Calgary and Area RCSD
Youth to Adulthood Transitions Project

Findings from a Survey and Interviews of Calgary and Area Organizations Serving Transitioning Youth

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May 31, 2018

Acknowledgements

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The Project Team is grateful to the members of the Project Working Group (Linda Anderson – Alberta Health Services, Don Andrews – Independent Schools (Private and Charter), Patricia Brown – RCSD Complex Needs, Debra Davison-Morgan – Calgary Board of Education, Lana Dunn – Alberta Health Services, Heather Hansen – Community and Social Services, Shelly Hutton – Rocky View Schools, Jennifer Medlock – United Way, Catherine Morrison – Alberta Children's Hospital, Matthew Nomura - Vecova, Janice Popp – Calgary and Area RCSD, Carl Price – Calgary and Area RCSD, Lori Roe – Alberta Health Services, Daniel Sadler – Calgary and Area RCSD, Lori Anne Schultz – Alberta Health Services, Keith Seel – Bow Valley College, Deborah Stevens – Children's Services, and Uma Thakor – Community and Social Services, who provided essential wisdom and guidance for this project.

Suggested Citation: Adair, C.E. (May, 2018). *Youth to Adulthood Transitions: Findings from a Survey and Interviews of Calgary and Area Organizations Serving Transitioning Youth*. Calgary, AB: Calgary and Area Regional Collaborative Service Delivery.

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Executive Summary

Successful youth transitions to adulthood has become an increasingly important issue for youth-serving organizations. Calgary and Area RCSD has initiated a project on Youth to Adulthood (YTA) transitions (ages 16 – 24 years). 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.***

Work has included a review of selected literature, an environmental scan (listing more than 100 services/programs), and survey and in-depth interviews with 31 organizations with a central role in serving transition-aged youth with disabilities and/or social vulnerabilities. Information collected in the surveys and interviews included detailed descriptive information about the structure and operations of their services/programs, and service provider views on issues, gaps and remedies. Eight organizations focused on health transitions; 12 on education/employment/vocational transitions and 11 on housing/income/community integration transitions.

Service Processes and Collaborations

Respondents provided rich and detailed descriptions of their services and collaborations. For example, 67% of organizations allow for self or parent referrals and 63% have active waiting lists (although most try to refer elsewhere rather than have clients wait). More than 75% report that other agencies understand what they do – although that is often the result of extensive communication efforts. About 60% of respondents described their service processes as being youth or family-centred. With respect to collaboration, most were very positive about both the need for collaboration and their experiences with collaborating with other agencies and provided advice on both what assisted and what got in the way of collaboration. There was almost no consistency in what were considered positive outcomes and outcomes measurement approaches. Greater than 75% of respondents felt that the adult services they worked with did not understand the developmental issues of transition-aged youth. They also described specific issues with the hard change to age of majority as well as some guardianship issues. With respect to inclusion, there was an enormous commitment to its principles despite some minor variation in views of the concept. One dominant theme was the need for service providers and the broader community to see the struggles of youth as being more about the context and environment than about problems with youth themselves.

Barriers, Gaps, and Recommendations for Change

On the topics of barriers and gaps, the responses were so in-depth, detailed and variable that it was difficult to summarize them without losing important content. The most frequent barriers/gaps expressed *for youth themselves* included lack of mental health services; lack of income supports, especially for youth with poor functioning despite being above the PDD cut-off; lack of housing and employment opportunities; as well

as a lack of opportunities for meaningful connections to peers and community. *For parents* a common theme was that there is insufficient information, support and skills to help their youth and young adults and big concerns about how parents with disabilities and vulnerabilities themselves are currently faring. Some of the *service system* barriers identified were intervening too late (both in early life as well as in transition planning), not recognizing trauma-histories, continuing to have strict age limits on services and trying to fit youth into programs rather than paying attention to what kind of lives they want.

Recommendations for change were also extensive. For *services and programs* recommendations included improved navigation and coordination, relaxing hard age limits in all programs, more work with parents and natural supports, educating and supporting parents and providers to start planning earlier, and more shared understanding of the transition process, among many other specific suggestions. Suggestions were also grouped according to five other themes with examples as follows:

Education/employment: more supports for transition to employment including earlier planning and work experience opportunities beginning in High School.
Collaboration: more shared understanding of YTA transitions, more coordination, reducing barriers to working across settings, and better information sharing.
Mental Health Services and Supports: more services and better access across the continuum, trauma-informed care, supportive housing
Youth Engagement: consult with youth on needs, involve them in service planning and operations
General: start planning earlier, use a life course approach[1], outreach to youth who are not currently being served

Suggestions for system alignment were also many and varied but generally echoed many of the previous ideas.

Conclusion

Service providers from all sectors and community agencies were very engaged in the survey/interview process. The response rate was very high for this type of exercise and there was an enormous amount of information provided; both descriptive information about current services and also suggestions for improvement. This level of engagement demonstrates that the needs and expectations of YTA transitions service providers are high, but it also indicates that stakeholders are committed to working together to advance successful transitions for youth and families.

[1] *"The life-course approach aims at increasing the effectiveness of interventions throughout a person's life. It focuses on a healthy start to life and targets the needs of people at critical periods throughout their lifetime. It promotes timely investments with a high rate of return for public health and the economy by addressing the causes, not the consequences, of ill health."* http://www.euro.who.int/en/health-topics/Life-stages

1. Introduction and Background

Successful youth transitions to adulthood has become an increasingly important issue for youth-serving organizations, including educational, social, justice, and health service organizations. 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 has involved an 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 included a rapid review of the selected scientific and grey literature. The second phase included an environmental scan of organizations serving youth in relation to transitions to adulthood, as well as a survey for descriptive details and in-person interviews with 31 (of 34 invited) programs or initiatives that were considered by the project Working Group to be most central and active in the youth to adulthood (YTA) transitions domain. This report provides an overview of the findings from Phase 2 that reflect cross-organization generalizations; they were produced through analysis of content across respondents for each question in light of the current knowledge base. Additional program-specific detail is available separately.

2. Phase 2 Methods in Brief

Surveys:

- A brief set of questions on key elements of service were sent by email to target organizations in late February 2018.
- The purpose of the survey was to gather basic descriptive information about the organizations and relevant services in advance of the interviews, to save interview time and to inform subsequent questions.
- Organizations were asked to report on programs that assisted youth to adulthood with transitions as a *primary* aim but could optionally report on a smaller set of information for programs with youth to adulthood transitions as a secondary aim.

- Data collected included program name, age range of youth served, type of youth served[2], geographic range of service, number of youth served annually and typical duration of service.
- The initial request was followed by two emailed reminders.
- Survey data was received from 29/33 organizations (88%) by early May 2018.
- The data were collected as part of interviews from 3 programs/organizations.

Interviews:

- The interview questionnaire was drafted and revised in consultation with the Working Group.
- It was then tested with two programs and revised a second time.
- In most cases, individuals at the leadership level from the targeted organizations were approached first and they determined who was to be interviewed; for some organizations more than one individual participated in the interview.
- Interviews commenced in early March 2018.
- By early May, interviews were completed for 31 of 34 organizations invited (91%).
- Most interviews took between 75 and 90 minutes.
- Reponses were handwritten or entered to a laptop computer at the time of the interview, and then notes were supplemented and finalized within a day or two.

Analysis:

- Survey data were accumulated in raw form to Excel spreadsheets.
- Interview data was compiled by question into a set of Excel spreadsheets across organizations and analyzed using straightforward content analysis.
- For the purposes of validation, the first draft of the report was ready by the second interviewer (LC). A few points of clarification/correction were made based on her recollection of the interviews that she conducted.

[2] Rural, recently immigrated, refugee or Indigenous youth; youth from visible or ethnocultural minority groups; youth with physical disabilities, complex medical conditions, learning disabilities, mental illness and/or addictions or developmental disabilities; youth with justice system involvement or Children's Services involvement, and/or youth with gender-related challenges. See page 13 for more information.

3. Findings

Overall, key informants expressed high levels of interest in the project and the subject matter and offered a depth of observation and wisdom that was noteworthy. The content was of two types: detailed descriptive information about the structure and operations of their services/programs, and views on issues, gaps and remedies. Much of the first type of information is program-specific detail and is mostly useful in its raw form as standard information for the Connector intervention (next Phase of the project). However, to provide context for the reader, in this first section brief descriptions of each participating organization/program, grouped according to three transition types (education/employment/vocation; income/housing/community integration; and health) are presented. Note that most services do not limit their interventions to one of these types; the assignments are based on the transition type of *primary* focus, based on descriptions or reports provided online (from the Phase 1 environmental scan) as well as the information provided in the survey and interviews. Where information was discrepant we used the interview information.

The remaining descriptive details compiled elsewhere for each participating organization/program are:

- ✓ Referral and intake processes including referring organizations
- ✓ Youth and parent self-referrals
- ✓ Eligibility criteria and reasons for them
- ✓ Whether youth are turned away and usual reasons (note, this informed the analysis of gaps)
- ✓ Waiting list use and current waiting times (as above)
- ✓ Understanding of services by referring organizations
- ✓ Use of standard intake/assessment tools including Transition Readiness tools
- ✓ Composition of teams and format of services
- ✓ Use of standard program models or guidelines
- ✓ Decision process for aspects of transition worked on
- ✓ Key strategies to help youth transition successfully
- ✓ Involvement of parents/caregivers
- ✓ Most frequent collaborating organizations
- ✓ What works well and doesn't work so well with collaborations
- ✓ Process around completion of services
- ✓ Criteria for deciding with clients are ready to move on or have completed the program
- ✓ What counts as a successful outcome
- ✓ Use of specific outcome measures
- ✓ Programs that youth are served by subsequently
- ✓ Understanding of developmental issues by these subsequent (i.e. adult) programs
- ✓ Types of youth served
- ✓ Impact of key issues including age of majority, guardianship and inclusion

3.1 Description of Participation Organizations by Primary Transition Focus, Services Provided, and Youth Served

Basic descriptive information for participating organizations is provided in the next three tables. Lists of basic information for other organizations/programs not selected for interviews were retained elsewhere for reference. Organizations were grouped according to their primary transition focus (health; education/employment/vocation and housing/income/community integration), but it is important to note that many organizations have approaches and/or provide services that cross these simple categories. Organizations who self-identified as having transitions as a *secondary rather than primary focus* are highlighted in grey.

