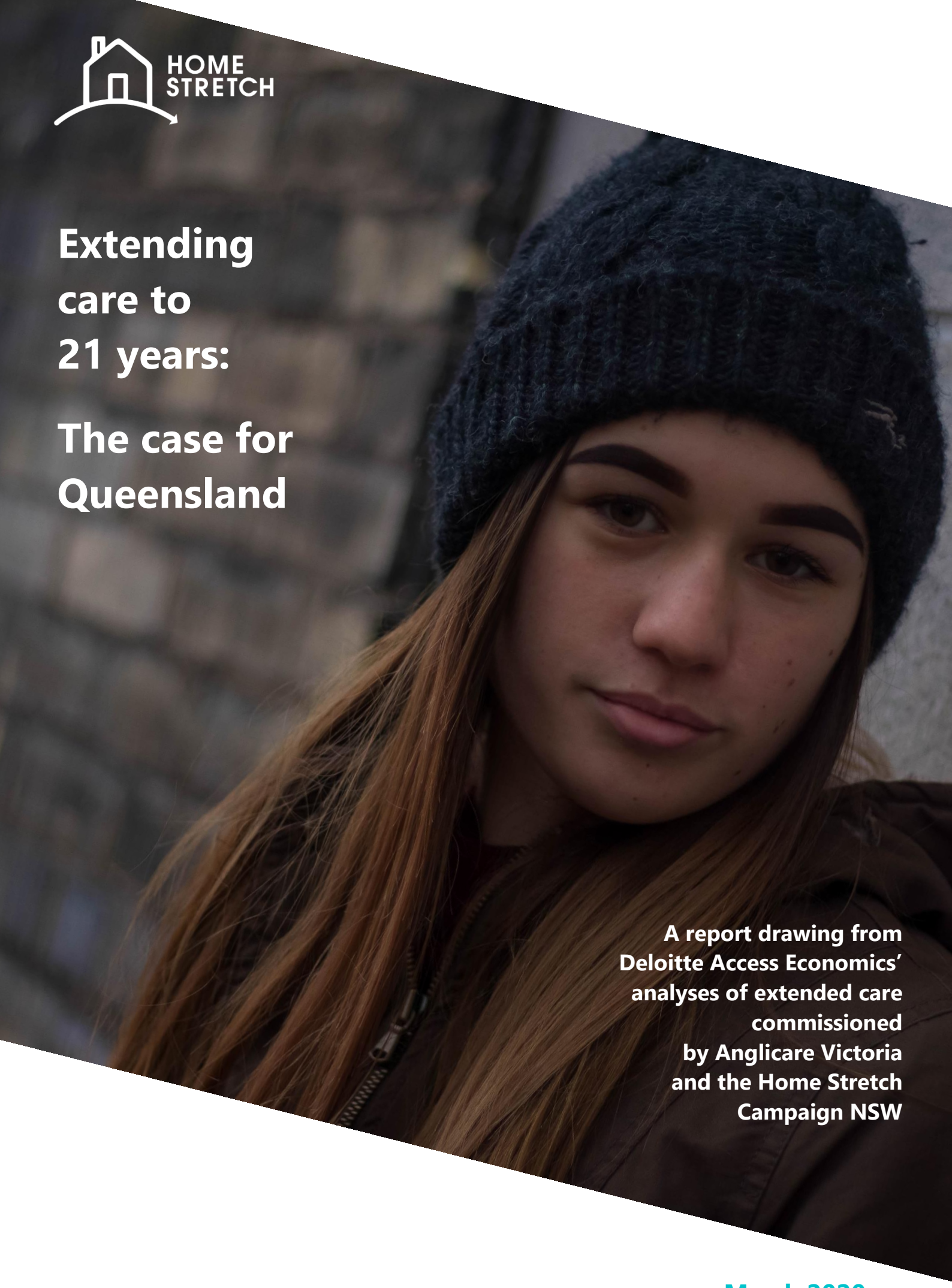

HOME STRETCH

# Extending care to 21 years:

# The case for Queensland

**A report drawing from Deloitte Access Economics' analyses of extended care commissioned by Anglicare Victoria and the Home Stretch Campaign NSW**

**March 2020**

# Contents

# About The Home Stretch

The Home Stretch movement comprises more than **160 organisations** and **10,000 individuals** nationally who believe that young people in the out-of-home care systems in every Australian state and territory **should have the option to remain in care until the age of 21 years** if they choose to.

