–47. http://dx.doi.org/10.1016/j.childyouth.2017.05.009

Nesmith, A. & Christophersen, K. (2014). *Smoothing the transition to adulthood: Creating ongoing supportive relationships among foster youth.* Children and Youth Services Review, 37(2014), 1–8. http://dx.doi.org/10.1016/j.childyouth.2013.11.028

NYC Administration for Children's Services. (2018). *Report of the interagency foster care task force.* New York, New York: NYC Administration for Children's Services. Retrieved from https://www1.nyc.gov/assets/acs/pdf/testimony/2018/TaskForceReport.pdf

Office of Disease Prevention and Health Promotion. (n.d.) *Housing Instability.* Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability

Okpych, N.J., & Courtney, M.E. (2017). *Who goes to college: Social capital and other predictors of college enrollment for foster-care youth.* Journal of the Society for Social Work and Research, 8(4), 563-593. http://doi.org/10.1086/694897

Okpych, N.J., Park, S., & Courtney, M.E. (2019). *Memo from CalYOUTH: Early findings on the impact of extended foster care on foster youths' postsecondary education enrollment and persistence.* Chicago, Illinois: Chapin Hall at the University of Chicago. Retrieved from https://www.chapinhall.org/wp-content/uploads/CalYouth-College-Enrollment-and-Persistence.pdf

Okpych, N.J., Park, S., & Courtney, M.E. (2017). *Memo from CalYOUTH: Factors associated with youth remaining in foster care as young adults.* Chicago, Illinois: Chapin Hall at the University of Chicago. Retrieved from https://www.chapinhall.org/wp-content/uploads/CY_FA_IB0417.pdf

Ontario Association of Children's Aid Societies. (14 Apr. 2016). *Seven things you should know about the recently released child welfare performance indicators.* Toronto, Ontario: Ontario Association of Children's Aid Societies. Retrieved from http://www.oacas.org/2016/04/seven-things-you-should-know-about-the-recently-released-child-welfare-performance-indicators/

Ontario Provincial Advocate for Children and Youth. (2012). *25 is the 21: The costs and benefits of providing extended care and maintenance to Ontario youth-in-care until age 25.* Toronto: Provincial Advocate for Children and Youth. Retrieved from www.ontla.on.ca/library/repository/mon/26003/315914.pdf

Patterson, M.L., Moniruzzaman, A., & Somers, J.M. (2015). *History of foster care among homeless adults with mental illness in Vancouver, British Columbia: A precursor to trajectories of risk.* BMC Psychiatry, 15(12), 1–11. Retrieved from https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-015-0411-3

Peters, C. M., Dworsky, A., Courtney, M. E., & Pollack, H. (2009). *Extending foster care to age 21: Weighing the costs to government against the benefits to youth.* Chicago, Illinois: Chapin Hall at the University of Chicago. Retrieved from https://www.aecf.org/resources/extending-foster-care-to-age-21/

Pergamit, M., Gelatt, J., Stratford, B., Beckwith, S., & Martin, M. C. (2016). *Family interventions for youth experiencing or at risk of homelessness.* Washington, D.C.: Urban Institute & Child Trends. Retrieved from https://www.researchgate.net/profile/Brandon_Stratford/publication/311470422_Family_Interventions_for_Youth_at_Risk_of_Experiencing_Homelessness/links/58482fe608ae95e1d16653b5/Family-Interventions-for-Youth-at-Risk-of-Experiencing-Homelessness.pdf

Powers, L. E., Fullerton, A., Schmidt, J., Geenen, S., Oberweiser-Kennedy, M., Dohn, J., ... & Blakeslee, J. (2018). *Perspectives of youth in foster care on essential ingredients for promoting self-determination and successful transition to adult life: My Life model.* Children and Youth Services Review, 86(2018), 277-286. http://doi.org/http://dx.doi.org/10.1016/j.childyouth.2018.02.007

Powers, L. E., Geenen, S., Powers, J., Pommier-Satya, S., Turner, A., Dalton, L. D., ... & Swank, P. (2012). *My Life: Effects of a longitudinal, randomized study of self-determination enhancement on the transition outcomes of youth in foster care and special education.* Children and Youth Services Review, 34(11), 2179-2187. https://doi.org/10.1016/j.childyouth.2012.07.018

Rebbe, R., Nurius, P. S., Courtney, M. E., & Ahrens, K. R. (2018). *Adverse Childhood Experiences and Young Adult Health Outcomes Among Youth Aging Out of Foster Care.* Academic Pediatrics, 18(5), 502-509. http://doi.org/10.1016/j.childyouth.2017.02.004

Reid, C. & Dudding, P. (2006). *Building a future together: Issues and outcomes for transition-aged youth.* Ottawa, Ontario: Centre of Excellence for Child Welfare. Retrieved from https://cwrp.ca/publications/building-future-together-issues-and-outcomes-transition-aged-youth

