

Children Aging Out of Care Literature Scan



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Acronyms

ABI	Aftercare Benefits Initiative (Ontario)
ACCO	Aboriginal Community Controlled Organization (Australia)
AYA	Agreements with Young Adults (British Columbia)
BC	British Columbia
CalYOUTH	California Youth Transitions to Adulthood study (US)
CARE	Caring Adults R Everywhere program (US)
CAS	Children’s Aid Society (Ontario)
CCSY	Continued Care and Support for Youth program (Ontario)
COVID-19	Coronavirus disease 2019
CWECT	Crown Ward Education Championship Team (Ontario)
ECM	Extended Care and Maintenance program (Ontario)
EDJeP	Étude sur le Devenir des Jeunes Placés (Study on the Future of Placed Youth; Québec)
ETV	Education and Training Voucher program (US)
FFPSA	Family First Prevention Services Act (US)
ILP/ILS	Independent living program/services
MCCSS	Ministry of Children, Community and Social Services
MSVU	Mount Saint Vincent University (Nova Scotia)
NEET	Not in education, employment, or training
OACAS	Ontario Association of Children’s Aid Societies
OnLAC	Ontario Looking After Children project
PIs	Programs and interventions
PQJ	Projet de Qualification des Jeunes (Québec)
RaY	Resource Assistance for Youth program (Manitoba)
SFAA	Support and Financial Assistance Agreement (Alberta)
TILA	Transition to Independence Living Allowance (Australia)
TYP	Transitional Year Programme (Ontario)
UK	United Kingdom
US	United States
VYSA	Voluntary Youth Services Agreement (Ontario)
YIT	Youth in Transition program (Ontario)
YITW	Youth in Transition Worker program (Ontario)

Executive Summary

Issue: What interventions or policies might improve outcomes for children and youth aging out of care in Ontario?

Background: Studies have consistently shown that youth who age out of care face numerous challenges and poorer life outcomes compared to their peers. While most youth experience a prolonged, gradual transition into adulthood and increasingly rely on their parents and social networks for continued support well into their twenties, youth in care who reach the age of majority in many jurisdictions face an abrupt transition into independence, regardless of their readiness or ability to manage the process. Many programs and services have been developed to assist these youth through their transitions, including extended care options with financial support, education and employment assistance, and independent living programs; however, there is a lack of research examining the impact of these programs and policies. Therefore, it remains unclear which policies and interventions might result in better outcomes for youth aging out of care, and which factors might affect their impact.

Methods: A scan of existing peer reviewed and grey literature was carried out to identify, collect and synthesize research evidence exploring the issue of children aging out of care, with a focus on the Canadian context.

Findings: Overall, there is limited research evaluating policies and programs for aging out of care. Most research focuses on outcomes for former youth in care, rather than examining factors or policies that influence these outcomes. There is also a lack of studies from Canada, especially any longitudinal studies examining the long-term impact of interventions. However, studies from the US, where states have the option of extending foster care to age 21, have found that extended care past age 18 is associated with a number of benefits for youth, particularly in terms of educational outcomes. Cost-benefit analyses from both the US and Canada have also demonstrated that the benefits of increasing supports for youth who are aging out to a later age would outweigh the costs of the policy. While some local level programs and interventions have shown promising results, recent review studies have generally found mixed evidence thus far on the impact of aging out programs overall; although some types of interventions may have a greater impact. For example, there is some evidence for a positive impact of programs that support youth's housing, educational, and employment needs; but studies have not found a clear impact of independent living programs. Research on the benefits of social support and mentoring programs for youth is growing, suggesting the need for more holistic approaches to aging out that incorporate youth's emotional and social well-being. Indeed, evidence suggests that multicomponent transition programs that address more dimensions of youth's lives and needs tend to be more successful. Finally, there is a lack of specialized services for youth who are more at risk, such as youth with mental health issues, disabilities, and those who are part of marginalized groups.

Conclusion: Policy responses for youth aging out of care thus far have not been effective in improving outcomes for these youth, who continue to experience challenges and hardships both during the transition into independence and afterwards as young adults. Extending policies and supports for youth until a later age, or until they are more ready and prepared for the transition, may result in better outcomes. There is a need for more research – especially longitudinal studies – to inform the development and implementation of evidence-based programs and policies to improve the transition process and outcomes for youth who age out of care in Ontario.

Children Aging Out of Care Literature Scan

1.0 Introduction

1.1 What Does it Mean for Children to be “In Care” and to “Age Out” of Care?

Children enter into care when child welfare authorities determine that they can no longer safely remain in their own home (i.e., often due to abuse or neglect) and arrange for an alternative living arrangement or out-of-home placement - which can include foster care, group homes or kinship care, institutional care/treatment facility, or an independent living program. In Canada, children who are removed from their homes and placed under the legal protection and care of the government with all rights and responsibilities of their biological parents relinquished are called permanent wards, or children in extended society care (formerly called Crown wards) in Ontario (Tweddle, 2005).

Child welfare systems around the world rely on a definition of adulthood that corresponds to chronological age (Mann-Feder, 2019). As a result, when children or youth who are in care reach the age of majority¹ in their jurisdiction, they are no longer eligible for receiving government support and must “age out” of the child protection system. The term “aging out” thus refers to the transition process of leaving care and becoming independent.

1.2 Approaches to Aging Out

Each province and territory in Canada, including Ontario, currently uses a framework based on age indicators to guide policies on aging out. This means that the availability of supports and services for youth in care and leaving care is based on legislated age cut-offs, regardless of the individual’s readiness and financial or emotional ability to make the transition to independence. For example, in Ontario, youth are no longer eligible for child protective services once they reach the age of 18; and can only receive continued monthly financial support until their 21st birthday. An alternative approach recommended by many child and youth welfare advocates is to replace this age-based system with a readiness-based system. A readiness-based approach to leaving care recognizes that the needs and issues of youth in care do not end when they reach the age of majority, and provides continued care and support to youth who do not yet possess the skills and abilities to live independently as an adult (Doucet et al., 2020). This type of approach is thus adaptable to the unique needs and situations of youth transitioning out of care and allows the youth themselves to determine their own level of readiness to leave the child protection system (Ratnam & Lowes, 2020).

1.3 Why is the Issue Important?

Studies on youth transitioning into adulthood demonstrate that youth who were in care face greater challenges and poorer life outcomes compared to their peers who were not in care (see Section 2.2). These outcomes – which tend to be consistent across countries –

¹The age of majority is typically 18 or 19 years of age. In Ontario, the age of majority is 18 years old.

include lower educational attainment, difficulty obtaining employment, housing instability, crime, and more.

In recognition of the difficulties facing youth as they age out of care and the need for greater assistance during this process, governments around the world have increasingly adopted programs and policies to support youth who are aging out. Many jurisdictions now offer eligible youth who have reached the age of majority an “extended care” option – which generally consists of additional services and supports similar to what they received while they were in the child protection system, but adapted to their needs as they transition to adulthood.

However, despite the wide array of programs that have been implemented in Canada and the United States (US) to assist youth who are transitioning out of care, these policies are rarely evaluated to examine their impact. It is unclear what – if any – positive outcomes or benefits are achieved by these programs, and which youth may benefit the most. There is a need for more research studies – especially longitudinal studies – to help inform the development and implementation of evidence-based programs and policies. A greater understanding of the needs and challenges facing youth as they age out of care, the types of interventions and services that can improve outcomes for youth, and which factors may influence program uptake and impact would help to improve the transition process for youth and enhance child welfare programs and policies.

2.0 Background

2.1 The Transition to Adulthood

All youth must go through the process of transitioning to adulthood, but the experience is markedly different for youth who grew up in care.

In Western countries such as Canada and the US, most young adults today continue to rely on their parents, family, and community for support for longer periods than in the past, resulting in a more gradual and prolonged transition to independence. This developmental period of life in which young people have left adolescence but not yet taken on the responsibilities of adulthood has been called “*emerging adulthood*” and focuses on the ages of 18-29 (Arnett, 2000, 2015). Emerging adults may live in their parents’ home well into their twenties, often delaying full-time employment as they pursue post-secondary education and explore their identities (Berzin et al., 2014; Mann-Feder, 2019). For example, according to the latest census data, over one-third (35%) of Canadians aged 20-34 lived with at least one parent in 2016 (Statistics Canada, 2016). In Ontario, the percentage of young adults in Ontario who live with their parents is even higher (42% in 2016) and has increased by 20% since 2001. These young adults benefit not only from housing, but also financial and other forms of support, including emotional support and advice. Young people in the general population are thus becoming more *interdependent* on their support networks rather than independent (Doucet et al., 2018).

In contrast, these same opportunities and benefits are not available to youth aging out of care, who often have no biological family or home to return to and are expected to become self-sufficient at an earlier age. For these youth, the transition to adulthood is much more

abrupt and often occurs with limited resources and supports available. The process has been described as a “dual transition” because they are not only beginning their transition to adulthood, but simultaneously transitioning out of care and out of their existing support system (Woltman, 2018). Further complicating the process is the fact that these youth have been uniquely shaped by their early childhood experiences and their time in care, both of which can make them more vulnerable to experiencing challenges in the transition process (Berzin et al., 2014; Laut, 2017; Woltman, 2018; Courtney et al., 2017). For example, youth who age out of care may have been compromised by adverse childhood experiences or trauma that led them into placement, and may lack access to conditions that support developmental growth and an optimal trajectory into adulthood (Stott, 2013; Mann-Feder, 2019). As noted by Lee & Berrick (2014), these conditions may include stable attachments with supportive adults and stability in one’s living arrangement and caregivers.

2.2 Outcomes for Youth Leaving Care

International research findings over the past few decades have shown that youth who leave care are more likely to face several challenges and negative outcomes compared to their same-age peers, with a general convergence of findings across Western countries. A broad summary of these outcomes found in the literature is listed below: (Tweddle, 2005; Rutman et al., 2007; Ontario Provincial Advocate for Children and Youth, 2012; Vancouver Foundation, 2016; Kovarikova, 2017; Courtney et al., 2017; Doucet et al., 2018)

- Lower educational attainment and academic achievements, including a lower likelihood of completing high school or pursuing higher education
- Unemployment or underemployment; including difficulty finding and maintaining employment, and lower earnings among those who are employed
- Housing insecurity/instability and homelessness, often moving around several times after leaving care
- Poverty and reliance on social or income assistance
- Pregnancy and early parenthood
- Involvement in the criminal justice system as well as victimization, including physical and sexual abuse
- Poor physical and mental health; including post-traumatic stress, with difficulties accessing health care
- Substance abuse
- Loneliness and isolation, with a fragile social support network

These factors may also interact to worsen outcomes for youth transitioning out of care. For example, low education limits employment and earnings potential and increases the need for income assistance; low income may lead to difficulties obtaining housing and employment; which can cause or worsen health issues; mental health problems can be worsened by substance abuse and by lack of social support and isolation; and substance abuse may also be related to criminal involvement (Woodgate et al., 2017; Rutman et al., 2007; Vancouver Foundation, 2016). According to a study from British Columbia, the interrelated factors of low educational attainment, poverty, and poor mental wellbeing are the primary drivers of the costs associated with adverse outcomes among youth aging out of care (Vancouver Foundation, 2016).

