

Young People Transitioning from Out-of-home Care in Sweden, Norway and Australia: Comparison of the Enablers and Barriers

The International Journal of Community and
Social Development

1–24

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DOI: 10.1177/25166026251411025

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Abstract

This article compares the existing legislative, policy and practice supports for young people transitioning from out-of-home care (known as care leavers) aged 18–25 years in three jurisdictions: Sweden, Norway and Australia. Attention is drawn to the impact of the different welfare regimes in these countries (i.e., social democratic vs liberal), the inconsistencies across different states and regions, and the eligibility and adequacy of existing support programmes. We also examine the respective factors that have influenced policy and practice reform to date, such as scholarly research evidence both domestic and global unveiling gaps in existing structures, advocacy by non-governmental organisations and youth with lived experience shaping improvements in programmes, and media coverage highlighting systemic failures and successes. The juxtaposition of these factors across the three nations provides insights into the disparate yet converging paths in supporting care leavers. Concluding with targeted recommendations, this study underscores the importance of cross-national learning, advocating for adaptive policies that are informed by global best practices while being locally relevant. The article calls for a heightened focus on collaborative efforts to optimise support for young care leavers, ensuring a smoother transition into adulthood.

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Keywords

Transitions from out-of-home care, leaving care, welfare regimes, scholarly evidence, lived experience voices, media

Introduction

Leaving care is formally defined as the cessation of statutory responsibility for the well-being of young people living in forms of out-of-home care (OOHC), such as foster care, kinship care and residential care. But in practice, leaving care is a major life event and process that involves transitioning from dependence on state accommodation and supports to self-reliance. Young people transitioning from OOHC, commonly known as care leavers or care experienced young people, but also described as ‘ageing out’ in North America, are recognised globally as a vulnerable group who experience challenging lives. Their disadvantage reflects a range of factors, including adverse and often traumatic experiences prior to entering OOHC, varied quality and stability of placements whilst in OOHC, and accelerated and compressed transitions from childhood to so-called independent living at the age of 18 years or earlier. Many transition to adulthood with few, if any, of the normative social support networks or social capital that most young people access in order to enable their pathways into further or higher education and employment (Strahl et al., 2021; Van Breda et al., 2020).

What is Extended Care?

Some jurisdictions have extended OOHC from 18 until at least 21 years of age in order to provide a longer-lasting safety net that can potentially mitigate the intersectional inequalities experienced by this vulnerable population. Extended care typically extends the funding available so that youth can remain in their placements and/or access continuing assistance with education and training, and health care into early adulthood (Organisation for Economic Cooperation and Development [OECD], 2022; Van Breda et al., 2020). A key argument in favour of extended care programmes is that they capacitate the transition from OOHC to be gradual rather than accelerated, and promote access to ongoing assistance from a range of supportive social and community relationships and networks. Scholars frame this approach as transitioning to adulthood via ‘interdependence’ (McDowall, 2021, p. 79), rather than a sudden transition to self-sufficient independence that segregates care leavers from the experience of most other young people in the community.

Rationale for International Comparison

Cross-national comparative studies can play an important role in social policy analysis. They may serve a number of useful purposes, including identifying and potentially duplicating new and effective policy and practice ideas and initiatives, and alternatively learning from the failures of others (Alcock, 2001). It is

therefore not surprising that the commonality of poor outcomes for care leavers has increasingly led to a sharing of knowledge via comparative research projects and networks, in the belief that this will help inform policy innovation and reform that improves the life chances of this cohort (Munro & Stein, 2008; Pinkerton, 2002, 2011; Stein, 2016, 2019; Van Breda & Pinkerton, 2020).

To be sure, comparative leaving care research has its challenges in terms of identifying common ground for key definitions, terminology and language, and legal, policy and practice frameworks that may have specific national or cultural meanings. The quality and breadth of official data and research evidence in specific jurisdictions may also vary considerably plus the general political context (Munro & Stein, 2008; Pinkerton, 2008; Stein et al., 2011; Strahl et al., 2021).

Nevertheless, some effective comparative work has been completed to date despite these barriers. For example, researchers from the UK and Scandinavia compared leaving care law and policy and practice in those two jurisdictions, which have contrasting welfare regimes (liberal vs social democratic). They rebutted the assumption that the social democratic regime would provide more extensive aftercare support, whilst the liberal welfare regime would mainly target preparation for independence. To the contrary, the social investment focus in the UK informed greater post-18-year support by local authorities, whereas aftercare in Scandinavia relied on the discretion of local workers (Munro et al., 2016).

Kelly et al. piloted a methodology for a cross-national examination of leaving care experiences in four African countries. They reported that multi-country research enabled new insights into differences between countries, whilst also identifying logistical challenges to comparative work reflecting the distinct political, economic and cultural traits within each jurisdiction (Kelly et al., 2020). Similarly, four researchers compared the impact of policy and legislative supports, including extended care programmes, for care leavers across the four UK jurisdictions. They reported that policy application and implementation did not always match intent, and highlighted the influence of wider legal and political structures on care leaver outcomes. They recommended further comparative studies to examine the influence of these interconnected systems (Munro et al., 2024). Other cross-national studies have examined particular issues such as access to education, employment and workplace support (Arnau-Sabates & Gilligan, 2020; Johansson et al., 2023).

Additionally, two studies examined the introduction of extended care beyond 18 years of age, and leaving care policy and legislation more generally, across a number of countries (10 and 36, respectively). They presented evidence of major variations in legislation, policy and practice, but also significant commonalities in terms of the limited provision of core services and supports for care leavers post 18 years of age (Strahl et al., 2021; Van Breda et al., 2020).

