



Assisting Care Leavers

TIME FOR ACTION



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Foreword

Through the *Investing in Youth* country review series, the OECD has analysed in depth school-to-work transitions for a wide range of countries and identified ways to strengthen education, employment and social policies that can help to improve socio-economic outcomes for young people. A consistent finding of the country reviews was the need for additional support for young people with a high risk of low-quality jobs, persistent unemployment and/or social exclusion. The *Updated OECD Youth Action Plan* and the *OECD Recommendation of the Council on Creating Better Opportunities for Young People* stress the need for specific attention to ensure vulnerable young people receive the support they need to thrive in life. However, while general employment, social and other services are more or less widely available in the majority of OECD countries, they are not necessarily tailored to meet the needs of some vulnerable young people, who may furthermore have difficulties in accessing them. As vulnerability often stems from a range of complex factors, collaboration between stakeholders and across system boundaries is necessary.

The OECD therefore decided to focus on one particular group of young people, i.e. care leavers, to better understand their needs and the supports they require, and explore the gaps and challenges of service provision across countries. The choice to focus on young people who were in care out of their homes during their childhood was driven by the compound challenges many of them can face in their transition from childhood to adulthood and by the limited cross-country sharing of good practices. Better evidence-based understanding of child development and of the needs of specific groups of care leavers has led to improvements in both the quality of care and the supports available for young care leavers in several countries. But too many care leavers still experience unacceptably poor outcomes.

This report explores a range of policy areas and supports that are key for improving care leavers' transition into adulthood and determining their socio-economic outcomes. It highlights good and promising practices in OECD countries in areas such as leaving care legislation, extended care arrangements, aftercare supports and involving care leavers in decision-making. The report concludes with directions for reform, based on evidence both from the literature and from what countries are learning through their own experiences. The hope is that this report will contribute to the field of care leaving policy and practice internationally, stimulate discussion and reform and support countries to improve the outcomes of the young people leaving their care.

The report was written by Dorothy Adams, Sarah Kups and Martina Garcia-Aisa with contributions from Maxime Ladaïque and Hlodver Hakonarson, under the supervision of Veerle Miranda, Senior Economist, and leadership of Monika Queisser, Head of the OECD Social Policy Division. Lucy Hulett prepared the report for publication. We are very grateful to both Robbie Gilligan, Professor of Social Work and Social Policy at Trinity College Dublin, Ireland, and Philip Mendes, Professor in the Department of Social Work, Faculty of Medicine at Monash University, Australia, for giving so generously of their time to help the authors better understand the issues care leavers face and the evidence about what works to improve their outcomes. We thank countries who responded to the questionnaire and took the time to review and comment on draft reports.

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Table of contents

Foreword	3
Executive summary	6
1 Introduction to assisting care leavers to achieve better outcomes	8
2 Care leavers in OECD countries	10
Data on children in care and types of care arrangements	10
Limited evidence on care leavers	12
Increasing evidence on the effectiveness of supports	13
3 Improving support for care leavers	17
Leaving care legislation	18
Extended care arrangements	21
Preparation and planning	28
Importance of education and work	35
Availability and quality of aftercare supports	37
Mentoring and involvement of care leavers	41
Differences in the provision of care leaver services within countries	47
Reforms in recent years	51
The impact of the COVID-19 pandemic on care leaver support	52
4 Conclusion and directions for reform	54
References	56

FIGURES

Figure 2.1. On average, children in out-of-home care represent less than 1% of 0-17 year-olds in OECD countries	11
Figure 2.2. On average, one-third of children in care are in residential care in OECD countries	12
Figure 3.1. In half of OECD countries care leaver services differ across the country	48

TABLES

Table 3.1. Strategic and legislative framework for aftercare support in OECD countries	19
Table 3.2. Types of extended care arrangements in OECD countries	23
Table 3.3. Planning for leaving care in OECD countries	31

Table 3.4. Aftercare support in OECD countries	38
Table 3.5. Mentoring programmes in OECD countries	43
Table 3.6. The extent to which care leaver supports differ across countries	49

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Executive summary

For many care leavers the path to adulthood and independence can be tough, and some risk becoming amongst the most socially and economically excluded young people in society. Having said this it is important not to view care leavers as a group “doomed to failure”, but rather as individuals who may have more challenges to overcome and who can nonetheless, with the right supports, thrive. To overcome the challenges, care leavers need time and space, akin to their peers who grew up with their family, to successfully transition from care. They need ongoing supports and services, in many cases until well into adulthood, tailored to meet their different needs.

This report provides a comprehensive overview of OECD countries’ policy settings and aftercare supports for care leavers to identify promising approaches based on evidence of what works to improve their outcomes. The objective is to promote cross-country learning, help strengthen the international evidence base and support countries to improve the outcomes of the young people leaving their care.

Reliable and comparative data on children in care and care leavers are limited. On average, children in out-of-home care across the 26 OECD countries for which data was available for this report represented 0.8% of 0-17 year-olds. While this may appear modest, it translates to 1.1 million children in care in 2019 and if the proportion was the same across all OECD countries, roughly 2.3 million children would have been in some type of out-of-home care in 2019. The share of minors who are placed in care at some point during their childhood or teenage years is considerably higher. Estimates in the literature suggest for example that 3% of children in Denmark are placed into care at some point before they turn 18, a share three times as large as the share of minors in care in the country in 2019.

There is a paucity of administrative data about care leavers. We know that as a group they typically suffer poorer outcomes such as being less likely to be in education or employment, care leavers are over-represented amongst the homeless population and have higher incarceration and suicide rates. Important questions remain, however, about what aftercare services young people access, the uptake of extended care, what barriers to uptake there are and most importantly what supports are making the greatest positive difference because data is not collected or not available.

The evidence base about what works is growing. For example, there is increasing evidence that care leavers who stay in care longer achieve better outcomes. Young people should be moving out of care when they are well prepared and ready to leave, with preparation and planning for that transition starting early and with the full involvement of the young person. The evidence tells us that stable care should be part of a holistic package of formal and informal supports determined by a comprehensive and individualised assessment of care leavers’ needs. Ideally, supports should be based on a strong legislative mandate and sufficiently detailed policy and procedures.

There has been significant policy reform across many countries in recent years, based on a better understanding of the needs of specific groups of care leavers. Reforms have also resulted from the need to respond to the impact of COVID-19, for example, several countries took measures to ensure that care leavers were not discharged from care during the pandemic. As can be seen from the good practice examples in this report, some countries are taking increasingly innovative and evidence-informed

approaches. For example, while the legal age at which care leavers must exit care in all OECD countries included in this report is 18, the majority of countries (28 of 30) let young people remain in the care system beyond age 18. It is important to note from the outset that countries interpret remaining in the care system in different ways, including: permitting young people to remain in care placements beyond the age of 18 and/or providing a range of after-care supports. Twenty-two countries have a legislative framework that sets out minimum levels of support for care leavers.

Three-quarters of OECD countries undertake some form of transition planning with care leavers, in many cases involving the young people in the development of those plans. In 28 countries, young people are entitled to aftercare supports ranging from financial and housing supports to mentoring. Countries who provided information about more specialised services such as mental or other health and well-being supports, typically referenced it as part of a holistic package of supports, identified through the planning process. Two-thirds of OECD countries advised they have a mentoring system in place to support care leavers, again often provided as part of a broader package of supports.

Despite the progress made there is still much more that can be done and the report concludes with directions for reform, based on evidence both from the literature and from what countries are learning through their own experiences. Critically, the reform most likely to improve outcomes for young care leavers is to raise the legal care leaving age to 21, putting the right supports (in which care leavers have had a say) in place. Enshrining reforms in specific care leaving legislation will further increase the likelihood of success. Finally, countries could work together to strengthen the international evidence base about what works to support care leavers successfully transition from care, including improving data quality and availability, and encouraging more cross-country research on critical and common questions.

1 Introduction to assisting care leavers to achieve better outcomes

The passage from adolescence to adulthood is a critical and sometimes difficult life stage transition for young people, but particularly so for “care leavers”. These young people who leave out-of-home care like foster or institutionalised care are similar in a number of ways to their peers who grew up with their family. However, many care leavers had a difficult childhood, have less of a support network and can face specific challenges in accessing jobs, further education and housing when exiting care. As a result, their path to independence is often longer and bumpier, and some are at risk of becoming part of the most socially and economically excluded young people in society. Many OECD countries have legislation and policies in place that enable young people to remain in care placements past the age of majority. But in practice, most care leavers move to independent living at age 18 or even younger (Strahl et al., 2021^[1]). An abrupt end to care is radically different from the experience of care leavers’ peers who tend to move out of their childhood homes in a gradual way and often continue to receive emotional and even financial support.

To make the transition more “like” that of their peers, care leavers need support. General social and other services, while more or less widely available, are not tailored to the needs of care leavers, who may moreover have difficulties in accessing them. Therefore, care leavers need both formal and informal supports that go beyond universal services and benefits available to every young person (Marion and Paulsen, 2019^[2]). Such support includes flexible assistance through the transition phase, a greater range of supported and independent accommodation options, and academic and non-academic opportunities to develop the necessary skills for the world of work and independent living.

This is not to say there has not been progress in recent years. The relevant literature acknowledges that policy reform, rooted in a better evidence-based understanding of child development and the needs of specific groups of care leavers, has led to some improvement in many countries (Stein, 2019^[3]). However, while we may know more about the outcomes care leavers experience and what will help to improve those outcomes, there still remain significant gaps in our knowledge, particularly about the effectiveness of supports. For instance, we know some care leavers need access to specialist mental health services, however, it is not necessarily clear how accessible and effective these services are (Baidawi, Mendes and Snow, 2014^[4]).

There is also a paucity of administrative data collected by any country, evidenced in the quality of data provided by countries for this policy report. Important questions remain, for example, about the uptake of extended care or whether those with the most complex needs are eligible for, choose to, or are able to access what is on offer, because the data are not collected or compiled. Without good data it is impossible to know what is working, for whom and at what cost.

This report builds on information collected through the *Policy Questionnaire on Support for Care Leavers* (see Box 1.1 for more details), complemented with discussions with experts in the field and desk-based research. The report starts with a short description of the data available in OECD countries on young people in care, and those leaving care. It also gives an overview of the increasing evidence across OECD countries in the effectiveness of supports. The report then discusses how to improve supports for care leavers and provides a range of good practice examples in OECD countries, in order to promote

cross-country learning, help strengthen the international evidence base and support countries to improve their policies for young people leaving their care. It concludes with a brief overview of directions for reform.

Box 1.1. The OECD policy questionnaire on support for care leavers

The OECD initiated a new project to improve policies and supports for young people leaving care. Mindful of the challenges but also of the opportunities to improve outcomes for care leavers, OECD countries agreed to undertake a comprehensive overview of countries' policy settings and aftercare supports to identify promising approaches to supporting young people move out of care. Further in-depth work targeted at specific challenges, to promote ongoing cross-jurisdiction learning or to address the recommendations from this policy report could follow.

To inform the report, a *Policy Questionnaire on Support for Care Leavers* was sent to all OECD countries at the end of 2020. The questionnaire covered three areas: the general policy and statutory framework that underpins a country's approach to supporting young people transition from the care system to adulthood, the after-care support services provided, and differences across regions and/or municipalities. Countries were also asked to provide any good practice examples they wanted to share, and data they collect about care leavers.

Information was collected for 30 OECD countries. Twenty-nine countries responded to the questionnaire, whereas the material on France was collected through desk-based research and confirmed as correct by an expert in the field. Two countries, Austria and Australia, provided both national and regional responses to the questionnaire. For Canada, two provinces (Manitoba and Ontario) and one territory (Yukon) sent in their responses to the questionnaire, representing approximately half the population of Canada. For the United Kingdom, England, Scotland and Wales submitted information separately. Information provided by countries was supplemented by country-specific information from the literature where relevant. In addition, 26 countries provided data on the number on children in out-of-home care; 20 countries provided data by type of out-of-home care; and 17 countries provided data on care leavers.

2 Care leavers in OECD countries

Reliable and comparative data on care leavers and child protection systems more broadly are limited. In part, this is due in part to the lack of a harmonised approach to child protection administration across countries. In addition, the way data are collected even within countries can vary, as responsibility for child protection often lies with sub-national levels of government. The most commonly available statistics are notification rates and the number of children in state care. In particular longitudinal data, such as on the number of children who enter care multiple times, are usually hard to come by and are not harmonised across countries.

Obtaining data about care leavers is particularly challenging. As young people transition out of the care system, tracking their outcomes becomes difficult. Countries completing the questionnaire were asked to provide data on the numbers of children in out-of-home care, young people in care who reach the legal leaving age and young people who remain in the care system beyond the legal leaving age. Twenty-six countries provided statistics on the number of children in out-of-home care, of which 20 distinguished different types of out-of-home care placement. Furthermore, 17 countries provided statistics on care leavers specifically.

Data on children in care and types of care arrangements

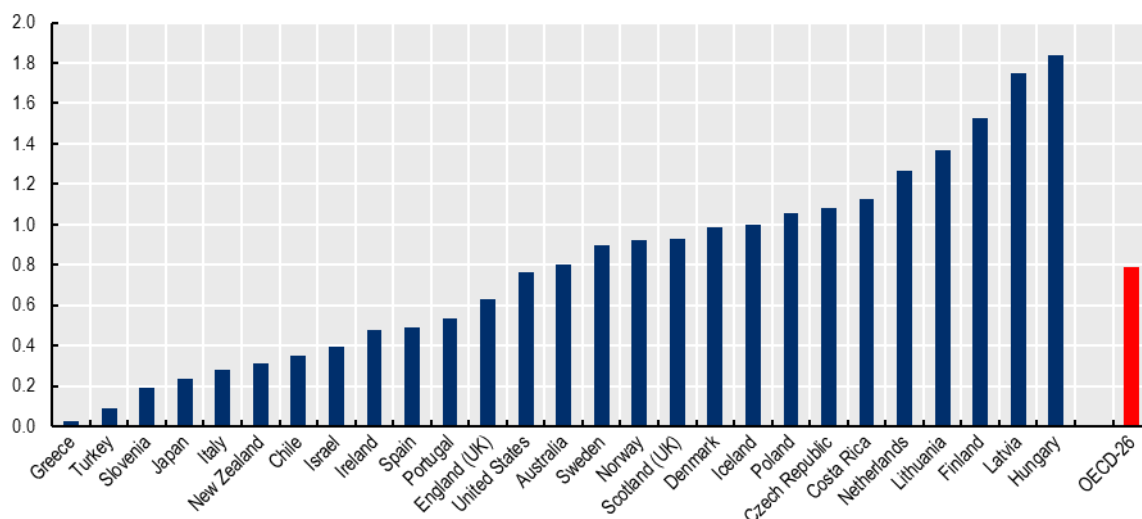
The proportion of children in care may appear modest, but tens of thousands of children are nonetheless still affected every year. There are 292 million children and young people under the age of 18 in OECD countries, representing 20% of the OECD population of 1.4 billion people. On average, children in out-of-home care across the 26 OECD countries for which data are available represent 0.8% of 0-17 year-olds, ranging from less than 0.1% in Greece and Turkey to more than 1.5% in Finland, Hungary and Latvia. For those 26 countries, this proportion translates to 1.1 million children in care in 2019. If the proportion of cared-for children were the same across all OECD countries as across the countries for which the numbers are known, roughly 2.3 million children would have been in some type of out-of-home care in 2019. Moreover, the share of minors who are placed in care at some point during their childhood or teenage years is still higher: estimates in the literature suggest that 3% of children in Denmark are placed in care at some point before they turn 18, a share three times as large as the share of minors in care in the country in 2019. More drastically, the 6% of children in the United States who experience out-of-home care at some point is more than seven times as large as the share who were in care in 2019 (Turney and Wildeman, 2017^[5]; Ubbesen, Gilbert and Thoburn, 2015^[6]).

More boys than girls and more adolescents than younger age groups are in care. The over-representation of boys is relatively small: on average, there are 6% more boys than girls in care. In many countries, the difference in the proportion between boys and girls is even smaller, non-existent or reversed. The difference in the gender ratio tends to be larger among teenagers, with the most extreme disparity occurring in Spain: in 2018, 0.6% of girls and 1.2% of boys aged 12-17 were in care. In the Spanish case, unaccompanied minor migrants – who are by a large majority boys – contribute to the difference, but this only explains a small part. The share of children in out-of-home care increases with age: on average, 0.5% of 0-5 year-olds, 0.8% of 6-11 year-olds and 1.2% of 12-17 year-olds are in care. One of the reasons for the higher prevalence among older children could simply be that many entered care at a younger age but

remain in out-of-home care as they grow older. For example, of the minors who entered care in England in 2018/19, nearly three-quarters were under the age of 13 (Children’s Commissioner for England, 2021^[7]). However, complementary explanations that can apply to different extents across countries are that older children and teenagers may be able and likely to advocate for their removal from a dysfunctional or abusive home, and that young people with behavioural difficulties may be placed in out-of-home care.

