



## **Youth to Adulthood Transitions**

### **Key Points from a Rapid Review of Selected Research and Policy Literature**

by

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for

**Calgary and Area RCSD**

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## Acknowledgements

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## Executive Summary

Successful youth transitions to adulthood (YTA) has become an increasingly important issue for youth-serving organizations (including educational, social, justice and health service organizations) over the past two or three decades. The Calgary and Area RCSD has initiated a comprehensive plan to address Transitions across the Lifespan, including work focused on the youth to adulthood period, roughly defined as youth aged 16 to 24 years of age.

The Youth to Adulthood component of this work involved a comprehensive examination of services and supports in Calgary and Area and a service intervention in three phases. Its purpose is:

***To identify opportunities in and across multiple initiatives (programs/services) to improve system (i.e. cross-program/sector) effectiveness of processes aimed at assisting youth with transitions to adulthood, with special emphasis on inclusion and identification of opportunities for alignment across existing initiatives.***

The first phase (scoping project) included a rapid review of the selected scientific and grey literature. The second phase includes interviews with key YTA programs or initiatives, and the third phase plans for implementation of a YTA systems/service connector (scope and role yet to be determined). This document reports on the findings of phase one, the literature review.

### ***The Review Process***

- Rapid review methods were used to locate, procure and review approximately 134 peer-reviewed articles from five scientific disciplines and approximately 58 grey-literature documents on related policy and practice from the internet for the years 2007 through 2017 on the topic of youth to adult transitions (YTA) generally, and in the three transition topic areas. In a few cases specific topic searches were also done, based on poor yield of content in the initial search.
- The three specific transition topic areas are:
  - **Education/Work/Vocation**
  - **Housing/Income/Community Integration**
  - **Health.** Within health, the subtopic **mental health and addictions** was reviewed separately.
- There is little content in common across these areas; the sections in the report can be treated as virtually stand-alone reviews.
- Key messages from the grey literature (including policy documents, news articles and a small number of practice-related resources) are integrated into each topic area.
- It is acknowledged that all youth have transition needs in these three main areas of transition (and others); and that youth with disabilities frequently have co-occurring conditions and vulnerabilities that do not cleanly fit with categories selected or assigned for research purposes. Youth with disabilities also have strengths and resiliencies that are frequently not acknowledged in a science traditionally grounded in a deficit paradigm, although this is changing. The voices of youth with disabilities are increasingly incorporated into research, including in papers reviewed herein, and in a few instances, youth are central partners in the research or evaluation process.

## **Key Findings**

- YTA is a massive topic with an overarching literature centred in developmental psychology and the sociology of youth but spanning many fields, as well as an array of specialized sub-literatures on specific topics that have little apparent overlap with each other.
- The predominant theory relevant to YTA is '**emerging adulthood**' as articulated by Jeffrey Arnett beginning around 2000. This theory posits that a new developmental stage, roughly ages 18 to 24 years, is evident in recent generations. There are, however, several major criticisms of this theory, both in its scientific foundations and its applicability to particular groups of youth.
- That youth with disabilities and other vulnerabilities have additional challenges with transitions to adulthood is well supported by empirical studies across these sets of articles.
- Many implications/recommendations were found for policy and practice as well as some useful conceptual and methodologic tools for the next phase of the project.
- Many practice tools and models have been developed. Health, in particular, has developed many systematic programmatic approaches including systematic approaches to measurement of need (e.g. transition readiness tools), process and outcomes. Many of these resources are not applicable to other types of transitions, but the concepts may be useful.
- Some key findings that spanned the sub-topic areas include:
  - Youth experience transitions in a larger sociopolitical context that has changed dramatically in the past 20 or so years and which has exacerbated socioeconomic disparities.
  - Successful transition interventions for youth with disabilities or otherwise vulnerable youth should attend to broad domains of transition that go beyond the focused interests of providers and specific sectors using a development-oriented approach that is aimed at maximizing community engagement/inclusions in multiple domains of adult life.
  - Relationships, and in particular relationships with parents/families, require careful and central attention; while balancing youth self-determination.
  - A youth's own needs, strengths and aspirations should be central to transition planning in a client-centred, trauma-informed, empowerment-enhancing approach.
  - Transition planning that starts early and provides opportunities for graduated practical experiences with new roles and settings.
- There was an enormous depth of discussion and insight in the articles reviewed, that was not possible to capture, given the parameters of the review. Only the highest-level learnings are provided here as guiding concepts for the planned YTA project to be undertaken by Calgary and Area RCSD. However, a set of high quality and most recent resources are now at hand that can be revisited throughout the course of the work such that the benefits to the project of that depth and richness of relevant scholarship, policy and practice are maximized. Specifically, it is recommended that key recommendations for practice and policy can be systematically mapped across the highest quality materials from each transition area to inform the development of the YTA connector position and the design of the developmental evaluation that will accompany the implementation of the position.

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# 1. Introduction and Background

Successful youth transitions to adulthood (YTA) has become an increasingly important issue for youth-serving organizations (including educational, social, justice and health service organizations) over the past two or three decades. The Calgary and Area RCSD has initiated a comprehensive plan to address Transitions across the Lifespan, including work focused on the youth to adulthood period, roughly defined as youth aged 16 to 24 years of age.

The Youth to Adulthood component of this work involved a comprehensive examination of services and supports in Calgary and Area and a service intervention in three phases. Its purpose is:

***To identify opportunities in and across multiple initiatives (programs/services) to improve system (i.e. cross-program/sector) effectiveness of processes aimed at assisting youth with transitions to adulthood, with special emphasis on inclusion and identification of opportunities for alignment across existing initiatives.***

The first phase (scoping project) included a rapid review of the selected scientific literature, an environmental scan for key related policies (grey literature), primarily in Alberta and Canada, multiple consultations with the Working Group to conceptualize the work, an initial inventory of YTA-related initiatives in Calgary and area (including programs, organizations, and research), and an operationalized plan for Phase 2 (stakeholder interviews). The purpose of this document is to report on the process and findings of the rapid review of selected scientific and grey literature.

## 2. Review Methods

Broadly, a 'rapid review' approach (e.g., Lal 2014<sup>1</sup>), was used for this literature review. The rapid review approach is an adaptation of systematic literature review methods, which involves meticulous work on search terms, (often in consultation with a professional librarian), searches across multiple sources and databases over a broad time period, consensus selection of articles and concepts mapping, as well as validation of quantitative and qualitative content extracted from the materials. Rapid reviews will narrow or forgo steps to fit the more abbreviated time-line typical of policy and practice-based research questions. A rapid review typically uses a single research database on a relatively narrowly defined topic and for a very recent period of time, and often foregoes consensus selection and validation processes.

The subject matter for the current review was extremely broad (crossing many disciplines and sub-populations of youth). As such, the challenge of applying rapid review methods was not trivial. An initial search was done in Medline, and the abstracts were reviewed for content. A relevant term "emerging adults" was found in some initial output and the content was judged to be insufficient for all three transition topics. Therefore, the searches were re-run in education, psychology and sociology databases.

The grey literature searches were conducted in Google for roughly the period 2013 to present, using the three terms noted above and the addition 'youth to adulthood and transitions' (because an age group could not be specified separately). Sequential searches with terms added for specific geographic areas (Canada and provinces) and the special topic of literacy were also conducted.

Selection of relevant abstracts and then relevant papers based on abstracts was necessarily very stringent, and the time-frame for searches very narrow, to ensure that the volume of materials was not infeasible to review. Because of limited time, meticulous tracking and counting methods of the selection process and yields were not used. Primarily due to the breadth of the topic and subtopics, the effort to keep the set of materials for review to a volume reasonable for a rapid review was not entirely successful. The review of peer-reviewed literature is really a set of four reviews.

The searches (including repeat searches) of research databases from 2013 through 2017 across the fields of education (ERIC), sociology and social work (SocIndex), psychology (Psycinfo), and health (Medline) using combinations of the terms 'transitions', 'youth', 'adult care', 'services', 'adulthood', 'emerging adults', 'aging out of care', 'education', 'work', 'literacy' resulted in a final set of 109 articles for four topics as follows:

- Overarching/broader/cross-cutting: N = 22
- Education/Work/Vocation: N = 36
- Housing/Income Support/Community Integration: N = 25
- Health: N = 54 (including 19 for mental health and addictions)

The grey literature searches also yielded some additional peer-reviewed articles which were added to totals above. Seventy-one unique policy and practice documents and/or websites were also procured, including some from Working Group members. Eleven of the documents were from other countries, 29 from Canadian national organizations, 11 from other provinces and 20 from Alberta.

### 3. Description of the Literature Found

In terms of time frame, most of the peer-reviewed literature reviewed (because of our search parameters) dated from 2013 to 2017, however a small number of foundational and/or highly relevant documents were identified which dated to earlier years (2007 through 2012).

The set of articles and one key textbook that covered theory about emerging adulthood or subjects that cut across a range of transition types as well as general population youth, we characterized as 'overarching literature'. This set of materials was important to include to ensure the issues of YTA for youth with disabilities or otherwise vulnerable youth were understood in the broader societal context of YTA.

The initial papers for the **Education/Work/Vocation** subtopic (most from the ERIC database) were found to be problematic in coverage of some of the key content of interest so further searches were undertaken with more focused terms in Google Scholar, yielding 17 additional papers. In these papers, the groups of youth most referenced in terms of disability or vulnerability were youth with autism spectrum disorders, developmental disabilities or intellectual disabilities.

The searches related to YTA and **Housing/Income Support/Community Integration** topics yielded a rich literature of 25 papers mostly about youth aging out of foster care/child welfare, but papers on homeless youth, and youth with justice system involvement were also found in this set. Articles representing YTA issues for immigrant/refugee or Indigenous youth were desired, but none resulted from initial searches. More focused searches were done for recent review articles for these special populations which yielded only three more relevant articles.

The initial searches yielded hundreds of abstracts related to youth to adult **Health Services** transitions. Selecting relevant papers from such a large volume was not an easy task. There were dozens of articles specific to each of a long list of complex or chronic medical conditions; here weight was put on articles describing innovations which were broader than individual diseases and which included the voice of youth. Only the highest quality and most relevant recent articles were included for youth with mental health and addictions as we anticipate sharing reviews with a University of Calgary research project focused on this specialized topic. The total number of articles for health was 55.

The proliferation of related policies, programs and studies has been remarkable across all service areas for youth. The initial impressions of the state of science and practice in this area are that they are vast and not yet conceptually or operationally coherent, and relevant theory lacks integration. Some areas of research and practice are much more developed than others (e.g. youth to adult *health services* transitions), and programs for some groups of youth relative to others (e.g. youth with autistic spectrum disorders (ASD), youth with diabetes). High level learnings that may be generalizable across the sub-topics are summarized at the end of the document. However, they should not be considered comprehensive or definitive; that would require a more substantial and systematic analysis.

## **4. Findings**

### ***4.1 Youth to Adult Transitions: The Overarching Literature***

#### **The Evolution of Theories of Transitions to Adulthood**

The earliest theories of transition to adulthood emerged in the middle of the 20<sup>th</sup> century, with predominant theories put forth by Jean Piaget and Erik Erickson. These theories describe the functional or emotional tasks of development leading to adulthood, with corresponding chronological ages<sup>2</sup>. Issues of social class, inequality and deviant/resistant youth culture entered the related scholarly discourse in the 1960s and 70s. Since the 1980s, lines of investigation emerged focusing on observations about widespread trends in delayed/extended adulthood amongst Generations 'X' (born 1965 to 1976) and 'Y' (some overlap with 'Millennials' born 1977 to 2004). This trend was also called the 'new adulthood'.

The predominant observations of this phenomenon include a blurring of boundaries from adolescence to adulthood, a greater time spent in formal education rather than employment, later attainment of financial and housing independence (and, in particular, longer and greater dependence on parents), and later establishment of long-term relationships and parenthood. Associated phenomena (some contradictory) are noted to be gap years, education away from one's home country, extensive use of technology and social media, and global connections. A related concept that characterizes the psychology of the new adulthood is 'individualization', which involves holding one's options open, using networks, and working on one's self 'as a project' among other features. More negative characterizations of this 'new adulthood' in popular culture use language such as 'arrested development', 'stalled lives', 'failure to launch' and 'adulthood'.

This phenomenon of delayed achievement of traditional adult milestones has been attributed, in extensive writings, to the socioeconomic and sociopolitical context; wherein post-secondary education was considered essential to occupational success in a higher skilled, knowledge economy. Subsequent



global financial crises and recessions have exacerbated circumstances with the expected prosperity and high-skilled/paid jobs not materializing to the degree that would meet the supply of labor in the young adult age group and consequent youth unemployment and underemployment.