Health

Organization/Program	***Brief Service Description***	***Youth Served***	***Age Range Served (Years)***
AHS *Emerging Adult Treatment Clinic (EATC)*	Mental Health Services	Youth with mental illness and Transitions Challenges	16-24 (most 18+)
AHS *Pediatric Home Care*	Medical Supports Post Acute	Youth with medical support needs at home	0-18
AHS *Well on Your Way*	Provider Capacity Building across Clinics + Direct services	Youth with Chronic Health Conditions	12-25
AHS *Arnika Clinic* *Catalyst Team*	Psychiatric and behavioral services	Dual Diagnosis of Developmental Disabilities and mental illness and multi-system involvement if PDD eligible and (for Catalyst, poses risk to others or property)	16+
Calgary and Area RCSD *CONeX*	System capacity building, Navigation + supports for system connections	Youth with multiple vulnerabilities including a mental health diagnosis, and multiple system involvement	6-20
CMHA Calgary *Welcome Centre* *Recovery College*	Peer and Recovery Supports Recovery	Youth with mental illness including addictions	16-24
CANLEARN *Attention Clinic*	Formal ADHD assessments and medication management	Youth with ADHD	6+
PCN Mosaic Health Clinic *Refugee Health Clinic Child & Youth*	Primary Care, community agency connections	Immigrants/Refugees	1–24

Education/Employment/Vocation

Organization/*Program*	**Brief Service Description**	**Youth Served**	**Age Range Served (Years)**
Bow Valley College (BVC) *School of Foundational Learning*	Career prep including literacy for young adults	Individuals with career-related challenges	Early adulthood
Calgary Bridge Foundation	In-school settlement including tutoring, mentorship and transition to post-secondary	Immigrant/refugee youth	5-18/19
Calgary Catholic Immigration Society *Building Connections*	Settlement, employment preparation and support	Immigrant/refugee youth	17-30 (usually 18 and up)
Calgary Board of Education *Discovering Choices*	High school completion and career guidance	Youth with learning and/or High School completion challenges	16-19
City of Calgary *Youth Employment Center*	Employment preparation and support	Any, though focus is on youth with vulnerabilities	15-24
Immigrant Services Calgary *Open Door Project* *Youth Inclusion Program* *Mentoring*	Settlement, employment preparation and support	Immigrant/refugee youth	 13-15 12-20 12-15
Inclusion Alberta	Supports for full participation in society including in education/workplace	Developmental or intellectual disabilities	Unknown
McBride *Rebrand*	Employment preparation and support services	Vulnerable youth including minorities including Indigenous youth, justice-involved youth and youth with disabilities	17-30
Prospect *New Heights Project* *Calgary Assessment Centre*	Employment preparation and support services	Youth who need to live independently but are not involved with Children's Services	15-21
Sinneave *Launch*	Career preparation online, in workshops and individual planning	Youth with Autism Spectrum Disorders	15-25
United Way All in For Youth *Tutoring (YMCA)* *Success Coach (Boys & Girls Clubs)* *Mentoring (Big Brothers/Big Sisters)*	High school completion and career guidance	Youth at risk of not completing High School	15-24
Vecova	Work experience placements during High School	Youth with developmental or intellectual disabilities	17-19

Housing/Income/Community Integration

Organization/*Program*	**Brief Service Description**	**Youth Served**	**Age Range Served (Years)**
Family Support for Children with Disabilities (FSCD)	Range of supports for parents of children with disabilities	Children + Youth with Disabilities	14–18
Boys and Girls Clubs of Calgary (BGCC) *18 programs reported*	Mentoring, tutoring, group homes, learning and employment support	Vulnerable Youth	12-24
Calgary Fetal Alcohol Network (CFAN)	To ensure youth receive appropriate services	Youth with fetal alcohol spectrum disorder (FASD)	15–24
Calgary John Howard Society (CJHS)	Housing, advocacy & outreach	Justice-Involved Youth	12–24
Calgary Scope Society (CSS) *Triple P* *Outreach* *Gateways*	Supports for families of youth with disabilities and multiple barriers entitlements and parenting	Youth with disabilities and multiple barriers	 2.5–18 0–18
Children's Link	Workshops to support parents with transition entitlements	Youth with disabilities	 16-21
Enviros *Youth Transitions to Adulthood* *Excel* *Evolution*	Community supports, transitional housing after release, planning	Youth involved with Child Intervention, and/or the Justice system, youth with Fetal Alcohol Spectrum Disorders	 15.5-24 15.5–24 18+
Hull Services *Interdependent Living Services* *Bridging the Gap*	Housing and supports for needed services, skill building	Youth with developmental disabilities, mental health and/or social/emotional/behavioral challenges	 16-22
McMan Youth Family & Community Services Association *Milestones* *Hope Homes* *Youth Transitions*	Supports for families with children with developmental disabilities, housing, independent living supports	Youth with developmental disabilities, homelessness and/or Indigenous youth	15-24
Pathways *Indigenous Mentoring* *Oskipmatsahk*	Mentoring, post-care supports, supported living.	Indigenous youth with Children's Services involvement	 12–18 18-24
Woods Homes *Temple* *Altadore* *Horizon*	Housing & supports for youth	Youth with multiple vulnerabilities and Children's Services Involvement and/or complex mental health needs	 13–30 14-17 18-30

In subsequent sections, descriptive information is summarized across organizations (where it makes sense) by topic, and informant views are presented according to major themes by interview question.

Services Provided

The range of services described by respondents across all organizations/programs and all three transition types was vast for a relatively small group of organizations and is tabulated below (in no particular order). Nearly all organizations provided multiple services.

Direct Services (to Youth or Parents/Caregivers)	Indirect Services (to Service Providers/Organizations)
Navigation/case coordination	Provider Education/Training/Coaching
Brokering services	Capacity Building
Mobilizing natural supports	Services Mediation
Cultural connections/practice	Services Coordination
Consultation	Multi-Service Planning
Benefits planning	Multi-Service Case Review
Clinical/medical services including diagnosis/medication management	Employer Outreach and Support
Assessment incl. diagnostic, achievement, and language testing	Consultation
Counseling/therapy (group and one-on-one)	Information/Communications (e.g. Transitions Fair)
Social activities (clubs, camps, events, after school programs)	
Mentoring/coaching/tutoring	
Settlement support	
Education/literacy	
Housing/shelter	
Basic needs including financial and practical support	
Incentives including bursaries	
Community connections	
Self-care/recovery services	
Peer support	
Restorative justice	
Leadership	

Types of Youth Served

The types of youth served were initially asked about in the survey; but because several interviews were conducted before survey responses were in, they were also tallied during most of the interviews. As a general comment most services indicated that they were open to serving all to nearly

all youth groups, but naturally some did not fit (e.g. cognitively impaired youth for insight-based therapy) or the service was not prepared to support the special needs of a group.

Types of Youth Served	Serve at least Some of This Group	Comment
Youth from rural areas around Calgary	68%	• Most qualified that the responsibility to get to the service rested with the rural client/family • Several noted difficulties connecting to local supports not existing in the home location • Some mentioned satellite services but one was adult only and one was seeking funding • Some also mentioned a willingness to use phone and videoconferencing to improve rural access • At least one program reported being provincial in scope and the only program of its kind in the province – which created hardship for parents from other parts of the province
Youth who have recently immigrated to Canada	68%	• Several programs were specific to this group as above, but others served them if they presented
Refugee youth	68%	• Several programs were specific to this group as above, but others served them if they presented; • One program reported on a previous one-time increase in service to this group
Indigenous youth	84%	• All indicated openness to serve Indigenous youth, but a couple noted that they referred out to services that were more equipped to provide the cultural supports/connections
Youth with physical disabilities	71%	
Youth with complex medical conditions	58%	• Some noted that they were open to serving this population but might not always be aware of non-visible conditions
Youth with developmental disabilities or learning disabilities	90%	• One program mentioned that the demands of their programming (insight-based therapy) were not a good fit for some with these disabilities
Youth with mental health including addictions issues	97%	• Some qualified that youth with these issues were served only if they were comorbid with another condition (e.g. developmental disabilities). Many commented on the high prevalence of these conditions in the YTA population and the lack of sufficient service levels
Youth with Justice-system involvement	71%	• Several noted that they were open to serving this population but that this presentation was not, as far as they knew, common
Youth involved with Children's Services including Child Intervention services	74%	• Test interviews indicated that variability in terms used by stakeholders (e.g. child welfare or Child and Family Services) for Children's Services lent confusion to discussions about those services
Youth with gender-related challenges	81%	• Additional comments were made related to both gender identity and gender issues related to cultural diversity that impacted service
Youth with literacy issues	-	• This question was added too late in the series of interviews to produce valid estimates

3.2 Service Processes and Collaborations

Referrals

Most respondents indicated that youth could self-refer (61%) and that parents could initiate a referral (67%). For some organizations, in some cases the program was a service provider for a single entity and all referrals came from that entity, and as such, self-referral was not possible. For others, there was an openness to self-referral, but often the youth or parent lacked awareness of the service or the capacity to refer or no parent/caregiver was involved.

