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Young people transitioning from out-of-home care: What are the lessons from extended care programs in the USA and England for Australia?

Authors: Dr Philip Mendes (Monash University); Dr Justin Rogers (University of Bath)

Abstract:

Young people transitioning from out-of-home care (generally called care leavers) are recognized globally as a vulnerable group. In the last 12 months, four Australian States and Territories have extended state care till 21 years in an attempt to improve the life chances of this cohort. These initiatives are strongly influenced by extended care programs in the USA and England which have reported improved outcomes for care leavers. This article interrogates formal public evaluations of these extended care programs with a particular focus on their eligibility criteria that has determined which groups of care leavers are included or alternatively excluded and the identified strengths and limitations of the programs. Additionally, we consider cross-cultural differences in leaving care populations and variations within the broader social policy context of these jurisdictions which may

also impact on the effectiveness of policy transfer. Some conclusions are drawn about key factors that may enhance the success of extended care programs.

Keywords: transitioning from out-of-home care, care leavers, extended care, eligibility criteria, policy transfer

Introduction

Young people transitioning from out-of-home care (OOHC), often called care leavers or care experienced young people, are recognized universally as a vulnerable group who have generally not received the ongoing and holistic support that they require to transition successfully into adult life. Numerous research studies have reported common concerns around poor outcomes in relation to housing, health, education, training and employment, and other core development needs (Jones, 2019; Mann-Feder and Goyette, 2019; Stein and Munro, 2008; Stott, 2013; Woodgate et *al.*, 2017).

Their challenges reflect a combination of three factors. Firstly, many if not most enter OOHC as a direct result of significant childhood abuse and

neglect. Secondly, many experience inadequate care within the OOHC system, including major instability of placements and carers (Cocker and Allain, 2019). Thirdly, most leave care at 18 years old or even younger, and do not receive the ongoing financial, social and emotional support and nurturing offered by most families of origin up to and even well beyond 25 years of age. In fact, many abruptly lose their limited existing supports from carers and other community connections whilst being expected to move rapidly to independent living (Jones, 2019). These ‘accelerated and compressed transitions’ to adulthood make it difficult for them to access mainstream educational, employment, housing, health and other development and transitional pathways (Stein, 2016: v).

This is not to argue that care leavers are all the same, and destined to fail. In fact, their backgrounds, experiences and outcomes vary considerably according to the structure and capacity of their birth families, the type and extent of abuse or neglect experienced pre-care, the age at which they enter care which may vary from infancy to early teens, their cultural and ethnic backgrounds (taking into account that Indigenous children are highly over-represented in at least Australia, New Zealand, Canada and the USA), their OOHC experiences, their developmental stage and needs when exiting care,

the presence of special needs such as developmental disability or mental illness, and the quantity and quality of formal professional and informal family or community supports available to them as they transition from care.

The prominent UK scholar Mike Stein (2012) developed a widely applied framework which broadly classified care leavers into three categories. The first he calls the 'moving-on group' (p.170) who probably comprise about 20 per cent of care leavers. Young people in this group are likely to have experienced secure and stable placements, be highly resilient, welcome independence, and able to make effective use of leaving and aftercare supports. Those who have 'moved on' in Australia include leading academics, media personalities, journalists, sports stars such as Australian Rules footballer Josh Jenkins, and politicians such as former Tasmanian Premier David Bartlett.

The second group Stein terms 'survivors' (p.171) who probably comprise about 60 per cent of care leavers. They have experienced significant instability and discontinuity within the care system. Outcomes for this group tend to closely reflect the effectiveness of post-care supports provided.

The ‘strugglers’ (p.172) are the third group who appear to comprise about 20 per cent of care leavers. They are likely to have had the most negative pre-OOHC experiences, and may experience major social and emotional deficits. A significant number in this group experience homelessness, involvement in youth and adult criminal justice systems, poor mental health, substance abuse, and long-term reliance on income support payments. After-care support is unlikely to alleviate these problems, but is still viewed as important by them.

