



A Summary of Research about Practice, Policy, and Systems Change to Support Transition-Age Youth

January 2026


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Executive Summary

Background

Transition-age youth making the leap to adulthood from foster care have a variety of needs, strengths and challenges. This research summary describes the influences of practice, policy and various systems related to these young people's well-being across several key domains (i.e., education, employment, housing, health, mental and physical health, independent living, child welfare case outcomes). Our goal is to inform systems transformation in service of helping young adults thrive during the transition from foster care to adulthood. The full-length research summary provides more detail.

Transition-Age Youth (TAY) are young people transitioning from foster care to adulthood—generally ages 17-23.

Methods

The research summary draws from a targeted search of U.S.-based academic and grey literature related to key domains of well-being and relevant practice, policy, and systems change, published from 2014 to 2025. The research team reviewed 1,700+ resources, with more than 400 ultimately informing the summary (i.e., peer-reviewed studies, meta-analyses, systematic reviews and reports from research, policy and practice organizations). Analyses and writing were iteratively informed by a team of young adult advisors with lived experience in foster care, who assisted with interpreting research findings and finalizing key takeaways.

Transition-age youth well-being and outcomes

Research highlights the challenges many young adults face across domains of well-being, as well as the resilience of young people exiting foster care and entering adulthood.

- **Housing:** Housing instability and homelessness is common, and housing instability can compound challenges in other domains.
- **Education:** Young adults exiting foster care tend to have lower high school graduation and college enrollment, persistence, and completion rates. Many of these young adults do complete their high school and/or college studies, although often later in life than young adults without foster care experience.
- **Employment:** Many transition-age young adults experience higher rates of unemployment and lower wages than their peers.
- **Health:** Health challenges are prevalent, with transition-age youth reporting higher rates of chronic conditions, disabilities, mental health concerns, and pregnancy than their peers. Young adults leaving foster care are also more likely than their peers to be parenting during the transition to adulthood.
- **Independent living:** Many emerging adults leaving foster care report feeling unprepared for independent living, noting worries related to self-sufficiency, financial management, and transportation.
- **Findings across domains:**
 - The aforementioned challenges are compounded for some young adults, including young adults of color, those who identify as LGBTQ+, and those with disabilities and histories of placement instability in foster care.

- Despite these comparisons to the general population, many young adults leaving foster care are achieving goals across key well-being domains, with evidence suggesting that extended foster care can often help young people achieve their goals and boost well-being.

Practice

Research about practice across domains of well-being describes many approaches, services, and resources for transition-age youth, documented in implementation and outcome studies and rigorous evaluations of codified programs and interventions.

- Evaluations of interventions designed specifically to serve young people “aging out” of foster care offer some promising findings about effective interventions, and studies of interventions that serve broader groups of young adults also offer promising strategies.
- Intervention research finds evidence of the importance of both comprehensive and individualized practice models.
- Across the studies, researchers describe the value of relationships and trauma-informed approaches in promoting well-being. Young adult advisors reiterated the importance of relationships and trauma-informed approaches.

Policy

Federal, state, and local policies, funding, and implementation strategies shape the landscape of what is available to young people who are beginning their adulthood from foster care.

- Research shows that social policies across child welfare, education, employment, housing, and health care domains all comprise the available support for young adults leaving foster care.
- Much of the research focuses on federal child welfare policies, including those promoting coordination between schools and child welfare (Every Student Succeeds Act), extended foster care (Fostering Connections to Success Act), independent living services (Chafee), normalcy (Preventing Sex Trafficking and Strengthening Families Act), and Medicaid through age 26 (Affordable Care Act). Research also highlights variation in states' implementation of federal policies.
- Young adult advisors recommended policies that allow for greater flexibility and nuance, and more meaningful engagement of young people with lived experience in policymaking.

Systems

Research describes barriers and tensions within and across public service systems, which can hinder young adults' well-being and ability to achieve their desired outcomes.

- Young adult advisors shared anecdotes of losing access to key benefits and even experiencing homelessness when trying to coordinate moves between states, counties, or support programs without cooperation and coordination among the programs, systems, and jurisdictions involved.
- Increasingly, studies find that coordination within and across systems, thoughtful use of data, and youth-serving workforce practices can ultimately promote access to services, prevent disruptions in services, and minimize bureaucracy.

Cross-cutting narratives

Several cross-cutting narratives are evident throughout research about well-being domains and practice, policy, and systems change. The narratives lend insight into opportunities for systems transformation.

- **Relationships:** Research shows that strong, supportive relationships help shape young adults' well-being. Studies consistently reflect promising practices, policies, and systems that foster sustained relationships and connections with people, programs, and institutions across domains, including schools, employment, and housing programs.
- **Emerging Adulthood:** Much of the research is based on the concept that emerging adulthood is a distinct developmental stage. Young people navigate critical neurological, psychological, and social change through their mid-to-late 20s. Although young people transitioning from foster care to adulthood have unique circumstances and contexts, they resemble all young people in that they can still benefit from developmentally appropriate support after the threshold of legal adulthood.
- **Normalcy:** Research underscores the value of normalcy (e.g., participating in extracurricular activities, gaining employment, making decisions), which increases young people's autonomy while also supporting them through successes and failures.
- **Mental Health and Trauma:** Research and young adult advisors agree that mental health is a key concern for transition-age youth. Research indicates that most young people leaving foster care receive some form of mental health care, but also that they have ongoing mental health concerns and that treatments may not address the prevalence and consequences of trauma.
- **Youth Voice:** Research increasingly finds that engaging young people as partners in decision making — both in their own lives and in shaping research itself and broader policies — leads to more relevant solutions.

Conclusion

The goal of independence has shaped many practices supporting young adults as they transition to adulthood from foster care, but research suggests that few adults truly live independently. Strong interpersonal and community connections are critical for positive outcomes and well-being. This research highlights the importance of meaningfully addressing the impacts of trauma, normalcy, relationships, emerging adulthood, and youth voice in systems transformation efforts (i.e., across practice, policy, and systems) aimed at helping young people to thrive through their transition to adulthood.

Introduction

The transition to adulthood is an especially challenging period for young people who are transitioning not only *to* adulthood, but also *from* foster care. Transition-age youth have a variety of needs, experiences, identities, characteristics, strengths, challenges, and plans for their lives. Individual, familial, external, and system contexts influence personal well-being, development, and the transition to adulthood. Across various key domains of well-being during emerging adulthood — including education, employment, housing, independent living, physical and reproductive health, mental health, and child welfare case outcomes — research provides insights into the experiences and well-being of young people transitioning to adulthood from foster care. Research also provides insight into the individual, familial, external, and system contexts that influence personal well-being, development, and the transition to adulthood.

This research summary provides a synthesis of key research and evidence about practice, policy, and systems across domains that influence young adults' well-being and transitions to adulthood, as well as key narratives that appear in research about practice, policy, and systems contexts. The purpose of the research summary is to compile research about transition-age youth that can inform systems change and improvement efforts and promote well-being and positive outcomes for young people transitioning to adulthood from foster care.

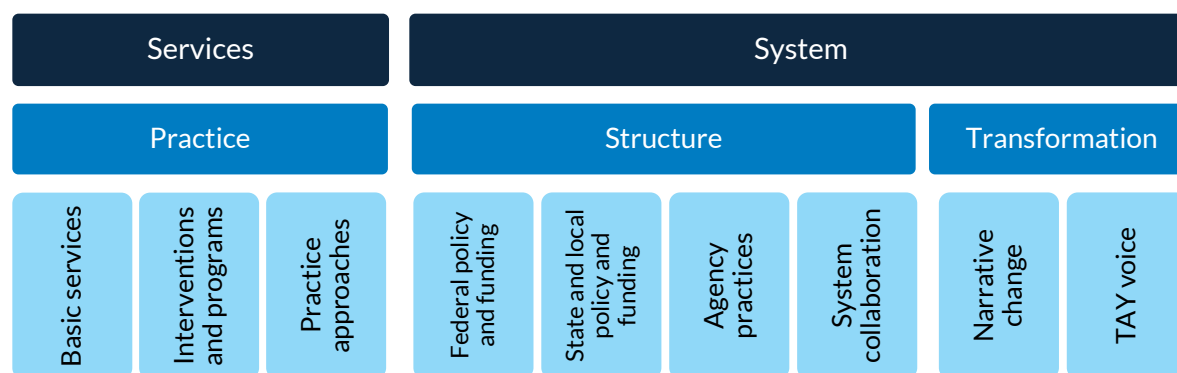
The summary is organized into five sections. The first section describes data on well-being and outcomes among transition-age youth and young adults. The following three sections summarize research about practice, policy, and systems that influence young adult well-being across seven key domains, including child welfare system outcomes, education, employment, housing, mental health, physical and reproductive health, and independent living. A fifth section describes cross-cutting narratives that appear throughout the research and may indicate opportunities for system transformation to best support transitions to adulthood from foster care. Where appropriate, we include information about contextual influences described in the research;^a *young adult advisors' perspectives* (blue italicized text); associated practice knowledge gained by decades of experience and recorded through Youth Villages Tenets of Good System Design for Young Adults (blue boxes); examples of agency and system initiatives; innovative state or local policies; and recommendations from researchers, practitioners, and young adults with lived experience transitioning to adulthood from foster care.

^a We defined contextual factors to include neighborhoods and built environment (e.g., housing availability and quality, transportation, crime), social and community context (e.g., civic participation, community connectedness, service availability), access and quality (e.g., availability and access to services, health literacy, educational outcomes), and economic conditions (e.g., economic recession, unemployment, housing affordability, poverty).

Methods

Identifying Research. The search for research and evidence was guided by a framework developed based on system transformation literature and Youth Villages staff input (Figure 1). Key concepts represented in the framework informed search terms and a strategy for targeted, systematized searches of select pre-identified academic and grey literature sources. These sources contain research on practice, policy, systems, and actionable recommendations stemming from the research about seven key domains of well-being, including child welfare, education, employment, housing, mental health, physical and reproductive health, and independent living.

Figure 1. Guiding framework



We included meta-analyses, systematic reviews, and special issues in peer-reviewed social work journals; individual highly relevant studies; and reports from select pre-identified websites of research, policy, and youth-serving organizations. Our search was largely limited to resources based on U.S. populations and published since 2014.

Reviewing and Synthesizing Evidence. The 1,702 identified resources were reviewed for inclusion by a research team that includes two staff with lived experience in foster care, resulting in more than 400 included reports that informed this summary. As needed, we supplemented the results of our formal search with targeted searches of academic and organizational literature, as well as consultation with young adults and other experts. See Appendix A for more detailed methods.

Young Adult Advisors. We made iterative revisions based on feedback from young adult advisors with lived experience in foster care. Young adults convened in five virtual sessions and two in-person sessions over several months to identify key topics and gaps, interpret preliminary findings, and make decisions about presenting this content for a public audience. *Input from young adult advisors is woven throughout this summary and highlighted in italics and blue font.*

Transition-Age Youth Well-Being and Outcomes

A significant body of research aims to provide a snapshot of the landscape of transition-age youth well-being and outcomes. Over the last few decades, researchers and policymakers interested in this population's well-being have largely relied on a few key surveys and studies, including:

- **NYTD** (National Youth in Transition Database): Semi-annual data collection about youth who receive federally funded independent living services, beginning in 2010.^b
- **CalYOUTH** (The California Youth Transitions to Adulthood study): A longitudinal study of 727 TAY in CA.^c
- **The “Midwest Study”** (The Midwest Study of Adult Functioning of Former Foster Youth): A longitudinal study of 732 TAY from IL, IA, and WI.^d

Although each survey has limitations that impact data interpretation and generalizability, these data sources are the prominent large-scale information sources on outcomes and well-being among young adults transitioning from foster care to adulthood. Below, we summarize evidence from these sources related to seven key well-being domains of focus for this summary — as measured in these key data sources — and supplement with findings from smaller individual studies, where relevant. Data and research study findings reflected throughout the remainder of this research summary come from many sources, including individual studies of specific programs, those based in single localities or states, as well as large data sources described above. To the extent possible, we describe research about differences in well-being and outcomes.

Child welfare system

Young adults transitioning from foster care to adulthood have often experienced lengthy stays in foster care, and multiple moves between placements, caregivers, and schools.

The number of older youth in foster care has decreased in recent decades. In 2006, approximately 271,000 youth ages 14-21 were in foster care (~8 for every 1,000 U.S. youth); by 2021, that number decreased to ~150,000 (~4 per 1,000 youth).¹ In 2006, 14–21-year-olds comprised 34 percent of the total foster care population, declining to 24 percent by 2021.²

Although rates and trends vary widely across jurisdictions and over time, in a 2021 study, 23 percent of young people ages 14-21 experienced four to seven placements during their most recent foster care episode, and 17 percent experienced eight or more placements.³ Another study found that 77 percent of youth moved zip codes at least once, and 61 percent transferred high schools at least once while in foster care.⁴ Black youth and those who are pregnant or parenting experience even greater placement instability than their peers,⁵ while youth who are initially placed with kin have fewer placements overall.⁶ Frequent placement changes can make it difficult for youth to establish relationships with peers and adults⁷ and exit care to permanency.⁸ Older youth often spend more time in foster care than younger children, with one study finding the average time in care for adolescents was 751 days, compared to 513 days for younger children.⁹ National estimates suggest that about 25 percent of eligible older youth receive extended foster care as their final “placement”.¹⁰

Housing

Youth who experience foster care face increased odds of experiencing homelessness in young adulthood — especially without extended foster care.