Turning Referrals Away and Frequent Reasons

Most agencies indicated that they tried very hard not to refuse service without redirecting the youth or family to other services, although they were concerned that youth would face waits for those other services. The most common reason for turning youth/families away was that they did not meet eligibility criteria (for this reason the example of not meeting Persons with Developmental Disabilities (PDD) eligibility was frequently mentioned), did not have the cognitive capacity for the services provided, or did not meet language requirements. Another common reason for turning youth or families away was insufficient service capacity, although this was not universal. A few programs were new and still under capacity and actively seeking clients. Examples of lack of service capacity were: limited classroom space, lack of housing spaces, lack of funding for inclusive post-secondary educational opportunities, and lack of volunteers (e.g. for tutoring or to provide homes). In some instances, volunteers were available but a match on gender or home location was not able to be made. In a few cases, respondents expressed that their limits were not related to their own staffing and infrastructure and that they would be able to provide more service if funding was available or with small increases in staff. A couple of respondents also indicated that they provided services (often to clients at older ages) because it was the right thing to do and was needed, despite a lack of funding for those ages - they just found ways to include that extension of service with their existing funding level.

Waiting Lists

Sixty-three per cent of key informants reported that their organization uses a waiting list and provided typical wait times. Two organizations reported that they never have youth/families wait; if they cannot serve them immediately they refer elsewhere.

Other Organizations Understanding of Offerings

Seventy-six per cent of key informants indicated that organizations that refer to them understand what they do. In several cases this was because they were a mandated service for a single referral source, and in others it was because they had put a lot of effort into reaching out to other organizations/programs to provide the information. A minority of respondents (27%) reported that organizations generally did not understand their services and as a result they did receive inappropriate referrals.

Use of Standard Intake or Assessment Tools including Transition Readiness

Eighty-eight per cent of respondents reported that their organization uses some kind of standard intake or assessment though in most (70%) it was described as a purpose-built form and/or interview focused on determination of clients' individual needs and goals. There were also a range of standard tools/approaches reported but only four (in bold) were mentioned by more than one respondent. Some tools were also program-specific within organizations.

Standard Intake/Assessment Tools Reported
Adaptive Skills (not further specified)
Casey Life Skills Assessment
Child and Adolescent Functional Assessment Scale (CAFAS)
Measures of Children's Participation and Enjoyment (CAPE)
Hope Scale (not further specified)
Outcomes Star System
Patient Health Questionnaire-9 (PHQ-9)
Suicide Risk Assessment (not further specified)
Mental Health Risk Assessment (not further specified)
Accuplacer College Placement Tests
Circle of Courage Approach related tools
Social Skills Assessment (not further specified)
Employability Assessment (not further specified)
Myers-Briggs Type Indicator (MBTI) and the Strong (Interest Inventory (SII))
Resiliency (not further specified)
Recovery Assessment Scale (RAS)
Personal Recovery Outcome Measure (PROM)
Life Domains Review (not further specified)
School Learning Readiness (not further specified)
Goal Attainment Scaling

Several respondents indicated that they were not entirely satisfied with the current tools they were using, and a couple expressed a desire to see some common measures across similar programs in order to better measure collective impact. Only two respondents reported using some type of transition readiness tool, and in both instances, what was described was a check-list of transition tasks to be completed rather than a tool assessing readiness of the young person themselves.

Use of Standard Program Models or Guidelines

Thirty-nine per cent of respondents noted that they did not use standard program models or guidelines; the remainder noted a range of specific approaches used which grouped as follows (those mentioned more than once are in bold font):

Specific Manualized Programs/Models/Guidelines	Broader Philosophies/ Approaches/Frameworks	Organization-level Quality Standards
• Triple P Parenting • Dialectical Behavior Therapy (DBT) • Canadian Association of Pediatric Health Centers (CAPHC) Transition Guidelines • Foyer Housing Model • Housing First • Specific curricula for education courses	• **Trauma-informed Care** (e.g. the ARC Framework) • **Natural supports framework** • Solution-focused therapy • Change Theory • Logic Models (required by the funder) • Recovery-orientation • Strengths-based • Peer Support • Harm Reduction • Co-development • Reflective Processes • Youth-led Processes • Resiliency • Belonging	• Accreditation • Commission on the Accreditation of Rehabilitation Facilities (CARF)

Many respondents emphasized their commitment to needs-driven and client-centred approaches, which necessitated responding in a different way for every youth/family as individuals. Some had developed purpose-built curricula, for example for psychoeducation. Several also referenced the professional practice standards of the disciplines in their employ.

How and with Whom Decisions About What Aspects of Transition to Work on are Made

This question was not applicable to two initiatives: one that does not serve youth directly and one that exclusively provides assessments. Of the remaining organizations, respondents described processes that were youth or family-led 59% of the time and program-led for the remainder. The program-led approaches usually involved working on pre-determined aspects of transitions based on funding or policy, but in a few instances the areas to be worked on were determined by staff based on observed needs.

Involvement of Parents/Caregivers

There was substantial divergence of practice on this characteristic of service driven by the focus and structure of the service or program. Thirty-eight per cent of programs reported that parents were either the central focus of service or heavily involved. For another 48% there was some participation, but it was limited to specific components of service, driven by the preference of the youth, or dependent on parental capacity. For the remaining 14%, parents/caregivers were not involved at all either because they were no longer in the youth's life or the program was serving older, more independent young adults. One respondent remarked that they are recognizing a need to engage parents more and making plans to act on this issue.

Service Collaborations

Respondents were asked to name the organizations with which they collaborated most often, and these were tabulated by the project team in separate documents. A few organizations that were identified that were not included in this sample were noted for follow-up.

Most respondents were quite positive about current collaborations – they expressed that collaborating was a necessary and expected way to work in the current climate, and that most colleagues in this realm were committed and dedicated to the work with families and youth ***("most remember why we are here"*** and ***"we are better together"***). Several described the importance of established relationships and noted that they went to great lengths to foster personal relationships with staff from other organizations. However, they also lamented the frequent staff turnover which required regular rebuilding of the relationships. When probed one respondent noted that they had not yet found a way to formalize connections to minimize these disruptions.

There was notable disagreement about the degree to which new legislation had impacted information sharing for better collaboration; there were a few mentions of it facilitating processes, but also a couple of strong opinions that it had not had any impact at the practice level at all and that some providers were still "hoarding" information. One respondent noted that information was usually only forthcoming once the youth was in crisis and that prior sharing of the same information would have averted the crisis.

We also asked about the aspects of collaboration that were working well and the aspects that are not working well. This question stimulated extensive comments that were collapsed into several themes listed below.

Promoters of Effective Collaboration	**Detractors from Effective Collaboration**
• Long-standing relationships • Connector functions (e.g. Children's Link) • Organizations evolving to work with those over 18 • Regular, proactive communication including face-to-face and site visits • Co-planning • Free flow of information • Children First Act has assisted information sharing • Openness of most agencies to learning • Using a Collective Impact Approach with tables at various levels to address issues • Information sharing (e.g. Transition Resource Fair) • Having a neutral facilitating role with the organizations • Keeping the focus on particular youth • Funding models that incent collaboration rather than competition	• Institutional (e.g. schools, hospitals) policies that limit community providers coming in • Time-constrained funding models (e.g. single school year only) • Agency adjustment to funders' new ways of working • Time and effort required to sustain relationships • Information hoarding (noted sharing most difficult with health) • Delays in receiving consent • Lack of common indicators of success/shared outcome measures • Territoriality (holding on to clients to secure or maintain funding) • The closure of some adult learning services • Recent reduced involvement of key players • Lack of community capacity (e.g. insufficient housing resulting in a requirement for a high level of acuity to qualify) • Practice trends ***"trauma doesn't quality a client for PDD"*** • Recipients of referrals can be mistrustful and question motives • Differences in philosophical approaches (e.g. the Dignity of Risk; harm reduction) • Different approaches to accountability of clients (e.g. degree of tolerance of missed appointments)

Although the question was aimed at collaboration among like/parallel agencies, a few respondents referred to collaborations with the client and collaborations with adult agencies. Regarding collaborations with clients it was noted that they work best when there are natural supports to provide history and assist from the start and that starting at an early age was most helpful. Additionally, it was expressed that requiring youth to be seen in traditional settings instead of meeting them where they are most comfortable detracted from collaborating with them.

With respect to collaborations with adult services, some respondents felt that adult services are generally not developmentally sensitive and that they feel they must convince the adult service to accept the young adult (described as "selling" the youth).

Criteria for Completion of Services

Specific processes for the end or completion of services were described by program and are tabulated in a separate document. Respondents were also asked to describe their criteria for deciding when youth were ready to move on or had completed the program. While again, the responses to this question were quite program-specific there were a few that were more general that could be characterized as being more conventional or structural (completion of a set duration program; turning 18; acquiring a set of skills [e.g. language level or grades] or more fluid ability to function with less support; having a sense of belonging/optimism/hope, confidence, self-awareness; having a support network in place; having what he/she needs to succeed and be happy; life satisfaction; healing from trauma; established engagement in education or work; integrated in the community; leadership ability; self-advocacy).

The 'hard stop' at age 18 for supports for some vulnerable youth was described by some as highly problematic, including being 'cut-off' on the 18th birthday regardless of when that landed in the school year and what else was going on for the youth, although other respondents gave examples of flexibility around this age change relative to the school year. One respondent stated that 100% of the youth they serve (youth in foster care) were ***not*** ready to function effectively as adults at age 18.

Successful Outcomes

Responses to the question about what counts as a successful outcome were more extensive and were not limited to the classical definition of 'outcomes'. They are grouped below according to the Donabedian framework of 'structure, process and outcomes'[1].

Structure	Process	Outcomes
• having their assessment covered • finished courses • having accommodations • completed applications • having ***'all the people at the table to support them'*** • financial supports in place • connected to needed programs/entitlements • # of students • # of assessments • # of placements • # of hours • # of classes	• ***"not hearing from them"*** • employed or attending school/training • awareness of future possibilities • checklist of tasks is completed • achieved parents' behavioral goals • active community engagement • when they know how to stay well • having the skills to manage their own health issues • better grades • staying out of hospital or jail • achieved own goals/feel ready to move on/expressing not needing us • know what they want in life and pursuing it • community involvement • self-advocacy, confidence	• better social/family relationships • self-sufficiency • life satisfaction

• course requirements	• parents able to continue with their lives • self-recognition as an adult • feeling heard, listened to, respected, supported, nurtured, safe, welcomed • fewer appointments, lower service use (ER, hospitals, police) • ***"small successes"***	

Notably none of the respondents mentioned using quality of life measures, which are common in health services outcome measurement, although several mentioned life satisfaction and one respondent referred to the 'Standard of Life' approach, which are similar conceptually. In one instance the respondent also spoke to outcomes that were beyond the individual youth/family level, referring to the desired outcome being ***"systems better serving children and youth"***.