Another detailed study, completed by the OECD, used a policy questionnaire to explore differences across 29 countries in regards to general legislative and policy support frameworks, the specific aftercare support programmes provided, and differences across regions and/or municipalities. The report identified key directions for policy reform, including, in particular, extending the leaving care age from 18 until at least 21 years of age. It also highlighted the value of

cross-country research and learning in order to enhance the ‘international evidence base about what works’ (OECD, 2022, p. 55).

This article extends comparative research in the leaving care field to Australia, Sweden and Norway. Australia is arguably the policy outlier of the three nations in that it is identified as a liberal welfare state that mostly provides selective and residual social welfare payments and has low levels of decommodification. In contrast, Sweden and Norway are both perceived as social democratic states that offer universal welfare programmes, resulting in high levels of decommodification. To summarise, Australia prioritises the reduction of poverty, whereas the latter two states aim to promote societal equality (Esping-Andersen, 1990b).

Given their differing welfare regimes, we thought it would be useful to explore whether these countries were more likely to expect care leavers to become self-sufficient and cease to rely on government support at 18 years of age, or alternatively offer substantial ongoing support beyond 18 years of age. Additionally, the three countries have quite different numbers in OOHC (Australia most, Sweden smaller and Norway smallest), and relatively similar proportions in foster and residential group home care. However, Norway has a lower percentage of children in kinship care compared to Australia and Sweden. We provide greater detail on these variations in the Findings section below. To date, there has been no comparison of leaving care pathways across the three countries, and only one limited comparison of Australia and Norway. That study overviewed research studies that examined care leaver experiences of housing and homelessness in the two jurisdictions. It reported a number of common findings regarding the vulnerabilities of care leavers as a result of their limited safety net, and the need for enhanced independent living skills and aftercare support programmes, including discrete housing assistance, to improve outcomes (Paulsen & Thoresen, 2023). Our article proposes to expand this knowledge by comparing the existing legislative, policy and practice transition from OOHC supports in the three jurisdictions.

Objectives and Research Questions

Our key objectives were to identify the commonalities and differences in the assistance provided to young adult care leavers across the three jurisdictions, and to identify the enablers and barriers for advancing enhanced support.

Consequently, we applied three research questions to each jurisdiction:

1. What are the current legislative, policy and practice supports for care leavers aged 18–21 years?
2. What are their key strengths and limitations?
3. How have scholarly research evidence and non-governmental organisation (NGO) policy advocacy informed policy and practice reform to improve pathways and outcomes for care leavers, for example, scholarly evidence, activism by NGOs and lived experience youth, and media reports?

Methodology

All four researchers are members of INTRAC, the International Research Network on Transitions to Adulthood from Care, and are engaged in ongoing mining of relevant databases to access and analyse relevant scholarly and grey literature on their respective countries.

We conducted a purposive selection of national and international academic publications, government reports, NGO documents and media sources published between 2010 and 2024, focusing on those that directly address post-care support frameworks and transitions from OOHC. Sources were identified using academic databases, policy portals and grey literature repositories relevant to each country. The inclusion criteria required that documents provide explicit descriptions of leaving care policies, reforms or outcomes. All authors used a thematic analytical framework informed by the three research questions to guide the interpretation of findings and support cross-national comparison.

Findings

Australia

What are the Current Legislative, Policy and Practice Supports for Care Leavers Aged 18–21 Years?

Child welfare in Australia is primarily a state and territory responsibility. As of June 2023, there were about 45,300 children aged 0–17 years in OOHC nationally; the majority (89% in total) were either in relative/kinship care or foster care (i.e., home-based care), with just 9% living in supervised residential care group homes with paid rostered staff (Productivity Commission, 2024). The figures for home-based care are far higher for children aged less than 12 years (almost 96%) compared to just under 79% for those aged 12–17 years. Nearly 20,000 (or 43%) of the overall OOHC cohort are First Nations children (Productivity Commission, 2024).

There is no national legislation, and the national (Commonwealth) Australian government plays only a minor role in funding and monitoring the OOHC and transition from OOHC systems. The Commonwealth Government introduced a National Framework for Protecting Australia's Children in 2008, which proposes that all young people in care will have an operational leaving care plan at the age of 15 years, and that care leavers be assisted until at least 21 years of age. But in practice, they have never reviewed the effectiveness of existing support programmes, or imposed any minimum compliance measures or benchmarks to be implemented by the states and territories. They do provide a one-off grant of \$1,500 called the Transition to Independent Living Allowance (TILA) to assist care leavers aged 15–25 years, which is allocated to service providers to purchase goods and services for care leavers, not to the young person directly. That payment is arguably of minimal benefit to recipients and should, at least, be doubled or made available on more than one occasion (Mendes, 2022).

Prior to 2017, seven of the eight Australian jurisdictions (the Australian Capital Territory was the exception) offered only discretionary supports to care leavers once they turned 18 years of age, and neglected to provide them with the ongoing material and relationship assistance into early adulthood guaranteed to most of their non-care peers. Those jurisdictions allocated only minimal amounts of funding to assist care leavers to access core needs such as stable accommodation, physical and mental health care, education, training and employment, and social and community connections. Australia was identified internationally as a laggard in leaving care policy and practice provision (Beauchamp, 2016).

However, in 2016, a coalition of child welfare advocates led by Anglicare Victoria and the Centre for Excellence in Child and Family Welfare established the Home Stretch campaign to lobby all state and territory governments to extend the transition from OOHC age from 18 until at least 21 years. By the end of 2022, every state and territory had agreed to introduce some form of extended care, and the State of Victoria's extended care programme was recognised as a global leader in using research evidence to improve leaving care policy (OECD, 2022).