Figure 2.1. On average, children in out-of-home care represent less than 1% of 0-17 year-olds in OECD countries

Share of children in out-of-home care, in percentage of all children under 18 years old, in 2020 or most recent year



Note: 2020 data for Chile, the Czech Republic, Ireland, Israel, New Zealand, Norway, Turkey, England and Scotland (UK); 2018 for Italy and Spain; 2019 for other countries.

Source: OECD Policy Questionnaire on Care Leavers (2020).

The balance between foster and institutional or residential care differs across countries. On average, two-thirds of children in care across the 18 countries that provided statistics on the type of care placement were in foster care (Figure 2.2). These foster placements may either be with an (extended) family member (the so-called formal kinship care) or with non-family foster parents. The distinction between the two types of foster care cannot be made in all countries, but where it is possible, less than half of children in foster care were placed with a family member. Yet, the share of children in foster care overall varies from more than 90% in New Zealand, Australia, Latvia and the United States for example to about a third in Israel and Turkey, with the remainder in residential care. Likely excluded from the overall count of children in care, and in foster care specifically, are any out-of-home placements with relatives initiated outside of the regular child protection system. Such placements may occur at the behest of parents, who may leave their children with family members without informing any relevant authorities, or be initiated by child protective agencies that nonetheless bypass the formal foster system. Figures on this phenomenon of hidden or shadow foster care are naturally difficult to come by, but a recent article puts the number of such decisions in the ten to hundred thousand per year in the United States alone (Gupta-Kagan, 2020^[8]).

A decreasing number of children are placed in residential care facilities. The UN Guidelines for the Alternative Care of Children call for residential care to be restricted to situations where it is “specifically appropriate, necessary and constructive” for the child in question; and call for the gradual elimination of large residential care facilities. Many countries have been pursuing deinstitutionalisation policies for several decades (Lerch and Nordenmark Severinsson, 2019^[9]), and this is reflected in the statistics: Since

2010, the share of residential care decreased by 8 percentage points across the 18 countries with available data; and the decrease occurred in all but four of these countries.

Figure 2.2. On average, one-third of children in care are in residential care in OECD countries

Distribution of the type of out-of-home care for children under 18 years old, in 2020 or most recent year



Note: Data on kinship and foster care cannot be split in some countries, they are put together as non-residential. For the United States, children in pre-adoptive homes were equally shared in kinship and foster care as the current data does not allow determining if the pre-adoptive homes setting is with a relative or non-relative.

Source: OECD Policy Questionnaire on Care Leavers (2020).

Limited evidence on care leavers

Many children who are in care return to their families, but some reach the age of majority while still in care. The exact share can be difficult to know. For 13 countries for which recent data are available, the ratio of the number of young people in care who reach the legal leaving age to the number of young people aged 12 to 17 ranged from 3 in Scotland (United Kingdom) to 59 in Portugal; with the unweighted cross-country average being 20. A particularly low ratio can indicate that many children return to their family prior to becoming legal adults; while a high ratio indicates the opposite. The latter case could also be consistent with teenagers entering the care system at a relatively older age.

An abrupt end to a care placement is vastly different from what care leavers' peers experience. In the European Union in 2013, the average age at which young people left their parental home was 27 for boys and 25 for girls years, up by more than half a year of age since 2000 (Brady and Gilligan, 2018_[10]). Across 30 OECD countries with available information for a recent year (2017-19), an average of 43.4% of young people aged 20 to 29 were still living with their parents. In countries such as Greece, Italy, Slovenia and Spain, their share even exceeds two-thirds within this age group. In contrast, for young people in care, a 2018 mapping exercise of policy and legislation in 36 countries (13 of which are OECD countries included in this policy report) found that in practice, the age at which support stopped was 18 and younger in 24 countries (66%) (Strahl et al., 2021_[11]). A similar mapping exercise of nine European countries undertaken more than a decade earlier found the leaving age ranged from 15 to 21 (Stein, 2014_[11]).

In response to this stark contrast in the age care leavers are expected to be independent and to the poor life outcomes that some face, many countries now offer additional support to young people who reach the age majority while in care, including the option of staying in some form of accompanied residence. These

different options are described in more detail in the following section. Yet, even though countries provide additional supports, it is clear that they do not reach all care leavers, whether it is by the young person's choice, a lack of available places, too high administrative hurdles or other obstacles.

It is very difficult to know exactly the share of young people who remain in care and what 'remaining in care' means concretely. Countries collect different statistics about care leavers, hindering cross-country (and in some cases even within-country) comparisons. In response to the OECD questionnaire on care leavers, 12 countries provided information on both the number of young people in care who reach the age of majority and the number of young people who remain in the care system beyond the legal leaving age. However, in some countries the number of young people remaining in care appears to refer to those young people who have just reached the legal leaving age, while in others it refers to all young people who remain in the care system beyond the age of majority regardless of whether they are 18, 20 or 22. The distinction as to whether a country's figures fall in the former or the latter case is not always clear, though a ratio of in-care teenagers reaching the legal leaving age to young people who remain in the system above 100 clearly indicates that many young people remain in care after reaching majority age. The ratio exceeded 100 in the Czech Republic, Denmark, Iceland, Israel, Sweden and above all England (United Kingdom), while Hungary, Finland, Spain, Slovenia, Scotland (United Kingdom) and the United States had ratios below 100.

Though there is even less comparable and up-to-date data on the long-term outcomes of individuals who were in care during their childhood and teenage years, the data that do exist generally point towards worse life outcomes for this group of young people. They tend to leave the education system earlier than their peers (Fryar, Jordan and DeVooght, 2017^[12]; Kääriälä and Hiilamo, 2017^[13]) and are less likely to be employed or earn a salary equivalent to other people (Cameron, 2016^[14]; Stewart et al., 2014^[15]). Former youth-in-care are extremely over-represented among the homeless population (SZN, 2017^[16]; MacKenzie et al., 2016^[17]; Frechon and Marpsat, 2016^[18]; Dworsky, Napolitano and Courtney, 2013^[19]) and among teenage mothers (Dulin, 2018^[20]; Vinnerljung, Franzén and Danielsson, 2007^[21]). Having been in care is also associated with poorer mental health (Baidawi, Mendes and Snow, 2014^[4]; Dixon, 2008^[22]); higher incarceration rates (Barn and Tan, 2012^[23]; Doyle Joseph J., 2007^[24]) and a higher suicide rate (Vinnerljung and Ribe, 2003^[25]). However, it is generally difficult to disentangle to what degree the care system itself (and the transition out of the system), as opposed to the adverse events that necessitated a placement, contributes to these negative outcomes. Moreover, it is important not to view and portray care leavers as a group 'doomed to failure', but rather as individuals who may have to overcome more challenges but can nonetheless thrive.

Increasing evidence on the effectiveness of supports

The lack of good quality data about care leavers is a universal issue, significantly limiting our ability to know how individuals are faring after leaving care and what supports are making the greatest positive difference for them. A 2019 study looking at extended care beyond age 18 in ten countries drew attention to the fact that in most countries, gaps in administrative data and in related longitudinal research hinder our understanding of care leavers' transition and most particularly how effective extended care actually is (van Breda et al., 2020^[26]).

Fifteen countries that are covered in this report said aftercare support services are monitored and/or evaluated. Fifteen countries also have policies or programmes in place to follow up (systematically or occasionally) with youth who have left care and track their outcomes. For example, in New Zealand, the Oranga Tamariki Act 1989 requires the Chief Executive of the Ministry for Children (*Oranga Tamariki*) to maintain contact with care leavers up to the age of 21 years, which is done via non-government agencies, community or iwi/Māori organisations and the *Oranga Tamariki Transition Support Helpline*. An annual

survey 'Just Saying' tracks outcomes and the lived experience of tamariki (children) who receive transitional support.

While countries may have monitoring or evaluation activities in place, it is hard to say whether those activities are systematic and whether quantitative methods are being used to measure the effectiveness of supports. The literature suggests that in most cases the answer is no. However, several countries appear to be making some progress, in particular in terms of measuring the costs and benefits of extended care. For example, in their assessment of the lessons from extended care programmes in the United States and England, Mendes and Rogers (2020^[27]) state that the evidence on the effectiveness of existing extended care programmes is still limited but growing and points towards positive impacts. A decade earlier, Mendes's (2009^[28]) was more cautious, stating that the evidence of whether the programmes could offset prior disadvantages was mixed. The caution was related to the fact that there were few quasi-experimental studies that sought to compare the outcomes of care leavers receiving support with those of care leavers who did not but were otherwise similar.

As an example of in-depth studies, Norwegian researchers have used their country's rich public registry data to compare care leavers with their peers without child welfare experience across a range of outcomes in adult life. They found poorer outcomes on a number of key indicators including health, education, and economic independence for care leavers. Comparing the outcomes of the groups of care leavers with and without aftercare support and of individuals with no child welfare experience, the researchers found that aftercare appears to have a long-term positive effect on the completion of upper secondary school (Paulsen et al., 2020^[29]). It also reduces the likelihood of receiving a disability pension, and indirectly of receiving work assessment benefits and financial social assistance, as secondary education graduation reduces the likelihood of receiving this type of support. The researchers note that in the Norwegian context, the group receiving aftercare tends to be particularly vulnerable, implying that aftercare may be even more effective than it initially appears.

Courtney and colleagues have completed two separate evaluations of the benefits of extended study in the United States (USA), one on the Midwest (Courtney, 2007^[30]), and the other one on California (Courtney, 2019^[31]). Their study on youth transitions to adulthood in California used a variety of 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. They identified specific benefits such as enhanced educational outcomes, improved earnings and less economic hardship, fewer teen pregnancies, lower levels of homelessness, reduced involvement in the criminal justice system, and greater involvement of non-custodial fathers who have been in care with their children.

The United Kingdom (UK) has also evaluated the effectiveness of extended care and demonstrated measurable social and economic benefits:

- *Staying Put*, an extended care programme in England, was piloted from 2008 to 2011 in 11 local authorities before being put on a statutory footing for all local authorities in 2014 (see also Box 3.4 later in the report). In 2012, the pilot was evaluated using a mixed methods approach to explore early outcomes. Young people in the pilot had more stable and supportive relationships and less housing instability, making it easier for them to remain in education, training or employment (Mendes and Rogers, 2020^[27]). In May 2021, the government announced continued investment of GBP 33 million in *Staying Put* (Foley and Library Specialists, 2021^[32]). Yet, while the Ministry of Education continues to collect data about the number of care leavers in the programme, there is no formal ongoing evaluation of the programme.
- In 2018, in response to the concern that *Staying Put* was not available to young people leaving residential care, the government introduced eight two-year *Staying Close* pilots, where care leavers can live independently in a location close to their institutions with ongoing support from that home (Box 3.4). A 2018-20 evaluation found improved independent living skills after 6 months as well as increased housing stability, increased participation in activities such as education or employment

and increased happiness (Foley and Library Specialists, 2021^[32]). A cost-benefit analysis, which the researchers acknowledged relied on strong assumptions and included limitations in the calculations, found that the programme would save the state money (Dixon, Cresswell and Ward, 2020^[33]). The government signalled its commitment to a nation-wide roll-out. As with *Staying Put*, it is unclear whether there will be ongoing monitoring and evaluation.

In Australia, most states and territories have implemented a trial – embedded into practice or legislated (where required) – of a form of extended support. All named programmes extend support until 21 years of age. These formats range from a universal extended care programme in Victoria, to extending support to young care leavers who meet certain criteria to remain living with family-based carers in South Australia. Tasmania has embedded extended supports into their practice without the need of legislation in their *Transition to Independence Program* and funds family based care placements. In January 2021, Western Australia announced funding to expand the *Home Stretch* trial and roll out a permanent programme to support young people transitioning from care (see also Box 3.3 later in the report).

Care leaving reforms in Australia were in some cases embedded in broader care reforms, and inspired by international experiences. Reforms in Victoria commenced in 2016 with the *Roadmap for Reform – Strong Families, Safe Children*, which transformed the child and family system from crisis response to earlier intervention and prevention. Under these reforms, Victoria began piloting *Better Futures*, a new approach to supporting care leavers (see also Box 3.11 later in the report). Based on evaluations and positive outcomes from these pilot programmes, *Better Futures* was rolled out state-wide in late 2019 with all eligible young people in care referred to their local *Better Futures* provider at 15 years and nine months. In Victoria but also elsewhere, the programmes were introduced in response to the *Home Stretch* campaign, which highlighted positive findings from extended care programmes in Canada, the United Kingdom and the United States, to support a social and economic case for extended care (Mendes and Rogers, 2020^[27]). Victoria introduced *Home Stretch* in 2018, and in January 2021 it was the first Australian jurisdiction to make extended care available to all young people leaving foster, kinship and residential care to receive a more gradual and supportive transition to adulthood. This has been extended to include young people on permanent care orders. The *Home Stretch* programme is proposed to be embedded in Victorian legislation when the amended Children, Youth and Families Act 2005 bill is passed.

While there is still some way to go until evidence and data are used more systematically to improve care leaver policy, these examples demonstrate that measuring effectiveness and acting on the evidence is possible and that progress is being made. Longitudinal studies of care leavers well into their twenties are starting to shape our understanding of the effectiveness of extended care and other supports as early intervention strategies to improve longer-term outcomes. This progress moves us away from a sole focus on the often difficult “leaving” stage, which might perpetuate the idea that all care leavers suffer poor outcomes. Research programmes like *Good Tracks* in Finland (see Box 2.1) will help answer critical questions about what works to improve outcomes for care leavers.

Box 2.1. Finland's "Good Traces"

Good Traces (Hyvää jälkeä) is a Finnish research project running from 2021 to 2023, investigating transitions from care to adulthood as experienced by care leavers and the professionals working with them. The project is led by Tampere University with Savonia University of Applied Sciences and SOS Children's Villages as consortium partners and is funded by the Finnish Ministry of Social Welfare and Health.

The project explores the complex processes and experiences associated with a young person ageing out of foster or institutional care, including: a) preparing, b) leaving/staying, and c) being in 'after care'. The focus of the project is on positive experiences, with the aim of learning what works and what constitutes a positive leaving care experience, looking specifically at care leavers' and professionals' mutual and reciprocal resilience-building experiences.

The aims of the project are to:

1. build an understanding of the leaving care process from the viewpoint of care leavers, professionals and the social service system using nationwide questionnaires created together with participants;
2. create an understanding of transitions from care as experienced by young people and professionals by employing ethnographic and other qualitative methodologies; and
3. use the results of the research, together with input from participating young people and professionals to plan a reciprocal youth-centred working platform to help develop shared multi-professional work with young care leavers.

Source: OECD Policy Questionnaire on Care Leavers (2020).

3 Improving support for care leavers

The international research summarised by Stein (2008^[34]) argued for three key reforms to improve outcomes for care leavers: 1) improving the quality of care; 2) a more gradual and flexible transition from care; and 3) more specialised after-care supports, especially for young people with mental-health problems and complex needs.

Firstly, improving the quality of care is critical to help children and young people overcome damaging pre-care experiences; to feel secure, loved, and have a sense of belonging and to form attachments to school and friends. Stein (2014^[11]) and others demonstrate the association between the quality of care and later outcomes.

Secondly, the transition from care needs to be less accelerated and more flexible, based on levels of maturity, need and skill development, rather than simply on age. As one young person puts it “Imagine your parents kicking you out because of your birthday” (A Way Home Scotland, 2019^[35]). Mendes (2009^[28]) argues that care leavers need to be given the space to explore interpersonal and identity issues as other young people do. As discussed earlier, studies in the United States and the United Kingdom have demonstrated measurable social and economic benefits from extending care.

Thirdly, care leavers need ongoing support, in many cases until well after they have left care, planned and provided for in a holistic manner. Such support may involve a continuation of existing supports or specialist leaving care services in areas such as accommodation, finance, education and employment, health, and personal and family support networks. It is also important to have a caring and involved adult who supports the young person in a similar way as a parent or caregiver might support their child to transition to adulthood. As discussed in Mendes (2009^[28]), care authorities should aim to provide similar support to care leavers as parents typically provide until the mid-twenties. Care-leaving programmes should be an integral part of the care system to ensure continuity of care.