Use of Specific Outcome Measures/Tools

Twenty-one per cent of respondents indicated that they did not use any specific outcomes measures/tools; a few of these also expressed a desire to use outcome measures or, among those using them, to use better ones (e.g. youth self-reports not just provider ratings). Some mentioned using self-developed tools, and/or using qualitative interviews on their service process with clients. Many expressed a lack of capacity for this aspect of their work. For those who listed measures, but there were also mentions of more specific outcome measurement tools as listed below. There is also duplication with the previous question on intake/assessment tools, as would be expected.

Outcome Tools Used
Swanson, Nolan and Pelman (SNAP-IV) questionnaire
Health of the Nations Outcome Scales (HoNOS)
Children's Global Assessment Scale (CGAS)
Youth Outcome Questionnaire (Y-OQ)
Child and Adolescent Functional Assessment Scale (CAFAS)
Casey Life Skills Assessment
Recovery Assessment Scale
Personal Recovery Outcome Measure (PROM)
Risk Factor Checklist (not further specified)
Hope Scale (not further specified)
Adaptive Behavioral Assessment System (ABAS)
Family/Client Satisfaction (not further specified)
Workshop evaluation questionnaires/stakeholder feedback (not further specified)

Final questions on the topic of completion of service included details of programs that clients go on to be served in after transition (i.e. adult services). The subsequent programs are very specific so are listed elsewhere. In this section we also asked more generally about the degree to which adult programs current understand the developmental issues related to youth transition.

Adult Services Providers' Understanding of Developmental Issues

Responses were quite mixed on this issue, but the overall indication was that there is substantial room for improvement. Forty-four per cent reported that adult services generally do not understand developmental issues for transitioning youth, 32% said the understanding was partial or variable, and only 24% responded that adult providers did understand the developmental issues. Several respondents qualified their answers by indicating that most adult providers were open to learning, but that the learning opportunities were generally not available (the example provided here was for trauma-informed care training and debunking myths about young adult behavior to foster more realistic expectations). Some also indicated that they looked for spontaneous opportunities to educate providers. One respondent articulated a more general sentiment that was also expressed by others in this way ***"our frustration is not with the service providers – it is with the process as set by policy – the government piece."*** Related issues that are also echoed in other sections were further elaborated via points and quotes like the following:

- FSCD builds family capacity; PDD builds individual capacity but the individual-capacity building needs to start earlier across these boundaries
- The focus on IQ rather than adaptive functioning for PDD eligibility is a major problem
- There is a general ***"lack of compassion for parents",*** (broadly) in services
- Systems lack forgiveness for the 'normal' mistakes that youth and young adults make

> ***"They do not understand the developmental needs of these youth. A lot of kids are sick of labels, 'disabled', 'child welfare youth'; they actively reject the stigma and the system – they want support for participation in regular programming."***
>
> ***"Alberta supports employment programs for youth and has recognized the unique needs of youth. This focus spills over to the adult world."***
>
> ***"Generally, these organizations do [understand] – but they are good at academic and career counseling but not as good at connecting youth to the community for other supports."***

As the interview progressed, the line of questioning moved from intra-program details to intra-organization and policy issues. The next sections report on responses that were increasingly general and higher level and contained a richness of observation and insight, but also considerable repetition of issues mentioned in earlier sections. This information will be important during the next Phase of the RCSD's transitions to adulthood work.

What Could Work Better (Regarding Adult Service Providers' Understanding)

In this section there were a range of views, many of which went beyond the focus on adult service provider understanding. In those instances, points were moved to subsequent sections.

The importance of communication and awareness raising was emphasized here again. Some respondents provided substantial detail on the effort they were making to improve understanding by other services, not just on the developmental issues, but also the complexity of the clients' circumstances and needs. An example given by one respondent was the need for understanding of what is required to support a young adult with FASD.

A second theme related to the need to work toward consistency in standards and expectations across services, ensuring that the connection to adult services is established and satisfactory before discharge from child/adolescent services, and ensuring that information gets transferred effectively.

A third suggestion was for the system to strive for *a* ***"broader coordinated effort across the needs; so not just transitioning based on housing or health but an integrated focus"***.

Some additional suggestions were made around the system's overall approach to transition issues. A few respondents advocated for working together on more of an ecosystem approach, which would involve examining and bringing in what the larger community can offer youth and moving beyond a risk approach to a connection approach.

3.3 Other Key Issues: Age of Majority, Guardianship, Inclusion

Findings for three specific issues of concern related to youth to adulthood transitions, chosen by the project Working Group for special examination in the key informant interviews, are presented in this section.

Age of Majority

The question about age of majority generated a set of responses around problems with hard stops for services and supports related to adolescents turning 18 years of age. Hard stops/starts were noted by respondents for each major service area/sector: Children's Services, Disability Services, Education, Healthcare, and Justice.

With respect to Children's Services, respondents acknowledged that some improvements had been made in policy in Alberta for supports for youth aging out of care, but several expressed the view that these changes were insufficient relative to the observed needs of these young people and in practice there were still enormous hardships related to the 18-year-old milestone. A gap in service alluded to by one respondent related to reductions in service after age 16 that, in the respondent's view, raised the risk of homelessness. Also noted was that shelter access for youth over 16 is limited, given that shelters are not funded for beds for clients at this age. Another noted that rules for Alberta Works and Children's Services related to part-time work and going to school create problems for youth rather than support them in achieving positive goals.

With respect to Disability Services, the transfer from FSCD supports to PDD supports was also still considered problematic, despite some recent improvements. The process was still seen as confusing and overwhelming for parents. One problem noted was families presenting for service too close to their child's 18th birthday to be adequately served. The most frequent issue expressed in this realm was with youth falling above the PDD eligibility cut-off on IQ while having substantial functional impairments; this issue was raised numerous times across various parts of the interview. There were also concerns about the lack of availability of funding for capacity assessments after age 18.

In Education, the loss of public funding after age 20 was identified as an important problem, as well as more general needs related to work and life preparation for youth prior to High School graduation.

In Health, there was a concern that referrals to adult services (in this case the example was mental health services) are not permitted until the client has turned 18, but that policy and long adult service waiting lists produced a large gap in service at a critical time. Note that while many issues are complex and fixes not necessarily easy, for an issue like this, a relatively easy change in service policy which allowed earlier referral would help (though it would also likely increase wait times for adult services a bit). While some adult services expressed willingness to open their adult services to younger ages, consent from parents is often still required for those under 18 and delays in participation as well as administrative burden can be introduced by inability to get consent.

Another set of challenges and examples related to the age of majority issue concerned the rights and abilities of youth. At 18 years autonomy with respect to decision-making, including the right to refuse service, is conferred; and yet not infrequently the capacity for sound decision-making is not complete. On this issue there was particular concern about youth with impairments and concurrent problematic behavior. It was noted that some were being transferred and residing in psychiatric units and some were in the community or homeless with risk to their own and others' safety. It was noted that there were few beds for certification and a lack of availability and resources for capacity assessments. It was noted by several respondents that a small group of these youth are known to multiple providers and that recommendations could include a collaborative solutions table, a cross-Ministry fund for supports and ideally a secured/supportive treatment facility.

Also, in relation to rights, one respondent observed that while 18-year-old youth are technically entitled to their service records, in practice this was not happening. There were also concerns expressed about the financial entitlements conferred at age 18 to some youth without the capacity

to manage the funds in a healthy way. Another area of concern was the loss of ability to inform parents/families of suicide risk, as well as the refusal of parent involvement and/or lack of capacity when natural supports are needed.

Some respondents also commented that the emotional aspects of reaching the age of majority were not sufficiently recognized by service providers and society more broadly. They empathized with the desire of some youth to get distance from services and the stigma arising from associations with services although they are not ready for independence.

Throughout the interview respondents gave examples of how they are trying to soften the hard stops related to age of majority. With the few examples that were given, there is an impression that there are many others that were not fully articulated.

One example was that some programs not previously serving youth older than 18 years are now applying for and getting funding to serve older ages to better support transitioning youth. A second example is a mechanism in Alberta Health Services which enables physicians to provide care after 18 as well as a transition coordinator function that assists transition-aged youth. In a third example, some programs are welcoming 'graduates' back at older ages for events or to check-in for advice to maintain connections, with programs finding the resources on the side of their main services in the absence of formal funding. Fourth, in some situations where agency staff are unable to obtain Guardian sign-off for service-related decisions for youth, social workers have been able to provide the necessary authorization.

Guardianship

On the topic of guardianship, organizations were either very involved in assisting families with the process or it was not an issue for their client population at all. For those with involvement, some respondents expressed that the process is still cumbersome, with waits for Office of the Public Guardian and Trustee (OPGT) services. A need was expressed for greater awareness of some newer options, such as supported decision-making/co-decision-making. Concerns for parents were also expressed – that they were often overwhelmed by the process, that some were not able to manage the requirements of guardianship, some not understanding that it is legally binding, and some not able to pay associated administrative costs. Concerns were expressed about youth above the threshold for PDD support and/or youth with no natural supports potentially needing a public guardian. Capacity assessments were needed and in some cases were being provided by the clinicians involved, but this was noted to be non-ideal in that it interferes with the therapeutic relationship. Once again on this topic, the importance of family and service providers starting the conversations early with youth and families was stressed as being critically important. One respondent felt that with the right supports, foster families could have a bigger role in this area.