It is important to remember that outcomes for care leavers are fluid, and some may have poor initial transitions and fall into the survivor or struggler group, but later will be able as they mature (and with the availability of ongoing supports at 20 or 21 years old) to ‘move on’ into the mainstream. They need to be able to access second or third chances, just as ordinary parents in the community stand by their own children as they test limits and learn from their mistakes (Author one’s own, 2016).

Historically, most countries have provided only limited leaving care or post-care support services, which often only includes short-term provisions to meet basic needs such as financial support and assistance with finding

accommodation. However, over the last two decades, there has been growing international awareness of the needs of care leavers, and an expectation of ongoing care beyond 18 years. Consequently, most of the Organisation for Economic Cooperation and Development (OECD) countries and many other jurisdictions, have introduced new legislation or expanded existing laws, policies or programs to assist this group of disadvantaged young people (Author one's own, 2016).

One particular form of upgraded assistance has been the introduction of extended care programs in some jurisdictions which allow young people to remain in OOHC until 21 years of age or older. These programs are viewed as providing young people with a more gradual and flexible transition process based on levels of maturity and skill development, rather than simply age, that is likely to facilitate improved outcomes (Burley and Lee, 2010; Collins, 2015; Jones, 2019; McGhee, 2017; Stein, 2012). They seem to reflect the influence of social investment ideas (Morel *et al.*, 2012), whereby greater resources are invested in these young people in an attempt to facilitate their inclusion into the social and economic mainstream, rather than allowing them to fall into entrenched long-term disadvantage. A

summary of existing extended care programs in a number of jurisdictions is presented in **Table One** below.

In the analysis that follows, we discuss the recent introduction of extended care programs in Australia, and the strong influence on these programs via what is called ‘policy transfer’ (Alcock, 2001) from existing extended care programs in England and the USA. Traditionally, Australia, England and the USA have been identified as belonging to the same group of ‘liberal’ welfare states. These states are typified by selective, residual public benefits and market provision of welfare services, with minimal social citizenship rights guaranteed outside participation in the labour market (Esping-Andersen, 1990).

However, in practice, it is arguable that Australia and England maintain stronger social safety nets for disadvantaged young people (however limited) than the USA (Castles, 2010). For example, both Australia and England have mandatory universal health insurance schemes, whereas Medicaid in the USA is limited to designated low-income groups, and varies across states. Similarly, young people aged 18-25 years who are either studying or

unemployed in Australia and England, have access to income support payments, but this is not the case in the USA. **See Table two below.**

These distinctions may have significant policy implications in that care leavers in Australia and England should at least in principle be able to draw on broader social welfare supports in addition to extended care services, whereas care leavers in the USA may be more reliant on specific entitlements linked to extended care programs.

Leaving care policy in Australia

Out of home care (OOHC) in Australia is the responsibility of the community services or child welfare department in each State and Territory, and each has its own legislation, policies and practices. As of June 2018, there were over 47,000 children in OOHC nationally, of whom the majority (90 per cent in total) were either in relative/kinship care or foster care. Only about six per cent lived in residential care homes supervised by rostered staff. Indigenous children were vastly over-represented in OOHC, comprising over one third of the total population or 11 times the rate for non-Indigenous children (AIHW, 2019).

It is estimated that approximately 3,130 young people nationally aged 15 to 17 years transition from care each year (AIHW, 2017). The Commonwealth Government recommends, but does not enforce, minimum benchmarks such as the expectation for each care leaver to have a transition from care plan commencing at 15 years of age. They are currently funding a three year Independent Adulthood Trial in the state of Western Australia which is intended to enhance social and economic outcomes for care leavers. To date, all State or Territory legislative provisions for funding and support once young people have left the system at no later than 18 years of age, are discretionary, not mandatory (Baidawi, 2016).

Numerous Australian studies have documented that many care leavers experience poor outcomes because they are not developmentally ready at 18 years to live independently; often have limited ongoing participation in education; exit care directly into homelessness and/or endure ongoing housing instability; or spend time in the youth justice system (See summary of concerns in Author one's own, 2019a; 2019b). Additionally, those who are Indigenous experience estrangement from culture and community (Author one's own, 2019c; Krakouer *et al.*, 2018).