As of April 2024, all eight jurisdictions had introduced extended care supports, which comprise either fortnightly payments to foster and kinship carers where youth aged 18 or over remain in their care, and/or fortnightly allowances to youth aged 18 and over living independently who have exited residential care or are not able to remain in foster or kinship care placements. Victoria, Western Australia, Queensland, Northern Territory, the ACT and NSW have established universal extended care programmes supporting those youth leaving foster, kinship or residential care, but the Queensland programme only commenced in July 2023 and is limited to those who turned 18 years after that date. Tasmania and South Australia only support youth leaving foster and kinship care, although SA is piloting a support scheme for residential care leavers.

What are Their Key Strengths and Limitations?

The extended care programmes introduced in all Australian jurisdictions provide, for the first time, a safety net for most young care leavers aged 18–21 years. Most jurisdictions seem to allow youth to request support at 19 or 20 years of age, even if they initially declined assistance at 18 years. Extended care creates a potential for less accelerated transitions to adulthood that, in part, mirror the slower transitions typical of most other young adults in the community, and should give care leavers a greater opportunity to develop supportive relationships with responsible adults and community networks that can assist them to access key pathways to further education, training and employment.

To be sure, the impact of these policy innovations remains tentative. Most of the programmes are very new, and none of the jurisdictions have yet completed formal evaluations that verify the effectiveness of extended care in advancing improved outcomes. Further policy and practice reform is arguably required to broadly address three major areas: eligibility, adequacy, and national inconsistency, as discussed below (Mendes, 2023a).

Continuing Policy and Practice Challenges

Challenge One: Young People Leaving Residential Group Home Care: To date, not all jurisdictions offer extended care to youth transitioning from residential group home care, who are widely recognised as the most vulnerable care leaver cohort. Additionally, no jurisdictions currently permit youth living in residential care to remain in their existing homes beyond 18 years of age. Nor have any governments introduced Staying Close programmes similar to those trialled in the UK, whereby residential care leavers are enabled to live close to their former accommodation and maintain links with their former carers and support networks (Mendes et al., 2023, 2025).

Challenge Two: Payment Adequacy: There are currently major discrepancies and inconsistencies in extended care funding and coverage across jurisdictions. For example, Victoria and Queensland pay much higher allowances than NSW. There arguably remains an urgent need for the Federal Government to benchmark a uniform (adequately funded) model of extended care to be introduced by all states and territories (Mendes, 2022; Mendes et al., 2025).

Challenge Three: Housing Stock: A third challenge is to ensure the availability of sufficient, safe and affordable housing for those care leavers who transition to independent living. All Australian jurisdictions should act to prioritise care leavers as a key target group for forms of supported housing (Mendes et al., 2025).

Challenge Four: Costing of Real Needs: There is an urgent need for an independent co-designed evaluation to be undertaken of the existing extended care models to ensure that the real needs of care leavers, including particularly housing, are fully recognised and costed. That evaluation needs to identify the actual unit cost of providing housing to all care leavers aged 18–21 years nationally (Mendes et al., 2025).

Challenge Five: Intersectional Inequalities: There is an increasing consensus within both Australian (e.g., McDowall, 2022) and international research literature that OOHC should be extended until at least 25 years in order to reduce the intersectional inequalities experienced by many care leavers. In the interim, there is an overwhelming argument that all extended care programmes in Australia should be extended until at least 22 years so that care leavers, if necessary, can then access the adult rate of JobSeeker Allowance, which is \$693 a fortnight, compared to the lower \$562 a fortnight Youth Allowance paid to those under 22 years of age (Mendes et al., 2025).

What are the Key Factors That Have Impacted Policy and Practice Reform to Improve Pathways and Outcomes for Care Leavers? For example, Scholarly Evidence, Activism by NGOs and Lived Experience Youth and Media Reports

NGO Activism: The Home Stretch national advocacy campaign, led by the Christian-based charity Anglicare Victoria, has played the key role in arguing for an extension of OOHC until 21 years. Home Stretch has been effective in both critiquing the limitations of existing programmes and presenting governments with both

economic and social evidence in favour of introducing extended care as a viable and alternative policy solution.

Some of the key advocacy strategies utilised by Home Stretch included: organising a large national support base of registered supporters and affiliated organisations across the child welfare, housing and legal aid fields; presentations to numerous public forums to activate community support; highlighting lived experience voices regarding the inadequacies of existing policies and the case for policy reform via involving care leavers in public events such as campaign launches, television interviews and meetings with parliamentarians; organising local campaign committees based in every state and territory; utilising polls of public opinion; publishing a number of major reports presenting a range of evidence, including cost–benefit analysis, in favour of extended care; active lobbying of governments and parliamentarians in all jurisdictions; and holding annual symposiums to exhibit the latest research and practice evidence on what works. The campaign also established a robust social and conventional media presence, which effectively linked the individual narratives of care leavers with arguments for systemic policy reforms such as extended care (Mendes, 2023b).

Scholarly Research Evidence: Australian research evidence has increasingly informed policymakers’ understanding of innovative leaving care programmes and policies, such as extended care, that may improve outcomes for care leavers. As noted above, that evidence was used effectively by Home Stretch to inform their arguments for change.

