Message from the Advocate

Under my authority as identified in the Child and Youth Advocate Act (CYAA), I am providing the following Special Report that includes the experiences of six young people who passed away over nine months in 2018. Star, Joel, Alex, Morgan, Ian and Jenny had received support from Children’s Services through Support and Financial Assistance Agreements (SFAAs). During the investigative process, focused and dedicated attention was given to each young person’s circumstance.

Within the same nine months, my office responded to 102 young adults who requested advocacy assistance for difficulties related to SFAAs. Many had experiences similar to those of the six individuals who had passed away. As a result, I decided to examine the supports and services young people receive as they enter adulthood.

For a broader perspective, we travelled throughout Alberta to listen to young people and those who work with them. In this report, I incorporated what I heard, along with lessons from the six young people who passed away, and from those who worked on their SFAA issues with advocates. I want to thank the young people who spoke to us. They candidly shared their experiences and struggles with the hope of improving conditions for themselves and other young people. I would also like to thank Elders, community members and service providers for their willingness to share their insights and knowledge.

In accordance with the CYAA, this report must be non-identifying. Therefore, the names used in this report are pseudonyms (false names). Finding an appropriate pseudonym can be difficult, however, it is a requirement that my office takes seriously and respectfully. Where possible, the names of the six young people who passed away were chosen in consultation with family members. While this is a public report, it contains detailed information about children and families. Although my office has taken great care to protect the privacy of these young people and their families, I cannot guarantee that interested parties will not be able to identify them. Accordingly, I would request that readers and interested parties, including the media, respect this privacy and not focus on identifying the individuals and locations involved.

The focus of this report is on the way young adults are supported while receiving services under SFAAs. I understand that there will be changes to SFAA legislation in the upcoming year. Effective support is critical for young people as they move through transitions in early adulthood. I expect that my recommendations in this report, along with relevant recommendations made in other reports, will be acted on to improve services for Alberta’s young adults.

[Original signed by Del Graff]

Del Graff
Child and Youth Advocate
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Executive Summary

Alberta Children’s Services offers Support and Financial Assistance Agreements (SFAAs) to young people between the ages of 18 and 24 years old. These agreements can provide help with living expenses, accommodations, training, education, medical coverage, and other services. Developmental psychologists identify the period in which young people receive SFAAs as part of a distinct stage of human development, referred to as emerging adulthood.1 Because of their unique needs, young people who have been involved with Children’s Services may be more significantly affected by the realities of this developmental stage.

We spoke with young people to ensure that we understood their perspectives on services they received. This helped us understand what they thought worked well and what needed to change. We identified similar themes in the experiences of Star, Joel, Alex, Morgan, Ian and Jenny.2

We heard that many emerging adults who have been involved with Children’s Services have a history of trauma, substance use and mental health issues, and they do not always feel prepared to live independently. Many young adults experience disruptions, grief and loss of relationships. We heard that positive relationships between young people and their caseworkers and service providers are key.

Young people told us that supports provided under SFAAs are often confusing, inconsistent and subject to conditions. Accessing supports is challenging due to waitlists, funding and location of services. Many emerging adults struggle to secure safe and stable housing, and there is a lack of clarity about supports and services available under a SFAA. Young adults fear losing support, either due to their successes or their setbacks.

While Children’s Services has made improvements, our understanding of young people’s needs and challenges continues to evolve. In 2018, Children’s Services began provincewide training and implementation of Practice Strategies for Lifelong Connections.3 Our recommendations are in line with these strategies.

**RECOMMENDATION 1**

Children’s Services should improve policy and practice guidelines and provide training and time for staff to support young people 18 to 24 years old as they move through emerging adulthood.

1 Arnett (2000, 2007a, 2007b)
2 These are not their real names. Pseudonyms are used throughout this report.
3 Alberta Children’s Services (2018)
RECOMMENDATION 2

Children’s Services should clearly outline the supports and services young adults are entitled to receive under a Support and Financial Assistance Agreement (SFAA). Young people should be connected to adult services, as required, before their SFAAs terminate.

RECOMMENDATION 3

Children’s Services should provide emerging adults with access to adequate and safe housing options.
Introduction

The Office of the Child and Youth Advocate

Alberta’s Child and Youth Advocate (the “Advocate”) is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives his authority from the Child and Youth Advocate Act (CYAA).4

The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the Child, Youth and Family Enhancement Act5 (the Enhancement Act), the Protection of Sexually Exploited Children Act6 (PSECA), or from the youth justice system.

About this Review

The Office of the Child and Youth Advocate (OCYA) was made aware of the deaths of six young people (Star, Joel, Alex, Morgan, Ian and Jenny) who passed away within nine months of each other. Each of these young adults received services through a Support and Financial Assistance Agreement (SFAA).

During the same period of time, over 100 young people were working with OCYA advocates on difficulties related to their SFAAs. Many of their difficulties were similar to those of the six individuals who had passed away. These ongoing, widespread issues with SFAAs tell us that an urgent response is needed.

For decades, the OCYA has drawn attention to challenges faced by young people leaving the care of Children’s Services. In April 2013, the OCYA released a special report7 that addressed the issues facing youth aging out of government care. In that report, the Advocate made several recommendations to better prepare and support young people as they approach the age of 18.

Since then, Children’s Services has made changes to policy and legislation, but our understanding of young people’s needs and challenges continues to evolve. Research suggests that emerging adulthood is a distinct stage of a person’s development — one that is not adolescence, but not quite adulthood. Recognizing this stage creates an opportunity for Children’s Services to think differently about how to best support young people during this period.

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4 Child and Youth Advocate Act (2011)
6 Protection of Sexually Exploited Children Act (2000)
7 Office of the Child and Youth Advocate (2013)
The circumstances of the six young people who passed away are interwoven throughout this report. We describe emerging adulthood and its relevance to young people receiving services, and summarize what we learned. The Advocate makes recommendations that outline a path forward for the Government of Alberta to help prevent future tragedies while better assisting today’s emerging adults.

**Listening and Learning**

Concerns with SFAAs are present in many areas of the OCYA’s work. These widespread issues led to the creation of a different kind of report for our office. This report is a hybrid of an Investigative Review, grounded in the experiences of young people who have passed away, and a Systemic Review, guided by the experiences of many young people who are still with us.

Given the overrepresentation of Indigenous children in care, we started the report process by meeting with an Elder who led us in ceremony and shared his wisdom. We are grateful for the guidance he provided.

We considered the circumstances of the six young people who passed away, along with 102 emerging adults who were working with an advocate on issues related to SFAAs during that same period of time. As well, we reviewed research on this stage of development and information provided to us by Children’s Services. We also met with other emerging adults and service providers in communities across Alberta.

During these meetings, we asked participants to provide their views on:

- what is working well and not working well for emerging adults receiving support from Children’s Services,
- expectations placed on emerging adults, and
- how services could be improved.

Through focus groups, community meetings, and one-on-one interviews, we engaged approximately 200 people across Alberta. We appreciate their time and the wisdom they shared with us.

The loss of six young people is profound and tragic. Reviewing their circumstances provides an opportunity for us to honour them and to learn, with the hope of improving supports to other young adults. The experiences of Star, Joel, Alex, Morgan, Ian and Jenny are interwoven throughout this review. The following section provides a brief overview of Star’s circumstances.
About Star

Star was a charismatic and generous young woman of First Nation and mixed heritage. She did well in school, was involved in recreational activities, and played the piano. She was part of a large sibling group and was raised with her two brothers.

Star’s parents separated when she was young. Her father was not involved in her life, and her mother used substances. Child Intervention Services became involved because Star’s mother was unable to meet her children’s needs and exposed them to violence. Star and her brothers were taken into care and had a brief placement before being moved into a long-term foster home. When Star was three years old, a Permanent Guardianship Order was granted.

Star’s foster parents moved between provinces. They had very strict rules and were emotionally and physically abusive. When Star was 14 years old, she and her brothers were removed from their foster home and returned to Alberta. The move was sudden. Star did not have the opportunity to say goodbye. She had trouble adjusting, began abusing substances, and was involved in minor criminal activity. She was briefly incarcerated before moving to a group home. There, Star built relationships with staff and remained in contact with them even when she was not following placement expectations. Star reconnected with her mother and placement staff helped them rebuild their relationship.