The importance of extended care and investment in the right supports for young care leavers remain strong and consistent themes in the academic literature. The mechanisms to protect young people’s access to these supports is also a strong theme, in particular the role specialist leaving care legislation can play. Services and supports need to be based on a legislative mandate and sufficiently detailed policy and procedures. This combination can ensure that young people who would like support beyond the age of majority are not denied it due to a lack of funds, availability of programme placements or administrative hurdles, and that moving on from a placement does not happen until the young person is prepared and ready.

While care leavers as a group are more likely to be socially excluded, they all experience different outcomes associated with their pre-care experiences, the quality of care and after-care support, and their personal characteristics and circumstances. A widely applied framework developed by Stein (2012^[36]) categorised care leavers into three broad groups: 1) The ‘moving-on group’, likely to have experienced secure and stable placements. This group is resilient, welcomes independence, and makes effective use of leaving and after-care supports; 2) The ‘survivors group’, who have encountered significant instability and discontinuity. Positive outcomes for this group tend to correlate with the effectiveness of aftercare supports provided; 3) The “strugglers group”, who have had the most negative pre-care experiences, and

are most likely to experience significant social and emotional deficits. After care support is unlikely to alleviate these problems, but is still viewed as important by “struggling” care leavers.

Applying life course and resilience perspectives to better understand the experiences of care leavers and the factors that may help them are emerging themes in the literature. For many young people, at the time of leaving care, the demands of coping with transition out of care at a young age and a rapid pace may exacerbate pre-existing challenges and increase mental and physical health problems (Dixon, 2008^[22]). A life course perspective emphasises how prior and current life stages and experiences can impact future outcomes. Resilience involves a person faring better than might be expected in the face of serious adversity. Resilience is not so much a fixed personal trait but rather a quality that may be displayed when sufficient and adapted support helps the person withstand the impact of adversity. Resilience in children and young people grows out of a strong sense of belonging, good self-esteem and a sense of self-efficacy, that is, the belief that one’s actions make a difference and can help achieve a goal. Both perspectives offer insights into how to support care leavers that go well beyond focusing solely on the “exit” phase.

The resilience-enhancing potential of education and work is well documented. Positive education and work experiences are important for enabling young people, and particularly those at high risk of marginalisation, to reach their full potential. As well as strengthening hard and soft skills, education and work builds confidence and social capital, that is, the benefits that come from being part of social networks.

Social supports, both formal and informal, also matter. Based on their study of the progress of care leavers in Finland, Jahnukainen and Jarvinen (2005^[37]) note that while educational and other services may be important, non-institutionalised and non-formal factors such as close human relationships were even more decisive. Work and regular hobbies offer opportunities for young people to broaden and deepen social connections and find mentors (Gilligan, 2008^[38]).

The remainder of this report explores a range of policy areas and supports that are highly relevant for improving care leavers’ transition into adulthood and their socio-economic outcomes. Each section discusses policies in the OECD countries that are covered in this report and highlights good and promising practices. The following areas are covered: leaving care legislation; extended care arrangements; preparation and planning; the importance of education and work; availability and quality of aftercare supports; and mentoring and involvement of care leavers in decision-making. Finally, regional variation in the provision care leaver supports, reforms and the impact of COVID-19 on care leavers are briefly discussed.

Leaving care legislation

Specific aftercare legislation appears to improve the availability of aftercare services. In their comparative study of care leaving policy and legislation in 36 countries, Strahl et al. (2021^[11]) found a close association between legislation and provision of aftercare services. All countries with well-developed aftercare legislation offered aftercare services for care leavers and often a broader range of services than countries with less well-developed legislation. The literature suggests that specialist “mandatory” aftercare legislation, i.e. legislation that imposes the obligation on the relevant authorities to provide leaving care services and that grants young people the right to complain, is an important factor in helping to ensure care leavers access supports. In particular, in a summary of good practice examples provided by members of INTRAC (International Research Network on Transitions to Adulthood from Care), mandatory care leaving legislation was found to lead to the development of specialist leaving care teams and work (Stein, 2019^[3]).

More than two-thirds (22) of the 30 OECD countries that are covered in this report have a legislative framework that sets out minimum levels of support for care leavers (Table 3.1). And while Israel, the Netherlands and Slovenia do not have specific care leavers legislation they do have a national strategy

with clearly defined goals for the provision of aftercare support. In the United Kingdom, the Children (Leaving Care) Act 2000 introduced a mandatory duty to provide services for care leavers and led to an improvement in the provision of care leaver support (Box 3.1). In Sweden, in accordance with the Social Service Act, the social service must meet any special need for help and support that may exist after out-of-home care, based on individual circumstances. The legislative extension of care to 21 years of age in some states in the United States via the Fostering Connections to Success and Increasing Adoptions Act 2008 (US Department of Health and Human Services, Washington) appears to have produced more ongoing assistance to those who remain longer in care (Courtney et al., 2011^[39]). However, the US experience shows that combining legislative changes with sufficient funding to finance support for care leavers is also important (Box 3.2).

Table 3.1. Strategic and legislative framework for aftercare support in OECD countries

	National strategy with clearly defined goals for provision of aftercare support	Legislative framework setting out minimum levels of support for care leavers
Australia	✓	✓
Austria	-	-
Canada	✓ (Ontario and the Yukon)	✓ (Manitoba, Ontario and the Yukon)
Chile	✓	✓
Colombia	✓	✓
Costa Rica	-	✓
Czech Republic	-	✓
Denmark	-	-
Finland	-	✓
France	-	✓
Hungary	-	-
Iceland	-	-
Ireland	✓	✓
Israel	✓	-
Italy	✓	✓
Japan	-	-
Latvia	-	✓
Lithuania	-	✓
Mexico	-	✓
Netherlands	✓	-
New Zealand	✓	✓
Norway	✓	✓
Poland	✓	✓
Portugal	✓	✓
Slovenia	✓	-
Spain	-	✓
Sweden	-	✓
Turkey	✓	✓
United Kingdom	✓ (England and Scotland)	✓ (England, Scotland and Wales)
United States	✓ (Federal funding and guidelines)	✓

Notes: The check symbol (✓) is used when countries answered yes to the following questions: “Does your country have a national strategy with well-defined goals regarding the provision of aftercare support for care leavers?” and “Is there a statutory framework/legislation in place that determines the minimum level of support young people should receive when leaving out-of-home care?”. The information for Canada refers to the situation in Manitoba, Ontario and Yukon. The information for the United Kingdom refers to the situation in England, Scotland and Wales. Source: OECD Policy Questionnaire on Care Leavers (2020).

Box 3.1. UK's Children (Leaving Care) Act 2000

The United Kingdom introduced the Children (Leaving Care) Act 2000 in October 2001. Two key features of the Act were the extension of the leaving care age from 16 to 18 and the obligation for local authorities to continue providing advice and support for young care leavers up to the age of 21. For those still in education or training, this age limit could be extended up to 24 years.

Overall, the Act meant a considerable improvement with respect to its predecessor, the Children Act 1989, which imposed advice and support responsibilities with respect to young care leavers but left the implementation of those responsibilities to the discretion of local authorities. In contrast, the 2000 Act now obliges local authorities to assess the needs of the young person in care and create an individual pathway plan at 16 years of age that puts in place a clear pathway to independence. The plan identifies the young person's needs for support and assistance in core areas such as health and mental health, housing, financial support, living skills, education and training, employment and family and social relationships, and indicates how these needs will be addressed. Moreover, a Personal Adviser is appointed to regularly work with the young person and co-ordinate the resources and services required to meet the pathway plan. Following changes introduced through the Children and Social Work Act 2017, all care leavers are able to request the support of this Personal Adviser up to their 25th birthday, irrespective of whether they are in education or training.

Source: OECD Policy Questionnaire on Care Leavers (2020), complemented with desk-based research.

Box 3.2. USA's Fostering Connections Act 2008

The United States passed the Foster Care Independence Act in December 1999, a significant milestone in terms of offering support to care leavers to meet needs such as housing, health, and education services. The Act expanded the range of services which young care leavers aged 18 to 21 years can access, for instance to room and board assistance, Medicaid, and additional funds for education and training. Despite these significant advances, the Act excluded any federal funding commitment to state parental responsibility beyond the age of 18 years.

In response to this shortcoming, the United States enacted the Fostering Connections Act in 2008, which extended the Foster Care Independence Act by providing states with the option of extending the age limit of foster care from 18 to 21. Remaining in foster care after the age of 18 years is conditional on strict eligibility criteria, and the Fostering Connections Act requires young people to be enrolled in secondary education or post-secondary or vocational school, to be employed for at least 80 hours per month, to participate in a programme or activity designed to promote employment; or a young person may be eligible if they are impeded from education or employment due to a medical condition.

Source: Based on Mendes and Rogers (2020^[27]).

Extended care arrangements

While many countries have legislation and policies in place that enable young people to remain in care beyond the age of majority, the reality is that most care leavers transition out of care at 18 years of age, or in many cases younger. Indeed, a number of studies have found that the right to remain in care does not always translate into practice. Strahl et al. (2021^[1]) illustrate considerable differences between the official age at which care ends and the actual age at which young people leave, with the average leaving age being 18 and younger in 66% of the countries surveyed.

The widely cited 2009 Chapin Hall study (Peters et al., 2009^[40]) compares the costs of keeping young people in foster care until age 21 against the increase in lifetime earnings that would result from a more highly educated population of former care leavers. The study concludes that the benefits of extending foster care to 21 outweigh the costs by a factor of two to one. A Canadian cost-benefit analysis showed that for every Canadian dollar the province of Ontario spends supporting its youth by extending Extended Care & Maintenance (ECM) (a programme that offers financial benefits and connection to a case manager) and supports to age 25, they will save or earn an estimated CAD 1.36 over the working lifetime of that person. Accordingly, the study recommended extending ECM to age 25 (Office of the Provincial Advocate for Children and Youth, 2012^[41]). In 2013 ECM was replaced by the Continued Care and Supports for Youth (CCSY) programme that provides young people with financial and non-financial supports to help them meet their goals during their transition into adulthood. Societies in Ontario are required, under the Child, Youth and Family Services Act 2017 to offer CCSY to all eligible youth from age 18 to when they turn 21.

The legal age at which care leavers must exit the care system in most OECD countries is 18, the age of majority as defined by the United Nations Convention on the Rights of the Child. However, the majority of countries (28 out of 30) let young people remain in care beyond age 18; the age to which however, varies considerably (Table 3.2). Countries interpret remaining in the care system in several ways: permitting young people to remain in care placements beyond the age of 18 and/or providing a range after-care supports (Table 3.2). This variation results from what van Breda et al. (2020^[26]) describe as “definitional ambiguity”, i.e. there is no universal construction of extended care, nor consensus on what measures are included under this umbrella term. The terms “extended”, “continuing” and “after care” are often not defined or are used interchangeably, leading to difficulties in cross-national dialogue and comparison.

Some countries however are clear in their definitions. In England, for example, there is a clear differentiation between extended care – operationalised as “remaining in a foster or residential care placement” – and a broader range of services, supports or interventions that may be offered once a young person has left the care system – which are often described as “aftercare” or “continuing care” services.

The majority of countries define extended care to include the option of remaining in a care placement, as well as the provision of aftercare supports. Costa Rica was one of a small number of countries that defines extended care as the provision of aftercare supports only; however, those supports include specialised housing for care leavers. Through a programme called *Aldeas Infantiles SOS*, eligible care leavers in Costa Rica can receive supports based on a needs assessment, such as help with purchasing household goods and home location for a few months and psychosocial follow-up. A major strength of the programme is its integrated housing arrangements: care leavers live in small households with a limited number of adolescents per house (5) and are assisted by inter-disciplinary professionals and a trained contact person. Young people in the programme define a life project, according to their abilities and characteristics. Some pursue academic or technical degrees, courses, workshops, recreational and cultural activities in different communities.

Very few countries were able to provide data on how many young people access extended care, however defined. It is therefore not possible to know how many young people across OECD countries exercise their right to stay longer. It is also hard to know from countries’ responses how flexible young peoples’ transitions

from care are. A small number of countries indicated that a young person must have been in the care system at a certain age or for a certain length of time to remain in care or receive after-care supports beyond age 18. These restrictions can mean for example, that an older care leaver could not come back into the care system if things are not working out.

There are exceptions to this condition. For example, in France, care leavers have a “right to return” to care before the age of 21 after having initially refused extended care support at age 18. In Norway, Child Welfare Services should maintain contact for a year with any young person who has refused aftercare support to ensure they are aware they can change their mind.

Often where young people can remain in care beyond age 18, conditions are attached, most commonly related to educational enrolment or disability status (Table 3.2). In Hungary, for example, young people can remain in care up to the age of 22 if they are unable to support themselves or are waiting for entry into a residential social institute; up to age 24 if they are in education; and up to age 25 if in higher education; then until the termination of student status, but no later than up to the age of 30. In almost all countries where young people can remain in care even beyond age 21, this right is subject to conditions, typically related to finishing education or training or being disabled. In Poland, Portugal, Slovenia, and Turkey, young people can remain in care until age 25 or 26 if they are still in education.

There is little in the literature about the impact of conditions being placed on extended care. A study of extended care policies in ten countries by van Breda et al. (2020^[26]) found that eligibility criteria for granting access may favour more advantaged care leavers. The authors found that across the ten countries, eligibility criteria had resulted in restricted access to extended care measures. In Canada, for example, where there are educational enrolment conditions, young people in out-of-home care complete education at lower rates than their peers in the general population and so young people who would benefit from enhanced support may be denied this opportunity. Frechon and Marquet (2019^[42]) found that in France career advice from child welfare officers is often constrained by the fact that care leavers tend to be behind their peers when it comes to education and that even if they are “on time”, many educational pathways could not be completed by age 21. In many cases they end up having to spend their time in extended care “playing catch-up”, resulting in a disproportional amount of young adults in extended care being directed toward short, vocational courses.

Given the increasing evidence about the benefits of both remaining in care and education, it may be that “being in education” as a condition of care is beneficial as long as young people are well supported to remain and succeed in the education system. However, as Courtney (2019^[31]) points out, the available supporting evidence for extended care provision may be persuasive but is not yet conclusive. Extended care may not have the same effect across all groups in the care-leaver population. For this reason, it is also important to study the fit between eligibility criteria and the degree of support required by different care-leaver sub-groups (Marion and Paulsen, 2019^[2]).

Some countries indicate that the decision to extend care beyond age 18 is based on a formal assessment of a young person’s needs. In Spain, for example, extended stays are studied on a case-by-case basis and offered where an extension is deemed necessary, and the minor’s stay is justified due to their personal circumstances. Any extension granted is for the time considered necessary, up to around one and a half additional years. In Austria, decisions are at the discretion of the social worker; in Denmark, on an assessment of whether further care is deemed necessary; in Slovenia, care is extended if the young person is unable to live and work independently due to a physical or mental disability; and in Israel extended care is approved subject to a treatment plan.

Table 3.2. Types of extended care arrangements in OECD countries

	Extended maximum age	Definition of extended care	Conditions for extended care
Australia	Up to age 25 in six states/territories; 21 in Victoria; and until completed education in the Northern Territory	Option of remaining in a care placement to age 21 in Victoria, Western Australia, South Australia, ACT and Tasmania, and 19 in Queensland Aftercare supports to age 25 in ACT, NSW, Queensland, South Australia, Tasmania & Western Australia	Northern Territories: Assistance is provided beyond age 18 if the young person is in education, up until when study is completed. South Australia: Extended care payments are available until a young person turns 21 if certain criteria are met and up to age 25 if the young person continues in education.
Austria	Up to age 21 (Limited aftercare: since 2020)	Aftercare supports and the option of remaining in a care placement (regulated at the state level)	Decisions are at the discretion of the social worker.
Canada	Manitoba: Up to age 21 Ontario: Up to age 21 Yukon: Up to age 26	Manitoba: Aftercare supports and the option of remaining in a care placement Ontario: Aftercare supports Yukon: Aftercare supports	Manitoba: historically aftercare supports were available to former permanent wards, however, during the pandemic this option was extended to all young people in care regardless of their legal status, and all young adults turning 21 and who are on an expiring agreement with a child and family services agency. Yukon: Historically, only children who were leaving the custody of the government were eligible for aftercare supports. During the pandemic, aftercare supports were provided for an additional six months after a person reached 24 years of age. Recently, the Yukon's child welfare legislation was amended to ensure that all children in out-of-home care (that is, either in government custody or living with extended family members) will be eligible for aftercare supports until they reach 26 years of age. The legislative amendments are expected to come into effect in late 2022.
Chile	Until 31 December of the year they turn 24 years of age	Young people, provided they are in alternative care programs and studying, can remain in the care system until the 31 December of the year they turn 24	If in education.
Colombia	Up to age 25 or until the young person has completed their education, and beyond age 25 if the young person has disability status	Aftercare supports and the option of remaining in a care placement (or Care Center) until 25 years of age if studying and with the young person's agreement, until undergraduate studies are completed	Once children and adolescents are declared adoptable, the Colombian State assumes a parental role and is therefore in charge of guaranteeing their rights as long as they remain in a care placement, especially for those who do not have family or others who can do it. For this reason, adolescents and young people are supported until they complete higher education, on average to the age of 25, in accordance with the provisions of the Colombian law. A life project is established for each young person according to their needs, abilities and aspirations, commitment and active participation in their individual care plan and by individual decision of the Family Advocate.
Costa Rica	-	Aftercare supports including supported housing	A life project, according to their abilities and characteristics which could be formal education, technical education, courses, workshops, recreational and cultural activities.