Studies find that safe and stable housing is crucial for success in education,¹¹ employment,¹² health,¹³ and independent living.¹⁴ However, evidence from both NYTD and CalYOUTH^e suggests that about 20 percent

^b NYTD: <https://acf.gov/cb/research-data-technology/reporting-systems/nytd>

^c CalYOUTH: <https://www.chapinhall.org/research/cal-youth/>

^d Midwest Study: <https://www.chapinhall.org/research/midwest-evaluation-of-the-adult-functioning-of-former-foster-youth/>

^e CalYOUTH study data are presented, as the most recent longitudinal data describing youths’ housing experiences and outcomes. However, these data are not representative of all youth, as CA’s policy and service contexts differ from many other states.

of study participants experience homelessness between ages 17 and 19,¹⁶ and by age 21, experience with homelessness increased to nearly 30 percent.¹⁷ The most comparable estimates of young adult homelessness in the general population come from the Voices of Youth Count survey which suggests that about 10 percent of 18 to 25-year-olds experience homelessness, and another 4.5 percent of young adults report couch surfing.¹⁸ The U.S. Department of Housing and Urban Development's 2024 Annual Homelessness Assessment Report to Congress reports young adults ages 18-24 comprised 7.7 percent of those experiencing homelessness in the U.S.¹⁹

The CalYOUTH study found that risk factors for homelessness included being male; identifying as lesbian, gay, bisexual, transgender, queer, questioning or other (LGBTQ+); having a history of neglect; and having been in congregate care.²⁰ Analysis of NYTD data find 17 percent of youth in foster care had also experienced homelessness prior to age 17.²¹ Overall, researchers indicate that definitions and assessments of homelessness significantly influence these estimates.²²

Education

Young people who experience foster care often have lower rates of high school completion and college enrollment and completion, and if they complete these milestones, it occurs later in life than their peers.

If young people graduated high school at the same rate as their peers, researchers estimate significant economic gains totaling to \$2.17 billion during their working lifetimes.²³ Research finds that young people with foster care experience have poorer educational outcomes than their peers, both in high school^{24,25} and in postsecondary education.^{26,27,28} On their path to high school graduation, youth experience greater school instability, are more likely to be chronically absent from school, are more likely to receive special education services and experience higher rates of exclusionary school discipline than their peers.²⁹ Analysis of NYTD data found 79 percent of youth obtained a high school diploma or equivalency by age 21, compared to 92 percent of their peers in the general population.³⁰ Analysis of CalYOUTH data finds 66 percent of study participants had earned a high school credential by age 19, compared to 88 percent of youth in the general population,³¹ though this gap closed by age 21.³²

Although many young people with foster care experience want to attend college,³³ studies find that they enroll in and complete college at rates below youth in the general population. NYTD data from 2021 indicates that 24 percent of 21-year-old young adults were enrolled in postsecondary education or training programs, compared to 50 percent of peers in the general population.³⁴ Among CalYOUTH study participants interviewed at age 23, 22 percent were enrolled in school with slightly more students attending full time than part time. While enrolled, study participants were more likely than their peers in the general population to be enrolled part time and to attend two-year colleges but less likely than their peers to be enrolled in four-year colleges.³⁵

Of all CalYOUTH study participants, 7 percent had earned an associate or two-year degree by the age 23 interview, and almost 6 percent had earned a bachelor's or four-year college degree.³⁶ About 85 percent of CalYOUTH study participants had earned a high school diploma or an equivalency certificate by age 23, and of those youth, almost 13 percent had earned a college degree. However, fewer CalYOUTH study participants completed education beyond 12th grade than their peers (48.7% vs. 60.5%).³⁷

Very few young adults who experienced foster care receive vocational certificates and licenses. At ages 19 and 21, only 1 percent and 2 percent of NYTD respondents report earning a vocational certificate, respectively.³⁸ At age 19, zero percent of NYTD respondents reported earning a vocational license, with just 1 percent reporting a license by age 21. However, of CalYOUTH study participants at the age 23 interview who had earned a high school diploma or equivalency, 26 percent had also earned a vocational certificate.³⁹ Meanwhile, the National Workforce Innovation and Opportunity Act (WIOA) 2023 Adult Performance Report states that in 2023, only 497 young adults with foster care histories participated in WIOA adult

programs and 335 (67%) completed them.⁴⁰ Of the 5,233 total participants in WIOA youth programs, 3,039 (58%) completed them.

A measure of connectedness to school and work for the CalYOUTH study shows over two-thirds of all youth were either enrolled in school or employed at the time of the age 23 interview.⁴¹ However, young people leaving foster care are less likely to be connected to school or work or both (70%) than their peers (83%).

Employment

Young adults experience greater unemployment and lower wages compared with peers without foster care experience. Youth in extended foster care report more employment-related skills and more gradual entries into full time employment than youth not in extended care.

NYTD data suggest that more youth in extended foster care reported completing an internship, apprenticeship, internship or other on-the-job training in the past year than youth not in extended foster care at ages 19 (33% versus 27%) and 21 (31% versus 26%).⁴² Young people in extended foster care enter the full-time workforce more gradually than youth who are not in extended foster care. However, youth in extended care ultimately report higher employment rates than youth not in extended care. Of 19-year-old youth in extended care, 17 percent reported working full time, compared with 22 percent of youth not in extended foster care. Of 19-year-old youth in extended foster care, 30 percent reported working part time, compared with 26 percent of those not in extended care. By age 21, young adults in extended care reported working both full and part time at higher rates than youth not in extended care.⁴³

Compared to the general population, young adults with foster care experience have lower employment rates.^{44,45} Young adults in the general population were more likely than CalYOUTH participants to have ever had a job (96.9% versus 88.3%) and to be working 10 or more hours per week at age 21 (64.7% versus 54.0%).⁴⁶ By age 23, young adults in the general population were more likely than CalYOUTH study participants to have been working for the entire year (77.2% versus 63.6%) at age 23. As with working age individuals generally, higher levels of education correlate with higher employment rates for TAY.⁴⁷

In the CalYOUTH study, participants reported average hourly wages of \$14.96 and an average annual household employment income of \$19,600 – though over 40 percent of study participants with employment earnings had an annual income of \$10,000 or less.⁴⁸ CalYOUTH study participants were more likely to fall below the federal poverty level than a nationally representative sample of young adults (70.4% versus 50.9%).⁴⁹

Health

Research suggests that young people who have experienced foster care are more likely than their peers to have chronic physical health conditions, mental health challenges and at least one disability diagnosis.

Mental health

Several studies indicate that mental health is a concern for young adults, though much evidence comes from studies of older adolescents in foster care, with less research assessing mental health in early adulthood after transitioning from foster care. Of youth 12-17 receiving Medicaid, 17.5 percent reported experiencing a major depressive episode within the past year and 19.6 percent reported experiencing an episode at some point during their lifetime.⁵⁰ In the same study, many adolescents reported having suicidal thoughts (20%), having a plan for suicide (18%), or attempting suicide in the past year (15%). At age 23, 29 percent of CalYOUTH study participants screened positive for a current mental health disorder, 18.5 percent reported suicidal thoughts, and 6.5 percent attempted suicide since age 21.⁵¹

Physical health

Studies have found that young people who age out of foster care experience a higher risk of chronic health conditions — including hypertension, diabetes, heart disease, stroke, and asthma — than their peers in the general population.⁵² Youth in foster care are also twice as likely to have complex health conditions than their peers.⁵³ Studies estimate that around half of these young people have a disability diagnosis, compared to just over 10 percent of similarly aged peers in the general population.^{54,55} TAY are more likely than younger children in care to have an identified special healthcare need.⁵⁶ Furthermore, young adults with foster care histories are at higher risk of having multiple chronic health conditions “beyond that which is associated with economic insecurity,”⁵⁷ suggesting that the physical health challenges they face cannot be explained simply by economic challenges alone.

Sexual and reproductive health

A review of 53 studies concluded that these young adults face elevated risks of compromised sexual health, reporting earlier onset of sexual activity, more sexual partners, engagement in transactional sex, and higher rates of sexually transmitted infections (STIs).⁵⁸ For example, across four waves of CalYOUTH interviews, both male and female study participants were more likely to contract STIs than the general population, with only about a quarter of these young people reporting receiving treatment.^{59,60,61,62} CalYOUTH participants reported using birth control less frequently than young adults in the general population, and were less likely to report using a condom “most” of the time. Young people in the CalYOUTH study were more likely than young people in the general population to report ever having sex for money (9% versus 2.6%).⁶³

Research finds that young people with foster care experience have higher rates of pregnancy or paternity than the general population.⁶⁴ Across four CalYOUTH waves, participants reported pregnancies at twice and three times the rate of the general population. This rate increases with age, with 26 percent of females reporting having been pregnant by age 17 and 67 percent reporting having been pregnant by age 23.^{65,66} However, fewer NYTD survey participants in extended foster care report pregnancy at age 19 (7%) and 21 (12%) in comparison to NYTD survey participants who are not in extended foster care at age 19 (11%) and age 21 (22%).⁶⁷ Two studies have found that paternity rates are also higher among this group, with 37-49 percent of males reporting paternity by age 21.^{68,69}

Independent living

Research suggests that many young people who age out of foster care do not feel prepared to be self-sufficient and sometimes struggle with various aspects of independent living.

For purposes of this research summary, “independent living” refers to the cultivation of resources and “soft skills” needed for successful independent living. These skills include a sense of self-sufficiency, connections to resources, strong social support networks, financial capabilities, and, if relevant, safe parenting abilities.^f Some studies suggest that young adults leaving foster care in recent years are, in many ways, faring better than those who left foster care 20 years ago.⁷⁰ Still, many youth report feeling unprepared to manage things like housing, finances, or living independently.⁷¹ CalYOUTH data suggest that only 60 percent of study participants had a driver’s license by age 23,⁷² and a 2021 survey of nearly 24,000 TAY found that nearly two thirds needed driving-related assistance or resources to help facilitate transportation — a key part of independent living.⁷³ Overall, researchers find that many TAY report feeling unprepared or unable to be self-sufficient in at least some way,⁷⁴ though evidence from the general population indicate that these feelings are also common among emerging adults without foster care experience.⁷⁵ *Young adult advisors highlight that*

^f While we conceptualized parenting as existing under the umbrella of independent living skills here, considerations related to parenting TAY are relevant to other domains and are discussed throughout other sections.

these challenges may be amplified for those who are undocumented and therefore unable to access various services or obtain required identification.

The State of Research: Practice

The research about practice approaches for working with transition-age youth includes rigorous evaluations of codified program interventions, program implementation literature, and descriptive research. The program evaluations included in the Research Summary find inconsistent evidence of effective approaches among interventions that serve only this group. However, evaluations of interventions that serve broader groups of young adults have found positive effects on some outcomes and may offer promising opportunities for enhancing outcomes. Implementation science literature supports both comprehensive and individualized practice models, as well as relationships with caring adults and trauma-informed approaches. *Young adult advisors also named relationships and trauma-informed approaches as being important factors for well-being.*

Evaluations of broader programs that *include* young people leaving foster care (among other emerging adults) offer evidence about successful approaches.

Evidence from experimental evaluations^g of services for transition-age youth is limited for multiple reasons. The often-small size of programs focused exclusively on this group restricts the options for rigorous evaluations of these programs. It also limits the extent to which results from such studies could be generalized to other jurisdictions and the broader population of youth with foster care experience. Among existing evaluations, most focus on youth currently in foster care rather than those who have moved into adulthood. Without considering the intermittent nature of foster care,^h studies often compromise understanding of the transitions to adulthood among young people with foster care histories. Evidence about how to effectively support TAY well-being across domains through practice approaches can be gleaned from evaluations of programs that serve young adults broadly.