When Star was 17 years old, she was sexually assaulted. She received support from her counsellor and youth worker. She began to self-harm and was taken to the hospital twice after suicide attempts. Both times she was seen by medical professionals and released the same day. When she was 18 years old, Star entered into a Support and Financial Assistance Agreement. A few weeks later, she attempted suicide and was taken to the hospital and released the same day. Star had trouble following through with the expectation of finding her own place to live. She moved often, stayed with friends or family, and had trouble maintaining employment.

When Star was 20 years old, she started college with financial support from Advancing Futures. However, the course material reminded her of past trauma, and she became overwhelmed, missed classes and had to leave school. Star wanted help to deal with her loss, grief, trauma and anxiety. She was told that because of her age, Child Intervention Services could no longer cover her medical, dental and counselling expenses, so Star began to accumulate debt.

Star’s substance use increased and she began to hear voices. Her doctors questioned whether she might have Bipolar Disorder or Schizophrenia and prescribed mood stabilizers for her. Star asked Children’s Services for support to attend a treatment program for women with mental health and substance use issues. Her request for financial support was denied because she was over 20 years old. She was told to contact Indigenous and Northern Affairs Canada. Star went to treatment on a First Nation away from her home but left after one week.
When Star was 21 years old, she entered a mental health day program. She felt like she was going crazy because she saw things and heard voices. She was in financial trouble, being sexually exploited, and using substances daily. Star was diagnosed with Borderline Personality Disorder, methamphetamine and alcohol use disorders and a history of trauma. She met with a social worker and psychiatrist. She started group therapy but had to withdraw because she was not able to attend regularly. Star was told that in order to continue receiving support from Children’s Services, she had to be in a day program. She continued to meet with her social worker and psychiatrist and reduced her substance use.

Star began having trouble with a number of important relationships and disconnected from the people who supported her. Her substance use increased. Star was 21 years old when she died from drug poisoning.

Star’s development was affected by violence and abuse. She lost connection to important people in her life. Star would have benefited from a supportive living environment and treatment for her mental health and substance use.
Supporting Emerging Adults

Keeping Pace with Societal Change

Advances in science, technology and medicine have had a significant impact on our society. Changes have occurred in life expectancy, the economy and the levels of education required to secure employment. As a society, we now tend to wait longer to marry, enter the workforce and become parents.

Emerging adults require more education than previous generations to be successful in society. Whereas previous generations could secure employment with a high school diploma, most careers today require post-secondary education. This has extended the amount of time people are in school and increased the age at which individuals typically experience common markers of adulthood (getting a job, finding a partner, having children). Current statistics indicate that about 60 per cent of young adults aged 20 to 24 live with their parents. Research indicates that our brains continue to develop into our late twenties, as we build the skills and abilities we need to be healthy, functioning adults.

Emerging Adulthood as a Developmental Stage

Developmental psychologists identify the period in which young people receive SFAAs as part of a distinct stage of human development, referred to as emerging adulthood.

Leading researcher Jeffrey Jensen Arnett identifies five major features that differentiate emerging adulthood from both adolescence (generally considered the period of 10 to 18 years old) and full adulthood (25 years old and beyond).

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8 Arnett (2019)
9 Furstenberg (2010)
10 Arnett (2019)
11 Statistics Canada (2018)
12 Maurier (2011)
13 Arnett (2000, 2007a, 2007b)
1. **The age of identity exploration.** Emerging adults are learning more about who they are, their interests, and their lasting connections and relationships. Their experiences in friendships, work and romantic love all happen within the context of exploring possible life directions.

2. **The age of instability.** As they explore, emerging adults go through periods of instability, changing residences and jobs frequently. There is diversity in where they live and what they are doing as they figure out who they are.

3. **The self-focused age.** Having reached the age of majority, emerging adults have new legal rights and are less subject to parental or institutional control, while also being less constrained by formal roles than older adults. This gives them the freedom to explore their identities and to make mistakes that serve as important learning opportunities.

4. **The age of feeling in-between.** Studies demonstrate that emerging adults themselves feel they are at an in-between stage — not a child anymore, but not yet a full adult. When asked to identify the key hallmarks of reaching full adulthood, they point to self-sufficiency, taking responsibility for their actions, and making decisions independently.

5. **The age of possibilities.** Emerging adults have more control over their own lives than adolescents, and are not yet influenced by the structures of full adulthood. They have the opportunity to make dramatic changes in their lives.

While emerging adulthood can offer potential, it can also be tumultuous. Among Canadians, the rate of depression during this developmental stage is higher than any other age group, and suicide is the second-leading cause of death.14

The challenges of emerging adulthood have even greater significance for young people who have been involved with Children’s Services. Moving into adulthood is especially challenging for young people who have limited connection to family and natural supports,15 who have mental health and substance use challenges, and who are involved with government systems.16 Individuals who experience abuse, neglect, loss and other forms of trauma face added challenges in their functioning.

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14 Statistics Canada (2017)
15 Mann-Fedder (2016, 2019)
16 Gawliuk (2015)
Furthermore, emerging adults who have been involved with Children’s Services may not have natural connections such as parents, relatives or long-term relationships they can rely on for support. 

About Joel

Joel was a young First Nation man known for his smile, kindness and helpfulness. He enjoyed making hip-hop music, playing video games, skateboarding and snowboarding. Joel became a father at 19 years old. He loved and wanted to care for his child.

Joel was taken into care when he was five weeks old, due to his parents’ substance use. Just before his second birthday, a Permanent Guardianship Order was obtained. At the age of three, Joel was placed with his sibling in his fourth foster home, where he lived for 10 years. Joel had difficulty speaking, was impulsive, and was aggressive at times. Joel was diagnosed with Alcohol-Related Neurodevelopmental Disorder, Attention-Deficient/Hyperactivity Disorder, Conduct Disorder and Adjustment Disorder.

Throughout his adolescence, Joel moved often between foster homes, group care, homes of family and friends, and residential treatment. When he was 12 years old, Joel reconnected with his mother. Approximately three years later, she passed away. He had to leave his foster home because he was using substances. He moved multiple times between foster care, group care and kinship care. When he was 16 years old, Joel became involved with the youth justice system.

When Joel turned 18 years old, he entered into a Support and Financial Assistance Agreement. A few weeks later, he was incarcerated and his placement with Children’s Services ended. Jail was scary for Joel, but he acknowledged that his time there was the longest period he had spent without using substances since he was 15 years old. When he learned that his girlfriend was pregnant, Joel was excited to become a father and wanted to make positive changes in his life.

After his release, Joel stayed with relatives and friends or at shelters. He was accepted into a long-term housing program, but was asked to leave a month later because of criminal activity. Joel was assessed for support from Persons with Developmental Disabilities (PDD) but did not qualify because his intelligence scores were too high. Joel initiated an application for support under Assured Income for the Severely Handicapped (AISH) but did not complete the application process.

17 National Centre for Injury and Prevention and Control, Division of Family Violence Prevention (2019)
Joel found that life was harder after he turned 18 years old. He felt like something was missing in his life. He was more anxious and agitated. He refused therapy but asked for medication. Just before his 19th birthday, Joel reconnected with his father, who was still using substances. Approximately one month later, Joel was temporarily hospitalized when he attempted suicide.

Joel’s baby was born and lived with maternal relatives. At times, Joel stayed with them. He took great care to protect his child from his own substance use and criminal activity.

Joel was connected to a supportive housing program, but the agency closed his file because he missed appointments. He did not have a place to live. At times, he was homeless and lived in a tent.

Joel’s father passed away and Joel became engaged in gang activity. He asked his caseworker for a safe place to live so he could find stability and work toward a more positive life. A support worker was available to help him find housing, but Joel had difficulty attending appointments. Joel was 20 years old when he died. It could not be determined whether his death was accidental or intentional.

Joel's loss of family connections, his mother’s death, and frequent moves affected his development. His mental health issues complicated his ability to meet the expectations required of him to receive support. Joel needed stable housing and access to services for mental health and substance use.
Where Things Stand Now

Children’s Services can provide support for emerging adults under section 57.3\(^{18}\) of the *Child, Youth and Family Enhancement Act* through a Support and Financial Assistance Agreement (SFAA). To be eligible for a SFAA, the young person must have been actively involved with Children’s Services on their 18\(^{th}\) birthday. They can receive services up to their 24\(^{th}\) birthday. The intent of a SFAA is to help the young person achieve independence and have stable relationships into adulthood.\(^{19}\)

Over the years, legislation has allowed an extension of services for young people to help with education or job training. In 1985, young people could have their services extended up to 20 years old. In 2004, young people up to 22 years of age could receive services. In July 2014, the age limit was increased to 24 years old.

