

## **Extended care: Global dialogue on policy, practice and research**

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Young people who are taken up into the care system (including foster, formal kinship and residential or group care) traditionally have to leave care at age 18, the generally accepted age of adulthood. Research globally has shown that most youth are not ready to transition to independent living at 18 and require additional support into early adulthood. One specific type of support that has gained increasing interest is extended care arrangements, including permitting young people to remain in their care placements beyond the age of 18. While widely discussed, there is a limited body of literature on the conceptualisation, implementation and evaluation of extended care, and almost no cross-national dialogue on extended care. This article aims to gather together a range of experiences on extended care and to explore the extent to which there is a cross-national consensus on the conceptualisation and operationalisation of extended care. Ten countries participated in the study, reviewing their country's extended care policy, practice and research using a common matrix. Findings reveal adoption of aspects of extended care in all countries, wide variations in how extended care is conceptualised, legislated, funded and implemented, and very little research on the effectiveness of extended care. The authors recommend resolving cross-national variations in the conceptualisation of extended care and further research on the role and contribution of extended care placements to improved outcomes for youth in diverse social, political and economic contexts.

**Keywords:** extended care; aftercare; leaving care; youth transitions; foster care; residential care

## 1. Introduction

The challenges faced by young people transitioning out of the care system (including both foster and residential care) have been well-documented (e.g., Mann-Feder & Goyette, 2019; Mendes & Snow, 2016; Stein, 2014; Stein & Munro, 2008; Van Breda & Frimpong-Manso, 2020). Despite the consensus that care-leavers generally fare less well in their transition to young adulthood than young people transitioning out of primary family systems, there is as yet little consensus on the factors that facilitate improved outcomes. Efforts by members of the International Research Network on Transitions to Adulthood from Care (INTRAC) to develop global evidence-based practice guidelines in this regard have proved frustratingly evasive (Harder, Mann-Feder, Oterholm, & Refaeli, 2020). Contextual differences, not only between countries in the Global North (e.g., North America, Europe and Australia) and Global South (e.g., Asia, South America and Africa), but also between countries in the North, and even between provinces within countries, significantly influence the kinds of practices that influence care-leaving outcomes.

Most early research in Western countries has shown the transition out of care to be ‘accelerated and compressed’ (Bengtsson, Sjöblom, & Öberg, 2018; Butterworth et al., 2017; Stein, 2006), meaning young people had to leave home earlier than their peers living with family, and to become rapidly self-sufficient within a brief, compressed period. However, some studies, particularly in post-communist countries (Stein, 2014), have found the transition rather to be ‘extended and abrupt’, meaning young people could remain in care for longer (beyond 18), but when they did eventually leave, it was abrupt and complete, and care-leavers felt ill-equipped for independent living. Stein (2008b) concludes that both transitions involve ‘instant adulthood’ and inadequately prepare young people for life after care, because neither provides the kind of gradual and flexible transitional support that regular families (ideally) provide to their own children as they transition towards adulthood and independence. What is rather required is an extended, gradual transition out of care (Stein, 2008a).

The extension of care (or extended care) has thus become a topic of increasing interest among researchers, policy makers, service providers and care-leavers. Intuitively, it seems sensible to allow young people to remain in care beyond the typical care-leaving age of 18, to enable a more gradual transition from care. Indeed, several studies have generated strong evidence for the value of extended care, primarily in the United States (Courtney & Hook, 2017; Lee, Courtney, & Tajima, 2014; Mosley & Courtney, 2012; Napolitano, Sulimani-Aidan, & Courtney, 2015), and to a lesser degree in England (Munro, Lushey, Maskell-Graham, Ward, & Holmes, 2012). However, in the absence of robust local and cross-national conceptualisation and a wider research evidence base on extended care, there is a risk of uncritically transferring what is known in a handful of contexts (primarily the USA) to other

contexts (Mendes & Rogers, 2020). Van Breda and Pinkerton (2020: 3) caution against assuming that “ways of thinking and doing [can be transferred] from the [Global] North to the [Global] South, without due consideration to goodness of fit”. Gilligan (2018) has also called for cross-national analysis of extended care, both to describe what is happening in different contexts and to explain why contexts have adopted the approach they have and what impact this has on care-leaving outcomes.

Our cross-national exploratory study on extended care, drawing on secondary data and written by leading scholars in each country, thus aims to generate insight across a range of countries into how extended care is conceptualised and operationalised. It also facilitates access to material published in multiple languages and non-academic fora. Specific attention is given to how extended care is defined, legislated and offered, how it is funded and implemented, and what extended care research (if any) has been done. Insights derived from such research will identify points of similarity and difference across countries, tease out the conceptualisation and implementation of extended care globally and assist in focusing in- and cross-country research.

## **2. Review of literature on extended care**

A growing body of international research evidence highlights two key messages in relation to care-leaving. The first is that care-leavers experience a range of outcomes, with some but not all experiencing serious difficulty in adjusting to the transition from the care system at age 18, especially in the absence of needed supports (Mann-Feder & Goyette, 2019; Stein & Munro, 2008). The second related message is the need for a range of innovative support measures tailored to the specific and varied needs of care-leavers and which go above and beyond any supports that may be provided to the general population of youth of the same age (Marion & Paulsen, 2019). Such supports should reflect states’ responsibilities as ‘corporate parents’ to the care-leavers who have spent a formative part of their young life in state care (Munro, Mølholt, & Hollingworth, 2016).

One such additional support measure is extended care. Where extended care has been evaluated, it has typically been defined as a measure which allows eligible groups of care-leavers to voluntarily opt to remain in their care placement under certain conditions, until a later age, often 21. However, the conceptualisation and operationalisation of extended care (and its differentiation from aftercare) appears lacking in many countries.

Research on the operation of extended care highlights certain issues that may affect young people’s engagement with extended care (Mendes & Rogers, 2020; Park, Okpych, & Courtney, 2020). One such issue is the *eligibility criteria* applied for granting access to extended care, which may favour more advantaged care-leavers. Eligibility may relate to alumni of certain forms of care – in many

jurisdictions, the option is offered only to alumni of family foster care and/or to young people who satisfy requirements concerning what is judged to be sufficiently productive daily activity (education, training, work). A second issue is the *flexibility* of the ‘gates’ to extended care. Some systems have one gate requiring entry to extended care immediately on reaching 18. It is rarer for systems to allow second-chance entry at a later stage to young people who initially stepped away. A third issue is the *uptake* of the option by care-leavers. Even where available, young people may choose to decline the opportunity. A fourth issue is the *duration* of stay in extended care within the allowed limits – young people may choose not to use up all their entitlement.

In their study in California, Park et al. (2020) have established that rates of access to extended care differ according to the profile of the young people. Young people with additional needs (such as disabilities and behavioural health issues) or from “marginalized racial and ethnic minority groups” (p. 12) had longer stays in extended care. The opposite was the case for young people who had been mostly placed in congregate care settings or been under probation supervision. As already noted, access to extended care is one issue, but another is how long the young person chooses stay in extended care and what influences that choice. In this regard, the same authors found that location plays a bigger part in influencing length of stay within state care, than characteristics of the young people. This highlights the importance of considering local implementation policies when evaluating issues of entry and retention in extended care.

Given the relatively limited implementation of extended care across countries, there is not as yet a large body of evidence on its impact. Mendes and Rogers (2020) suggest that there are three sets of factors influencing the impact of extended care: the sociodemographic characteristics of the care-leavers, the eligibility criteria for accessing extended care, and the safety nets provided by wider societal welfare policies. Arguably, there is also a set of in-care and pre-care experiences that may have a bearing on extended care outcomes and compliance with eligibility conditions. For example, young people with less disrupted experiences and troubled behaviour may be more likely to qualify for extended care in jurisdictions where it is offered, since their more stable care experiences and higher achievements help them qualify for the option. Park et al. (2020) have called for a renewed research effort to tease out some of the influences of such factors on uptake.