Policies or Practices Related to Inclusion

When asking respondents about inclusion policies and practices, we had a broad definition to aid discussion if requested but, in most cases, a definition was not necessary and respondents very readily spoke to this issue. Most referenced organization-wide policies, though one noted

these to be in development. A few others indicated that they had no formalized policy and one noted that accreditation standards were the foundation of their policies. Most respondents described inclusion as a strong core value and central part of their everyday practice, as illustrated by this quotation:

> ***"Our organizational policy is very broad. One of our core values is belonging. We see a huge lack of inclusion for many different reasons. All of our staff feel like advocates for inclusion. It is part of a client-centred approach."***

Many included the concepts of diversity, belonging, connectedness, respect, and intersectionality as part of their approach. The biopsychosocial model was mentioned in one case and in another – a focus on natural and community supports available to all. Most noted that they serve everyone. This was qualified in some cases by target population or capacity considerations but there were never exclusions based on gender, ethnicity, disability, or sexual orientation.

Other inclusion related practices were self-directed aspects of care, peer support, recovery orientation, trauma-informed practice, outreach to youth in their own locations, accessibility services, meeting people *'where they were at'* while encouraging harm reduction and abiding with laws. Some agencies provided examples of special events and encouraging re-connection after moving on as ways to foster a sense of connection and belonging.

> ***"We prefer the social model, not just inclusion on its own. The social model is both/and. It is acceptance and pride in differences, being involved in all the same entitlements as non-disabled but also specialized groups and services."***

> ***"Inclusion practices in schools that could help the whole class – universal design – are good but there are still some who will need something different – isn't that still being inclusive if you participate in society in a way that works for you?"***

This respondent also identified a need for youth to have more opportunities and safe spaces to connect with peers (of all kinds) for connectedness to each other and community for quality of life and self-advocacy.

Another core value expressed by many respondents was the importance of seeing clients' humanity and keeping their hopes and dreams central in a client-centred approach:

> ***"We try to see people just as they are without focusing on diagnosis etc. What are their dreams, challenges etc.?"***

> ***"Essentially the bottom line is that regardless of degree of disability, we don't see anyone as being less human. Everyone is equally human in the totality of their being. They have as much to contribute to us, as we do to them."***

"We go to the heart, we find out about their values and how can we help them to support those values".

The downsides of non-inclusive attitudes or practices were also elaborated:

"It is a moral question, we need to figure out structures to enable inclusion; involuntary segregation, marginalization is immoral."

"We know the impact of loneliness, the value of social networks. We shorten lives of people with disabilities to the extent that we allow them to have lonely marginalized lives."

Respondents also spoke about their work with other organizations related to inclusion. This work included advocating for individual clients (e.g. in the use of chosen names for transgender clients), including the principles in presentations to other organizations (e.g. employers), and actively seeking to work with organizations that also had inclusive practices.

Many reflected on inclusion related to the parent/caregiver perspective. Involving the parents in meaningful ways could be a challenge sometimes; for example, when personal or cultural values differed between providers and parents on the vision for adult life for the young person. Some expressed the importance of honoring the wishes of both parents and youth regarding the type of involvement they wanted; some desire connection to the community of peers with similar conditions and others do not. However, a nearly universal perspective of families was expressed:

"Every family wants their child/youth to be included in life as much as possible. That is a core goal of families. Inclusion looks different for everyone, but parents want a full life for their child, participation at whatever level is possible."

Regarding inclusion for parents/caregivers themselves, some respondents talked about the degree to which having a child with disabilities can challenge parents in terms of full inclusion in society in their own lives and indicated that they tried to support parents in finding and keeping desired connections for themselves.

A few key current challenges related to inclusion were also noted. A need for parents to have more information about the options for modified post-secondary programs and what they could and could not offer was underscored. There were also concerns about managing expectations of youth around options for accommodations in post-secondary settings. It was noted that inclusion requires a lot of capacity building in the community; an example was to foster understanding and collective supports for youth with challenging behaviours or emotions.

One predominant theme was the view that lack of PDD support for youth above the IQ threshold was, in itself, not compatible with an inclusion policy for youth with high needs. A related comment was the need, even among providers to stop seeing youths' presenting problems as deficiencies but rather as system or support failures:

> ***"Stop seeing homelessness as the presenting concern but rather the lack of a transition plan and a lack of connection and inclusion. If a kid here runs away, we don't see it as homelessness we see it as a need."***

There was also continuing concerns about the impact of stigma on service access more narrowly and inclusion more broadly.

> ***"There is the issue around stigma. If you were to say my child has [X] they might be disqualified from a job. Need natural supports. If you don't admit it you can't get support, if you admit it you might get stigmatized."***

3.4 Barriers, Gaps, and Recommendations for Change

In the final section of the interview, we asked about barriers and gaps (for youth and parents/caregivers separately), recommendations for change to the local service system (immediate and longer term) as well as at the policy level. The interview was concluded with an open-ended question inviting any other comments that respondents wanted to make. Together, these questions stimulated more than 400 comments. There were some similar themes within and across questions, but most were unique comments that did not readily collapse into major themes. To avoid losing depth and richness of information relating to the local service system, much of the detail has been retained here to best inform Phase 3 (the Connector position). Some comments were revised for brevity, but the original phrasing has been retained for many.

<u>Most Important Barriers and Gaps</u>

Respondents were asked to think about the 'system' as a whole and identify the most important barriers or gaps, first for youth and then for families and caregivers. The comments are listed here in order of those most frequent to less frequent (with the frequency in square brackets); although for the majority there was only a single comment. Some gaps and barriers noted in this section related to the service system rather than specifically to youth or families, so these are listed separately.

For Transition-Aged Youth

- Lack of mental health services (at all levels – community, acute care, counseling, assessments) and specific barriers for access to assessments and counseling (both availability and funding) and particular groups of youth (e.g. FASD, ADHD, addictions, youth with vulnerabilities). [9]
- Lack of support for those who aren't eligible for PDD but don't have adaptive skills (some referred to as 'above threshold' youth and examples given were those with FASD, ADHD, ASD). [8]
- When children with complex needs turn 18 the funding isn't necessarily there; they may not be eligible or receive reduced funding/service or help getting into the workforce. [8]
- Lack of housing generally (availability and affordability), and specifically housing models that include supports for youth including on-site mental health supports and for youth with complex behavioral issues/risk. [7]

- Lack of adult services more generally for supporting youth emerging into adulthood; some particular gaps at ages 16-18/18-24 and particular youth (e.g. developmentally-specific health services for newcomers with congenital disorders). [6]
- Income support issues and lack of a smooth transition to PDD or AISH: different eligibility criteria between youth and adults e.g., FSCD to PDD and more broadly lack of income supports during transition (e.g. the Joint Integrated Measures for Youth program, which was cancelled) or for youth with particular issues (e.g. Children's Services won't open a file for a homeless youth); problems with the AISH process including family physician charges for paperwork, insufficiency of Alberta Works supports and lack of support for money management for those who do qualify for income support. [6]
- Lack of employment opportunities and employment supports for youth and for more understanding by employers. [5]
- Youth feeling disconnected, lacking social connections and belonging and lacking a vision and hope for their future; lacking motivation/goals; lack of places and opportunities to connect meaningfully with peers and society. [5]
- Inability to make referrals to adult clinics until the 18th birthday and then there will be waiting list, so they have a gap in health service. Clients are well-supported at ACH but adult clinics across the city may be less attentive. Lack of adult clinic for certain populations entirely. [3]
- Increasing complexities of children's health care needs and corresponding increase in service needs. [3]
- Language (especially for entry to post-secondary education and employment) and cultural barriers. [3]
- Lack of responsiveness [of the education system] to the students who don't finish grade 12 and don't go on to post-secondary; this group is increasing every year, but the system is focused on matriculation; too linear; lack of individualized approach for different needs/learning styles etc. and loss of funding at age 20. [3]
- Lack of inspirational adults/speakers/role models/mentors. [3]
- Lack of trauma-informed approaches. [3]
- Schools aren't very tolerant of variations from the norm. Kids get kicked out. When youth don't meet the expectations, they can get discharged because they haven't met the expectations; graduated requirements are needed. [2]
- Lack of educational services (closure of [former program]); courses suitable to their age group; career guidance. [2]
- Post-secondary education is too expensive for many youth now. [2]
- Justice has a punitive nature. We need them to see that there are alternative ways to deal with these chronic young offenders. We have a crisis – systems, jails, shelters are full of young adults (e.g. with FASD). [2]
- Youth lack of preparedness for adulthood - there is a big barrier in taking responsibility – they fear 'adulting'.
- Planning for transitioning to adulthood starting too late. [2]
- Continuing elevated need for programs/services for Indigenous youth. [2]
- There are youth who are hard to reach but would benefit from support. They might not be in school or working and they are hard to reach.
- There is a disconnect between health services and community service providers. Health services need to be working with us; they see our clients and then discharge them without connecting back to us.
- Hard to find a family doctor who will take on youth with complex needs.
- The numbers of students in schools who are in crisis (settlement, food security, family breakdown).
- Barriers to agencies helping youth in the schools due to jurisdictional issues.
- Lack of realistic expectations about post-secondary outcomes.