Each year in Alberta, over 600 young people age out of the child intervention system, and approximately 90 per cent enter into SFAAs.\(^{20}\) The number of young people entering into SFAAs has steadily increased in recent years, and it has more than doubled since Children’s Services expanded the eligible age range in July 2014.\(^{21}\)

In March 2019, there were 2,125 emerging adults with SFAAs. The largest proportion of these individuals were 18 years old, reflecting the fact that almost all eligible young people enter into agreements immediately after reaching the age of 18. The number of emerging adults with SFAAs decreased with increasing age.\(^{22}\)

<table>
<thead>
<tr>
<th>Age of Young People with SFAAs — March 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 years</td>
</tr>
<tr>
<td>527</td>
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</table>

\(^{18}\) 57.3 When a youth is the subject of a family enhancement agreement under section 57.2(1), a custody agreement under section 57.2(2), a temporary guardianship order or a permanent guardianship agreement or order attains the age of 18 years, a director may continue to provide the person with support and financial assistance

\(^{19}\) Alberta Children’s Services (2019b)

\(^{20}\) Performance Analysis & Improvement Unit, Alberta Children’s Services, personal communication, March 6, 2019

\(^{21}\) Alberta Children’s Services (2014) and Alberta Children’s Services (2019a)

\(^{22}\) Performance Analysis & Improvement Unit, Alberta Children’s Services, personal communication, March 6, 2019 and June 6, 2019
The scope of support provided to emerging adults has evolved beyond education and employment. Under current policy and legislation, “services that can be provided under a SFAA may include:

- living accommodation,
- financial assistance to meet the necessities of life,
- any other services required to assist the young adult to achieve independence

The regulation further stipulates that the following services may only be accessed between the ages of 18 and 20 years:

- financial assistance related to training and education
- health benefits”

Advancing Futures covers the cost of post-secondary education (including living expenses, health benefits and academic upgrading) for young people involved with Children’s Services. Program coordinators provide mentorship and help emerging adults investigate careers and educational paths. They regularly connect with young people and support them with life skills such as finding housing and signing a lease.

These are supports that all emerging adults could benefit from, whether or not they are currently pursuing post-secondary education.

In Canada, the age when a person becomes a legally independent adult varies between 18 and 19 years old, depending on where you live. As of 2019, Alberta Children’s Services compares well with other jurisdictions by offering a relatively broad range of support to young adults up to the age of 24. New Brunswick has the same age limit. Only British Columbia exceeds this limit by offering services to the age of 27, but the total duration of involvement is limited to 48 months.

Eligible young adults in Ontario receive financial assistance until they are 21 years old. Coverage of extended health benefits can continue up to their 25th birthday, and counselling and life skills supports are provided up to the age of 29. In most other jurisdictions, extension of services into adulthood goes up to 21 years of age and is limited to assisting with post-secondary education or supporting young people with disabilities.

23 Alberta Children’s Services (2019b)
24 Government of Alberta (2019a, 2019b)
25 In Alberta, Saskatchewan, Manitoba, Ontario, Quebec and Prince Edward Island a person becomes a legally independent adult on their 18th birthday while in British Columbia, New Brunswick, Newfoundland and Labrador, Yukon, Nunavut, the Northwest Territories, and Nova Scotia this happens on their 19th birthday.
What We Have Said in the Past

Many of the issues discussed in this report are familiar. In April 2013, the Advocate released the report *Where do we go from here?* and identified issues similar to what we heard recently. There is still a need to:

- ensure that young people leaving care have safe and stable housing options and the resources to support themselves independently;
- provide specialized training for caseworkers to meet the specific needs of this population and learn how to engage them;
- increase the awareness of caseworkers and professionals about resources for young people leaving care, and support young people in accessing them;
- ensure that young people leaving care have supportive adult relationships, including with family; and
- provide young people with access to counselling and/or mental health services to address trauma (about coming into care) and related issues.26

Since 2013, the Advocate has reported on related issues and made further recommendations, particularly concerning mental health. In 2015, the Advocate made a recommendation to standardize best practices in how hospital emergency departments respond to young people at risk of suicide.27 Approximately six months later, the Advocate released an Investigative Review about the experiences of seven Indigenous youth who died by suicide.28 Recommendations were made to enhance the capacity of services to meet the unique needs of Indigenous young people and their communities.

In 2015 and 2017, the Advocate released Investigative Reviews concerning the impact of trauma and loss on young people.29,30,31 The Advocate recommended education for all child-serving ministries to ensure that service providers offer timely support to young people who have experienced trauma, with the goal of preventing mental illness or substance use problems. Loss and trauma can involve the disruption of important relationships at any point in a young person’s life. Young people in care may experience disrupted connections to family and community. Placement moves can disturb key relationships with caregivers. In 2015, the Advocate released an Investigative Review and recommended that casework preserve and promote these relationships and provide support when young people are affected by multiple moves.32

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26 Office of the Child and Youth Advocate (2013)
27 Office of the Child and Youth Advocate (2015a)
28 Office of the Child and Youth Advocate (2016)
29 Office of the Child and Youth Advocate (2015b)
30 Office of the Child and Youth Advocate (2017a)
31 Office of the Child and Youth Advocate (2017b)
32 Office of the Child and Youth Advocate (2015c)
In *15-Year-Old Levi: An Investigative Review*, the Advocate brought attention to the issues of youth homelessness and access to services for basic needs. A recommendation was made that all levels of government work together to identify when young people are going without food, shelter and clothing as early as possible, before it becomes a long-term cycle.

Concerns were identified about the quality of casework practice in preparing young people for emerging adulthood. In 2017, the Advocate released *18-Year-Old Peter: An Investigative Review* and recommended that policies for transitioning youth out of care are fully understood and implemented. In *19-Year-Old Ernie: An Investigative Review*, the Advocate recommended more consistent services and supports specifically for young people with disabilities who are transitioning from Children’s Services to adult services. That same year, the Advocate released two other Investigative Reviews which highlighted the need for Children’s Services to be more responsive to at-risk young people who ask for help and to ensure they are included in decision-making.

Substance use, including opioid use, was a significant theme in our review of Star, Joel, Alex, Morgan, and Jenny. In June 2018, the Advocate released *Into Focus: Calling Attention to Youth Opioid Use in Alberta*, which looked at the devastating effects of opioids on adolescents and emerging adults. The Advocate recommended that the government’s response to this crisis take into account the unique needs of young people, particularly when they have mental health issues or cognitive disabilities.

Children’s Services has responded to these previous recommendations and progress has been made. The issues affecting emerging adults are complicated. Recognizing potential problems before young people enter emerging adulthood can make a difference. This report has recommendations on how we can move forward and continue to improve outcomes for emerging adults.

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33 Office of the Child and Youth Advocate (2017c)  
34 Office of the Child and Youth Advocate (2017d)  
35 Office of the Child and Youth Advocate (2017c)  
36 Office of the Child and Youth Advocate (2017b)  
37 Recommendation progress can be found at: http://www.ocya.alberta.ca/adult/publications/recommendations/
**About Alex**

Alex was a young man with an exceptional smile who was generous with others. He enjoyed woodworking and painting, and he had a unique sense of style. Alex and his older brother were raised by his mother, who had mental health concerns. His father was not involved in his life.

Alex’s mother struggled with substance use. She entered into several Support Agreements and received support from Children’s Services and community agencies. Caring for Alex was hard because he had severe communication delays and difficulty controlling his anger. He was diagnosed with Asperger’s Syndrome and Attention-Deficit Disorder, and he had oppositional behaviours. Alex received specialized supports at school.

Alex was 12 years old when he was taken into care. His mother was unable to care for him because of her physical and mental health difficulties. He lived in four different foster homes. Alex had trouble calming down when he was upset; he would scream, throw objects and threaten to kill himself. After being in care for 10 months, Alex was returned to his mother’s care because she had addressed her concerns. They continued to receive support from Children’s Services for three months.