There have been multiple research studies completed in the last decade by a diverse range of sources, including government and parliamentary inquiries at both state and territory and national level, independent academic research (e.g., Martin et al., 2021; Muir et al., 2019) and higher degree projects. Areas covered in depth include housing, education, early parenting, financial disadvantage, mental health, social relationships, disability and First Nations youth. Many of these studies examine transitions in just one or two jurisdictions, and only a few provide national data or findings. But, overall, they present a highly consistent narrative of challenging life experiences and outcomes, as summarised below.

The problem is framed as follows: Many Australian care leavers experience poor transition pathways and outcomes because they receive only limited transition support from responsible adults; are not developmentally ready at 18 years to live independently; often have minimal ongoing participation in education or training; exit care directly into homelessness and/or endure ongoing housing instability; or spend time in the youth justice system and later the adult criminal justice system; or become young parents who may experience child protection interventions with their own children; or, for those who are First Nations youth, experience estrangement from culture and community (Krakouer et al., 2018). Most transition from OOHC programmes (preceding the introduction of extended care policies in recent years) focused on preparing youth for independence, rather than for ongoing support or interdependence (see summary of concerns in Mendes & McCurdy, 2019). There remains particularly limited support for those leaving residential group home care (Mendes et al., 2023).

The policy solutions proposed are as follows: Enhanced planning processes that advance a more gradual and flexible transition, reflecting an assessment of individual maturity and developmental needs rather than just chronological age (McDowall, 2022). Care leavers cannot reasonably be expected without family assistance to attain instant adulthood. Authorities need to fund universal extended care programmes that incorporate messages from life course theory about the diversity of transition experiences, and enable young people to overcome the adverse emotional impact of earlier traumatic experiences. The outcomes for care leavers seem to reflect the connection between two key factors: one is their individual agency or resilience (within a social context), and the second being the availability of ongoing positive relationships via what we call social capital through professional, extended family and informal support networks (Vaugh & Flynn, 2023) and cultural connections for First Nations youth.

Sweden

What are the Current Legislative, Policy and Practice Supports for Care Leavers Aged 18–21 Years?

In Sweden, responsibility for child welfare services, including OOHC, is decentralised across the country's 290 municipalities. OOHC includes placements in foster homes, residential care homes and other institutional settings. In 2023, approximately 26,000 children and young people aged 0–20 were in OOHC, with a majority in foster care. Of the children in foster care, less than a fifth are placed in kinship care. A notable group within this population includes young people who have committed criminal offences, who fall under social services' jurisdiction for rehabilitation and reintegration into society. More than a quarter of children in OOHC are aged 15–17, and a fifth are between 18 and 20 years old, highlighting a significant group soon transitioning out of care (Socialstyrelsen, 2024).

The legislative framework for supporting care leavers in Sweden is primarily outlined in the Social Services Act (Socialtjänstlagen, SFS 2001:453), which mandates that municipalities provide support to young people after they leave OOHC. However, the Act does not specify the exact nature or duration of this support, leaving much to the discretion of individual municipalities.

To address gaps in aftercare, the National Board of Health and Welfare (Socialstyrelsen) has issued guidelines recommending that municipalities provide ongoing support to care leavers. These guidelines suggest that social services offer help with financial matters, housing, education and employment during the transition to independent living (HSLF-FS 2019:25). Although non-binding, these guidelines encourage a more structured approach to aftercare. However, significant disparities remain in the quality and availability of services across different regions due to local interpretation and implementation.

In many municipalities, financial support is typically extended until care leavers complete upper secondary education, around 19 years of age, but this is not guaranteed by national law. The extent and nature of support services, such as

assistance with housing, education and job-seeking, vary widely depending on local policies and resources (Höjer & Sjöblom, 2014a; Storø et al., 2019).

When young people turn 18, they often transition from child welfare to adult services, which can be problematic, as adult services may lack the specialised knowledge and resources required for care leavers. This transition frequently leaves young people without the necessary support during a critical period in their lives (Becevic & Höjer, 2024).

In response to these challenges, discussions and proposals have emerged to extend the support period for care leavers and improve the integration of child and adult social services. A recent government report (SOU 2023:66) recommends that municipalities assess the need for continued care when a young person turns 18 and extend support until age 25. It also proposes establishing a ‘reasonable standard of living’ for care leavers, including stable housing, education and employment support. However, these recommendations have not yet been adopted into binding legislation. The newly proposed Social Services Act, planned for implementation in 2025, does not clearly specify the period or content of the after-care to be provided (Regeringen, 2024).

What are the Key Strengths and Limitations?

Sweden’s universal welfare system ensures that all young people, including care leavers, have access to essential services like healthcare, education and social security, providing a broad safety net that can prevent extreme poverty and social exclusion (Esping-Andersen, 1990a). The system’s emphasis on inclusivity means care leavers should, in principle, have the same opportunities as their peers, including access to higher education and vocational training (Kvist & Greve, 2011). Additionally, the decentralised nature of Sweden’s welfare system allows municipalities the flexibility to tailor support services to the specific needs of care leavers, potentially fostering innovative and comprehensive support programmes in well-resourced areas (Svensson & Höjer, 2017).

Despite Sweden’s universal welfare guarantees, there is no specific legal right for care leavers to receive aftercare support. Once a young person turns 18, municipalities are under no statutory obligation to provide continued support, nor is there a formal mechanism—as in Norway—to re-engage with care leavers who initially declined assistance. Although former care leavers, like all adults, can apply for general municipal social services, these are not tailored to their specific needs and vary considerably in accessibility and responsiveness. This absence of national legislation mandating uniform support contributes to significant inconsistencies across the country. This variation creates a ‘postcode lottery’, where the level of support depends more on geographic location than individual need (Becevic & Höjer, 2024; Höjer & Sjöblom, 2011; Storø et al., 2019). The generalist approach of the welfare system can also overlook the unique needs of care leavers, who often require more targeted and sustained support during their transition to independence. Furthermore, the lack of emphasis on permanency planning within Sweden’s child welfare system can lead to instability, leaving care leavers unprepared for the challenges of independent living.