For Families/Caregivers

- There is a lack of supports and information for parents and families themselves; parents' coping strategies are not well supported/they may be unable to start transition planning because they are overwhelmed. [7]
- Parents are tired and have put so much energy into getting their child through school, and they don't know how to advance them into employment. There is not enough funding to start the work earlier with parents, caregivers of youth (i.e. start under age 18 to help with employment) and those who are ineligible for PDD funding. [2]
- Parents' expectations (too low or too high) and difficulty in letting go. [2]
- Big challenges with parents who have mental health or developmental disabilities themselves. They don't know how to help or to get help – they don't know their son or daughter can get housing/PDD support. [2]
- Supports for natural supports is lacking, including foster parents and adoptive parents. When youth are transitioning we think of removing natural supports instead of nurturing natural supports. The average age kids move out at age 28 and we are asking kids at age 16 to not consider natural supports. We tend to support service providers as the supports, rather than nurturing the natural supports. [2]
- Language barriers and cultural barriers to communicating with schools and knowing about and accessing services. [2]
- Parents lack income to pay for things like assessments/psychological services. [2]
- Parents lack time, funding, and services to cover all the needs/families are only offered the basics – they used to want their child to move out, but this is not tenable, so many are still at home – huge burden pushed back on to parents.
- Providing families with funding but not services. For instance, a family could get money for respite but not a person; they must find this person.
- Immigrant families have lost interpreters in some services. The AHS telephone language line is used but it is not as good for conveying complex medical information.
- Insufficient supports for family connections and early supports for families/early intervention.
- Families may be trying to manage two self-managed care contractors (PDD, AHS). They need to have bank accounts for each of these and it is a lot of work for families. These services could be harmonized.
- We give families a lot of service in child services but much less in adult services.
- Drastic change from before 18 to after 18 for most parents; little help with a gradual approach; lack of clarity around role for parents when a child becomes 18; what level of involvement is appropriate. Parents are fully in charge until 18 and then not involved at all – that doesn't work that well. What is the emerging adult parental role?
- Too little focus on parents as a stakeholder group.
- Families are not seen as dynamic, changing, and evolving – too much focus on managing risk.

Regarding the Service System

- We don't look at the younger children and see their trauma history and needs and adapt services to better support them enough. [2]
- We must shift our service models to serve youth through the transition to adulthood rather than having age limits. [2]
- We tend to look at what program youth can get into rather than what kind of life they want.
- As a system we are starting too late.

- We lack a life course approach/long terms view of the youth's life; the approach should be that youth have needs and then have different agencies come into that person's life at various times to serve them. We need to open up to create a system not a bunch of fiefdoms. A true system would allow people to move through it.
- We tend to think of transition as a linear process e.g. employment, natural supports. There is a tendency to look at this as a check-off list. We need to think more individualistically, more organically.
- The system doesn't understand that there is a vulnerable high-risk population that needs support at a high level over the long term.
- We don't know how to measure if youth are ready to transition and what it means.
- The system doesn't understand the difference between childhood trauma and FASD and the complexities and challenges of the latter.
- So much turnover in agencies.
- We have a deficit-based system.
- Accessibility criteria mean that people need to fit into a certain box to access service – diagnosis-focused rather than person-focused.
- Schools not working with community agency providers on assessments and allowing community providers into the classrooms for observations.
- Employers lack cultural sensitivity/competency.
- We don't do a good job of following the kids who are complex and using better housing models (e.g. Housing First) with them instead of waiting for them to run away and become homeless. We should identify those who at risk and find a housing option before they age out of services or exit prematurely.
- Overall, age 24 for services to end is too early; statistics indicate emancipation average age is at 28. We attempt to "transition youth out" by 24 but this is often earlier than would be done for typical children who have parents. These youth may have very part-time parents and complex needs and we expect them to transition quicker than typical youth.
- We are great at making plans but not as good at follow through with actions; resources go into planning or reviewing services but does the rubber hit the road? If studies don't result in change, the money would be better spent on service delivery.
- It is great to say what would look better but if the dollars aren't there it doesn't happen.
- Competing for funding is problematic.
- There is no "runway to transition services". People are not aware of the importance of early transition planning and there is little to create awareness or support early thinking about transitions.
- Need more awareness of transition services that are available and of the need to begin transition planning before 18 or before end of schooling.
- Our services are focused on independence at age 18 but it should be on flexibility and on connection, belonging.

<u>Most Important Recommendations for Change</u>

For this question, each interviewee was asked to provide their three most important recommendations for change to services for youth transitioning to adulthood in Calgary and the surrounding area as a whole. As with the previous section, many respondents mentioned recommendations that related to the policy level rather than the service system level. The detail for those recommendations are listed in a separate document with high level themes only reported on page 40. Once again, the service-level recommendations were very diverse and did not lend themselves easily to categorization, so much of the detail has been retained here. Where existing or previous specific programs were named and recommended for expansion or reintroduction; program names have been removed but are documented elsewhere. Responses were grouped loosely into six categories, though distinctions were not always crisp.

Service/Program Changes

- There is a need for a one-on-one navigator. [2] *[Note that in one case this was qualified as being helpful but not sufficient – that is, a navigator cannot connect youth/families to a needed service if it is not there]*
- Stretch age range of existing programs and services; Increasing age of service – we would like to be able to work with young people for another year. [2]
- Natural supports and support for these. [2]
- Some new programs help youth finish school. More of this kind of initiative is needed.
- Children's Link has a great form that talks about needs at different ages. This is a valuable document that child welfare workers, FSCD should have and use.
- Greatly value the support of [specific provider and program] – don't know what we would do without them.
- Educating and supporting families and systems to start supporting transitions earlier (e.g., age 16) so there is enough time to transition.
- Step down system for children who are wards of government so that their transitions can be more supported.
- Supports for those youth who don't qualify for AISH or PDD and aren't going to make it into employment in something like a trade. How do we give them the skills, so they can have a place in society?
- Understanding the process of transition – how do we do it – huge issues – e.g. after an 8-month wait for adult services my client missed an appointment and her file was closed.
- A navigator program to assist children/families transitioning from with child FSCD to PDD and guardianship – this is the biggest current challenge – they have tried to make it easier, but it is still too long and difficult.
- More accessible and open services, fewer criteria and limitations.
- Thresholds on age limits need to be fluid – if still sticking to the age of majority work together to get them the services.
- You have to have knowledgeable, well-seasoned, well trained staff.
- More services targeted to ages 18 to 24 including targeted to various groups of youth – each group has unique needs.
- Increase work with those who are engaging families: Those who are going to be involved and engaged with families need exposure to these ideas about inclusion and transitions, so they can help broaden the vision for families. We need to start thinking about how to have community soccer groups open to people with developmental disabilities etc. but we need people to see these possibilities.
- Increase work with families in understanding transitions: Support them to have a broader vision and don't get boxed into programs.
- Develop more mentorship programs to ensure that children and youth have a community mentor.
- Get other organizations to understand the needs of transitioning youth.
- Philosophical understanding that 18 is not an adult – developmental understanding and the impact of trauma – skills for adulthood take time, there needs to be a safety net for mistakes.
- Guardianship issues around being involved past age of majority and supporting families who need to become guardians and get legal documents in place.
- Recognizing the importance of families and parents and building capacity in parents to understand how to best parent the emerging adults. Educate parents about their new role. Parents may be isolated from other parents and don't understand the role. We need education and support for parents about their role.

Education/Employment

- [Specific organization/program] is a good initiative because it has pulled together [multiple providers]. It is looking at what will happen to the learners who won't complete school.
- Supporting education that leads to employment: building education programs around career pathways.
- Increased employment or work experience opportunities including guidance about choices.
- Prepare youth for the "Fourth Industrial Revolution: Age of robotics, analytics, technology and automation". How do we prepare them for this? To be the manufacturers of all this technology. E.g. Science, technology, engineering and mathematics (STEM)/technology is paramount now.
- We are trying to change attitudes that there are multiple pathways to success – not just university – we need to promote other paths – trades are still stigmatized.
- More programs that serve clients with low English levels. [This program] is offered only in English because most employment opportunities are also in English.
- Adult education services like [former program] that would allow for transition from high school.
- More done in high schools to prepare youth for the transition; this might help address the youth who finish school and have challenges launching. Start earlier and within the schools.
- If education system was revamped to be more relevant kids would finish school with more appropriate skills for what they need in the work. Education system doesn't focus on equipping people for employment. Resume writing and budgeting needs to be taught in school.
- More robust career planning in schools. At [provider name] they are designing personal plans.
- There were 5,000 participants at recent youth job fair. There is huge competition for jobs. We teach our clients how to find employers, how to do information interviews, but we can only take 12 at time.
- We need to do better on employment services – support at school and employment services that covers the YTA time span – a sequential plan with oversight and acceptance that it is okay to change course.
- Employment opportunities for those under 20, for those who have barriers due to disability, being a newcomer, having mental health issues, experience with Justice system. Services need to include employment and long-term career planning.
- Letting learners know what kind of diploma they are going to get and its limitations; some kids think they have graduated but they are below grade 12 level and have some limitations on what they can do with that.
- Supporting kids to not quit school.
- Employer awareness of the benefits that vulnerable youth can bring to the workforce.

Collaboration

- Funding models that encourage collaboration.
- Greater need for collaboration across services and between child and adult services.
- Coordinate organizations – who does what? We need to clarify and coordinate at multiple levels. For example, the [specific Foundation] brought the community together to decide on what was missing and this led to a group to advocate to government. Multi-level coordination is needed.

- We need to explore what being collaborative really means. It is setting aside our jurisdictional isolation. School boards lock their doors and walk away. At [Specific organization/program] moved our program to [an agency's location] without any cost to the agency and help them improve their service. There is no charge.
- Multiple agencies offer the same or similar programs and so it costs more for the government to pay this overhead and it is frustrating because clients say I can get it at [specific organization/program] organization for more weeks.
- Doing what we are doing [specific organization/program] to get players interacting.
- More collaboration would be good but need to understand roles and mandates, have realistic expectations.
- More fluidity and flexibility within and between systems – Youth Justice is too black and white: on probation or not. If not showing up for medical appointments, they will get a bill. Health is pretty black and white – if not showing up, they get kicked out].
- Effective use of resources – system level: Want to make sure the money is used effectively at the systems level. Systems level work is important, but it needs to yield results.
- Information sharing: There are barriers to sharing client information (FOIP, confidentiality) that result in redundancies and duplication of service. Health providers are protective of information, but it needs to be shared; avoid telling stories over and over.
- Condense and collaborate – condense into a process map. There are too many organizations; 40 different service providers [in the disability sector] can't monitor quality outcomes. There are too many different silos. People who make the decisions are unsure of what to do.
- We need to understand what funding is going in, what outcomes are being realized, develop a process map, clarify what we want transition to look like.