When Alex was 15 years old, he was taken to the hospital multiple times for mental health concerns, self-harming behaviours and alcohol and drug poisoning. His family lost their home and Alex went to live in a youth shelter. He was taken into care because the shelter could not manage his needs, and he was unable to return to his family. Approximately two months later, a Permanent Guardianship Order was obtained.

Alex was placed in a kinship home and went to an outreach school. He was easily led by peers and used substances. Alex became involved with the youth justice system and had infrequent contact with his family. When Alex was 16 years old, he had to leave his kinship home because his caregiver could no longer manage his behaviours. He went to a youth shelter and continued to use substances. Alex was confined under the *Protection of Children Abusing Drugs Act*, and there were concerns that his mental health was deteriorating. He said that he heard voices and that people were conspiring against him.

Alex began a pattern of being incarcerated and returning to the youth shelter when released. When he was 17 years old, he underwent a neurodevelopmental assessment, which indicated he had severe brain damage. He did not qualify for support under Persons with Developmental Disabilities (PDD) because his intelligence scores were too high. Alex’s caseworker applied to have an adult guardian appointed for him, but the application was denied.
When Alex was 18 years old, he entered into a Support and Financial Assistance Agreement and received financial assistance from Assured Income for the Severely Handicapped (AISH). He received services from a housing program, but this ended after two months because he damaged property and could not meet the program’s expectations. Alex continued to be involved with the justice system and the duration of his incarcerations increased. When he was not incarcerated, he was often taken to the hospital for drug poisoning and mental health concerns. On one of these occasions, he was admitted to the intensive care unit for drug poisoning.

Just before his 19th birthday, Alex’s agreement with Children’s Services expired and was not renewed because it was expected that he would be incarcerated for some time. Alex was released from jail after his 20th birthday and a short time later, he was taken to the hospital for drug poisoning. Alex was homeless and said that he wanted to die because he had nothing to live for. He was admitted to hospital for almost a week. After his discharge, he was taken back to the hospital two more times for drug poisoning. Alex had two more brief incarcerations. Three days after his last release, he was found unresponsive. Alex was 20 years old when he died from drug poisoning.

Alex had cognitive disabilities and mental health concerns. He lost connection to his family. Lacking support to meet his complex needs, he was homeless, moving between jail, shelters and emergency services. Alex required a safe and supportive place to live and services to address his substance use.
What We Learned

Throughout this report process, we gathered information through investigative reviews into the deaths of Star, Joel, Alex, Morgan, Ian and Jenny. We spoke with young people seeking advocacy from the OCYA and travelled to communities, listening to young people and those who support them. Similar themes emerged from these discussions.

Over a nine-month period, 102 young people contacted the OCYA with 185 issues related to their SFAAs. This chart shows the most common issues.

### SFAA Issues Received by Advocates Over a Nine-Month Period

<table>
<thead>
<tr>
<th>Issue</th>
<th>Issues Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate supports and services</td>
<td>39</td>
</tr>
<tr>
<td>Financial supports reduced or denied</td>
<td>28</td>
</tr>
<tr>
<td>Concerns with caseworker relationships</td>
<td>28</td>
</tr>
<tr>
<td>SFAAs closed</td>
<td>20</td>
</tr>
<tr>
<td>Issues with placement/housing</td>
<td>20</td>
</tr>
<tr>
<td>Denied health care and mental health supports</td>
<td>15</td>
</tr>
<tr>
<td>Young person not involved in decision making</td>
<td>15</td>
</tr>
<tr>
<td>Concerns with transition planning</td>
<td>12</td>
</tr>
<tr>
<td>Concerns with family and cultural connections</td>
<td>8</td>
</tr>
</tbody>
</table>

**Total:** 185 issues
Meaningful Relationships and Connections

Young people and stakeholders told us that more needs to be done to connect young people with family, communities and culture. All six of the young people who passed away struggled with belonging, isolation and maintaining healthy, safe connections. Many were sexually abused or exploited by people they knew, and several belonged to gangs. Some were incarcerated for periods, which disrupted healthy relationships.

During engagement sessions, several young people said they were impacted when their supportive relationships were threatened or ended because they were turning 18; this often involved the loss of caregivers or change of caseworkers.

Advocates have heard that there is a lack of support for cultural needs and connections; we also heard this concern during engagement sessions. This is particularly a concern for Indigenous young people and their service providers.

Access to Housing and Basic Needs

We heard through engagement sessions and advocacy that there is a shortage of housing support and specialized housing options. Some young people experienced instability and homelessness, but others said that programs such as Supported Independent Living (SIL) were helpful. Emerging adults often struggle to secure safe and stable housing, particularly if they have mental health issues, use substances, or have a history of criminal involvement.

We spoke with several young people who said they experienced delays or were denied services due to funding issues, location of services and long wait times. Advocates also heard that they had difficulty connecting to adult programs and services on their own. A number of young people sought advocacy because of denial or reduction of financial support, which sometimes jeopardized their housing.
At times, the six young people who passed away did not have their basic needs met. Most had periods where they did not know where they would live or find their next meal. A few survived by committing criminal acts or were forced into sexual exploitation.

Substance Use and Mental Health

Many young people involved with Children’s Services have a history of trauma, substance use and mental health issues that continue into their emerging adult years — a time when they face additional stressors. Compounding this concern, advocates were contacted by young people about denial of mental health supports and medical and dental care. Under the Child, Youth and Family Enhancement Act (Regulation), these supports end on a young person’s 20th birthday.

Each of the six young people who passed away were diagnosed with mental health issues that worsened as they entered emerging adulthood. At some point, all six of these young people were suicidal, and half self-harmed to cope with overwhelming emotions. Most were engaged in significant substance use, and half passed away due to drug poisoning.

Trauma, Grief and Loss

We heard that emerging adults involved with Children’s Services often experience disruptions, grief and loss of relationships. They may struggle with belonging, isolation and maintaining healthy, safe connections.

All six young people who passed away were impacted by family violence. They also grieved disrupted or lost relationships with family members, foster families, workers and others. Each was affected by childhood trauma. In many cases, so were their parents. Intergenerational trauma profoundly impacted their lives.
Education

Some young people and stakeholders said financial assistance and supports were helpful for getting a head start. For instance, Advancing Futures provides financial assistance and support to help young people who have been in care attain post-secondary education and transition into adulthood.

For two of the young people who passed away, post-secondary opportunities provided a gateway to health and positive self-esteem. Education can be transformative for young people, but they need support to get there and stay there.

Expectations

Many young people have difficulties obtaining and keeping SFAAs. Two of the six young people who passed away had their SFAAs cancelled or not renewed. Many young people told their advocates that they fear their SFAA will be closed, either due to their success or their setbacks. This was also a major theme we heard during engagement sessions.

SFAAs are subject to conditions that are not always reasonable given a young person’s history and circumstances. Young people felt they were forced to participate in programming that they did not feel was necessary, but participated because they worried about losing support from Children’s Services. During engagement sessions, we heard that some supports were cut off, or young people had to fight for them.

Readiness for Adulthood

Young people who have relied on Children’s Services to meet their needs frequently do not feel prepared to live independently as emerging adults. We heard that many feel they lack the basic life skills required to live on their own.

During engagement sessions, several participants challenged the societal assumptions and expectations that 18 indicates adulthood. Many young people did not feel they had the practical skills needed to be successful adults. In general, participants felt that expectations of young people were unreasonable, especially for those with cognitive, mental health, and/or behavioural issues.
Consistency and Transparency

Young people told advocates that they were not always aware of the services available to them. In stakeholder meetings, some young people said they did not know they could enter into a SFAA at all. Policy is clear that SFAA supports must be offered when young people meet the criteria, but this does not appear to be consistently happening. We heard that services and expectations varied significantly across the province.

Skills and Training for Caseworkers

We heard during community engagements that positive relationships with service providers improved young people’s transitions to adulthood. Young people felt valued, trusted, seen and heard when they received supports that were delivered creatively and tailored to meet their needs.

Some young people told advocates that they had poor relationships with their caseworkers. They described situations in which they were not listened to or involved in planning and decisions made about them. These types of issues affected young people’s relationships with their workers and created distrust for Children’s Services.