While much of the research on outcomes for youth aging out of care comes from the US, these outcomes have been found to apply to youth in Canada as well. For example, data from a 2015 survey of youth aged 13-24 who are experiencing homelessness across Canada found that almost half (47.5%) had a history of either foster care or group homes, demonstrating an over-representation of homeless youth who were formerly in care (Gaetz et al., 2016). Lower educational attainment has also been found in Ontario - the Ontario Association of Children's Aid Societies (OACAS, 2014) has estimated that in 2012-13, only about 46% of former youths in care aged 19-20 had graduated from high school, compared with 83% of young people in the general population of Ontario.² A longitudinal study of youth aging out of care in British Columbia between 2003-2006 found that among other negative outcomes, less than half of the youth in the study had completed high school by age 20-21; all participants were living in poverty according to Statistics Canada measures; nearly half had experienced homelessness at some point during their youth; 61% had become parents by the end of the study; 57% reported mental health issues; and a higher proportion engaged in alcohol and drug use compared to youth in the general population (Rutman et al., 2007).

2.3 Statistics on Youth in Care in Canada/Ontario

Compared to other developed countries, Canada has a high rate of children in out-of-home care, and a disproportionate number of Indigenous³ and visible minority⁴ children in care (Mosher and Hewitt, 2018; Ontario Human Rights Commission, 2018). For example, while Indigenous children made up only 7.7% of the child population of Canada in 2016, they represented over half (52.2%) of children in foster care (Government of Canada, 2020).

Differences across jurisdictions in Canada in terms of legislation, policies, and reporting procedures makes it difficult to obtain a profile of children in out-of-home care or to estimate and compare the number of children in care in the country (Saint-Girons et al., 2020). According to the latest available data, the number of children in out-of-home care in Canada in 2019 is estimated to be between 54,202-59,248⁵ - representing a decrease from

² Note: these findings should be interpreted with caution as the impact of care status alone on educational outcomes is not clear. Research has shown that poorer educational outcomes and failure to complete high school are associated with other risk factors besides being placed in out-of-home care. Indeed, evidence from Manitoba suggests that each of three risk factors (being taken into care; family receiving income assistance; and having a teenage mother) on their own decreased the likelihood of youth completing high school, and educational performance decreased further with each additional risk factor (Brownell et al., 2010). There is a lack of research comparing children in care with children who face similar risk factors but are not in care, including those who returned to or remained in their biological family home after child welfare intervention (Kerman et al., 2002).

³ The term "Indigenous" refers to all Aboriginal peoples of Canada. The Canadian Constitution recognizes three groups of Aboriginal peoples: First Nations (including those who are registered under the Indian Act of Canada and those who are not), Inuit, and Métis. Although the term "Indigenous" is used as a collective term for all Indigenous peoples and identities, it is important to note that Indigenous peoples are not a homogeneous group. Indigenous Peoples of Canada are a diverse population with distinct histories, languages, cultural practices and spiritual beliefs (Government of Canada, 2017; Voyageur and Calliou, 2000/2001).

⁴ Section three of Canada's Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."

⁵ The higher estimate includes informal kinship services.

previous estimates over the last decade. Table 1 provides estimates of the number and rate of children in care according to province and territory.^{6,7}

Table 1: Children and Youth in Out-of-Home Care, Province/Territory

Province/Territory (Year)	Children in Care	Child Population		Rate Per 1,000
		Age	Total	
Alberta (2019)	7,757	0-17	970,452	7.99
British Columbia (2019)	6,263	0-18	926,072	6.76
Manitoba (2019)	10,258	0-17	308,969	33.20
New Brunswick (2019)	983 ⁱ	0-18	144,301	6.81
Newfoundland and Labrador (2019)	985	0-15	76,450	12.88
Northwest Territories (2014)	229	0-18	11,343	20.19
Nova Scotia (2019)	995	0-18	176,458	5.64
Nunuvut (2019)	358	0-18	14,943	23.96
Ontario (2019)	12,385	0-17	2,765,376	4.48
Prince Edward Island (2018)	111	0-17	29,226	3.80
Quebec (2019)	9,174	0-17	1,584,856	5.79
Saskatchewan (2019)	4,546 ⁱ	0-15	244,476	18.59
Yukon (2019)	95	0-18	8,517	11.15
Data source: Saint-Girons et al. (2020)				
ⁱ Number adjusted to include estimate of children in care on-reserve.				

Each year, thousands of those children in care reach the age of majority and face losing the protection and supports they receive. While estimates of the number of children who age out of care at the national level have not been published, the number in Ontario alone has been estimated to be between 1,000 to 2,000 youth each year (Adoption Council of Ontario, 2016; Monsebraaten, 2020).

⁶ The data represents end of year point-in-time counts of the number of children in out-of-home care in each province or territory, along with the estimated rate of children in care per 1,000 children (calculated using the child population within the age of protection of each province/territory for that year). The estimates do not include informal kinship placements.

⁷ Point-in-time counts available for most jurisdictions consisted of end of 2018-19 fiscal year counts (i.e. as of March 31, 2019) - but, in some cases, they were end of calendar year counts (i.e. December 31st, 2019) or a monthly average

3.0 Objectives

The main objectives of this literature scan were:

- To explore the research on policies and programs for youth who are aging out of care and any evidence of their effectiveness
- To examine the range and nature of research on this topic and identify gaps in knowledge
- To provide insights on best practices and methods to help improve outcomes for youth as they transition into adulthood

4.0 Research Methods

A scan of the literature was conducted to determine the breadth of information available and to identify, collect, and synthesize information relevant to the issue of children aging out of care. Various search engines, research portals, and institution-specific websites were utilized for the identification and collection of relevant data. Two main categories of data sources were selected: 1) peer-reviewed journals found in electronic databases; and 2) internet based grey literature, including published reports; websites of relevant organizations or groups; dissertations and theses; white papers and working papers; conference proceedings; government publications and legislation; webinars; and social media sources.

Search strategies were developed and refined after results were reviewed. Sources were included in the literature scan if they were found to contain variables of interest and keywords relevant to the research objective. A hand search of reference lists from relevant studies was also used to supplement searches. Data sources were limited to those published in English. In addition, in order to gather the most relevant and current information, the search was largely focused on recent data sources published in the last ten to fifteen years, or no earlier than the year 2000. Given the limited research published in Canada on the topic, we included sources published in other countries, such as the United States and Australia. The scan was conducted beginning October 15, 2020 and sources were added up until November 5, 2020.

A list of keywords and search terms used in the literature scan are provided below. Throughout the search process, keywords were added, deleted, or modified as different terms were discovered to enhance the search strategy.

Keywords: youth, young adult, aging out, transition, leaving care, child welfare, foster care, intervention, program, policy, service, outcomes, Ontario, Canada

5.0 Policies and Programs for Youth Aging Out of Care

5.1 Overview of Types of Supports Offered

Policies governing aging out of care and the types of supports, services, and programs that are offered to youth who are aging out are generally the same in Canada and other Western countries, and include the following types of assistance: educational and employment assistance; financial support, often in the form of a monthly payment; housing support; independent living programs (ILPs) and life skills training; support networks and mentorship; and less commonly, physical and mental health services.

ILPs in particular have been a focus of existing policy approaches in the US, based on the premise that the more prepared a young person is prior to leaving care, the more successful he or she will be after transitioning to independence (Woltman, 2018). These programs tend to focus on the development of practical self-sufficiency skills rather than emotional or social skills (Doucet et al., 2018).

More recently, Courtney et al. (2017) developed a typology of existing services in the US consisting of 10 categories of independent living programs, described in Table 2:

Table 2: Typology of Existing Service Categories for Independent Living Programs

Category	Description/Aims
Education services	High school completion programs; improving literacy skills; helping youth to access resources; career counselling; educational or vocational programs; providing scholarship opportunities
Employment services	Providing opportunities for career exploration, developing career plans; providing work experience; partnerships with local institutions and industries; development of soft skills
Mentoring	Providing a natural or formal mentoring relationship to act as a source of support and serve as a model of positive social norms and relationships; mentors may also deliver other types of assistance such as tutoring programs, college support programs, and parenting programs
Asset development	Teaching financial literacy skills and behaviours, such as money management and saving
Housing	Enhancing housing stability by helping youth to find and apply for community housing; providing or subsidizing housing
Pregnancy prevention	Prevention of sexual risk behavior, sexually transmitted infections, and early pregnancy; education on abstinence and contraception

Parenting support	Providing instrumental support and parenting skills training to promote health and well-being for both the young parents and their children; may include specialized placements, access to prenatal care, and other types of assistance
Behavioral health services	Programs and services that address various health concerns, including physical, mental, emotional, behavioral, and social; with the aim of improving emotional, behavioural, and social functioning and helping youth develop assets in psychosocial and relationship skills. May include trauma-focused interventions, and substance abuse preventions and cessation programs
Permanency enhancement	Identifying, developing, and supporting relationships with family members and/or other adults; seeking to establish permanency through adoption, guardianship, and connections with siblings

In general, the types of programs that are offered in Canada and the US tend to match the needs and services that youth themselves identify as important in their transition to independence. However, in addition to more resources and an extension of supports for a longer time period, youth identify emotional and social support as important components of their transition. Youth also want a voice in the aging out process, with the opportunity to have input into their own transition plan (Ontario Provincial Advocate for Children and Youth, 2012; Laut, 2017).

5.2 Overview of Policies in Canada

Canada is one of few countries that does not have national legislation or standards in place covering provisions for youth who are in care or leaving care. Instead, child protection legislation is a provincial or territorial responsibility, thus programs and policies for transitioning out of care vary widely across jurisdictions. The age at which children can no longer receive child protective services ranges from age 16 to 19. Most provinces (except Quebec) offer an extension of services beyond this age to provide specific supports and benefits depending on the needs of each youth. Typically, extended benefits are provided in the form of financial assistance to subsidize living expenses as youth transition into independence, but may also include educational and employment assistance, counselling or mentoring services, housing support, health benefits, and skills training. However, many of these programs have limited eligibility requirements and application criteria and thus are not automatically provided to all youth who are aging out of care. For example, some programs are only available for youth who can demonstrate that they are pursuing further education or vocational training, or for youth who have a disability. In addition, all programs have a maximum age limit at which youth can no longer receive support, ranging from age 21 to 26. Appendix A provides a summary of existing policies and programs for extended support for youth aging out of care across provinces and territories.

Indigenous youth in care may be covered by provincial or territorial policies if they live off reserve; but on-reserve First Nations services are under federal jurisdiction. The federal government of Canada does not offer post-care payments or services to First Nations, Métis, and Inuit youth who have been in care (Fingold et al., 2020). Furthermore, benefits and supports offered to First Nations children through Jordan's Principle⁸ expire at age 18.

5.3 Recent Policy Initiatives in Canada

Some examples of recent policy changes and initiatives for youth transitioning out of care in selected provinces are described below.