However, four states are now trialling an extension of care until 21 years for selected groups of care leavers. Both Tasmania and South Australia are funding foster care placements till 21 years. Western Australia commenced a trial program supporting 20 young people in May 2019, and Victoria introduced a pilot program in September 2018 providing extended support to 250 young people over five years, whether transitioning from foster care, residential care or kinship care (Author one's own, 2019). The Victorian program includes three components: an accommodation allowance; caseworker assistance based on regular relationship-based contact; and a funding package that assists the young person to access key education, employment and health supports (Department of Health and Human Services, 2019). The other four jurisdictions – New South Wales, Queensland, the Northern Territory and the Australian Capital Territory – have not introduced extended care programs at this stage.

The four extended care programs were introduced in response to the Home Stretch campaign, led by Anglicare Victoria, to lobby all States and Territories to extend the transition from state out of home care (leaving care) age from 18 till at least 21 years. They have used a range of advocacy

strategies including public forums and launches, media interviews, presentations to numerous conferences, meetings with State and Commonwealth politicians, and publications of research reports presenting a cost-benefit analysis (Author one's own, 2018).

Home Stretch have highlighted positive findings from extended care programs in the USA, the United Kingdom and Canada to support their social and economic case for extended care. For example, a 2016 report referred to beneficial outcomes from England and California as a rationale for introducing similar programs in the State of Victoria. To be sure, Home Stretch added that these programs varied in terms of whether extended care was offered to those leaving residential care as well as foster care, and also whether restrictive eligibility conditions were imposed such as participation in education or training. Hence, they emphasized that the model introduced in Victoria would need to reflect the specific needs of the local OOHC population. According to Home Stretch, extended care would provide major economic benefits including reduced homelessness, less hospitalization, fewer care leavers arrested, and general improvements in physical and mental health and social connections (Anglicare Victoria, 2016).

An associated Home Stretch report examined the details of extended care programs in all the countries of the United Kingdom (England, Wales, Scotland and Northern Ireland), the USA and Canada. This report also noted variation around eligibility conditions and placement types, but added that most schemes allowed young people to transition to independence but still retain the option of later returning to OOHC before their 21st birthday. This flexibility was identified as important for protecting the rights of care leavers (Baidawi and Home Stretch, 2016).

Given the major focus within the Australian leaving care policy debate on ‘policy transfer’ (Alcock, 2001) from England and the USA, we have chosen to examine in depth the extended care programs and outcomes in those jurisdictions. A number of data bases were used to locate relevant scholarly studies, public reports and broader grey literature on extended care using search terms such as ‘extending out-of-home care’, ‘extending foster care’, and ‘Staying Put’. In the next section, we explore why a trial of Staying Put was introduced in England, the results of that trial as reported by the formal evaluation, and the subsequent outcomes of the ongoing program. We then duplicate this process for extended care programs in the USA.

Leaving care policy in England

As of March 2018, there were just over 75,000 children in OOHC in England. 73 per cent were in foster care, 11 per cent were in secure units, children's homes or semi-independent living arrangements; and six per cent were living with parents. About three per cent were placed for adoption. Nearly 11,000 young people aged 17 and 18 years left care in 2018 (Department for Education, 2018).

England introduced the Children (Leaving Care) Act 2000 in October 2001. The Act was intended 'to improve the life chances of young people living in and leaving care', and to replicate the supports that responsible parents would be expected to provide for their children. It extended the expected age of leaving care from 16 to 18, and obliged local authorities to continue to provide advice and support for young care leavers up to the age of 21, and even to 24 years for those still in education and training. In short, the intention was to delay the transition from care until young people were prepared and ready to leave. The Act introduced an expectation of corporate parenting responsibility to provide ongoing support to care leavers in order to promote better outcomes (Department for Education and Skills, 2007).