Some young people and stakeholders said that there were workers who needed more compassion, skills, and willingness to work with emerging adults. Stakeholders suggested that workers receive training and education on the supports and services available for emerging adults.

Casework practice primarily focuses on protecting young people under 18 and making decisions on their behalf. Working with emerging adults who can legally make their own decisions requires a different approach. Services under SFAAs are voluntary, and policy is clear that practice must be collaborative. This is a significant shift in practice and requires a different skill set from caseworkers.
These themes should give us all pause. They point to a need for Children’s Services to improve how young people are supported during the developmental stage of emerging adulthood. As shifts in knowledge and practice occur, adult systems will also become more informed of how to best support young adults transitioning into their systems. Doing so will better position young people for long-term success.

About Morgan

Morgan was a young Métis woman who was funny, energetic, bright and motivated. She enjoyed cooking, basketball and cosmetology. Her parents frequently separated and reconciled. Their relationship was volatile, and Morgan and her brother witnessed severe family violence.

Children’s Services became involved with Morgan when she was two years old because of family violence in her home. Two years later, Morgan and her brother were apprehended and placed in foster care. Their grandparents obtained legal guardianship and child intervention involvement ended.

Morgan’s grandparents often allowed her to stay with her parents, where she continued to be exposed to family violence. Children’s Services was involved multiple times and each time returned Morgan to her grandparents. Morgan was nine years old when she was removed from her grandparents’ care because of emotional abuse. She briefly stayed in foster care and then went to live with her father.

At 11 years old, Morgan was taken into care because of her father’s mental health concerns and substance use. She then lived in four foster homes before being moved to a group home. She was hospitalized for concerns of self-harm and she started to use substances. Just before her 12th birthday, Morgan was sexually assaulted. Shortly afterward, she attempted suicide and was hospitalized for four days. Morgan was moved to a treatment program, where she frequently left without permission. Following treatment, Morgan stayed in foster care before going to live with her mother. A short time later, 12-year-old Morgan was placed in a group home because her mother was unable to meet her needs. Morgan was sexually exploited online.

When she was 13 years old, Morgan was placed in a residential facility for four months and she moved between secure and open treatment programs. She was returned to her father, but within weeks he was unable to take care of her. Over the next five months, Morgan was confined in secure facilities numerous times because of concerns about her substance use and sexual exploitation. Morgan wanted a home, but no placements would accept her, so she was placed in a youth shelter. She was recruited into child sex trafficking and exploited. When Morgan was 14 years old, a Permanent Guardianship Order was obtained.
Throughout her adolescence, Morgan had short-term placements and brief periods when she was incarcerated. Service providers refused to accept Morgan into long-term placements, so she continued to stay in youth shelters. Morgan said this kept her involved in street life and connected with her “street family,” that she wanted to leave.

When Morgan turned 18 years old, she entered into a Support and Financial Assistance Agreement. She was still addicted to substances and being sexually exploited. Morgan was provided a youth worker to help her find a place to live and teach her life skills. Three months later, Morgan was using substances with her father when he died from drug poisoning. Child Intervention Services ended their involvement and had no involvement for over a year. She frequently called asking for support but was told she had to be stable before a new agreement would be signed. During this time, Morgan went to the hospital four times for suicide attempts, self-harming behaviours and drug-induced psychosis.

When Morgan was 19 years old, she stayed at a shelter and enrolled in a culinary arts program. She excelled and mentored other participants in the program and entered into a Support and Financial Assistance Agreement. Morgan tried to do well, but most of the people she knew used substances, and she had a hard time relating to “normal” peers. She became involved with an abusive partner and was hospitalized for liver failure and self-harming.

Following her hospital discharge, Morgan found a safe place to live. She had a new relationship and abstained from substance use. She had positive contact with her biological family. She went to support groups, met with a counsellor, exercised and worked part-time. Morgan was assaulted by her ex-boyfriend. She found a new place to live with a friend who helped her get to work and appointments. In spite of positive changes she made, Morgan died from drug poisoning when she was 20 years old.

Morgan’s development was affected by the abuse she experienced as a child. Her sexual exploitation, which started at only 12 years old, contributed to her substance use. As an emerging adult, Morgan would have benefited from trauma-informed service provision and assistance with forming healthy relationships.
Implications for Young People with Children’s Services Involvement

It is essential that young people have healthy connections that encourage independent decision-making and self-sufficiency. Young people need flexible support that allows for exploration, mistakes and setbacks.

Unlike the average emerging adult in Alberta, young adults who have grown up in care may not have natural connections such as parents or relatives whom they can rely upon for support. While Children’s Services is not a replacement for family, in many instances the government has assumed the role of guardian for a young person in care. In stepping into this role, the government has taken on a responsibility to support the young person’s development to adulthood. As research demonstrates, the ages of 18 to 24 are a critical period during which a significant amount of development occurs.

Accordingly, the practice of SFAAs needs to align with what we know about emerging adulthood and the developmental changes that occur in young people during this time. In particular, based on what research is telling us, SFAAs should be:

- **Helping young people make connections.** For emerging adults who have grown up in care, the exploration of identity is even more important because of the disruptions they have had in their connections to culture and community. As they explore and determine who they are in terms of love, work and relationships, they need support to form new and healthy connections in their communities. For many young people, this might mean subsidizing transportation costs so that they can reconnect with family members and their home community to help come to terms with identity.

- **Gradually encouraging independent decision-making and self-sufficiency.** Rather than fostering dependency or exercising control, a key goal should be to help emerging adults gradually gain independence. This means helping them get to a place where they are self-sufficient, able to make decisions independently, and ready to assume responsibility for their lives and decisions.

- **Providing flexible support.** Given that emerging adults are prone to considerable
change in where they live, where they work and what they are doing, their support must be flexible — such as supportive housing options, addictions and mental health services, and programs that are trauma-informed and feature harm reduction.

- **Allowing for exploration, mistakes and setbacks.** Emerging adults explore their identities and find their way through experimentation, mistakes and failure. It is through these experiences that they learn important lessons. They need reasonable space to try new things and explore possibilities, knowing they will continue to have support if they have a setback or misstep.

Effectively supporting emerging adults who have been involved with Children’s Services is the right thing to do, and it makes sense on a practical level. Helping these young people successfully grow into adulthood will increase the likelihood of their meaningful participation in society and the economy. Investing in young people decreases the use of costly services or long-term social assistance.\(^{38}\)

### About Ian

Ian was a young man with a good sense of humour. He was reserved but opened up with those he knew and trusted. He enjoyed video games, cards, drawing and playing guitar. Ian was raised by his great-grandmother because his mother had cognitive challenges and used substances. He did not know his father.

Ian was 14 years old when Children’s Services received concerns that his great-grandmother had dementia and could no longer care for him. There were no relatives able to look after him and he was taken into care. Ian was placed in a foster home where he lived for four years. A Permanent Guardianship Order was obtained. Ian did not maintain connections with his biological family. His visits with his great-grandmother ended because it upset him when she was often confused or did not know who he was.

Ian struggled academically and had a significant stutter that made it difficult for him to communicate. He experienced conflict at school and at home, and he could not understand why he was so angry. He went to counselling to get help with his anger. He lacked self-esteem and asked for help with his speech. He graduated from high school and received intensive therapy for his stuttering. Those close to him remarked that it really helped improve his speech and confidence.

\(^{38}\) The Conference Board of Canada (2014)
When Ian turned 18 years old, he entered into a Support and Financial Assistance Agreement and remained with his foster parents under a room and board arrangement. Ian’s mental health started to decline. He harmed himself and had suicidal and homicidal thoughts. Ian contacted mental health services. He was assigned a therapist but did not attend sessions regularly. His stuttering still affected his confidence and he had difficulty accessing school programs and employment on his own. Ian overdosed on over-the-counter medication and was taken to the hospital. He was prescribed medication and diagnosed with a mood disorder, Impulse Control Disorder and traits of Borderline Personality Disorder and Schizophrenia. When Ian was discharged, he did not return to his foster home. He reconnected with his mother. Over the next three years, he had no stable place to live and moved between shelters and the homes of family and friends.

At 19 years old, Ian went to the hospital four times asking for help. He said that he was homeless and unemployed, which contributed to his suicidal ideations. Medical professionals referred Ian to community mental health services to develop coping strategies for his anger and impulsivity, but he did not access them.