	Extended maximum age	Definition of extended care	Conditions for extended care
Czech Republic	Up to age 26	Aftercare supports and the option of remaining in a care placement	Young adults leaving alternative care are entitled to extended support if they do not remain in institutional care. Social workers in municipalities identify these clients as a target group deserving special attention. The Labour Office support these clients during job search and also in the form of a special benefit (one-off and recurring allowance) which is conditioned by dependency (i.e. further studies). If these clients remain in institutional care after reaching the age of majority, dependency (i.e. studies) is again the main condition for benefit provision.
Denmark	Up to age 23	Aftercare supports and the option of remaining in a care placement	If deemed necessary.
Finland	Up to age 25	Aftercare supports and the option of remaining in a care placement	Based on assessment of need.
France	Up to age 21	Aftercare supports (in some departments) and the option of remaining in a care placement	Continuing education; actively seeking a job and accommodation; or continuing medical treatment, updating administrative documentation, and learning to manage a budget.
Hungary	Up to age 30	Aftercare supports and the option of remaining in a care placement	Up to age 24 if in education and age 25 if in higher education, then until the termination of the student status, but no later than up to the age of 30, by individual decision of the maintainer.
Iceland	Up to age 20	Aftercare supports and the option of remaining in a care placement	With the consent of the child or young person.
Ireland	Up to age 23	Aftercare supports	Based on an assessment of need to age 21, and up to age 23 or the end of the academic year during which the young person turns 23 (whichever is the earliest) to complete a course of education.
Israel	Up to age 21	Limited aftercare supports	In education, or if not in education approval is subject to a treatment plan.
Italy	Up to age 21	Aftercare supports and the option of remaining in a care placement	Decisions are at the discretion of the judicial authority.
Japan	Up to the end of March following a young person's 22 nd birthday	Aftercare supports and the option of remaining in a care placement	If approved by the local government.
Latvia	Until the end of the academic year	Aftercare supports and the option of remaining in a care placement	If in education.
Lithuania	Up to age 21	Aftercare supports and the option of remaining in a care placement	Based on assessment of need; if in education or if the young person has a disability.
Mexico	-	-	-
Netherlands	Up to age 23	Aftercare supports and the option of remaining in a care placement	For extended care must be in foster care or treatment family home and for aftercare supports must meet criteria for continuation arrangements.
New Zealand	Up to age 25	Aftercare supports and the option of remaining in a care placement to age 21 and aftercare supports to age 25	Been in care for a continuous period of at least 3 months after the age of 14 years and 9 months.
Norway	Up to age 25	Aftercare supports and the option of remaining in a care placement	None other than the young person's consent.

	Extended maximum age	Definition of extended care	Conditions for extended care
Poland	Up to age 25	Aftercare supports and the option of remaining in a foster care placement	If in education or training.
Portugal	Up to age 21, and 25 if in education	Aftercare supports and the option of remaining in a care placement	Up to age 25 if in education.
Slovenia	Up to age 26	Aftercare supports and the option of remaining in a care placement	If in education or if the young person is unable to live and work independently due to a physical or mental disability.
Spain	Up to one and a half additional years	Appears aftercare supports and the option of remaining in a care placement	Based on assessment of need.
Sweden	Up to age 21	Appears aftercare supports and the option of remaining in a care placement	Usually until the young person finishes school.
Turkey	Up to age 25	Continuing care services and the option of remaining in a care placement or the option of state dormitory (extended care/protection order provides young people with same rights and services as before). Young people can remain in foster or residential care. When they are in higher education, they can stay in state dormitory as free of charge	If in education until age 25 and if having a profession until age 20.
United Kingdom	England & Wales: Up to age 21 Scotland: Up to age 26	England and Wales: Aftercare supports and remaining in a foster care arrangement only (not residential care) Scotland: Aftercare supports to age 26 and the option of remaining in a care placement to age 21	England & Wales: extended care – must be in foster care and no criteria for aftercare supports. Scotland: A young person who has been in foster, residential or formal kinship care who leaves care after their 16th birthday can remain in their care setting to age 21.
United States	Up to age 21 in 34 states and 9 Tribal Nationals ((HHS, as of January 2022)	Remain in foster care (in some states)	Varies across states but young adults must meet one of the requirements related to education/employment conditions or if the young person has a medical condition.

Notes: The information for Canada includes Manitoba, Ontario and Yukon. The information for the United Kingdom includes England, Scotland and Wales.
Source: OECD Policy Questionnaire on Care Leavers (2020).

Ideally, the decision to extend care beyond age 18 should be part of a holistic assessment of a care leaver's circumstances and needs, including consideration of other supports the young person requires. Care leavers are not a homogeneous group, varying for example in their developmental stage, age at which they entered care and the experiences they made prior to and in care (Mendes, 2009^[28]). While most countries develop plans for and with care leavers, it is not clear if this includes any assessment of whether it would be best for a young person to stay in a care placement longer. Both Finland and Scotland indicated that a needs assessment is part of the planning process. Israel on the other hand indicated that while care leavers do not undertake transition planning any young person who applies for further care requires a treatment plan. Box 3.3 and Box 3.4 provide details about extended care programmes in Australia, England and Wales.

Box 3.3. Australia's "Home Stretch" programme

Over the past two years, four Australian states (South Australia, Tasmania, Victoria, and Western Australia) have introduced limited extended care programmes. These policy changes were established as a response to the nation-wide *Home Stretch* campaign, led by Anglicare Victoria advocating for young people in state care to have the option of staying in out-of-home care until they are 21 years old.

Victoria was the first state to introduce the *Home Stretch* initiative in September 2018. It offered 50 young care leavers with extended support and a place to call home until their 21st birthday, regardless of whether they were transitioning from foster, residential, or kinship care. The positive results of the initiative led the state government to expand the programme and introduce universal extended care from January 2021 onwards. *Home Stretch*, delivered via the *Better Futures* programme, provides case work support and flexible funding to facilitate the young person's access to education, employment and health and well-being supports, as well as an accommodation allowance. The latter supports young people and their carers to continue kinship care, foster care and permanent care living arrangements, or helps young people transition to other available housing options, such as private rental.

Similarly, Western Australia started a *Home Stretch* trial in May 2019, where enhanced support to a cohort of vulnerable young people aged 18-21 years transitioning out of care was introduced. The trial provided one-on-one support, as well as a safety net fund to provide stable living arrangements and facilitate young care leavers' access to health, education, and life skills services. Tasmania currently funds foster care placements until 21 years of age. South Australia supports family-based carers who continue to care for young people after they turn 18 by extending carer payments until the young person turns 21, if certain criteria are met. A component of that carer payment continues to be available for family-based carers if the young person continues in full-time education or training up to the age of 25.

Source: OECD Policy Questionnaire on Care Leavers (2020), complemented with desk-based research.

Box 3.4. “Staying Put”, “Staying Close” and “When I am Ready” programmes in England and Wales

Staying Put

In 2008, the same year the Children and Young Persons Act 2008 was passed, England introduced an extended care programme called *Staying Put*, which enabled young people in stable foster care to remain with their carers until age 21. The programme started as a pilot from 2008 to 2011 in 11 local authorities and was later legislated as a universal entitlement in 2014. The objectives of the programme are to facilitate a more gradual pathway to adulthood for young care leavers, maximise their achievements in education, training, and employment, and to take into consideration young peoples’ opinions on the timing of their move from care to independence.

It is estimated that significant numbers of care leavers (more than 1 500) have utilised the *Staying Put* scheme annually since the programme started. In 2018, 55% of eligible youth were still residing with their former carers three months after they turned 18.

Staying Close

Despite its success the *Staying Put* programme is not available to young people leaving residential care (children’s homes), which was considered a significant shortcoming. In response, the UK Government introduced, in 2018, *Staying Close*, whereby young people transitioning from residential care could live near to their former homes to maintain existing positive relationships with their former carers. The two-year pilot was implemented in eight local authorities. The pilots have been evaluated and found to have positive outcomes, discussed earlier in this report. The government has stated it is committed to a national roll-out of *Staying Close* and in May 2021 announced GBP 3.6 million of funding to extend the *Staying Close* pilots.

When I am Ready

The *When I am Ready* programme was established by the Welsh Government in 2015 to prepare local authorities for their new legal duties under the Social Services and Well-being (Wales) Act, which came into force in April 2016. These new responsibilities included: finding out if a young person and their foster carer wish to enter into a post-18 living arrangement when the young person turns 18, providing information to all interested parties about this post-18 living arrangement, and supporting and facilitating any agreed arrangement.

The programme enables young people in foster care to continue living with their foster carers once they turn 18. The objective is to provide young people in foster care with a stable and nurturing family environment up to the age of 21, so that they can develop their skills and confidence and make a successful transition to independent living. This age limit can be extended up to age 25 if the young person is completing an agreed programme of education or training. As with the *Staying Put* programme in England, there is currently no provision for young people in residential accommodation (children’s homes) to stay within that setting beyond their 18th birthday.

Source: OECD Policy Questionnaire on Care Leavers (2020) and Mendes and Rogers (2020^[27]), “Young People Transitioning from Out-of-Home Care: What are the Lessons from Extended Care Programmes in the USA and England for Australia?”, <https://doi.org/10.1093/bjsw/bcaa028>.

Preparation and planning

The passage from childhood to adulthood is a critical life stage transition for any young person and its preparation starts well before the age of 18. Preparation and planning for a successful transition to adulthood is even more important for care leavers given the multiple difficulties many have experienced before and during care, and the challenges many will face when exiting care. Planning involves identifying and taking the necessary follow-up actions in a co-ordinated and holistic way.

The 2009 Guidelines for the Alternative Care of Children endorsed by the United Nations General Assembly include a section on the needs of care leavers. That section underlines the need for planned and properly managed preparation for transitioning from care as well as adequately supported aftercare. It also emphasises the importance of ensuring such preparation work begins early and directly involves the young person in the planning process. However, the impact of the Guidelines is varied (Stein, 2014^[11]), and the provision of leaving-care services is highly diverse across countries, reflecting both varied political and cultural traditions and welfare regimes, and vast differences in the numbers of care leavers.

As already discussed, care leavers are a heterogeneous group, and require an individualised approach. Many will transition successfully with little need for ongoing help, whereas others will need significantly more support. Resources are limited and it is therefore important to identify young peoples' needs and tailor supports accordingly. Transitional programmes that provide long-term, consistent, and integrated co-ordinated support that is tailored to an individual's needs can foster improved independent living outcomes post-transition (Mendes and Rogers, 2020^[27]). Young people themselves say an individualised approach to transition is required, and call for a flexible and creative approach (Geenen and Powers, 2007^[43]).

While ensuring young care leavers have the practical assistance they need, such as financial support and safe housing, it is equally important to consider less tangible assistance like social support networks. Preparation should be holistic in approach, attaching equal importance to practical, emotional and interpersonal skills (Stein, 2008^[34]). Stein also notes that the preparation phase can provide opportunities for planning, problem solving and learning new competencies, which can promote resilience (Newman and Blackburn, 2002^[44]). These new competencies may include self-care and interpersonal skills, but also practical skills such as creating and sticking to a budget, cooking and cleaning.

Mendes and Rogers (2020^[27]) argue that a caring and involved adult who supports the young person in a similar way to how a parent or caregiver might support their child to transition to adulthood is critical for a successful transition. This responsible adult could be a professional social or youth worker the young person has an established relationship with, a family or community member, or a peer. The key is the quality and dependability of the relationship.

The majority of OECD countries (25 of 30) do some form of transition planning and in many cases involve the young people in the development of their own plans (Table 3.3). Planning ranges from intensive assessments involving a multidisciplinary team to a social worker working with a care leaver to identify the supports available to them when they leave care. Sixteen countries indicated that transition plans are updated on a regular basis, in some cases quite formally. In Chile, for example, plans are updated every three or six months and updates are reported to the tribunal where the judicial protection measure originated. In New Zealand, a transition plan must be developed at a family group conference. The plan must be formally reviewed and updated at least once a year and at least six months prior to the young person turning 18. In some countries, such as Poland, an approved plan is a pre-requisite for receiving assistance for ongoing education or provision of housing.

Typically, plans contain all or a mix of the following elements: aspirations, preferences, interests, skills and motivations of the young person, their support system outside of formal care, and the governmental and non-governmental resources available to them. In Portugal, for example, the *Transition Plan* foresees specific objectives and actions that aim to promote a sustained social insertion of young people in various venues of life (health, school, sports or leisure activities, parenting and empowerment skills, social and personal network).

In most cases, it is unclear when transition planning tends to start. In some cases, it becomes part of the child and young person's care plan, in other cases, planning starts upon confirmation that a young person is leaving care. Ideally, preparation for leaving care would start a substantial time before age 18. Two leaving care support programmes in Victoria, Australia, which start the planning well before a young person leaves care and continues until well after, are described in Box 3.5.

While few countries could provide data on the number of care leavers who have a plan in place, most countries require them. The Czech Republic, for example stated all children in institutions have individual care plans as it is guaranteed by law, Japan assumes all care leavers have them, Slovenia stated they are obligatory for all, England requires all care leavers to have a plan and the United States stated most will have plans but the quality will likely differ across states.

As previously stated, involving care leavers in planning for their transition can build resilience and make it more likely young people will take up and continue to use the supports available (Stein, 2019^[3]; Courtney, 2019^[31]). Following this good practice, many countries indicated that young people are involved in their transition planning. For example, in England participation of the care leaver is fundamental as they develop the plan together with their personal adviser based on their wants and needs. The plan needs to include the young person's health and development, building on the information included in the young person's health plan established when they first entered care. The plan should support the young person's access to positive activities, education, training and employment. The quality of the care planning process for each child is ensured by an Independent Reviewing Officer (Box 3.6).

Similarly, in France, care leavers are allowed to designate a trusted person to accompany them during the meeting with the departmental council where their plans are prepared. On the other hand, in a small number of countries, involvement of the care leaver appears very limited. For example, in Japan, the support plan is developed by the case worker assigned to the young person in collaboration with other relevant social workers and only afterwards explained to the teenager.

Box 3.5. Leaving care support programmes in Victoria, Australia

The “Continuing Care” programme

Continuing Care was established in 2013 by the Salvation Army Westcare, an institution dedicated to supporting young people transitioning from out-of-home care whose needs have not been met by formal support systems. In particular, the programme focused on three key objectives: i) to provide thorough planning and assessment processes well before young people leave care; ii) to encourage strong engagement from young care leavers in this planning process to build their capacity to self-manage post care; and iii) to offer continued support to the most disadvantaged young people after they leave care.

An independent evaluation of the programme found that the initiative was able to generate consistent and trusting relationships which were later utilised to address potential barriers to successful transition, such as leaving care anxiety and limited communication between different support services and systems.

The “Stand by Me” programme

Stand By Me was established in 2013 by Berry Street, the largest child and family welfare organisation in Victoria, Australia. The programme consists of an intensive, early intervention model aimed to promote a successful transition to independence by engaging and developing relationships with young care leavers while they are still in care and continuing to work with them more intensively post care. In particular, two social workers are appointed who each work with six young people on a child protection guardianship or custody order and who are likely to be more vulnerable when leaving care. The programme is considered an adaptation of the Personal Adviser model introduced in the United Kingdom via the Children (Leaving Care) Act 2000 (see Box 3.1).

Source: Based on Mendes and Purtell (2020^[45]), “Relationship-based Models for Supporting Young People Transitioning from Out-of-home Care: Two Case Studies from Victoria Australia, <https://doi.org/10.1177/2349300320967179>.