The movement is constantly growing in support.

The **Queensland launch** at Griffith University, South Bank, in November 2019 drew nearly **100 local supporters** from the community sector and academia, as well as concerned young people, adults and the media.

Simultaneous regional launches took place in Cairns, Mt Isa and Rockhampton, demonstrating **state-wide support** for a simple change that would ensure young people in care the same right to a secure home and the support most other young Queenslanders have in their transition to adulthood.


*The Home Stretch launch, Brisbane. Courtesy of IFYS Ltd.*

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# Foreword

At the core of a healthy and productive community are individual Queenslanders with a quality of life that enables them to both live personally satisfying lives, and give back to the community socially and economically.

Every individual matters. Each and every Queenslander deserves the support needed to live a flourishing life, and to enable them to fulfil their potential to contribute to society.

**Some, like young people transitioning from care to adulthood, need particular support.** The life outcomes of a high proportion of young people who leave care at 18 years are poor, and many face a cluster of negative outcomes such as homelessness, unemployment, and physical and mental health challenges.[1]

Like other vulnerable Queenslanders, however, these young people don't simply see themselves as part of a 'cohort'. They have individual lives and personal needs that are not just part of a narrative of disadvantage. As one young person from the Anglicare Southern Queensland *Youth Voices* project told us bluntly: *This is not a story. It's real life.*[2]

The Home Stretch movement advocates for these young people and their 'real lives'. The option of extended care until 21 years provides the secure base individual young people in care need to deal with the myriad challenges of becoming an adult — challenges that most young Queenslanders undertake with the support of a home and family.[3]

**Extending care to 21 is a simple change that can be the difference between these young people surviving or thriving.**

It is admittedly not a change that will fix the problems of all vulnerable young Queenslanders. As American author Edward Everett Hale said, however: *I cannot do everything, but still I can do something.*

Extending care to 21 years is 'something' that will have intergenerational impact, a legacy of hope for these young people personally as they transition out of care, and for their future relationships and families.

And today it will make a world of difference to young people like Aimee, Zach and Jordan, who spoke passionately at the Queensland Home Stretch launch late in 2019 about their lives, and what the option of extended care and a place to call home would mean to them — about a future that includes education, employment, secure housing and a chance to give back.

Lindsay Wegener
Co-chair, The Home Stretch Queensland
Executive Director, Peakcare Queensland

Rachael Donovan
Co-chair, The Home Stretch Queensland
State Coordinator, CREATE Foundation

# Executive summary

Young people who have been in out-of-home care (OOHC) are among the most vulnerable people in Australia. They are more likely to experience homelessness, mental health issues, substance abuse and engagement with the criminal justice system, and are less likely to pursue post-school education or to be employed.

The reasons for this are well established, and relate to the early and abrupt end to care that occurs when a young person in out of home care reaches age 18. Many young people find the process of transitioning difficult, and may not be ready to be fully independent due to various factors including past trauma, poor health and mental health, limited educational attainment, and a lack of support networks and resources.[4]

Transitioning should be based on the maturity and needs of the young person rather than simply age. Evidence from the United States, United Kingdom and many other countries shows that extending care to age 21 improves outcomes in education, employment and other life domains.