Overall, the Act significantly extended the duties and powers of the earlier 1989 Children Act which had imposed new expectations on local care authorities relating to preparation for after-care, advice and support, financial assistance, accommodation, representation and complaints (Department of Health, 1991), but left the implementation of that support open to discretion (Stein, 2012). In contrast, local authorities were now obliged by the 2000 Act to assess the needs of all young people in care, and required to develop a Pathway Plan at the age of 16 years to meet those needs and provide a clear road to independence. Furthermore, the authority was required to arrange for care leavers to have a Personal Adviser until they are 21 years old who would coordinate the services required to meet the Pathway Plan (National Care Advisory Service, 2009).

The new Act influenced the introduction of service reforms that produced a mixture of positive and negative results. There appeared to be an increased number of young people in further education, and a reduction in the numbers of those not in education, training or employment. In addition, there seemed to be gains in accommodation, financial support, improvements in life skills and development of social networks, and staffing for leaving care services.

However, there were still problems in areas such as resources, planning, availability and provision of health services. There remained too many young people still not in education, employment or training; a lack of specialist supports for young people with a disability and those with mental health or emotional or behavioral difficulties; and a lack of suitable accommodation (Wade and Munro, 2008).

One of the key responses to these concerns was the introduction of a form of extended care: the Staying Put program which commenced as a pilot from 2008-11 in 11 local authorities, and was later legislated as an ongoing duty on all local authorities in England on 13 May 2014, in part 5 Welfare of Children (98) of the Children and Families Act 2014. This requires local authorities in England to facilitate, monitor and support staying put arrangements for fostered young people until they reach the age of 21, where this is what they and their foster carers want, unless the local authority considers that the staying put arrangement is not consistent with the welfare of the young person.

The three stated objectives of the Staying Put pilot were to facilitate a more gradual and normative pathway to adulthood; to enable young people to

optimize achievements in education, employment and training; and to give young people greater choice in the timing of their transition from care. The Staying put model presented two conditions for inclusion. One was an established family-type relationship with a former foster carer. Eight out of the 11 local authorities formally required this model, whereas three local authorities implemented a hybrid model that did not demand this pre-existing relationship. Additionally, four of the six local authorities that were reviewed in depth required a formal commitment to participate in education, employment or training, and one specified education or training but not employment. Albeit three of those five authorities allowed exemptions on the grounds of poor health, participation in voluntary work, or cessation of a course or job. The other authority did not impose this condition due to a concern that it may exclude more vulnerable groups of young people with complex needs (i.e. those with emotional and behavioural difficulties who have experienced considerable placement instability), that were the most likely to require ongoing assistance (Munro et al., 2012).

Emily Munro and colleagues completed an evaluation of the Staying Put trial in 2012. They used mixed methods in their evaluation such as interviews with managers; interviews with young people both in and not Staying Put; interviews with current or former foster carers and leaving care

personal advisers; focus groups and verification surveys with social care practitioners; and analysis of quarterly data submitted to the Department for Education. Two methodological limitations were acknowledged. One was the relatively small number of interviews with young people not staying put (only 11) as opposed to 21 interviews with the Staying put group. The other was that most of the Staying Put sample had not yet moved into independent living, so it was not possible to judge whether extended care had better prepared them for that transition (Munro *et al.*, 2012).

The researchers reported systemic benefits of the Staying Put program such as stable and supportive relationships providing ongoing emotional support to young people who are not developmentally ready for adulthood at 18 years; and greater housing stability which facilitates engagement in education or training and employment including improved access to higher education, and enables young people to undertake a gradual transition that mirrors the pathways of their peers in the broader population. These positive outcomes should result in both individual and societal benefits, including higher future earnings and less reliance on income support payments by the young people, and associated savings in government expenditure (Munro *et al.*, 2012; National Care Advisory Service, 2012).

Following a vigorous ‘Don’t Move Me’ campaign coordinated by the Fostering Network, the national government allocated 42.4 million pounds to fund the first three years of Staying Put from 2014-2017 across every local authority in England (Cann, 2014). The annual funding for Staying Put in 2019-20 is nearly 24 million pounds (Department for Education, 2019).