Table 3.3. Planning for leaving care in OECD countries

	Is there a transition plan?	When is the plan developed?	Are young people involved in developing the plan?	Is the plan reviewed regularly?	What does the plan include?
Australia	Yes	Varies across states and territories	Yes	Yes	Varies across states and territories
Austria	Yes	-	Yes	Yes	It is part of the work within the care system to prepare kids for the after-care period.
Canada	Yes	Manitoba: Age 15 Ontario: No set age Yukon: Age 16	Yes	Yes	Manitoba: planning involves an assessment of needs, referrals to relevant services, help with things like basic life skills and money management, exploration of education and/or employment opportunities. Ontario: ensure young people have knowledge and access to supports specifically for youth leaving care. Yukon: all youth in care or custody of the director must be provided with a transitional care plan, to gradually take responsibility for their own care, according to their capabilities, upon reaching 19 years of age.
Chile	Yes	While the young person is still in care	Yes	Yes	The plan takes into account the preferences, interests, skills and motivations of the young person, their support system outside of formal care and the community and government resources and supports available.
Colombia	-	-	-	-	-
Costa Rica	Yes	Close to the leaving age	-	Yes	The <i>Sowing Hope</i> training programme run from a specialised training and development centre provides young people at psychosocial risk with the necessary academic, technical and occupational skills oriented towards the promotion of employability, the development of a life project and the appropriate transition to independent living. <i>Hogar Siembra</i> is a programme to provide female care leavers with specialised care to prepare them for their transition to independent living.
Czech Republic	Yes	After a child or young person's placement in an institution	-	Yes	The goals relevant to leaving the institution should be a part of the individual care plan.
Denmark	Yes	-	Yes	Yes	The municipality has to draw up an action or integrated plan, which sets specific objectives for the young person's transition including employment and education objectives.
Finland	Yes	It is recommended that should be no less than six months prior to the end of the placement	Yes	Yes	It is recommended that the social worker prepares the after-care plan, maps and agrees responsibilities with the young person's social network and support systems, ensures the young person has the support of at least one adult and attends to the transition to after-care and access to funds to promote independence.

	Is there a transition plan?	When is the plan developed?	Are young people involved in developing the plan?	Is the plan reviewed regularly?	What does the plan include?
France	Yes	Once a young person turns 17	Yes	-	The main dates and steps before departure are reiterated in an interview with the president of the departmental council where young persons are encouraged to find solutions to become independent upon reaching the legal age of adulthood. A "project for access to autonomy" is then drawn up by the council president and the child, which envisions the conditions for continued support.
Hungary	Yes	No information provided			
Iceland	Yes	Information not available as the municipalities work on these issues according to their procedures, which are not co-ordinated as they are independent government			
Ireland	Yes	At least six months before the child turns 18, or within three months of that child having become an eligible child, whichever is the later	Yes	Yes	An aftercare plan shall set out the assistance that Tusla (the Child & Family Agency) may provide to the eligible child as identified in the assessment of need.
Israel	-	-	-	-	-
Italy	Yes	While the young person is still in care	Yes	Yes	Following a multidimensional assessment, the project plan sets out a path to autonomy e.g. completion of secondary school, university training, vocational training or entry into work. It has both general and specific objectives and covers the young person's needs, and resources and environment.
Japan	Yes	-	The support plan is explained to the child so they know what is expected of them	Yes	Following a needs assessment a support plan that includes challenges the child is facing and support measures to help the child overcome the challenges is developed.
Latvia	-	-	-	-	-
Lithuania	Yes	While the young person is in care	Yes	Yes	The plan includes the purpose, objectives, stages and means of achieving the service of accompanying the person to independent living, the means required by the young person, the goals to be achieved, the means of assistance and terms.
Mexico	-	-	-	-	-
Netherlands	Yes	-	Yes, ideally	Yes	Plans are not required by law, but a last review showed that 85% of youth care institutions develop a plan that includes living, school, work, support and care.
New Zealand	Yes	Once a young person reaches 15 years old or as soon as possible afterwards	Yes	Yes	A plan must record the aspirations of the young person, the practical arrangements for when they leave care and the supports that will be provided to achieve their aspirations.

	Is there a transition plan?	When is the plan developed?	Are young people involved in developing the plan?	Is the plan reviewed regularly?	What does the plan include?
Norway	Yes	The Child Welfare Act states in ample time before the child turns 18	Yes	Yes	If a child is in a placement, there must be an assessment of whether the placement should be maintained or whether other assistance measures should be available after the child turns 18. For children who receive assistance measures (voluntarily) a time limited action plan must be prepared that contains a follow-up of measures and what is to happen after the age of 18. For children with a need for long-term and co-ordinated measures or services from health and welfare agencies, an Individual Care Plan must be prepared for the child, if this is deemed necessary to deliver comprehensive and co-ordinated support to the child.
Poland	Yes	At least one month before reaching the age of majority	-	Yes	To receive assistance for ongoing education and establishing a household an application for an individual independence programme must be approved that specifies 1) the scope of co-operation of a person assisted in gaining independence with an independence guardian.
Portugal	Yes	-	-	-	The Plan includes specific objectives and actions that aim to promote a sustained insertion of young people in the natural environment of life (e.g. health, school, sports or leisure activities, parenting skills, social and personal networks).
Slovenia	Yes	Following the decision to terminate foster care for a particular child/youth	Yes	Yes	Children and young people in foster care are part of an individual project group (IPG) established for each child after placement in foster care. In the IPG participate a social worker from the child's social work centre, a social worker from the foster carers social work centre, a foster carer, child's parents and child (if appropriate); if necessary, the IGP may be enlarged. The IPG shall plan and propose appropriate treatment, discuss professional issues concerning a child, and directly monitor a child in a foster family; a necessary part of this process is preparing for leaving foster care. Following the decision to terminate foster care for a particular young person, the competent social work centre shall be obliged to prepare the young person, the foster family and the birth family for their departure. This includes various activities: assistance in arranging further accommodation, help with filling in multiple forms, obtaining social transfers (financial support), acquaintance with the possibility of inclusion in the services of non-governmental organisations, etc.
Spain	Yes	From two years before they come of age	Yes but not for all the regions and not for all the care leavers	-	The programmes should promote socio-educational monitoring, accommodation, socio-labour insertion, psychological support and financial aid.
Sweden	Yes	At the beginning of the placement	Yes	Yes	The plan includes an assessment of need of housing, economy, schooling or employment and personal support. An assessment of need of continued contact with the home where young person has received care can be included.

	Is there a transition plan?	When is the plan developed?	Are young people involved in developing the plan?	Is the plan reviewed regularly?	What does the plan include?
Turkey	Yes	Before leaving care	Yes	Yes	Social workers always prepare application programme for psychosocial support, educative support, transition etc.
United Kingdom	Yes	England and Wales: All care leavers by age 18 must have developed a pathway plan. Scotland: Local authorities are required to ensure that all young people have a pathway plan in place prior to leaving care, at age 16 or above	Yes	Yes	England and Wales: The plan needs to include the young person's health and development and should support the young person's access to positive activities, education, training and employment. Scotland: To prepare for when a young person is no longer looked after, the responsible local authority shall: seek the views of the young person; carry out a pathway assessment, with a view to determining what advice, guidance and assistance it would be appropriate; if necessary or desirable to do so, prepare a pathway plan for the young person; and if necessary or desirable to do so, appoint a pathway co-ordinator for the young person.
United States	Yes	90 days prior to the young person turning age 18 or older (in states that extend foster care)	Yes	No	Transition plans must contain specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services, includes information about the importance of designating another individual to make health care treatment decisions.

Notes: The information for Canada refers to the situation in Manitoba, Ontario and Yukon. The information for the United Kingdom refers to the situation in England, Scotland and Wales.
Source: OECD Policy Questionnaire on Care Leavers (2020).

Box 3.6. UK's Independent Reviewing Officers (IRO)

The appointment of an Independent Reviewing Officer (IRO) for each child that comes into state care in the United Kingdom is a legal requirement under the Adoption and Children Act 2002. An IRO's primary responsibility is to quality assure the care planning process for each child, and to ensure that their wishes and feelings are given full consideration throughout all stages of care. According to the statutory guidance issued by the government in 2010 (Department for Children, 2010^[46]), a key duty of the IRO is to ensure that any ascertained wishes and feelings of the child concerning care are given due consideration by the appropriate authority. The IRO also has the responsibility of promoting the voice of the child throughout the process.

When a young person in care turns 16, an individual pathway plan needs to be put in place in preparation for the young person's transition from care. The IRO handbook states that the voice of the young person should be at the centre of the planning process. The IRO should make sure that the proposed pathway plan has been informed by a good quality assessment in which the young person and their family or professional agency has been appropriately involved.

Source: Based on Stein, M. (2019^[3]), "Supporting young people from care to adulthood: International practice", <https://doi.org/10.1111/cfs.12473>, and the Department for Children IRO Handbook (2010^[46]), *IRO Handbook*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/337568/iro_statutory_guidance_iros_and_las_march_2010_tagged.pdf.

Importance of education and work

Researchers have consistently highlighted the importance of education for improving outcomes and promoting resilience. An analysis of data from the Swedish national register of ten entire birth cohorts showed that nearly 40% or more of the increased risk for suicide attempts, substance abuse, criminality and in young adulthood in comparison with young people in the general population could be accounted for by poor school performance in primary school (Berlin, Vinnerljung and Hjern, 2011^[47]).

Work experience, which can include volunteering, on-the-job training and part-time or full-time employment is also associated with improved outcomes for care leavers and is an important step in their transition to economic and social independence. For care leavers, who may be at greater risk of social isolation, school, the workplace and recreational activities can provide opportunities to make friends, find natural mentors and build long-lasting social networks. Teachers, colleagues, bosses and coaches can all be role models and mentors, supporting young people in their expectations to succeed (Arnau-Sabatés and Gilligan, 2020^[48]). There is also some evidence that part-time work while still in care may have benefits for later educational and labour market outcomes (Arnau-Sabatés and Gilligan, 2015^[49]).

A stronger and earlier focus on further education and work for young people in care should enhance their employment prospects. Youth unemployment is already recognised as a major problem in many developed and developing economies that can negatively impact affected young people for a long time after their unemployment spell, and young care leavers face an even higher risk of unemployment or low-quality employment than their peers. As a consequence, increasing attention is being devoted to preparing care leavers while in care and during the transition from care period for further education and work. Care leavers need to start preparing early for further education and work and this preparation goes beyond simply attending school. Gilligan (2019^[50]) argues that a life-long learning model of education can be beneficial for care leavers. Under this model, there would be more flexibility as to when certain educational milestones are met, and work and education opportunities would be more integrated. The need to allow non-standard

educational pathways, to support adult education but also to encourage longer academic or vocational courses over short occupational trainings for those young people with the interest and aptitude for higher education emerged from a study that explored the educational trajectories of young people that were or had been in care in five European countries (Jackson and Cameron, 2012^[51]).

Carers have a particularly important role to play in supporting and encouraging the young people in their care to succeed at school and prepare for future work, while too low expectations of the young persons' potential can have detrimental effects. In an exploratory study of what helps young care leavers enter the world of work in Ireland and Catalonia, many participants reported that their carers were very important in helping them find a first job and in dealing with the world of work's challenges. Many care leavers were connected to their first work through their carers. They also assisted them in practical and indirect ways, such as driving them to their job and being encouraging (Arnau-Sabatés and Gilligan, 2015^[49]; Gilligan and Arnau-Sabatés, 2017^[52]). In other studies, care leavers reported that schools and carers often communicated low expectations for them to succeed at school or enter further education. They felt that the professionals came to these low expectations not only from an awareness of the young people's difficult backgrounds, but also from a perception that they were less intelligent. While many respondents pushed back against these perceptions, they could nonetheless undermine young people's confidence (Mannay et al., 2017^[53]). Jackson and Cameron (2012^[51]) also highlight that care professionals' excessive focus on housing and practical support rather than on educational success, and the lack of a sympathetic guiding figure, can negatively affect the post-compulsory educational pathway of individuals with care experience.

While the OECD questionnaire did not contain specific questions about preparing care leavers for education or work, several countries stated that a care leaver's transition plan typically includes education and employment objectives. For example, in 2020, Ireland adopted the *Further Education and Training Strategy* that represented substantial investment in third level education for groups of young people such as care leavers to enable and support them to access post-secondary education with as much support as possible (Box 3.7).

Box 3.7. Ireland's Further Education and Training Strategy 2020-24

Fostering inclusion is one of three core pillars around which the Further Education and Training Strategy 2020-2024 is built, along with building skills and creating pathways. The strategy aims to increase inclusion through providing more accessible and flexible high quality education and training programmes and supports that fit the needs of individuals.

The strategy also aims to proactively address the systemic and structural barriers present within the educational system that can inhibit learner participation and success. As part of the annual planning process that involves the Further Education and Training Authority of Ireland and the Education and Training Boards, the latter have to consider the needs of identified priority cohorts and to provide details on initiatives to address barriers. To understand the needs and outcomes of priority cohorts, there will be analyses based on linked learner welfare, revenue, qualifications and higher education administrative datasets. Moreover, the Authority and Education and Training Boards have developed a series of good practice guidelines to promote inclusion, including a conceptual framework for and a guide for practitioners on Universal Design for Learning. The latter aims to reduce learning obstacles by taking into account the needs and characteristics of learners.

Source: Dáil Éireann Debate on Further and Higher Education, Tuesday – 30 November 2021, <https://www.oireachtas.ie/en/debates/question/2021-11-30/75/> and SOLAS (2020^[54]), Future FET: Transforming Learning The National Further Education and Training (FET) Strategy, https://www.solas.ie/f/70398/x/64d0718c9e/solas_fet_strategy_web.pdf.

The UK Government, recognising that many employers can play a role in providing employment opportunities for care leavers, has introduced an intern programme for care leavers within the civil service (see Box 3.8). The intern programme is also an example of encouraging other actors to support care leavers.

Box 3.8. UK's Civil Care Leaver Internship Scheme Service

In 2016, the UK Government released the *Keep on Caring* national strategy, through which it committed to rethink and further support the transition to adulthood of young people in the children's social care system. The strategy recommended amongst other things that government departments and their agencies should play a greater role in offering work experience, traineeships, apprenticeships, and jobs to care leavers.

The Civil Service Care Leaver Internship Scheme was set up as a response to the strategy. The programme offers 12-month paid internships to young care leavers aged 18-30 years, with the objective of helping them develop skills and competencies that can eventually support them into long-term jobs. The scheme started with a single intern posted to the Department for Education in 2016, and has steadily grown over the years, reaching 495 internship positions across 26 government departments in 2021.

Source: OECD Policy Questionnaire on Care Leavers (2020), complemented with desk-based research.

Availability and quality of aftercare supports

While the provision of appropriate aftercare supports improves outcomes, care leavers can face considerable difficulties in accessing them. Dixon (2008^[22]) argues that there needs to be better access to support services and that these need to be flexible and adaptable enough to provide meaningful and timely support to the individual. Support also needs to take place within a more co-ordinated and wide-ranging health and welfare strategy, with well-funded and structured services.

As discussed in a report from Ontario's Provincial Advocate for Children & Youth (2012^[41]), seven cost-benefit analyses in the United States and Australia examined the costs to society of providing extra supports to young people in care after the age of 18. While the studies used vastly different approaches, assumptions, and data sources, all reach the same conclusion: increased investment in services for young people transitioning from care yields benefits in the long term. There is considerable evidence that specialist leaving care services have contributed to improved outcomes for care leavers across different dimensions (Mendes, 2009^[28]).

Young people will be at different stages when exiting care and as a consequence, their needs will vary. To be effective, services should be tailored to need, ongoing, holistic, and take into account which other formal and informal supports are available. Based on his critical analysis of the pathways taken by care leavers, Mendes (2009^[28]) concludes that an effective leaving care model requires a flexible and functional transition process. This process could include help as well as financial assistance with finding and keeping adequate housing, with renegotiating and building relationships with family members, friends and informal support groups, with maintaining access to adequate health care and higher education, and specialist supports for indigenous young people, young parents and those leaving care in rural areas.

In 28 of the 30 OECD countries, young people are entitled to aftercare supports, although little data was provided on up-take (see Table 3.4). Several countries are obligated to maintain contact with care leavers

who refuse aftercare supports. In Norway, care leavers must be made aware at least once within a year of an initial refusal of the aftercare support they are eligible for. This gives them the opportunity to change their mind and agree to aftercare supports.