Ontario

- In 2013, The Ministry of Children, Community and Social Services (MCCSS) in Ontario introduced the Continued Care and Support for Youth (CCSY) program, which replaced the previous Extended Care and Maintenance (ECM) program. Both programs offer continued support and services for youth in care who have reached the age of majority until the age of 21; however, the amount of the monthly financial support available was increased from \$663 to \$850 per month. As part of the CCSY program, youth must complete a plan with their case worker that includes their goals and outlines the supports they will receive. While this plan must be reviewed regularly to discuss progress towards these goals, the requirement for youth to work towards achieving established goals as a condition for receiving supports was removed in 2013 (Office of the Auditor General, 2015, Chapter 3, Section 3.02).
- In response to recommendations made in the Youth Leaving Care Working Group report⁹ released in 2013, Ontario introduced the Aftercare Benefits Initiative (ABI) starting July 2014 to provide health and dental services, as well as additional benefits such as therapy and counselling, to former youth in care between ages 21-24.¹⁰
- In 2017, the Ministry announced several changes to its child protection legislation. This included an increase in the age limit for being protected under child welfare services from age 16 to 18, effective January 1, 2018. For youth whose care had already been terminated at age 16, the Renewed Youth Supports Program was created to allow these youth to continue to receive supports until age 18 through a voluntary agreement. In addition, a new program was developed for youth aged 16-17 who were not formerly in care but need child protective services, which allows them to enter an agreement for services called a Voluntary Youth Services Agreement (VYSA).

⁸ Jordan's Principle provides funding to ensure all First Nations children (under the age of majority) living in Canada have access to products, services, and supports for their health, social, and educational needs.

⁹ The report was titled "A Blueprint for Fundamental Change to Ontario's Child Welfare System" and is available at <http://www.children.gov.on.ca/htdocs/English/documents/childrensaidd/youthleavingcare.pdf>

¹⁰ The counselling and life skills support services offered through this program may be available to youth up until the age of 29.

Alberta

- In 2014, the maximum age for receiving post-care benefits through the Support and Financial Assistance Agreement (SFAA) was increased from age 22 to 24. This change meant that between April 2015 and March 2016, an additional 114 young people aged 22-23 received services who would not have qualified under the previous policy (Mir Iniesta, 2016).
- However, in October 2019, the government announced that after reviewing the SFAA program, the maximum age would be reduced back to age 22 starting April 1, 2020. The Minister of Children's Services reported the reason for the policy change was that after considering the data, they had seen a sharp decline in uptake of the program past the age of 22. The Minister also suggested that many young adults between ages 22-24 may be eligible for supports through other existing programs for adults through the Ministry of Community and Social Services, and that these programs may be better suited to their unique needs. This change would impact approximately 500 of the 2,200 young adults who were receiving supports under the SFAA program at that time (Legislative Assembly of Alberta, 2019).
- The amendment to the Child, Youth and Family Enhancement Act which reduced the age of eligibility to 22 was enacted in January 2020. However, it was then suspended in March 2020 due to a legal challenge initiated by a former SFAA program participant who argued that the changes violated their rights under the Charter of Rights and Freedoms. While the plaintiff was successful in seeking the court injunction, the Alberta government appealed the ruling to the Court of Appeal, submitting that the previous court made errors in its decision and that the government does not have a financial obligation to support these young adults past the age of 22. The case was heard in October 2020 but the final judgment had not yet been released at the time of writing.¹¹

British Columbia

- The Agreements with Young Adults (AYA) program was introduced in 2008. Since its introduction, several changes have been made, including two increases to the age limit for receiving benefits (from age 24 to age 26 in 2016; and to age 27 in 2018), increasing the length of time that benefits could be received (from 24 to 48 months), and increasing the amount of monthly funding (from \$1,000 to \$1,250 per month). As of December 31, 2018, 3,800 young people had used the program, with about one-quarter of all those who aged out of care accepted into the program in 2016-17 (Laube & Wadhwani, 2019).
- The BC Coroners Service convened a death review panel in 2017 to review circumstances in the deaths of young people transitioning out of care. The report, published in May 2018, found that 200 youth died between 2011-2016 and made

¹¹ The hearing was held October 22, 2020 and the judging panel reserved its decision. As of November 15, 2020, the decision has not been announced.

several recommendations for improving the transition process.¹² The Ministry of Children and Family Development accepted all of the recommendations and released an action plan in 2019 summarizing both planned and already implemented enhancements to services.¹³ These initiatives included:

- A plan to monitor and evaluate transition planning and outcomes of the AYA program through a longitudinal survey to track outcomes of former youth in care.
- The development of a Youth Engagement Strategy in October 2018 and a commitment to better understand the needs for youth transitions through engagement with youth and other community partners.
- However, the recommendation to amend the criteria for AYAs so that all youth transitioning out of care are eligible for the program by October 2019 has not been met.

5.4 New Measures During the COVID-19 Pandemic

In addition to the legislative efforts mentioned above, several new policy initiatives have been implemented across the country in 2020 in response to the COVID-19 pandemic and its associated impact on children and youth in care.¹⁴ The current conditions of the pandemic have exacerbated the challenges already facing vulnerable populations, including youth as they age out of care. For example, youth may have even greater difficulty accessing housing, social and mental health services, and employment opportunities. As a result, these youth may face greater anxiety, uncertainty, economic and other psychosocial problems (Goyette et al., 2020). In response to calls from child and youth advocates across the country to extend provisions for youth who are aging out care during the pandemic, most provinces and territories (except for Quebec and Nunavut) have implemented a temporary moratorium on aging out (Doucet, 2020b).¹⁵ In general, this means that youth who are currently in care but reach the age of majority during the pandemic, and youth who are already in an extended care program, will continue to receive the same supports and services currently being provided to them. The federal government has also agreed to extend supports for First Nations youth who would be aging out of the child protection system until March 2021.

¹² Report is available online 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

¹³ Ministry of Children and Family Development Action Plan in Response to the BC Coroners Service Death Review Panel: Review of MCFD-Involved Youth Transitioning to Independence January 1, 2011-December 31, 2016. Retrieved from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/child-death-review-unit/reports-publications/mcfd_action_plan_youth_in_transition_report.pdf

¹⁴ For further information on the impact of Covid-19 on child welfare, please see the *Child Welfare and Pandemics Literature Scan* (2020), available at: <https://cwrp.ca/publications/child-welfare-and-pandemics-literature-scan>

¹⁵ In Ontario, the moratorium is currently extended until the end of December 2020, while in other provinces, such as British Columbia, Manitoba, and Saskatchewan, it has been extended into 2021.

Some provinces have also implemented new measures to assist transitioning youth during the pandemic besides the continuation of existing supports. For example, in British Columbia, the government expanded eligibility options for the existing Agreements with Young Adults (AYA) program for youth who are transitioning out of care to allow youth to take part in a wider range of programs (including cultural learning options, online programming, and life-skills programs) with fewer required hours of participation per week until September 2021. Greater flexibility to access mental health and wellness supports were also made available for youth under the rehabilitation program area of AYA for one year (from October 1, 2020 to September 30, 2021).¹⁶

5.5 Comparison with Policies in Other Countries

United States

In the United States, legislation covering youth transitions exists at both the federal and state level. Federal policy includes the 1999 John H. Chafee Foster Care Independence Act, which expanded funding for independent living services for youth transitioning out of care, and the 2008 Fostering Connections to Success and Increasing Adoptions Act, which was implemented in stages over two years. Among other changes to child welfare policy, the Fostering Connections Act gave expanded support for older youth in care and provided states with the option of extending foster care until the age of 21, provided that the youth is pursuing high school or postsecondary education; employed at least 80 hours/week or participating in an employment program; or incapable of doing any of those activities due to a medical condition. Additional educational funding is also available through the Education and Training Voucher (ETV) program established in 2001, which allocates funding to states to provide up to \$5,000 per year to eligible youth leaving care who are pursuing postsecondary education and training, up to age 23. However, there is wide variation across states in the eligibility requirements and services available to youth aging out of care due to the discretion provided by federal policy as to how to use the funding (Courtney et al., 2017). For example, as of May 2019, 28 states had implemented the option to extend foster care past age 18, although the maximum age and eligibility requirements are not consistent across all participating states (Fernandes-Alcantara, 2019).

More recently, the Family First Prevention Services Act (FFPSA) enacted in 2018 made further changes to the federal foster care program. In addition to providing reimbursements to states for youth who remain in care until age 18 or 21¹⁷ through the federal funding program, the separate Chafee program provides added funding to states to support youth transitioning out of care up to the age of 23.¹⁸ States may use Chafee funding

¹⁶ These temporary measures in BC are up to date as of October 21, 2020 according to the Ministry of Children and Family Development website <https://www2.gov.bc.ca/gov/content/family-social-supports/covid-19-information/youth-young-adults-response-to-covid-19#mcfd>

¹⁷ The age depends on whether states have elected to extend foster care to age 21. The eligibility requirements under the Fostering Connections Act for youth to remain in care past age 18 still apply (i.e. must be pursuing education or employment, or have a medical condition).

¹⁸ The Chafee program funds are available for youth aged 18-21 who aged out of care, or up to age 23 in those states that already extend foster care to age 21.

to provide services and supports such as housing (room and board), counseling, employment, education, and other financial supports. In addition, the age of eligibility for the ETV voucher program was extended to age 26, with a maximum allowance of five years for receiving funds.

United Kingdom (UK)

The Children (Leaving Care) Act of 2000 is the national legislation covering youth transitioning out of care in the UK. The Act extended the maximum age for child protection services from 16 to 18, and provided greater supports for youth aged 18-21, and educational support up to age 25. Under the Act, youth aged 16-17 who are currently in care or have left care are eligible for financial supports to assist with employment, education, and training. In addition, eligible youth must have a “pathway plan” that sets out the transitional supports for each individual based on their needs and goals, and a personal adviser to develop and monitor the plan until at least the age of 21. In addition, youth aged 18-21 who were formerly in care may also receive the same supports (a personal advisor, a pathway plan, assistance with employment, education and training), and help with living costs and finding accommodation. Youth over age 21 may continue to receive supports until age 25 if they are pursuing full-time education.

Australia

Like Canada, provisions for youth leaving care in Australia are the responsibility of child welfare services in each state or territory, thus legislation and policies vary across the country. A number of states have introduced transitional and after-care programs to assist youth leaving care, but according to a 2007 study, these programs tend to be limited (Reid, 2007). Some financial assistance for care leavers is also available from the federal government since 2014 through the Transition to Independence Living Allowance (TILA). This benefit is available to youth aged 15-25 who have recently left care or are about to transition, with a maximum amount of \$1,500 to help youth access support services or education and training materials. The Australia government also published national standards for youth transitioning out of care in 2011, and improving the experience for youth transitioning to independence was identified as a national priority under the National Framework for Protecting Australia’s Children 2009-2020. State programs and guidelines must therefore be consistent with the national standards. For example, New South Wales is one state that has implemented both a legislative and program response for youth leaving care. Under the state legislation, service providers must develop a leaving care plan for every youth aged 15 and older; and the Permanency Support Program offers support to youth until the age of 25 to assist in their transition to adulthood.