## Current Theory and Dissent

The predominant current theory relevant to YTA is one developed and promoted by Jeffrey Arnett (circa 2000) on '*emerging adulthood (EA)*'<sup>3</sup>. Other authors have noted that the EA moniker is unfortunate because it is used both more generally and specifically in relation to Arnett's theory – which has created much confusion in related discourse. Arnett's research findings and writings purport EA as a universal, consistent and identifiable stage of development (suggested to be about age 18 to 25 years), with five distinctive features: identity exploration; instability; self-focus; feeling in-between; and exploring possibilities. These features are described at great length by Arnett in numerous books and articles, including in relation to youth with disabilities, which will be discussed in a later section. The concepts have also been propagated in popular media.

More recently Arnett's theory has received harsh criticism (e.g. Cote 2014)<sup>4</sup>. The critiques are extensive and detailed but some of the central arguments are:

- It fails to recognize that extended transitions are often a result of social and economic conditions that constrain choice rather than a voluntary delaying of commitments;
- it fails to acknowledge substantial heterogeneity of paths and in particular differences between youth from affluent families and less advantaged youth;
- it promotes extended adolescence as a normal and even desired state; insinuating that prolonged transitions are healthy and functional; and,
- its empirical foundation is weak including a failure to meet scientific criteria used to define other developmental stages.

More generally, the traditional normative milestone approach (ages and stages) has also been criticized for its simplistic notions of extended adolescence as being either a normative good (having more education and taking longer to reach adulthood is unquestionably positive) or that it represents a failure of the individual or society. The call for more nuanced approaches was echoed in several papers in the review<sup>e.g.2,5</sup>; and articulated by Wyn (2014) who describes that the linear approach and normative ages and programs "*has the effect of creating non-confirming/at risk youth, as the targets of policy interventions aimed at creating conformity – but fail to acknowledge the conditions of marginalization and inequality and conceptualizing adulthood uncritically as a point of arrival*"<sup>2 p.8</sup>.

These authors have identified a need to understand how the nature and quality of connections with people, resources and places contribute to transitioning youths' "quality of life" including the situated, cultural and relational aspects of their lives in context of their institutional/community environments. More recently there is greater emphasis on a quality process aiming for '*productive connection to the world*' instead of the simple targets of adulthood milestones. In particular, educational institutions are urged to shift more quickly to a place of connections where programs are needs-based versus age-based, assisting youth in navigating transitions according to broader aspirations, which will better "*address the needs of those who are currently most disadvantaged within education (i.e. low SES, indigenous youth and rural youth)*"<sup>2 p.12</sup>.

## Empirical Findings Related to YTA

Theoretical issues of YTA are not yet remotely resolved empirically at least as indicated by the studies in this review. Even in this small group of studies, some report finding life course patterns consistent with Arnett's theory, and others' findings underscore enormous heterogeneity in timing, transition type and personal motivations in keeping with current criticisms<sup>e,8,6</sup>. Several analyses of large longitudinal studies that have described distinct YTA trajectories include studies of Norwegian<sup>7</sup> and Australian youth<sup>8</sup> as well as analyses of several US-based longitudinal studies (the Youth Development Study<sup>9,10</sup>, the National Longitudinal Survey of Youth, the National Longitudinal Study of Adolescent Health<sup>11-13</sup>, the National Survey of Child and Adolescent Well-being<sup>14</sup> and the directly relevant National Longitudinal Transitional Study-2<sup>15-18</sup>). A study that linked data from a transitions survey with child development and income data provided empirical support to the concerns expressed by several authors of the disparity between youth from affluent versus low income families in terms of the theory and features of emerging adulthood. The study found strong differential pathways wherein youth from low income homes not only have early adult responsibilities (e.g. caring for siblings and providing income to the family) but also lack the supports that would allow for attendance in higher education, identity development and related pursuits enjoyed by youth from higher income families<sup>12,19</sup>.

Some of these authors have found heterogeneity related to the socio political and public policy context of the country or jurisdiction, which supports the view that EA is a social construction rather than, or at least in addition to, a developmental stage<sup>5,7,20</sup>. These findings serve as a reminder for the planned Phase 3 intervention project of how important context is to the understanding YTA and to make sure that characteristics of context are measured in addition to characteristics of youth or families.

In terms of the perspectives of transitioning youth themselves, nearly all studies found that included the youth voice were for very specific groups of youth and specific transitions. One exception was Rome et al. (2015), who conducted a participatory action research study with youth related to education to work transitions as well as social and health services transitions using a rights-based framework<sup>21</sup>. Key themes identified by youth were a) the need for adequate information about the transition process and the opportunities to 'try' new roles before final decisions; the chance to have a say in the process, flexibility of timing of the process and need for attention to the emotional aspects of transition.

## Key Messages from the Grey Literature on the Broad Topic of YTA Transitions

The majority of documents that were found that provide high-level discussion of, and recommendations for, policy and practice related to YTA are specific to more narrow groups of youth and for specific types of transitions. However, a few noteworthy documents that were broad in scope were found. At the international level, one key policy is the UN Convention on the Rights of Persons with Disabilities (specifically Article 7 on Children with Disabilities).<sup>22</sup> Although this policy is not about youth to adulthood transitions per se, it does represent an over-arching rights-based guide for any program or organization that serves youth with disabilities and/or socially vulnerable youth. The policy states that:

- *Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.*
- *In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.*
- *Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance*

*with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.*

A few other documents were also found that took a high-level cross-cutting perspective on youth to adulthood transitions specifically. The first was published by The MacArthur Foundation Program on Human and Community Development Network on Transitions to Adulthood<sup>23</sup>. The document describes research and analysis work completed in 2009, so is a bit dated. It concluded that the economy has influenced the changes in youth transitions, but perhaps less directly than previously thought. It notes that the greatest shifts have been cultural and familial, including expectations for post-secondary education. It acknowledges the social disparities that have been exacerbated by these trends. Policy suggestions include focusing on vulnerable youth, enhancing pathways from school to work (including a greater role for community colleges, redesigning programs for vulnerable youth), a greater awareness of developmental issues in juvenile justice services, raising the age for foster care support (which has happened in many jurisdictions at least in part), collaboration across services for special education youth and greater coordination of the patchwork of services for youth with mental health issues.

The second was a special issue of the **'Future of Children'** policy series from Princeton University and the Brookings Institution<sup>24</sup>. The authors stress that *"Policy makers must begin to rethink and renovate the social institutions that were suited to a world where adulthood began at eighteen or twenty-one."* Key points summarized from the articles include a recognition of the growing class disparities on attainment of adult milestones, and the consequent strain on youth families and institutions. Notable needs are for enhanced student services and financial aid in education settings and for immigrant youth. The challenges in achieving financial independence are identified to be particularly problematic among young men. Institutions like the military have been seen to be beneficial in providing participation in career-oriented systems. The value of greater civic and political engagement for youth is stressed. Special challenges are noted for vulnerable and at-risk youth (including those with foster care and justice-system involvement; those with special educational, mental or physical health needs; and runaway or homeless youth). In addition to better coordination overall, approaches for these youths include supports for access to and persistence in higher education; effective new programs for preparation of youth for adulthood and the creation of systems to support vulnerable youth in their transition. No broad policy document comparable to these was found from any Canadian institution with a national scope.

One practice guideline that was broader in the sense of encompassing health and social *service* transitions is that from the UK National Institute for Health and Care Excellence<sup>25,26</sup>. Principles for practice from this guideline are: youth involvement, developmental appropriateness, strengths-based, person-centred, and address all relevant transition domains. It also includes recommendations for collaborative mechanisms, leadership, accountability and the role of the family. These guidelines emphasize that a key challenge is *"maximizing opportunities for young people who have become disengaged or who are not eligible for adult services to access care and support"*.<sup>25 p.24</sup>

In the subsequent sections, the selected literature for YTA transitions specific to education/work/vocation; housing, income and community integration; and health will be reviewed with key policy/practice literature woven in where relevant.

## **4.2 Youth to Adulthood Transitions: Education/Work/Vocation**

Among the transitions, those related to attaining meaningful work may arguably be the most salient. This is because work is so closely associated with personal worth in our society, and also because having paid work enables the achievement of other milestones of adulthood including establishing a residence and achieving financial autonomy. When asked, youth place a strong value on work.

Several high-level themes were identified from the literature on YTA transitions related to transitions from secondary to post-secondary education, from education (both levels) to work/vocation for youth with disabilities or vulnerabilities, as follows:

### **The Evidence for Disparity in Education and Work Transitions**

In terms of educational transitions, Azmitia et al. (2013) document the additional difficulties that minority students have in finding a social niche in post-secondary school which is predictive of adjustment and achievement<sup>27</sup>. Poorer work/vocational outcomes for youth from low income households, apart from disability, is well documented<sup>28</sup>. Many studies of YTA in the realm of education and work are focused on college-bound students. Longitudinal trajectory studies suggest that generalizations to non-college bound youth are not appropriate<sup>10</sup>. Non-college bound youth have greater challenges in attaining full-time work, exacerbated by the timing of the loss of the structure of secondary education at graduation<sup>29</sup>, and potentially by fewer transition-support programs or more haphazard access to support programs. Strategies to strengthen job and identity exploration opportunities for youth who are not going to college are recommended<sup>29</sup>. Wolgemuth et al. (2016) identify a lack of community-based supports for transition-aged youth relative to school-based approaches<sup>30</sup>.

Among those with disabilities or vulnerabilities, the evidence that the playing field is not level for access to the work force is long established.<sup>8,17,18</sup> For example, Breimo and colleagues (2016) documented institutional practices in a study in Norway that showed that youth with intellectual disabilities were directed away from employment and toward social benefits significantly more often than youth aging out of care, despite similar aspirations for work.<sup>31</sup> Another study identified greater barriers in multiple domains (support, relationships, services, systems and policies) in transitioning from school to adult roles for youth with Down syndrome compared to youth with Rett syndrome<sup>32</sup>. Even within one type of disability, inequalities exist. Sung et al. (2015), and Carter et al. (2012), identified further disadvantage in both the effective elements and the outcomes of a vocational program for girls with severe disabilities including ASD relative to boys.<sup>16, 33, 34</sup>

Disadvantage extends beyond mere attainment of work; as those with disabilities also have greater risk of employment instability and evolution to lower level positions. These disadvantages persist after adjustment for social background and contextual factors.<sup>8</sup> Comorbidities in these youths are additionally limiting. A survey of 648 education and community professionals assisting youth with disabilities from 49 U.S. states indicated that nearly half of the students with disabilities had concurrent mental health concerns which were not being addressed in their individualized learning plans<sup>35</sup>. Wei (2015) described trajectories of disengagement in relation to work aspirations in autism spectrum disorders.<sup>29</sup> For 57%, their trajectory focused on post-secondary education, and for 13% their trajectory focused on employment. The trajectory for the remaining 30% was disengagement from either. Youth from each group had different struggles and needs, reinforcing the importance of individualized approaches.

While low literacy is not a disability per se, there is increasing concern about its impact on youth to adulthood transitions. This issue seems to be partially hidden in the peer-reviewed literature, in that our use of combinations of search terms 'literacy' and 'transitions' did not yield many relevant articles. However, in a very recent textbook chapter, Cieslik and Simpson (2017) describe the increasing concerns with low literacy in the UK context and its impact on the identities and life course of young people.<sup>36</sup> They cite UK and OECD statistics to support this concern, for example that up to 20% of youth in England leave school with serious literacy and numeracy problems, and that the percentage is even higher for geographic areas with multiple disadvantage. Relevant statistics for the Canadian context will be provided in the policy section.

From an early peer-reviewed article providing an overview of literacy in Canada, it was found that literacy has been measured at the population level across countries by the OECD since the mid-1990s (Jamieson, 2006).<sup>37</sup> At that time an alarming estimated 42% of Canadian adults were below a skill level necessary for high school completion. The author underscored the importance of an early life foundation for literacy and quoted statistics for Ontario and Manitoba from that period indicating that 20% of children had delayed vocabulary development, and more than 33 to 40% of grade three students were not meeting literacy related standards. Further evidence was presented indicating that skills developed in school can also decline later if they are not used. The costs of low literacy for individuals and society is high. In the article, Jamieson presents evidence for the importance and effectiveness of prevention and early intervention in the preschool and early school years but does not discuss interventions targeted to transition-aged youth.