Mental Health Services and Supports

- More funding to care for youth who need psychology services and are self -harming. [9]
- Trauma-informed practice is needed. [3]
- Purpose built housing is needed. [3]
- Need to address gaps in mental health system for 18-30-year olds including for particular underserved groups (e.g. FASD, autism, youth with vulnerabilities).
- Dedicate more funding to mental health, acute, community, counselling, assessment.
- Mental health services and supports more available and accessible.
- Provide access to needed resources in a timely manner. In the event of a crisis get timely access. In the case of mental health and addictions, we need to be able to jump when clients are ready to address addiction. Waiting lists don't work well when youth have a window of readiness.
- More resources and programs for mental health and addiction.
- More mental health services for youth and children, not just counselling, need trauma-informed approach, including mentors, an apartment complex for high risk, and practical supports.
- Develop a multi-disciplinary health care clinic for youth/young adult refugees who have congenital disorders.

Youth Engagement

- Do a needs assessment for youth transitions – find out what is needed; speak to the youth – very important to consult with youth around needs.
- Need to have stronger voice about services for this age group. Services are being cut e.g., [former programs/projects]. Services for youth don't seem to have a strong enough voice.
- Include the youth voice – find out what youth want and provide that – client-directed. [co-development and advisory role]
- Acceptance that youth can be leaders and giving more power to them to be leaders – The "hierarchy" needs to be excited about the skills that youth bring – can enhance employment picture. Give youth the opportunity to change the workplace and the way we work – it is a new world. For example, look at the leadership role assumed by the youth involved in the Florida school shooting. We need to look at new ideas and freshness offered by youth.

General Approaches

- Start planning for transition at a younger age 12/13/14 at the latest. [3]
- Need to create life plans for clients; how do we it over the course of a life, not chopped up by jurisdictions with closed doors that are not letting people in.
- At the age of 15 or 16 we need to identify and flag the youth who will need financial and program support, so we don't have youth at 19 emerging with no support. Schools send notices home, but parents don't always pick up on these. There needs to be more effort or focus on identifying who will need service and making sure they are aware of the services and connected as appropriate.
- We are missing young people who aren't engaged in school or employment – we don't know who we are missing. We don't get referrals for them, we don't know where they are, how do we find them? They can get lost if they aren't working or at school – they might be living with parents or roommates and unsupported, not working, not going to school.
- Huge need for programs/services to be developmentally sensitive.
- Support must match the needs. Take the knowledge that is gained about the youth and make the best possible match not just an available service.
- Surrounding high needs kids with wraparound is excellent but then when they do well we take it away.
- Increase work with communities to see their role in inclusion: Not just offering special programs for people with disabilities but finding ways to include people with disabilities in regular programs. We need to increase community capacity for inclusion.
- Services that can stay over the transition period – not stopping at age 18 and keeping stability in service providers so everything isn't changing at once.
- Thinking about transitioning earlier than age 18 and seeking it as a more gradual transition.

Suggestions for Alignment of Existing Programs and Services

In this section respondents were asked to think about the service system in Calgary and area as a whole, and to comment on what could be done immediately to improve alignment of services, as well as what actions would be beneficial, but would take more time, effort and resources. The responses echoed the recommendations for change above, as expected, but some were more specific. As before, the details for suggestions that implied action at the policy level were moved to a separate compilation and summarized on page 40.

Immediate

- The model of supporting collaborative practice, care coordination – the [specific program] model.
- Navigator role.
- Multidisciplinary/agency meetings to discuss and address needs.
- Case conferences to help support transition could be set up at age 16 or later depending on complexity. Pull together the collaborators from both adult and child care systems.
- Provide mental health services for those who can't engage in therapy but have an IQ higher than 70.
- Better understanding of FOIP – if working in best interests of family we are obligated to share information. There is a reluctance to share IQs.
- Better relationships between adult and child psychiatrists, a way of improving how we work together – have some resources shared between adult and child services – e.g. case management in the health system itself. We used to have it from PDD – but they moved from case managers to a service coordinator model – the service coordinators are overworked, not informed, very busy – they need to do more than just put their client on a 2-year wait list for housing – they need to advocate and be active.
- We have to work collaboratively as no one organization can do everything.
- Centralized website containing information about YTA related services, but it would take time to build and people would have to use it.
- Note: There used to be an assessment centre funded by Service Canada that was good. Youth would have to go there before coming into [this program]. The centre would assess clients and send them to the program that best suited their needs. Focus was around employment primarily.
- Environmental scan and mapping about who does what and backed up by what are key components in transitions. This would clarify how much we have of what is needed and what is missing. You could focus in on one area such as mental health and work through it and identify solutions – some of the findings might become replicable to other areas. This could lead to longer-term work in other areas.
- Policy changes – This demographic is not represented specifically in policy. We could work on really getting a focus on youth in each sector's policy (i.e., health, education, child welfare). We could pick one area of policy and focus on it e.g., How does legislation prevent completion of high school?
- Enhanced knowledge about programs available in the community. There is so much out there but everyone is so busy and pushed to produce more with less. Getting together to learn about other's programs is difficult. Workers need to want to learn and seek out information about other services.
- Children First Act – could be used more? Commitment to collaborate in a timely manner from all departments who work with youth/young adults. More responsiveness to address issues e.g., I can call [Children's Services] over a concern, they won't call back. Sharing information about programs and services for youth. When programs are cut what do you do?
- The Collective Impact Model, working together to solve issues, helps you learn more about other programs but it is important to have the right Champions. We could collaboratively identify the ability to impact an issue. We need to decide where we get the biggest impact.
- Encourage more collaboration and sharing of resources as an attempt to reduce silos.
- Develop a cross ministry committee for YTA.
- Align the groups that are trying to align youth services e.g., [specific initiatives].
- Alignment of government service sectors with each other and with the not-for-profit sector: There seems to be the sense that agencies are not aligned. The not-for-profits are aligned, and many work very closely and collaboratively to maximize the services offered. The alignment issue is about alignment between not-for profits and the big systems – health, education, disability services, children's services, justice. These big systems don't seem to interact well with each other or with the not for profit sector.

- Role of Education Sector: The [program name] is a good program that is working in schools, providing success coaches etc. Why isn't [the education sector] doing this directly?
- Getting decision makers to the table for collaborative efforts with the big systems: Steering group that wrote [specific program] had challenges getting Children's Services to the table. We need to have people at the tables who have authority and will stretch boundaries, not stay stuck in their mandates.
- Ensuring that initiatives pertain to the agenda of key stakeholders. The success of youth plan was that we got enough Children's Services support to get the plan vetted at that level. If what you are doing is on their (big systems) agendas you can make more progress.
- We need some kind of referral table – partnership – listing kids at 16 and starting to plan – it is a myth that we are in competition – we all have more work than we need – but there is a bit with [specific organizations] – but when focus is on the kids we work together – mentioned TED talk about family in the US with 70 service providers (Hilary Cottam – 'Social Services are Broken: How can we Fix Them?') and all ineffective – only one was able to tend to all the needs and actually helped.
- Involving agencies at the table; recognizing specialities and deciding how to work together.
- Silo effect is breaking down; we are inspired by our relationships with AHS and clinics – a lot more complementary approach now than previously.
- Alignment with schools: We wish that schools would work more effectively with us.
- Alignment with health: This is so difficult. Every mental health program has its own criteria and wait lists. People get triaged and sit on a waiting list for 9 months and then determined to not be a good fit. Listening to people and personalizing services – if a program isn't a fit find something that is – don't just spit them out to triage again.
- Services and programs that interviewee deals with are quite well-meshed; agencies/services have had a long history of working together and have good alignment. For instance, [program name] sends information about the transition fair to 500-600 families. Agencies have been consistently involved and this helps with alignment.
- More understanding of what is 'out there' (services) – the internet is not enough to make connections happen.
- A collaborative problem-solving approach – collaborative model/cross agency planning can be very effective – it would be a quick win – more coordination – working at the client level OK.
- ALL kids act out – we should all be using trauma-informed care.
- Absolutely need alignment as this would help reduce stress for youth and families. They are telling their story over and over again.
- Children's Services had transition specialists for a while they and started to attend team meetings and could educate the team and facilitate this exchange of information. But when demands increased those transition specialists were eliminated.
- Funding is better spent on improving overall capacity than on navigators. With improved capacity you will have less demand on front line staff; if you have huge caseloads you don't look up from the desk to connect with others.
- More increased accountability – for our program we consider what worked and didn't work well, Important to be able to talk with partners about how things could be done better and follow up on what improvements have been made. Sometimes when there is a problem it is written off as just one case, but it is likely a cluster of individuals, there are patterns we could pick up on.
- We are all doing good work but in our own spaces. We are so busy, we have to make room for one more group, one more meeting – it is challenging.
- We need to gather cross-sectoral collaboration opportunities e.g., bring different people to the table to come together as a group with a common goal of supporting youth transition – involve the not-for-profit, corporate sector.
- Need shared outcomes; people align better if funded on the basis of collaboration.
- Systems are never going to be simple, so part of the solution is to have navigators – people who have knowledge and understanding of systems and they make it work. This would be part of system coherency. Only focal point for the navigator is the individual family, not an organization or program.