5.6 Examples of Intervention Programs Offered in Canada

In addition to the policies provided by provincial and territorial governments to assist youth leaving care described above, a number of other programs and initiatives have been implemented by local agencies or groups across Canada. Some examples are described in this section. While some of these programs are designed specifically for youth aging out of

care, others are more broadly targeted at all youth in need of support services, including former youth in care.

Multicomponent Transition Programs

- Youth in Transition Worker Program (YITW) – Ontario
 - A program offered to former youth in care aged 16-24 by community agencies across Ontario (e.g. local YMCA branches) and funded by the provincial Ministry of Children and Youth Services. The goal of the program is to support youth leaving care as they navigate the transition into adulthood, by connecting youth to existing services and resources in the areas of education, employment, housing, life skills, mental health, and other supports in their communities. Services are voluntary and flexible, and driven by the youth themselves and their needs. There is no cost to the program but a referral is required (by a Children’s Aid Service (CAS) worker, school, family, or self-referral).
 - Each local agency that applies for funds to support YITWs may adapt the program by offering specialized services. For example, the YIT program in Toronto is offered through six partnership agencies, each serving youth with different needs, such as youth with mental health and addiction concerns; Aboriginal youth; youth involved in the justice system; and homeless youth. These agencies have hired ten YITWs to assist youth, including an Anti-Trafficking worker to support survivors or those at risk of sexual exploitation.
 - The Sherbourne Health Centre in Toronto uses funding to provide the Supporting Our Youth (SOY) mentoring program, which includes one YITW dedicated to supporting LGBT2SQ youth who are leaving care.

Educational Programs

- Transitional Year Programme (TYP) – offered by the University of Toronto, Ontario
 - An eight-month access-to-University program for adults who lack the qualifications for admission to the University, including those who did not finish high school due to social or economic difficulties or other circumstances beyond their control. The program encourages applications from vulnerable groups including Aboriginals, LGBTQ, racial minorities, single parents, and persons with disabilities; and has assisted many youth who have been in care (Tweddle, 2005). The program aims to prepare students for university by building their skills and knowledge needed to succeed in a university environment and providing counselling, as well as giving them full access to the University and its resources.
- Crown Ward Education Championship Teams (CWECTs) – Ontario
 - A collaborative approach between local community partners, CASs, school boards, postsecondary institutions and employment services to help meet the educational needs of youth in care and former youth in care, including improving access to, retention, and success in post-secondary education

while preparing them for employment. The program started in 2007 as a pilot program but has expanded to 21 local teams across the province with funding from provincial government initiatives.

- Scholarship and bursary programs
 - Various scholarship and bursary programs are also available to eligible former youth in care at the national and provincial level. For example, the Children’s Aid Foundation of Canada offers scholarship and bursary opportunities for former youth in care who are attending a post-secondary program and are under the age of 26. The Foundation Scholarship for the 2019-20 year was worth \$2,500-\$5,000; and bursary awards are worth a maximum of \$2,000 for full-time students. Other awards that have been offered include the Ken Dryden Scholarships administered by Youth in Care Canada, worth up to \$3,000; and the Evelyn Koski Crown Ward Assistance Award in Ontario, a renewable award worth \$1,500 per year and included academic and social support.
 - In November 2020, Mount Saint Vincent University (MSVU) became the first University in Atlantic Canada to announce a tuition waiver program specifically for former youth in care (covering 100% of tuition and fees for eligible students), to be fully launched in September 2021. MSVU joins several other universities who have worked with the Child Welfare Political Action Committee to offer financial support to former youth in care, with over 75 placements created thus far.¹⁹

Other Targeted Programs for Youth Leaving Care

- Free 2 Be (Housing First for Youth Leaving Care) Program – Toronto, Ontario
 - A program offered through WoodGreen Community Services that primarily addresses housing needs for youth transitioning out of care in Toronto. The program is available to youth in Toronto aged 17-24 who are currently or formerly in care, and aims to support not only housing stability, but also educational needs, skills development, mental health and wellness, and social connectedness. The program is youth-centered and youth-designed and uses a holistic, readiness-based approach to support youth leaving care.
- Mobility for Good – Canada
 - Telus mobility has partnered with the Children’s Aid Foundation of Canada to support youth leaving care in each province and territory by providing them with a free cell phone and plan. The offer is available to youth who have been in care and are currently between the ages of 18 or 19²⁰ and 26 years old; and is offered for two years, with unlimited messaging and calls and 3 GB of data per month. The program aims to help these youth stay connected with friends

¹⁹ See press release “MSVU first Atlantic university to launch tuition waiver program for former youth in care” (November 2020), retrieved from <https://myemail.constantcontact.com/MSVU-First-Atlantic-University-to-Waive-Tuition-for-Former-Youth-in-Care-with-No-Age-Limits.html?soid=1127745741138&aid=GCaT3sxqFsk>

²⁰ The age of eligibility is the age of majority in each province

and support networks, search for housing and employment, and prevent social isolation.

5.7 Interventions for Vulnerable Youth

There is a lack of specialized programming in Canada for vulnerable youth aging out of care, as most existing policies either apply strict eligibility criteria that excludes those who are most vulnerable (i.e. pursuing postsecondary education), or use a “one size fits all” type of approach whereby the same services are offered to all youth, regardless of their individual needs and situations (Stott, 2013; Kovarikova, 2018; Marion & Paulsen, 2019; Fingold et al., 2020). Furthermore, while most youth aging out of care may already be considered vulnerable compared to the general population, some groups may experience greater challenges and need targeted services or interventions to support their needs. This includes youth with mental health issues, pregnant youth, LGBTQ+ youth, youth with disabilities, Indigenous youth, and visible minority youth. For example, while there is a lack of data from Canada, data from the US – where over one-third of youth aging out of care are African American (Courtney et al., 2017) - suggests that Black children are more likely to be investigated by child welfare services, more likely to be placed in out-of-home care, remain in foster care longer, receive fewer services, and are less likely to be returned to their home or adopted – all of which can contribute to more negative outcomes for these youth (Ontario Association of Children’s Aid Societies, 2015).

Researchers and advocates have increasingly called for policies and programs to identify those youth with special needs who are aging out of care and match them with appropriate interventions where possible (Kovarikova, 2018; Greeson et al., 2020). A couple of existing youth programs in Ontario and Manitoba that aim to support youth who are most vulnerable, including those in care and aging out of care, have found some success, as described below:

- StepStones for Youth – Toronto, Ontario
 - A preventive intervention program founded in 2004 that provides one-on-one support services for vulnerable youth by a team of staff and volunteers. The program is designed for youth who come from unstable homes and lack a caregiver, including youth in care and those transitioning out of care.²¹ Programs include a homeless prevention program, a healthy living program, and education and employment program, and a mentorship program. Internal evaluations report that youth in the program have a higher likelihood of completing high school, attending a post-secondary education program, securing housing, gaining supportive relationships, and a lower likelihood of criminal involvement and poverty (StepStones for Youth, 2019).
- Resource Assistance for Youth (RaY) – Manitoba
 - A non-profit street-level agency offering programs and services to support youth under the age of 30 with gaining skills and resources to be become

²¹ In 2019, 70% of program participants were previously involved with child protective services.

independent and self-sufficient without any barriers. The program is targeted at all vulnerable youth, including youth leaving care, those involved in the criminal justice system, single parents, homeless youth, and youth with addiction and mental health issues. Services offered include life skills workshops; an education and training program; a drop-in health clinic; and an emergency and transitional housing program aimed specifically at youth up to age 21 who are in extended care and need access to safe and stable housing. According to their 2019 Impact Report, the program served over 2,000 youth; including 95 youth who found employment and over 200 who found permanent housing through their programs (Resource Assistance for Youth, Inc., 2019).

More recently, in September 2020 the Ontario government announced new funding for a community-led program called "One Vision, One Voice" that delivers culturally appropriate services and programs for African-Canadian and Black children and youth in the child welfare system (Ministry of Children, Community and Social Services, 2020). The program includes guidelines for child welfare agencies, staff, and caregivers to help them provide better services to African-Canadian and Black children and families, such as training in anti-racist practices, and prioritizing kin or people from their community for placements. The funding will also support pilot programs that aim to increase connections between these youth and their communities. For example, the "Aunties and Uncles" pilot program will match Black children and youth in foster care with adult mentors from their communities to meet their cultural, racial, and religious needs. While the program is not designed specifically for youth who are aging out of care, the overall aim is to reduce the disparities in both involvement in the child welfare system, and outcomes for Black youth who have been in care.

Considerations for Indigenous Youth Leaving Care

Indigenous children and youth are over-represented in child welfare systems across several jurisdictions, including Canada, the US, and Australia – where the disproportionality may be even higher (Mendes et al., 2019). Not only are these youth more likely to be placed in out-of-home care, but they also have needs and experiences both in care and while transitioning out of care that may differ from non-Indigenous youth. For example, Indigenous youth in care are often separated from their cultural heritage and kinship structures and placed in foster homes or communities that are not culturally matched to their backgrounds, resulting in a loss of identity and connection to their land and culture (Mendes et al., 2019; Doucet et al., 2018). While Indigenous youth experience many of the same challenges in the transition out of care as other youth, such as homelessness and lower educational attainment, these challenges may be intensified as a result of their histories, including intergenerational traumas and policies that displaced them from their lands and disrupted their own systems of care (Fast et al., 2019).

Despite the importance of culture for Indigenous children and youth, cultural needs are generally not a priority for youth seeking assistance as they age out of care or among service providers, as more immediate needs such as housing often take precedence (Mendes et al., 2019). There is a need for more effective and culturally appropriate policy and program responses to support Indigenous youth in the transition out of care. Services should be provided by culturally competent workers and should promote their sense of belonging to community and culture, such as more cultural programs, retreats, and opportunities to reconnect with their land and ancestors (Mendes et al., 2019; Doucet et al., 2018).

An initiative that has seen some success in Australia is the Aboriginal Leaving Care Support Initiative which provides funding for an Aboriginal Community Controlled Organization (ACCO) in each region to support Indigenous youth leaving care. ACCO agencies emphasize the importance of family, community, and culture to the transition process and have been shown to provide more culturally appropriate and targeted services, such as referring youth to Indigenous-specific housing, legal, and health services. However, their impact has been limited by a lack of resources and effective relationships between Indigenous and non-Indigenous child welfare agencies (Mendes et al., 2019).

6.0 Results of the Literature Scan

6.1 Summary

While there is growing interest among policymakers, advocates, researchers, and youth themselves into evaluating policies and programs for aging out of care, the research is still in the early stages of development and much more evaluation research is needed in order to understand best practices that can improve outcomes for youth in their transition into adulthood (Rutman et al., 2007; Dewar & Goodman, 2014; Courtney et al., 2017). Much of the existing literature focuses on outcomes for youth who have aged out of care; rather than examining factors that influence these outcomes, including the impact of programs and interventions. Research on Canadian youth and policies is particularly lacking, as are longitudinal studies examining outcomes for youth over time after they have transitioned out of care. For example, there is no national data source following youth who have left care across Canada, although there have been some smaller provincial level studies and evaluations of pilot programs. While findings from specific evaluation studies conducted in the US and Canada show some promising results for interventions that provide extended care, support, and services to youth as they transition out of care, review studies have generally found mixed evidence for most existing programs, such as independent living programs. Researchers have concluded that since former youth in care continue to experience consistently poor outcomes compared to their peers, the policy responses thus far have not been effective in improving outcomes for youth who age out of care (Kovarikova, 2017).