Research on literacy in youth and young adults is a sparse and limited relative to early child literacy or adult literacy and application of findings is even more limited, but one recent high-quality paper by Canadian authors was found specific to youth and relevant to youth transitions.<sup>38</sup> The authors note that current research is dominated by description/quantification rather than in-depth understanding and the youth voice in this area is virtually absent. Literacy is now considered a "complex grouping of skills". The OECD originally operationalized literacy as the ability to understand and use a range of document types (prose and charts) as well as arithmetic operations. Some have expanded that to include coding of culturally relevant symbolic information and the skills necessary to succeed in employment. Others have argued for moving beyond functional definitions to definitions that emphasize the role of literacy in quality of life by including such things as creativity and critical thinking; noted to be especially important for engaging youth. They provide a classification scheme for barriers to youth literacy at multiple levels identified in interviews with youth and service providers. Some pertinent points made by these authors include the following:

*"It is not enough to know literacy scores are low; we must understand how and why this is so and what is happening to the young people who struggle to become literate".<sup>38, p.80</sup>*

*"Literacy remains elusive for too many young people at precisely the time of societal insistence of its growing importance".<sup>38, p.94</sup>*

*"...tangle of barriers faced by those who have been failed by public education and left to acquire literacy skills through a fragmented system of disconnected social programs"<sup>38, p.94</sup>.*

## **The Benefits of Work for Young Adults with Disabilities and Vulnerabilities**

Work was noted by several authors to contribute to healthy self-esteem, a sense of purpose and social connections for youth with disabilities.<sup>8,35</sup> In addition, lack of meaningful employment for youth with or without disabilities represents a loss of human potential for community and society.<sup>30</sup>

## **Predictors of Successful Transitions to Post-Secondary Education**

For all youth, there is increasing evidence that social and emotional support, and having a sense of belonging are key to healthy adjustment to post-secondary school.<sup>e.g.27</sup> Social support from friends/peers seems to be particularly important. While college aspirations have been shown to be protective for delinquency and substance use, it has also been shown, in longitudinal research, that the risk of deviant coping is elevated for youth who have unrealistically high expectations of a college education in the transition to adulthood.<sup>11</sup> For youth with learning or emotional-behavioral disabilities, inclusive placement in High School is causally associated with postsecondary outcomes.<sup>39</sup> Stodden and colleagues (2015) offer recommendations for secondary school curriculum reform and functional training that can improve these educational and vocational transitions for youth with disabilities.<sup>40</sup>

## **Predictors of Successful Transitions to Work**

Among youth with disabilities, several predictors of successful transitions to work have been identified. In a study of youth with autism spectrum disorders, transition services planning that started at age 14 years was more successful in terms of attainment of paid employment and higher wages than planning that began at age 16.<sup>39</sup> Parent expectations have consistently been shown to have a strong effect on transition to work outcomes for youth with disabilities.<sup>15,16</sup> In a large longitudinal study of predictors of postschool employment outcomes for youth with severe disabilities the following variables were associated with attainment of meaningful employment: having a paid job in the community while still in High School; being male; being more independent in self-care; and parent expectations.<sup>16</sup> Actual hands-on work experience was a stronger predictor than vocational preparation activities alone. A systematic review of 10 studies of employment support in youth with autism spectrum disorder showed supported employment including community placement as well as media/technology tools were considered effective in generating positive outcomes.<sup>41</sup> Job coaching was considered an emerging promising practice. These authors offered many specific suggestions for practice but also cautioned that outcomes varied by severity of disability.

In analyses based on the directly relevant Longitudinal Transition Study-2,<sup>17,18,40</sup> several authors report on the combination of best practices that significantly predicted employment, post-secondary education, and enjoyment of life outcomes after adjusting for confounding factors for youth with disabilities and intellectual disabilities respectively.<sup>17,18,40</sup> They are:

- Youth involvement in transition planning
- Family involvement in transition planning
- Individualized planning
- Vocational instruction and work experience
- Instruction and experiences for independent living (life skills and community-based instruction)
- General education participation and age-appropriate inclusion with peers without disabilities
- Interagency involvement and collaboration including with adult agencies

However, a systematic review of best practices, specific to employment outcomes among youth with autism spectrum disorders, exiting public schools by Westbrook et al. published in 2015, concluded that there are, as yet, no definitive interventions that can predictably lead to employment for transitioning youth with autism spectrum disorders. This was an unexpected finding given the volume of literature on transition approaches for these youths.<sup>42</sup>

Two additional themes related to education/vocation and work transitions were particularly poignant in this set of literature. While it is encouraging that options for educational and vocational participation are increasingly available<sup>43</sup> there is also a concern expressed by several authors that a narrow or simple focus on school/work attainment may be a disservice to youth with disabilities. For example, Biggs and Carter (2016) underscores the breadth of domains that contribute to high quality of life among transitioning youth, and note that work and education, while important, do not reflect the breadth of domains of quality of life for these youth<sup>44</sup>. As such, options for educational and vocational participation need to be conceptualized more broadly as a bridge to life after school in a range of forms in keeping with the students' aspirations.<sup>17,18,40,44,45</sup>

A second important theme relates to the role of parents/family. While parent/family support and expectations are critical to successful transitions, involvement of family is an indisputable best practice, and the perspectives of youth and family are often aligned, there were some areas of disagreement and even conflict found in studies that indicates the need for careful balancing if youth self-determination is a strong principle of the work. For example, Lalayants (2015) examined differential perceptions of transition-aged youth and their caregivers on the priority needs for achievement of self-sufficiency.<sup>46</sup> Pilnick et al. (2011) discuss strategies for balancing the views of parents and youth with intellectual disabilities where they conflict, in light of the context and meaning of self-determination.<sup>47</sup>

One very high quality and broad-scope review of transitions to adulthood for youth with life-long disabilities was found, published by Stewart and colleagues (2013)<sup>48</sup>. While this content fit best with the education/work/vocation transition topic, this group of researchers is unique in having examined the transition process across the domains of in the domains of socialization, education, employment and independent living for youth with disabilities. It observes the siloed nature of the work on service interventions (i.e. for specific populations and service systems) and calls for broader-scope research. Three themes were drawn from literature reviews published since 2001 relevant to transitions for youth with chronic, lifelong disabilities. They are:

1. *A person's condition is only one factor that may influence any developmental transition* (the environment/context is also important).
2. *Developmental transitions are complex*. Relationships, peers and parental expectations are all important. Participation in adult activities, community engagement, citizenship, relationships and quality of life are all interactive and dynamic.
3. *Increased Focus on a Positive Developmental Approach* – the new concept of capacity building- (strengths and assets youths have) may also include personal elements of coping, self-determination, motivation, problem solving, decision-making, resilience and knowledge about their disabilities. These characteristics are noted to be as or even more important than the traditional 'life skills' that services often stress. There is also a recent focus on parents' capacity to advocate and be champions for youth, to facilitate participation, and the ability to let go and enable the youth to learn from experience.

Recommendations for programs from the review are:

- Looking beyond a person's condition alone, to address the needs of youth in the context of their daily environments
- Focusing attention on the interactions among environmental factors and personal factors
- Providing youth with opportunities for experiences in everyday activities (in particular, social activities) that can influence future adult roles
- Identifying outcomes that are meaningful to all youth with disabilities and their families, such as participation, citizenship, and community engagement
- Building the capacity of youth to participate in daily life experiences throughout their life course, and at the same time building the capacities of everyone in the youths' environments to provide opportunities and supports towards full inclusion

### **Key Messages from the Grey Literature on Education/Work/Vocation-related Transitions**

Very few documents from the grey literature relevant to education/work/vocation YTA were found from other countries. One very recent one, published in June 2017 from the US Department of Education provides relevant content.<sup>49</sup> It discusses the American Individuals with Disabilities Education Act (IDEA) that requires that transition planning begin by age 16 years, that a plan must be included in a student's individual education plan and that a team develop the plan in consultation with the student and parents. The team must consider options for postsecondary education, vocational training, employment (including supported employment if needed), adult services, independent living and community participation in the plan, based on the student's needs, preferences and interests. All activities must be coordinated, with a focus on results, addressing the child's academic and functional achievement. Overall the activities must "smooth the young person's movement into the post-school world".

Another American document from the National Center for Education Statistics called America's Youth: Transitions to Adulthood was also found that, unfortunately is a dense, technical report with statistics but very little by way of comparisons or interpretation.<sup>50</sup>

At the national level in Canada, there were several resources related to youth employment described, including for youth with disabilities or vulnerabilities in this domain, but not as much deep policy analysis until recently. Canada's unemployment rates for youth (averaging 14% since 1976 with a high of 21% in 1982 and a low of 10.3% in 2017) have not been as much of a concern (e.g. compared to 2018 rates for Spain (36%) or Italy (31%); however, some countries such as the Netherlands, Germany and Japan are much lower (7.4%, 6.6% and 3.3% respectively).<sup>51</sup>

The government of Canada's Youth Employment Strategy aims to assist youth aged 15 to 30 years in making successful transitions to workplace via three programs: Summer Work Experience (wage subsidies for employers for summer employment for secondary and post-secondary students); Skills Link (helping youth with employment barriers - such as single parents, youth with disabilities, Indigenous youth, young newcomers and youth in rural and remote areas - via employability skills and experience to find a job or return to school; and, Career Focus (which helps post-secondary graduates transition to labour market through paid internships and information)<sup>52</sup>. These program investments are more than 330M annually, and the 2017 federal budget provided additional increases over three years.

Recent special program announcements have included the re-launch of the 'Katimavik' program targeting Indigenous youth who didn't finish High School or attend post-secondary education and have not yet



connected with the workforce<sup>52</sup> and a further focus of the Skills Link program in a partnership with the Native Council of Nova Scotia on Indigenous youth.<sup>53</sup>

Very recently the federal government published a more in-depth analysis and set of recommendations on the new world of work and the role of young people: ***“13 Ways to Modernize Youth Employment in Canada: Strategies for a New World of Work. Report from the Expert Panel on Youth Employment”***.<sup>54</sup> The authors write: *“Today, as younger Canadians finish school, begin to work, look for homes and start families, they are “squeezed” by stagnant incomes, high costs, less time and mounting debts. They are more likely to be stuck in temporary or “precarious” jobs than in the past – translating into a delay in their ability to fully participate in society...”*.<sup>55, p.6</sup> The report discusses six key barriers and makes six recommendations: Invest in the most vulnerable; Streamline and simplify programming; Walk the talk; Engage employers; Modernize supports; and, Measure and refine. While many of the approaches may not readily translate to local initiatives; this document provides important analysis of the issues and context for work-force related transitions for youth.

A policy document from a national non-government organization (the Canadian Association for Community Living) outlines the concept of ‘employment first’ for youth with intellectual disabilities.<sup>56</sup> Employment First is described as being about raising expectations of all of families, youth themselves, service providers, government/policy makers, schools and employers. It emphasizes the importance of communities that believe in the value of the contributions of people with disabilities; notes that inclusion in schools results in better education for all, and that inclusion in the workplace makes good business sense. The report goes on to express that work is about social value, and identity and a strong commitment to the principles, policy and practice of employment integration. The document lists the factors for all players that support success. Sheltered services are not favored; rather supported employment (involving placement and job coaching) is best practice. Also included are resources, tips and tools to create conditions favorable to youth making positive transitions not only school to work but also other domains of full adult participation including post-secondary education, housing, disability-related supports, financial independence, relationships and sexuality. The document is more of a community development resource than transition planning for specific youth.

Policy-related materials from other provinces were few for this area. The Government of Manitoba has web-based information on Transition to Adulthood for Manitoban’s with disabilities indicating that planning should begin when the student enters high school and references a Parent Guide and an inter-departmental protocol dating back to 2008<sup>57</sup>. In Ontario, Toronto and East Region developed ***Connections: A guide to transition planning for parents of children with a developmental disability***. This resource takes a positive, strengths-based orientation, discusses entitlements but acknowledges that there are fewer resources for youth beyond secondary school.<sup>58</sup>

Similar, instructional resources for students and parents were found on Alberta government websites. Alberta Education and Alberta Advanced Education and Technology have posted information on transitions for students with disabilities which includes a Planning Guide for Students<sup>59</sup> and resources for parents to help their youth with education and work-related transitions.<sup>60</sup>

A focused search for policy content related to the issue of literacy was also conducted on the recommendation of the Working Group and relevant documents were also provided. Quick searches for international and national documents on *youth literacy policy specifically* mostly yield descriptive statistics rather than comprehensive analyses or policy, and after only a few hits the yields broaden to early child literacy or adult literacy.