Table 3.4. Aftercare support in OECD countries

	Entitlement to aftercare support	Financial support	Housing support	Do young people receive support contacting different services?	Monitoring/ evaluation of aftercare support
Australia	✓	✓	✓	Mixed across states and territories	Mixed across states and territories
Austria	✓	-	-	Same service provider	-
Canada	✓	✓	✓ (Not automatically in Manitoba)	✓ (Same service provider in Yukon)	✓ (not in Ontario)
Chile	✓	-	✓	✓	-
Colombia	-	-	-	Same service provider	-
Costa Rica	✓	✓	✓	-	✓
Czech Republic	✓	✓	-	✓	-
Denmark	✓	✓	✓	Same service provider	✓
Finland	✓	✓	✓	✓	✓
France	✓	✓	✓	-	-
Hungary	✓	✓	✓	-	-
Iceland	✓	✓	✓	Same service provider	-
Ireland	✓	✓	✓	Same service provider	✓
Israel	✓	✓	✓	-	✓
Italy	✓	✓	✓	Same service provider	✓
Japan	✓	✓	✓	-	-
Latvia	✓	✓	✓	Same service provider	-
Lithuania	✓	✓	✓	✓	✓
Mexico	-	-	-	-	-
Netherlands	✓	-	✓	✓	-
New Zealand	✓	✓	✓	✓	✓
Norway	✓	✓	✓	✓	✓
Poland	✓	✓	✓	-	✓
Portugal	✓	✓	✓	✓	✓
Slovenia	✓	-	-	Same service provider	-
Spain	✓	✓	✓	✓	-
Sweden	✓	✓	✓	Same service provider	✓
Turkey	✓	✓	✓	Same service provider	✓
United Kingdom	✓	✓	✓	✓ (Same service provider in Scotland)	✓
United States	✓	✓	✓	Same service provider	✓

Notes: The check symbol (✓) is used when countries have such supports in place. The information for Canada refers to the situation in Manitoba, Ontario and Yukon. The information for the United Kingdom refers to the situation in England, Scotland and Wales.

Source: OECD Policy Questionnaire on Care Leavers (2020).

Supports provided by countries range from financial and housing supports to mentoring. While countries were not asked specifically about more specialised services such as mental or other health and well-being supports, the countries that did provide information typically referenced it as part of a holistic package of supports, identified through the planning process, like the *Transitions Support Service* in New Zealand

(Box 3.9) and the *Yated* programme in Israel. Two Australian programmes, *Towards Independent Adulthood* and *Better Futures* in Victoria aimed at better supporting care leavers transitioning from care are described in Box 3.10 and Box 3.11 respectively. An independent evaluation of the *Towards Independent Adulthood* programme found positive results, while a longitudinal evaluation of *Better Futures* is currently underway.

In 24 OECD countries, young people leaving care can receive financial support. This support varies from one-off “fixed-amount” payments to purchase goods and services to support the transition from care, to eligible care leavers having access to universal benefits. With regards to the former, care leavers in France are for example entitled to financial support in the form of back-to-school allowances. These allowances are typically paid annually to families in need; in the case of care leavers, the sum of those payments and its interest accumulated through the years is made available to the young adult upon turning 18. In a few countries, care leavers can receive ongoing payments, which are often conditional on further education. For example, in Israel, care leavers can receive a one-off payment as well as financial support for up to three years if they are studying, as well an additional scholarship if studying towards a degree.

Twenty-five countries assist care leavers to access housing supports. These supports range from universal supports available to anyone eligible for social housing, to housing allocated specifically for vulnerable young people and to subsidies and grants. In most cases, the process to identify housing supports starts before the young person leaves care. Only a handful of countries could provide data on how many care leavers access housing supports, in part because service provision varies considerably within countries and data are not always collected at the federal or central level.

Further, almost no country have data on care leavers who are or have been homeless. However, research shows that young people leaving out-of-home care have elevated risks of homelessness. For example, almost two-thirds of homeless youth in Australia and the Netherlands come from out-of-home care (SZN, 2017_[16]; MacKenzie et al., 2016_[17]). In France, almost a quarter of individuals making use of services for the homeless were formerly in out-of-home care (Frechon and Marpsat, 2016_[18]). In three US states, at least one-third of former foster children became homeless at least once before their 26th birthday, compared to around 4% in the national youth population (Dworsky, Napolitano and Courtney, 2013_[19]). A national survey in Chile found that 25% of homeless people reported having lived in care at some stage during their lives.

Scotland is one country taking steps to address homelessness amongst care leavers. In 2019, a multi-agency working group released the *Youth Homelessness Prevention Pathway – Improving Care Leavers Housing Pathways* report (A Way Home Scotland, 2019_[35]) aimed at improving the housing journey of care leavers in Scotland, and preventing homelessness. The report highlighted a number of evidence-based measures to improve outcomes for care leavers, including the importance of Continuing Care as a key measure to prevent homelessness by enabling a more graduated transition from care. While the pandemic delayed some of the reform plans, a follow-up study called *Continuing Care: An exploration of implementation* (Lough Dennell, McGhee and Porter, 2022_[55]) has since been published, exploring the barriers and enablers to the consistent implementation of care leaving policy across Scotland. Recommendations from both reports will inform ongoing policy development to better improve transitions from care and to prevent homelessness for young people.

Box 3.9. New Zealand's "Transition Support Service"

On 1 July 2019 New Zealand introduced the *Transition Support Service* aimed at supporting young people leaving the care system as they move to adulthood and independence. With a budget of NZD 153.7 million, the programme was expected to help around 3 000 young people over the course of four years. The service works collaboratively across agencies which advocate for young people, and since it was established, the government has partnered with 67 community organisations to set up the service across New Zealand.

One of the cornerstones of the *Transition Support Service* is the Transition Worker. Any young person who has been in care or the custody of the Chief Executive for a continuous period of three months after the age of 14 years and nine months, is entitled to support from a Transition Worker. The role of the Transition Worker is to facilitate a gradual and supported transition from care to independence. They are responsible for proactively keeping in contact with the young person after they leave care up to the age of 21 and helping them access the advice and assistance they need to become independent. The Transition Worker also supports young people to remain living with, or return to living with their caregiver, if both parties agree.

Up to the age of 25, care leavers can receive advice and assistance from the Transition Support Service helpline, which provides support with matters such as finding accommodation, enrolling in a training course, finding employment, getting legal advice or counselling, and accessing financial support.

Source: OECD Policy Questionnaire on Care Leavers (2020) and desk-based research.

Box 3.10. Australia's "Towards Independent Adulthood" trial

The National Framework for Protecting Australia's Children 2009-20 was endorsed by the Council of Australian Governments in April 2009. It was an ambitious, long-term strategy aimed at delivering a substantial and sustained reduction in levels of child abuse and neglect, and to ensure the safety and well-being of Australia's children and young people. The framework was implemented through a series of three-year action plans. In particular, the Third Action Plan under the National Framework had a strong focus on prevention and early intervention and was aimed at strengthening the ability of families and communities to care for their children and young people.

The *Towards Independent Adulthood* trial was an initiative created under the Third Action Plan. The main objective of the trial was to test a new service delivery model to better support young people as they transition from formal care to adulthood. The initiative included an intensive case management service, priority access to government funded services, and online resources support. A total of eight full time Personal Advisers delivered intensive mentoring and targeted support to around 80 participants aged 16 years at the beginning of the trial. The TIA trial started in mid-2017 and finished in June 2020.

An independent evaluation of *Towards Independent Adulthood* found the initiative improved access to services and provided a more seamless transition for many of the participating young people across a number of areas including housing stability, employment, education, relationships, support networks and life skills. Contributing factors to the success of the trial included a dedicated, capable workforce with a manageable case load and resources; effective collaboration between the service provider and government; and the fact that it operated outside the formal child protection system.

Source: OECD Policy Questionnaire on Care Leavers (2020) and Acil Allen Consulting (2020^[56]), "Towards Independent Adulthood Trial Evaluation. Final Report", https://www.dss.gov.au/sites/default/files/documents/01_2021/tia-trial-evaluationfinal-report.pdf.

Box 3.11. “Better Futures” programme in Victoria, Australia

The *Better Futures* programme in Victoria, Australia, is a new way of supporting young people leaving out-of-home care. *Better Futures* is based on a person-centred approach which supports young people to thrive by aligning resources, opportunities and the community with their skills and aspirations. The programme engages with young people and their support networks, including their case managers and care teams, early in their transition from care.

To be eligible for support, young people must be in kinship care, foster care, residential care, or permanent care on or after their 16th birthday. If eligible, the case manager refers the young person to *Better Futures* when they reach 15 years and nine months, and a *Better Futures* worker is made available to help them transition from care up until they reach 21 years of age. The programme provides intensive case work support, information and advice services, and flexible funding. The support covers a wide range of areas including housing, independent living skills, education and employment, health and well-being, and connections with the local community.

Source: OECD Policy Questionnaire on Care Leavers (2020), complemented with desk-based research.

Mentoring and involvement of care leavers

Care leavers are often excluded from mainstream social and economic systems. They can lack the social support networks other young people rely on as they make the transition to adult independence. Mentoring has become a popular intervention to support young people who are missing those important social support networks or role models, providing them with that “go to” person when they need help, advice or just someone to talk to. Two-thirds of the 30 OECD countries advised they have a mentoring system in place to support care leavers, often provided as part of a broader package of supports.

Mentoring, including mentoring by ex-care leavers (peer mentoring), may assist young people during their transition by offering them a different type of relationship from professional support or troubled family relationships (Clayden and Stein, 2005^[57]), though they should complement rather than replace professional support. The general definition of mentoring is a one-to-one relationship of a committed voluntary helper who provides support and coaching and shares insights with a younger or less experienced person; though some programmes also offer group or team mentoring. Mentoring programmes may add a new dimension to existing leaving care supports. They appear help young people achieving goals such as progressing in their education or work, reduce risky behaviour, and enhance self-confidence and social connection. But on their own, they cannot repair trauma and fix disadvantage, meaning that responsible authorities need to continue to provide professional support and benefits (Mendes, 2009^[58]).

Not all mentoring relationships are alike, and simply being matched with a mentor does not necessarily lead to improved outcomes. While the evidence about the effectiveness of mentoring programmes is limited, research is beginning to point to a set of factors that distinguish more effective mentoring relationships from those that contribute only marginally to improvements or that potentially even make matters worse for already vulnerable young people (Mendes, 2009^[58]).

Mentoring relationships that only endure for a short period provide few benefits and can even be harmful to young people. In a study of the *Big Brother Big Sister* programme that pairs minors from disadvantaged backgrounds with mentors, early termination of the mentoring relationship, such as within the first three months, can be associated with decreases in perceived self-worth and academic ability. Slightly

longer mentoring relationships that remain shorter than one year may not have negative, but also no positive, impacts (Grossman and Rhodes, 2002^[59]). Young people with care experience may be even more at risk of negative impacts than other young people who come from economically disadvantaged backgrounds but had a more stable relationship with at least one consistent caregiver during their childhood. They have generally experienced multiple failed relationships with adults who were supposed to care for them, including their parents and adults in failed foster care placements. For these young people who have experienced past betrayal from adults, another failed relationship with an adult that ends suddenly and not by their own decision could be even more devastating (Courtney, 2009^[60]; Rhodes et al., 2006^[61]).

Another negative factor is inconsistent expectations for the mentorship between the mentor and the mentee, or a conflictual relationship. For example, some mentors may have a paternalistic approach and try to impose their own adult-centred goals, rather than taking into account the young person's own goals and plans (Clayden and Stein, 2005^[57]; Rhodes and DuBois, 2006^[62]; Gilligan, 1999^[63]; Philip, Shucksmith and King, 2004^[64]).

In contrast, mentor relationships with consistent contact for a minimum of one year, in which the young person has input into the structure of the relationship, and in which the mentor helps young people in their own endeavours and addresses the developmental needs of the young person, rather than focusing on changing the young person's behaviour or character, tend to be associated with greater benefits (Grossman and Rhodes, 2002^[59]; Rhodes et al., 2006^[61]). Ideally, the mentee perceives the mentor as being non-judgemental, trustworthy and being "in their corner".

Mentorship programmes can help support the emergence of such consistent, stable and supportive mentor-mentee relationships in a number of ways. One way is to aim to recruit "natural" mentors who are already part of the young person's social network, such as for example trainers if they are part of a sports team. Another is to offer ongoing training and support for mentors so that they are better able to build this stable relationship and know who to turn to if they run into particularly challenging situations with their mentee. Finally, structured activities for mentors and young people can also contribute to successful mentoring relationships (Rhodes and DuBois, 2006^[62]; Gilligan, 1999^[63]; Philip, Shucksmith and King, 2004^[64]; Osterling and Hines, 2006^[65]).

As seen in Table 3.5, there is significant variation in the mentoring schemes described by countries, in particular regarding the role of the mentor. Mentors' roles range from being available for a young person to talk to through telephone, to a person who co-ordinates services, to a qualified counsellor. A small number of countries said it is up to the young person to determine the nature of the mentoring relationship and therefore the type of mentor they require. Several countries also indicated that the mentor is one of a team of support people available for the care leaver.

Consequently, there is considerable variation in the skillsets or expertise required of a mentor, ranging from social work or psychology students looking for internship opportunities as required by their course of study, to professional psychologists or social workers responsible for the young person when they were in care. Contrast this to a small number of jurisdictions like Victoria in Australia where mentors are volunteers who are matched with young people based on common interests and goals, or the Netherlands where a mentor can be a family member or a professional. Although not always the case, care leavers more often than not play a limited role in selecting their mentor.

Between 2017 and 2020, seven local authorities in Denmark participated in an *Investment in after-care protection* programme to improve supports to young care leavers to among other things strengthen their mental health and social networks. A component of the programme was the right to a permanent contact person, chosen and employed by the municipality. The permanent contact person could play many roles, including the role of a mentor. They could help the young person with motivation for employment or education, make sure the rent is paid, and comprehend letters from the municipality. A 2018 study of 23-25 year-olds showed that around 40% of care leavers had a permanent contact person at some point.

An evaluation of the approximately 700 participants undertaken in 2020 showed that although many of the young people continued to have challenges, there were positive developments such as their well-being and networking. An evaluation of longer-term impacts is programmed for 2023.

Table 3.5. Mentoring programmes in OECD countries

	Description of mentoring programmes
Australia	In Queensland, from age 15, a young person is encouraged to identify a natural mentor as a consistent point of contact who can provide support in building community connections. Mentors are supported under the <i>Next Step Plus</i> programme. The <i>Better Futures Community Connections</i> programme in Victoria may include matching young people with a mentor based on their interests, goals and aspirations. Mentoring is available to a young person from 15 to 21 years. Mentors are volunteers who are matched with young people based on common interests and goals. Their role is to help young people explore their personal and professional aspirations and provide them with guidance, support and encouragement. ACT, NSW and Tasmania do not have mentoring programmes as such but mentoring may be offered as part of other case management programmes.
Austria	Private providers may offer mentoring programmes. One example in Vienna is the <i>Care Leaver Mentoring</i> programme run by the Volkshilfe Wien. This programme seeks to find adults willing to volunteer as mentors to support the transition process. Mentoring can already start while the young person is still in care and, if so, can be professionally accompanied by social pedagogues and the manager of the mentoring programme.
Canada	Manitoba: based on case planning with individual youth. Ontario: At the discretion of the agency. Ontario is also currently funding Big Steps to Success until 2024-25 which is a national project to develop and implement a dedicated mentorship approach for children in care. The project which is supported through two provincial sites in Ontario is led by the Children's Aid Foundation of Canada in partnership with Big Brothers Big Sisters Canada and local child welfare partners. Yukon: there is no official one-on-one mentoring programme where care leavers are matched with voluntary helpers. Occasionally, ex-care leavers offer to share their experiences with care leavers and spend time with care leavers. But this is not an official programme. Professional support from designated workers is offered to all care leavers who request assistance.
Chile	-
Colombia	-
Costa Rica	-
Czech Republic	At least six months before leaving an institution a social curator will join a young person and their social worker and continue to support the young person after they leave the institution.
Denmark	A young person, age 18-23, can have a permanent contact person, chosen by the municipality. The permanent contact person can have many different roles and tasks including that of a mentor.
Finland	Every young person has a social worker or other professional appointed for them by the municipality. In addition, the young person can also have a support person.
France	In some departments, mentoring programmes are offered to care leavers. For instance, in the department of Finistère in Brittany, the NGOs ADEPAPE (Departmental Association for Mutual Assistance of Persons Received in Child Protection) and France Bénévolat in co-operation with the department offer "sponsorships" for young adults between the ages of 18-25, provided that the individual has benefitted from child welfare services in the department. Having a sponsor means having someone who can provide a helping hand in matters ranging from homework to career advice, or simply being there for the young adult to confide in.
Hungary	No specific information provided but the response refers to a care leaver being eligible for pedagogical, psychological and mental health care, legal and social counselling and assistance.
Iceland	-
Ireland	28 Local Aftercare Fora's are available nationally for young adults to meet up and support each other in their aftercare journey, this forum provides peer support as opposed to a formal mentoring system. An aftercare worker will support, guide and signpost the young adult in all aspects of their life for the period up until their 21st birthday unless in full time education to 23 years. The aftercare worker is responsible for implementing the young person's aftercare plan, and providing ongoing support and assessment of need
Israel	The <i>Yated Program</i> has begun to develop a mentoring programme to support young people, including young people graduating from residential care settings. Mentors are matched to graduates and are often students in the areas of social work or psychology looking for internship opportunities as required by their course of study.
Italy	Tutors, selected by the municipality are available for young people aged between 18 and 21. The <i>Tutor for Autonomy</i> is a professional who helps the care leaver reach their objectives for autonomy. They integrate themselves into the existing network of relationships of the young person, collaborate with social workers and promote the execution of the actions identified.