Continuing Policy and Practice Challenges

Challenge One: Inconsistent Support Across Municipalities: A major challenge in supporting care leavers in Sweden is the inconsistent provision of services across its 290 municipalities. The decentralised welfare system allows municipalities substantial autonomy, leading to significant disparities in the support offered. Some care leavers receive comprehensive assistance, while others may receive minimal or no support, creating inequalities in their preparation for independent living (SOU 2015:71; SOU 2023:66). The absence of a national standard exacerbates this issue, as municipalities are not legally required to provide specific types of support. Although efforts to harmonise services have been proposed, progress towards binding legislation has been slow (Becevic & Höjer, 2024; Höjer & Sjöblom, 2011; Storø et al., 2019).

Challenge Two: Transition from Child to Adult Services: The transition from child welfare to adult social services, typically at age 18, poses another significant challenge. This abrupt shift often leaves young people without the necessary support, as adult services may lack the expertise to address their specific needs, such as stable housing, continuing education and mental health support. The bureaucratic hurdles involved can further deter young people from seeking help, leading to a ‘care cliff’ where essential support is lost during a vulnerable period (Becevic & Höjer, 2024; SOU 2023:66). While there have been proposals to extend support beyond 18 and better integrate services, these have not yet been implemented on a national scale (SOU 2023:66).

Challenge Three: Lack of Permanency Planning: Sweden’s child welfare system tends to focus on returning children to their biological parents rather than on long-term permanency planning. This can result in frequent moves and unstable placements, disrupting the lives of young people in care and making it harder for them to establish stability and lasting relationships. Without a clear focus on permanency, and with few placed in kinship care, care leavers often face adulthood without a reliable support network or the life skills needed for independence, increasing their risk of poor outcomes in areas such as education, employment and mental health (Höjer & Pösö, 2022). There is an urgent need for reforms that introduce and enforce long-term planning, ensuring that every child in care has a stable placement and is prepared for independence (Höjer & Sjöblom, 2014a; SOU 2023:66).

Challenge Four: Insufficient Support for Housing and Independent Living: A significant challenge for care leavers is the lack of sufficient support for housing and independent living. Many struggle to secure stable, affordable housing, particularly in larger cities where costs are high. While some municipalities offer temporary housing or financial aid, there is no national strategy to ensure that all care leavers have access to safe housing. This gap leaves many vulnerable to homelessness, exacerbating challenges in maintaining employment or continuing education (Storø et al., 2019; SOU 2023:66). Although recent recommendations suggest that municipalities should ensure a ‘reasonable standard of living’ for care leavers,

including secure housing, these have yet to be enacted into law, leaving the support system inconsistent and insufficient.

What are the Key Factors That Have Impacted Policy and Practice Reform to Improve Pathways and Outcomes for Care Leavers?

In Sweden, several key factors, such as academic research, advocacy by NGOs and the lived experiences of care leavers, have influenced the development of policies and practices related to supporting young people transitioning out of care. Despite some progress, the impact of these factors has been mixed, leading to incremental rather than comprehensive reforms.

Academic Research: Swedish cohort studies reveal that care leavers are more likely to experience mental illness (Sallnäs & Vinnerljung, 2009), suicidal tendencies, premature death (Björkenstam et al., 2013), teenage parenthood (Brännström et al., 2015) and issues with self-sufficiency (Vinnerljung & Hjern, 2011) compared to their peers.

Swedish academic research has been instrumental in identifying gaps in the support systems for care leavers and proposing evidence-based solutions. Scholars have highlighted the challenges faced by care leavers, such as inconsistent support and the abrupt transition from child to adult services (Höjer & Sjöblom, 2011, 2014a). Qualitative studies further problematise the transition from care, highlighting the need for ongoing support in areas such as housing, employment, social networks and personal finance (Höjer & Sjöblom, 2009, 2011, 2014b). Research has also underscored the unique difficulties unaccompanied minors encounter, including cultural and identity issues, and the lack of targeted support to address these needs (Söderqvist, 2017), emphasising the importance of an intersectional approach in aftercare planning. These findings have not only highlighted systemic shortcomings but have also contributed to national discussions and policy development, such as the SOU 2023:66 report, which draws on this body of research to recommend extended support to age 25 and better integration between child and adult services.

NGO Advocacy and Direct Work: NGOs, particularly those comprising individuals with lived experience of leaving care, have been crucial in advocating for the rights of care leavers and driving policy changes in Sweden. Organisations like 'Knas Hemma', a youth-driven non-profit, have been at the forefront of raising awareness about the challenges faced by care-experienced young people. Through campaigns, research collaborations and direct support initiatives, these NGOs have successfully brought the voices of care leavers to the attention of policymakers and the public, emphasising the need to extend support services beyond the age of 18 (Knas Hemma, n.d.; SOU 2023:66). Knas Hemma has been particularly active in developing a comprehensive aftercare programme aimed at ensuring that young people transitioning out of care receive consistent and effective support. This initiative involves collaborating with municipalities to design and implement tailored aftercare services that address the specific needs of care leavers across the country (Knas Hemma, n.d.).