Most studies of impact have been conducted in the USA by Mark Courtney and colleagues. Among the benefits identified in the groups and locations studied, Courtney (2019: 143) cites the “apparent benefits” of remaining in care (beyond the normal care-leaving age) which include “reductions in economic hardship, homelessness, and reliance on means-tested government benefits”. In the same paper, however, he also reminds us that the evidence on the value of extended foster care (foster care

is the US terminology for state care or alternative care) does not all point in the same positive direction. The experience of implementation in the states of California and Illinois suggests that extended foster care has “mixed... [to] no effect” on outcomes in the young people’s lives relating to issues such as “pregnancy, criminal behavior, mental illness, substance abuse, and victimization” (Courtney, 2019: 144).

Extended care commands a great deal of interest and support in the field, and has been implemented widely in the USA, and to some extent in the UK and Australia. However, research on the implementation or benefits of extended care placements has still not been conducted in most countries, and it seems that remaining in a care placement or in the care system beyond the age of 18 is not an option in many countries. Courtney (2019) cautions that the available supporting evidence for extended care provision may be persuasive, but is not yet conclusive. There is need to further investigate its impact and to clarify under what conditions extended care is most effective and in relation to what issues, and for which sub-groups of care-leavers. This clarity is important since 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 & Paulsen, 2019).

### **3. Method**

INTRAC was established in 2003 to promote national and international research on the transition from care to adulthood (care-leaving). During an INTRAC meeting in Porto, Portugal in 2018, the 10 authors of this paper met together to discuss their shared interest in how research in the field has (or has not) shaped practice in different countries. Extended care was of interest amongst the group for several reasons. First, both large and small scale evaluations have reported improved outcomes and cost-benefits from extended care programmes (Courtney & Hook, 2017; Deloitte Access Economics, 2016; Lee et al., 2014; Mosley & Courtney, 2012; Munro et al., 2012; Napolitano & Courtney, 2014). Second, researchers, policy makers and practitioners in some countries have recommended implementation of measures to support extended and graduated (rather than accelerated and compressed, or extended and abrupt) transitions as a vehicle to improve outcomes (Stein, 2008b). Third, lobbying for, and implementation of, extended care has been increasing in recent years (Cann, 2013; Home Stretch Campaign, n.d.; Mendes & Rogers, 2020). Finally, eligibility criteria may limit who is permitted to remain in placement and this may perpetuate the ‘inverse care law’ (the greater the need, the less the care) (Munro, 2019; Stott, 2013). Preliminary discussions suggested that critical reflection on common features and crucial differences in extended care conceptualisation and measures and their effectiveness for young people in diverse social, political and economic contexts

warrants further exploration. The authors are aware of only one other cross-national paper that explores extended care – a literature review focused on policy transfer from the USA and England to Australia (Mendes & Rogers, 2020).

As outlined above, the multi-national team of researchers from Argentina, Canada, England, Ireland, Israel, the Netherlands, Norway, Romania, South Africa and Switzerland, who contributed to this qualitative cross-national comparative project, were all part of this discussion at an INTRAC small group meeting and subsequently agreed to collaborate on the paper, thus sampling of countries was availability sampling. The Global South is not well represented in this study (only Argentina and South Africa), which was an artefact of who happened to be in the discussion. All the participants had been active members of INTRAC for at least four years and have been researching and publishing on care-leaving in their home countries for at least eight years.

Each author, acting as a national insider/expert, independently prepared a 700-word semi-structured summary overview of the situation in their home country, drawing on secondary data, published literature and research available in their native language. The following headings were supplied to all the authors to facilitate provision of information on areas of shared interest:

1. Formal definition of extended care, if available, or details of how it is conceptualised
2. Legislation/policy on extended care (including timing of implementation and eligibility criteria, if applicable);
3. Funding arrangements;
4. Factors supporting or inhibiting the implementation of extended care; and
5. Research findings on the role and contribution of extended care arrangements.

These areas were broadly framed in recognition of the wide cross-country variations in legal and administrative frameworks and the availability of data on transitions from care to adulthood (Munro, Stein, & Ward, 2005). These country summaries provided the backcloth for further cross-national analysis of the available data by the authors, as elaborated below.

As Wendt (2020) highlights, insiders/experts working from ‘within’ their national context can facilitate access to rich data and knowledge, but ‘outsider’ input and collaborative co-analysis and sense checking is also important to establish whether the concepts that are under discussion have the same meaning in different contexts, and to generate a deeper and more nuanced understanding of the field. The first three authors therefore undertook preliminary analysis of extended care in their own contexts and examined how these compared with other country summaries independently of one another, and then discussed the central issues that emerged for them, based on their own

interpretations of the data. What was evident from the discussion and subsequent review and refinement of the discussion was that taken-for-granted (and sometimes contradictory) understandings of extended care were illuminated during these conversations and that different points stood out as important, thus precipitating further debate and dialogue leading to more nuanced interpretations.

In recognition of the value of this iterative process, all 10 authors re-read each of the country summaries and considered and documented their responses to the following questions:

1. What stood out as significant to you, based on your reading of the country summaries?
2. How is your context similar to or different from the others?

Reflections were shared and discussed during a two-hour online meeting, which served as a vehicle for cross-checking interpretations of the most salient points to be drawn from the data. The fact that the authors have developed meaningful working relationships, and have been engaged in cross-national collaborative research on care-leaving for several years, facilitated robust debate about differences in conceptualisations of extended care and policy and practice responses. The discussion generated several new insights and brought various key issues to the fore. At the close of the meeting there was shared agreement about the key themes for inclusion in the final write up of the discussion and the conclusion. Following the meeting, each author reviewed their country section and, where required, made minor revisions to clarify arrangements in their own contexts. The first three authors then took the lead on capturing the central messages from the discussion in the write up, which was then shared with all the authors for review, revision and final signoff.

## **4. Country narratives**

This section presents the narratives from 10 countries regarding their experience and evidence of extended care for care-leavers.

### ***4.1. Argentina***

**Extended care arrangements.** Argentina is the first country in Latin America to have an aftercare or leaving care law. This concept, little developed in the region, is different from that considered as extended care. Here the assisted discharge is part of a set of arrangements that should be available when the adolescent or young person leaves the care system. In this sense, aftercare can be defined as a set of resources that allows access to rights to face the transition to adult life with certain guarantees from the state. However, this does not equate to the extension of care as an extended

placement. In this law the young person leaves the system and receives a series of resources for their exit for a period of time. Argentina's (2017) Law 27.364 created a programme with two key components: a personal support system and a monthly allowance. Personal support should be both comprehensive and individualised. 'Comprehensive' support means that it is not limited to education or housing, but covers various independence-related needs, such as health and leisure, family planning, education, employment, housing, human rights and citizenship, family and social networks, skills for independent living, identity and financial planning and money management. 'Individualised' support means that individual strengths and weaknesses must be taken into account and different areas emphasised according to each young person's needs.

**Funding arrangements.** The Support Programme for Young People Ageing Out without Parental Care (Argentina, 2017) was put into operation in 2019. The executive branch in charge of the programme has included 48 million pesos (US\$800,000) in the national budget to fund economic support for young people for one year. The National Government is committed to financing only one part of the programme – support for young people; the other part – the salaries of programme workers – must be financed by each province. The programme aimed to support 900 young people in 2019, but only 108 received this benefit.

**Factors supporting or inhibiting implementation and uptake.** The budgetary execution of the programme is far below what was planned and its implementation requires an urgent review. The programme has proved to be difficult for the Argentine provinces to carry out, since it has numerous bureaucratic requirements: online training for workers, high income requirements for young people on the payroll, a previously defined care-leaving plan for each young person before he or she can be referred, and partial financing of the programme by provinces that often lack financial resources. Many young people are excluded by the programme's implementation provisions, which include only those care-leavers living alone, and not those living with family members, even though the law is intended to be inclusive of all.