- Meeting face to face.
- [Named School] does a good job of bringing a range of organizations together to meet every three months; this brings together the people involved with refugees and immigrants.
- Updated resource list of services for youth in city - identifying the populations and ages served, referral process, key contacts.
- It would be handy for us to have some kind of standard readiness tool – and to get in the habit of checking readiness.
- Programs should come together in support of kids – we have one for Indigenous kids – we conference/collaborate on all our kids – this needs to be expanded.
- We could have a rite of passage – maybe at 16 where everyone comes together to celebrate these kids – we gather all the people around them broadly – their 'gathering' – they can tell their story – Darla Henry work on story telling could be helpful.
- Knowledge is lacking about programs. Our funding program is not advertised as we aren't in the business of breaking up families [by providing support for living away from family home].
- Not all high school counsellors are aware of programs that would help youth. Guidance counselors are busy with counselling, career counsellors are busy with career information. There aren't people in the schools who are aware of the range of services in the community. Have social workers in the schools. Police can go into the schools but not social workers and social agencies.
- Information doesn't get shared among service providers because of FOIP, or because they are not part of the same union.
- We would benefit from some hard indicators of successful transition. What are we measuring? Do we look at baseline functionality and change? Even if it was something as simple as employment, not all employment organizations use the same indicators of employment success e.g., is it Yes/No, at what time point? Our six-month outcomes measures need to consider case complexity – some people are non-verbal, or self-injurious. How do you develop quality of life outcome measures?
- The structure of [named program] has been to try to bring better alignment – it has worked well – the model is an orchestrating organization – but we don't always succeed.
- Complete this project to identify the gaps including in relation to government strategies. Identify who else can or wants to do this. Identify the barriers to getting players together i.e., the roadblocks for [named players] etc. to work together.
- [Named Foundation] coalition model is good.
- PDD also does quite a bit of coordination once you are in there.
- Group triaging would be helpful - bringing service providers together.
- Better coordination in PDD and Homelessness areas.

More Time/Effort/Resources

- Larger sector tables that provide a wraparound approach. Youth sector has a systems table since early 2000s with discussion about how to align services.
- Single window access: For government-funded services (e.g., Home Care, FSCD, schools, PDD).
- Focus on 18 to 24-year-olds – have special programs for this group. Could get a coordination worker for clients in this age category.
- A central data base would support collaboration - 27 IT systems (across 8 different programs) discourages and prevents collaboration around a client. Pizza 73 knows your name, address, and last pizza order when you call, but with every government worker you start over again. None of our systems communicate with each other. Before I go out and work with someone I should know their story – difference between citizen-centred and bureaucratic-centred services.

- We would love to offer things like a day hospital, group programs (like at the [named center] – we have started emotional regulation groups and would like to expand but there is only me to do that. We would also love to have designated inpatient beds – there is lots of need for admission but can't – can only get someone admitted these days by certifying them and sending them in an ambulance – the units say that they don't want to take behavioural issues – but for these youth behavioral and mental health issues are pretty much the same thing.
- Governance: Our issue is when you hire deans or executive directors the job is to hold the system as it is. Need to look at governance –the boards and governors at school boards, community agencies, and their fundamental role. It tends to be protectionism. A board thinks its role is to back the CEO but it is to be accountable to the community.
- Central referral agency helps clients get the support that is best for them across service providers, not what is best for them at one organization; it also helps avoid agency "cherry picking" among clients. On the downside if I spend the money to find clients (marketing) and they go somewhere else it is a challenge.
- Reduce silos – get education, justice, family services, health to work together. When you have relationships with people you share well; there has to be trust that we are all working together, to share, and have open conservations.
- More services for young adults for education, more for young adults in general – immigrants and refugees need support as there has been lots of trauma.
- Employment for people with disabilities. With increasing automation in the work world our students won't be able to do hands on, need to be able to re-educate and get retraining e.g., retraining adults who are truck drivers.
- An unmet needs funding stream – those above IQ 70 need something – and youth with complex behavioral needs, need something – we know who they are – told grouping working on that (RCSD and inter-provincial). FSCD decisions are made in Edmonton and don't often fit our circumstances.
- Aligning with what is out there, not duplicating. If an agency is offering a program, we don't duplicate it.
- Co-development of services and programs – delivering together. For example, we worked with a financial literacy course that existed and added mental health content.
- Alignment with schools could be improved. Youth are in schools – that is where we locate them. Schools have many demands but there is not sufficient uptake on the information for families about funding, programs, assessment, service delivery management, etc. Schools are the location from which youth are transitioning so it is the place where information and service about transitioning would be accessed.
- Maybe we need a more formal process for employment services when someone turns 25 and isn't served by youth services.
- We try to align our services all the time through [named Centre]. Co-location of services that support youth would be helpful.
- Need to sustain our network, have a strategic plan – vision for five years out and evaluation, refinement.
- We need to continue to try to figure alignment out, but I have never seen seamless human services exist.
- Funding flexibility: After we get to know someone better in our program we can see they would fit better elsewhere in our programs or with another organization, but sometimes the funding prevents that. It would help alignment of services if could fund people for a set amount of time such as 52 weeks and let them move around to different services.
- Competition for funding: Organizations are competing for the same contracts and dollars. Alignment is hindered because organizations take people to fill their programs, so the communication gets cut off with other organizations at times because of competition.
- Movement happens when you bring the people together who are on the ground level or can make decisions and make things happen. Sometimes when things get referred up the ladder they don't get actioned. Need to align with people who can make change.
- [Named Program] has recognized areas where they have gone wrong and made changes i.e. extending age. This is positive and helpful. This helps align services. Recognition of trauma, grief and loss has increased. There is more consideration of the preventative piece of work before removing a child, so we are better aligned philosophically. The intention is there.

- Services have been aligned according to geographic boundaries, at one time it was health. Sometimes youth have to travel a distance to get service, particularly if they live outside Calgary. Provide services on site instead of youth having to come to the service.
- There is lip service to collaboration but there is also competition. If you make an offer of a new product or service, it can be seen as taking away from another organization's offers. Everybody is fighting for a piece of the sun. There are struggles to justify the work organizations are doing. We had a workshop about how to advocate for funding for your client and there was some pushback about whose role it was to offer that. We advertise the work of others. The spirit of collaboration could be stronger; we are all fighting for our own agencies, competing for dollars and clients.
- More collaboration across different levels of education – so separate now and connections to community [specific organization] is a leader in this – [adult learning services] has also transitioned to 3 high schools – but no one over 20 can be there during the day – only at night.
- Create [our program] into a scalable business and train in other areas of the province. We have the model built but we don't have the resources to refine research and quality assurance, we would benefit from a dedicated resource.
- Need to be starting at age 15 or 16 and having experts to help, not leaving this with teachers and educational assistants but involving those who are experts in employment and work experience for this population.
- Reduce model for large number of service providers – this fosters fragmentation and competition, not collaboration. There is too much competition among organizations and so people are fighting for scraps. The area is treated too much like a competition without the expectation of collaboration.

Major Themes for Changes at the Policy/Societal Levels for Youth Overall and Youth with Disabilities or Vulnerabilities

The focus of the Calgary and Area RCSD Youth to Adulthood Transitions project has been on the local service system and partners. Even so we included a final question on policy/societal level issues and observations for comprehensiveness. Once again, the comments were so voluminous and detailed that it was necessary to compile them separately for reference. For the purposes of this report, we have provided a simple list of the most frequently and/or strongly expressed issues/suggestions for that level.

1. Reform all income support processes, especially PDD eligibility, AISH, and Alberta Works to work more effectively for the needs of transition-aged youth with disabilities and vulnerabilities.
2. Further improve graduated supports for youth aging out of care including addressing the disruptive changes on the 18th birthday and expand supports for parents and other natural supports; consider community-based support models.
3. Implement recommendations made by national and provincial homelessness prevention and intervention groups to address housing needs of transition-aged youth.
4. Reform the education system at all levels for greater sensitivity to learner needs and futures, more support for ultimate adult roles, including more and broader life skills/social skills training, more graduated opportunities including employment-related opportunities, more developmentally sensitive funding models in light of the changing economy.
5. Reform employment programs and services to better support transition-aged youth with challenges entering the work force including incentives for employers.
6. Identify youth that are at risk for challenging/difficult YTA transitions early and ensure transition planning is started early within a model of broader early intervention and a life course approach including early support to strengthen and support healthy families and supports for parents with high or complex needs transition-aged youth.
7. Move toward greater cross-Ministry integration; start with a cross-Ministry fund for integrated supports for high or complex-needs transition-aged youth.
8. Reform the way community agencies are funded (in collaboration with private and philanthropic funders) to incent collaboration and reduce competition and fragmentation and to eliminate disruptions associated with short-term funding and funding uncertainty.
9. All Government policies should be viewed with a human development lens.
10. All directly and indirectly funded programs should be youth-voice informed and where possible co-designed with youth and be aimed at youth connections, interdependence, belonging and empowerment to peers as well as more broadly.
11. More information/learning opportunities for parents and the public and youth themselves about the current realities of transition-aged youth and the value of youth with disabilities and vulnerabilities to employers and youth generally to society as future leaders.
12. Design and implement mental health services (e.g. Integrated Youth Services), employment and income support initiatives specifically for the YTA transitions age group, and base decisions about program and service transitions on developmental and functional readiness, not chronological age.

4. Summary of Findings

Service providers from all sectors and community agencies were very engaged in the process. The response rate was very high for this type of exercise and there was an enormous amount of information provided; both descriptive information about current services as well as suggestions for improvement. The major messages for policy are that policy-makers should reform publicly funded services provide developmentally sensitive and graduated experiences, opportunities and supports as well as engage parents, the communities and the public in a more informed and sophisticated conversation about the value of full inclusion for youth and young adults as full participants in society. The messages relevant to shorter term improvements in the local service system have been formulated as recommendations for consideration, in a companion document.

5. Conclusion and Next Steps

Stakeholders have acknowledged a need for greater focus on this age group and require greater collaboration among educational, social, justice, and health service organizations as well as specific areas for change to achieve greater collective impact and better outcomes for youth and young adults and in particular for those with disabilities and vulnerabilities. The findings of this systematic information collection process are providing general direction for an intervention in the initial form of a Connector role, as well as some initial areas for action. The role will enable advancement of work over the next two years.

Reference

1. Donabedian A. Evaluating the quality of medical care. Milbank Memorial Fund Q. 1966;4(3 Suppl):166-206. Reprinted in Milbank Q. 2005;83(4):691-729.