	Description of mentoring programmes
Japan	There is no age limit for having a mentor. Young people can have a mentor from when they start getting ready to leave care and stop when they no longer feel mentoring is necessary. Each care facility employs care workers and support co-ordinators to support young people transition to independent life.
Latvia	The care leaver has a mentor who provides advice, encouragement and support in starting an independent life. Mentoring is provided by NGOs. A mentor is selected for each young person according to the best interests of the young person. Mentors are from different field of work, mostly volunteers.
Lithuania	-
Mexico	-
Netherlands	Mentoring depends on the care received and if the young person wants mentoring. The mentor can be a family member or a professional. The role of the mentor can range from assisted living to someone to call when needed.
New Zealand	At age 16 young people who are eligible for the <i>Transitions Support Service</i> are referred to a transition worker who will mentor them through to independence. Transition workers are employed by NGOs and iwi Māori organisations. Their experience includes youth or community work or lived experience. The transition worker works alongside the young person's Social Worker to support readiness for leaving care. When the young person is discharged from care orders the transition worker will become the key support person to help them navigate services and learn skills to live independently.
Norway	-
Poland	At least one year before reaching the age of majority, a care leaver shall indicate a person to be an independence guardian and shall submit consent of such a person in writing. An independence guardian/tutor can for example be a person who runs a foster home, a social worker, a person who is a tutor or a psychologist at a care and education centre or at a regional care and therapy centre. It can be another person indicated by the care leaver if approved by a manager of a poviats family assistance centre. An individual independence programme is developed by the care leaver in co-operation with an independence guardian/tutor at least one month before reaching the age of majority, which is subsequently approved by a manager of a poviats family assistance centre.
Portugal	There is no national mentoring scheme as such. However, in the case of the CPL: at the level of residential care, the child / young person has a mentor in the person of the reference educator, who is responsible for accompanying the young person in the different areas of their life, with a view to their good biopsychosocial development.
Slovenia	-
Spain	-
Sweden	-
Turkey	Mentoring starts when the young person leaves care. For one year, the mentor is the social worker who was responsible for the young person when they were in care. The role of the mentor is to be a model, supporting them socially. The young person also receives support from a counsellor. After one year, the young person can continue to receive support from the counsellor.
United Kingdom	England: Care leavers must be allocated by the Local Authority in which they live a Personal Adviser up to age 21 with the option of extending this to age 25 if they request it. The Personal Adviser is usually introduced to the young person at age 16 to work alongside them and their social worker until age 18. The Personal Adviser takes on a mentoring role and helps care leavers navigate the range of leaving care services available. Scotland: - Wales: Local authorities in Wales have a statutory duty to provide a young person leaving care with a Personal Adviser at age 16 to help them transition to independence including accessing services. The Personal Adviser will provide support up to age 21, or to age 25 (if in education or training). A Personal Adviser is appointed by the local authority through open recruitment and must possess relevant skills including a sound demonstrable understanding of a young person's developmental and emotional needs. Scotland: local authorities may provide mentoring as part of their aftercare supports.
United States	For most young people in extended foster care, they are assigned a case manager. In certain situations and states this may function as a mentoring relationship. States may also operate formal mentoring programmes for young people/ young adults in foster care.

Notes: The information for Canada refers to the situation in Manitoba, Ontario and Yukon. The information for the United Kingdom refers to the situation in England, Scotland and Wales.

Source: OECD Policy Questionnaire on Care Leavers (2020).

Several countries indicated that while they do not offer specific mentoring programmes, care leavers can be referred to a programme that includes some form of mentoring or that mentoring can be made available if a care leaver requests it. Most countries that provide mentoring cap the age to which a care leaver can have a mentor, whereas in Japan, young people can have a mentor from the time they start preparing to leave care until they no longer feel mentoring is necessary.

In Italy, having a mentor is a “mandatory” component of a new care leaver’s support package, the National Pilot project (see Box 3.12). The *Tutor for Autonomy* is one of four interventions that make up the project, introduced in 2019 to support young people who were removed from their home during childhood. As well as specialised assistance provided through the *Tutor for Autonomy*, the pilot comprises: an individualised project up to the age of 21, financial measures and empowering social capital through group activities and the creation of a youth conference.

Box 3.12. Italy’s “Tutor for Autonomy”

Tutor for autonomy is the professional who helps the care leaver reach the objectives of their individual project. They integrate themselves into the existing network of relationships of the young person, collaborate with the social workers and promote the execution of the actions planned in the individualised project.

The National Pilot project within which the *Tutor for Autonomy* role is located is based on the fundamental principle of empowering young care leavers. The project includes participative mechanisms such as the Youth conference which is a forum for young people that facilitates the exchange of experiences and promotes innovation and empowers care leavers both as individuals and as a group.

The National Pilot which runs for the first implementation phase to the end of 2023, and was refinanced for the second phase until 2026 was created from the findings of initiatives promoted by associations and local authorities in the care leaving field and from the voices of care leavers themselves. The pilot is supported by an extensive monitoring and evaluation plan to identify both the changes produced by the intervention and the sustainability, efficiency and effectiveness of the three main components (project for autonomy, tutor for autonomy and the youth conference). At the same time, the monitoring and evaluation plan provides the actors with tools that can facilitate comparison and critical reflection, making available documented and visible results of the processes, endorsing the culture of evaluation among operators, care leavers and actors from the inter-institutional boards and multidisciplinary teams.

Source: OECD Policy Questionnaire on Care Leavers (2020).

The importance and value of involving care leavers in individual decisions that impact their lives as well as in relevant policy processes is reflected in the growing body of literature capturing care leavers’ voices. Involving young people in decisions and policies that shape their lives can promote resilience and feeling able to plan and be in control (self-efficacy), and offer the opportunity to re-frame adverse circumstances and events (Stein, 2012^[36]). From a 2017 review of care leavers’ views on their transition to adulthood, Baker (2017^[66]) concluded that effective services must always start with the voice of young people. Many of the young people did not feel, and were in fact not, ready for the transition in practical and emotional ways. Yet, factors such as good relationships with the people that mattered to them, being supported in their decisions and helped with achieving what mattered to them could make the transition easier.

The evaluation of Denmark’s Investment in *After-Care Protection* programme discussed above highlighted the importance of early and systematic involvement of the young person in the planning process, to ensure their motivation and clarity about opportunities for after-protection. Young people want to speak for themselves and to be heard. They want the opportunity to have input into the systems and structures that affect them. If they are given this opportunity, they are more likely to find the internal resources to tap into available external resources and connections (Office of the Provincial Advocate for Children and Youth, 2012^[41]).

In 2020, Japan implemented a project to help care leavers build their support networks that involved giving care leavers a voice. Care leavers and support organisations were provided with opportunities to get to know each other and express their opinions. The aim was to prevent social isolation of care leavers and identify specific issues they were facing, in order to provide appropriate aftercare supports for transition to independence. Similar projects were planned for 2021.

As peer researchers, young people with care experience can provide valuable inputs to policy making through sharing their personal experiences and perspectives. Peer research studies in Albania, the Czech Republic, England, Finland and Poland demonstrated that young people can successfully contribute to different stages of the research process, in partnership with professional researchers (Dixon et al., 2015^[67]; Lushey and Munro, 2015^[68]).

As part of Ontario's multi-year *Child Welfare Redesign Strategy*, the Ministry of Children, Community and Social Services is developing a policy framework that is responsive to the needs of young people as they transition out of the care of societies into the community. In the first phase, the ministry worked with first voice advocates to co-lead engagements with young people with lived experience to seek input to develop readiness indicators. These indicators will help young people, and the adults that support them, assess their readiness to leave care.

Three further examples of systematically involving young people in processes or decisions that affect them with a stated objective being to help care leavers develop autonomy and the skills for living independently follow (Box 3.13, Box 3.14 and Box 3.15).

Box 3.13. United Kingdom's "New Belongings"

The *New Belongings* programme was established in 2013 with the purpose of increasing the extent to which local authorities use the knowledge and experiences of young people leaving care to make decisions about the services provided to care leavers. The objectives of the programme were threefold. The first was to support local authorities in the implementation of the Charter for Care Leavers. The Charter was drafted by young care leavers and endorsed by the Children's Minister and the Department for Education in 2012. It consists of seven over-arching principles which should underpin the actions and decisions of all professionals who work with care leavers. The second objective to improve how different services can work together to better assist care leavers; and the third to involve young people in their local communities to reduce the stigma of care.

The implementation of the programme following a specific methodology. In each implementation area, the project began with a survey of all care leavers to better understand their views about their experiences of care, the services they received, and potential areas for improvement. Care leavers were then directly engaged in developing local service provision plans.

The pilot phase of the programme was implemented by the Care Leavers' Foundation across nine municipalities and ran from March 2013 for 18 months. Phase 2 followed with 28 municipalities for one year, ending in March 2016. An independent evaluation of this expanded phase showed that in most local authorities, the programme had been embraced. Most participant authorities had carried out a survey of their care leavers, established or strengthened their care leaver forums, and had prepared a work plan that identified priority areas for service improvement based on that research. Overall, there was a sense that care leavers were becoming more visible.

Source: Based on Dixon and Baker (2016^[69]), "New Belongings: an evaluation", <https://secure.toolkitfiles.co.uk/clients/23786/sitedata/files/New-Belongings-Evaluation-DfE-2016.pdf>.

Box 3.14. Portugal’s “Work in Progress”

The project *Work in Progress* aims to contribute to the social and professional development of young care leavers by working alongside them during their transition to independence. The project is co-ordinated by the Piaget Agency for Development (APDES) and has been operating in Oporto since 2019.

By providing young care leavers with training and coaching sessions, the project aims to assist them in the development of their autonomy and social integration. There is also an app and YouTube Channel to further support this process. Additionally, the project also provides capacity building activities to both young care leavers and workers at foster care institutions to promote the use of participatory and democratic management processes in the design and provision of care services.

Source: OECD Policy Questionnaire on Care Leavers (2020), complemented with desk-based research.

Box 3.15. The “Guardianship of the minister (GOM)” Central project in the state of South Australia

The *Guardianship of the minister Central* is a project funded by South Australia’s Department of Child Protection and implemented by Relationships Australia South Australia (RASA). It currently consists of a support online platform for young care leavers, which includes videos, a blog, and the GOM City mobile app, where young people can develop skills for living independently while gaining valuable knowledge and insight for life after care.

The project was co-designed with a group of young care leavers, as it started as a desire to support young care leavers in ways they want to be supported, to provide them with the resources they ask for, and to give their ideas a chance to be materialised. Before the creation of GOM Central, RASA was already offering after care support services in the form of counselling, case management, advocacy, and social connections. However, these services did not seem to always suit the needs of their target group. The project therefore started as a discussion group of young people from out-of-home care backgrounds, talking about the challenges they faced during their transition to independence, and what types of services they believed could have helped them during that process. The group met regularly for six months, making key decisions, shaping content, and eventually naming the resource and launching the project in November 2018.

Source: OECD Policy Questionnaire on Care Leavers (2020), complemented with desk-based research.

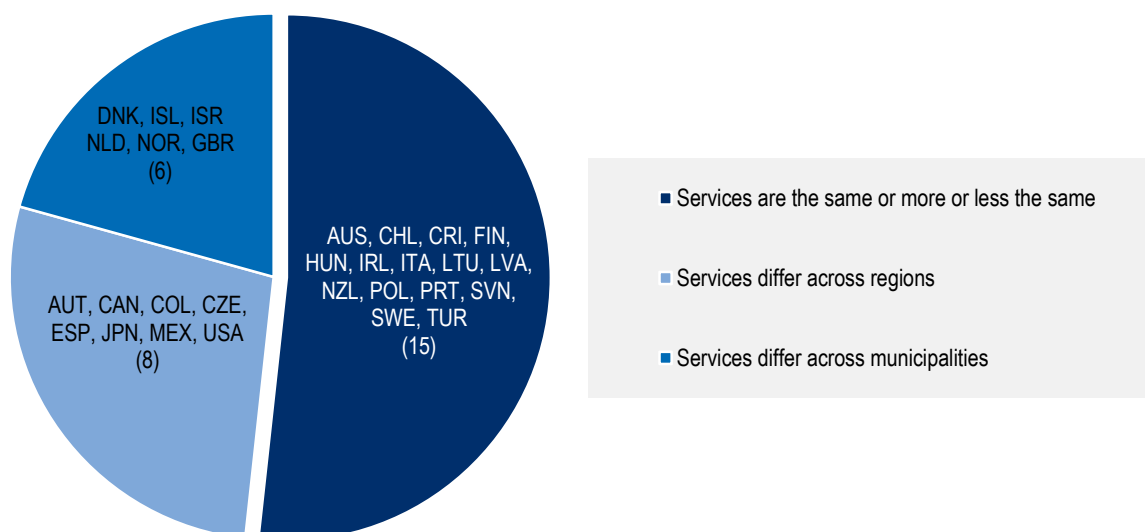
Differences in the provision of care leaver services within countries

In two-thirds of countries (20) responsibility (or some degree of it) for developing support measures for young people leaving care rests with regional, state or local governments. Fourteen countries indicated that services for care leavers differ across their country (Figure 3.1). For example, Denmark does not provide financial or housing services at the federal level, but individual municipalities can provide one-off

grants and refer young people to social housing respectively. Spain reports strong differences between regions with some regions having specific regulations and programmes in place for care leavers while others not. In France, support services for care leavers are administered at the departmental level – a level between the regions and municipalities – and stark differences exist across the 101 departments.

Figure 3.1. In half of OECD countries care leaver services differ across the country

Distribution of countries on how strongly services differ across the country, in 2020 or most recent year



Source: OECD Policy Questionnaire on Care Leavers (2020).

Fifteen countries indicated that services are the same or more or less the same across their country (Figure 3.1). In eight of those countries however, while services are more or less the same, there is variation in at least one area, most commonly in the provision of housing supports and/or mentoring (Table 3.6). Across the board, countries reported the least variation with respect to the legal leaving age and remaining in the care system beyond the legal leaving age, and more variation across aftercare supports including mentoring, pathway or transition plans, financial and housing supports and integrated services. In six of the seven countries that reported services are the same full responsibility for developing support measures sits with national or central governments.

Table 3.6. The extent to which care leaver supports differ across countries

How much support for care leavers differs across regions/municipalities: from 1 for “no difference” to 5 for “very different”, by country, in 2020 or most recent year

	Legal leaving age	Possibility to remain in the care system beyond the legal leaving age	Mentor system	Pathway / transition plans	Financial support	Housing support	Integrated services
Australia	2	2	1	2	3	2	N/A
Austria	1	3	3	3	3	3	3
Canada	3	3	3	3	3	3	3
Chile	1	1	1	2	1	1	1
Colombia	1	1	1	1	1	1	1
Costa Rica	1	1	1	1	1	1	1
Czech Republic	1	2	3	3	3	5	4
Denmark	1	3	1	3	1	3	1
Finland	1	3	3	3	3	3	3
Hungary	1	1	1	1	1	1	1
Iceland	1	1	3	3	1	3	3
Ireland	1	1	1	1	1	1	1
Israel	1	1	4	3	4	3	3
Italy	1	1	1	1	2	3	1
Japan	1	3	3	1	1	1	2
Latvia	1	1	5	2	2	3	3
Lithuania	1	1	1	1	1	3	1
Mexico	2	2	2	2	2	2	2
Netherlands	1	1	4	4	4	4	4
New Zealand	1	1	1	1	1	1	1
Norway	1	3	5	3	3	3	3
Poland	1	1	1	1	1	3	3
Portugal	1	1	1	1	1	1	1
Slovenia	1	1	4	2	4	4	2
Spain	1	4	4	4	4	4	4
Sweden	1	1	3	1	1	3	3
Turkey	1	1	1	1	1	1	1
United Kingdom	1	1	3	3	3	3	3
United States	4	4	4	2	4	4	4
Average	1.2	1.7	2.4	2.0	2.1	2.5	2.3

Source: OECD Policy Questionnaire on Care Leavers (2020).