Among the main challenges faced at this initial stage in implementing the law are the need to:

- Create cross-system coordination among institutions to help and support children and young people in their process of transitioning and growth, a process that neither begins nor ends at age 18.
- Strengthen, train and supervise mentors, including supportive adults in assisted living homes, as part of the possible list of paid mentors for the programme.
- Create meeting places where young people can participate.

- Generate a data management system to monitor young people's progress once they are outside the protection system.

**Research findings.** According to the Latin American Foster Care Network (RELAF, 2010), it is estimated that there are more than 350,000 children in care in the region. In Argentina, the 2017 survey conducted by the National Protection Agency and UNICEF found almost 10,000 children in care (UNICEF, 2018). Most of them live in institutional settings and leave the system at the age of 18. More than 40% of the total population in care live in the province of Buenos Aires, and 40% enter care between the ages of 13 and 17 and come from poor families. In terms of exiting the care system, 44% are discharged to rejoin a family member, while 28% do so because they are already 18 years old. The rest are included in adoption programmes.

In Argentina, Doncel Association works to empower care-leavers on their journey to adulthood. According to the study 'Building autonomy' (UNICEF, DONCEL, & FLACSO, 2015), carried out with 70 care-leavers, it emerged that 55% lived in institutional care for 6-10 years; most did not receive proper preparation to enter the labour market when leaving; and 85% accessed school while in care but only 55% continued studying after leaving care.

## ***4.2. Canada***

It is estimated that 6,700 young people transition from care to 'independent living' in Canada every year, mostly at age 18 (Doucet, 2016). Child welfare is administered separately across the 10 provinces and three territories, and no national framework exists. There are "notable variations in child welfare mandates across jurisdictions" (Jones, Sinha, & Trocmé, 2015: 1), although the majority of children in care in Canada are placed in foster families. Placement rates vary across the country and while the over representation of Indigenous children and youth in placement is endemic, the degree of over-representation is also subject to significant regional variation (Jones et al., 2015).

It is difficult to obtain accurate data about the state of extended care in Canada, requiring the consideration of a "patchwork of data and news headlines" (das McMurtry, n.d., para. 4). However, it is known that Canada has high placement rates relative to other countries and that all provinces have adopted a child safety or youth protection focus, rather than a family focus. Risk assessment and removal are emphasised, rather than prevention and family preservation. Children are often placed quickly, and in some parts of the country there are more children coming into care than there are high-quality care spaces (Barron, n.d.).

**Extended care arrangements.** Extended care is relatively new to Canada. Many provinces have improved their programmes over the last ten years, given the social and economic changes that have made independent living at an early age increasingly difficult (Anderson, 2016). The extended care schemes that do exist across the country vary in relation to the eligibility criteria for extended care (including age), the types and amount of support available, and for how long. However, virtually everywhere that extended care is offered, active involvement in school, job training or work is the major criterion for eligibility.

Extended care in Canada is mostly defined as the provision of continued financial support beyond age 18, a definition that might be considered aftercare in other countries. All provinces, except Quebec, have provisions for extended care. Five of the twelve provincial schemes provide support to eligible care-leavers until age 21, two until age 24 (Alberta and Yukon) and one until age 26 (British Columbia). Only two provinces define extended care as the option to stay in a current placement (Newfoundland and Nova Scotia), although there is some evidence everywhere in Canada of informal arrangements where young people may have access to placement beyond age 18 or 19, because foster parents keep them even in the absence of financial compensation. There also have been isolated examples of ‘pilot projects’ in different places, where special transitional placement resources have received funding on a short-term basis, despite the absence of legislative or policy provisions for such programmes. In general, extended care is operationalised through individual contracts that form the basis for continued financial support for independent living. In some provinces, youth receive a standard stipend based on prevailing rates of social assistance, while in other parts of the country the support is tailored to the individual needs of the youth, and may cover medical and dental care, as well as psychological treatment. Most extended care schemes support part or all of the expenses of an autonomous residence (Reid & Dudding, 2006).

**Funding arrangements.** Child welfare is funded at the provincial level. Very few third-party organisations help finance extended care, although private foundations do offer educational scholarships to former youth from care. Increasingly, provincial governments and universities are instituting special educational funding or tuition waivers for youth from care (Youth in Care Canada, 2019).

**Factors supporting or inhibiting implementation and uptake.** Extended care in Canada is “often limited to youth who have been permanent wards and who are enrolled in school” (Knoke, 2009: 3). Canadian youth in care complete their education at much lower rates than the general population and many do not meet these eligibility criteria (Kovarikova, 2017).

**Research findings.** Research into extended care in Canada is largely non-existent. There are few studies on care-leaving generally (Kovarikova, 2017). Longitudinal studies of youth leaving care were initiated only recently and are taking place in Quebec, where no extended care exists. The one notable exception is a study by Flynn and Tessier (2011). They followed 406 care-leavers from Ontario and found that access to continued financial support provided through Extended Care and Maintenance contracts was associated with better educational outcomes as predicted by promotive and risk factors present in their lives.

### **4.3. England**

**Extended care arrangements.** In England, around 11,000 young people make the transition from care to adulthood each year (Department for Education, 2019). Over a number of years, legislation has been enacted to strengthen the duties placed on local authorities to provide care-leavers with services and support (HM Government, 2008, 2014, 2017).

*Staying Put*, a formal extended care scheme for former fostered children, was piloted in 11 local authorities between 2008 and 2011. In 2013, the government issued guidance to local authorities saying that young people should be permitted to stay in a settled foster placement until they were 21, if they wished to do so (HM Government, 2013). Following lobbying by a number of children's charities, *Staying Put* was placed on a statutory footing under the Children and Families Act (HM Government, 2014, s.98). As the Fostering Network (n.d.) outlines:

A staying put arrangement has a specific meaning in legislation. It refers to the situation when a young person, who has been looked after for a total of at least 13 weeks since the age of 14, *remains living with the foster carer with whom they were placed when they turned 18*. It is an arrangement based upon both parties, that is the young person and the foster carer(s), expressing the wish to enter into such an arrangement when a young person becomes 18 [emphasis added].

Once a young person enters a staying put placement they cease to be a looked after child, but the local authority does have a duty to provide advice, assistance and support to both parties to maintain the arrangement, unless the local authority considers that this is not in the young person's best interests (HM Government, 2014, s.98, 23CZA).

However, young people in residential care, who often have complex needs, are not permitted to remain in their placement beyond 18. Concerns have been raised that this perpetuates the 'inverse care law' (Centre for Social Justice, 2015; Munro, 2019). *Staying Close* arrangements (Department

for Education, 2016), which are intended to enable young people leaving residential care to live near their former care home and to maintain links with professionals with whom they have established relationships, to support them, are due to be rolled out in 2021-22.

**Funding arrangements.** Being implemented by the Government, *Staying Put* has provided local authorities with extra grant funding to assist with costs. The funding model was based on 25% of eligible young people opting to stay, whereas, in practice uptake has been higher. The Fostering Network (2018) then called for *Staying Put* to be fully funded and for the introduction of a minimum *Staying Put* allowance, so that no foster carer would be financially worse off if they agreed to extend a placement. Since then, the Government has committed an extra £10 million to support *Staying Put* from 2020-21.

**Factors supporting or inhibiting implementation.** Several catalysts have supported extended care implementation:

- Research and administrative data illuminating that, as a group, care-leavers are at greater risk of poor outcomes;
- Cross-party acknowledgement of the human and financial costs of failing to provide adequate transitional support;
- Legislation and statutory guidance outlining the duties that local authorities and partner agencies have towards children in out-of-home care and care-leavers;
- Inspection and rating of local authorities on the support they provide;
- Children’s charities lobbying for enhanced entitlements for young people leaving care and drawing attention to funding and implementation gaps; and
- Media reporting that has illuminated the experiences of care-leavers.