With respect to early literacy, Anne E. Casey advocacy foundation reports published in 2010 and 2013 on current literature and recommendations for policy and practice focused on the importance of third-grade reading achievement as a predictor of lifetime success and poverty avoidance are notable.<sup>61</sup> The reports summarize the body of literature related to the association of lack of attainment of basic literacy skills with socioeconomic disadvantage and long-term outcomes. They recommended a range of interventions for early childhood, and have stimulated discourse and catalyzed efforts aimed at and up to grade three.

In Canada, this focus on early childhood is reflected in a recent report (2014) from CIHI titled *“Children Vulnerable in Areas of Early Development: A Determinant of Child Health”*.<sup>62</sup> The document reports on early childhood vulnerability and readiness for school using the Early Development Instrument (EDI), an instrument in which kindergarten teachers rate their students in 5 areas of development. Nationally 1 in 4 children was reported to be vulnerable in at least one area of development. Among those with at least one vulnerability – the most frequent area of vulnerability was communication skills and general knowledge (44.2%) and language and cognitive development was 30% - both areas strongly relevant to literacy skill attainment. The statistics were based on data from seven provinces and one territory, *not including* Alberta. The report also provided examples of early interventions happening in Canada, again there was no mention of Alberta-based initiatives.

Statistics Canada published a series of focused analyses of data relevant to literacy in 2016 and 2017 including one with more direct relevance to transition-aged youth.<sup>63,64,65</sup> The first, by Heisz et al. (2016) outlined the association between household income and skill proficiency among Canadians aged 16 to 65 based on data from a longitudinal international survey conducted in 2012.<sup>63</sup> Strong associations were reported between low literacy, low income, and low skill proficiency. In the second article, the relationships among literacy and labor market participation and type of occupation were examined for off-reserve First Nations and Metis peoples.<sup>64</sup> One interesting finding was that while literacy and employment levels were lower for these Indigenous groups broadly, among those who had high skills and were employed, Indigenous workers were just as likely to work in managerial or professional occupations as their non-Indigenous counterparts. This suggests that literacy and employment may be strong mitigators of systemic discrimination, reinforcing their importance for vulnerable youth. In the third article, multiple national datasets were used to examine labour market outcomes for adults aged 25 to 34 with respect to their high school diploma status; 8.5% of men and 5.4% of women had less than a high school diploma in 2016.<sup>65</sup> Correlates of lack of a diploma included lone parenthood, presence of a disability, and various indices of lower labour force participation.

Non-government national organizations have also advocated for a stronger policy response to literacy as well. The Canadian Union of Public Employees, National level, conducted a comprehensive environmental scan of adult literacy initiatives in Canada in 2017 and in a report just published in March 2018, they outlined stakeholders’ desires for a more strategic approach, awareness raising, more resources and called for a national conversation on the topic.<sup>66</sup> Frontier College, a national literacy volunteer and advocacy organization has also actively led related policy forums, and formal submissions including a pre-budget briefing to the Minister of Finance for Budget 2018.<sup>67,68,69</sup> Their work emphasizes the social returns on investment of literacy interventions and their connection to poverty reduction strategies. While these documents are well developed in terms of the issue overall, they mostly address the topic in relation to the major categories of early childhood and adult literacy and not so much youth literacy and transitions to adulthood specifically.

Conversely the '13 ways' report on youth employment document discussed earlier in this section is silent on the issue of basic skills literacy (it only mentions financial literacy). These observations suggest that both the peer-reviewed and policy literatures are under-developed with respect to the specific joint topic of literacy and youth transitions. However, once again, it must be cautioned that these findings are based on a non-comprehensive 'rapid review' approach.

Relevant policy documents were also found at the provincial level for Alberta, though they are slightly more dated. First, a report on the Early Development Instrument findings for the province from 2008/9, published in 2011 by the Early Child Development Mapping Project Alberta (from the Community-University Partnership of the Faculty of Extension, University of Alberta) offers comparable statistics on early vulnerability to those reported by CIHI outlined above.<sup>70</sup> Key findings include that one-fifth of nearly 8000 preschoolers had a non-English/French first language, and that proportionately more children in Alberta fell below the 10<sup>th</sup> percentile in one of the domains critical to achieving literacy success (communication skills and general knowledge) compared to their Canadian counterparts. Once again, this is a literacy-related document that has content that has *implications for youth literacy*, but are not directly on the topic of youth literacy.

Finally, a document describing a policy framework for Alberta (dated 2009) outlines concepts of and approaches to improving literacy in the province. The document notes that *"40% of Albertans aged 16 and older struggle with their ability to understand and use information from texts including news stories and instruction manuals"*<sup>71, p.1</sup> and emphasizes the need for a coordinated framework across all stakeholders and age groups. The importance of literacy is outlined along with the roles of a broad group of partners from schools to employers to government as well as individual citizens. It lists priority actions for the years 2009 to 2013. Conceptually there is a recognition that action is needed across the lifespan, and some examples of actions that could be taken for youth (though a definition of youth is not provided) and for working age adults, some of which have relevance for the transition age span of interest to our Calgary and Area RCSD project. For example, the Advancing Futures Bursary Program is mentioned for youth-in-care and there is also a nod to the importance of connecting learning and work (career development information and assistance).

A quick scan of the current Alberta government website reveals that numeracy is increasing in emphasis alongside literacy. In terms of policy initiatives, in 2017 additional funding was provided for literacy summer camps for Indigenous students, and Budget 2016 also included new funding for adult literacy through the Community Adult Learning program.<sup>72,73</sup>

This section presented information about literacy identified through quick scans of peer-reviewed and grey literatures in keeping with the 'rapid review' intent of this review. Much more intensive and focused searches on what is known about literacy and effective interventions for transition-aged youth would be needed to provide more definitive direction on this important topic.

### **4.3 Youth to Adulthood Transitions: Income/Housing/Community Integration**

Transitions related to basic needs including income, housing/independent residence and acceptance/participation in one's community are discussed most often in the literature in relation to socially vulnerable youth aging out of child welfare involvement as well youth with other social vulnerabilities including family disconnection/dysfunction and homelessness risk, poverty, justice system involvement, and indigenous and immigrant/refugee youth (for whom trauma histories are prevalent). Several high-level themes were identified from the literature on YTA transitions related to establishing 'home', meeting basic needs and achieving a sense of community belonging and connectedness.

The theory of emerging adulthood and the five features as they apply to youth aging out of care was discussed by Arnett in a foundational article going back to 2007.<sup>74</sup> For each of the features youth aging out of care were evaluated to be at greater risk or greater disadvantage in transitioning to adulthood than their peers that had not been in care. The author notes, however, that empirical research has not answered many of the questions related to emerging adulthood for these youths. The author notes that *"Although the challenges facing emerging adults aging out of care are substantial, it is important to think of their emerging adult years in terms of not only their vulnerabilities but their potential strengths"* and challenges policymakers to *"think of creative ways to assist young people aging out of care in realizing emerging adulthood as the age of possibilities"*.<sup>74, p160</sup>

In the decade since this paper was published, both the scientific and policy/practice literature has grown substantially and there have been advances in policies to provide more effective support to youth aging out of care with successful transitions to adulthood. Here, related findings from selected literature (both peer-reviewed and grey literature including policy documents) from the past five years will be presented for youth aging out of care (including those with disabilities, trauma and justice system involvement) and other socially vulnerable youth (those with housing-related vulnerabilities and those with justice-system involvement without prior child welfare involvement).

#### **The Paradox of Youth Transitions to Adulthood for Youth Aging Out of Care**

A consistent message from the literature on aging out of care is the paradox that traditionally these youths have been expected to transition to adulthood very quickly, despite coming to the task with greater trauma and instability from early childhood.<sup>75</sup> *"It is a curious reality that society's most vulnerable youth, those who have suffered abuse or neglect and have never known consistent, permanent, nurturing adult relationships, are asked to be self-sufficient at a time when other youth are still receiving parental support in college or are experimenting with their first job from within the safe confines of a family."*<sup>75, p.42</sup> Singer and Berzin (2015) report evidence for this phenomenon from a large US survey of over 13,000 youth. In their study, youth with foster care histories had an accelerated path to adulthood (defined as no longer attending school and receiving few supports necessitating independence)<sup>12</sup>. This observation is also relevant for youth who have not had child welfare involvement yet have also endured early adversity or general socioeconomic disadvantage. Fowler et al. (2017) underscore that the expectation that skills training aimed at speeding up development toward independence is not in keeping with a developmentally informed approach.<sup>14</sup>

## **Elevated Risk for Poor Outcomes**

That youth aging out of care have elevated risk for poor outcomes is long established.<sup>75,76</sup> Several authors from selected papers provided more details on the types of risk for transition-aged-youth.<sup>77,78</sup> Berridge (2017) reports on a systematic review of the literature which documented the gap in educational attainment between youth in care and their peers without a care history.<sup>77</sup> Havlicek and colleagues (2011) report that youth transitioning out of care have both personal disruptions and disruptions of place, that elevate their overall risk of poor outcomes.<sup>79</sup> In a review of the role of social support for youth aging out of care, Jones et al. (2014) underscore the adversity created by turbulent relationships and shaky social support.<sup>80</sup>

As for youth with other vulnerabilities, there is no one pattern of risk. Rebbe et al. (2017) examined the role of adverse childhood events in youth aging out of care.<sup>76</sup> Three subgroups of youth with differences in type of early childhood adversity as well as accumulated adversity were identified. Based on these findings, the authors recommended a trauma-informed approach (including systematic assessment of early adverse events) and a person-centred approach with these youth is also implied.

One study of youth with and without disabilities aging out of care documented their ‘double jeopardy’.<sup>81</sup> Youth aging out of care with disabilities were more likely to be placed in more restrictive placements (defined as controlled communication, controlled movement around one’s home and controlled access to the community). These findings underscore the need for youth to be supported in self-determination and to be supported in learning skills such as how to gather information, to weigh the consequences of various options, how to negotiate and mobilize social supports. Examples of simple approaches that can be used to bolster these skills suggested by the authors included having youth lead their own transition planning meetings, helping them break goals into smaller steps, and providing opportunities for community-based experiential activities.

## **Heterogeneity of Trajectories, Needs and Goals**

Elevated risk of poor outcomes for youth aging out of care and other socially vulnerable youth is well established. More recent literature also underscores the heterogeneity of trajectories among youth aging out of care. Two studies in this small set of articles identified different trajectories of YTA transitions for youth aging out of care.<sup>14,77</sup> For example, Berridge (2017), in a focused mixed-methods study of youth aging out of care and their carers, found a range of paths from those who were doing well and had trusted supports through to those who were completely disengaged and floundering.<sup>77</sup>

In a study of youth aging out of care reporting on their own goals by Lemus et al. (2017), it was found that youth do prioritize educational and occupational life goals – but often had difficulty in identifying the concrete steps toward achievement of those goals and implied that programs put greater emphasis on goal setting and planning tasks with these youth<sup>82</sup>. Youths’ goals were in 10 areas of their life: education, occupation, family, autonomy, materialism, self-actualization, health, leisure, peers/friends and humanitarian activities. These findings reinforce opinions about the need for individualized approaches to supporting youth in transition as well as attending to transitions across multiple domains.

## Best Practice Recommendations for Youth Transitioning out of Care

There are many formalized policies around approaches to assisting youth aging out of care with their transitions to adulthood. Several recommendations also came up in the scientific literature selected for this review; both are discussed here but may not be entirely reflective of comprehensive policy recommendations.

The critical importance of *social supports* for transition-aged youth aging out of care and investment in work with families, both foster supports and reunification approaches with biological, including extended families are mentioned by several authors but are more specifically addressed by three.<sup>14,80,83</sup> These authors note the value in identifying natural social networks while remaining cognizant of the complexities of navigating relationships with families of origin, and the necessity of additional supports and skills for handling related issues.<sup>14</sup> Melkman (2017) further explicates the types of social support deemed to be most important.<sup>83</sup> Of emotional, practical, information and guidance social support, youth and carers noted practical and guidance support to be most important. Helping youth learn to mobilize their own social supports is also considered to be important. Jones et al. (2014) and Singer and Berzin (2015) echo these recommendations and offer others related to bolstering social support including systematic assessment of natural supports, identification of at least one committed adult to foster permanency and continuity, attention to reconnection with biological families with attention paid to the necessary skills to manage these relationships, use of mentoring but not as a replacement for permanent relationships, offering an extended period of supports, independent life skills programming, peer support, the use of schools as a supportive environment, trauma-informed and relational processes/approaches.<sup>12,80</sup> Berridge (2017) discusses the pros and cons of *mentorship* as a specific social support enhancing approach.<sup>77</sup> They conclude that mentor-based programs have a place but cannot substitute for approaches aimed at attaining more permanent relationships, either with biological family members or other types of long-term relationships for youth aging out of care.