6.2 Findings from Review Studies

Several review articles and reports have synthesized the literature on the effectiveness of programs for youth aging out of care and have summarized the findings according to the type of intervention or support. These reviews have generally found mixed evidence on the impact of aging out policies; however, some policies appear to have a greater impact than others. For example, the evidence for housing, educational, and employment assistance programs generally shows a positive impact, while independent living programs tend to show either mixed findings or a lack of impact. Evidence for the benefits of mentoring and social support programs tends to be the most consistent, while the lack of evidence on health and mental health programs makes it difficult to evaluate these programs at all. Evidence for specific categories of interventions are summarized below.

Extended foster care – studies have found that youth tend to have better outcomes if they remain in the foster care system past the age of majority (Kovarikova, 2018; Geiger & Schelbe, 2014; Mann-Feder, 2019; Courtney & Hook, 2017). These benefits include greater financial stability, educational attainment, greater access to resources, and more equity between youth in care and other young adults. However, according to a report by the Vancouver Foundation (2016), while extending care to age 21 is associated with positive outcomes, flexible and adequate supports with sufficiently long timelines are needed in order to maximize both participation in and benefits from extended care policies.

Housing – Given the known benefits of secure and stable housing in achieving other positive outcomes such as higher education and maintaining employment, housing is a key factor in a successful transition from care (Dewar & Goodman, 2014). Therefore, it would be expected that housing support programs would have a benefit; yet the research is still unclear. A scoping review of youth interventions by Woodgate et al. (2017) found that youth who received housing interventions had better outcomes, including less homelessness compared to youth who did not. However, A review by Kovarikova (2018) found that housing supports (as a component of ILPs) may be ineffective.

Education and employment – Review studies have found that outcomes for educational interventions are generally positive and can be an important piece to a successful transition, particularly those that include mentoring (Woodgate et al., 2017; Dewar & Goodman, 2014). However, for educational interventions to be successful, they require multi-level planning and collaboration between various agencies, including children’s services, academic and training institutions, communities, and government (Dewar & Goodman, 2014). Some studies have also found a positive correlation between employment services (offered as part of ILPs) and employment outcomes for youth who were in care. However, a limitation of existing employment services is that they often focus more on building skills rather than providing actual experience, such as job shadowing or internship opportunities (Dewar & Goodman, 2014).

Independent Living Programs (ILPs) – Most review studies have found mixed evidence for the effectiveness of independent living programs, which include a variety of services and programs to help youth become self-sufficient, and may incorporate programs from other categories such as housing and employment assistance. Kovarikova (2018) found that ILPs and life skills training programs have a slight positive impact on youth outcomes, but their impact is not clear due to methodological limitations of the existing studies (i.e. small sample sizes and lack of comparison groups). Dewar & Goodman (2014) also found in their review that ILPs show great promise for improved outcomes among youth aging out of care. In contrast, Doucet et al. (2018) found that impact studies of ILPs suggest these programs are inadequate and do not produce intended outcomes for youth leaving care. Two other recent review studies report mixed findings on the impact of ILPs, with some studies reporting positive outcomes while others show no impact, suggesting the need for more research evaluating these programs (Woodgate et al., 2017; Woltman, 2018).

Social support – Several researchers and reviews have noted the importance of strong relationships and social support as a key component for a successful transition out of care, including relationships with caring adults, mentors, peers, and other parent-like figures in the community (Dewar & Goodman, 2014; Laut, 2017; Doucet et al., 2018).

- According to Doucet et al. (2018), the concept of seeking ‘relational permanence’ for youth aging out of care is fairly recent in the literature, and involves both traditional relationships (i.e. biological parents and foster parents) and less traditional or non-legal relationships, including those with siblings, friends, romantic partners, and other persons who are important to youth.
- In a qualitative study of youth aging out of foster care, Laut (2017) identified two types of social support that are both important in the successful transition out of care: emotional support and instrumental support.²² Mann-Feder (2019) also noted the importance of having a diverse range of social supports in the literature, finding that youth need practical, emotional, informational/participatory, and affirmational types of support.
- Findings also show that relationships and mentorships must be sufficiently long (i.e. at least one year) in order to have a positive impact (Kovarikova, 2018; Woodgate et al., 2017; Doucet et al., 2018).
- The research is still unclear as to which kinds of relationships specifically support youth more in their transition (Laut, 2017; Kovarikova, 2018). However, findings suggest that natural mentors²³ tend to have more positive effects than formal or programmatic mentorships (Kovarikova, 2018).

²² Emotional support included care, guidance, and love in a relationship, while instrumental support involved assistance with tasks or provision of necessities during their transition.

²³ Natural mentorship involves supporting existing relationships in the youth’s life or social networks. Natural mentors are thus identified by the youth themselves, versus being assigned or matched to them.

- In order for natural mentorships to be successful, a youth must be able to identify a caring adult in their life who could serve in this role, and research suggests that this remains a significant barrier for many youth who don't have an existing relationship or role model to rely on (Doucet et al., 2018; Kovarikova, 2018). In addition, the current child welfare system generally does not incorporate alternative paths for establishing social support networks and relationships (especially non-traditional relationships) as part of the permanency plan for youth leaving care (Doucet et al., 2018). As a result, despite the benefits of long-term relationships and social support, many youth leave care without this form of support.

Other – there is a lack of studies evaluating other types of programs and interventions for youth aging out, such as health and mental health interventions and pregnancy or parenting interventions, due to a lack of existing programs that can be evaluated (Woodgate et al., 2017; Gieger & Schelbe, 2014). Researchers have noted need for both more programs addressing these needs, as well as more research to inform evidence-based programs for youth, especially young parents and those with mental health issues (Rutman et al., 2007; Greeson et al., 2020).

Multicomponent programs – findings from the literature suggest that multi-component programs incorporating several of the above services are more successful. For example:

- According to Marion & Paulsen (2019), given the complex needs of youth aging out of care, specific programs such as those targeting only employment or housing assistance may not achieve positive outcomes and may explain some of the ambiguous findings from program evaluations in the literature. These authors suggest that interventions that address more dimensions of youth's lives may be more successful.
- Reid (2007) also concluded in a review of international best practices for youth leaving care that programs and policies that address the interconnectedness of youth needs are most likely to be successful. Reid identified seven "pillars" that determine how successful the transition process is for a young adult, including: positive relationships and support systems; education; housing; life skills; a sense of identity and self; emotional healing of past experiences; and engagement of youth in their own plans. According to Reid, no one pillar is key to ensuring better outcomes; instead, outcomes will only improve when all areas are addressed. In addition, they are all based on a foundation of strong financial support to ensure success.
- A 2014 review of the literature on programs for youth aging out found that the more successful programs are those that: a) facilitate positive, supportive relationships between youth and families or communities; b) provide educational supports that include career planning and employment readiness; c) ensure access to quality housing; and d) incorporate 'readiness planning for adulthood' including life skills and financial skills (Dewar & Goodman, 2014).

Limitations of research

While some of these interventions show good promise or potential, the lack of research evidence on their impact, especially longitudinal studies, makes it difficult to evaluate long-term outcomes and whether any effects of programs are sustained over time.

- For example, Greeson et al. (2020) conducted a scoping review of existing programs and interventions (PIs) for youth aging out of care in the US and assigned each PI a rating based on the level of research evidence showing its effectiveness in achieving positive outcomes among youth. However, the authors were only able to provide a rating for 13% of the programs they identified due to a lack of research evidence on the remaining 87% of programs. The programs with the most research evidence were those targeting relationships, while the area with the least number of programs identified was health and mental health care. In addition, none of the programs that were evaluated achieved the highest rating of “well supported by research evidence”. According to the authors, these findings demonstrate the need for more research on the implementation and evaluation of existing programs, including more studies to replicate findings on the efficacy of these programs, rather than focusing on developing new programs.
- In addition, a 2013 evaluation of federal aging out policies in the US (Stott, 2013) found that existing policies have not been sufficient to improve outcomes for youth aging out of care, who continue to fare poorly across multiple domains of well-being despite the variety of programs that have been implemented. According to the author, these findings suggest that several gaps in services and supports for youth leaving care remain, and policies and funding have not kept pace with changing concepts and needs in this period of transition.

6.3 Evaluation Studies in Canada

While evaluation studies of aging out policies in Canada are limited, there have been a few studies that have examined the impact of specific provincial level programs, described below.

- Flynn & Tessier (2011) conducted the first evaluation of the Extended Care and Maintenance (ECM)²⁴ program in Ontario, which provided support and services to youth aging out aged 18-21 years old who were pursuing further education or employment. The researchers aimed to determine which protective and risk factors were predictors of educational outcomes among youth in this program. Overall, the study showed that educational outcomes of youth in the ECM program were reasonably positive, as the majority of participants were engaged in education, training, or employment, and only 13% were in the NEET (not in education, employment, or training) category. Findings also showed that youth with a greater number of ‘developmental assets’²⁵ had the most favourable outcomes in terms of level of education obtained; level of education aspired to; and non-NEET status. However, the study was cross-sectional in nature and did not evaluate the impact of individual level factors or outcomes over time.

- The Promoting Positive Outcomes for Youth study was a prospective, longitudinal study conducted over three years (2003-2006) among a cohort of 37 youth transitioning out of care in British Columbia. The study aimed to understand outcomes for youth who have left care in the province, as well as the supports and resources that led to more positive outcomes and successful transitions. The results showed that youth in the study had similar negative outcomes overall as those identified in previous studies, including lower education, housing instability, reliance on income assistance, and parenting. Based on the findings, the researchers recommended a number of policies to improve transition outcomes, including access to safe, affordable housing; enhanced financial supports including educational bursaries; policies to ensure access to comprehensive health and mental health care, and developing a strong social support network with access to a mentor. Most importantly, the researchers found that the transition process for youth leaving care must be as gradual, flexible, and extended as possible, with supports provided based on the youth's needs and abilities without specific age cut-offs (Rutman et al., 2007).
- The Study on the Future of Placed Youth (EDJeP) is the first large-scale representative and longitudinal study tracking youth leaving care (aged 17-21) in Quebec, where child protective services end at age 18. The study conducted interviews over a three-year period (2018-2020) and will also include comparative analyses with two other studies (one from Quebec and one from France) to compare outcomes for youth leaving care with youth in the general population in the province and internationally. Initial results have shown poor outcomes among the youth in the study in terms of housing, education, mental health, and access to employment. Findings also showed that youth with a greater number of placements in care ('placement instability') were less likely to be pursuing education or employment (Goyette & Partouche, 2019). The latest results from 2020 further demonstrate that the vulnerabilities and challenges facing youth leaving care have been exacerbated by the current COVID-19 pandemic (Goyette et al., 2020).
- While the EDJeP study did not evaluate any specific programs, an earlier study from Quebec showed some positive results of an intervention program (the Projet de Qualification des Jeunes, or PQJ) that was implemented across four regions of the province and aimed to prepare at-risk youth in care for the transition to independent living through strong relationships with social workers. An evaluation of the PQJ showed an increase in personal strengths and a decrease in risk factors among participating youth over the course of the program (Goyette, 2007). Compared to a control group, youth in the program were better equipped interpersonally, with more supportive networks, and showed improved autonomy and stability. Youth also had a positive view of the program. The findings suggest that programs must include interdisciplinary approaches within a network of services and resources in order to be effective (National Crime Prevention Centre, 2008).