Nine countries where responsibility for developing support measures sits with either regional or municipal governments report having a national strategy with clearly defined goals for the provision of aftercare supports. Eight of the 14 countries that said services differ and two of the eight countries that said services were more or less the same have a framework or process in place for identifying and disseminating good practices at the local level. For example, in England, members of the *National Leaving Care Benchmarking Forum* support each other through sharing best practices. In Wales, there are a number of professional networks in place to share good practices: for example, the *Leaving Care Forum*, made up of leaving care managers and personal advisers, and the *All Wales Heads of Children’s Services* group. Within the scope of the *National Commission for the Promotion of the Rights and Protection of Children and Youth* in

Portugal, there are, at the national level, practical guides and manuals with clear procedures regarding the intervention, which aim for harmonisation throughout the country.

Several countries identified that significant variation in the implementation of national policies and regional and local differences in the availability and provision of aftercare services is a real challenge and they are taking action. Australia, where responsibility for child protection resides with the states and territories, has introduced National Standards for out-of-home care, designed to deliver consistency and drive improvements in the quality of care provided to children and young people, regardless of the jurisdiction they live in. Furthermore, in December 2021, Ministers endorsed *Safe and Supported: the National Framework for Protecting Australia's Children 2021-31*. The Framework was developed by the Australian Government, state and territory governments, with Aboriginal and Torres Strait Islander representatives and the non-government sector, representing a shared commitment to supporting children, young people and families across Australia.

While the French Government does not have a national strategy aimed explicitly at care leavers, two strategies are worth mentioning: the *Pact on Childhood*, in the framework of the *National Strategy for the Prevention and Protection of Children 2020-22*; and the *Interministerial Strategy for the Prevention and Fight against Poverty*. As part of the former, departments have been provided with a reference framework concerning support for children leaving child welfare services. Within this framework, it is stated that the support of young adults and the assurance that each of them has a solution are prerequisites for securing their pathway. The *Interministerial Strategy* also contains an important section on young adults. It sets out shared commitments from the departments to prevent unsupported exits from the child welfare system at age 18, and financial support amounting to EUR 10 million per year for all departments in order to reach those commitments. The common thread in both strategies is the encouragement from the state to the departments to work on the integration of young adults, without detailing the measures needed. The implementing power lies wholly with the departments. Accordingly, the measures used to attain those objectives tend to vary, although this has been mitigated to some extent with a new law adopted in February 2022 (discussed further in the next section).

Recent research from Norway (Paulsen et al., 2020^[29]) highlighted regional and local differences in the organisation and priority of aftercare work as an issue. Variation was found in how different child welfare services offer aftercare, both in terms of how they organise the work and which available measures are used, as well as how many young people each employee is tasked with contacting. Some child welfare services have teams or employees designated to work with care leavers, while other child welfare services are organised according to a generalist model. Norway is in the process of developing a basic model for support measures in child welfare services to ensure that children, young people and families receive the correct help at the right time and in accordance with their needs (Box 3.16).

Box 3.16. Aftercare as part of a “basic model” for assistance measures in municipal child welfare in Norway

The Directorate for Children, Youth and Family Affairs is in the process of developing and testing a “basic model” for support and assistance measures in municipal child welfare services. The model will structure and ensure a comprehensive system for selecting, evaluating and ensuring ownership and collaboration around all assistance and support measures (usually in-home care) from Child Welfare Services across the country.

Aftercare support has been chosen as one of the areas to be developed and tested first during the iterative process. Practice recommendations are developed in collaboration between researchers from three national and regional knowledge centres, practitioners from ten child welfare services across the country, as well as representatives from organisations of child welfare users (young people with care

experience, parents of children with care experience and other relevant life experience). The aftercare model builds on key components from knowledge based communications methodologies, in order to promote active engagement of young people in planning and evaluating their aftercare support. Practical tools for assisting young people to identify goals and milestones to structure the aftercare support plan are being tested, and young people give weekly feedback on how they experience contact with their child welfare services case worker. A draft routine with set objectives for the first conversation about aftercare (at age 16 at the earliest, depending on the individual's situation and maturity), the consent confirmation and aftercare planning discussion (at 17.5 years) as well as the follow-up interview (at around age 19) with young people who have refused aftercare support are among the tools in the model currently being piloted.

Source: OECD Policy Questionnaire on Care Leavers (2020).

Reforms in recent years

Care leavers have attracted considerable research and policy reform in the last 15 to 20 years, leading to improvements in many countries' policies for young people leaving care. In addition to the literature, the degree of reform is also evidenced by countries' responses to the OECD questionnaire, with two-thirds of countries responding "yes" to the question "Have there been any major reform(s) in the provision of support for care leavers in the past few years?". Reforms cited include: legislative change, for example to increase the age to which young people can remain in the care system; strategy development, developed increasingly with the participation of care leavers; and improved aftercare supports and access.

Reforms appear to be increasingly based on evidence of what works, including the findings of comparative studies, programme evaluations and research studies, and inputs from young care leavers themselves. Ideally, new approaches would indeed be tested through pilot programmes, evaluated, and the results shared and programmes expanded when found to be successful. The effectiveness of approaches cannot improve without investments in better data collection and evaluation. Some reforms have or are being co-designed with young people. A number of good practice examples are provided throughout this report and there are many more examples in the literature, including innovative grass-roots approaches such as encouraging the involvement of young people in cultural and sporting activities; fostering informal mentoring relationships and attracting a wider range of actors to help, such as *iwi* organisations in New Zealand (through the *Transition Support Service*) or government departments and their agencies in the UK (the *Civil Service Care Leaver Internship Scheme*).

Reforms implemented by countries range from more modest to significant with one or two countries reforming their entire child and youth care system. At least 11 countries have implemented legislative change, to varying degrees. For example, Ireland's introduction of the Childcare (Amendment) Act 2015 instituted significant reform to aftercare provision in Ireland. Putting aftercare services on a statutory footing for the first time, the Amendment Act provides guidance around eligibility and entitlements, and ensures that services are provided in a specified way and are available nationally. In Sweden, the Social Service Act obliges municipalities to provide a special form of placement, called supported housing, aimed at young people (16-20 years) who need support to prepare for self-housing and adulthood, including young people leaving out-of-home care.

In 2015, Spain introduced a legislative amendment marking the first time in which a national law was aimed specifically at care leavers. The amendment signified a substantial improvement on the previous national regulations as it takes into account measures for encouraging processes of emancipation of young people in care. In the last four years, Portugal has also published legislation to transform the situation of young care leavers.

In February 2022, France enacted a new law on the protection of children. Although the law is focused primarily on in-care provisions, it includes several measures aimed at care leavers. It guarantees extended care support to all care leavers up to the age of 21, previously reserved to roughly a third of the care leaver population and rarely up to the age of 21. The objective of this measure is to prevent so-called “dry exits” from child welfare services at age 18, in a context where a quarter of homeless people in France have at some point in their life been in foster or institutional care. The law also provides for a “right to return” to care up to the age of 21 if initially refused at age 18. As already mentioned children in care also have the possibility to designate a trusted person who can accompany them to mandatory interviews with departmental authorities, both before and after leaving care, with the aim of developing and taking stock of the young adult’s transition plans. Finland, Slovenia, Norway, New Zealand and the United States have also, in recent years, increased the age to which aftercare supports, and in some cases foster or kin care, is available to care leavers beyond the age of majority.

Italy is defining a strategy in order to achieve equal opportunities for care leavers and to integrate their needs into all stages of development policies and practices: planning, design, implementation, monitoring and evaluation. This mainstreaming strategy implies the involvement, assumption of responsibilities, linkage and integration of all stakeholders through a participatory approach. One of the main challenges to adequately supporting care leavers is responding in a concrete way to their needs for autonomy by enhancing established and tested good practices, especially in terms of their effectiveness. Other examples of countries updating their care leaver strategies in order to achieve specific goals, such as coherency and currency, have been discussed in Australia and Canada.

In the Yukon territory of Canada for example, there have been significant legislative, policy and practice changes over the last several years to better support care leavers. In 2020, the Yukon launched an innovative supported housing and semi-independent living programme designed to assist youth from 15 to 19 years of age to develop the life skills required live independently once they reach 19 years of age. In 2022, legislative amendments were made to the Yukon’s child welfare legislation to increase the supports available to care leavers and increase the cut-off for those supports from 24 to 26 years of age.

As well as improving specific aftercare supports some countries have prioritised access to certain services for young people leaving care. For example, in 2019, Chile signed an agreement that, amongst other things, provided priority access beneficiaries of the alternative care system to seed funding for micro, small and medium enterprises, and priority access to training programmes offered by CORFO, the main public fund for entrepreneurship and business development.

The impact of the COVID-19 pandemic on care leaver support

Reforms have also resulted from the need to respond to the impact of COVID-19. Several countries took measures to ensure that care leavers were not discharged from care during the pandemic. In the Manitoba province of Canada, aftercare supports that historically had only been available to former permanent wards to age 21 were made available to all young people in care reaching the age of majority, regardless of their legal status, and all young adults turning 21 who are on an expiring agreement with a child and family services agency during the pandemic. Likewise in the Yukon, under the *Civil Emergence Measures Leases, Approvals and Regulatory Timelines (COVID-19)* Ministerial Order, the statutory timelines for care leavers were extended until 17 June 2022. In Ontario, a regulatory amendment and a new policy directive were issued to ensure that no young person in care or former youth in care would age out of the supports and services they were receiving. This moratorium remains in place until 30 September 2022.

In France, Law n° 2020-290 of 23 March 2020 declared a state of emergency due to the COVID-19 pandemic. Article 18 states that “the Departmental Council may not terminate the care of adults or emancipated minors previously cared for under Article L. 222-5 of the Social Action and Family Code as

minors, emancipated minors or young adults under the age of 20-one. The state of emergency remained in place until the end of September 2021.

Other countries that also extended care for young people beyond the age of entitlement during the pandemic include Hungary, Poland, Portugal, Ireland, Spain and some states within the United States. In Hungary, aftercare provisions were ensured for young adults reaching the age of majority without examination of the eligibility conditions until the end of the month following the end of the emergency period. In Poland the *Act on Special Support Instruments in Connection with the Spread of the SARS-CoV-2 Virus* allowed, amongst other things, standards relating to children and persons who have reached the age of 18 while in foster care to be exceeded. In Spain, a decision was taken to keep young people who would have aged out of the system in foster and residential care services.

While not specifically targeted at care leavers, Finland increased funding for social services during the pandemic. Funding transfers were provided to municipalities for social services for children, young people and families and to mental health services for children and young people. Wales provided an additional GBP 1 million to local authorities for the COVID-19 *Hardship Fund for Care Leavers*, allocated on a formula basis.

Six countries indicated that services for care leavers had not been impacted by COVID-19, although several said this was due to considerable effort being made to ensure services to individuals were not affected. A small number of countries indicated that services were reduced as a result of the pandemic and two or three countries reflected that the situation for care leavers had deteriorated – for instance, in terms of access to employment and mental health services. In England, more than 1 300 care leavers aged 11-18 were surveyed about their mental health and support services from 2020-21. Findings revealed that one-fifth of respondents had their request for mental health support denied in 2021, compared to one in eight in 2020 – in a context where a quarter of care leavers were likely to have mental ill-health, compared to 10% of all young people (Wijedasa et al., 2022^[70]). Other countries said it was too soon to know the true impact of COVID-19.

A number of recent studies describe care leavers' experiences during COVID-19 (Gilligan, Brady and Cullen, 2022^[71]; Munro et al., 2021^[72]; Kelly et al., 2021^[73]; Dennell, McGhee and Porter, 2022^[74]). Unsurprisingly, the global pandemic both amplified challenges care leavers already face and exacerbated existing problems such as a lack of mental health services and appropriate accommodation options. A particular issue for some care leavers was increased feelings of isolation and loneliness due to social distancing regulations and restrictions on face-to-face contact. While some care leavers report they possibly had better relationships, including more interactions, where their support people adopted adaptable and creative ways of maintaining contact, others report feeling very alone and abandoned. A re-occurring theme is the importance of relationships and care leavers having strong support networks, both formal and informal. As Gilligan et al. (Gilligan, Brady and Cullen, 2022^[71]) note, support was a critical factor in care leavers negotiating COVID-19 challenges and while the support of professionals was valued, the support of family, friends and other non-professional contacts loomed larger.

4 Conclusion and directions for reform

Care leavers need time and space, akin to their peers, to successfully transition from care. They need ongoing support, in many cases until well into adulthood, that goes beyond the universal services that are available to most young people. Because not all care leavers are the same, those supports need to be tailored to meet different needs. Some care leavers will suffer poor outcomes due to accumulated social and emotional disadvantages, while others will make effective use of aftercare supports to successfully transition out of care.

There is increasing evidence that care leavers who stay in care longer achieve better outcomes. Young people should be moving out of care when they are well prepared and ready to leave, with preparation and planning for that transition starting early and with the full involvement of the young person. Stable care should be part of a holistic package of formal and informal supports determined by a comprehensive and individualised assessment of a care leavers' needs. Supports should be based on a strong legislative mandate and sufficiently detailed policy and procedures. Indeed, countries with well-developed aftercare legislation have been found not only more likely to offer aftercare services but also a broader range of services.

There has been progress in recent years. There has been significant policy reform across many countries based on a better understanding of the needs of specific groups of care leavers. This has led to improvements in supports for young people leaving care and as noted earlier, in the Norwegian context at least, given the group receiving aftercare supports tends to be particularly vulnerable it may be that supports are even more effective than they initially appear. As can be seen from the good practice examples countries have provided for this report, some countries are taking increasingly innovative and evidence-informed approaches. However, there is still considerably more that can be done as too many care leavers continue to experience poor outcomes, which becomes less and less acceptable as we learn more about what works.

The evidence base is growing and our knowledge continues to advance. Resilience and life course perspectives offer a more nuanced way of thinking about how to prepare and support care leavers to transition from care that goes well beyond focusing solely on the “leaving” phase. However, significant gaps in our knowledge still remain, particularly about the effectiveness of supports. There is also a paucity of administrative data collected by authorities, evidenced by the quantum and quality of data provided by countries for this report. Important questions remain about the uptake of extended care and whether young people are choosing to, or are able to access what is on offer because data is not collected or not available.

The objective of this report has been to identify promising policies and practices in different countries to promote cross-jurisdictional learning. Countries can draw on the expertise, successes and lessons learned from other countries to potentially inform their own reforms. There are also common challenges where countries could work together on solutions, in particular improving definitions, data and the evidence-base.

The following directions for reform (Box 4.1) are based on evidence both from the literature and from what countries are learning through their own experiences. Critically, the reform most likely to improve outcomes for young care leavers is to raise the legal care leaving age to 21, as some countries already have done.

Providing young people with the time to transition to adulthood in a normative fashion, ensuring they are well prepared for leaving care and putting the right supports (in which they have had a say) in place, should provide young care leavers with the greatest chance of a successful, less bumpy transition to independence. Enshrining reforms in specific care leaving legislation will further increase the likelihood of success.

Finally, countries could work together to strengthen the international evidence base about what works to support care leavers successfully transition from care, including improving data quality and availability and encouraging more cross-country research on critical and common questions.

Box 4.1. Directions for reform to improve support and socio-economic outcomes for care leavers

1. Raise the leaving age from 18 to at least 21 to facilitate more gradual and flexible transitions from care.
2. Start early preparing and planning for a young person's transition out of care, focusing on further education and work.
3. Ensure care leavers have an adequate social network, in particular a caring and involved adult who supports them in their transition in a similar way to a parent or caregiver might support their child.
4. Take a holistic and flexible approach to providing support(s) based on an assessment of need and life course and resilience approaches. These may involve a continuation of existing supports and/or specialist leaving care services in areas such as education and employment, mental health, and stable housing.
5. Introduce specialist legislation for care leavers as a protection mechanism.
6. Involve care leavers in individual decisions and policies that shape their lives.
7. Foster innovative approaches to improving outcomes for care leavers, including piloting programmes and encouraging grass-roots innovation that attracts other actors to help.
8. Encourage more cross-country research to answer critical questions, such as which policy measures work best to achieve successful outcomes or what does good planning look like.
9. Improve data on care leavers.

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Assisting Care Leavers

TIME FOR ACTION

Young adults who have lived in out-of-home care at some point during their childhood often struggle to build stable lives. This is not surprising: typically young care leavers not only have to overcome a difficult childhood, but also tend to receive less support during the crucial years of early adulthood than youth living with their parents. In response to their poor socio-economic outcomes, many agencies responsible for improving outcomes for young people are experimenting with transition programmes for young adults leaving care. This policy report identifies the key challenges that care leavers face and provides a range of good practice examples in OECD countries to promote cross-country learning, help strengthen the international evidence base and support countries to improve their policies for young people leaving their care.



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