Gomez and colleagues (2015) studied the experiences and views of youth aging out of care and noted the risk of learned helplessness due to their history of having critical life decisions made for them. Their recommendations for practice focus on *empowerment* and include promoting youths' positive identities as survivors, respecting youths' autonomy, and mobilizing their assets (resiliency, perseverance and community).<sup>78</sup>

The use of a *developmentally-informed* approach is urged by Sulimani-Aidan (2017) with supports for the needs of youth at each stage of their transition to adulthood. Other authors emphasize an *individualized* approach as noted earlier.<sup>84</sup> Attention to *context* as well as the individual youth's history of adverse events (i.e. *trauma-informed practice*) is suggested by Havlicek (2011), attending to both place and personal aspects of substitute care contexts.<sup>79</sup>

The need for *community-level engagement* at an organizational, (not just an inter-personal level) including involvement/participation in altruistic activities as a buffer against negative outcomes and to generate a sense of belonging and purpose is stressed by Jones and co-authors (2014).<sup>80</sup> In a related recommendation Singer and Berzin (2015) underscore the need for a paradigm shift that emphasizes interventions that increase youth's involvement and success in post-secondary education during the emerging adulthood period.<sup>12</sup>

## **Findings Specific to Youth with Housing Needs**

Youth with housing needs often have a history of breakdown of family relationships and supports and as such have substantial overlap and similarities with youth aging out of care. However, four articles came up in the searches that addressed the specifics of youth with housing needs (whether aging out of care or not). Courtney (2017) analyzed service-related needs in a group of youth in Housing First supportive housing programs in New York using the lens of emerging adulthood and development.<sup>85</sup> Participants were found to express a desire for choice in supportive services, and preferred scattered-site supportive housing over congregate settings. Despite their circumstances they had a strong focus on the future – in keeping with the developmental features of emerging adulthood. The author illustrated the value of a developmental approach to addressing housing needs of youth.

Thulien (2017) studied homeless youths' transitions to independent housing in a longitudinal study in a Canadian sample.<sup>86</sup> The author reported three key findings: that even when youth appeared to be successfully housed, they remained in chronic precarity; that youth used their change in identity as a self-preservation strategy, and that the process of maintaining housing challenged their sense of mastery and control. Despite transition-aged youth strengths, they remained impoverished and marginalized, underscoring the importance of attending to broader than basic needs for these youths.

Williams and Sheehan (2015) examined the context of transition aged homeless youth and their estrangement from community.<sup>87</sup> They underscored the importance of permanence, not just as a place to live but a state of mind; including positive relationships and lifelong connections. These themes echo those from authors whose work has focused on youth aging out of care.

The experiences of young adults in transitional housing in Los Angeles county were examined by Curry and Abrams (2015) using mixed qualitative methods. Four themes emerged which have some similarities to emerging adulthood theory: changing perspectives; experiencing independence and control; moving forward while feeling unprepared; and juggling priorities.<sup>88</sup> Specifically, challenges around balancing employment and educational demands in the context of supportive housing were highlighted, which again underscores the need for attending to youth's needs in multiple transitions domains.

Finally, Fowler et al. (2017) studied trajectories of youth aging out of care specifically in relation to housing needs, with findings predominantly indicative of the developmental importance of families in providing housing stability during the transition to adulthood. The authors suggested that this brought into question the current focus of child welfare authorities in preparing youth for independent living.<sup>14</sup>

## **Findings Specific to Youth with Justice-System Involvement**

Four studies were found that focused specifically on transition-aged youth with justice system involvement. In the first one, Salvatore (2017) discusses the integration of emerging adulthood in theories of criminal behavior and life course analysis.<sup>89</sup> They stress the importance of an understanding that most youth age out of criminal activity and that a developmental approach (such as that taken in youth diversion and related programs) is needed.

In the second paper, describing a follow-up study of over 700 youth in three mid-west states, Lee and colleagues (2015) documented the negative effects of labelling and related barriers to youth attaining positive outcomes.<sup>90</sup> They highlighted the need for child welfare organizations to provide extended care services with a focus on educational and occupational attainment, which were found to be protective

against further criminal justice system involvement. O’Neill and co-authors (2017) reviewed the literature on barriers to successful community re-integration for youth who had been incarcerated.<sup>91</sup> Barriers were found to be substantial, related to family and neighborhoods, but also organizational practices. These authors recommend single-agency coordination, specific transition tool kits and systematic assessment and elimination of intra- and inter- organizational barriers.

Finally, a study by Ryan et al. (2016) compared child-welfare involved transition-aged youth with foster placements and those who remained at home using a very large administrative dataset (nearly 10,000 youth).<sup>92</sup> One-third of the sample had long-term out of home placements and two-thirds remained at home. Youth from the first group were significantly less likely to experience post-placement arrests. The authors recommend that attention be paid to both groups in supporting smooth and successful transitions to adulthood.

### **Findings Specific to Other Socially Vulnerable Youth**

Very few papers were found that discussed transitions for refugee or Indigenous youth. Additional specific searches for these topics yielded only one paper for Indigenous youth and two papers for refugee youth.

The first study, by Boden et al. and published in 2016, the authors modeled the paths to positive development for 1,371 youth in New Zealand.<sup>93</sup> Positive outcomes were predicted by a group of risk and protective factors including resiliency, ethnicity, peer problems, depression, age, gender, relationship status and parent monitoring with more difficult transitions for Indigenous youth with resilience being most important. Pathways were found to be complex for all youth, but a similar set of predictors also applied to vulnerable youth indicating that general models of development in this age group can be applied to vulnerable youth. The authors noted that *“...programs targeting youth at risk may need to pay specific attention to bolstering resilience resources particularly for males and ethnic minority individuals, including specific components that address risks arising from depression and also take a more ecological approach, working on the nature of parental and interpersonal relationships.”*<sup>93, p. 907</sup>

Of the two papers found related to refugee youth, one was set in Canada but was more than a decade old (2008).<sup>94</sup> It studied the school to work transition for newcomers to Canada with refugee status in comparison with youth with immigrant status and Canadian-born youth. The author’s concept of successful integration included the ideas of mainstream adaptation or underclass absorption. Data came from the Statistics Canada Survey of Labour and Income Dynamics (1998) and interviews with 128 Alberta youth aged 15 to 24 years. The findings showed that while all three groups had high levels of unemployment, the immigrant youth group had the highest proportion employed, followed by Canadian-born youth and then refugee youth. The authors speculated about the reasons for this counterintuitive finding and suggested that it may be because of greater motivation of immigrant youth or a greater imperative to contribute to family economic needs. Large gender differences were found for refugee youth with lower employment participation for young women. This was attributed to parent influence related to traditional cultural expectations. The authors recommended that programs need to target strategies to specific groups, that they should involve parents/families and that they should have apprenticeships. They also stressed that newcomer youth are known to be more successful at integration than their parents, but that the research (at least to that date) focuses on difficulties rather than strengths/resiliency.



The second study was set in the US, in the context of refugee youth entering American high schools in socially disadvantaged contexts. They posed the concept of “cruel optimism’ wherein youth from the contexts of war, refugee camps, interrupted schooling and poverty can have trauma perpetuated if their opportunities are limited by their post re-settlement social and economic contexts.<sup>95</sup> Although the generalization of these three sets of findings to our work (due to differing time and geography parameters) is imperfect, their findings underscore the need for mindfulness that although transition paths for the factors that predict transition outcomes and developmental paths more broadly are probably not very different across groups of youth, there are patterns in employment attainment that may be very different for some minority youth. These patterns are driven by contextual factors including family context and socioeconomic circumstances, but individual resiliency also plays an important role. Generalizations about which youth will transition most successfully need to be continually questioned.

### **Key Messages from the Grey Literature on Income/Housing/Community Integration-related Transitions**

On this transition topic, the grey literature was quite voluminous on the topic of youth aging out of foster care across international, national and provincial sources; there was substantially less material related to housing or income supports for vulnerable youth without that history. Policy statements on aging out of foster care were found that have been published in the past decade by the American Academy of Pediatrics (AAP)<sup>96</sup> the US Department of Housing and Urban Development (DHUD)<sup>97</sup>, and the UK Social Care Institute for Excellence.<sup>98</sup> However, the two US policies are each focused quite narrowly on one aspect of transition with the AAP statement focused on lack of, or inadequate, health care insurance coverage for youth aging out of care. It discusses legislation that has extended government insurance coverage to age 26 passed in 2014 and also makes specific recommendations for how pediatricians should work with social agencies, including funding incentives for the physicians. The focus is much more on advocacy for coverage and insurance issues, not really transition planning approaches. As such there is little that is generalizable to the Canadian context, other than the article being a reflection of the trend to increasing the upper age limit for eligibility for public supports.

The report by the US DHUD (2012) summarizes policy and program options to ensure adequate housing for youth aging out of foster care, including options like voucher programs, family unification, and transitional living. The document lists types of housing as single site with support, scattered site with less support, and programs with multiple types of housing and varying levels of support.<sup>97</sup> The way supports are described suggests a focus on skill-building for the most part but there is a bit of discussion on community building (mandatory attendance). The document does not include a discussion of broader and more progressive YTA transition concepts.

The report put out by the UK Social Care Institute for Excellence is aimed at transitions for youth receiving social care more generally than just foster care.<sup>98</sup> It describes new legislation (The Care Act 2014) that also includes youths with identifiable needs *that have not previously received services*. The document includes resources for social services staff, caring adults and young people themselves and include an early identification tool, supports for adult carers of youth in transition, video diaries of carer’s personal experiences and other key resources. Since there seems to be a unique process of identifying youth in need that have not previously received services, a closer look at the details of this approach and its applicability to the Canadian context may be warranted.

A set of statistics on aging out of care was also found which has been developed and posted by the National Foster Youth Initiative in the US.<sup>99</sup> In terms of relevant programs, **The New York Foundling – Transition to Adulthood Support Program** also came up in searches.<sup>100</sup> This site describes an outreach program in New York City aimed at youth aging out of the child welfare system (ages 18 to 25 years) that provides housing and social supports, education and employment options and fosters responsibility. The program connects youth with case planners who assist with connections to community partners and needed services.

Finally, the international searches also yielded a very recent (2017) policy document from the European Commission and the Council of Europe in the field of youth that identified serious social and health needs and risks to rights for safety and dignity (e.g. human trafficking and sexual violence) among refugees/asylum seekers in the EU.<sup>101</sup> The document urges countries to recognize transition-aged youth (between the ages of 18 and 30 years) for their special vulnerabilities and needs and makes recommendations to changes to intake procedures, access to information, basic services (housing, education, recreation, healthcare, psychological support, employment, participation and inclusion). The special needs and considerations outlined here may have some relevance to refugee youth in the Alberta context.

The Canadian national-level grey literature also focused mostly on youth aging out of care, but also included some content specific to housing for that population as well as some content related to Indigenous youth. The Conference Board of Canada published a briefing titled **“Success for All: Investing in the Future of Canadian Children in Care”** in 2014.<sup>102</sup> The authors write that *“Most of these youth have the odds stacked against them as they transition into adulthood”* and refer to a previous study that made both *“a humanitarian as well as a compelling economic case for action. The high social and economic costs of doing nothing more indicates that Canadian governments, businesses and the general public have a collective responsibility to act.”*<sup>102, p.1</sup> Key findings reported include that most youth aging out of care fail to graduate from high school and that many have poorly treated mental health problems. Insufficient supports for these youths raise the probability that they will have a life of crime, homelessness and poverty. The high social and economic costs (estimated at 7.5B over 10 years in Canada) underscore the importance of doing more. In particular, the briefing notes that improving the high school graduation rate can have a big impact.

The website of a Canadian advocacy organization called **Until the Last Child** was also found.<sup>103</sup> This is a society that works with child welfare agencies on innovations and best practices in child welfare. The website has two articles specifically about aging out of care and references the study and briefing note described previously, with the overall message of the importance of increasing supports including extending the age of entitlement to benefits for youth aging out of care.

The Canadian Observatory on Homelessness published blogs on the topic of aging out of foster care and transitions from child protection in 2014 and 2016<sup>104</sup>, based on findings of studies of homeless populations that a very large proportion of homeless people have a history of foster care or child intervention. The blogs cite the At Home/Chez Soi national trial data for the Vancouver sample which showed that prior foster care placement was an independent predictor of non-completion of high school, discontinuous work history and daily drug use. The articles also reference the cost-benefit study previously mentioned and its finding that extending support to age 25 would cost about \$26M but could save \$132M in social welfare and justice costs over 40 years. Specific policy recommendations include: raise the ages of entitlements and services, provide special funding for post-secondary school attendance and attainment of stable housing, ensure that transition plans are integrated and shared with parents (if applicable) and

across sectors, provide active assistance for youth in finding affordable housing, actively work with public education systems to facilitate stronger student engagement, provide youth with choices and involve them in the process to support self-advocacy, and provide alternative housing and supports for those who choose to leave care because of problematic experiences in group or foster care homes.