In addition to advocacy, NGOs such as Maskrosbarn and SOS Barnbyar provide direct support to care leavers. Maskrosbarn offers mentorship, counselling and educational programmes, often led by individuals with similar backgrounds, fostering trust and identification (Maskrosbarn, 2024). SOS Barnbyar's 'Prepare for Leaving Care' initiative focuses on equipping care leavers with the resources they need for a smooth transition to adulthood (SOS Barnbyar, 2022).

These NGOs fill significant gaps left by the public sector, ensuring that the care leavers they support receive more comprehensive assistance. The lived experiences of care leavers, as shared through NGOs and qualitative research, have increasingly influenced policy discussions, highlighting the real-world challenges these young people face, such as difficulties in securing stable housing and navigating adult services (Becevic & Höjer, 2024).

Norway

What are the Current Legislative, Policy and Practice Supports for Care Leavers Aged 18–25 Years?

In Norway, the child welfare system is divided into municipal and state parts. The local municipalities (357) are responsible for case management, investigations, in-home support and follow-up of children and youth in out-of-home placements, as well as aftercare. There are differences in organisation and degree of specialisation among municipalities due to factors such as size. The state is responsible for residential care facilities, state-funded child welfare services, and developing guidelines and support for the municipalities. An independent body, the Child Welfare Tribunal, decides cases concerning coercive measures. During 2023, approximately 44,000 children received support from child welfare services (Norwegian Statistics, n.d.). Most families receive support when living with their parents (in-home services). At the end of 2023, 9,255 children were placed in OOHC (aged 0–17) (Norwegian Statistics, n.d., table 12845). Children placed in OOHC typically live in foster care (about 90%). Data from 2022 show that 70% stayed in non-relative foster care and 30% in kinship or close network (Bufdir, 2023).

Norway has a national Child Welfare Act (2021) that applies throughout the country. It states that young people who have previously had measures from child welfare services are entitled to aftercare when they are between 18 and 25 years old. However, the local child welfare services are organised differently, including aftercare support, which allows for significant variation. The age limit was extended from 23 to 25 in 2021. Eligibility criteria for receiving aftercare are that the young person must have received measures before the age of 18 from Child Welfare Services, the young person must consent and be considered to have a need for continued help or support from Child Welfare Services to make a good transition to adulthood (Child Welfare Act, 2021). The young person's needs are decisive for the right to aftercare, although the interpretation of those needs is left to the discretion of the social worker. Still, decisions regarding aftercare must be made in accordance with the best interests of the child (Child Welfare Act, 2021).

The term ‘aftercare’ is used for all kinds of measures from child welfare services provided to youth after turning 18. The most commonly used measures include financial assistance, supported housing and extended foster care (Norwegian Statistics, n.d.). While there are no specific aftercare programmes, initiatives by the state aim to develop more standardised measures of support for young people between 18 and 25 who have received previous assistance from child welfare services (Nordahl et al., 2023). The model emphasises the need to conduct thorough assessments of a young person’s needs, family and network, and collaborate with the individual, their family and other relevant services. It is based on a socio-ecological framework. ‘Care leaver’ is not a term in Norwegian, which makes it difficult to be precise when comparing with other countries using English terminology.

The purpose of aftercare is to provide young people who still require assistance and support with the necessary help to transition to independent adulthood (Bufdir, 2023). However, the stated aim of establishing an independent life fails to acknowledge interdependence as a crucial perspective in understanding young people’s needs for support (Bennwik & Oterholm, 2020).

While care leavers are not entitled to any specific support when the child welfare case is closed (at the latest when they turn 25), they may be eligible for universal schemes available to all citizens. These include general social services for adults offering financial support and different schemes for the unemployed. The eligibility criteria for getting financial support from social services for adults are the same for all people, and there are no special regulations for care leavers. To qualify for social benefit, the person must document that they have no other means of income (Social Service Act, 2009). Additionally, there is a universal possibility for housing benefit for people with low income and high living expenses. In Norway, attending university is almost free except for a small fee. All students can apply for grants and loans for living costs from the student’s loan office, but this does not fully cover living expenses, especially in cities where housing costs are high.

What are the Key Strengths and Limitations?

A key strength of the Norwegian aftercare system is that it is rights-based, and the age limit has been extended to 25 years. A new child welfare legislation was passed in 2021 and implemented in 2023. For the first time, there is a separate section about aftercare, indicating a greater focus on aftercare. Another strength in the Norwegian legislation is that it is possible to receive support for all young persons who have had measures from child welfare. There are no limitations related to previous measures, and it applies to all groups, including youth living at home, in foster care and in residential care. There are also no time limits for how long the measures must have lasted before turning 18. The legislation allows for the possibility of establishing aftercare support if the young person initially declined support and regrets it. Young people often want to live independently and manage without support from child welfare, but after some time, they may experience a need for help.

However, some of these strengths are not as well implemented as allowed by the legislation. Studies have identified several challenges and barriers in the provision of aftercare in Norway (Bakketeig & Backe-Hansen, 2018; Norwegian Board of Health Supervision, 2020; Oterholm, 2021; Paulsen et al., 2020).

Continuing Policy and Practice Challenges

Challenge One: Applying Stricter Guidelines Than is Set in the Law—Discretionary Rights: Some local services apply conditions to the provision of aftercare. A common requirement is to insist that the young person must participate in a daytime activity, such as education and work (Norwegian Board of Health Supervision, 2020; Oterholm, 2015; Paulsen et al., 2020). The Norwegian Board of Health Supervision (2020) has stated that setting requirements for aftercare is a regulatory breach. The decision about aftercare should be based on the young person's needs. The Board of Health Supervision (2020) also emphasises that the decision should be based on an individual assessment. Still, some local authorities have established general guidelines about transferring young people to adult social services for financial assistance when they turn 18, even though this can also be provided by child welfare services (Oterholm, 2015; Paulsen et al., 2020).