Significant numbers of care leavers (more than 1500) have utilized the Staying Put Scheme each year. In 2016-17, 51 per cent of young people were staying with their former foster carers three months after their 18th birthday, plus 25 per cent of 19 year olds, and 18 per cent of 20 year olds (House of Commons EC, 2017). However, by March 2018, the number of 18 year olds remaining with their foster carers had declined to 46 per cent which was the lowest proportion since the program was introduced (Donovan, 2018; Ofsted, 2018).

The latest figures indicate slight increases. About 1800 care leavers or 55 per cent of eligible young people were still living with their former foster carers three months after they turned 18. This figure reduced to 31 per cent for 19 year olds, and 21 per cent for 20 year olds (Department for Education, 2018; Roberts, 2018).

To date, there has been no formal evaluation of the ongoing Staying Put program but informal reports by researchers and policy advocates have raised a number of concerns around the policy implementation including the following:

- Inadequate resources allocated by the national government to organize and support Staying Put placements. This has produced unreasonable financial pressure on local governments to make up the shortfall (Fostering Network, 2016; House of Commons EC, 2017; Lepper, 2015; Stevenson, 2015);
- Foster carers not receiving an adequate minimum allowance, compared to that paid for fostering younger children, that gives them an incentive to participate. For example, some carers have experienced a major drop in weekly income which is particularly challenging for those who work full-time in that role. There has been an associated pressure on young people to contribute financially by claiming housing benefits or via other means (Cumberland, 2014; House of Commons EC, 2017; Roberts, 2018; Stevenson, 2015; Williams, 2017);

- The variability of implementation at local level including senior managers and social workers in some authorities failing to provide satisfactory planning and support (Donovan, 2018; Lepper, 2015; Roberts, 2018; Stevenson, 2015; Williams, 2017);
- Some ambiguity about whether or not placements would be retained for young people who move to attend university, or accept training or employment offers, but still need to return during the long holidays or at other times (Fostering Network, 2016; Williams, 2017).

An additional limitation is that the approximately nine per cent of young people transitioning from residential care (called children's homes in England) cannot access the Staying Put program (Stevenson, 2015). These young people are often the most vulnerable group in the OOHC system, having experienced large numbers of placements and presenting with deep-seated emotional and behavioural challenges (Author two's own, 2015; Munro, 2019). However, the government rejected an extended version of Staying Put on the grounds that it would be inappropriate for young adults to inhabit the same residence as younger children, and also that it would be enormously expensive costing about 142 million pounds over three years (Narey, 2016). This economic argument has been challenged by activists and

groups of care experienced people. For example, Every Child Leaving Care Matters (ECLCM) are a campaign group who have lobbied the government to extend staying put for residential care leavers, on the grounds that the current approach promotes a two tier system that disadvantages vulnerable care leavers from residential settings (ECLCM, 2018).

By way of compromise the government announced a plan to introduce a Staying Close scheme whereby young people transitioning from residential care would live nearby their former homes in order to maintain existing positive relationships with their former carers (Department for Education, 2016; Lepper, 2016). A two year Staying Close pilot started in 2018 supporting 120 care leavers, and this has been recently extended into 2019-20 to reach eight sites across England. The Staying Close program is currently being evaluated and the report is due for publication in March 2020. At present there does not seem to be any information available on a planned date for an ongoing version of Staying Close.

Leaving care policy in the USA

As of August 2018, there were nearly 443,000 children living in foster care in the USA which is used as the general term for OOHC. 77 per cent resided in foster family homes with either relatives or non-relatives, and 13 per cent in group homes or institutions. The remaining 10 per cent lived in pre-adoptive homes, supervised independent living, or were on trial home visits or classified as runaways. Only two per cent were of American Indian/Alaska Native background. Just over 17,000 young people transitioned from OOHC at 18 years of age (US DHHS, 2018). There are no specific studies of the transition from care experiences of Native Americans, although one national study of independent living services utilized by care leavers found that Native American young people generally access more supports than other groups (Okpych, 2015).