Research about transition-age youth-specific programs. The largest portion of practice-related research focuses on Independent Living Programs/Services (ILP/S). Overall, existing research offers mixed evidence as to whether ILP/S promote self-sufficiency and well-being in the transition from foster care to adulthood.⁷⁶ Qualitative research indicates that many young adults do not feel as though their ILP/S adequately prepare them to navigate adulthood.⁷⁷ It should be noted that research evaluating ILP/S is complicated by the vast differences across ILP/S approaches, as well as the variation in research methods used to evaluate these programs.⁷⁸ Doucet and colleagues(2022) conducted a rigorous synthesis of evidence from 64 studies evaluating the effects of ILP/ILS between 2000-2018.⁷⁹ This review included analyzing 36 quantitative impact studies of U.S. programs, concluding that most “found moderate to no significant impacts of ILP/S on transition to adulthood outcomes.” Recent evaluations of codified interventions indicate promise, including the Youth Villages LifeSet program. Evidence from a two-year randomized controlled trial found LifeSet participants had higher earnings and that the program had a positive effect on housing stability, economic well-being and mental health in the first year after completion. LifeSet had a modest, positive long-term effect on earnings and employment two years after program completion.⁸⁰ Researchers are in the process of assessing the impact of LifeSet through a randomized trial in New Jersey.⁸¹

^g Experimental evaluations are comparison studies that demonstrate statistically significant differences between treatment and control groups, also commonly referred to as effectiveness studies, impact evaluations, or randomized trials.

^h Youth may have been in foster care for one or more stays without technically “aging out” of care between the ages of 18 and 24.

There is some research about the effect of TAY-specific interventions across other domains beyond independent living, such as employment programs and services and housing programs. For example, although there are very few rigorous evaluations of employment programs specifically for youth in, and exiting, foster care,⁸² one impact evaluation of the Works Wonders career readiness program found the program to be effective at promoting work readiness and employment outcomes after one year for a sample of youth in RI.⁸³ Researchers are currently conducting a randomized controlled trial of Family Unification Program vouchers for families to assess the impact of housing-related support on youth outcomes.⁸⁴

There are few experimental studies of programs for youth with foster care experience in K-12 or postsecondary education. In a systematic review of 12 interventions, nine demonstrated only tentative impacts or could not be assessed due to methodological challenges.⁸⁵ One coaching and mentoring program, *My Life* (previously *Take Charge*), demonstrated positive impacts on some measures (e.g., self-determination) but no impacts on other measures (e.g., grade point average [GPA]).^{86,87,88} At the postsecondary level, young adults with foster care experience report positive experiences with campus-based support programs, but more evaluation is needed.⁸⁹

Research about programs for “high-risk” emerging adults more broadly.ⁱ Although transition-age youth face unique and additional needs and circumstances, they resemble broader groups of young people transitioning to adulthood who benefit from support across domains. For instance, education and employment programs for emerging adults from vulnerable populations — including Job Corps, the National Guard Youth Challenge, Year Up and Young Adult Internship Program — have been deemed “effective” by the Pathways to Work Evidence Clearinghouse for promoting positive effects on employment and earnings outcomes.⁹⁰ Such programs prioritize young people who have experience foster care to varying degrees.⁹¹

Intervention developers have created adaptations for various groups of young adults considered to be at greater risk for negative outcomes. Across studies assessing successful approaches for “high-risk” or “at-risk” youth, these populations are often defined as sharing many characteristics with TAY, including histories of trauma, instability, and disconnection from social institutions, as well as higher-than-average rates of disability, mental health crises, homelessness and contact with criminal legal systems. As such, research on serving “high-” or “at-risk” youth may be useful when contemplating best practices for working with young adults leaving foster care.

Multiple studies have focused on effective strategies for engagement, re-engagement, and service utilization among high-risk groups of young adults.⁹² A systematic review of 13 studies exploring approaches for engaging “at-risk” young people in helping interventions found that technology-based, program-based and experiential engagement strategies showed consistent evidence of effectiveness, with counseling-based approaches showing inconsistent results across studies.⁹³ A review of 20 studies of drop-in shelter use among youth and young adults experiencing homelessness found that older youth, young adults of color, those who identify as LGBTQ+, and those with more education tend to use drop-in shelters more.⁹⁴ The researchers also found that depressive symptoms, substance use, and not knowing how to find shelters were barriers to use, that peer referral was a main promoter of shelter use, and that non-judgmental staff, safe locations, and reduced barriers to entry promoted continued use of shelters when needed.

In a review of 60 studies on practices used in programs to promote reconnecting to school or work for young adults disconnected from either during the transition to adulthood, researchers found the interventions were comprehensive in the practices used and most program models utilized positive youth development approaches.⁹⁵ Researchers have also found that community-based efforts to deliver sexual and reproductive

ⁱ Drawing from research on what works for broader groups of young adults, rather than being restricted to research solely focused on youth with foster care histories, greatly expands the knowledge base about potential promising practices. This expanded literature base also introduces more options that are focused on promoting thriving rather than simply avoiding crisis or negative outcomes commonly associated with the transition from foster care. A comprehensive review of all literature related to serving all groups of young people was beyond the scope of this research summary.

health education to young people who may have missed similar education in school settings (not unlike youth in foster care) have been found to be as effective as traditional school-based approaches and more efficient than working to embed such information into later or alternative school settings alone.⁹⁶

A systematic review of 11 studies of policies and 21 studies of practices to prevent high school dropout synthesized key ingredients from 20 total studies that showed positive effects, which included academic, behavioral, and attendance strategies as well as organizational or structural changes in schools.⁹⁷ Another review of six studies found that mentorship-based strategies can promote positive educational and employment outcomes for young adults with disabilities, particularly when mentorship programs were structured, involved group-based interactions and lasted more than six months.⁹⁸

A review of 39 studies aimed at identifying key ingredients of successful interventions for preventing continued delinquency found the strongest evidence for behavior-oriented programs, interventions delivered in family contexts and multi-modal formats, and program intensities that are “right sized” to youth needs, avoiding overly intensive interventions when unwarranted.⁹⁹ A systematic review of 43 studies on substance use interventions for youth and young adults yielded recommendations to include parents and family in treatments and ensure that approaches are tailored to young adults specifically.¹⁰⁰ A meta-analysis of 135 studies on effective approaches to treating PTSD in youth and young adults found strong evidence for Cognitive Behavioral Therapy approaches and suggests that treatments be modified as needed for youth and young adults of different ages.¹⁰¹ An extensive review of literature on risk factors for youth suicidality found that family contexts and relationships are the most influential, with critical and controlling caregiving emerging as key risk factors and warm, accepting caregiving as protective.¹⁰² A review of the literature on what works for preventing suicide among young Black males found promise for attachment-based family therapy, but the lack of randomized controlled trials led researchers to conclude that more studies are needed to inform effective approaches.¹⁰³

Research about Positive Youth Development approaches. Research indicates that integrating positive youth development approaches in interventions may provide helpful framing for TAY. Positive youth development is based on a body of research suggesting that certain “protective factors,” or positive influences, can help young people succeed and thrive beyond simply preventing negative outcomes.¹⁰⁴ Numerous frameworks are used to explain and make positive youth development actionable, from a practice and outcomes focus on developmental assets to social and emotional learning interventions.¹⁰⁵ The most recent meta-analysis of randomized controlled trials of positive youth development programs synthesized evidence from 24 studies involving 23,258 participants ages 10-19 in the general population examining the effects of positive youth development interventions on positive outcomes and risk behaviors.¹⁰⁶ Positive youth development-informed interventions had a small but significant effect on academic achievement and psychological adjustment, and interventions were more beneficial for youth deemed “low-risk” (versus “high-risk”).

Research suggests positive youth development approaches are already embedded in many existing initiatives and interventions for transition-age youth — for example, within health promotion approaches that emphasize supportive connections and community engagement to build protective factors and mitigate adverse experiences.¹⁰⁷ Other related literature reflects positive youth development approaches in descriptions of the ways practitioners can incorporate young adults as partners and equals with the adults around them—for example, by offering choices about services, settings, and approaches that best meet their individual needs, including mental health services.¹⁰⁸ *A positive youth development framework aligns with young adult advisors’ ideas about shifting systemic approaches from helping young adults “survive” to helping them “thrive” during the shift from foster care to adulthood.*

Research finds that multi-faceted and holistic approaches can promote positive outcomes.

Multi-faceted or holistic (i.e., comprehensive) practices enhance services aimed at promoting positive outcomes among young adults leaving foster care. The research describing multi-faceted and holistic practices generally addresses one of two major practice approaches: (1) multi-faceted or holistic practices focused primarily on improving a single outcome (e.g., providing mental health counseling and case management services in order to promote housing stability) and (2) multi-faceted or holistic practices to support overall youth well-being and a range of outcomes (e.g., providing mental health counseling and case management in an attempt to promote education, employment, housing and independent living skills and outcomes).

Multi-faceted and holistic practices in service of a single outcome. Research in education,^{109,110} employment,¹¹¹ and housing programs¹¹² highlight the importance of providing services across multiple domains to achieve specific outcomes of interest.¹¹³ For example, some permanent supportive housing programs—which have been found to promote positive housing outcomes—also offer integrated case management, mental health support, and peer mentoring to address young adults’ diverse needs in ways that achieve housing stability.^{114,115}

Researchers have found that addressing common barriers to finding and maintaining employment for TAY can promote positive employment outcomes. For example, facilitating access to financial resources (e.g., pandemic relief funds, unemployment benefits) allows young people time to consider their career goals and supports their physical and mental well-being by helping to prevent a crisis, such that a change in employment circumstances does not lead to an inability to meet basic needs.¹¹⁶ Employment research also highlights the importance of concrete support (e.g., transportation, communication technology) and legal resources to aid young adults in addressing employment barriers related to justice system involvement, housing support, and supportive relationships to address trauma and relational challenges.¹¹⁷

In educational settings, research findings indicate programs that provide a range of resources and services — such as counseling, mentoring, housing-related resources, referrals to other services, and staff support (beyond tuition assistance or tutoring).^{118,119,120,121} Some study findings have not found associations between provision of multi-faceted or holistic services and a study’s primary outcome of interest.

Multi-faceted and holistic practices aimed at promoting overall well-being (i.e., multiple positive outcomes). Many programs offer multi-faceted services aimed at influencing outcomes and well-being across multiple domains, rather than targeting a singular outcome or aspect of well-being. Such programs may offer comprehensive services, including employment, education, housing, health and mental health, and independent living domains. The California Evidence Based Clearinghouse for Child Welfare rates one such program as *supported* (Better Futures) and one as *promising* (LifeSet). Evaluations have found that youth who receive comprehensive support services, such as those obtained through Better Futures¹²² and LifeSet,¹²³ are more likely to achieve positive outcomes in employment, housing, and physical and mental health.

Most research on multi-faceted and holistic services focuses on ILP/S, which generally aim to promote self-sufficiency and independence among young people while providing support to address immediate needs.¹²⁴ Research suggests ILP/S may positively affect young people's educational and employment outcomes. A scoping review of 48 independent living studies reported the programs had a positive influence on the ability of these young people to attain part-time or full-time employment.¹²⁵ However, another systematic review found mixed evidence of the effectiveness of ILP/S on employment outcomes.¹²⁶ Meanwhile, many evaluations define successful employment as obtaining or maintaining employment at a certain level (e.g., full-time), and do not assess other factors that young people may view as indicators of employment-related well-being (e.g., flexible scheduling, remote work, or working in their chosen field).

Youth Villages Tenet of Good System Design for Young Adults: “Evidence-informed, inclusive service continuum: Support and service array is evidence-informed and culturally specific. It provides for basic and immediate needs, including transportation, mental health, housing, other healthcare and cash resources, and fosters long-term development, including education, training and employment services.”

Efforts to understand what works best can be supported by meaningful engagement with TAY, to learn how they define “overall well-being” and positive outcomes within domains. Young adults' input may also help make sense of mixed evidence in research. For example, although many young people with foster care experience receive some degree of ILP/S, studies find that many young people do not feel that services helped them learn to live independently, and report that they need more support in specific domains, such as housing and parenting.¹²⁷

Individualizing practices can help make programs and services work for *all* TAY.

Young adult advisors' input reiterated that TAY are at different stages of development and with diverse backgrounds, experiences, identities, needs, strengths, and goals for their lives. Given this diversity, one-size-fits-all approaches to practice cannot adequately meet the needs of most TAY. Researchers underscore the importance of wraparound interventions that provide multidisciplinary, individualized, and flexible support.¹²⁸ Researchers and young people with foster care experience recommend several approaches to meet young adults' individualized needs, including creating and providing services that affirm and respect cultural and developmental needs.^{129,130,131} Research suggests that tools such as needs assessments or curricula may help standardize the practice of tailoring services for transition-age youth. Perhaps the most notable example is the Casey Life Skills Toolkit, which assesses skills related to daily living activities, self-care, healthy relationships, employment, education, accessing community resources, managing finances, technological literacy and online safety, civic participation and child welfare system navigation.¹³² Results of the assessments are used to inform the development of a learning plan between youth and their service providers.