When Ian was 21 years old, Children’s Services supported him to move into an apartment with other roommates. He received employment support from Alberta Works and sometimes held a job. Ian rebuilt computers for extra money and joined a volunteer group that raised awareness for child abuse. Although Ian experienced short-term successes, he was not able to maintain employment and had a hard time managing his emotional and mental health. Ian’s caseworker worried that he did not have the skills to be independent. Ian was assessed and it was determined that he did not qualify for support from PDD or AISH.

Two months before his 23rd birthday, Ian died by suicide.

Ian’s development was affected by losses in his family. As an emerging adult, his mental health concerns increased and he was suicidal. Ian had barriers to maintaining connections and healthy relationships. While he was proud of being an adult, he had trouble with daily living skills and was often homeless. Ian would have benefited from coordinated, collaborative supports and services, but there was an inability to share important information about his mental health across Children’s Services and Alberta Health Services because he was an independent adult.
Strengthening the System

A Frame for the Future

Children’s Services currently offers supports to the age of 24 years. The developmental period between the ages of 18 and 24 years is critical, and supports and services must be consistent with the needs of emerging adults.

In 2018, Children’s Services began provincewide implementation of Practice Strategies for Lifelong Connections. This strategy emphasizes the identification and maintenance of meaningful connections through collaborative work with families, young people and caregivers. Recognizing the importance of relationships within family and community settings, it focuses on the well-being of young people through four areas: relational, physical, cultural and legal.

Given what we know about emerging adulthood, the four areas of Lifelong Connections apply as follows:

- **Relational** — As young people enter adulthood, their relationships with caseworkers and care providers evolve. Support teams for emerging adults must understand the uniqueness of this developmental stage and adjust their practice accordingly. Professionals should respect and support emerging adults’ ability to make their own decisions. Young people require developmentally appropriate supports to foster connections, particularly given the trauma and relationship disruptions they have experienced.

- **Physical** — Everyone has the right to a safe place to call home. As young people enter into adulthood, they need support to find and maintain housing within a context of interdependence. Young adults need resources, skills and support until they are able to live on their own. Maintaining housing is extremely difficult for those who have not addressed their past trauma, mental health concerns or substance use. Each young person’s journey of healing and developing is unique. Supports need to meet emerging adults where they are at, as opposed to being provided based on their chronological age.

- **Cultural** — During this stage of development, emerging adults explore their history, identity, culture and belief system. This sense of self and connection are essential to becoming healthy adults.

- **Legal** — Although a SFAA is voluntary, young people over the age of 18 still need the security of knowing they are not alone. All emerging adults have the right to make mistakes. It is essential that their supports are clear and receiving help is not dependent on performance or affected by biases.
The current *Enhancement Policy Manual* emphasizes that these four areas must guide casework specific to SFAAs. Our recommendations are consistent with the Government of Alberta’s *Practice Strategies for Lifelong Connections*.

### About Jenny

Jenny was a First Nation young woman with a good sense of humour. She enjoyed soccer and swimming. She expressed her feelings through art and poetry. Jenny and her two siblings were born to parents who were abused and neglected in their own childhoods. They were not able to care for their children. Jenny had a child she loved immensely and for whom she wanted a different life than she experienced.

Children’s Services became involved with Jenny’s family when she was two months old. Her parents used substances, physically abused their children and exposed them to violence. Jenny was taken into care before she was two years old and a Permanent Guardianship Order was obtained when she was five years old.

Over the next eight years, Jenny had numerous placements, including two treatment centres. She developed a strong connection with one foster home and returned there three times. Jenny had suicidal ideations. She was angry, aggressive and felt abandoned. Jenny was sexually assaulted in two of her placements.

At 13 years old, Jenny reconnected with her biological family and her previous foster mother. She self-harmed, used substances and left her placements. She was placed in a treatment facility to address her anger, substance use and suicidal ideations. After leaving treatment, 15-year-old Jenny was sexually assaulted in the community.

Within a year, 16-year-old Jenny was homeless and using substances. She was incarcerated. After her release, she had many short-term placements. Jenny was involved with a gang and was sexually exploited. She learned that she was pregnant and stopped using substances.

When Jenny turned 18 years old, she entered into a Support and Financial Assistance Agreement. After a short period of incarceration, she served her sentence with strict conditions in the community. Jenny did well, was substance-free and prepared for her baby’s birth. She wanted to give her child a “normal” life. The plan was for Jenny and her baby to continue living in her group home for the next year.

While Jenny was still in the hospital following the birth of her baby, her placement ended abruptly. Upon discharge from the hospital, they stayed in hotels while a placement was sought. Caseworkers and a family support worker visited them and provided assistance.

Jenny and her baby were moved to an apartment that had support staff on site and she was excited they had a place of their own. Jenny had difficulty meeting expectations.
in this arrangement, so she and her child moved into a new location that provided in-home support workers. Within a short period of time, Jenny left, and she was incarcerated for breaching her probation conditions. Her child was temporarily taken into care. When Jenny was released, she and her child returned to the placement.

Jenny considered the gang to be her family and reconnected with them after her house arrest ended. She started to use substances again and her child was taken into care. Caseworkers tried to help Jenny regain custody of her child, however, concerns of addictions, violence, homelessness and criminal activity continued. Shortly after her 20th birthday, Jenny was devastated when a Permanent Guardianship Order was obtained for her child.

Jenny was connected to a caseworker who specialized in working with high-risk youth, and she received support to meet her basic needs. Jenny was 20 years old when she was involved in a motor vehicle accident and pronounced deceased at the scene.

Jenny’s development was affected by intergenerational trauma and neglect. She experienced abuse and trauma in every home she lived in. Jenny coped by using substances, and she found connections in unhealthy relationships and gang involvement. She would have benefited from stable and supportive housing, particularly when her baby was born.
Recommendations

Policy and Practice — Recognizing the Age of 18 to 24 as a Critical Period

The age of 18 to 24 is a critical period during which a significant amount of development occurs. Unlike the average emerging adult in Alberta, young adults who have grown up in care may not have natural connections such as parents or relatives whom they can rely upon for support. In 2014, legislation was changed to extend SFAA age eligibility from 22 to 24 years old. This change was the result of the recognition that there was a gap in service provision for this age group. There are significant milestones and developmental tasks that need to occur for young people during this critical period. They need support and guidance to help them become successful adults.

The period of 18 to 24 years of age is representative of a quarter of the life span that a young person can receive support from Children’s Services, yet there is minimal policy and practice guidelines for how to support young people in this age range. Emerging adults need the professionals involved with them to understand the unique characteristics of this stage of development and how early exposure to trauma makes it even more difficult to be successful.

Practice guidelines should be enhanced for emerging adults and based on leading research in emerging adulthood, brain development, and trauma.

Professionals need the training and knowledge to effectively engage with young adults in this developmental stage. There should be specific training for Children’s Services professionals relating to best practices for working with young adults and recognizing their unique risks and challenges. Children’s Services staff have an opportunity to be agents of change as they support young adults in navigating their way to greater independence. This role is critical to helping young people build enduring relationships, and helping other systems (and the public) to understand what works best when working with this age group.
RECOMMENDATION 1

Children’s Services should improve policy and practice guidelines and provide training and time for staff to support young people 18 to 24 years old as they move through emerging adulthood.

EXPECTED OUTCOMES

• Children Services professionals will understand and be responsive to the needs of emerging adults.
• Young adults will receive the necessary supports and services required to become successful adults.
• Supports and services will be tailored to recognize the significance of this developmental stage.

Consistency and Continuity of Services

Current policy offers some guidance for providing supports to emerging adults. However, practice varies, leading to discrepancies in the supports and services received. While supports should be individualized and reflect each young person’s unique needs, guidelines will improve consistency and planning for emerging adults.

Emerging adulthood is a period of experimentation and exploration. Young people need to know that as they grow, regardless of successes or setbacks, they will receive supports. For young adults who have been in Children’s Services care, this is especially important as often they become isolated from the resources, relationships and opportunities they need to be successful.

Support and Financial Assistance Agreements must be flexible to meet the unique circumstances of emerging adulthood. Caseworkers must have specific guidelines related to practice, financial support, health benefits, education and training, with particular attention to transitioning to adult service systems.
RECOMMENDATION 2

Children’s Services should clearly outline the supports and services young adults are entitled to receive under a Support and Financial Assistance Agreement (SFAA). Young people should be connected to adult services, as required, before their SFAAs terminate.