Reilly, T. (2003). *Transition from care: status and outcomes of youth who age out of foster care.* Child Welfare, 82(6), 727-746. Retrieved from https://www.researchgate.net/profile/Thom_Reilly/publication/8909219_Transition_from_care_Status_and_outcomes_of_youth_who_age_out_of_foster_care/links/54ad90100cf2828b29fcad4e.pdf

Rosenberg, R., & Abbott, S. (2019). *Supporting older youth beyond age 18: Examining data and trends in extended foster care.* Bethesda, Maryland: Child Trends. Retrieved from https://www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care

Rutman, D., & Hubberstey, C. (2016). *Is anybody there? Informal supports accessed and sought by youth from foster care.* Children and Youth Services Review, 63(2016), 21-27. https://doi.org/10.1016/j.childyouth.2016.02.007

Rutman, D., Hubberstey, C., & Feduniw, A. (2007) *When youth age out of care – Where to from there? Final report: based on a three year longitudinal study.* Victoria, British Columbia: School of Social Work, University of Victoria. Retrieved from https://www.researchgate.net/profile/Deb_Rutman/publication/237645263_Promoting_Positive_Outcomes_for_Youth_From_Care/links/54ad6f3a0cf24aca1c6f5167.pdf

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). *The age of adolescence.* The Lancet Child & Adolescent Health, 2(3), 223-228. https://doi.org/10.1016/S2352-4642(18)30022-1

Schelbe, L. (2018). *Struggles, successes, and setbacks: Youth aging out of child welfare in a subsidized housing program.* Children and Youth Services Review, 89(2018), 298–308. http://doi.org/10.1016/j.childyouth.2018.05.005

Scottish Government. (14 Nov. 2018). *Continuing Care (Scotland) Amendment Order 2019: consultation.* Edinburgh, Scotland: Scottish Government. Retrieved from https://www.gov.scot/publications/consultation-continuing-care-scotland-amendment-order-2019/pages/2/

Serge, L. Eberle, M., Goldberg, M., Sullivan, S. & Dudding, P. (2002). *Pilot study: The child welfare system and homelessness among Canadian youth.* Ottawa, Ontario: National Homeless Initiative. Retrieved from https://cwrp.ca/sites/default/files/publications/en/HomelessnessAndCW.pdf

Shaffer, M., Anderson, L., & Nelson, A. (2016). *Opportunities in transition: An economic analysis of investing in youth aging out of foster care in their 20s, Report 1 of 3: Educational, Economic, Social, and Wellness Outcomes.* Vancouver, British Columbia: Fostering Change. Retrieved from https://assets.nationbuilder.com/vancouverfoundation/pages/227/attachments/original/1552419273/Fostering-Change-Opportunities-in-Transition-Report-1.pdf?1552419273

Shah, M. F., Liu, Q., Mark Eddy, J., Barkan, S., Marshall, D., Mancuso, D., ... & Huber, A. (2017). *Predicting homelessness among emerging adults aging out of foster care.* American Journal of Community Psychology, 60(1-2), 33-43. https://doi.org/10.1002/ajcp.12098

Shewchuk, S. (2019). *Evidence-informed policy development and enactment: a policy content evaluation of a provincial policy for improving the educational outcomes of youth in out-of-home care in Ontario (Doctoral dissertation).* Retrieved from https://qspace.library.queensu.ca/handle/1974/26068

Shpiegel, S., & Simmel, C. (2016). *Functional outcomes among sexual minority youth emancipating from the child welfare system*. Children and Youth Services Review, 61(2016), 101-108. https://doi.org/10.1016/j.childyouth.2015.12.012

Singer, E.R., Berzin, S.C., & Hokanson, K. (2013). *Voices of former foster youth: Supportive relationships in the transition to adulthood.* Children and Youth Services Review, 35(12), 2110–2117. https://doi.org/10.1016/j.childyouth.2013.10.019

Slesnick, N., Dashora, P., Letcher, A., Erdem, G., & Serovich, J. (2009). *A review of services and interventions for runaway and homeless youth: Moving forward.* Children and Youth Services Review, 31(7), 732–742. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699020/

Slesnick, N., Feng, X., Guo, X., Brakenhoff, B., Carmona, J., Murnan, A., … & McRee, A. L. (2016). *A test of outreach and drop-in linkage versus shelter linkage for connecting homeless youth to services.* Prevention Science, 17(4), 450–460.