Even though there is national legislation governing care-leaving, in practice there are wide variations in practices at the local level. The National Audit Office (2015: 9) concluded that “there is minimal correlation between local authorities’ reported spending on care-leavers and the quantity and quality of their services”. Specific barriers to implementation of *Staying Put* include the gap between central government funding for *Staying Put* and expenditure to meet demand. In addition, local policies governing payments to foster carers once young people reach 18 years vary; carers may experience a drop in income which may prevent them providing extended care even if they wish to do so (Fostering Network, 2018; National Audit Office, 2015).

**Research findings.** *Staying Put* was piloted and evaluated before it was put on a statutory footing (Munro et al., 2012). Findings revealed that the majority of foster carers were willing to offer extended care placements and saw young people as ‘part of the family’. Young people with a secure, stable base (Schofield & Beek, 2005) were more likely to opt to Stay Put, whereas those with more complex histories, who were more inclined towards ‘survivalist self-reliance’ (Samuels & Pryce, 2008), voted with their feet by moving to independence earlier. Those who Stayed Put were significantly more likely to be in full time education at 19 than their counterparts who did not Stay Put.

#### **4.4. Ireland**

**Extended care arrangements.** In the Irish system, there is currently no legal provision for extended care, that is, no provision for remaining under the full-time care of the care system beyond 18 years. The legal status of being ‘in care’ under the Child Care Act (Republic of Ireland, 1991) ends on reaching the age of 18 years, or earlier. This means, in turn, that placements in care also end, legally, not later than the 18th birthday of a young person in care. However, the picture is somewhat more nuanced than those bald facts might suggest, since placements are both relational (involving informal connections between caregivers and looked-after young persons) and legal (involving the state placing a young person in care) in character.

There is evidence from a number of sources that a substantial minority of care-leavers remain living with their foster carers beyond age 18. These ‘arrangements’ are not organised as a formal category within the care system, but emerge through the local, ‘organic’ and independent choices of the young person and their carer(s), and possibly with ad hoc professional support. These arrangements do not represent a formal extension of care as understood in policy developments globally. Such an informal arrangement is precarious, lasting only as long as it lasts, and, crucially, when it ends the young person no longer has any right to have it replaced by a new formal placement arrangement. While the care system may not organise or manage such local arrangements, a recent policy guidance document on aftercare provides for some ongoing financial support to carers who make a continuing commitment to eligible young people by having them continue to live with them. Tusla: Child and Family Agency reports that 40% of young people in receipt of aftercare allowances continue to live with their foster carers (Gilligan, 2019), in what Daly (2012: 313) terms “continuing care” placements.

**Funding arrangements.** While there is no formal category of extended care provision, and therefore no funding required, the care system does provide some recognition for continuing care placements

which bear partial resemblance to extended care. Where an eligible young person aged under 21, or in some cases 23, lives independently and is in education or training, they receive a weekly allowance from Tusla: Child and Family Agency of 300 Euros (US\$334). Where the young person continues to live with the carer(s), that sum is payable to them on the understanding that a locally agreed share of the total will be given to the young person (Tusla: Child and Family Agency, 2015).

**Factors supporting or inhibiting implementation and uptake.** While there is no formal extended care in operation or under discussion, it must be acknowledged that the substantial number of young people continuing to live with their foster carers post 18 represents an important step in that direction. Interestingly, this is a ‘grassroots’, bottom-up policy development. It certainly demonstrates that extended care is a policy direction that makes sense to those most closely involved in front-line care relationships. On the other hand, a clear barrier currently to establishing the provision of extended care is the absence of any policy debate or declared policy intention in relation to extended care. The Covid-related measure not to discharge young people from the care system on reaching 18 during the pandemic is an interesting hint that a policy window may be opening for at least some further consideration of extended care measures under certain conditions.

**Research findings.** Research on outcomes for Irish care-leavers is very limited, and there is no research specifically on extended care. In a regional study pre-dating the new aftercare policy, Daly (2012) found that 28% of care-leavers in the sample of 65 young people continued to live with their foster carer. In a more recent and smaller study, Glynn and Mayock (2019) found that, of a sample of 16 young people (aged 17-18) receiving aftercare, six had their final placement in foster care, four had been in kinship care and the remaining six in residential care. Three of the six last in foster care and one of the four in kinship care continued to live with their carers, with whom they had been formally placed for 7-17 years. Surprisingly, three of the four kinship care placements – two of long duration and one short – did not transition into an informal continuing care arrangement, in line with the wishes of their carers (Glynn & Mayock, 2019). While the evidence remains scant, it seems that grassroots-led continuing (rather than extended) care plays a part in the Irish system. The data from Glynn and Mayock (2019) and N. Glynn (personal communication, October 6, 2019) suggests that longevity of placement may contribute to continuing care arrangement and that it should not be assumed that kinship placements neatly segue into continuing care placements.

#### ***4.5. Israel***

**Extended care arrangements.** In Israel, about 75% of out-of-home placements are in residential facilities and 25% in foster care. All placements end at the age of 18 and there is no legislation to

support care-leavers or to provide extended care thereafter (Benbenishty, 2015). There is also no legislation to obligate care services to prepare young people for independent life. A law proposal that aimed to provide extensive support, including housing for care-leavers without family support, was rejected by the government in 2017 and was submitted again in 2019 (Knesset, 2019). One exception is young people with special needs, who can stay in care up to the age of 21 by law.

Only one service, operated by three Non-Governmental Organisations (NGOs) (Schwartz-Tayri & Spiro, 2018), provides care-leavers with support that is similar to extended care. The 'Bridge to Independence' service started as an NGO and residential facilities initiative 14 years ago and has grown steadily since then. It provides housing, together with various types of formal support, to about 300 care-leavers annually; a fraction of the estimated thousands of young people leaving care annually (National Council for the Child, 2017). Care-leavers can also receive guidance and support without using the housing option (T. Milner, personal communication, September 10, 2019). Ideally, young people connect with the programme in their last year in care, but they can also join later on. Care-leavers may remain in the programme during and 18 months before and after their compulsory military service or national service (Schwartz-Tayri & Spiro, 2017).

The eligibility criteria are that young people experience absence of family relationships, or that living in their parents' home is not possible. In addition, while living in the apartments of the service, they must 'do something' – military/national service, working, studying, etc. – although short periods of transition between duties are acceptable. In addition, those who are experiencing serious difficulties, e.g., young people with substance abuse problems, severe mental health problems or criminal involvement, may not utilise this service (Benbenishty & Magnus, 2008).

While the absence of mandatory policy of extended care in Israel concerning care is nationwide, another limited option is that in certain residential facilities, young people may stay for two more years, while acquiring technological post-secondary education (Israeli Public Forum for Youth Villages and Boarding Schools for Children at Risk, n.d.). In summary, there are two options of extended care in Israel: one (which is rare) is staying in care for two more years while continuing studies; the other is similar to supported accommodation in other countries (Ainsworth & Thoburn, 2014). This latter is also limited to specific care-leavers, and includes leaving the care placement and moving to apartments where different types of support are available, which demands high independent abilities.

**Funding arrangements.** Initially, the Bridge to Independence was fully financed by the residential facilities and the Fair Chance for Children association. Six years ago, the Welfare Ministry started to

finance 40% of the project and in January 2018, the welfare ministry bid out this service and now fully funds it.

**Factors supporting or inhibiting implementation and uptake.** The national programme in Israel to support young people in need, which began in 2017, led to increased funding to the Bridge to Independence programme. The national programme is staffed in the local authorities and aims to help young people utilise their rights and promote young adults in terms of education and employment, physical and mental health, and belonging to families and communities (Yated, n.d.). This programme can provide care-leavers the support they need after care, whether by using the above programme or by using other services in the community, e.g., scholarships for disadvantaged youth.