The USA introduced the Foster Care Independence Act in December 1999 which expanded assistance including room and board for young care leavers aged 18-21 years, bolstered access to Medicaid (the health insurance program for low-income Americans) for care leavers, provided additional funds for education and training, and increased state accountability for care leavers outcomes. The Act was a significant improvement in terms of offering greater support to meet care leavers' needs around access to

housing, health services in particular mental health services, and education and training. However, funding remained inadequate to meet the needs of most care leavers, take-up by states in regards to health care was discretionary, and optimal implementation of the Act depended on their willingness to match federal funds with required levels of state funding (Courtney and Hughes Heuring, 2005; Courtney, 2019; Jones, 2019).

Consequently, the US enacted the Fostering Connections Act in 2008 as a form of extended care, which aimed to extend the Foster Care Independence Act by giving states and nationally recognized Native American Tribal Nations the option of maintaining young people in foster care until 21 years. There is a requirement that young people are completing secondary school or an equivalent program, or enrolled in postsecondary or vocational education, or participating in a program or activity that promotes or removes barriers to employment, or employed 80 hours a month, or incapable of school and/or work requirements due to a documented medical condition (Courtney, 2019). However, there seems to be little information available as to whether or not vulnerable young people involved in substance abuse or experiencing poor mental health are able to qualify for this exemption (Stott, 2013). Nevertheless, by July 2017, half the states (25 in total) and the

District of Columbia had taken up this option of extending care till 21 with federal financial support (Children's Bureau, 2017; Jones, 2019).

Mark Courtney and colleagues completed two separate evaluations of the benefits of extended study in the USA. The first study, known as the Midwest evaluation of the adult functioning of former foster youth, compared the outcomes for care leavers in Illinois where extended care till 21 years was already available, to outcomes for a similar cohort in Iowa and Wisconsin where OOHC ended at 18 years of age. That study collected five waves of data from 2002-11 based mostly on detailed personal interviews with young people at 17 or 18, 19, 21, 23 or 24 and 26 years of age. Researchers found evidence of improved educational outcomes, higher employment and wage outcomes, reduced risk of homelessness between 17 and 19 years, lower rates of early pregnancy and parenting, greater engagement of male parents with their children, and reduced rates of criminal offending for young women (Courtney, 2015; 2019; Dworsky and Courtney, 2013).

Their more recent study, known as the California youth transitions to adulthood study or CalYOUTH, used mixed methods to examine the impact

of extended care in California, which has the biggest population of youth in care post-18 years in the USA. The researchers completed three waves of interviews with young people at ages 16-17, 19 and 21; conducted online surveys of child welfare workers; collected administrative records from California's child welfare services/case management system covering areas such as employment, education, receipt of government aid, health care and criminal justice; and accessed college enrolment records from the National Student Clearinghouse. They identified specific benefits of extended care such as: enhanced educational outcomes, improved earnings and less economic hardship, fewer early pregnancies, lower levels of homelessness, reduced involvement in the criminal justice system, and greater involvement of noncustodial fathers with their children (Courtney, 2019; Courtney *et al.*, 2016; Courtney and Okpych, 2017; Courtney *et al.*, 2018; Okpych and Courtney, 2019).

Nevertheless, there was no statistically significant associations between extended care and outcomes for general physical health, mental illness, drug and alcohol abuse, food insecurity, early parenting for males or females, experience of physical victimization, or formal completion of college semesters or degrees. This finding has led researchers to recommend that

more regular caseworker support may be required to assist young adults in extended care, given that they are no longer able to access daily support from adult caregivers (Courtney, 2019; Courtney and Okpych, 2017; Courtney *et al.*, 2018). There may also be a need to extend care well beyond 21 years of age in order to enable young people to complete degrees and/or other forms of training and personal development (Okpych and Courtney, 2019).