EXPECTED OUTCOMES

• There will be publicly accessible and clear information about the supports and services emerging adults receive under a SFAA.
• Supports and services will be aligned with best practices in emerging adulthood theory.
• Emerging adults will have sufficient guidance to transition to adult supports for health, mental health, substance use, training and education.

Housing

The lack of safe, secure and supportive places to call home is a significant issue. While a SFAA might provide financial assistance for housing, the right option for the young person’s situation may be difficult to find. Finding and maintaining a home is challenging, and young people should not be expected to do it on their own.

Most emerging adults who have been involved with Children’s Services have a history of trauma. Those with addictions and mental health concerns require housing that meets their needs. This may include harm reduction and an approach where housing is not conditional on behaviour.

When young adults have their basic food and shelter needs met, they will have a greater likelihood of success in other areas of their lives. Ideally, housing options would go beyond physical safety to more holistically include mental, emotional and spiritual ways of feeling safe.
RECOMMENDATION 3
Children’s Services should provide emerging adults with access to adequate and safe housing options.

EXPECTED OUTCOMES:
• Emerging adults will have places to live that meet their developmental needs.
• Emerging adults will be able to continue to reside in the homes they lived in prior to turning 18, if desired by both the young person and the caregiver.
• Housing providers will have an understanding of the unique characteristics of the emerging adulthood stage of development.
Closing Remarks

The loss of Star, Joel, Alex, Morgan, Ian and Jenny has left a lasting impact on those who knew and loved them. Their experiences highlight the need to improve the services provided to emerging adults. I want to thank those who spoke to us and helped us understand the challenges they faced. There is immense suffering for families, friends, and others who love a child who passes away.

I want to thank the many young people who took the time to share their experience, strength, and hope with us. I appreciate your courage and generosity in providing your insights to help others. This work cannot be done without you. Thank you to the Elders, service providers and those who supported these young people and also shared their wisdom and perspectives. For those who work with vulnerable children and families, I believe you do this work because you care deeply and you want to make a positive difference.

Supporting young people as they enter adulthood is essential because this developmental stage lays the foundation for the rest of their lives. For this reason, they must be supported to learn the skills they need to be healthy, contributing members of society. In my role, I have the privilege of hearing about young people’s experiences and making recommendations that I believe will make a difference for them. It is critical that the focus of my reviews is on learning and influencing systems to make improvements for the young people they serve.

In 2013, I released a special report that looked at transitioning young people out of the care of Children’s Services. The focus of this current report is on improving how we support young adults receiving services under SFAAs. Children’s Services has made significant progress. To move forward and provide the best support possible, practice must be guided by the emerging adults we serve. By working in partnership with them, we all benefit.

[Original signed by Del Graff]

Del Graff
Child and Youth Advocate
Appendices
APPENDIX 1: ENGAGEMENT PROCESS QUESTIONS

Post-18 Engagement Questions for Discussions with Young People

1. Regarding receiving or seeking services post-18 from Children’s Services:
   a) What worked well for you?
   b) What didn’t work well?

2. Who were your supports while seeking or receiving post-18 services from Children’s Services?
   a) How did you meet this person/people?
   b) How was this person/people helpful to you?

3. When you turned 18, how did your services change? For example, did you face any difficulties? Was the transition easy? Were there no changes?

4. What are one or two of the most important things that Children’s Services could do differently to better support all young people turning 18 years old?

Post-18 Engagement Questions for Discussions with Stakeholders

1. In providing services to young people who are receiving or seeking post-18 services from Children’s Services:
   a) What worked well?
   b) What didn’t work well?

2. What is your understanding of expectations placed on young people post-18?
   a) Do you feel that the expectations for young people post-18 are reasonable?
   b) How do you feel about the expectations placed on young people post-18?
   c) How do you know when a young person post-18 no longer needs services?

3. What are one or two of the most important things that Children’s Services could do differently to better support all young people post-18?
### APPENDIX 2: GLOSSARY OF TERMS

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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td><strong>Adjustment Disorder</strong></td>
<td>A short-term condition that occurs when a person is unable to cope with, or adjust to, a particular source of stress, such as a major life challenge, loss or event.</td>
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<tr>
<td><strong>Advancing Futures</strong></td>
<td>A provincial program that provides funding and supports for youth who have been in care, as they pursue post-secondary studies and prepare for adulthood.</td>
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<td><strong>Advocate</strong></td>
<td>An advocate works with young people, natural advocates, and their communities to ensure their rights, interests and viewpoints are duly considered by the duty bearers in Child Intervention and youth justice systems.</td>
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<td><strong>Alberta Works</strong></td>
<td>A provincial program that provides support for individuals and families to pay for basic expenses like food, clothing and shelter.</td>
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<td><strong>Alcohol-Related Neuro-Developmental Disorder</strong></td>
<td>Damage to the central nervous system as a result of confirmed prenatal alcohol exposure.</td>
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<td><strong>Asperger’s Syndrome</strong></td>
<td>An autism spectrum disorder considered to be on the “high functioning” end of the spectrum. Affected children and adults have difficulty with social interactions and exhibit restricted range of interests and/or repetitive behaviours.</td>
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<td><strong>Assured Income for the Severely Handicapped</strong></td>
<td>Also known as “AISH” — provides financial and health benefits to eligible Albertans with a disability.</td>
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<td><strong>Attention-Deficit Disorder</strong></td>
<td>A syndrome, usually diagnosed in childhood, characterized by a persistent pattern of impulsiveness, a short attention span, and often hyperactivity, and interfering especially with academic, occupational, and social performance.</td>
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<td>Term</td>
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<tr>
<td>Attention-Deficient/Hyperactivity Disorder</td>
<td>Any of a range of behavioural disorders occurring primarily in children, including such symptoms as poor concentration, hyperactivity, and impulsivity.</td>
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<tr>
<td>Borderline Personality Disorder</td>
<td>A disorder marked by core features of emotional dysregulation, impulsivity and interpersonal dysfunction.</td>
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<tr>
<td>Child Intervention Services</td>
<td>Services provided to a child or family under the <em>Child, Youth and Family Enhancement Act</em>, excluding Part 2 (adoptions) or Part 3 (licensing of residential facilities).</td>
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<tr>
<td>Conduct Disorder</td>
<td>A behavioural and emotional disorder in childhood and adolescence. Children with conduct disorder act inappropriately, infringe on the rights of others and violate the behavioural expectations of others.</td>
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<tr>
<td>Emerging Adulthood</td>
<td>A distinct developmental stage, between the ages of 18 to 24, which is neither adolescence nor adulthood.</td>
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<tr>
<td>Generalized Anxiety Disorder</td>
<td>Restlessness and persistent worrying about a number of matters that are out of proportion to the impact of the actual events.</td>
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<td>Harm Reduction</td>
<td>Practical strategies and ideas aimed at reducing negative consequences associated with a high-risk lifestyle.</td>
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<td>Impulse Control Disorder</td>
<td>Chronic difficulty to resist a temptation, an urge, or an impulse, or the inability to not speak on a thought.</td>
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<td>Indigenous Services Canada</td>
<td>A newly formed federal government program that provides funding for Indigenous health. It was formerly known as Indigenous and Northern Affairs Canada.</td>
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<tr>
<td>Term</td>
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<tr>
<td>Kinship Home (or Kinship Care)</td>
<td>Care for a child provided by relatives or members of a child’s community approved by Child Intervention Services.</td>
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<tr>
<td>Legal Guardian</td>
<td>The <em>Family Law Act</em> allows the court to appoint someone as the guardian of a child. That person does not have to be a parent of the child.</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>Chronic episodes of sadness and hopelessness associated with difficulty concentrating, loss of energy, sleep disturbances, changes in appetite, irritability and thoughts of suicide.</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>Prolonged periods of excessive sadness, excessive joyousness, or both.</td>
</tr>
<tr>
<td>Office of the Public Guardian and Trustee</td>
<td>A provincial program that provides services, tools and support for personal and financial matters to vulnerable Albertans and their families. This can include assuming the role of legal guardian or trustee for an adult who lacks the capacity to make decisions and has no one else who can help.</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>A childhood disorder characterized by negative, defiant, disobedient and often hostile behaviour, primarily toward adults and authority figures. A diagnosis requires the behaviours to occur for at least six months.</td>
</tr>
<tr>
<td>Permanent Guardianship Order</td>
<td>The Director is the sole guardian of the child. This Order is sought when it is believed that the child cannot be safely returned to their guardian within a specified timeframe.</td>
</tr>
<tr>
<td>Persons with Developmental Disabilities</td>
<td>Persons with Developmental Disabilities funds programs and services to help adult Albertans with developmental disabilities be a part of their communities and lives as independently as they can.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Protection of Children Abusing Drugs Act</strong></td>
<td>Legislation under which children and youth abusing drugs can be placed in secure services facilities.</td>
</tr>
<tr>
<td><strong>Protection of Sexually Exploited Children Act</strong></td>
<td>Legislation that allows for young people to be confined in secure facilities under a court order when there are concerns that they are being sexually exploited.</td>
</tr>
<tr>
<td><strong>Schizophrenia</strong></td>
<td>A mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality.</td>
</tr>
<tr>
<td><strong>Self-harm</strong></td>
<td>Intentional injury, usually done without suicidal intentions.</td>
</tr>
<tr>
<td><strong>Sexual Assault</strong></td>
<td>Sexual assault describes a range of sexual acts done to a person without their consent.</td>
</tr>
<tr>
<td><strong>Sexual Exploitation</strong></td>
<td>The sexual abuse of young people through the exchange of sexual acts for drugs, food, shelter, protection, other basics of life, and/or money. Sexual exploitation includes involving children and youth in creating pornography and sexually explicit websites.</td>
</tr>
<tr>
<td><strong>Substance Use Disorder</strong></td>
<td>Inability to control the use of a legal or illegal drug or medication despite the harm it causes.</td>
</tr>
<tr>
<td><strong>Support Agreement</strong></td>
<td>Also known as an Enhancement Agreement or a Family Enhancement Agreement; Support Agreement was the terminology used prior to the Enhancement Act. A voluntary agreement with Child Intervention Services to provide supports, and intended to address protection concerns, while the child remains with their guardian or lives independently. The Agreement can be with a guardian or a young person between the ages of 16 and 18 years.</td>
</tr>
<tr>
<td><strong>Support and Financial Assistance Agreement</strong></td>
<td>Also known as a SFAA — an agreement between Child Intervention Services and a young person to receive supports and financial assistance from the age of 18 to 24.</td>
</tr>
<tr>
<td><strong>Supported Independent Living</strong></td>
<td>The term used when Child Intervention Services provides support for young people to live independently and help them transition to adulthood. Living independently might include residing in their own residence or with a roommate(s) and with various levels of support.</td>
</tr>
</tbody>
</table>
APPENDIX 3: BIBLIOGRAPHY