**Research findings.** Research findings from Israel concerning care-leavers indicate the challenges of young people leaving care, e.g., regarding their low readiness to lead an independent life, their low level of education, their high rates of unemployment, etc. (Refaeli, Benbenishty, & Eliel-Gev, 2013; Schiff, 2006; Weiner & Kupermintz, 2001; Zeira, Arzev, Benbenishty, & Portnoy, 2014). There are three evaluation studies for the Bridge to Independence service. The first (Benbenishty & Magnus, 2008) indicated the importance of this programme to support care-leavers with emotional care and handling their independent living. It was, however, less effective in providing practical support concerning education, employment and finances. A later qualitative study (Schwartz-Tayri & Spiro, 2017) indicated that many of the care-leavers who left the programme experienced the same difficulties as young people who age out of care, e.g., economic difficulties and housing instability, indicating that the programme might have only delayed the challenges of leaving care, rather than diminishing them. The last study (Schwartz-Tayri & Spiro, 2018) found high satisfaction with the support provided by the programme and better results compared to the previous study, but many care-leavers were still struggling in many life domains, such as education and employment.

#### **4.6. Netherlands**

**Extended care arrangements.** Although the number of young people transitioning from care to adulthood each year is unknown, 2018 data indicate that among youth in out-of-home care, 15,950 (48.4%) are aged 12-18 years and 3,270 (9.9%) 18-23 years (Centraal Bureau voor de Statistiek, 2019).

In the Netherlands, there is no legislation to enhance entitlements and extend access to aftercare support. However, since July 2018 youth are permitted to remain in foster care up to age 21 (Pleegzorg Nederland, 2018) and since January 2020 the age limit in treatment foster homes is also extended up to 21 (VNG, 2020). For youth in residential youth care, care ends at 18 years and

extended care is not possible. However, the Youth Act (Netherlands, 2015) also offers a ‘continuation arrangement’ (‘doorlooplegeling’ in Dutch), allowing youth to continue to receive services from the same care provider after their eighteenth birthday under certain conditions. Municipalities can initiate these continuation arrangements, allowing young people to receive care services up to age 23 if these services are not covered by other legal frameworks and if one of the following three conditions is fulfilled:

1. The young person received youth care services before his/her 18<sup>th</sup> birthday that are not yet complete;
2. The municipality allocated youth care services before the 18<sup>th</sup> birthday; or
3. The young person received youth care services before their 18<sup>th</sup> birthday and the municipality allocates new youth care services within six months after finishing the previous services.

**Funding arrangements.** According to the Youth Act (Netherlands, 2015), all Dutch municipalities are responsible for funding and providing a wide range of services for children and families, ranging from universal and preventive services to specialised care for children and young people from birth to 18 years of age. Some municipalities seem to have a small customisation budget to solve the problems they encounter regarding aftercare for young adults (ZonMw, 2018). There are no third party organisations financing extended care.

**Factors supporting or inhibiting implementation and uptake.** Together with the decentralisation of services to the municipalities in 2015, there were budget cuts in youth care services in the Netherlands. Consequently, Dutch municipalities currently experience financial deficits and youth care organisations are demanding a higher budget and better quality youth care. Dutch municipalities experience the age limit of 18 as an important bottleneck regarding youth care (ZonMw, 2018). Both the transition from youth to adult care programmes and the preparation for the transition are problematic, especially for smaller municipalities (fewer than 25,000 inhabitants).

**Research findings.** Few studies have examined extended care for youth after leaving care in the Netherlands. Ten years ago, Steketee, Vandenbroucke, and Rijkschroef (2009) conducted a study on the bottlenecks for youth in care turning 18 years old. They found that adequate services were especially missing for youth from foster or residential youth care, with psychiatric problems or a mild mental disability, or who experience homelessness. Further bottlenecks were the missing expertise for this group of young people in care, concerning outreach support for developing practical skills and a social network, the voluntary approach of adult care, poor fit between youth and adult care and unclarity about who is responsible for this group’s care (Steketee et al., 2009).

More recently, the Dutch Council of Public Health and Society (2018) reported on four obstacles for youth aging out of care. First, the upper limit of 18 years for youth care does not fit well with the needs of young people, leading to inappropriate care or support. Second, youth experience difficulties transferring from one law or provision to another, e.g., from the Youth Care Act to the Social Support Act. Third, services and support often fit poorly with the experiences and perceptions of youth. Consequently, young people can not be reached or care is ineffective or even counterproductive. And fourth, innovation and prevention initiatives crossing the borders of care for youth and adults have little chance, due to a lack of financial incentives and limited budgets. Based on these findings, the Council recommended extending the age limit for youth care from 18 to 21 years, and to further extend this to 23 in the longer term.

#### **4.7. Norway**

**Extended care arrangements.** There is no word in the Norwegian language equivalent to ‘extended care’ in English. The child welfare legislation does not differentiate between extended care measures and other measures for supporting young people leaving care. On the other hand, all measures mentioned in the legislation may be used to support young people after they leave care (BLD, 2011). This includes foster care and residential care (the latter cannot be used after 20 years of age). In other words, a measure – for example a placement – may be maintained even if the care order is terminated (which happens automatically when the young person turns 18).

There are no eligibility criteria for receiving support in the transition to adulthood. Such services may be provided to all young people who have been in a placement or who have received child welfare services while living with their parents. The child welfare service in each municipality decides in each case if services will be given to an individual young person. If it decides *not* to give support, and the young person wants such support, the child welfare service must submit a written decision explaining why it is in the best interest of the youth not to receive support in the transition to adulthood. Then the young person can file a complaint.

**Funding arrangements.** In Norway, municipalities are responsible for child welfare services. The state contributes by providing care placements when needed and by covering part of the costs for placements. However, when the young person reaches 20 years of age, the state will no longer contribute financially to the costs of services. Consequently, it becomes expensive for municipalities to offer costly care-leaving services, especially residential care, from age 20.

**Factors supporting or inhibiting implementation and uptake.** There is no national or regional programme for care-leaving support in Norway. Municipalities are expected to arrange individually

orientated and locally based services. The strength of this is that the local child welfare services themselves can make a judgement on what type of services they should deliver, in close cooperation with the young person and in accordance with local conditions. The downside is that the legislation is not directive in its approach; support is not a right for the young person. Therefore, many child welfare services seem to offer support until age 19, when the young person finishes secondary school, after which services are terminated. The legislation does not require child welfare services to follow up over an extended period of time. It could be debated whether Norway has a care-leaving service for young people or merely a transition aid with a limited scope.

**Research findings.** There is no research in Norway specifically focused on extended care. Care-leaving support in Norway is largely targeted at the youngest care-leavers. Kristofersen (2009) found that among 10,860 young people who had received care-leaving services in the period 1990–2005, 55% had receive such support for less than one year, 30% for one and two years, and only 9% for two to three years. Dyrhaug’s (2019) analysis of Statistic Norway data found that at the end of 2018, a little more than 5,000 young people received care-leaving services. This is an increase from 2008 – where just under 2,600 received care-leaving services – but 40% of service recipients were 18 years old. Of the 5,000 receiving care-leaving services, 3,400 were in some sort of placement, of whom 49% lived in supported housing, 45% in extended foster care and 5% in residential care. Financial support is also an extensively-used care-leaving intervention.

Leaving care services in Norway should be understood against the background of the Nordic welfare model, building on the idea of universally distributed services. However, small groups – such as care-leavers – may suffer from the lack of targeted services (Storø, Sjöblom, & Höjer, 2019). The history of leaving care in Norway shows, in recent decades, that greater focus has been placed on the needs of the individual (Storø, 2015).

#### **4.8. Romania**

**Extended care arrangements.** Romanian legislation facilitates accommodation in the ‘special protection system’ until age 18, 20, or 26 if in education (Romania, 2004). There are approximately 3,000 care-leavers annually (Toth & Mina, 2020), whilst over 2,500 young people aged 18+ are currently accommodated in public (the majority) and private residential care (ANPDCA, 2019).