Slesnick, N., Kang, M. J., Bonomi, A. E., & Prestopnik, J. L. (2008). *Six-and twelve-month outcomes among homeless youth accessing therapy and case management services through an urban drop-in center.* Health Services Research, 43(1p1), 211–229. doi: 10.1111/j.1475-6773.2007.00755.x

Taussig, H. & Weiler, L. (2017). *Mentoring for youth in foster care.* Boston, Massachusetts: National Mentoring Partnership. Retrieved from http://nationalmentoringresourcecenter.org/images/PDF/Mentoring_for_Youth_in_Foster_Care_Population_Review.pdf

Tessier, N. G., O'Higgins, A., & Flynn, R. J. (2018). *Neglect, educational success, and young people in out-of-home care: Cross-sectional and longitudinal analyses.* Child Abuse & Neglect, 75, 115-129. DOI: 10.1016/j.chiabu.2017.06.005

Thomas, D. R. (2003). *A general inductive approach for qualitative data analysis.* Paper presented at School of Population Health, University of Auckland, New Zealand, August. Retrieved from http://www.frankumstein.com/PDF/Psychology/Inductive%20Content%20Analysis.pdf

Thompson, A. E., Greeson, J. K., & Brunsink, A. M. (2016). *Natural mentoring among older youth in and aging out of foster care: A systematic review.* Children and Youth Services Review, 61(2016), 40-50. https://doi.org/10.1016/j.childyouth.2015.12.006

Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E.…Holroyd, J. (2010). *Canadian incidence study of reported child abuse and neglect, 2008: Major findings.* Ottawa, Ontario: Public Health Agency of Canada. Retrieved from https://cwrp.ca/publications/canadian-incidence-study-reported-child-abuse-and-neglect-2008-cis-2008-major-findings

Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., … & Cloutier, R. (2005). *Canadian incidence study of reported child abuse and neglect 2003: Major findings.* Ottawa, Ontario: Minister of Public Works and Government Services. Retrieved from: https://cwrp.ca/publications/canadian-incidence-study-reported-child-abuse-and-neglect-2003-cis-2003-major-findings

Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., … & Hornick, J. (2001). *Canadian incidence study of reported child abuse and neglect, 1998: Final report.* Ottawa, Ontario: Minister of Public Works and Government Services Canada. Retrieved from https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=235901

Turpel-Lafond, M. E. (2014). *On their own: Examining the needs of BC youth as they leave government care.* Vancouver, B.C.: British Columbia Representative for Children and Youth. Retrieved from https://rcybc.ca/reports-and-publications/reports/monitoring-reports/their-own-examining-needs-bc-youth-they-leave

Tweddle, A. (2007). *Youth leaving care: How do they fare?*. New Directions for Youth Development, 2007(113), 15-31. Retrieved from https://europepmc.org/abstract/med/17523520

Tyler, K. A., & Schmitz, R. M. (2013). *Family histories and multiple transitions among homeless young adults: Pathways to homelessness*. Children and Youth Services Review, 35(10), 1719-1726.

Unger, J. B., Simon, T. R., Newman, T. L., Montgomery, S. B., Kipke, M. D., & Albomoz, M. (1998). *Early adolescent street youth: An overlooked population with unique problems and service needs.* The Journal of Early Adolescence, 18(4), 325-348. https://doi.org/10.1177/0272431698018004001

U.S. Department of Education. (2016). *Foster care transition toolkit.* Washington, D.C.: U.S. Department of Education. Retrieved from http://www2.ed.gov/about/inits/ed/foster-care/youth-transition-toolkit.pdf

Villegas, S., Rosenthal, J., O'Brien, K., & Pecora, P. J. (2014). *Educational outcomes for adults formerly in foster care: The role of ethnicity.* Children and Youth Services Review, 36(2014), 42-52. https://doi.org/10.1016/j.childyouth.2013.11.005

Wall-Wieler, E., Brownell, M., Singal, D., Nickel, N., & Roos, L. L. (2018). *The cycle of child protection services involvement: a cohort study of adolescent mothers.* Pediatrics, 141(6), e20173119.

Warburton, W. P., Warburton, R. N., Sweetman, A. and Hertzman, C. (2014), *The Impact of Placing Adolescent Males into Foster Care on Education, Income Assistance, and Convictions*. Canadian Journal of Economics/Revue Canadienne d'Économique, 47: 35-69. doi:10.1111/caje.12064

Watson, D. P., Shuman, V., Kowalsky, J., Golembiewski, E., & Brown, M. (2017). *Housing first and harm reduction: a rapid review and document analysis of the US and Canadian open-access literature.* Harm Reduction Journal, 14(30), 1-13. https://dx.doi.org/10.1186/s12954-017-0158-x

Welsh Government. (2013) *When I am Ready: Good Practice Guide.* Cardiff, Wales: Welsh Government. Retrieved from https://gweddill.gov.wales/docs/dhss/publications/160307guidanceen.pdf

Whalen, A. (2015). *Provision for young care leavers at risk of homelessness.* Wales, U.K.: Public Policy Institute for Wales. Retrieved from https://sites.cardiff.ac.uk/ppiw/files/2015/10/Report-Provision-for-young-care-leavers-at-risk-of-homelessness-FINAL.pdf

Winnipeg Street Census. (2018). *Winnipeg Street Census 2018: We matter. We count.* Winnipeg Manitoba: City of Winnipeg. Retrieved from streetcensuswpg.ca/wp-content/uploads/2018/10/2018_FinalReport_Web.pdf

Woodgate, R.L., Morakinyo, O., & Martin, K.M. (2017). *Interventions for youth aging out of care: A scoping review.* Children and Youth Services Review, 82(2015), 280-300.