Young adult advisors to this project expressed a need for greater flexibility within programs and interventions based on young people's circumstances. For instance, parenting youth may need additional support related to pregnancy, postpartum well-being, childcare, parenting, and child development. Additionally, *young people* involved with juvenile or adult criminal legal systems may also benefit from additional or tailored services. *Young people also called for flexibility for program participants throughout the life of an intervention to account for unexpected life events, new plans, and self-determination.* Research supports the idea that flexible programs and assistance can be more effective than rigid, one-size-fits-all approaches. For example, studies have found the most effective efforts to promote financial literacy among youth do not rely on traditional curricula, but rather the use of a just-in-time approach, which scaffolds skill development at the time the skill is to be used.¹³³ This approach can also be thought of as happening informally in real time by creating “teachable moments.”¹³⁴ A meta-analysis of 201 studies evaluating the impacts of financial literacy programs

on financial behaviors found that just-in-time lessons may be more promising than many formal or structured financial literacy programs for shaping financial behaviors long-term.¹³⁵

Young adult advisors to this summary indicate allowing young adults to co-design their intervention experiences may generally help interventions better meet young people's needs, promote self-direction and improve satisfaction with services in ways that compound benefits and support development of key competencies. In one study, young people reported feeling that their needs were misaligned with the goals of the [child welfare] "system."¹³⁶ For example, research documents young peoples' guidance to align program incentives with young adults' needs and preferences, and refrain from assessing young peoples' success in ILP/S with metrics such as attendance at program events or sessions.¹³⁷ Youth have also suggested that life skills courses should begin earlier for maximum benefits.¹³⁸ Following these suggestions and allowing young people to help shape their ILP/S experience may promote feelings of empowerment; this may, in turn, encourage program participation. Importantly, young people and practitioners suggest that some youth want to "get out of the system at all costs," and therefore do not participate in any programming or extended foster care.¹³⁹ More research is needed to better understand whether, and how, programs could be altered to alleviate concerns and hesitations of youth who opt out of extended care.

Researchers and young adults with lived experience both emphasize the connection between positive outcomes and relationships with caring adults.

Research makes clear that positive relationships are a key ingredient of successful practice approaches for transition-age youth. Successful interventions embed services within a broader relational context. Research including evaluations, descriptive studies, and systematic reviews find that youth who have foster care experience and who have supportive relationships with adults have better outcomes in education,^{140,141,142,143,144} employment;^{145,146,147,148,149,150} financial capability, housing, and homelessness,^{151,152,153} and mental health and overall well-being.^{154,155} A study of links between youth-caseworker relationships and high school completion in a large sample of youth found these relationships were particularly important for youth with histories of traumatic experiences. The same study also identified a need for new case management models that center the importance of relationships in efforts to ensure connections to school and work.¹⁵⁶ One study found that the impact of "institutional (work) and interpersonal bonds" is predictive of decreased risk of legal system involvement among youth exiting foster care, and they therefore recommend attending to young people's relational contexts.¹⁵⁷ Analysis of data from youth who participate in Opportunity Passport — a financial education and matching savings program — suggests that, "Perhaps the single most important ingredient to financial success for young people is having at least one reliable and informed adult in their life to help them navigate decisions that have financial implications."¹⁵⁸

Research finds that these beneficial relationships can stem from a variety of settings and programs. One study found that mentorship programs can enhance relationship-building skills and, in turn, foster a sense of empowerment.¹⁵⁹ The finding suggests cascading benefits of mentorship before and during the transition to adulthood. Researchers also find positive benefits of strong relationships with other supportive adults, including caseworkers, foster caregivers/families,¹⁶⁰ and families of origin.¹⁶¹ One noteworthy study found that close relationships with a foster family were associated with lower odds of substance misuse.¹⁶² Educators are also key partners, as schools and extracurricular activities are important places for youth to connect and develop positive relationships.¹⁶³

Importantly, research and lived experience suggest that young people's relationships and social support networks may be complicated.¹⁶⁴ Studies find that they face greater risks of intimate partner violence.¹⁶⁵ Among participants in the Midwest Study, about 20 percent reported relationship violence at age 26, which is higher than similarly aged peers in the general population.¹⁶⁶ Further, research suggests that building and maintaining strong relationships can be a challenge for youth due to trauma that influences relationship

development,¹⁶⁷ separation from families and siblings, and the inability to participate in regular activities due to complicated rules and limitations within the child welfare system,¹⁶⁸ among other reasons. *Young adult advisors discussed how some young people engage in unhealthy relationships, and caseworkers should be trained to help youth learn what healthy relationships look like. One young adult advisor added that helping youth end unhealthy relationships can also make more room/time for positive relationships, in addition to simply removing unhealthy or risky relationships from their lives.*

Caseworkers are often uniquely positioned to help young people maintain their connections with their families and supporters.¹⁶⁹ Studies highlight the importance of young people being involved in identifying the people who would best help them cultivate positive relationships.¹⁷⁰ However, there is limited research about how to help youth to engage in healthy relationships and end or adapt unhealthy or unpleasant relationships, including romantic relationships.¹⁷¹ Practitioners have expressed difficulty navigating the tension between meeting the immediate needs of young people and helping them set and work toward long-term goals.¹⁷² However, just remaining in the lives of young adults may be one promising practice for caseworkers who support youth undergoing significant transitions in other parts of their social networks. For example, LifeSet's impact evaluation found positive impacts for young people who received weekly (on average) contact with caseworkers and individualized case management approaches.¹⁷³

Trauma influences young people's ability to engage in, and benefit from, programs and services.

Young adult advisors emphasized the prevalence and impacts of trauma and related mental health challenges across many aspects of life and well-being. Research suggests a high prevalence of trauma among transition-age youth.¹⁷⁴ Young people with histories of trauma may struggle to fully engage with various programs due to the pervasive impacts of trauma on biopsychological processes (e.g., emotion regulation), coping mechanisms (e.g., substance use, social withdrawal), and interpersonal relationships.¹⁷⁵ A substantial body of literature demonstrates that trauma from experiences of abuse and neglect, removal, and placement instability in foster care can harm development, interpersonal relationships, and education, employment, and housing outcomes.¹⁷⁶ Relatedly, research finds that trauma can affect engagement with housing programs and the ability to connect with others.^{177,178} In turn, housing instability and homelessness can exacerbate mental health challenges; a National Foster Care Youth and Alumni Policy Council poll found that young people who experience homelessness often subsequently report mental health challenges.¹⁷⁹ Together, this evidence suggests that *young people* with histories of trauma may not be able to reap the intended benefits of programs related to meeting even their basic needs (e.g., housing).¹⁸⁰

Research finds that programs and practice approaches that integrate trauma-informed mental health services can improve outcomes across key domains of well-being. For instance, supportive housing that integrates mental health counseling, case management, and/or peer support has shown positive effects for reducing homelessness and improving overall well-being.^{181,182} Trauma-informed schools¹⁸³ and school-based mental health services¹⁸⁴ may also help buffer effects of trauma on young peoples' educational outcomes. Indeed, one study reports 42 percent of transition-age youth using mental health services provided in an educational setting.¹⁸⁵ Trauma-informed care models can also inform interventions to improve sexual and reproductive health outcomes by creating safe, supportive environments that validate youths' experiences and promote healing.¹⁸⁶

The State of Research: Policy

Federal, state, and local policies, funding, and implementation strategies all play key roles in shaping the services and support available to young people who have experienced foster care. Here, we describe overarching observations from research related to federal and state policies across domains that impact the

lives of young people transitioning from foster care to adulthood. *Across policy issues, young adult advisors recommend: (1) policies that allow for greater nuance and individualized approaches; (2) terminology that can be easily understood; and (3) lived experts who are engaged as decision-makers.*

Several domains of social policy intersect to comprise the support structures available to transition-age young adults.

Several distinct domains of policy are involved in supporting young people in their transition from foster care to adulthood, including policies targeting child welfare, education, labor, health, and housing systems (see Appendix B). For instance, federally funded extended foster care was established through the Fostering Connections to Success and Increasing Adoptions Act (2008; the Fostering Connections Act), and the Affordable Care Act (2014) expanded Medicaid coverage through age 26 for young adults leaving foster care.¹⁸⁷ Educational stability requirements in the Fostering Connections Act, the Every Student Succeeds Act (2015; ESSA), and the Uninterrupted Scholars Act (2013) are designed to address the low educational and relational outcomes associated with frequent school moves and they also report educational data for children and youth in foster care.¹⁸⁸ The Preventing Sex Trafficking and Strengthening Families Act (2014) addresses normalcy by requiring that youth in foster care have key documents before they exit care due to reaching age 18 (or the applicable age in the state) and establishes the “reasonable and prudent parenting standard” allowing foster parents and other caregivers to make additional decisions for youth in care. Other federal policies address broader populations of young people but prioritize participation among youth with foster care experience, including the FAFSA Simplification Act (2021), the Technical Education for the 21st Century Act of 2018 (Perkins V), the Workforce Innovation and Opportunity Act (WIOA) (2014), and the Family Unification Program Amended to Expand Eligibility (2000).

Reflecting the diverse policy landscape, the associated funding for TAY-focused resources and programs are complex, —with a number of federal, state, and local funds coming together in a constellation that varies dramatically by state.¹⁸⁹ Although states and localities cover about 58 percent of child welfare system expenditures, there is limited research about the influence of these funds on TAY services and resources.¹⁹⁰ Many services rely, at least in part, on sources outside of funding intended for child welfare operations — such as education, workforce support resources, housing and healthcare — creating challenging circumstances to coordinate and develop a holistic service array focused on enhancing well-being. For example, funding from other systems comes with its own federal policy requirements and state flexibility, along with different eligibility and reporting requirements, which further complicates administration.¹⁹¹

Most research on transition-age youth-relevant policy focuses on federal child welfare policies.

Family First Prevention Services Act (2018; “Family First”).¹⁹² The “Family First” Act (2018) opens federal funding to prevent foster care entry for eligible youth; limits the use of federal funding for congregate care placements; and expands eligibility for services funded under the Chafee Act and Education and Training Vouchers (ETVs; see below). As of February 2025, 48 state, jurisdictional, or tribal Title IV-E agencies had approved prevention plans, and five had submitted plans and were pending approval.¹⁹³ These plans allow states to use federal funding to provide evidence-based prevention services to the families of children and youth at imminent risk of entering foster care, as well as all expectant and parenting youth in care. As of February 2025, 82 mental health, substance use and in-home parent skill-based prevention programs met the minimum evidence threshold; however, these programs serve different age ranges. While many programs, like Youth Villages’ Intercept program,¹⁹⁴ serve children and youth of all ages, only four evidence-based programs specifically target youth ages 13 and older.¹⁹⁵

Family First (2018) also adds requirements that youth in non-family settings be placed in qualified residential treatment programs that provide time-limited treatment services with a trauma-informed approach, and that family members be engaged during treatment and in aftercare services. While congregate care placements had been decreasing prior to Family First (2018), one quarter of TAY between ages 14 and 21 were still placed in groups settings in 2021, with a larger proportion of Black youth in such placements, compared to their White or Latino peers.¹⁹⁶ Placement in family-like settings, rather than congregate care settings, is connected to better educational outcomes.¹⁹⁷ Youth who experience congregate care may struggle to form strong relationships with adults and peers, and they are more likely to experience homelessness.¹⁹⁸ Young people in one study explained how congregate care fails to support them in building the social, emotional, and life skills they need to thrive.¹⁹⁹

Fostering Connections Act (2008) and Extended Foster Care. The Fostering Connections Act (2008) allows states to seek federal cost sharing using the Social Security Act Title IV-E funds for states with approved plans to allow eligible young people to remain in foster care up to age 21, among other provisions. As of 2023, 33 states, Washington D.C., Puerto Rico, and nine tribes have opted to offer federally reimbursable extended foster care,²⁰⁰ and other states fund extended foster care with state dollars.²⁰¹

Youth Villages Tenet of Good System Design for Young Adults:
“Funding availability and uptake:
Funding for transition-age services and support is available and fully utilized with state and local investments that exceed the matching of federal funds.”

Participation in extended foster care is associated with a range of positive outcomes. Using data from the NYTD and without distinguishing federally and state funded extended foster care, researchers found that youth in extended foster care fared better than their peers who were not in extended foster care on outcomes, including high school/General Educational Development (GED) completion by age 19, post-secondary enrollment and financial aid receipt and employment. Young adults in extended foster care were also less likely than their peers to be homeless or young parents.²⁰² Most research into extended foster care has been conducted in individual states. Although the outcomes are not representative of all young people — as the policies and service contexts differ in important ways across states — the CalYOUTH study found that California’s federally-funded extended foster care increased odds of completing high school and enrolling in post-secondary education by age 23.²⁰³ Extended foster care in California also decreased odds of economic hardship, and reliance on need-based public aid,²⁰⁴ homelessness,²⁰⁵ and being arrested.²⁰⁶ Each year young people remain in extended foster care in California increases the likelihood of enrollment in a two-year college and earnings at age 24-25.²⁰⁷ Researchers have also examined experiences of homelessness before and after extended foster care implementation across states, finding a 23 percent reduction in homelessness among transition-age youth ages 18-24 years after implementation, which persisted for nearly six years.²⁰⁸ Another review of 26 studies found that many benefits of remaining in care for one or two years largely dissipate by age 23 or 24, leading researchers to suggest young people may benefit from support to age 25.²⁰⁹ These findings echo research about emerging adulthood as a critical phase of development in which all young people can benefit from support.²¹⁰

Evidence indicates that outcomes among youth who participate in extended foster care vary by race, ethnicity, gender, and disability. NYTD data suggests Black young adults are more likely to have a high school credential and have higher educational attainment but are also more likely to be disconnected from school and work at ages 19 and 21 or have a child at age 21 than their White peers in extended foster care. Older Hispanic youth are more likely than non-Hispanic White peers to have a high school credential at age 19 and to be parenting and employed at age 21.²¹¹ Additionally, data from California’s federally funded extended foster care program show that non-Hispanic White males benefited more from each additional year in extended foster care — compared to the overall population in extended foster care — on two-year college enrollment and wages at ages 24 and 25.²¹² Although those with neuropsychological disabilities who received extended foster care experienced gains in educational outcomes, their wages at ages 24-25 were not higher than peers without extended foster care.