Provisions for extended care were made from 1970 when young people who studied could remain accommodated until age 25 (Romania, 2007). Current legislation (Romania, 2004) enables all young people who reach ‘full capacity’ to continue to receive the ‘special protection’ provided to children who lack the care or protection of their parents (Art. 54). Thus, 18 year olds who no longer study and

cannot return to their families can request two additional years of special protection towards social integration. This right is withdrawn, however, if the young person twice refuses the employment or housing on offer or lose them for reasons imputable to them (Art 55.3). Young people who do study can request an extension until up to age 26 if they are in full-time education and do not have to repeat an academic year (Art 55.2).

During this time the young people can stay put, move into multifunctional/transit centres (Toth & Mina, 2020), or into state-run and NGO-supported flats. NGOs tend to accept only employed young people. The extended ‘special protection’ also includes the right to food and clothes, transport, cultural activities and money for personal needs. Minimum standards for a specialised Service for Developing Independent Living Skills (Romania, 2007) generally include psychological and vocational counselling, support with practicing independent living skills, community integration activities, information on rights and jobs, and support with housing and job applications. This is supported by legislation which distinctly prioritises them for social housing until 35 (Romania, 2002b) and for employment via ‘solidarity contracts’ for up to three years before age 26 (Romania, 2002a). Throughout this extended period, they work with a key worker and a case manager on the basis of an individualised plan (Romania, 2007).

**Funding arrangements.** County or Sector Councils (in Bucharest) fund the special protection system from local budgets (Romania, 2004), whilst the central government can launch Special National Programmes with central or EU funding. Short-term NGO services are subsidised from the central budget, although funding is decreasing (Tesliuc, Grigoras, & Stanculescu, 2015). This mixed picture allows gaps in national coverage, particularly as the regions with most care-leavers also experience greatest socio-economic deprivation, stressing the limited local budgets.

**Factors supporting or inhibiting implementation and uptake.** The generous extended support on paper contrasts with the persistent gaps in implementation (Anghel & Dima, 2008; Trif, 2018). Young people’s access to social housing is nearly null (Toth & Mina, 2020); only Bucharest provides two to five years of subsidised rent (and only to employed care-leavers) (Alexandrescu, 2019). Employers and communities discriminate and avoid them, and psychological counselling is ineffective in addressing the substantive issues derived from a history of unresolved trauma – this jeopardises their ability to hold jobs, thus cancelling their eligibility for the legislated support conditioned on following a normative pathway.

Alongside macro causes, such as the lowest social services expenditure in Europe (Tesliuc et al., 2015) and subsequent high disparity between needs for and availability of social housing, young

people also face disregard of their status as an at-risk group, almost insurmountable bureaucracy (Toth & Mina, 2020), and institutional discrimination when local authorities establish eligibility (Botonogu, Catana, Falan, & Vince, n.d.).

Funding cuts in 2009 generated a deficit of specialised practitioners, affecting the availability of the independent living skills services, whilst a recent move from providing to commissioning NGO services by local authorities has further reduced service availability due to lack of engagement with the process (Tesliuc et al., 2015). Overall, by 2015 despite various duties enshrined in the law, the system lacked adequate and sufficient professionals, budgets, methodologies, quality standards, evaluation of needs, service evaluation and monitoring of trajectories (Tesliuc et al., 2015). Lack of accountability when extended care rights are not met further facilitates poor implementation. Local authorities appear indifferent (Alexandrescu, 2019) and do not engage with the legal framework (Odobescu, 2016), of which many front-line staff and social workers are unaware (Trif, 2018), leaving young people uninformed and unable to request their entitlement (Balan, Dan, Ciobanu, & Balan, 2016).

**Research findings.** The experience and outcomes of extended care are under-researched. One mixed methods study (Toth & Mina, 2020) surveyed 250 and interviewed 49 young people who left foster and residential care in 2014-2017 about their life in 2020. They found that fostered young people were more likely to establish attachments and relationships with their carers which extended their care informally. In residential care, young people's most common experience is of being abruptly abandoned at 18 (Alexandrescu, 2019), whilst access to rights (e.g., to continue their education) depends on 'knowing how to behave' and on being 'lucky' (Trif, 2018). Most young people are forced out despite strong grounds for eligibility.

#### ***4.9. South Africa***

**Extended care arrangements.** South African legislation explicitly refers to the "extension of alternative care beyond 18 years of age" (RSA, 2010, Section 63) and implicitly constructs the purpose of extended care as allowing a young person to complete or continue with education. Extended care is not constructed as providing a gradual transition out of care and is not targeted to those with special needs.

The Children's Amendment Act (RSA, 2007, Section 176.1) permits a person to remain in alternative care until the end of the year they turn 18. The Act further allows a young person to remain in that same care placement until age 21 "to enable that person to complete his or her education or training" (Section 176.2). This clause was criticised for its narrow definition of education or training, which

most courts interpreted (at best) to mean the completion of formal secondary schooling. Consequently, the Children's Second Amendment Act (RSA, 2016, Section 176b) revised this phrase to read "...complete his or her grade 12, higher education, college education, internship or learnership". This expanded definition is intended to open up a wider range of reasons for young adults to remain in care beyond age 18, all related to continuing investment in obtaining an education or trade that potentiates employment.

**Funding arrangements.** For children in foster care, the state provides the foster parent with a monthly grant of R1,000 (US\$70). When the child completes their 18<sup>th</sup> year, the grant falls away, unless the foster parent applies for an extension of care, for the young person to continue their education. Regular proof must be provided of continued education or training.

For children in residential care, the same procedure applies, though the funding mechanism is different and funding amounts and procedures vary across the nine provinces. Children's homes run by the state generally continue to fund young people beyond age 18 for as long as needed (to 21 years and even beyond) if they are still in school and making good use of the home. Children's homes run by NGOs receive a smaller state subsidy, but that funding can similarly continue to age 21.

Young people may stay in care beyond the court order (of 18 or even 21 years), but will not receive state funding. Some children's homes keep young people in care well into young adulthood, if the home can generate private funding to cover their care costs. Such extensions are, however, rare.

**Factors supporting or inhibiting implementation and uptake.** Due to the dearth of administrative data, we do not know how many young people are in extended foster or residential care. Through conversations with practitioners and young people, it seems that extended foster care does occur, because the foster care grant benefits the family unit, though the scope of uptake is not published.

Based on extensive conversations with those working in the residential care sector, it emerges that the extension of care is seldom utilised for two main reasons:

- First, as mentioned above, children's courts often interpret the Children's Act's 'education or training' very narrowly and thus decline extension requests.
- Second, many children's homes have concerns about young adults cohabiting with children; e.g., most do not have adequate facilities to keep 20-year-olds separate from eight-year-olds. Thus, most children's homes disengage young people at the end of their 18<sup>th</sup> year. SOS Children's Villages is one of the exceptions – young people remain in care into their 20s and leave when they and the staff agree that they are ready to leave, but at full cost to SOS.

**Research findings.** To date, no research has been conducted in South Africa on extended care. The largest study on care-leaving reports that their 133 participants disengaged from care in the age range 13 to 21 years, with 26% aged 18 and a further 34% aged 16, 17 or 19 (Dickens & Van Breda, 2019). Only three individuals disengaged older than 19. This suggests that within this residential facility, disengagement is normally at about age 18. Correlations of age of disengagement with care-leaving outcomes at one to five years out of care showed very few significant associations, easily explained as Type I errors.

#### ***4.10. Switzerland***

**Extended care arrangements.** Being organised as a federal national state, comprising 26 cantons, the distribution of power and competences in Switzerland between the confederation (central government) and cantons is complex. The legal framework concerning out-of-home care can be found in several federal and cantonal laws (Schaffner & Rein, 2015). A child and youth welfare law at federal level does not exist and currently there is no generally accepted definition of extended care.