Another set of relevant documents from a national organization (Save the Children Canada) was also found.<sup>105</sup> Included are a framework and guidelines for working with children and communities around the recommendations of Canada's Truth and Reconciliation Commission including the principles and practice of cultural safety and culturally safe engagement. One of their priority programs for 2017/2018 is Adolescent Skills for Successful Transitions based on their experience working internationally and locally. Examples of interventions are listed as vocational training and business skills, apprenticeships, core and financial literacy and numeracy, life skills, mentoring, building self-esteem and social networks and entrepreneurship with a focus on the adolescents at greatest risk. The authors recommend that *"market-relevant skills and knowledge, for adolescents who have suffered deprivations relating to poverty, should be combined with the fostering of "agency" - the building of competencies such as life skills and social networks as well as hope for a successful future, confidence and self-esteem. Agency may be fostered through participatory methods and active learning – by engaging adolescents in the design, implementation, monitoring and evaluation of programmes"*.

At the provincial level there were also reports as well as media clippings on aging out of care with a substantial proportion from British Columbia. A report on a three-year long study of youth aging out of care going back to 2007 concluded that *"youth from care need to have as gradual and extended a transition process to adulthood as youth in the general population."*<sup>106, p vi</sup> The Vancouver Sun, in a multi-part series in 2015 described the problem with loss of supports at age 19 still in BC with only patchwork remedies.<sup>107</sup> The article pointed out that, to that date, 19 US states had extended foster care support to age 21 and that Ontario had recently adopted same policy. At that point the BC Children's Advocate favored offering full support up to age 24. The BC government has subsequently enacted policy change and offers web-based information about supports for assistance with education, housing, childcare, tuition and healthcare which includes web-based peer support from the BC Youth in Care Networks, as well as funds for new housing units.<sup>108</sup>

Ontario has also produced several reports on aging out of care policy, including a literature review from the Child Welfare Institute, and two special reports from the Provincial Advocate for Children & Youth.<sup>109,110,111</sup> The literature review, published in 2014, lamented an unconsolidated literature with few longitudinal studies, but it identified barriers to successful outcomes for youth with care histories as being a lack of supportive relationships (permanent connections), educational challenges, housing instability and economic challenges (unemployment, difficulty entering the labour market and the proportion of youth being 'not in education, employment or training (NEET)'. They argued that successful approaches were predicated on one or more strong relationships with adults (family or otherwise), employment readiness preparation including career planning and job skills, access to housing and income supports and life skills including financial management. They endorsed client-centred and strengths-based approaches.

The reports of the Ontario Provincial Advocate included a widely-cited cost-benefit analysis of increasing the age of benefits, as well as a special report on outcomes of youth after aging out of care prepared by a former foster child.<sup>110,111</sup> Both reports outlined the continuing concerns over poor outcomes. The latter highlighted, for the first time, the profound loneliness that can be experienced by these youth, and the need for meaningful connections and involvement of youth in solutions. The report also cautioned against

seeing these youth as homogenous and recommends that the focus should also be on fixing the system, not just the youth.

A final item arising from the searches on materials from other provinces came from the Saskatchewan First Nations Family and Community Institute (2017) which has sponsored, in partnership with the Canadian and Saskatchewan Association of Social Workers, the development of a set of tools to help social workers guide youth transitions from care.<sup>112</sup> The tools were developed with the participation of youth and include educational guides as well as a youth phone app that allows the youth to self-guide through a wide range of transition issues.

In Alberta, the process of policy changes, focused on extending the age range for benefits for youth aging out of care as well as expanding available supports, is also well documented in publicly accessible reports.<sup>113,114</sup> In a special report of the Office of the Alberta Child and Youth Advocate, published in 2013 and based on extensive consultations with stakeholders including youth, it is noted that concerns about this group of youth dated back to 1997 and were expressed in no fewer than eight reports over the years. The current report makes five recommendations for improved supports in the areas of housing, caseworker training, improving awareness of resources, supportive adult relationships, and access to counseling/mental health services. The report also underscored that youth wanted to feel valued and should be involved in determining services. In October 2013, the Ministry of Human Services accepted all recommendations and listed specific actions it would take. A subsequent media piece reported that as of November 2016 the age of financial support for youth aging out of care in Alberta had been increased to age 24, in comparison with age 21 for Saskatchewan, Manitoba and Ontario, and age 26 for British Columbia.<sup>115</sup>

In terms of practice-level resources, internet searches on youth transitions to adulthood in Alberta yielded a very comprehensive guide called ***Transitioning from Care: A Guide for Caregivers***.<sup>116</sup> This resource was developed by the Alberta Association of Services for Children and Families and the Alberta Foster Parent Association. It includes emotional issues, an extensive section on cultural issues, readiness assessments in broad set of domains and an extensive set of tips and tools.

Very little Alberta-based grey literature was found for transition-aged youth other than those aging out of care with the exception of Government of Alberta website and brochure-based information for families and youth with disabilities, outlining integrated transition planning for these youth, which must begin before the youths turn 18.<sup>117, 118</sup>

Also for youth with disabilities, searches identified a set of services in centres in northern Alberta that offered assistance with YTA planning for youth approaching the age of 18 including for post-secondary education, assistance with applications to adult income supports including Assured Income for the Severely Handicapped (AISH) or Persons with Developmental Disabilities (PDD) services plus employment skills, stable housing, life skills such as budgeting, home management, cooking and meal planning.<sup>119</sup>

## **4.4 Youth to Adulthood Transitions: Health**

The set of papers selected from a very large literature on youth to adult transitions in healthcare almost exclusively focuses on transitions from pediatric *services* to adult *services* rather than broader types of transition. The set included papers about the rationale for YTA transitions interventions more generally, as well as articles about issues and approaches for youth with specific illnesses; and articles about issues and approaches for broader groups (described as youth with chronic illnesses, long-term conditions, special healthcare needs, complex conditions, or disabilities). Sub themes in this literature included youth/family views on YTA; toolkits/processes to support service transitions, including measures (transitions readiness and/or skills assessment scales) and current research evidence for the effectiveness of YTA interventions. The literature on mental health/addictions-related service transitions is reviewed separately.

### **General Issues and the Rationale for YTA Health Service Interventions**

Many articles in the health YTA literature note the fundamental conceptual distinction between healthcare transfer (as a single event) and transition (as a process). Most articles that provide a definition of transition cite Blum et al. (1993) *“Planned and purposeful movement of adolescents with chronic physical or medical conditions from child-oriented to adult-oriented healthcare”*.<sup>120, p.570</sup> An international scoping review by Canadian authors (Hepburn et al. 2015), provides a thorough discussion of the evidence for poor outcomes when there is an absence of approaches to enable successful transitions.<sup>121</sup> Poor outcomes include increased healthcare costs, low family and patient satisfaction and poor clinical outcomes. In the same review the authors observed the fragmentation of work in the field and noted that most work has occurred at the practice level, with little happening at the policy level in health or social services. Other authors underscore the importance of guidelines and approaches (ideally applicable more broadly than in single programs or for single diseases).<sup>122</sup> A successful transition in health is defined as *“a multifaceted process that engages multiple care providers and accommodates a patient’s condition, chronological age and developmental stage”*.<sup>121, p.559</sup>

### **Specific Diseases**

Nine very recent papers (selected from hundreds of abstracts) discussed YTA transitions in the context of specific single diseases. These included cystic fibrosis (CF), juvenile diabetes, sickle cell anaemia, inflammatory bowel disease, cancer and rheumatic conditions.<sup>122-131</sup> In a study of transitioning youth with rheumatic conditions, White and Ardoin (2014) classified the reasons for unsatisfactory transitions into patient factors (limited self-advocacy, limited self-management skills, lack of family support) and system factors (a lack of insurance coverage, communication gaps among providers and services, and a lack of provider education about transition and access to care).<sup>131</sup> For this population, the authors suggest that transition planning should start between the ages of 12 and 14 years and transfer should occur between the ages of 18 and 21 years. In the context of youth with sickle cell disease in a rural area, Mennito et al. (2014), similar barriers were noted but additional issues were transportation and greater challenges in finding an adult doctor.<sup>128</sup> The authors of this study recommended the establishment of a youth-specific rural clinic.

Key recommendations across these papers included the importance of developmentally-based timing of transition, use of a key worker approach, a written plan, involvement of the family doctor, the importance of asking and listening to youth about what they need, the use of technological tools and measurement

scales, attending to readiness, awareness of simultaneous developmental changes in other areas, teaching youth about their own illness history, working with parents, attending to relationships including the loss associated with leaving behind pediatric providers and the establishment of sound relationships through good communication with adult providers.

Several authors made mention of some illness areas being ahead in developing both theoretical work and interventions for youth transitions. For example, theoretical work using the social-ecological model of health resilience has been advanced by two authors in the area of juvenile diabetes.<sup>124,125</sup> Work in youth transitions in CF is also considered to be relatively advanced in terms of practice models.<sup>126</sup>

### **Conditions with Broader Functional Impact**

It is reasonable to question the generalizability of YTA transition research from single illness groups to youth with conditions that have broader functional impact. The single illness papers were found to put more emphasis in their transition approaches on symptom control, knowledge of the illness and self-management skills. The articles about transitions for youth with more complex conditions are more applicable to a multi-sector context and partnership such as Calgary and Area RCSD, so these are intentionally discussed separately here.

Eight papers reviewed addressed YTA transitions for youth with spina bifida, cerebral palsy (CP), and various other descriptors including 'complex health needs', 'disabilities', 'special care needs'. The specific conditions were not always listed. In the earliest paper in this set on youth with disabilities and/or special healthcare needs, Wang et al. (2010) stressed the need for more theoretical work and greater use of theoretical models (specifically ecological models).<sup>132</sup> Overall principles for transitions work with these youths were suggested to be patient-centredness, flexibility, responsiveness, continuity, comprehensiveness and coordination.

Many of the themes noted above about barriers to smooth transition and recommendations for practice for single diseases were echoed in these papers as well. However, Merrick et al. (2015) studied several different patient groups and identified that there were important differences in both needs and readiness for transition<sup>133</sup>; underscoring the need for patient-centred approaches. However, this set of papers also had a much stronger message about the need to attend to broader domains of transition for these youths than just the health domain. For example, in a study of youth with CP and their families Bjorquist et al. (2014) noted that, despite developed guidelines, youth reported feeling demoralized when the transition discussion was limited to healthcare and not their broader needs/aspirations.<sup>134</sup> The issues most salient for these youths were family dynamics, other relationships, challenges with the activities of daily living, needs for support but not knowing what kind of support, the desire for a graduated approach to transition and a trusted support person aside from family.

Other authors echoed this focus on broader needs. Kelly (2014) suggested that the phrase "*addressing the medical, psychological and emotional/vocations needs*" should be added to the Blum definition.<sup>135</sup> These authors outlined the most challenging barriers for youth with more complex physical needs were often the same 'hard stops' based on chronological age (eligibility for services, pediatrician involvement, end of school), and recommended that planning should be holistic, person-centred and include health, education, community living, employment, social and leisure activities. This paper also provides a useful set of functions for transition coordinators and also emphasizes the importance of training the receiving side of services (i.e. adult services). Similar themes were found in another study on service bottlenecks for chronically ill adolescents.<sup>136</sup> This study suggested that adolescents be given the opportunity to visit

the clinic on their own, should decide who should be present for appointments, and that the process should attend to all of the “*medical, psychosocial, educational and vocational needs*”. Oswald et al (2013) studied the predictors of successful transitions for youth with special care needs. Patients with parents with low educational status were at elevated risk but overall the authors concluded that a key obstacle is *disease-centred* approach.<sup>137</sup> In reports on the process of managing youth with complex care needs from hospital to supportive housing, Lindsay (2014, 2015) and colleagues observed that the challenges were as much about the system as they were about the young persons’ conditions.<sup>138,139</sup>

## **Youth and Family Views**

Several studies of both single conditions and broader disabling conditions included the direct voices of youth and families in their work. Two papers selected from a larger set of articles about YTA transitions in youth with inflammatory bowel disease identified concerns and suggestions from patients and their parents.<sup>126,130</sup> Patients expressed initial discomfort and confusion about the transition process, disappointment in the loss of pediatric health providers, perceptions that adult care was of lower quality and needs for extra education about self-management, good relationships and quality communication were noted. The authors observed that sometimes high parent involvement got in the way of youth developing their own self-management skills. Suggestions entailed including some appointments with adolescents on their own, setting goals, and providing concrete guidance on how and when to transition responsibility; along with more information overall, gradually increasing accountability for youth, and involving peer support and mentoring.