Despite the number of states that have implemented extended foster care and the range of federal policies that support youth staying in care after age 18, participation remains low. One analysis of federal data found that fewer than one in four youth in care on their 18th birthday were in care on their 19th birthday.²¹³ Studies of the reasons for low participation rates find varying explanations. One study found evidence that county-level factors like child welfare personnel satisfaction with cross-system collaborations in their work and local “political atmosphere” were associated with extended foster care participation rates.²¹⁴ Further, some Black youth have expressed reluctance to participate in extended care due to lack of trust in the system and programming, in addition to inconsistent support and information.²¹⁵ *Young adult advisors stressed that eligibility*

requirements for extended foster care and other services are unrealistic and strict, and youth may fear losing access to benefits when unexpected circumstances arise. More research is needed to understand exactly why youth opt out of extended care and to identify successful retention strategies.

Youth Villages Tenet of Good System Design for Young Adults: “Attractive, expanded EFC: Extended Foster Care frameworks and policies demonstrate value to young adults, encourage them to opt in, and offer reentry to those who have exited.”

John H. Chafee Foster Care Independence Act (1999; Chafee Act). The Chafee Act (1999) funds states to provide supportive services to foster youth ages 14 and older through the John H. Chafee Foster Care Program for Successful Transition to Adulthood. The Act doubled federal funding for independent living services.²¹⁶ Chafee funding supports a wide variety of transition services to youth in and exiting foster care, including educational, employment, financial, and housing support for eligible youth through age 21. For states that offer extended foster care, transition services are available through age 23. In a study of eight child welfare jurisdictions, interviewees explained Chafee funds were used to fund staff who provide transition services to Chafee-eligible young people, as well as life skills assessments; classes (e.g., financial literacy); regional youth advisory boards; financial support for housing and other needs, including costs related to starting a new job; transportation; extra-curricular activities; and emergency medical needs.²¹⁷ A 2001 amendment to the Chafee Act (1999) established the ETV program, which provides vouchers toward young peoples’ postsecondary education and training costs.²¹⁸ The Chafee Act (1999) also mandated the U.S. Department of Health and Human Services (HHS) to conduct evaluations of Chafee activities deemed to be “innovative or of potential national significance.” Evidence about the effectiveness of Chafee-funded programs and services is limited. As authorized by the Chafee Act (1999), HHS is exploring new ways of evaluating Chafee-funded programs and services.²¹⁹

Studies describe low Chafee program utilization rates. One study found fewer than 25 percent of eligible youth received Chafee program services in 2021, and fewer than half of youth ever participated in Chafee services during their years of eligibility (ages 14-21).²²⁰ In fiscal year 2022, 12 states returned federal Chafee funds and 28 states returned Chafee ETV funds, totaling nearly \$9 million.²²¹ A 2025 Government Accounting Office (GAO) report identified a range of federal and state administrative barriers to states fully utilizing Chafee funds, including challenges in using federal data and benefiting from federal technical assistance to improve programs.²²²

Although studies of the outcomes of Chafee-funded programs are limited,²²³ some research demonstrates positive outcomes of receipt of ETVs, specifically. One study found that postsecondary graduation rates among young people who received ETVs were higher than those who did not receive ETVs. Of those who enrolled in college by age 21 without ETVs, 9 percent graduated by age 24. In comparison, 17 percent of those with ETVs who enrolled in college graduated by age 24.²²⁴ Young people who receive ETVs have reported that this funding is helpful and reduces financial stress.²²⁵

Expanded Medicaid Eligibility (Affordable Care Act). The Patient Protection and Affordable Care Act (“Affordable Care Act”) amended Title XIX of the Social Security Act²²⁶ to allow youth in care at age 18 to be eligible for state Medicaid programs through age 26.²²⁷ Approximately 112,000 TAY over 18 years old were enrolled in Medicaid in 2023, according to GAO analysis.²²⁸ The specific structure and program features of a state’s Medicaid delivery system may influence how healthcare is provided to young people who are in foster care when they reach adulthood. Variation can occur based on whether a state uses a Medicaid

managed care system (including specialized managed care for youth in foster care and other populations of children), Medicaid fee for service, or a combination of both.²²⁹ Many states provide both physical and behavioral health services to transition-age youth and young adults through Medicaid managed care, but 11 states and Washington, D.C. provide some services through fee-for-service and managed care, and eight states only use fee-for-service for physical and behavioral health. Experts suggest states with specialized Medicaid managed care may be better equipped to reinforce accountability for the care provided to youth in foster care among contracted providers and, as a result, enhance access to services. These partnerships include data sharing and/or integration between Medicaid and child welfare information systems.²³⁰

Preventing Sex Trafficking and Strengthening Families Act (2014). The Preventing Sex Trafficking and Strengthening Families Act (2014) includes several provisions relevant to transition-age youth, such as requiring that young people have access to key documents when exiting care, introducing the “reasonable and prudent parent standard” to promote access to school and social activities for youth in care, and requiring that child welfare agencies engage youth ages 14 and older in case planning. The “reasonable and prudent parent standard” allows kinship caregivers, foster parents, and group home staff to authorize a range of young people’s normal activities without obtaining child welfare agency approval. Although there have traditionally been barriers to normalcy for youth in foster care, such as lack of funding, transportation challenges, or frequent moves,²³¹ young people and researchers alike have discussed the importance of these activities.²³² Research also documents barriers to implementing normalcy directives. One study found that one third of young people were unaware of, or not involved in, their transition planning.²³³ The same study found that youth who had positive relationships with caseworkers and certain personality traits (e.g., agreeableness, conscientiousness) were more likely to be involved in planning.

Every Student Succeeds Act (ESSA; 2015). The ESSA (2015) requires coordination between child welfare and education agencies to ensure school stability and share transportation costs, while also requiring states to report education outcome data for students in foster care. Yet, students in foster care experience greater school instability than their peers,²³⁴ and researchers find reductions in academic growth each time placement and school changes co-occur.²³⁵ A 2019 report lists several challenges to ESSA implementation, including turnover of child welfare and school district points of contact, and challenges funding transportation to keep youth in their current school.²³⁶

States vary in their implementation of state and federal policies to support young people transitioning from foster care to adulthood.

States and counties have flexibility in the ways they implement federal policies. Even within states, there is variation in local implementation of state policies. Agencies and organizations that serve transition-age youth are profoundly influenced by their state and local contexts, including local housing and job markets, affordability, and resource availability, especially in rural communities.^{237,238,239,240,241,242} Analysis of state-level data finds that some states only offer certain services for young people transitioning out of foster care in select areas of the state.²⁴³

The Fostering Connections Act (2008) gave states the option to access federal funds for young people to remain in foster care through age 21. Jurisdictions vary significantly in how they implement extended foster care, with differing eligibility requirements, age limits and re-entry options.^{244,245} *Young adult advisors to this project reflected on the significant state-level differences in extended foster care policies and programs.* Although flexibility in the statute allows states and localities to tailor programs and approaches to their communities and populations, flexibility also creates wide variation in the availability, quality and success of approaches to support. For example, many states impose additional eligibility and application requirements²⁴⁶ that can complicate access to financial support.

There is also wide variation in how states manage Chafee ETV programs²⁴⁷ that can ultimately influence service access and utilization rates. One study found that about 30 percent of states lack clear information about ETVs on their websites.²⁴⁸ *Young adult advisors recommend universal eligibility criteria across services within states to support access.*

Challenges and variations in state and county implementation of federal policies extend beyond the implementation of extended foster care and Chafee programs. For example, the Preventing Sex Trafficking and Strengthening Families Act (2014) requires that young people receive all key identification documents (e.g., birth certificate, state-issued identification [ID] card) before they exit foster care. Only 10 states, however, added this requirement to their state laws at the time of a 2016 survey exploring implementation of normalcy directives across states.²⁴⁹

State Medicaid policies and implementation also vary widely,²⁵⁰ impacting the services available to youth (e.g., peer support is covered by Medicaid in some states).²⁵¹ Further, states have different standards to address mental health needs. For instance, in Georgia, young people are assigned a care coordinator and offered personalized mental health services, including clinical trauma screenings. Both Texas and Wisconsin provide youth with access to specialized medical homes that offer a range of mental health services.²⁵²

A modest body of research explores novel and innovative state-level policies that influence well-being and relevant systems. For example, at least 20 states^j have a “bill of rights” for youth in foster care.²⁵³ While largely addressing issues affecting youth still in foster care, they also may offer resources for young people transitioning from foster care, as well. For example, Florida’s Foster Youth Bill of Rights includes text outlining that youth in foster care should have the same rights as other youth “to enjoy the milestones of maturity.”²⁵⁴ Another example of state-level policy innovation is Kansas’ Support, Opportunity, Unity, and Legal (SOUL) Family Permanency Bill, developed by youth with lived experience in foster care to fill permanency gaps and embrace a broader circle of supportive adults.^{255,256} Young people have suggested other promising policies at the state level that may fill gaps in policies across other domains to support successful independent living after foster care, including expanding eligibility for various financial and social safety net programs, such as allowing young people to be eligible to self-claim state tax credits like Earned Income Tax Credits.²⁵⁷ Some states have also developed policies and practices that build on federal policy to promote normalcy in foster care, including California’s prohibition on laws or regulations that create barriers to normalcy and laws in California, Florida and Utah stating that children are entitled to participate in age-appropriate activities.²⁵⁸

The State of Research: Systems

Research describes barriers and inherent tensions within and across human service and related systems that impact the lives of young people leaving foster care in adulthood. Research also suggests benefits of coordination within and across multiple systems, thoughtful use of data and workforce resources to facilitate system reforms. *Young adult advisors shared anecdotes of losing access to key benefits and even experiencing homelessness when trying to coordinate moves between states, counties or support programs without cooperation and coordination among programs, systems and jurisdictions involved.*

^j AZ, AR, CA, CO, DE, FL, HI, IN, MA, MN, MS, NV, NH, NJ, NC, OR, PA, RI, SC, TX

Even systems designed to promote well-being can introduce challenges that impede well-being and smooth transitions to adulthood.