The end of out-of-home placement depends on the legal basis of the decision to remove the child from the family. Out-of-home placements based on federal juvenile criminal law or on the federal law on disability can continue beyond age 18 (juvenile criminal law: age 25; federal law on disability: no age limit), whereas placements based on the federal civil code officially end at age 18 (Competence Center Leaving Care, 2020). Cantons may implement regulations allowing the extension of residential and foster care beyond the age of 18, though very few cantons have such regulations.

**Funding arrangements.** Although out-of-home placements based on the federal civil code officially end at age 18 in most cantons, there is room to motivate for extension of care. Such applications are often linked with the intention of completing training and are approved by local authorities. Interviews with professionals show that decision practice concerning the extension of care for foster children is very heterogeneous in different communities, due to financial considerations (Werner, Stohler, & Brahmman, 2019).

**Factors supporting or inhibiting implementation and uptake.** The lack of federal child and youth welfare legislation in Switzerland may be one factor that prevents the implementation of extended care in all cantons. Additionally, national statistics on the number of children living in residential or foster care do not exist. Therefore, neither the numbers of young adults leaving residential or foster care each year nor the numbers of young adults staying in care beyond 18 are known. The missing database signifies that the extent of the problem and needs are not acknowledged and therefore

politicians are not forced to take action. Further, the strong separation between the system of child and youth welfare and the social support system for adults may be another reason (Schaffner, 2017).

Whether young people in residential or foster care get support beyond the age of 18 is dependent on the federal and cantonal legal bases, as well as on the different cantonal implementations, and varies between regions. There are also no national or cantonal programmes for supporting care-leavers after leaving foster or residential care. In the last decade some residential facilities started to offer aftercare support (e.g., coaching) for ‘their’ care-leavers (Competence Center Leaving Care, 2020) and some NGOs started to support foster families and foster children beyond the age of 18 with donor funds. Care-leavers who do not have access to aftercare support can turn to the general support system in case of problems. Particularly in larger cities, there are many different specialised advisory services that care-leavers can access (e.g., counselling on housing or psychosocial problems), whereas in more rural regions there are fewer services. Not all care-leavers have the same opportunities; access to aftercare support is based on the luck of people’s place of residence.

Currently the implementation of a legal base for the extension of residential and foster care is being discussed in several cantons or will become effective in the near future (e.g., canton of Zürich). This fact may support the implementation of extended care in other cantons as well.

**Research findings.** Until 2017, there was little research about young people leaving care in Switzerland. Current studies on the transition to adulthood show that young people leaving residential or foster care face various challenges regarding education and employment or mental health. Care-leavers clearly recommend that extended care should be offered to all young adults living in foster or residential care (e.g., Werner et al., 2019). A study about an aftercare programme shows that care-leavers could profit from coaching sessions, but also that many of the young people could not be reached by the programme (Jarczok, Knecht Krüger, Mitrovic, Gérard, & Jud, 2020). Until now, there is no research on the effects of staying in care beyond age 18.

Compared with the situation ten years ago (Gabriel & Stohler, 2008), the issue of young people transitioning from care to adulthood has gained prominence in both research and practice. Nevertheless, more research is required on extended care and there is a particular demand for uniform legislation and practice to ensure equal opportunities for all care-leavers in Switzerland.

## 5. Discussion

Arguably, there is a received wisdom in the leaving care field that extended care is an important vehicle to facilitate extended and gradual or graduated transitions from care to adulthood and improve

outcomes. However, as the literature review, cross-national mapping exercise in 10 countries and the Table 1 summary show, the evidentiary base to support this assertion is thin. It is also evident that there are wide variations in conceptualisations of extended care, the use of legislation to establish entitlements, financial models, eligibility criteria and implementation of extended care arrangements. The discussion draws on the country texts and dialogue between all the experts who contributed to the paper, with reference to the wider literature on care-leaving, to highlight key concerns and to inform recommendations about next steps.

**Table 1: Summary overview of extended care arrangements in 10 countries**

Country	Definition of 'extended care'	Formal option of remaining in care placement post-18	Targeted legislation outlining care-leavers' entitlements	Eligibility criteria	Finance	Research or evaluation on extended care placements
Argentina	Aftercare provisions	No	Yes	Unclear	Mixed: national and provincial	No
Canada	Aftercare provisions (financial support)	Yes (in 2 provinces)	Provincial legislation in only some provinces	Engagement in education, employment or training	Provincial	No
England	Remaining with former foster carers post 18	Yes	Yes	Foster care (extended placements); no eligibility criteria (aftercare)	National, administered locally	Yes
Ireland	No formal definition.	No	No (only preparation of an aftercare plan)	Not applicable	Ongoing financial support possible for carers who maintain informal placements	No
Israel	Limited aftercare provisions by NGOs	No	No	Must be busy 'doing something'	National funding for three NGO programmes under one administration	Yes
Netherlands	Aftercare provisions (including care placements post 18)	Yes	No	Foster care and treatment family homes (extended placements); criteria for 'continuation arrangement' (aftercare)	Local (municipalities)	No
Norway	Aftercare provisions (including care placements post 18)	Yes	Yes	No eligibility criteria beyond the best interests of the child	Mixed: national and provincial, and administered locally (national finance: only in expensive cases,	No

Country	Definition of 'extended care'	Formal option of remaining in care placement post-18	Targeted legislation outlining care-leavers' entitlements	Eligibility criteria	Finance	Research or evaluation on extended care placements
					e.g., residential care, and foster homes where one foster parent is paid full time). Provincial after age 20	
Romania	Remaining in care placement post 18, or moving to supported accommodation	Yes	Yes	Engagement in education (if full time); acceptance and maintenance of work and/or accommodation (if not in education)	Mixed: national (with own or EU funding) and provincial/local municipalities	No
South Africa	Remaining in care placement post 18	Yes	Yes	Engagement in education or training only	National for foster care; mixed (national and provincial) for residential care	No
Switzerland	Remaining in care placement post 18	Yes	No	Disability; juvenile justice. Placements based on the federal civil code: in most cantons on request, e.g. to complete training	Provincial and local	No

### 5.1. Definitional ambiguity

Cross-national comparisons serve to highlight that there is no universal construction of extended care, nor consensus on what measures are included under this umbrella term. In England, Romania and South Africa, 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 young people leave the care system which are often described as 'aftercare' or 'continuing care' services.

Elsewhere, the boundary between extended care placements and aftercare services is not clearly demarcated. For example, in Norway, extended care options include continuation of the provision of *any* services and support that were provided when young people were aged under 18, which may, *but*

*do not necessarily* include extension of a foster or residential placement. In Canada, only two provinces offer the option of remaining in placement post-18, and extended care is generally defined as the provision of continued financial support to assist young people leaving care to negotiate the transition from care to adulthood. In Argentina, recent reforms have *reduced* the maximum age of discharge from care from 21 to 18 years, whilst simultaneously enhancing person-centred support with housing and education, and meeting other needs in the community; suggesting prioritisation of aftercare or continuing care measures, rather than continuity of placement and maintenance of relationships with staff in foster care or residential settings. The Argentinian example could be interpreted both as ‘extended’ care, by virtue of enhanced entitlements, and as a ‘contraction’ of care, since young people are no longer permitted to remain in their care placement beyond 18. Interpretations will vary depending on perspectives on the role and purpose of these arrangements in different jurisdictions.

There appears to be little explicit conceptualisation, rationalisation or theorisation of extended care in legislation or policy, leading to a lack of clear rationale for service delivery. Furthermore, terminologies (notably extended, continuing and after care) are often not defined or are used interchangeably, leading to difficulties in cross-national dialogue and comparison.