The researchers above suggest that the utility of extended care programs may relate closely to their provision of basic support services pertaining to food, housing, health care, education and income support generally that are not guaranteed by the US safety net (Courtney, 2019). They also acknowledge some limitations in their respective studies. Firstly, the findings concerning Illinois and California may not be transferrable to other states, which implemented extended care programs in different ways that resulted in differences between the capacity of the care leaver populations entering extended care, and/or offer varied social safety nets (i.e. concerning access to Medicaid, employment and housing) that differ from those two states (Courtney, 2019; see also Jones, 2019; Miller, 2018). Secondly, it is probable that the relatively strict eligibility criteria for inclusion in extended

care programs means that the young people selected for those programs were already more likely to fit into Mike Stein's 'moving-on' category, whereas those excluded from the extended care option in Illinois, California and other participating states may fall into the more vulnerable 'struggling' and 'survivor' categories (Courtney *et al.*, 2016).

That second limitation seems to be substantiated by an evaluation of the extended care program in Washington which reports that participants were more likely than young people who transitioned from care at 18 years of age in that state to have strong educational outcomes, stable placement experiences, and minimal involvement in offending (Burley and Lee, 2010). A further qualification is raised by Jones (2019), whose review of research studies on extended care in the USA suggests a 'self-selection process' (p.17), whereby high-functioning young people are more likely to engage with extended care programs and high risk young people involved in substance abuse or offending are less likely to do so. In short, the findings concerning benefits may reflect the influence of varied pre-care or OOHC experiences as well as the specific impact of extended care.

In contrast to England, our search of grey literature did not identify any informal or unofficial reviews which may have provided further detail on the effectiveness of the implementation of extended care programs in the USA, and/or reflection on the differences between the various states.

Discussion and conclusion

The limited but growing feedback from existing extended care programs seems to be mostly positive. Those young people willing and eligible to participate are provided with an opportunity for stability and continuity via existing relationships with supportive adults, that optimizes their chances for successful transitions including positive engagement with education and/or employment, and lowers the prospects of negative outcomes such as homelessness.

To be sure, the impact of extended care programs may vary considerably according to the social and cultural characteristics of the care leaver population in that jurisdiction, the eligibility conditions imposed for participation, and the wider social safety net supports available within the jurisdiction.

Inclusive criteria and effective resourcing are essential to ensure that all groups of care leavers, rather than only Stein's 'moving-on' group, can access the benefits of extended care. Conversely, the strict eligibility conditions currently applied in a number of jurisdictions can mean that the most vulnerable care leavers with the worst OOHC experiences and highest support needs, including limited opportunity to participate in education or employment, are directly excluded from extended care (Munro, 2019; Munro, Molholt and Hollingworth, 2016; Stott, 2013).

In planning implementation, authorities need to identify and fund real costs to carers, taking into account cost-benefit analysis which shows that the financial cost of not providing extended care may be far higher in the longer term (McGhee, 2017). It is also important to maximise opportunities for participatory co-design with young people so that their lived experience of key needs and priorities can inform the development of extended care programs (Matheson, 2018). An ongoing monitoring and review of the effectiveness of policy and practice implementation is also vital. This includes prioritizing the development of a skilled workforce to support care leavers backed by senior management leading and driving program

improvement (McGhee, 2017). Additionally, young people who move away in the short-term to attend university, join the army or accept employment offers, should be able to return to the carer's home during holiday or other breaks no differently to their non-care peers (Welsh Government, 2016).

The major policy implication for Australia is that extended care needs to be applied universally to include young people transitioning from all forms of care: foster, kinship and residential care. And given that many vulnerable care leavers may choose not to engage with extended care programs at 18 years of age, it seems important for extended care to offer the flexibility for young people to return to care at 19 or even 20 years old at the point when they have matured and are ready to engage. Policy makers should actively examine and learn from the experiences of all other jurisdictions offering extended care programs, including not only England and the USA as discussed above, but also Scotland which is the only country currently offering extended residential care.

Ideally, a national Australian extended care program would be introduced by the Commonwealth in order to ensure that it was available in all States and Territories, and that young people who moved from one jurisdiction to

another were still eligible to participate. Additionally, Australian extended care programs will need to address the specific needs of the large number of Indigenous care leavers seeking to reconnect with culture and identity, and to draw on the knowledge base from other countries such as Canada and New Zealand which also have large numbers of Indigenous young people transitioning from care (Atwool, 2016; Fast *et al.*, 2019).

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