Research suggests that the systems poised to help young adults thrive often introduce new challenges and hurdles. Foster care itself is intended to be an intervention to promote safety and well-being, but introduces significant additional challenges related to instability, bureaucracy and trauma. Placement instability itself has been associated with lasting challenges for mental and behavioral health – over and above the impacts of maltreatment experienced prior to foster placement.^{259,260} Research finds that older youth have the highest odds of placement instability in foster care.^{261,262} One study of 114 youth found that placement instability in foster care was associated with increased odds of substance use in young adulthood.²⁶³ School changes that often accompany placement changes can also create challenges and disparities in TAY access to education received by their peers.²⁶⁴ For example, as adolescents receive sexual health in educational settings, school instability among youth in foster care can disrupt access to this important curriculum.²⁶⁵ *This research aligns with young adult advisors' acknowledgements that while all young adults encounter challenges, those who age out of foster care often face these challenges with fewer tools and resources.*

After foster care, young people often continue to encounter barriers in well-meaning systems. State and local agencies offer many programs and services, resulting in a complicated constellation for young people to navigate. Research finds that many young people report being unaware of the full scope of available programs and resources²⁶⁶ — *a sentiment reiterated by young adult advisors*. Even when youth are aware of programs and services, accessing them can be a significant challenge with different application processes, paperwork, eligibility criteria, requirements, logistics, and professional relationships.²⁶⁷ For example, many programs require youth to have legal documentation or identification that can be challenging for them to access.²⁶⁸ Other eligibility criteria can also erect barriers to services. For instance, certain housing support programs requires youth to meet the U.S. Department of Housing and Urban Development's criteria for being formally designated as "homeless," which often necessitates losing or foregoing current temporary housing arrangements.²⁶⁹ *One young adult advisor recalled having to become "literally homeless" before being able to receive assistance.* Further, for some programs and/or states, transition-age youth can lose access to system and financial support.²⁷⁰

Even after learning about, accessing, and establishing initial eligibility for services, abiding by all regulations and maintaining ongoing eligibility can be stressful and limiting for TAY. Relatedly, the "helping" systems can introduce additional scrutiny and risk. For instance, children of youth and young adults still involved with the child welfare system face greater odds of a maltreatment investigation and foster care placement.²⁷¹ *Young adult advisors shared experiences of strict scrutiny while receiving services, and experiences like losing access to stipends due to strict requirements, high expectations, and limited "wiggle room."*

Young adult advisors shared that certain young people may face additional barriers or disparities, including those of color, those who identify as LGBTQ+, those who are undocumented or not U.S. citizens, those who are pregnant, and those who are parenting.^k Indeed, research finds that Black youth in foster care often have higher rates of placement instability, as well as those who have received mental health diagnoses or treatments.²⁷² A review of 70 studies found that former foster youth of color often have disparate outcomes related to education, employment, and housing into early adulthood.²⁷³ Disparities in service access or receipt are often exacerbated for certain populations, including those who identify as female, LGBTQ+, Asian, Pacific Islander or Native Hawaiian, Hispanic/Latinx, Black, and Native American or Alaska Native.^{274,275,276,277,278,279} Examples of disparities include access to school-based services, alternative therapies, and healthcare.²⁸⁰ For example, research about physical and mental health highlights disparities related to obtaining insurance coverage,²⁸¹ delayed enrollment or reenrollment in Medicaid,²⁸² and

^k One young adult advisor repeatedly stressed the unique experiences and challenges related to pregnancy, and lamented that most research combines experiences of "pregnant/expectant and parenting TAY".

difficulties navigating service systems due to poor cross-system coordination.²⁸³ Interventions and initiatives that may contribute to increasing access include telehealth²⁸⁴ and innovative and effective sexual and reproductive health education.^{285,1}

Research documents opportunities, strategies, benefits, and challenges related to cross-system coordination efforts to support transition-age youth.

In addition to the child welfare system, several systems are involved in the lives of young people transitioning from foster care to adulthood, including K-12 and higher education, workforce support initiatives, housing assistance, health insurance, and healthcare services. These systems have—in different ways and to varying degrees—acknowledged transition-age youth in their structures. For example, public K-12 schools have data reporting requirements connected to youth in foster care and requirements to support school stability.²⁸⁶ TAY are included in the definition of out-of-school youth within the Workforce Innovation and Opportunity Act (WIOA) and associated eligibility for workforce development services.²⁸⁷ The Family Unification Program (FUP) and the Foster Youth to Independence (FYI) housing voucher programs, administered by The U.S. Department of Housing and Urban Development (HUD), aim to meet the housing needs of TAY with local housing authorities.²⁸⁸ Young people in foster care at age 18 were also granted extended Medicaid eligibility through age 26, administered through state Medicaid delivery systems.^{289,290}

Research indicates that cross-system coordination methods and levels vary over time and across jurisdictions and systems.^{291,292} Research further shows that some young people experience discontinuation of services temporarily or altogether when they transition to adulthood.²⁹³

Existing research provides evidence that cross-system collaborations may enhance effectiveness of the efforts of individual systems and promote overall well-being. One study that asked caseworkers to rate coordination across systems found that collaboration between the child welfare, education, and housing systems is associated with improved educational and housing outcomes for youth in, and transitioning from, care.²⁹⁴ Other research highlights examples of collaborative efforts, such as the Educational Access Project, which is a partnership between the Northern Illinois University and the Illinois Department of Children and Family Services to improve educational policy and practice and provide individual advocacy to address educational barriers.^{295,296} Additionally, in Los Angeles County, a new web-based Automated Referral System allows child welfare caseworkers to refer TAY to county workforce development programs.²⁹⁷

Youth Villages Tenet of Good System Design for Young Adults: “Cross-system coordination and accountability: Collaboration exists across agencies and with courts, with shared accountability, transparency for outcomes, and flexibility where necessary.”

Many studies include recommendations from researchers and individuals with lived experience for increasing collaboration across systems, including educating frontline staff²⁹⁸ and leaders²⁹⁹ about available resources, integrating and co-locating services (e.g., ILP/S within housing programs),³⁰⁰ and formalizing partnerships using documentation such as memoranda of understanding.³⁰¹ *Young adult advisors explained the importance of professional support linking young people to services within and across systems, stating youth “don’t know what they don’t know.”*

¹ Differences across studies in the definitions and assessments of various TAY characteristics, and methods of statistical analysis renders it impossible to draw firm conclusions about specific trends among individual sub-groups of young people. More research is needed to understand unique experiences and needs among young adults leaving foster care.

In addition, research points to mechanisms for supporting all youth in accessing public benefits, such as having navigators,³⁰² conducting targeted outreach to youth, developing partnerships across youth-serving entities, expanding or simplifying eligibility criteria,³⁰³ and sharing data.^{304,305} Furthermore, researchers have synthesized evidence on frameworks and approaches for serving youth involved in multiple systems, including systems of care models, meta-systems models, and combinations thereof — like the Crossover Youth Practice Model—finding unique benefits and challenges for various approaches.³⁰⁶

High quality data can inform efforts to connect young people with appropriate resources.

Research suggests an overall lack of data needed to answer key questions about how transition-age youth are faring and what they need. These gaps exist for researchers trying to use longitudinal data to understand trajectories and outcomes over time,^{307,308,309,310,311,312,313} as well as for systems and agencies wanting to share and integrate data across systems.^{314,315,316,317} National data management systems — including the National Child Abuse and Neglect Data System (NCANDS),^m the Adoption and Foster Care Analysis and Reporting System (AFCARS),ⁿ and NYTD—provide information about how young people came into care, when and how they exit the child welfare system (i.e. placement and permanency), and very limited information about their experiences in care. National AFCARS and NCANDS data are comprised of state-level data submitted to federal agencies for compilation. As such, states may or may not include young adults in extended foster care in these data due to a lack of clarity in the data guidelines, as well as in the definitions and descriptions of submitted data.³¹⁸

States may struggle with inconsistent NYTD response rates, and therefore the data may not represent the full range of TAYs' experiences.³¹⁹ Researchers recommend adding additional federal data collection requirements and infrastructure to collect information on efforts—such as use of Chafee ETVs³²⁰ and programs like campus-based support programming³²¹—to enhance knowledge about TAYs' experiences. Indeed, there is insufficient data related to key TAY needs or aspects of well-being that could be used to improve services and modify policies.³²² Further, researchers lack large-scale data required to understand how specific populations of TAY (e.g., LGBTQ+ TAY) access and benefit from available resources.³²³ Research suggests that additional and different data could be used to connect emerging adults with available resources and services,^{324,325,326,327,328,329} deepen understanding of young people's experiences and needs while exiting foster care,^{330,331} and develop evidence-based strategies to address those needs.³³²

There is a limited body of evidence related to integrating data systems within the child welfare system and partner agencies or systems to better support young people.³³³ Integrated data can be used to identify foster youth and young adults who need or are eligible for services provided by other systems (e.g., independent living services,³³⁴ educational and workforce initiatives and resources,^{335,336} mental health services³³⁷). Integrated data and information sharing may also support interstate efforts to assist transition-age youth. For instance, researchers recommend gathering state-level data on common out-of-state destinations for young people who move between states³³⁸ to support interstate coordination and consistent Medicaid coverage for those still eligible. *Young adult advisors expressed agreement with the importance of using data to improve outcomes but also caution against reducing young people — their stories and voices — to numbers and statistics. Young adults also discussed concerns about the implications of data sharing for personal privacy and security.* A Casey Family Programs report^o outlines

Youth Villages Tenet of Good System Design for Young Adults: “Up-to-date data systems: Data and technology systems are in place to understand the uptake of services and resources by young people and the impact of those supports and services on outcomes.”

^m NCANDS: <https://acf.gov/cb/research-data-technology/reporting-systems/ncands>

ⁿ AFCARS: <https://acf.gov/cb/data-research/adoption-fostercare>

^o Examples of state data-sharing initiatives: <https://www.casey.org/media/22.07-QFF-TS-Data-transformation-1.pdf>

several key considerations for cross-system data sharing, including those related to data security, neutral third-party hosts of shared data and pilot projects to assess feasibility and troubleshoot.³³⁹

Training, support, and resources for youth-serving professionals can support changes to practice, policy, and agency or system operations.

A significant body of research discusses the role of caseworkers and other professionals in supporting young people transitioning to adulthood from foster care. The child welfare workforce has long had high rates of burnout and turnover.³⁴⁰ Further, many caseworkers carry caseloads that include children of all ages, meaning they need to understand the developmental needs and available services for the entire continuum of children in care.³⁴¹ Researchers have recommended that agencies and organizations employ caseworkers with the necessary expertise and capacity to provide tailored services for young people who have more complex circumstances and histories, and to incorporate trauma-informed and positive youth development approaches.^{342,343,344}

Other research suggests additional specialization may include education and housing specialists within child welfare agencies,³⁴⁵ designated staff members on college campuses focused on supporting students who have experienced foster care,^{346,347,348,349,350} and providers who offer diverse and trauma-informed modalities of care.³⁵¹ Researchers have also identified needs to train youth-serving professionals on a range of topics, including engaging young adults in conversations about goals and future planning,³⁵² helping youth navigate trauma and loss,³⁵³ and developing competencies related to the needs of LGBTQ+ youth.^{354,355}

Youth Villages Tenet of Good System Design for Young Adults:
“Knowledgeable workforce: Young adults are served by a workforce with specialized knowledge that enables them to provide developmentally appropriate services, in a way that is individualized to each young person’s specific needs and goals.”

Although significantly more research is needed, the employment of peer specialists to support young people is another promising strategy for supporting youth in making the transition to living independently — particularly for youth with histories of trauma.³⁵⁶ An analysis of interviews with 21 transition-age youth with histories of trauma receiving mental health treatment found that many young people disengaged from treatment for reasons related to perceived misunderstandings or perceived disrespect from providers, but that peer support initiatives may be promising for promoting engagement.³⁵⁷

Discussion: Cross-cutting Narratives to Inform Systems Transformation

In this section, we describe cross-cutting narratives throughout practice, policy, and systems research that can meaningfully inform systems transformation aimed at supporting youth well-being and successful transitions from foster care to adulthood. We highlight the pervasive narratives (i.e., themes) within the research that can inform approaches to systems change aimed at promoting well-being during the transition from foster care to adulthood. These narratives include experiences related to individual and structural relationships, emerging adulthood, normalcy, trauma and mental health, and agency (i.e., voice and choice). *These narratives were selected and refined with iterative input from young adult advisors.*

Relationships influence well-being before and during transitions to adulthood.

Research about practice, policy, and systems amplifies the influence of relationships on youth well-being. The role of interpersonal relationships appears in much research about transition-age youth, including relationships between young people and family members, peers, partners, children, mentors, caseworkers, service providers, and others.

The child welfare system introduces many professionals into the lives of young people, such as caseworkers, service providers, foster caregivers, guardians ad litem, Court Appointed Special Advocates (CASAs), and judges. Relationships with, and among, these helping professionals can shape TAY access to services, perceived benefits of various programs, and overall well-being. In particular, researchers have suggested that relationships with caseworkers can be important³⁵⁸ and even “transformational” for some young people.³⁵⁹ Some research suggests that a strong, trusting relationship with a service provider may be the most important ingredient of a particular intervention — above and beyond specific components of a particular model, program, or treatment method.³⁶⁰ *One young adult advisor recalled an experience of choosing to meaningfully engage and “try” in a particular program because she felt that the service provider was really “trying” themselves, making her want to reciprocate.* Researchers suggest practice reforms include efforts to emphasize and support these relationships.³⁶¹

For many older youth in foster care, the transition to adulthood marks the de facto end of these meaningful relationships with caseworkers and other adults affiliated with the child welfare system. Researchers have begun exploring young people’s experiences of grief related to “ambiguous loss” and “non-death loss” after losing relationships with foster caregivers, foster siblings, caseworkers, or other service providers, as well as their biological family members and information about their families, communities, and cultures.^{362,363,364,365} While more research is needed, content about ambiguous loss has begun appearing in trainings for foster and adoptive caregivers,³⁶⁶ as well as the Child Welfare League of America’s Standards of Excellence.³⁶⁷

Other research suggests that an emphasis on interpersonal relationship-building can enhance unrelated interventions. One case study of an alternative school program connecting transition-age youth to educational and employment opportunities found that building relationships and incorporating social and emotional learning elements made meaningful contributions to supporting young men transitioning into employment.³⁶⁸ Other work finds that relationships with professionals and institutions (i.e., “institutional and interpersonal bonds”) is predictive of decreased risk of legal system involvement.³⁶⁹

Child welfare policies and practices shape the degree to which children and youth in care have contact with their family members, ultimately influencing these important relationships. Although research is limited, existing research and input from transition-age youth indicate that many young adults formerly in foster care resume or deepen relationships with birth parents and other relatives, even if they were never reunified,³⁷⁰ making it clear that family relationships will continue to be part of the daily lives and spheres of influence into adulthood.³⁷¹ Indeed, research suggests that practitioners should work to understand who young people view as being part of their enduring support system and what they value in relationships in order to best support their development of healthy relationships networks.³⁷² Federal requirements related to the establishment of transition plans dictate that young people should be allowed to involve two adults in their transition planning, in addition to foster caregivers and caseworkers.³⁷³ *Young adult advisors suggested that young people and their families need continued access to*

Youth Villages Tenet of Good System Design for Young Adults: “Options supporting interdependence: Services help young adults grow and strengthen support networks, build healthy and enduring relationships, and connect to broader communities, including biological, kinship, foster, and chosen family and other caring adults and peers.”

services – including family therapy – as reaching adulthood, or even reunification, does not mean that all past wounds are healed and family dynamics healthy.