Australian studies by Deloitte Access Economics found that young people who stay in care until the age of 21 experienced an array of benefits relative to those who leave care at 18 years of age (see over page). They also identified broader benefits that may accrue from an extended care policy, including better outcomes for the children of care leavers, improved physical health outcomes and greater social connectedness and civic participation.

In fiscal terms, Deloitte estimated that under the assumed program cost and program uptake rate (25%), the benefit to cost ratio of an extended care program in Queensland would be 2.69.

That is, every dollar invested in the program is associated with an expected return of $2.69 in either savings or increased income.

As at March 2020, state governments in Victoria, South Australia, Tasmania and Western Australia have made commitments supporting extended care to 21 years. The different states demonstrate a range of models and approaches to implementation that will be a useful resource as Queensland develops and implements our own cost-effective, best practice model, resourced to effectively meet the emotional, financial and physical needs of these vulnerable young Queenslanders.

## Key findings

**HOMELESSNESS**


Reduced from
39% to 19.5%

**TEEN PREGNANCY**


Reduced from
16.6% to 10.2%

**EDUCATIONAL ENGAGEMENT**


Increased from
7.0% to 16.3%, for non-parents

**HOSPITALISATION**


Reduced from
29.2% to 19.2%

**MENTAL ILLNESS**


Reduced from
54.4% to 30.1%

**SMOKING**


Reduced from
56.8% to 24.9%

**INTERACTION IN CRIMINAL JUSTICE**


Reduced from
16.3% to 10.4%

**ALCOHOL AND DRUG DEPENDENCE**


Reduced from
15.8% to 2.5%

**LOST WELLBEING DUE TO ILLNESS AND ABUSE**


Reduced from
54.4% to 30.1%

# 1 A case for change

## 1.1 Introduction

While parents have the primary responsibility for raising their children and providing support, the *National Framework for Protecting Australia's Children 2009–2020*[5] notes that where the home environment is not safe enough for children, children are to be placed in the care of the state, in out-of-home care (OOHC). OOHC involves the placement of a child or young person with alternate caregivers who have legal custody of the child until 18 years of age.[6] In Australia, state and territory governments have a statutory responsibility for ensuring children are protected from harm caused by abuse and neglect.

## 1.2 *'Dream big, achieve great things and become an awesome adult'*

In Queensland, the above responsibility is exercised by the Department of Child Safety, Youth and Women (the Department). The Department makes a commitment to children and young people that they will support them to:

- *be connected to family, community and culture*
- *feel safe and know who to talk to if they don't feel safe*
- *know that Child Safety will help their family to make changes to deal with the things that have everyone worried*
- *have people in their life that care about them and who will stay in contact with them*
- *know that we will do our very best for them*
- *dream big, achieve great things and become an awesome adult.*[7]

The disparities in care-pathways between children in OOHC and those growing up in the majority of family homes are poignantly highlighted, however, when young people turn 18 years, and formal state care for most comes to an end.

Queensland Government initiatives such as the changes to *the Child Protection Act 1999* and programs such as *Next Step Plus* are undoubtedly important investments in the future of our young people, and help support them to "*become an awesome adult*" as they leave care. Nevertheless, for young people transitioning into adulthood from statutory care, even the best programs, pathway planning and support services do not provide the security and stability of a home.

The provision of such supports is not mandatory, and they will depend on a young person's ability and capacity to access them. None guarantee care through to 21 years as an entitlement.

We believe that access to a safe home environment provides a safety net as young Queenslanders grow into adulthood, and that having this option available is a right.

This is not to suggest in any way that support provided to young people should be contingent upon their remaining in foster or kinship care, or that they should be compelled to remain with their carers if they do not wish to.

Some young people will choose other forms of support, and that this is also their right.

The majority of young Queenslanders have the option of moving in and out of home, testing their wings, sometimes returning to a safe base and other times taking flight. Young people transitioning to adulthood from state care deserve the same option.