Two studies of youth with broader conditions were also reviewed.<sup>140,141</sup> A study set in the Netherlands crossing many chronic health conditions had similar findings.<sup>140</sup> Adolescents on average rated their care as poor, and wanted more autonomy in terms of decision-making and from parents. The second (Canadian) study of youth views on transition spanning 20 diagnoses including developmental disabilities and chronic health conditions identified three central themes: increasing independence, parents as safety nets, and healthcare providers as collaborators and enablers.<sup>141</sup> The authors recommend a developmentally appropriate dynamic approach and confirm the views of other authors regarding the importance of “*shifting focus from health in a strictly medical sense to emphasize the ability to adapt and self-manage in the face of physical, social, emotional challenges encountered by individuals with chronic diseases*”.<sup>141, p.465</sup>

## **Interventions including Tools**

The health transitions literature was the most developed, at least in terms of published implementation tools, protocols and benchmarks. A website [www.gottransition.org](http://www.gottransition.org) offers a comprehensive set of resources including a common set of core elements and tools for health services transitions including condition-specific tools.<sup>142</sup> Many papers list measured outcomes; while many are more oriented to health services outcomes, such as rates of admissions, others are more client-centred and represented broader outcomes such as quality of life (QoL).<sup>143</sup>

The LIFE span model, for youth with disabilities (e.g. CP, acquired brain injury) is a structured approach to assist with YTA transitions developed after identification of poor information transfer and organizational policy and procedural barriers in transferring youth from pediatric rehabilitation programs to adult rehabilitation programs in Toronto.<sup>144</sup> The acronym LIFE stands for ‘living independently and fully engaged’. Components are patient and family preparation for transfer, cross-appointed staff; and a focus

on chronic disability management. Enablers of the process: funding, leadership, effective communication, parity and organizational compatibility. This study included examination of inter-organizational factors in transition. In a similar population and setting, Smart et al. (2017) applied the King Model of engagement processes.<sup>145</sup> In this work, youth endorsed eight strategies in three categories: affective, cognitive and behavioral. The authors stressed the importance of considering the youths' context as well as the importance of an emphasis on self-determination.

Several articles referenced or discussed a suite of standardized readiness and transition skills assessment tools developed for health service transitions including the STARx, UNC TRxANSITIONS, the TRAQ, TRANSITION-Q, MIND THE GAP.<sup>130,146-148</sup> Some of the instruments are generic and some are disease-specific. Psychometric parameters have been established for some of these which are generally satisfactory, but the content is so oriented to narrow medical issues that they would be difficult to use in broader contexts. In a comprehensive review of 56 instruments, Schwartz and colleagues concluded that greater stakeholder involvement was needed for further development of the tools along with studies of predictive validity for desired outcomes.<sup>148</sup>

Lemly et al. (2013) report on transition medicine as a new subfield of adolescent medicine and outline a set of tools to assist primary care physicians in supporting their adolescent patients with transition. The tools include novel information technologies as well as general advice.<sup>149</sup> A kit was developed in Hamilton by Stewart et al. more than a decade ago to help parents manage all the information relevant to their adolescent's transition; more recently a youth version has been developed.<sup>150</sup>

A set of benchmarks for improving YTA health transitions have been developed by Aldiss et al. (2015).<sup>151</sup> They are a set of eight process indicators: 1. Advice/information was offered; 2. transition was gradual; 3. child and adult teams were coordinated; 4. services were youth-friendly and specific; 5. the process was documented in writing; 6. parents were included with gradual hand-off; 7. readiness was assessed; and, 8. the GP was involved.

Two articles were focused on policy-level change. Nguyen et al. (2016) conducted a large cohort study of youth with a range of health conditions transitioning and recommended adequate funding for transition services, institutional support for programs and accreditation incentives.<sup>141</sup> They urged decision-makers to allow providers the extra time needed to provide support. In a policy scoping review Hepburn and colleagues (2015) concluded that there were very few approaches at policy/system level such as physician remuneration and non-physician service investments.<sup>121</sup> The authors lamented that the needs of children and youth often not part of health system reform discussions and that transitions interventions at the program level in health are currently highly fragmented, not scalable, and not universally accessible. The authors underscored the need for *“system-level solutions that address the alignment of providers in multiple settings, collaboration across various sectors, facilitated communication (including record sharing) and capacity building, all which commonly demand new, flexible funding arrangements”*.<sup>121 p.559</sup>

## **Evidence for Interventions**

Two reviews of the evidence for effectiveness of YTA health transitions processes were found. The first, published by Hanna and Woodward in 2013 was focused on practices for juvenile diabetes and examined 41 studies.<sup>152</sup> The authors noted the issue of differential service cultures, wherein pediatric services have a strong developmental and family focus, but that adult services traditionally have not. They noted that practice at that point was based mostly on expert opinion but identified a few programs with stronger



evidence for effectiveness. A systematic review of YTA interventions across multiple conditions was undertaken by Crowley et al. in 2011.<sup>153</sup> These authors grouped interventions into three types: education and skills training; staffing (coordinator, joint clinics) and services (youth-specific clinics, phone support, enhanced follow-up). At that point evidence for improvement of outcomes was found for juvenile diabetes programs only and the most effective programs included psychoeducation and specific clinics (either joint or youth-specific). The authors concluded that *“The most effective way to achieve a smooth transition has become a subject of considerable debate, as whatever solution is adopted will require a comprehensive programme that reflects and encourages the patients’ physical, psychological and social development, rather than merely providing a physical transfer from paediatric to adult care.”*<sup>153 p.548</sup>

These reviews are five or more years old, and there has been a large volume of publications describing specific transition interventions in health since then. It is probable that additional focused searches would reveal additional effective approaches. Overall, the literature on health transitions shows greater development than the other transitions areas especially on systematic approaches and tools. It can, however, also be characterized as being narrower in focus.

### **Key Messages from the Grey Literature on Health-related Transitions**

The searches of the grey literature related to health-related transitions were fruitful. In the US, a set of guidelines were published in 2011 collectively by the American Academy of Pediatrics, the American Academy of Family Practitioners and the American College of Physicians called **“Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home”**.<sup>154</sup> The guidance was aimed at pediatricians and family doctors. Key points included a definition of transition age to be between 18 and 21 years. The guidelines recommend adequate preparation for transition through proactive communication, and early engagement of patients, families, and referring and accepting physicians. They also provide strategies to address challenges and a process algorithm. Additional resources developed by the National Alliance to Advance Adolescent Health are also cited, including a National Health Care Transition Center and website [www.gottransition.org](http://www.gottransition.org).<sup>142</sup>

Recent updates on the US guidelines were found on the American College of Physicians website under the title ‘Pediatric to Adult Care Initiative’.<sup>155</sup> The site refers to the six core elements of transitions now customized to specific health conditions including *disease-specific* tools for transition readiness assessment, medical summary/transfer record, and self-care assessment tools. The six core elements for each of three different types of transitions – transitioning youth to adult healthcare providers; transitioning to an adult approach in healthcare without changing providers; and integrating young adults into adult health care. The six core elements are: policy, tracking and monitoring, readiness, planning, transfer, and completion/ongoing care.

In the UK, the Care Quality Commission produced the 2014 report **“From the Pond into the Sea: Children’s Transition to Adult Health Services”** after interviews with 180 youth and their parents.<sup>156</sup> The Commission also used an inspection and rating model to examine transition interventions in hospitals, primary care and the community. The report noted that good transition planning was occurring in specific health specialities such as cardiology, diabetes and CF, but that there were still practice shortfalls. System-wide change was recommended, and best practices were listed as:

- Listening and learning from youth and parents.
- Planning must start early – at least by age 14.

- A named person as key coordinator (only half had had this).
- Documented transition plan that includes their health needs.
- Communication/health passport to ensure all have info.
- Appropriate service environment that ensures no gap in care provision.
- Training and advice to youth and parents including consent and advocacy.
- Respite facilities.
- GPs need to be more involved earlier and more proactively.
- Youth should be recognized across health services as an important developmental phase.

The Canadian Association of Paediatric Health Centres (CAPHC), National Transitions Community of Practice published ***“A Guideline for Transition from Paediatric to Adult Health Care for Youth with Special Health Care Needs: A National Approach”*** in 2016.<sup>157</sup> The document includes a very thorough literature review and consultation process which includes ranking of evidence for a series of transition-related practices, and also provides a definition of successful transition and urges measurement of outcomes. The authors note that there is substantial information on patient, parent and provider perceptions of barriers and a growing set of quantitative findings on poor outcomes of inadequate supports for transfer. The authors make 19 recommendations (two related to person-centred care, 11 related to clinical care and six related to the system-level). Attendance to psychosocial needs, not just medical needs is emphasized. Also included is a repository of tools including videos aimed at the program level.

Also at the national level in Canada, the Canadian Foundation for Healthcare Improvement has conducted educational sessions on the topic of YTA health services transitions including presentations by individuals involved in the CAPHC guidelines development. <http://www.cfhi-fcass.ca/WhatWeDo/on-call/improving-transitions-from-child-to-adult-care>.<sup>158</sup> The Alberta Children’s Hospital and Children’s Hospital of Eastern Ontario approaches are featured in a recent presentation as practice leaders.

Grey literature searches also yielded a small number of relevant materials at the provincial level. The BC Children’s Hospital (BCCH) led a multi-agency province-wide initiative beginning in 2011. The BC Medical Association also published a policy statement in 2012 called ***“Closing the Gap, Youth Transitions to Adult Care in BC”***<sup>159</sup> and the BCCH subsequently published clinical practice guidelines. The initiative (ON TRAC) includes a website with tools for youth, families and providers.<sup>160</sup>

In Alberta, Alberta Health Services has posted a set of resources online<sup>161</sup> and the Alberta Children’s Hospital has a range of services initiatives and also its Family & Community Resource Centre has posted web-based information for parents and youth.<sup>162</sup>

#### **4.4.1 Youth to Adulthood Transitions: Mental Health and Addictions**

The literature on youth to adulthood transitions for youth with mental health including addictions issues (MHA) was treated separately in this review because of our collaboration with a parallel project and the desire to ensure clear alignment. This subset of the health literature was found to have some unique aspects. Notably a lot of the YTA transitions work in health has been conducted in Canada, and this is even more true of the literature (both research and grey) on transition-aged youth with MHA conditions. Topics emerging from this set of articles were parallel to those for health in the previous section: general issues including barriers and gaps, specific conditions, youth/family views, interventions including tools, and evidence.

##### **General Issues in YTA MHA Transitions**

Several papers outlined contextual and current state of emerging youth, both those at risk of MHA issues as well as those with identified conditions. Using a health equity lens on a sample of transition-aged youth in Canada, MacLeod and colleagues described the mental health implications of the reduced access to opportunities and resources, barriers to self-determination and autonomy, harassment, discrimination and oppression, trauma and maltreatment, and poor access to services for youth with social vulnerabilities. For those with identified conditions, the adverse consequences of poor youth to adult transitions were outlined by several authors and the consequences tended to be more serious than those outlined for specific physical illnesses. For example, Jivanjee and colleagues (2011) note that unsupported transitions result in high rates of unemployment, homelessness and incarceration, substance abuse, unplanned pregnancy, high-risk behaviors, and also have an adverse impact on families.<sup>163</sup> Several authors have examined the barriers to smooth transitions for this group. In a survey of providers in the UK, Belling et al. (2014) identified lack of service availability, differential eligibility criteria, high workloads and staff shortages.<sup>164</sup> McLaren et al. (2013) examined the organizational cultural differences between child and adult mental health services and documented substantial differences in beliefs, attitudes, and perspectives.<sup>165</sup> Lack of understanding, communication and information transfer were specific problems reported by providers surveyed. Suggestions for amelioration of the problems included shared training, shared technological resources, and specific management strategies to improve continuity of care and outcomes. This work has relevance and value for examining inter-organizational dynamics in the Calgary and Area RCSD YTA project.