Where do we go from here? Youth Aging out of Care
Special Report (April 2013)

**Recommendation:**
To meet the needs of Alberta’s youth transitioning out of our care the Child and Youth Advocate recommends that the Ministry of Human Services:

- Ensures young people leaving care have affordable, safe, and stable housing options and the financial resources to support themselves independently.
- Revise policy and practice to provide the support required by young people.

**Recommendation:**
To meet the needs of Alberta’s youth transitioning out of our care the Child and Youth Advocate recommends that the Ministry of Human Services:

- Dedicates and trains caseworkers to meet the unique needs of young people leaving care.
- Identify caseworkers to serve this population, including dedicated time available for young people to access them.
- Provide training to staff on the needs of this population and how to engage them.

**Recommendation:**
To meet the needs of Alberta’s youth transitioning out of our care the Child and Youth Advocate recommends that the Ministry of Human Services:

- Increases the awareness of caseworkers, caregivers, and service providers about resources for young people leaving care and support young people to access them.
- Create greater awareness among caseworkers, caregivers, and agency staff about resources and programs that support transitioning to independence.
- Build processes for a seamless transition from ‘in care’ to adult services that are appropriate to their needs.
Recommendation:
To meet the needs of Alberta’s youth transitioning out of our care the Child and Youth Advocate recommends that the Ministry of Human Services:

• Ensures young people leaving care have supportive adult relationships.
• Work with young people and caregivers so young people develop the relationships and relationship skills they require for independence.
• Wherever possible, ensure that young people are able to effectively address their interests regarding family relationships.

Recommendation:
To meet the needs of Alberta’s youth transitioning out of our care the Child and Youth Advocate recommends that the Ministry of Human Services:

• Supports young people leaving care with access to counseling and/or mental health services and those that require it are transitioned to the adult system.
• Provide counseling to young people who require it to address the trauma surrounding coming into care and related issues.
• Work with Alberta Health Services to provide services that meet the mental health needs of young people.

17-Year-Old Catherine: Investigative Review (September 2015)

Recommendation:
Alberta Health Services should review how young people attending hospitals are assessed for suicide risk and standardize best practices across the province.
**2-Year-Old Teanna: Investigative Review (December 2015)**

**Recommendation:**
The Ministry of Human Services should ensure:

- Documented case planning for children that includes both immediate attachment and long-term relationship needs, in addition to the considerations identified in the Enhancement Act.
- Case planning reflects clear transition strategies that mitigate the impact of multiple placement moves for children.

**Toward a Better Tomorrow: Addressing the Issue of Aboriginal Youth Suicide Investigative Review (April 2016)**

**Recommendation:**
The Government of Alberta should have a provincially funded suicide prevention strategy that supports the development and implementation of community-led strategies across the province. The strategy needs the capacity to adjust to accommodate the interests and needs of particularly vulnerable groups at elevated risk for suicide.

**Recommendation:**
Strategies to prevent Aboriginal youth suicide must be developed within the context, and in recognition of, the traditional values and cultural practices relevant to Aboriginal youth in the community.

**19-Year-Old Ernie: Investigative Review (February 2017)**

**Recommendation:**
The Ministry of Human Services should develop processes to ensure that consistent services and supports are in place when young people transition from Child Intervention Services to the adult disability system.
18-Year-Old Peter: Investigative Review (March 2017)

**Recommendation:**

The Ministry of Children's Services should ensure that policies regarding transitioning youth out of care are fully understood and implemented. The Ministry must provide information that demonstrates how these policies are implemented consistently across the province.


**Recommendation:**

The Ministry of Children’s Services should establish formalized procedures for the engagement and active participation of children in decision-making. There must be a record of how a child’s views were considered and what influence they had on the decision-making process.

**Recommendation:**

The Ministries of Children’s Services and Education should develop processes for the early identification of children who may be at risk of homelessness. Community-specific strategies must be developed in partnership with all levels of government, to support and intervene with these children and their families.

15-Year-Old Jimmy: Investigative Review (October 2017)

**Recommendation:**

The Ministry of Children’s Services should create provincial policies that are reflective of the needs and vulnerabilities of at risk adolescents who ask for help. Child intervention staff should have a comprehensive understanding of the ongoing impacts of early childhood trauma.
**16-Year-Old Dillon: Investigative Review (November 2017)**

**Recommendation:**
Child Intervention Services should improve casework strategies that strengthen relationships and engagement to natural supports, with a focus on building long term networks for young people.

**Beyond Trauma: Disrupting Cycles, Effecting Change Investigative Review (November 2017)**

**Recommendation:**
The Government of Alberta should create and implement cross-ministry training for all child-serving ministries specifically related to the impact of trauma at every stage of childhood development so that appropriate interventions can be provided.

**Recommendation:**
The Ministry of Children’s Services should make certain that children and caregivers receive culturally appropriate, timely interventions that directly address the impact of trauma on the developing brain.

**Into Focus: Calling Attention to Youth Opioid Use in Alberta Investigative Review (June 2018)**

**Recommendation:**
Child-serving ministries should have appropriate substance use intervention training to increase the capacity and knowledge among direct-service professionals to ensure young people get the right services at the right time. This should be part of the provincial youth strategy.
Recommendation:
Alberta Health Services should strengthen their substance use related interventions for young people. Special attention needs to be given to interventions specific to youth opioid use and to services for young people with co-occurring issues of mental health problems and/or cognitive disabilities.
A CRITICAL TIME
A Special Report on Emerging Adults
Leaving Children’s Services Care