²⁴ This program has since been reformed into the Continued Care and Support for Youth (CCSY) program.

²⁵ Developmental assets in this study were defined as important relationships, skills, opportunities and values that promote resilience and guide youth away from risk behaviours.

6.4 Evaluation Studies in the United States

Research findings from studies in the United States have shown that extending foster care until the age of 21 is associated with a number of benefits for youth. The primary research study is the Midwest Evaluation of the Adult Functioning of Former Foster Youth, known as the Midwest Study. The Midwest Study, conducted from 2002-2011, tracked the outcomes of youth aging out of care longitudinally from the ages of 17-18 until age 26 in three Midwestern states that differ in policies: Wisconsin and Iowa (where youth are discharged from the child welfare system at age 18), and Illinois (where youth may remain in care until age 21).

- Data from the Midwest Study has been used to examine the association between extended time in care and later educational achievement. Controlling for baseline characteristics of youth and state, Courtney and Hook (2017) found that each additional year in care was associated with a 46% increase in the odds of progressing to a higher level of educational attainment²⁶ by age 26. The researchers concluded based on these findings and previous research that allowing youth to remain in foster care past the age of 18 increases the likelihood that they will continue their education.
- Findings from the Midwest Study related to employment and earnings have been less clear. While youth in Illinois were found to have higher earnings the longer they remained in care; findings across all states showed no association between time in care and employment when controlling for educational attainment. These findings suggest that youth who remain in care past age 18 are more likely to attain higher educational credentials, which then translates into better employment outcomes (Courtney, 2019; Hook & Courtney, 2011).
- Findings also suggest that gaps remain in the provision of extended care services in the US. Courtney et al. (2011) found that each additional month in care past age 17 was associated with a 3% increase in the total number of self-reported independent living services (ILS)²⁷ that a youth received between ages 19-21. However, youth in the study appeared to not be receiving many forms of help that they should have been eligible for under federal legislation. Despite reporting that they would have liked more help, on average youth received only 30% of the total types of possible ILS at Wave 1 of the study, and this declined even further to only 12% by Wave 3.

²⁶ The levels of educational attainment in the study were defined as: not having obtained a high school diploma or GED; having only a high school diploma or GED; and obtaining at least one year of college.

²⁷ Youth were asked about independent living services in the domains of education, employment, financial and consumer literacy, housing, and health.

The California Youth Transitions to Adulthood (CalYOUTH) Study is another important study in the US because California was not only one of the first states to adopt the policy option of extending foster care to age 21, but they also have one of the largest populations of youth in care aged 18+ in the country (Courtney, 2019). Data from this study also demonstrates that extended time in care is associated with better educational outcomes.

- For example, Courtney & Okpych (2017) found that each additional year in care past age 18 more than doubled the odds that a young adult in the study would obtain a secondary education credential (high school diploma or GED) and nearly tripled the odds that they had enrolled in college by age 19. Besides educational achievements, other initial benefits of extended foster care (up to age 19) found in this study included: greater financial assets; reduced economic hardships; and lower likelihood of homelessness, reliance on public aid, and being convicted of a crime. However, the researchers did not find a significant impact of extended care on other outcomes such as employment and earnings, health or mental health, social support, and pregnancy or parenting.
- More recent findings from the CalYOUTH study that examined youth outcomes at age 21 built on the earlier findings to demonstrate further support that remaining in care past age 18 helps to meet youth's basic needs, further their education, gain work experience, save money, reduce the likelihood of becoming a young parent or getting involved in the criminal justice system (Courtney et al., 2018). Specifically, each additional year in care was found to increase the probability of enrolling in college by 10-11% and increased the number of quarters that youth were employed between ages 18-21. However, there was no association between extended time in care and other outcomes such as college persistence (persisting through two semesters or total number of semesters completed), earnings, and physical and behavioural health.

Besides these large-scale longitudinal studies, a couple of other interventions in the US have been found to be successful in improving outcomes for youth leaving care:

- The CARE model (Caring Adults "R" Everywhere) is a natural mentoring program to support interdependence among youth aging out of care by facilitating and nurturing the development of relationships between foster youth and mentors that the youth self-select (Greeson & Thompson, 2019). The 12-week program is delivered by a trained interventionist, who also delivers trauma-informed training to the mentors. Youth and their mentors meet regularly throughout the program and participate in structured group activities as well as one-on-one sessions with the interventionist. A pilot study to determine feasibility of the program was conducted in Philadelphia in 2014-15, which provided lessons for future iterations of the program. The majority of youth in the study were able to identify caring adults in their lives who could serve as natural mentors, however it was a challenge to actually succeed in getting the mentors to participate in the entire program. These findings suggest that a natural program will not be suitable for all youth, particularly those with more fragile social networks; however, youth who were able to complete the program reported a high degree of satisfaction with the program, including their relationship with the mentor and the additional supports and skills the mentor facilitated.

- My Life is a randomized, longitudinal study to evaluate the impact of a self-determination intervention in Oregon called TAKE CHARGE, which provides up to 12 months of coaching, mentoring and workshops to help older youth (aged 16-17) who are in foster care and receiving special education services to learn self-determination skills and achieve their goals. Findings from post-intervention and a one-year follow up showed positive impacts for youth who participated in the program compared to youth in a control group that received independent living services (Powers et al., 2012). For example, youth in the program had higher rates of educational attainment, employment, independent living activities (i.e. paying rent and utilities), and utilization of community transition services. Youth in the program also reported more accomplishments, higher quality of life, and scored higher on a self-determination scale. In a 2020 scoping review of interventions for youth aging out of care, My Life was one of the few programs that achieved higher ratings of either "promising research evidence" or "supported by research evidence" on outcomes such as education, employment, and housing (Greeson et al., 2020). In addition, the program was one of the few that targeted vulnerable populations by specifically recruiting youth of color and youth with disabilities.

6.5 Cost-Benefit Analyses of Extending Care

A few studies from Canada, the US, and Australia have conducted analyses to calculate the net savings to youth and society that would result from extending foster care until a later age. All of these studies conclude that the benefits of increasing supports to youth who are aging out of care would outweigh the costs. The findings of some of these studies are described below.

- The Ontario Provincial Advocate for Children and Youth published the first cost-benefit analyses in Canada in 2012. The study assessed the costs and savings of extending the existing Extended Care and Maintenance (ECM) program²⁸ for youth aging out of care in Ontario from age 21 to age 25, referred to as "ECM25". The researchers compared the current costs associated with the poor outcomes for youth leaving care with the anticipated benefits to society by extending the maximum age for receiving support through the program. These benefits included reduced use of government services, reduced poverty, and improved employment and earnings opportunities. Findings showed that for every \$1.00 the province of Ontario spends supporting its youth by extending ECM and supports to age 25, Ontario and Canada would save or earn an estimated \$1.36 over the working lifetime of that person; with a cumulative net benefit of \$11,704. The authors concluded that extending ECM to age 25 could also help to increase tax revenues and decrease rates of incarceration and social assistance uptake.

- A 2016 report by the Fostering Change initiative estimated the immediate and long-term costs associated with the adverse outcomes experienced by youth aging out of care in British Columbia. These costs were found to be significant (up to \$268 million annually) and were primarily associated with three factors: low educational attainment, poverty, and poor mental well-being among former youth in care. On the other hand, the cost of a basic packaged of increased supports for youth aging out through age 24 (an estimated \$57 million per year) would be small relative to the potential savings and economic benefits, which would include: reduced need for income assistance, higher earnings and more taxes paid by these youth, reduced government health care, criminal justice-related, and other service expenditures. The researchers concluded that the educational benefits alone would easily offset the \$57 million investment needed to fund a program of additional support, and that it is very likely that no additional taxes would be required to support the investment (Vancouver Foundation, 2016).
- Data from the Midwest Study in the US has been used to conduct a cost-benefit analysis of extending foster care until age 21. Early findings demonstrated that the financial benefits of extending care for youth and society would outweigh the costs to government by a factor of two to one (Peters et al., 2009). However, the study was based on the premise that educational outcomes would continue to improve after age 21, and subsequent data results from the Midwest Study suggest that this initial estimate may have been overinflated (Ontario Provincial Advocate for Children and Youth, 2012). Indeed, another study based on data from the Midwest Study found a more conservative estimate for the benefit-cost ratio of extending care and supports. The authors compared the estimated costs and benefits of providing an extended care program up to age 23 for youth leaving care in California and found that the benefits would outweigh the costs by a factor of 1.5 to 1 if the program was successful, or 1.2 to 1 at a 75% success rate (Packard et al., 2008).
- A study in the state of Victoria, Australia by the Centre for Excellence in Child and Family Welfare in partnership with Monash University estimated the costs and benefits of an effective leaving care program, based on the average life outcomes for youth who have left care compared to those in the general population. The study found that the direct costs to the government of supporting young adults who have been in care is much higher than the estimated cost of providing a modest suite of supports for youth as they are transitioning out of care (i.e. health, education, housing, employment, and mentoring services). The largest costs were found to be in the areas of police, justice and correctional services. While the authors did not estimate the financial benefits that would result from improving support services, they suggest that even if the program was able to improve life outcomes by 10% for former youth in care, it will have virtually paid for itself in cost savings (Forbes et al., 2006).

6.6 Factors that Influence Outcomes for Youth Aging out of Care

While most of the literature on youth aging out of care has focused on the negative outcomes these youth face, it should be noted that not all former youth in care do poorly; some have relatively successful transitions into adulthood.

For example, among youth in the Midwest Study in the US, study findings have shown that more than half were in stable situations and had successfully transitioned into key adult roles by age 24. Researchers identified four distinct subgroups of youth based on their experiences across key transition domains, such as living arrangements, educational attainment, employment, parenting, and criminal involvement. The majority of the sample were categorized into one of the two groups that had attained fairly stable transitions, with 36% at the highest level of “accelerated adults”, and 21% at the next level of “emerging adults”.²⁹ Only 17.5% were classified at the lowest level of “troubled and troubling”, while the remainder (25%) were classified as “struggling parents” (Courtney et al., 2010).

According to some researchers such as Laut (2017), it is equally important to study these youth to gain insight into how they managed the transition as it is to understand the risks associated with aging out of care. It is also important to examine which factors might predict better outcomes for youth aging out of care, including factors that facilitate or inhibit the uptake and use of programs and resources, in order to determine which youth may benefit most from certain interventions and to improve services overall.

Research has examined both individual level and societal or structural factors that influence outcomes for youth aging out of care. Some examples from the literature are described below.