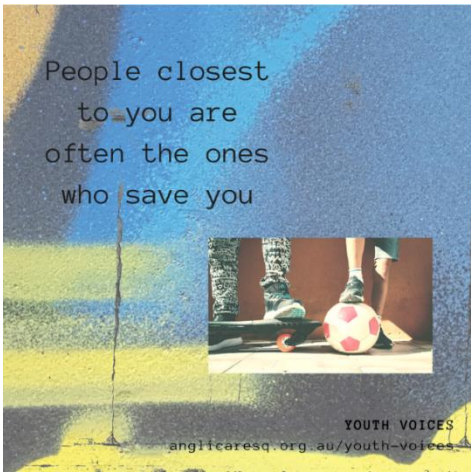
## 1.3 The alternative to extended care is shocking

There is a vast body of literature documenting the multitude of poor life outcomes experienced by a high proportion of care leavers.


These young people are particularly disadvantaged in accessing the same social, educational, housing and employment opportunities that other young people access with the support of their families and close social support networks. There is extensive evidence showing that young care leavers are heavily over-represented in homelessness, justice and unemployment statistics; have poor educational outcomes and fewer social supports; and are more likely to face physical and mental health issues as a result of past trauma.[8] Many face a cluster of these negative outcomes.[9]

Traditional support structures — family, friendship circles and community — are more likely to be broken for these young people, limiting the social support individuals can leverage to break the cycle of disadvantage which, if left unaddressed, has the potential to span several generations.

Care leavers are not a homogeneous group, and they experience leaving care in many different ways. Those who experience supportive and stable placements, and who have positive and ongoing relationships with carers and workers, often go on to live successful and satisfying lives despite a history of adversity.[10]




There is no doubt however that for many of the young people transitioning out of care and already dealing with past experiences of trauma, 18 is too young to have independence forced upon them. Like other young people their age, they deserve the right to grow up gradually in a caring environment.

## 1.4 Overview of the Queensland OOHC system

As noted above, the statutory responsibility for ensuring children are protected from harm caused by abuse and neglect is exercised in Queensland by the Department of Child Safety, Youth and Women.

A key function of the Department's child protection role is providing OOHC to children and adolescents in need.

The latest figures from the Department of Child Safety show that as at 30 June 2019 there were 10,248 children living away from home in Queensland, including 9,647 children in OOHC.[11]

For the vast majority of children (85% or 8,696 children), OOHC is provided either through a kinship care or foster care model. The proportion of living-away-from-home arrangements between home-based (foster and kinship) care, residential care and a variety of other arrangements (including hospitals, Queensland youth detention centres, independent living and other locations) can be seen below:

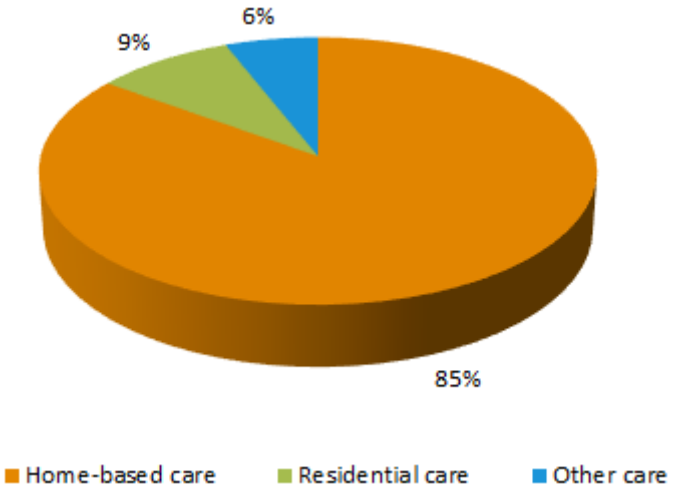



*Figure 1: Proportion of children living away from home, by primary placement, Qld, as at 30 June 2019*[12]

Foster carers are approved by Child Safety to provide care in their own homes for children and young people who they are not related to biologically. Kinship carers are also approved by the Department to provide care in their own homes for a relative, family member, close friend, or a member of the child or young person's community.