Although it is possible to receive aftercare when a young person initially declined, some local authorities set timeframes for the possibility of resuming measures (Oterholm, 2015; Paulsen et al., 2020), which is not in accordance with the law. It has been clearly stated that there should be no time limits for regretting the initial declination of aftercare, as young people's needs can change, and it can be difficult for them to understand their own needs for support when they want to be self-sufficient (Ot.prp. nr. 61, 1997–1998). It is even stated that the services should reach out to the young person if they initially declined aftercare and ask if they need support.

Challenge Two: Participation and Information: Studies interviewing care leavers have found that young people experience a lack of information and participation in decision-making (Bennwik et al., 2023; Paulsen, 2017; Paulsen et al., 2020). Several young people describe a need for more information earlier, that it should be repeated and that they need time to consider different options.

Challenge Three: Too Early Ending of Aftercare Support: Even though it is possible to receive support until turning 25 years, few young people receive support in their 20s (Drange et al., 2021; Paulsen et al., 2020). Support often ends when the young person turns 20 for several reasons, including ambiguity related to responsibility for support, reimbursement ending for residential and specialised foster care, prioritising younger children, and an understanding that other services could be more relevant (Oterholm, 2015; Paulsen et al., 2020).

Challenge Four: Less Support for Young People with In-home Services: Although all young people who have previously had support from child welfare can receive support after turning 18, it is less frequently provided for young people living at home with their parents (Norwegian Board of Health Supervision, 2020; Paulsen et al., 2020). The board states that young people receiving in-home services have the same rights as those in OOHC. However, social workers report feeling a greater responsibility for young people in foster care and residential care due to the significant intervention to place children outside their families (Oterholm, 2015; Paulsen et al., 2020). Research findings show that young people with in-home services also have significant mental health challenges and struggle in school, even more than youth living in foster homes (Iversen et al, 2008; Valset, 2014).

What are the Key Factors That Have Impacted Policy and Practice Reform to Improve Pathways and Outcomes for Care Leavers?

NGO Advocacy: There are perhaps two factors that have contributed to a strengthening of the Norwegian aftercare system. In the 90s, some groups of young people in foster care began meeting when the Norwegian foster care association held meetings. They eventually started forming more formal groups, leading to the establishment of the user organisation for care-experienced young people, Landsforeningen for barnevernsbarn (LFB), in 1997. The LFB had an important impact on changing the aftercare legislation in 1998 (Follesø, 2004), increasing the age limit for aftercare from 20 to 23 years. The organisation also campaigned for extending the age limit to 25, which was included in the Child Welfare Act of 2021 (LFB [Landsforeningen for barnevernsbarn], 2023). The user organisation is actively involved in meetings with the Ministry and Directorate, participates in hearings, and organises training, meetings and other events for members. There has been an increased emphasis on collective user participation in the Norwegian social and health services.

Scholarly Research Evidence: Another important factor that has influenced aftercare legislation and practice is the development of research and new knowledge about care leavers' situation. Norway has had administrative data providing information about children and young people receiving public support for several years. One of the early reports was delivered in 2008 (Clausen & Kristofersen). The report showed that young people in care had lower educational attainment, income levels, poorer health and disability, higher unemployment rates, and higher involvement in the criminal justice system than young people without support from child welfare services. These findings underscored the seriousness of the situation for young people in care, and since then, there have been several attempts to improve support by changing the Child Welfare Act. Several studies have followed up on the use of administrative data and published statistics showing poorer outcomes on variables such as education, employment, receipt of social assistance and higher involvement in the criminal justice system for care-experienced young people than other young people (Backe-Hansen et al., 2014; Drange et al., 2021, 2022; Paulsen et al., 2020). Discussions in the Norwegian parliament reflect this (e.g., Minutes Parliament 16.6.2015).

Discussion

Our comparison of transition from OOHC policies in three jurisdictions—Australia, Sweden and Norway—identified many similarities and some differences (See Table 1 for summary). The commonality is that care leavers experience major disadvantages and inequalities across key areas such as health, education and employment, income, and involvement in the criminal justice system. Their pathways and outcomes are often volatile and problematic. A particular concern is the limited access to safe and affordable housing. The large number of First Nations youth transitioning from OOHC in Australia experience an additional challenge in advancing their cultural connections and identity. While the Australian context includes considerable research on the cultural and systemic disadvantages

Table 1. Comparison of Major Differences.

Indicators/ Variables	Sweden	Australia	Norway
Legislation	No national extended care standards or extensive local policy and practice supports.	No national legislation, but all eight jurisdictions have introduced formal extended care programmes.	National extended care law
Jurisdiction	Disparities in quality and availability of support services across regions.	Six states and territories assist all care leavers, but two do not fund supports for residential care leavers. Also inconsistencies in payment rate.	Variation across regions
Age	Only discretionary aftercare supports beyond 18 years.	Extended care funding from 18 to 21 years, but some jurisdictions fail to support residential care leavers.	Universal support from 18 to 25 years
Indigenous	Limited data available on Sami youth compared to Australia, but evidence of cultural disconnection.	First Nations youth are highly over-represented in the care leaver cohort. Many experience challenges around cultural identity and connection.	Limited data available on Sami youth compared to Australia, but evidence of cultural disconnection.
Challenges	Intersectional inequalities including limited resources to access secure housing.	Intersectional inequalities including particularly limited housing, and additional challenges experienced by First Nations youth.	Intersectional inequalities including particularly limited housing
NGOs	Knash Hemma and SoS Children's Villages have influenced consistency of post-18 support programmes.	Vital role played by the Home Stretch campaign in advocating for extended care.	The LFB service user group have influenced post-18 extended care reforms.
Varied outcomes	Problematic outcomes in health, housing and other core developmental areas.	Improved safety net, but access to secure housing remains problematic.	Enhanced safety net, but still evidence of poor outcomes.