- In a 2017 review, Courtney et al. identified a number of risk and protective factors that recent studies have found to be associated with outcomes for youth transitioning out of care. Factors that predict poorer outcomes include: the severity and extent of maltreatment before entering care, placement instability while in care, placement in group care, mental and behavioral health problems, and delinquency. In contrast, protective factors that have been found to be associated with more positive outcomes in adulthood include: being on track in school, having paid work experience, having a non-kin adult mentor, and remaining in care past age 18. These findings suggest that intervention efforts should focus on improving mental and behavioral health services, supporting natural mentorships, and providing educational support and work experience. However, the authors also note that significant gaps remain in our understanding of which factors are important predictors of outcomes for youth who age out of care. For example, there is a need for more longitudinal data, as well as more research on factors that can affect outcomes after age 18, as opposed to factors that existed prior to their transition (Courtney et al., 2017).

²⁹ Both of these groups had high rates of high school graduation, college attendance, and employment, and low rates of criminal convictions; while the accelerated adults also were more likely to be living independently and have children in their care.

- According to a review by Woltman (2018), evidence from multiple countries has shown an association between self-sufficiency³⁰ skills and better post-discharge adjustment among former youth in care. However, there is a lack of empirical research evaluating programs designed to teach self-sufficiency skills, such as independent living programs, as well as research to understand factors that may predispose youth to develop the necessary self-sufficiency or readiness skills to help their transition out of care. A better understanding of these factors would help to identify youth at greater risk of poor transition outcomes and develop interventions to enhance these skills.
- Woltman (2018) conducted two studies to examine factors that promote or impede transition readiness among youth who are about age out of care.
 - First, cross-sectional data from youth in Illinois was used to demonstrate that adverse childhood experiences predict an increased risk of poorer transition readiness at age 17. The influence of adverse childhood experiences was partly attributable to youth's engagement in risky behaviours. The findings suggest that youth who have experienced trauma may require additional support to prepare for the transition to adulthood.
 - The second study examined transition readiness or self-sufficiency levels among youth about to leave care in Ontario (ages 16-17) using data from the 2013-14 Ontario Looking After Children (OnLAC) project. Youth rated themselves on two scales that measured their self-care and independent living skills. Analyses indicated that transition readiness did not differ across CAS agencies, but certain individual-level and placement factors did predict readiness, including higher academic performance, higher self-esteem, a greater number of developmental assets, older age, and kinship care placement. In contrast, youth with more socioemotional difficulties and mental or physical health conditions had lower transition readiness. While the findings were correlational and could not determine outcomes after leaving care, they still have implications for ensuring youth who are about to age out are ready for the transition.
- As described earlier in Section 6.3, Flynn & Tessier (2011) examined protective and risk factors that predicted educational outcomes among youth aged 18-20 in Ontario's extended care and support program (ECM). The strongest predictor of favourable educational outcomes in the study was the youth's total number of developmental assets (i.e. skills, relationships, values, and qualities that promote resilience and healthy development). Other promotive factors included gender (female), higher age, and self-care skills; while cognitive impairments and soft drug use were the most consistent risk factors.

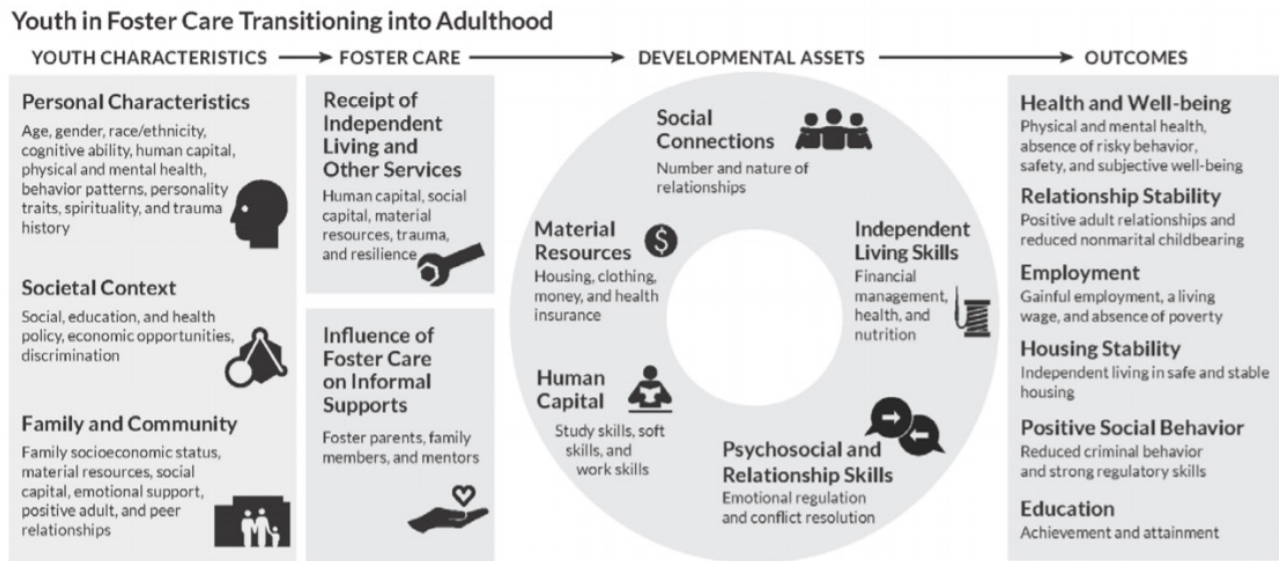
³⁰ The author defines self-sufficiency as the ability to provide for one's basic needs both financially and practically so as to be able to live independently and not depend on government assistance for survival.

- Laut (2017) conducted a qualitative research study to understand the experiences of six youth aged 19-32 who had successfully transitioned out of foster care³¹ and were living independently in Alberta, Canada. One of the overarching themes that emerged from the interviews as to how the youth made sense of their own transition was coping strategies and personal strengths that participants used to manage the obstacles and challenges they faced. These included emotional blunting (i.e. avoidance or suppression of emotions), self-reliance, grit and resilience, and having supportive adult relationships before, during, and after the transition. Thus, both internal and external resources were reported as helping in the transition. In addition, many of these youth saw the transition as a positive life event rather than a negative one. As many youth in care do not have a stable living environment, and may experience a lack of control over their own lives, they perceived their transition to adulthood as an achievement, as well as an opportunity for freedom, independence, and possibility.

Courtney et al. (2017) also developed a conceptual framework to understand the characteristics and experiences that help or hinder a successful transition to adulthood; mechanisms through which the child welfare system influences assistance to youth in their transition; the developmental assets that support successful transitions; and the outcomes that reflect a successful transition. In this framework, shown in Figure 1, individual characteristics and experiences that influence the transition process include personal characteristics such as health, gender, and childhood trauma; as well as the youth's family, community, and societal contexts (i.e. societal attitudes and policies). The child welfare system influences youth transitions both directly, through the provision of services, as well indirectly, by the effect of foster care on informal supports, which can be negative (i.e. interfering with a youth's relationship with their family) or positive (i.e. creating connections to other caring adults). Finally, youth can benefit from a range of developmental assets that support their transition, such as independent living skills, material resources, social connections and relationship skills, which can reinforce each other over time.

³¹ Participants self-identified as having successfully left care, rather than using a predetermined criterion.

Figure 1: Conceptual Framework of the Transition to Adulthood for Youth in Foster Care (Courtney et al., 2017)



7.0 Conclusion

7.1 Policy Implications

Canada does not have any national standards or guidelines for youth leaving care, resulting in a range of supports and services across jurisdictions to assist youth as they age out of care, along with varying timelines and criteria that determine which youth are eligible for various supports. What is clear from the existing literature is that despite the existing programs that have been implemented across the country, youth aging out of care continue to experience challenges in the transition process and adverse outcomes once they become independent. There is still a need for improved services and supports to help these youth to successfully manage this process and achieve better outcomes in adulthood.

Thus far, most policies in the US and Canada have largely adopted an “umbrella approach” that treats all youth in care as a homogenous group and does not target vulnerable groups with special needs. However, research has shown that youth who are aging out of care experience a diversity of challenges and their unique needs, experiences, and abilities must be considered in the development of policies and practice. Many researchers have called on governments to adopt a more holistic approach to aging out of care, by addressing the social and emotional needs of youth, in addition to developing their self-sufficiency skills. Given that many youth today experience a prolonged transition to adulthood and continue to rely on their families and support networks as they navigate the period of “emerging adulthood”, some researchers and groups have argued that youth in care deserve a similar experience – a transition process that is more gradual, flexible, interdependent, supportive, and realistic (Doucet et al., 2018; Vancouver Foundation, 2016).

In line with this view, youth advocates across Canada have recently called for governments to move away from age-based indicators and cut-offs for supports and instead apply a readiness-based approach for policies whereby services and supports are provided for as long as youth need them, according to their either own assessment of their level of readiness to leave the child welfare system and become independent, or a set of readiness indicators (Doucet, 2020a; Ratnam & Lowes, 2020).

There is also a need for greater collaboration between sectors and groups to support youth leaving care, including child welfare agencies and service providers, communities, families, educational institutions, and the youth themselves. Indeed, many youth in care have expressed the desire to have a voice in the policymaking process and to have the opportunity to be involved in their own transition plan – a standard that has now been implemented in many jurisdictions, including Ontario. It is also important for those who are involved in supporting the youth’s transition – such as clinicians, caseworkers, mentors, and foster care parents – to be well informed and trained about the services and supports that are available, in order to serve as an effective resource for youth, as some evidence has found that many youth are not aware of the range of services they are eligible to access (Harwick, 2020; Greeson et al., 2020; Courtney et al., 2011).

7.2 Limitations of Existing Research

As mentioned in previous sections, there is a lack of research evaluating interventions to improve outcomes for youth aging out of care in Canada, which makes it difficult to establish evidence-based recommendations for policy and practice. Many studies are cross-sectional in design, with few longitudinal studies following youth after they leave care. As a result, there is a gap in our knowledge of long-term outcomes for former youth in care, and any causal impact of programs and interventions over time. Other limitations of existing studies identified in the literature include: weak study methods; sampling issues (i.e. small sample sizes in many studies; non-random selection of participants that may bias the sample); low response rates; and challenges with attrition of participants, often due to the transient living situations of youth who have recently aged out of care (Woodgate et al., 2017; Courtney et al., 2017; Kovarikova, 2018; Rutman et al., 2007).

7.3 Future Research

To overcome the limitations of the existing research and provide a clearer understanding of the transition process for youth aging out of care, it is recommended that more research is conducted to evaluate existing programs and interventions in Canada and identify types of interventions that lead to more successful outcomes, as well as factors at the individual and societal level that may promote or hinder these outcomes. There is also a strong need for more research examining long-term outcomes for youth who have transitioned out of care through longitudinal follow-up studies.