Department of Child Safety statistics show that of the 8,696 children placed in home-based care, 48.9 per cent (4,253) were placed with kin and 51.1 per cent (4,443) were placed with other family-based carers.

The proportion of children in home based-care placed with kin increased from 45.8% as at 30 June 2015 to 48.9% as at 30 June 2019.[13] Queensland Government legislation, policy and practice in relation to the placement of Aboriginal and Torres Strait Islander children aims to

be guided by principles explicitly acknowledging the importance of connections to family, community, culture and country.[14]

As elsewhere in Australia, however, Aboriginal and Torres Strait Islander children remain over-represented in the child protection system.

| Rate per 1,000 children aged 0–17 years living away from home in Queensland | | | | | |
|---|---|---|---|---|---|
| | At 30 June 15 | At 30 June 16 | At 30 June 17 | At 30 June 18 | At 30 June 19 |
| Aboriginal and Torres Strait Islander | 40.2 | 41.1 | 42.8 | 43.3 | 46.2 |
| Non-Aboriginal and Torres Strait Islander[15] | 5.0 | 5.1 | 5.2 | 5.2 | 5.4 |

*Table 1: Children living away from home, by Aboriginal and Torres Strait Islander status, Queensland.*[16]

The Department also funds residential care providers to care for children and young people who are unable to be placed, for a range of reasons, in a kinship or foster care arrangement. Providers are required by the Department to meet both child safety licensing and Human Service Quality Framework requirements. The Minister for Child Safety, Youth and Women described the nature and costs of residential care as follows:

> *Due to their experiences of abuse and neglect, children and young people living in residential care are more likely to have experienced serious trauma, disability and mental health, and to have complex, challenging and high-risk behaviours. The needs of young people in residential care range from moderate to extreme levels of risk to safety and wellbeing. Accordingly, the costs of this type of care reflect the varying intensity and models of care, which includes live-in workers providing 24-hour a day supervision and support to between one and four children/young people, and the therapeutic supports required to keep these highly vulnerable young people alive, safe and well.*[17]

### 1.4.1 Transition from care planning

Planning for the transition to adulthood commences from the year a young person turns 15, and is recorded within their case plan.

Over the past five years there has been a 4.3% decrease in the proportion of eligible children with a transition to adulthood plan from 73.3% as at 30 June 2015 to 69.0% as at 30 June 2019. Some of the reasons why a young person may not have a transition to adulthood plan recorded may include where transition planning has:

- not yet occurred (e.g. a young person has only recently turned 15 years and their case plan has not yet been reviewed)
- been delayed, because advice has been received from a therapeutic worker that the young person is not ready to commence these discussions
- not commenced, as a young person may refuse to engage in planning and the focus of case work is on engaging the young person prior to commencement of meaningful planning
- been completed, but not yet recorded
- been completed and recorded, but is yet to be approved.[18]

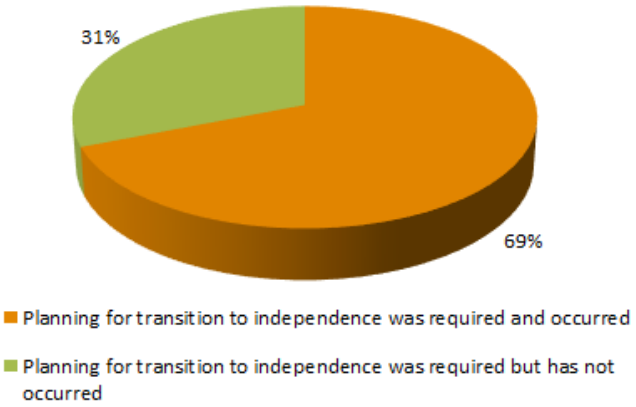



*Figure 2: Proportion of young people aged 15 years and over where planning for their transition to adulthood is required and has occurred, as at 30 June 2019.*[19]