Finally, the emphasis on relationships in research on practice, policy, and agencies also extends to relationships among the systems themselves. A growing body of research documents benefits of cooperative relationships between agencies and systems involved in supporting youth and young adults involved with the child welfare system.^{374,375} For instance, research finds that efforts to promote safe and sustainable housing for young people can be significantly improved through meaningful partnerships between child welfare systems and local housing authorities.³⁷⁶ Specific aspects of cross-system collaboration addressed in research include sharing data, coordinating referral and approval processes, making joint decisions, consulting and providing expertise across domains, and even co-locating staff from different agencies or organizations.³⁷⁷ Several organizations have offered specific guidance that organizations, agencies, and system leaders can reference when developing plans for making this challenging shift.^{378,379,380}

Emerging adulthood is a key developmental stage with unique considerations.

For all young people, transitioning to adulthood is a gradual, years-long process. In recent decades, emerging adulthood – spanning late teenage years to mid/late-20s – has been recognized by developmental scientists as a standalone stage of development in modern, industrialized society.³⁸¹ During emerging adulthood, “individuals begin to develop the characteristic qualities necessary for becoming self-sufficient, engage in mature, committed relationships, assume more adult roles and responsibilities, and obtain a level of education and training that sets the foundation for work during the adult years.”³⁸² There is substantial evidence across several fields supporting the notion that emerging adulthood is a period of developmental significance that should be viewed differently than other stages of adulthood. In addition to social and psychological studies and concepts, developmental biologists, endocrinologists, and evolutionary scientists have extensively studied the physical and neurological development of emerging adults, confirming that meaningful development continues during this period.³⁸³

Acknowledgement of the developmental realities of emerging adulthood is evident in the practice research we reviewed for this summary. For instance, in the realm of education, researchers have noted that many programs and university initiatives are finding success with scaffolded support programs that last throughout college.^{384,385,386,387} The concept of emerging adulthood is evident in recent policies relevant to transition-age youth. For instance, the extension of foster care through age 21 is evidence of a broad, federal acknowledgement that, to thrive, young adults need years of support following entry into legal adulthood.

Provisions allowing young adults continued access to services and programs like Medicaid through age 26 is another example, and parallels Affordable Care Act (2014) provisions that allow *all* young adults to remain eligible for coverage under their parents’ health insurance until age 26.³⁸⁸ *Young adult advisors suggested more training for caseworkers and other practitioners to reduce biases about youth who continue to need support into legal adulthood. One young person suggested a foster care simulation for child welfare personnel, which could allow staff to experience being in the shoes of a young person leaving foster care, to help them understand the daily realities. Another young person expressed wishing that caseworkers would think about what they would want for their own child when working to connect young people with resources and support to cushion the transition to adulthood.*

Additional challenges are inherent to transition-age youth’s unique positioning between childhood and adulthood. Some systems that offer key assistance are designed to provide services to adults (e.g., housing, workforce), and, thus, they may prioritize self-sufficiency and/or neglect to provide the additional support or flexibility that transition-age youth may still need. In contrast, other systems designed primarily to serve

children (e.g., the child welfare system, education system) may do the opposite by restricting choice and limiting options for developing autonomy, self-direction, and agency. Furthermore, public funding streams may not always align with young adults' needs, may be difficult for smaller programs to access, and are often designed to meet the needs of children and youth rather than being specific to transition-age youth.³⁸⁹ Young adults relying on a combination of systems may receive conflicting messages and inconsistent requirements, leading to frustration and unclear direction. *Meanwhile, some young adult advisors expressed they did not want help in some aspects of their lives after having many experiences that forced them to develop a strong sense of independence early in life and a sense of identity in having achieved success independently.*

Normalcy continues to inform innovation in practice and policy approaches to supporting transitions from foster care to adulthood.

Normalcy can be defined in various ways but generally refers to allowing youth in foster care opportunities to experience aspects of life experienced by children not in foster care, including forming friendships, participating in school and community activities, making age-appropriate developmental milestones, belonging to a family, and exercising autonomy.³⁹⁰ As discussed, the Preventing Sex Trafficking and Strengthening Families Act (2014) aims to promote normative involvement in social and extracurricular activities.^{391,392} Formally recognizing the vital role of “typical” adolescent experiences (e.g., learning to drive, attending sleepovers) marked a significant shift in the narrative about older youths' experiences in foster care.

Research suggests that promoting normalcy continues to be important in the transition to adulthood by both removing barriers to young people's ability to pursue age-appropriate opportunities and promoting normal experiences in systems outside of child welfare. Researchers who study practice overwhelmingly suggest that transition-age youth should be supported in pursuing normative activities in educational settings, such as participating in extracurricular and social activities and having a daily school routine that keeps them connected to their peers and supportive adults.³⁹³

Youth Villages Tenet of Good System Design for Young Adults: “Array of community-based living options: Young adults are provided an array of community-based, developmentally appropriate, safe, and nurturing living options, inclusive of living with siblings, family, and friends—allowing for healing, equitable access to resources, and opportunities to thrive.”

Promoting a sense of normalcy for young adults transitioning from foster care also involves allowing them to face developmentally appropriate choices, challenges, and mistakes. Navigating housing, finances, freedom, and relationships with roommates is a normative — and difficult — part of the transition to adulthood for most young people, regardless of foster care history.³⁹⁴ Further, breaking program rules related to curfews, social activities, or schedules should not result in potential loss of necessities such as housing or financial support. A group of former foster youth on the National Foster Care Youth and Alumni Policy Council stressed the importance of failing safely by saying, “Allow us to make mistakes and not lose housing. Reconsider ‘zero-tolerance’ programs. As young people, we know that for some of our peers, the only way they will learn and grow is by making mistakes. We believe that these mistakes should not create housing instability for those of us in need of emergency or transitional housing.”³⁹⁵ Other perspectives from young adults formerly in foster care stress the importance of avoiding these “artificial obstacles.”³⁹⁶

Furthermore, drawing from research on what works to promote positive behavior and reduce risk behavior for broader populations of young adults serves to advance normalcy. Programs that serve broader groups of young adults can broaden opportunities available to young people leaving foster care and navigating early adulthood. This research summary highlights examples of models such as workforce training programs, Job Corps, academic support programs for all college students and positive youth development programs. Some

federal policies designed to promote well-being among broader populations of youth explicitly mention or even prioritize transition-age youth for services (see Appendix B).

Researchers are rethinking mental health and healing from trauma for young adults with foster care histories.

Research into the effectiveness of mental health interventions for youth currently and formerly in foster care is increasing.³⁹⁷ The Family First Prevention Services Clearinghouse highlights 16 interventions as *well-supported* or *supported* for treating mental health challenges, with 11 being approved for older youth.³⁹⁸ Research demonstrates that most older youth receive mental health services during foster care, with 82 percent of youth ages 12-17 reporting specialty mental health care, 48 percent reporting an overnight hospital stay, and 45 percent spending time in a residential care center.³⁹⁹ Yet, many transition-age youth feel unprepared to manage their mental health.⁴⁰⁰ Data from practitioners and young people suggest that many experience significant mental health challenges during their transitions to adulthood.^{401,402} *Young adult advisors to this project said that the high rates of mental health treatment received by transition-age youth may reflect them having attended a required session or program and/or being prescribed psychotropic medications, underscoring that these high rates are not necessarily indicative of a meaningful receipt of services. Young adult advisors also shared frequent experiences of misdiagnoses and mis- or over-medication.* Research confirms high rates of psychotropic medication prescribing among children and youth in foster care,^{403,404} as well as dissatisfaction with mental health services among older youth and young adults.⁴⁰⁵ An international systematic review of 44 evaluations of 35 mental health interventions for youth and young adults in foster care concluded that most evidence suggests modest benefits of interventions for short-term outcomes, with no effects on mental health after six months.⁴⁰⁶ In a systematic review of six studies documenting young people's reflections on their experiences in psychiatry in foster care, young people felt that their voices weren't heard, and that there were often power imbalances and weak therapeutic relationships with providers.⁴⁰⁷

Young adult advisors also suggested that mental healthcare received during foster placement does not meaningfully consider or address the prevalence or impacts of trauma among transition-age youth. One study found that traumatic experiences are nearly ubiquitous, with 90 percent reporting at least one traumatic life experience.⁴⁰⁸ The same study also found that those with histories of traumatic experiences also had more needs related to overall functioning and mental health. A systematic review of 25 studies assessing mental health diagnoses among youth in foster care found that post-traumatic stress disorder (PTSD) is one of the most prevalent diagnoses.⁴⁰⁹ Research also supports *young adult advisors' insight that transition-age youth experience wide-ranging effects of trauma.* A growing body of literature outlines the many complex impacts of traumatic experiences on brain development, physiology, and overall well-being during emerging adulthood and throughout the lifespan.^{410,411,412,413} Other research finds high levels of PTSD symptomology among young people, with experiences of "emotional numbing" and "intrusive re-experiencing" (e.g., flashbacks, nightmares) as prominent symptoms.⁴¹⁴ Traditional services covered by Medicaid (e.g., medication, talk therapy) may not be sufficient. *Young adult advisors expressed a desire for access to non-traditional and holistic healing practices.*

Recent research highlights the limitations of traditional empirical and clinical approaches to understanding and treating trauma,⁴¹⁵ as well as a growing evidence base for innovative therapies (e.g., art, animal-assisted, movement, and music therapies).^{416,417} This research is consistent with literature developed by young adults with lived experience and researchers about alternatives to traditional services.⁴¹⁸ *Importantly, young adult advisors reiterated that not all young people are the same, have experienced the same things, or need the same things in response.* Analyses of data from 742 transition-age youth in the Midwest Study parallels young adult advisors perspectives, finding that while young people report high rates of adverse childhood experiences (ACEs), there is significant variation in levels, types, timing and combinations of adverse and traumatic experiences, as well as variation in the associations between ACEs and various indicators of well-being.⁴¹⁹ Although there have been several efforts to adapt practice and policy toward a trauma-informed

model of child welfare and foster care services, evidence suggests that more research is needed to understand and scale up promising, trauma-informed interventions.⁴²⁰

Young adult voice and choice are important before, during, and after the transition to adulthood.

Research across policy, practice, and systems increasingly discusses the importance of seeking and acknowledging young people's perspectives, plans, ideas, goals, and concerns. Within the research reviewed, young people recommend they be invited to discussions about their transition plans from the beginning of the process and be engaged regularly to ensure available resources meet their needs.⁴²¹ Further, making opportunities for young people to exhibit agency and self-direction can also benefit their long-term well-being. For example, independent living requires soft skills,⁴²² like setting and evaluating goals, future planning, and navigating challenges as they arise. As such, many researchers, organizations, and young people advise supporting young adults in setting their own goals.^{423,424} Researchers have also called for more research grounded in self-determination frameworks, to help promote self-advocacy and empowerment in young adults.⁴²⁵ Researchers and young people with lived experience in foster care also suggest that promoting opportunities for young people to envision and get excited about their futures enhances youths' well-being.⁴²⁶ Interviews with 206 youth during their final year of foster care found that those with greater expectations for their future were more likely to report being satisfied in their accommodations, economic well-being, and educational or vocational achievements when interviewed again one year later.⁴²⁷ *Young adult advisors shared the importance of being allowed to make choices that may be non-traditional, including saving to purchase a home (instead of renting), having roommates who are not transitioning from foster care, or studying abroad.*

Youth Villages Tenet of Good System Design for Young Adults: "Young adult voice and choice: Young adults have a voice and choice in permanency, transition, and healing and well-being planning, including securing responsive court representation, driving their primary goals, and choosing their placement and service providers."