Given the promising results of some studies that have shown the benefits of social support and relationships, more research should be conducted to better understand the types of relationships that best support youth, and strategies to help develop and promote these

relationships – particularly for youth who lack a strong social network. There is also a particular need for more research on interventions that are currently lacking in Canada and the US, such as interventions addressing health and mental health needs, and interventions targeted towards subgroups who may be more at-risk (i.e. youth with disabilities or mental health issues, youth of color, Aboriginal youth). This is especially important in the context of the current COVID-19 pandemic and its restrictions, which may increase isolation and stress among this already vulnerable young population and exacerbate the challenges they face as they navigate the transition out of care.

Finally, as mentioned in Section 6.6, many youth do successfully manage the transition out of care and consider the process to be a positive one. It is therefore important to study these youth and their experiences as well, which may provide additional insights into strategies to better support all youth who are aging out of care and to build resilience among this vulnerable group to help them overcome the many challenges in the transition process.

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Appendix A

Canadian Policies for Aging out of Care by Province/Territory

Province/ Territory	Age of Majority	Maximum Age of Extension of Supports*	Description of Transitional Supports Available After Leaving Care	Additional Educational Assistance Programs Available
Alberta	18	22 (pending a decision by the Court of Appeals)	Youth in care are provided with support and financial assistance up to the age of 18. Once they turn 18, youth who were receiving care and are eligible under the <i>Child, Youth and Family Enhancement Act</i> are offered continued support, which the young adult may accept or decline. Youth may sign a voluntary agreement called a Support and Financial Assistance Agreement (SFAA) with Children's Services to continue receiving support. A case worker is assigned to the young adult to determine their needs and work with them to achieve independence. An SFAA can be entered into for periods of up to 6 months, at which time the transition plan is reviewed and updated as needed. The agreement can be renewed until the youth reaches the legislated age limit, or earlier depending on their needs. The age limit was increased from 22 to 24 years in 2013, but was decreased again to age 22 as of April 2020.	The Advancing Futures Program provides funding as well as social and emotional supports to eligible young adults who have been in care as they pursue post-secondary studies. The program is available for youth aged 18-24 at the time they apply; who are enrolled in full- or part-time studies at an approved institution; and have been in care for at least 18 months between the ages of 13-24. The program covers funding for up to \$40,000 in education costs (including tuition, fees, books, supplies), a living allowance, transportation funds, child care, a health benefit plan, and damage deposit for an apartment.
British Columbia	19	26	Youth who were in care at age 19 or had a Youth Agreement (for youth aged 16-18 who are in need of assistance or protection) may apply for the Agreements with a Young Adult (AYA) program. The AYA program provides	The Youth Education Assistance Fund (YEAFF) provides taxable grants to youth aged 19-24 who were formerly in care in order to pursue full-time post-secondary

			<p>support services and financial assistance of up to \$1,250/month to cover costs (e.g. housing, child care, tuition, health care) while the young adult pursues education, job training, rehabilitation, mental health, or life skills programs. The program is available for young adults aged 19-26, for a total of up to 4 years of support during this time.</p>	<p>education. Funding of up to \$5,500/year is available for up to 4 years, and can be used to cover tuition and other expenses related to completing a degree, diploma, or certificate. The YEAF is to be used in place of AYAs when available.</p> <p>The Provincial Tuition Waiver Program also covers tuition fees for former youth in care who are attending a public post-secondary institution in the province and are between the ages of 19-26.</p>
Manitoba	18	21	<p>Youth who were in care may enter into an Agreement with a Young Adult (AYA), which provides continued care and maintenance funding between ages 18-21 to support the transition to independence (including education, training, treatment, and other services). The youth is assigned a case manager to review their needs and goals and develop a written plan, including the length of the agreement. If approved, the agreement is reviewed at regular intervals, and can be renewed if needed. Requests are generally supported at the basic maintenance funding level, to cover costs such as food, rent, household supplies, transportation, health and personal care, medical costs, and ongoing therapy.</p>	<p>There are various supports for young adults transitioning from care who are pursuing post-secondary study, including tuition waivers, scholarships, and other financial resources.</p> <p>For example, nine colleges and universities in Manitoba offer the Manitoba Tuition Waiver Program, which provides funds for current or former youth in care to attend full-time post-secondary education. Bursaries of up to \$10,000 are also available for former youth in care (or those on extensions of care) who are pursuing post-secondary education through the Advancing Futures Bursary offered by the Futures Forward program.</p>

New Brunswick	19	24	<p>Child protection services are provided until the child reaches the age of majority; however, once the child turns 16, he or she may refuse services (unless the child is a disabled person).</p> <p>The Department of Social Development offers a post-guardianship program to provide continued support and care for young people formerly in care who have reached the age of majority (aged 19+) and are enrolled in an educational program (or who are unable to support themselves due to a disability). The program is a voluntary agreement that may be provided up to the age of 24.</p>	<p>Under the post-guardianship program, funding is available for post-secondary education within a New Brunswick institution, and only for the first degree obtained.³²</p> <p>A scholarship of up to \$5,000 is also available for youth who are or were in care and who are pursuing graduate studies.³³</p>
Newfoundland	19	21	<p>Child protection services are provided for children under the age of 16. Youth aged 16-17 who are in need of protective services may be eligible to receive services and support through a voluntary Youth Services Agreement. These services may continue to be provided for former youth in care up until the age of 21 if the youth is attending an educational or rehabilitation program. If the youth has not been in care, they may also be eligible until the youth has completed high school or turned 19, whichever comes first.</p>	<p>Some awards and scholarships are available for former youth in care</p>
Northwest Territories	19	23	<p>Protective services are provided for children and youth until the age of 19. Once youth turn 19, they may enter a voluntary Extended Support Services Agreement (ESSA) for</p>	

³² Doucet, M. (2015). In the fast land towards adulthood: supporting youth aging out of foster care in New Brunswick. Policy brief. Retrieved from <https://www.partnersforyouth.ca/en/2015/05/27/aging-out-of-the-care-system/>

³³ Partners for Youth. (2020) The New Brunswick Youth in Care Network. <https://www.partnersforyouth.ca/en/programs/the-new-brunswick-youth-in-care-network/>

			continued service after leaving care to assist in their transition to adulthood. The support may be financial or non-financial and can be adapted to the needs and goals of each youth. The agreement may be renewed for terms of up to six months at time up until the age of 23 and does not need to be continuous.	
Nova Scotia	19	21	<p>Protective services are provided for children under age 16. Protective services may be continued for youth aged 16-18 under a written agreement, provided the youth attends school, training programs or is employed. The agreement can be made for a period of one year, but may be extended for subsequent one-year periods with approval, until the youth reaches the age of majority (as long as the placement or services are not otherwise contrary to the Children and Family Services Act).</p> <p>In special circumstances when the child has a disability, child welfare agencies may continue to provide care and/or assistance until the age of 21, under court order.</p> <p>Youth transitioning out of care may be eligible for supportive and financial services to support their post-secondary education after age 19 through a Post Care and Custody Agreement.³⁴</p>	<p>Youth under a Post Care and Custody Agreement may be eligible for the Department of Community Services' Educational Bursary Program.</p> <p>The Federation of Foster Families of Nova Scotia has also created a number of bursary programs for former youth in care.</p>
Nunavut	19	26	Child protection services generally end when the child turns 16; however, an application may be made (by Child and Family Services or the child) to the court to extend protective	

³⁴ Standing Committee on Community Services (2018). Children in Care: Department of Community Services. Retrieved from https://nslegislature.ca/sites/default/files/pdfs/committees/cs/subm/cs_20180109.pdf

			<p>services until the child reaches the age of majority.</p> <p>Youth between ages 16-19 may also enter into a voluntary agreement to receive services or support and assistance, including: counselling, parenting programs, financial services, housing services, and drug or alcohol treatment. The agreement can be for a period of up to six months, but can be extended for additional terms of up to six months, up until the age of 26 years.</p>	
Ontario	18	21	<p>Child protection services are provided until the age of 18. Youth between the ages of 18-21 may receive financial supports of \$850/month through the Continued Care and Support for Youth program (CCSY). CCSY supports are available for renewable periods of up to 12 months, until the youth's 21st birthday. Young adults aged 21-25 who have left care may also be eligible for the Aftercare Benefits Initiative, which provides prescription drug, dental, vision, and extended health benefits. Furthermore, counselling and life skills supports through this program are available up to the age of 29.</p>	<p>Children and youth in care are required to establish a Registered Education Savings Plan that can be accessed to support education-related expenses if they enter an eligible post-secondary education or vocational training program. Former youth in care who pursue post-secondary education and training may be eligible for other financial support programs, including tuition coverage and the Living and Learning Grant (additional funds for students aged 21-24 who are receiving funds through the Ontario Student Assistance Program (OSAP)).</p>
Prince Edward Island	18	21	<p>Child protection services are provided until the age of 18. When a child turns 18, they may apply for continued services to prepare them for independent living. Extended Service is available to youth who are pursuing an approved educational, training or</p>	<p>Through the Extended Service program, youth may be reimbursed for educational fees of up to \$10,000, based on an assessment of their commitment to the program.</p>

			<p>rehabilitative program in PEI or under special circumstances that require supports. Extended Service is available until the youth reaches age 21 or until there is no longer a need for service. The agreement is reviewed every 3 months with the child protection worker and annually with the supervisor and director of child protection. The young person may also terminate the agreement at any time and can reapply (even if they did not initially apply at age 18) anytime until the age of 21. Supports available include educational costs (ie. graduation costs, tuition, books, fees); assistance with school applications; housing support; financial living support based on the current Child Care Reimbursement monthly rates for youth aged 17; and health coverage.</p>	
Quebec	18	18	<p>Quebec is the only province in Canada where financial support for children in care ends when they reach age 18. However, the Youth Protection Act states that when a child is entrusted to an alternative living environment (a foster family or an institution operating a rehabilitation centre or a hospital), the placement may continue once the child reaches the age of 18 if the person consents. One program exists to assist certain youth leaving care (within the coverage of the CISSS de l'Outaouais) who are identified as having a 'poorer' prognosis. Youth must be referred by a case worker and must willingly commit to the program for a 3-year period. The program is designed to develop support and assistance networks to prepare and mentor youth in</p>	<p>A new program was launched in 2015 called the CLÉ Project, which aims to provide financial and emotional support for former youth in care who are pursuing postsecondary education. The program provides scholarships of \$416/month (\$5,000/year) as well as the support of a mentor.</p>

			their transition to independent living; and is delivered through individual support and group activities by a team of professionals.	
Saskatchewan	18	21	Protective services are provided for children and youth up to age 18. The Ministry of Social Services may enter into agreement to extend child in care services to a ward who is between ages 18-21 and is either pursuing education (high school, university, trades or vocational courses) or requires assistance in obtaining employment; or requires assistance due to a disability. The services provided include all benefits available to a child in care.	Bursaries may be available for former youth in care offered from universities based in Saskatchewan.
Yukon	19	24	Child protective services are available until the age of 19. A youth who is leaving care may make a written agreement with family and children's services for the purpose of providing transitional support services to assist the youth in moving to independent living. Transitional services may include counselling, independent living skills training, and educational training supports. The agreement may be renewed but no agreement can extend beyond the youth's 24 th birthday.	

*Maximum age for extension of general financial supports or supports that the youth was receiving prior to reaching the age of majority; does not include additional programs such as educational bursaries and health coverage.