faced by First Nations care leavers, there are limited data available regarding the experiences of Sami youth in Sweden and Norway. Nonetheless, as Indigenous populations, Sami young people may face parallel challenges, including cultural disconnection and barriers to accessing culturally appropriate services. Further research is needed to understand and address their specific needs in the care and aftercare systems.

To be sure, the legislative structures and provisions vary. Both Australia and Sweden have state and territory or locality-based systems with varied policies and practices, and an absence of nationally consistent benchmarks. Nevertheless, the Home Stretch campaign was able to persuade every Australian jurisdiction to extend OOHC until 21 years of age, although there remain differences in eligibility criteria and adequacy of payment rates. In contrast, Norway has nationally binding legislation that has extended support until 25 years of age. Still, practice varies between local authorities.

The jurisdictions vary in defining which groups of care leavers are eligible for ongoing support. In Australia, those leaving residential care are not eligible for extended care funding in all jurisdictions, and cannot remain in existing group homes once they turn 18 years of age. Post-18 programmes in Sweden are universal, and also include young people who have been placed in care for criminal offences. In Norway, support from Child Welfare Services applies to all groups, both young people in foster care, residential care and youth with in-home services, and other programmes in Norway are also universal.

The different welfare regimes have some influence on the support options available to care leavers. The Australian extended care provisions are targeted and have been introduced at the state and territory levels separate from the Australian social security system, which is provided by the Commonwealth Government. A noticeable mismatch is that all extended care payments currently cease on the 21st birthday, whereas the adult rate of unemployment benefit (called JobSeeker) does not commence until 22 years of age. In contrast, care leavers in both Sweden and Norway can, in principle, access universal social supports in areas such as health care, social security and education that should give them similar opportunities to the wider population. But as noted in an earlier study comparing care leaver experiences in liberal versus social democratic regimes (Munro et al., 2016), it seems that both targeted and universal programmes may struggle to advance the rights of care leavers to guaranteed ongoing assistance.

NGOs have played a critical role in advocating for more robust support programmes in all three countries. The Home Stretch campaign achieved the introduction of extended OOHC throughout Australia, Knas Hemma and SOS Children's Villages have influenced greater consistency of post-18 support services in Sweden, and the LFB has significantly informed post-18 reforms in Norway. All three organisations have succeeded in placing care leaver needs and voices on the public policy agenda.

A continuing weakness in all three countries appears to be the emphasis on preparing care leavers for self-reliant independent adulthood at a fixed chronological age, rather than advancing transitions to interdependence whereby they are provided with the same supportive relationships encompassing carers,

professionals, extended family and wider social and community networks (Munro et al., 2016) that most young people access well into adult life.

From this comparison, several key insights emerge. First, there is a need for continuity of support during the transition from child to adult services, with a focus on gradual transitions that reflect the developmental needs of care leavers. This would help avoid the ‘care cliff’ effect, where young people face an abrupt end to support. Policies should prioritise interdependence, rather than adhering to a strict age-based cut-off for assistance.

Second, efforts should be made to enhance the participation of care leavers in decision-making processes and ensure they have access to clear and comprehensive information about their rights and available support services. Strengthening collaboration between government agencies and civil society organisations, including NGOs and advocacy groups with lived experience, can help create more holistic and inclusive support systems.

Third, different welfare regimes shape care leaver outcomes in unique ways, although there seems to be little difference in the problematic pathways and outcomes across the respective liberal and social democratic regimes. What seems to show potential for working better is either national legislation (e.g., Norway) or formal extended care programmes in all regions even where there is no national legislation (e.g., Australia). In contrast, Sweden seems to lack either national standards or comprehensive local policy and practice supports. These varied findings suggest that cross-national learning offers valuable opportunities to adapt successful elements from one context to another.

Policymakers should consider creating platforms for cross-national dialogue and collaboration to facilitate the sharing of best practices and foster innovative approaches to supporting care leavers.

The study also points to several areas for future research and policy development. Comparative studies could further explore the impact of specific support programmes on long-term outcomes for care leavers, such as mental health, employment and social integration. Additionally, research could focus on how different welfare models might be adapted to provide more effective support for care leavers in diverse contexts. It may also be useful to examine why local or state and territory governments vary significantly in the supports offered.

Conclusion

In conclusion, while each country has made progress in supporting care leavers, significant policy and practice challenges remain. The analysis underscores the importance of ensuring continuity in care, enhancing coordination between services, and fostering cross-national learning to develop more effective policies and practices. Sweden could arguably benefit from adopting a similar national act to Norway, and also following Australia in ensuring that all regions offer a safety net of extended care programmes and supports. Australian jurisdictions should advance universal access to support services for all care leavers, as in Norway and Sweden. And there may also be advantages for Australia in adapting components of the

universal healthcare and social security systems that exist in the other two countries. Ultimately, the goal is to create robust and inclusive support systems that recognise the diverse needs of care leavers and provide them with the necessary resources and opportunities to achieve a successful transition into adulthood.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

The authors received no financial support for the research, authorship and/or publication of this article.

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