## ***5.2. Financial arrangements***

There is considerable diversity in how extended care arrangements are administered and funded. In South Africa, for example, central Government provides funding to all 18-21 year olds in state care who apply to stay in care beyond 18 for the purposes of completing their education. In Israel, central Government provides resources to cover 100% of costs of three NGO extended care programmes under state administration, but the programmes cover only a fraction of the thousands of young people negotiating the transition from care annually. In Argentina and England, central Government contributes to the costs associated with implementation of new legal frameworks, but there is a mismatch between the funding that has been made available and the costs associated with meeting demand at the local level. In contrast, in Canada, Norway, Netherlands, Romania and Switzerland, provincial or municipal funding models prevail, with Romania drawing much of its funding from the European Union. These have potential benefits, in that regions may be able to target funds to provide services that meet the unique needs of their local communities, but also potential disadvantages, with wide variations in what extended care provisions are offered, who is permitted to access them, and who decides what is provided.

Funding models, demand for services and resource constraints may also influence decisions surrounding the continuation of care. In Argentina, the legal framework is inclusive but in practice restrictions have been put in place and young people living with family members cannot access support. In Romania, regions with the most care-leavers are also those experiencing the greatest socio-economic deprivation and so legal entitlements are often an aspiration rather than a reality. As these cases illustrate, the costs associated with implementation can lead to resource-led rather than needs- or rights-based decisions. The response from the Netherlands also highlights how the transitions between child and adult services and funding streams can result in care gaps and that those with psychiatric problems of mild mental disabilities may not receive adequate services. Research in England has also drawn attention to this issue (Butterworth et al., 2017). Overall, a recurrent theme from country narratives is that resources (or more commonly, the lack thereof) and budgetary constraints influence implementation in practice. This may mean that young people are not made aware of what they are entitled to and/or they may be discouraged from seeking, or denied access to, extended care provision.

### ***5.3. Implementation in practice***

Country summaries and comparative case discussion amongst the authors brought to the fore inconsistencies in implementation of extended care arrangements within and between jurisdictions. It also illuminated how eligibility criteria, and their interpretation in day-to-day practice, could serve to facilitate or inhibit access to enhanced support as young people negotiate the transition to in(ter)dependence, thus raising issues concerning territorial injustices.

In Switzerland, young people who are placed in out-of-home care based on the federal laws on disability or juvenile justice are permitted to remain in their placement beyond 18. Similarly in Israel, by law, youth with special needs are permitted to stay in care up to 21 years. Such measures reflect an acknowledgement that these youth have additional support needs that may not be adequately met via universal provisions within the community. However, more commonly eligibility criteria have intentionally or unintentionally served to restrict access to extended care measures.

In Canada, Israel, South Africa, and to a certain extent in Romania, extended care provisions are conditional on engagement in education or training. Short-term investment is intended to support youth to develop their knowledge and skills so that they can become financially independent rather than reliant on the state in the longer-term. However, as the Canadian country narrative highlights, young people in out-of-home care complete education at lower rates than their peers in the general

population and so young people who may benefit from enhanced support may be denied this opportunity.

In Israel, youth with complex needs, including substance misuse, severe mental ill-health or who have been involved in criminal activity, are not eligible for the 'Bridge to Independence' programme. In England and the Netherlands, extended placements are not available to youth in residential care, who typically have more complex needs than those placed in foster care. Limited access to extended residential placements is also an issue in Norway; whilst post-18 placements are theoretically permissible, the prohibitive costs to municipalities often lead to non-implementation of care extensions. As these examples illustrate, eligibility criteria may perpetuate the 'inverse care law' and youth may be denied enhanced support based upon historic decisions that authorities made on their behalf, or based on their past behaviours, which are not always considered in the context of pre-care and in-care experiences.

#### ***5.4. Informal extended care***

In the majority of the countries that participated in the mapping exercise, formal systems and processes had been established to administer extended care measures to eligible youth. However, findings from Ireland and Canada highlight that in the absence of state or provincial schemes 'organic' or 'bottom up' arrangements may emerge. Similarly, in South Africa, some children's homes provide care beyond the legal cut-off of age 21, but drawing on privately-generated funds. In Ireland, although research is limited, findings from a couple of small studies suggest that approximately one quarter of young people remain living with their foster carers on an informal basis beyond the age of 18 (i.e. once they have officially aged out of the care system) (Daly, 2012; Glynn & Mayock, 2019). These informal extensions of care are not officially sanctioned or funded by the authorities, but rather, foster carers and the youth in their care come to their own agreement. Further research is required to explore the strengths and limitations of such arrangements and whether the quality of relationships influences who is offered the opportunity to remain living with their carers on an informal basis and who takes up the offer and for how long.

#### ***5.5. Research on extended care***

The country summaries presented in this paper serve to highlight the dearth of research on access to and uptake of extended care placements, or on how effective such measures are as a vehicle to improve outcomes for young people negotiating the transition to in(ter)dependence in different social, political and economic contexts. The evaluation of the pilot of Staying Put in England (Munro et al.,

2012) was able to explore only early outcomes and no further research on the implementation of extended care has been commissioned since *Staying Put* was placed on a statutory footing. In Israel, evaluation of a specific extended care programme found that the challenges associated with negotiating the transition from care to independence were postponed rather than fully resolved through engagement in the programme (Schwartz-Tayri & Spiro, 2017). Wider research and evaluation in the countries that participated in this paper tended to be relatively small-scale and examined care-leaving in a broad sense, rather than the use of extended care placements more specifically. The studies that were cited served to highlight barriers to accessing services and support following discharge from care and care gaps associated with the transition from children's services to adult services.

## **6. Limitations**

The study is limited primarily by its reliance on single experts in each country. This may pose some risk to the completeness of the country accounts. This limitation should be offset by the extent of literature cited in support of each country narrative. The study is limited also by being restricted to just 10 countries, eight of which are from the minority world or Global North. It is hoped that this study could serve as a foundation for a wider and more globally-inclusive study on the subject.

## **7. Recommendations and Conclusion**

The country narratives presented in this paper serve to illuminate a lack of global consensus concerning what services and supports fall under the umbrella of 'extended care'. Differences in the use of terms and interpretation present a challenge to global dialogue on this important aspect of child welfare practice. It is recommended that the academy, in conversation with policy makers, practitioners and youth leaving care resolve the ambiguity associated with the term 'extended care'. One resolution would be to make a clear distinction between remaining in care placements post-18 (extended care) and a broader range of measures that are made available to young people once they have left the care system (aftercare or continuing care provisions, which may, for example, include supported or semi-independent accommodation in the community).

Related to this is the need for greater theorisation of extended care, drawing, for example, on emerging adulthood theory (Arnett, 2019), which argues for a prolonged transitional period between adolescence and adulthood, or focal theory (Hollingworth & Jackson, 2016), which argues that successful youth transitions require the avoidance of a pileup of transitional adjustments. Such theorisation of extended care, could better underpin conceptual and definitional issues concerning extended care and inform its practice (e.g., services, eligibility criteria and duration).

This paper also draws attention to the fact that in most countries there are significant gaps in administrative data and longitudinal or evaluation research to contribute to understanding young people's transitions from care to adulthood and specifically the role and effectiveness of extended care. Further research is required to understand similarities and differences in the formal and informal models of extended care in operation in diverse contexts, how these are experienced by youth leaving out-of-home care and their carers, and how this contributes to positive outcomes. Important questions also remain about the uptake of extended care and whether those with the most complex needs are eligible for – and choose (or are able) to access – what is on offer. Findings from England and Ireland, for example, suggest that one of the gateways to extended care placements may be the quality of relationships between carers and the young people in their care (Munro & Gilligan, 2013; Munro et al., 2012).

Overall, leaving care has been described as the 'achilles heel of the system' (Sinclair, as cited in House of Commons HCIII-II, 2009). Further cross-national dialogue, informed by robust research, is required to determine whether public authorities are meeting their responsibilities towards youth leaving out-of-home care and what more can be done to maximise the life chances of this group, wherever they are born.

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