Engaging young people in program development and policy making is also increasing, including partnerships to inform data collection and education activities,⁴²⁸ and staffing agencies with individuals with lived experience who can inform staff trainings.⁴²⁹ Youth have also been engaged in developing new programs, such as the Keys to Your Financial Future curriculum for youth in and exiting foster care.⁴³⁰ Young people have also contributed to the development of several state and federal policies⁴³¹ (e.g., Fostering Connections Act⁴³²). *Young adult advisors say that lived experiences can also help improve practices by supplementing other sources of data and evidence about what works, what does not, and what might. They also caution against tokenism, performative engagement opportunities, and pity.*

Youth Villages Tenet of Good System Design for Young Adults: "Authentic engagement: Young adults co-create policy and practice design. Authentic partnership shapes agency decisions."

Conclusions

The goal of independence has driven many of the practices and structures that support transition-age youth today, and independent living and self-sufficiency are often cited as critical outcomes for young people with foster care histories. *However, as young adult advisors to this project shared, very few young adults truly live independently. Further, young adults shared that "interdependence" is a more realistic goal than true independence.* Research overwhelmingly shows the importance of strong interpersonal and community connections in encouraging positive outcomes and well-being for young adults. Similarly, few practices and structures operate in isolation. In fact, much of the research about youth transitioning to adulthood

explores the existence and/or absence of strong networks and connections across practice, policy, and systems, including those designed specifically for young people leaving foster care.

This research summary provides a preliminary picture of intersecting practice, policy, and systems-level influences on well-being. Key narrative throughlines from research across disciplines offer evidence that attending to trauma, normalcy, relationships, emerging adulthood, and youth voice may help practitioners, policymakers and communities to assess key ingredients, critical gaps, and novel opportunities at all levels of influence to spur systems transformation that encourages young people to thrive through their transition from foster care to adulthood.

Acknowledgments

This document was prepared by Child Trends for Youth Villages. Youth Villages project leadership was provided by Sean Sinisgalli, Hailey Maguire, Shaquita Ogletree, Sarah Hurley, Kimberly Rossie, and Catherine Smith. Child Trends authors include Jan DeCoursey (project director) and Brittany Mihalec-Adkins, who led the development of this research summary, with the help of Amy McKlindon, Alyssa Ibarra, and Karlee Nylon. Members of the Youth Villages Lived Experience Corps and young adult attendees of the 2024 Achieving Success Convenings provided perspectives that helped shape the content and structure of this summary. Other Child Trends staff who contributed to the development of the document include Rachel Rosenberg, Alaina Flannigan, Beth Jordan, Karin Malm, Kristen Harper, Alyssa Liehr, and Maggie Haas. Additional Youth Villages staff whose comments informed this summary include Kristin Johnson, Alisha Pollastri, Kailey Rawlston, Connie Mills, Sarah Lord, Cherie Olivis and Britany Binkowski.

Suggested Citation

DeCoursey, J., Mihalec-Adkins, B. P., McKlindon, A., Ibarra, A., & Nylon, K. (2026). A Summary of Research about Practice, Policy, and Systems Change to Support Transition-Age Youth. *Child Trends*. DOI: 10.56417/4476o7630s

Appendix A: Methods

Identifying and Selecting Research

The search for relevant evidence was undertaken in two phases: an initial systematized search (Phase 1) and an iterative supplemental search (Phase 2).

Systematized Search (Phase 1)

The search was principally informed by our guiding framework (Research Summary, Figure 1), which outlines the domains of well-being, key contexts, and levels and mechanisms of change covered in the research reviewed. These concepts shaped our search terms and potential sources of information.

Academic Journal Publications. The process of identifying relevant academic journal publications included two main components: (1) research syntheses (meta-analyses and systematic or scoping reviews) and (2) relevant journal special issues.

- **Research Syntheses.** We used Google Scholar’s advanced search function to identify review articles (i.e., meta-analyses, systematic or scoping reviews) published since 2014 within four key journals: *Children & Youth Services Review*, *Child & Adolescent Social Work Journal*, *Child Welfare*, and the *Journal of Public Child Welfare*. Search terms included variations and combination of the terms “transition-age youth,” “aging out,” and “foster care.” We reviewed article titles appearing in the first five pages of results (i.e., the first 100 articles) sorted by “relevance” for each journal-specific search.
- **Special Issues.** We identified five special issues focused on transition-age youth published in *Child Welfare* and *Child & Adolescent Social Work Journal*, comprising 60 articles.

Priority Websites. We first identified the types of institutions to consider as sources of evidence to include in our review. We then identified and prioritized key institutions within those categories based on our familiarity with their work and in consultation with Youth Villages staff.

- **Research Organizations.** Children’s Data Network; Child Trends; Chapin Hall; Urban Institute
- **Foundations.** Annie E. Casey Foundation; Casey Family Programs
- **Professional and Advocacy Organizations.** American Public Human Services Association; Center for the Study of Social Policy; Child Welfare League of America; Foster Club; John Burton Advocates for Youth; Journey to Success; American Bar Association Center on Children & the Law; Juvenile Law Center; National Center for Youth Law; National Council of State Legislatures; National Foster Care Youth and Alumni Policy Council; Think of Us; Youth Villages
- **Federal Agencies.** Children’s Bureau (U.S. Department of Health and Human Services)
- **Other.** California Evidence-Based Clearinghouse for Child Welfare

We searched each organization’s website for relevant sources that met our inclusion criteria, which resulted in 234 web-based sources being extracted. Upon review of resources, our team ranked the relevance of each source from 1 (highly relevant) to 3 (least relevant). This resulted in 103 sources ranked 1, and each of these sources were coded for this Research Summary, with lower-ranked sources being revisited as part of the supplemental search, as needed (see below).

Iterative Supplemental Search (Phase 2)

When analyzing and writing, we supplemented the resources found in our formal search with highly targeted searches for research and evidence pertaining to: (1) specific considerations for transition-age

youth with varying experiences and identities that were not fully addressed in research identified in prior phases, (2) topics raised by young adult advisors throughout various stages of the process, and (3) key themes emerging from our analysis and synthesis of research.

Analyzing and Synthesizing Research

Coding and Initial Analysis. We utilized a reflexive thematic analysis framework, as described by researchers Braun and Clarke, who define thematic analysis as “a method for identifying, analyzing, and reporting patterns (themes) within data” that “minimally organizes and describes [a] data set in (rich) detail.”⁴³³⁴³⁴ Specifically, they outline six major stages of analysis: (1) familiarization; (2) generating codes; (3) developing initial themes; (4) developing and reviewing themes; (5) defining, refining, and naming themes; and (6) creating the report.

Incorporating Lived Experience. Throughout the process of developing this report, we engaged young adults with lived experience in foster care to learn more about their experiences and their perspectives on the state of research on various key topics. These conversations helped to shape the research identified, the analysis and synthesis of included research, and the presentation of key themes. Specifically, two in-person and six virtual input sessions with young adult advisors throughout the Research Summary development process helped shape decisions about: (1) topics to address in the summary, (2) key transition-age youth experiences and identities to identify in research, (3) interpretations of research findings, (4) formulations of key themes, (5) gaps in existing research, and (6) methods for noting their contributions throughout the report. We iteratively revised the report based on young adult input. Two members of the Child Trends project team are also individuals with personal experience in foster care.

Limitations

We did not conduct an exhaustive exploration of all relevant topics, due to the large body of literature on potentially relevant topics exceeding project scope. Further, much existing research has limited generalizability due to local contextual factors, specific populations studied (e.g., youth in extended foster care in one state), small samples, limited consideration of young adults’ perspectives, and other study characteristics.

Appendix B: Federal Policy Landscape

The table below provides a brief overview of key federal statutes⁴³⁵ relevant for transition-age youth and young adults.

Policy	Key Policy Directives Related to Transition-Age Youth	Well-Being Domains
Foster Care Independence Act (1999) ⁴³⁶	<ul style="list-style-type: none"> Established the John H. Chafee Foster Care Program for Successful Transition to Adulthood, doubling federal funding for programs that support transitions to adulthood among transition-age youth. Increased funds for state-provided independent living services. Required federal assessment of states' administration of independent living services to transition-age youth. 	Independent Living
Departments of Veterans Affairs and Housing and Urban Development and Independent Agencies Appropriations Act (2000) ⁴³⁷	<ul style="list-style-type: none"> Made changes to project-based⁴³⁸ and tenant-based housing voucher programs (e.g., Housing Choice Voucher program⁴³⁹). Established Family Unification Program (FUP) for Youth to provide time-limited (36 month) vouchers to young people 18-24 who aged out of foster care at or after age 16 and are without permanent housing.^{440, 441} <i>Note: Vouchers are awarded to, and administered by, public housing agencies that partner with public child welfare agencies and Continuums of Care. FUP youth participants generally pay 30% of their monthly adjusted income toward rent.</i>⁴⁴² 	Housing
Promoting Safe and Stable Families Act (2001) ⁴⁴³	<ul style="list-style-type: none"> Allocated funding for Education and Training Vouchers (ETVs) to states and tribes to cover a range of costs (e.g., tuition, books, room and board). 	Education
Fostering Connections to Success and Increasing Adoptions Act (2008) ⁴⁴⁴	<ul style="list-style-type: none"> Made federal funds available for states that opt into extending foster care to age 19, 20, or 21. Expanded eligibility for federally funded transition services to eligible young adults who left foster care to guardianship or adoption after age 16. Required transition planning for transition-age youth at least 90 days prior to emancipation. Required a plan to promote educational stability for youth in foster care.⁴⁴⁵ 	Child Welfare; Education
Patient Protection and Affordable Care Act (2010) ⁴⁴⁶	<ul style="list-style-type: none"> Extended Medicaid eligibility to age 26 for young adults who were in foster care on or after their 18th birthday, regardless of income.⁴⁴⁷ 	Health
Preventing Sex Trafficking and Strengthening Families Act (2014) ⁴⁴⁸	<ul style="list-style-type: none"> Required that youth receive key documents (e.g., birth certificate, Social Security card, state-issued identification) before "aging out" of foster care. Established the "reasonable and prudent parenting standard," authorizing foster caretakers to allow youth participation in normative school and social activities. Restricted use of permanency plans with goals other than reunification, guardianship, or adoption (i.e., Another Planned Permanent Living Arrangement or APPLA) to youth 16+ with certain documentation requirements.⁴⁴⁹ 	Child Welfare
Workforce Innovation and Opportunity Act (2014) ⁴⁵⁰	<ul style="list-style-type: none"> Required state plans for developing an educated and trained workforce. Required 75% of youth-focused spending allocated to supporting out-of-school youth and young adults.⁴⁵¹ 	Education; Employment
Every Student Succeed Act (2015) ⁴⁵²	<ul style="list-style-type: none"> Reserved funds for youth in foster care. Required coordination between child welfare and K-12 education systems to share transportation costs associated with preventing school moves after foster placement changes.⁴⁵³ 	Education

Policy	Key Policy Directives Related to Transition-Age Youth	Well-Being Domains
Family First Prevention Services Act (FFPSA; 2018) ⁴⁵⁴	<ul style="list-style-type: none"> Renamed John H. Chafee Foster Care Independence Program to Chafee Foster Care Program for Successful Transition to Adulthood and amended Chafee eligibility (expanded Chafee program eligibility to age 23; expanded Education and Training Voucher eligibility to age 26 and limited participation to 5 years total.) Offered federal Title IV-E funds⁴⁵⁵ for states' evidence-based services to prevent foster care entry for eligible youth and families, detailed in states' federally approved plans.⁴⁵⁶ Limited use of Title IV-E funds for congregate care placements. 	Independent Living; Child Welfare
Strengthening Career and Technical Education for the 21st Century Act (2018) ⁴⁵⁷	<ul style="list-style-type: none"> Reauthorized Carl D. Perkins Career and Technical Education Act of 2006; re-committed federal investments in career development for youth and young adults.⁴⁵⁸ Reserved federal funds to create new career pathways for “Learner Groups” (i.e., historically underserved student populations), which include youth who are in or have aged out of foster care (2018 reauthorization).⁴⁵⁹ 	Education; Employment
Supporting Foster Youth and Families through the Pandemic Act (2020) ⁴⁶⁰	<ul style="list-style-type: none"> Halted “aging out” and permitted re-entry of youth in foster care during the COVID-19 public health emergency.⁴⁶¹ Created temporary flexibility in age- and employment-related eligibility requirements. Temporarily increased flexibility in how funds were used.⁴⁶² 	Child Welfare; Independent Living
Fostering Stable Housing Opportunities Act (2020) ⁴⁶³	<ul style="list-style-type: none"> Built on the 2019 establishment of the Foster Youth to Independence (FYI) initiative.⁴⁶⁴ Required local housing authority administering housing vouchers to extend eligibility to young adults ages 18-24 leaving foster care. Allowed voucher recipients to extend the voucher period by up to two years if they meet specific requirements related to education, employment, and self-sufficiency program participation.⁴⁶⁵ 	Housing; Independent Living
Supporting America's Children and Families Act (2025) ⁴⁶⁶	<ul style="list-style-type: none"> Reauthorized Title IV-B. Required that states consult youth and young adults with foster care experience in development of state child welfare agency plans. 	Child Welfare

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