##### **Specific Conditions**

Several studies identified particular barriers in two specific MHA-related conditions. The first was in a survey of parents of youth with autism spectrum disorders (ASD) in a US registry (Cheak-Zamora 2014).<sup>166</sup> Substantial shortfalls in the delivery of transition services relative to other conditions were found. Swift et al. (2013) conducted a review of transition services for attention deficit hyperactivity disorder (ADHD).<sup>167</sup> Many issues were noted with the developmental course of symptoms, appropriateness of adult care, knowledge and communication, unmet need, comorbidities, environmental demands, and medication. The authors found no transition intervention models for ADHD in comparison with 13 models for youth with diabetes. A key barrier was the belief of many providers that ADHD is a condition specific to childhood. This belief has been exposed as being faulty; follow-up studies have documented that ADHD symptoms decline but functional impairments often persist, and impairments can worsen before and during transition.<sup>168</sup> Other conditions that are noted to be particularly problematic for transitioning youth

are personality disorders, ADHD, moderate disorders (relative to serious disorders) as well as transitions for young people aging out of care.<sup>169</sup>

## **Broader Conditions**

Sukhera et al. (2015) conducted a comprehensive review of current systems for transition-aged youth with MHA conditions in Canada.<sup>170</sup> They noted the large volume of literature on medical conditions and excluded these in their review. They concluded that the current system lacks capacity for the key elements of effective transition at system, organizational and program levels. One barrier was noted to be 'funding jealousy' wherein adult service providers felt that pediatric services were more generously funded. The authors suggested that *"thrusting youth into low response care when they are at their most vulnerable"* may be unethical. At the policy level they identified a lack of awareness in both the US and Canada and that only a minority of programs offer transition services. Evidence of positive outcomes of effective transition programs were noted to be accumulating including in broader domains such as education and employment outcomes. The authors contended that systems must be flexible, coordinated, with good communication and alignment of institutional and developmental transitions. They also recommended that programs engage youth and caregivers and provide skills training in a community-based approach, and that they use evidence-based approaches adapted to unique youth and community needs. The review goes on to offer essential features of mental health services for transition-aged youth and also describes the Australian storefront model of integrated youth services (IYS) (Headspace) as well as initiatives based out of the London (Ontario) Health Science Centre and Simcoe/Muskoka aimed at significant system change.

In a relatively unique article in the set, Connolly et al. (2014) focus on the importance of attending to intimate relationship issues in transition aged youth; a point which had very little coverage in other papers describing the important domains of transition.<sup>171</sup> These authors recommend explicit inclusion of healthy relationship skills in the psychoeducation of youth.

## **Youth/Family Views**

Four articles in this set examined the perspectives of youth and their families in-depth. Burnham and colleagues (2015) studied the transition needs and experiences of youth with behavioral and emotional problems.<sup>172</sup> Most of the youth surveyed did not feel ready for transition and expressed many fears. They expressed the need for supportive relationships and reported negative experiences with adult-focused care. The authors noted the importance of self-efficacy as an aim of transition services in this group.

Jivanjee and Kruzich (2011) conducted in-depth focus groups with youth aged 17 to 24 years receiving MHA services in two northwestern US cities.<sup>163</sup> Youth and parents appreciated compassionate, well-trained, responsive providers but complained about ineffective and unhelpful staff, lack of services, and loss of eligibility for services at age 18. Respondents described ideal supports as including families, peer support and leadership development groups, which were accessible and appropriate with responsive and compassionate providers. The authors recommended inclusion of youth and families in planning services.

Singh and Tuomainen (2015) described the transition experience from the perspective of youth in the UK with MHA conditions as *'having to move house due to a flood'*.<sup>169</sup> The team found that young people feel inadequately prepared and supported for transitions; lack understanding of adult services; feel insecure at the loss of the familiar and dread of the unfamiliar and feel that their voices are not heard.

In a community-based project in Canada led by the authors of the comprehensive review above (Sukhera et. al 2017) provider, youth and caregiver views on MHA transition services were solicited in focus groups and interviews.<sup>170</sup> Difficulties with the current system were reported as long wait-times, crisis-driven services, and youth and caregiver feelings of powerlessness. Suggested solutions were for a flexible, real-time system emphasizing parent and caregiver engagement, youth centric services and recovery-oriented care across the hospital/community continuum. Disparate stakeholders agreed about the need for transformational change away from traditional medical models of care. This paper also raised the IYS model of youth mental health services as a possible promising direction.

### **Interventions including Tools**

Paul et al. (2013) have mapped barriers to success transition and define optimal transition in MHA services as having four key elements: continuity of care, parallel care, transition planning meetings, and information transfer.<sup>173</sup> These authors contend that transition services should have therapeutic intent not just termination and hand-off, and should be aimed at engagement of the young person with adult services. These authors are now leading a major trial of MHA service transitions in the UK called the MILESTONE study.<sup>174</sup> This study includes 1,000 transition-aged youth in eight European Union countries to test a model of managed transitions in mental health services including clinical outcomes and cost-effectiveness. Outcomes being measured are the Health of the Nations Outcomes Scale for Children and Adolescents (HONOSCA) and social functioning at 15 months post-intervention. Secondary outcome measures are mental health symptoms, quality of life, transition experience and health care use; they list specific instruments being used.

Singh and Tuomainen (2015) report on an international Delphi study that identified six essential elements of successful transition programs in MHA services.<sup>169</sup> These are: good coordination (timing of transfer, communication, follow-up, remaining available as a consultant; starting planning early (at least a year before transfer); discussing self-management with the transitioning youth and their family; including the young person's views and preferences in planning; if developmentally appropriate, seeing the adolescent alone for at least part of the consultation; and, identifying an adult provider willing to take on the transitioning youth before transfer).

Di Rezze B et al. (2015) reviewed five specialized and four multi-component intervention programs and two conceptual frameworks.<sup>175</sup> These authors recommend both more focus on vocational needs relative to personal and interpersonal domains and a holistic life course approach. They distinguish between institutional needs (needs of the service to transfer the youth) versus developmental needs (need for the youth to grow and train). The domains and subdomains of one framework were reported to be: Personal (development, personality, sexuality) Interpersonal (family, peers, relationships) and Social (activities, contexts, vocational, housing). The other framework was more about modes of intervention (skills training, prevocational/vocational guidance, client-centredness and an ecological/experiential approach).

Three other relatively tangential papers related to measurement of key concepts in youth MHA transitions were found in this set. Smith et al. (2014) studied the association between the dimensions of emerging adulthood using the Inventory of Dimensions of Emerging Adulthood (IDEA) which is based on Arnett's theory of emerging adulthood in youth.<sup>176</sup> The dimension 'feeling in between' was positively associated with substance use but otherwise not many associations were found. In the second study, Hurd et al. (2014) examined the value of mentors as an intervention in youth with mental health issues.<sup>177</sup> These authors identified that non-familial mentors were better than familial mentors. No relationship between

mentorship and anxiety or depression outcomes were found, but indirect relationships were found through improved coping. Receiving advice and support was directly associated with lower alcohol use. In a very recently published paper, Huscroft-D'Angelo (2017) and colleagues used the Youth Empowerment Scale (YEP) as part of a study examining transitions from outpatient and mental health residential discharge.<sup>178</sup> They defined empowerment (from the risk prevention and resilience field) as “*an intentional, ongoing process... through which people lacking an equal share of valued resources gain greater access to and control over those resources*”.<sup>178, p.548</sup> These latter two findings are also relevant to the literature on youth aging out of care discussed earlier in this report.

## Evidence for Effectiveness

Singh and Tuomainen (2015) provide a review of the limited evidence to date for effectiveness of transition interventions in MHA services.<sup>169</sup> The authors point out that effective programs in other areas of health can be an opportunity to ensure positive outcomes. They note that there are currently no robust and validated transition-related outcome measures. They suggest that instead of ‘fixing the bridge’ services should undergo a radical redesign toward a seamless pathway within a stigma-free, youth-friendly specialist model such as that of IYS.

## Key Messages from the Grey Literature on MHA-related Transitions

With respect to MHA transitions, the broader report from the UK Care Quality Commission “***From the Pond into the Sea: Children’s Transition to Adult Health Services***” commented specifically about the usefulness of distinct young people’s services like IYS for MHA transitions, and noted that adolescent-specific clinics also worked well for other conditions for ages 10 to 19 years.<sup>156</sup>

Canadian researchers and practitioners have been leaders in the realm of transitions for youth with MHA-related conditions. In 2015 a very comprehensive report on the state of MHA services for emerging age adults was published “***Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults***”.<sup>179</sup>

This work was followed by a policy level consensus statement published by the Mental Health Commission of Canada in 2017. ***MHCC Consensus Statement on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada***.<sup>180</sup> This is a very high-level principles document. “*All emerging adults across Canada have equitable and timely access to high-quality, publicly funded mental health care in a system that is defined by a culture of hope, collaboration and integration and that is flexible in its responses*”. Twelve recommendations are made in three categories: recommendations foundational to change, recommendations for addressing service gaps, and recommendations for generating action and sustaining momentum are made for national, provincial/territorial and regional levels.

At the provincial level a few relevant documents were found that were specific to MHA-related services. In British Columbia the Ministry for Children and Family Development and Ministry of Health and Health Authorities developed and tabled the Youth Mental Health Transition Protocol Agreement in 2015 that is relevant to youth aging out of foster care including those with mental health issues.<sup>181</sup> In Alberta, the current Mental Health and Addictions policy ‘Valuing Mental Health’ supports a direction toward system enhancements to further coordination and integration of services, including for youth; and specifically mentions the ‘hub model’ of integrated youth services.<sup>182</sup>

## 5. Key Concepts and Measures

The four sets of literature reviewed contained a rich and diverse set of ideas and key concepts; many of which may have relevance or salience to the main project. Each concept has been defined, developed and operationalized more extensively in the cited references. The details for concepts that are interest for the Phase 3 project will be revisited as needed.

- generativity and meaning-making<sup>182</sup>
- pro-sociality and altruism<sup>182</sup>
- self-determination, empowerment, autonomy<sup>28,43,44,47,78,81,161,183</sup>
- independence vs. inter-dependence<sup>43,47,183</sup>
- autonomy, mastery<sup>13,43,183</sup>
- social connections/engagement/connectedness/belonging<sup>2</sup>
- social integration/community integration<sup>86</sup>
- relational approaches/relational permanency<sup>43,186</sup>
- inclusion/social inclusion<sup>30,184,185</sup>
- participation (including psychological and behavioral)<sup>68,182,187</sup>
- social scaffolding<sup>186</sup>
- strengths-based approaches, resiliency<sup>12,44,78,80,188</sup>
- rights-based approaches<sup>30</sup>
- self-navigation, agency<sup>2,188</sup>
- learned helplessness<sup>78</sup>
- attachment<sup>78</sup>
- trauma, adverse childhood experiences<sup>76,79</sup>
- emancipation<sup>80</sup>
- self-sufficiency<sup>44,172</sup>
- loneliness<sup>111</sup>
- transition readiness<sup>147</sup>

A few studies in this grouping also mentioned specific measurement tools related to YTA; these are also listed as potential resources for the main study.

- Individual Dimensions of Emerging Adulthood (IDEA)<sup>5,176</sup>
- Quality of life – KIDSCREEN-27<sup>44</sup>
- Loyola Generativity Scale<sup>182</sup>
- Snapshot Survey of Engagement<sup>182</sup>
- Youth Empowerment Scale<sup>178</sup>
- HONOSCA<sup>174</sup>

## 6. Summary and Next Steps

This overview of very recent, selected literature on the topic of youth to adult transitions has provided some useful information including relevant theory and related controversies, key concepts, measures, and some recent empirical findings for youth with disabilities and social vulnerabilities focused on transitions related to education/work/vocation, housing/income supports/community integration, and health. The literature provides a resource for conceptualization and operationalization of some key parameters of the Calgary and Area RCSD Youth to Adulthood Transitions Phase 3. For example, it could help with development of a framework for asking youth about their transition needs or the identification of features of transition programs in relation to ideals grounded in research.

Two studies described methods for youth-engaged and youth-friendly research, including youth with intellectual disabilities, that could serve as models for potential youth engagement components of the Phase 3 project<sup>78,189</sup>. The literature also reminds us to question our own normative assumptions about YTA and to avoid reductionist or automatic thinking about a very complex process.<sup>e.g. 30</sup> We must balance the learnings that may generalize across disability groups and marginalized youth with a healthy respect for individual differences in the work.<sup>41</sup>

There was an enormous depth of discussion and insight in the articles reviewed that was not possible to capture, given the parameters of the review. Only the highest-level learnings are provided here as guiding concepts for the planned YTA project to be undertaken by Calgary and Area RCSD. It is recommended that key materials be revisited throughout the course of the work such that the benefits to the project of that depth and richness of relevant scholarship, policy and practice are maximized; specifically, key recommendations for practice and policy can be systematically drawn from the highest quality materials from each transition area to inform the development of the YTA connector position.



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