### *Transitioning out of foster and kinship care*

The number of 17 year old Queensland children in a foster or kinship care placement as at 30 June for the last three years is as follows:

| Children aged 17 in foster/kinship care | As at 30 June 2017 | As at 30 June 2018 | As at 30 June 2019 |
|---|---|---|---|
| | 257 | 263 | 288 |

*Table 2: Children aged 17 in a foster or kinship care placement as at 30 June 2017–20*[20]

Some young people aged 18 and 19 currently live with their foster or kinship carers, but this information is not currently reported as carers receive no funding allowance to assist with costs. As noted in a recent Queensland Government document, this is "essentially a private arrangement".[21]

In February 2019, foster and kinship carer allowances were extended for children who turn 18 years while still at school. From 1 July 2020, the allowance will be extended until the age of 19, regardless of educational status.

As changes are implemented from 2020–21, department data reporting will also be expanded to record 18-year-olds (when the allowance is claimed).

### *Transitioning out of residential care*

Queensland has the highest number of children and young people in residential care in Australia and is second only to South Australia in terms of the proportion of children and young people in 'resi care'. As at 30 June 2019, there were 960 Queensland children in residential care, 11.8% of our OOHC population.[22, 23]

Approximately 40% of young people in residential care are aged 15–17 years, and are facing transition from the care system to independence.[24]

# 2 Extension of care: interstate experience

As at March 2020, state governments in Victoria, South Australia, Tasmania and Western Australia have made commitments supporting extended care to 21 years.

The different states demonstrate a range of models and approaches to implementation that will be a useful resource as Queensland develops and implements our own cost-effective, best practice model, resourced to effectively meet the emotional, financial and physical needs of these vulnerable young Queenslanders.

- In **Victoria**, an $11.6 million trial is underway that will support 250 young people over five years in extended care until they reach 21 years of age. The program gives those in foster or kinship care the choice to remain, and supports young people in residential care to find alternative housing.[25] A private Member's Bill was introduced to Parliament in February 2020 for debate.[26]
- In **South Australia**, a new Stability in Family-Based Care program introduced in January 2019 provides both foster and kinship carers extended payments for young people to age 21. About 65 young people in South Australia are eligible for the program. By the end of July 2019, the program had already been accessed by 17 young people, with more than 100 set to become eligible over the next three years.[27]
- In **Tasmania**, the out of home care age was increased to 21 in early 2018, with an additional incentive payment of $2500 each paid to both foster carers and young people when the latter complete their Tasmanian Certificate of Education (TCE).[28]
- In **Western Australia**, a joint trial of extended care is being run collaboratively by the Department of Communities and Anglicare WA. It includes extensions to placements in foster care, housing guarantees, coaching and mentoring. With additional funding from Lotterywest, the trial has been extended from the original 15 care leavers in the Fremantle area to an extra 10 care leavers in the program's first year, and up to 25 more in each of the second and third years. [29]

**Young and in need**

IT was with mixed emotions I read about a Private Member's Bill introduced into parliament to extended care for young people in foster care. While I applaud Reason Party Leader Fiona Patten, I was left wondering why the Victorian government and other state governments have not made the same commitment to ensure young Australians in out-of-home care are provided seamless support.

When I think about my own kids, through no fault of my parenting abilities or their capabilities, I am not sure they would succeed if I kicked them out once they turned 18.

In an era when most young Australians remain within their family home well into their 20s, our most vulnerable teens are asked to move out on their first official day of adulthood and fend for themselves.

I urge our politicians to move towards providing greater support for all young people in out-of-home care.

**Dr Lisa J. Griffiths, CEO, OzChild**

# 3 Extension of care: international experience

A number of countries have implemented policies and programs to extend care for young people aged 18 years and older. There are differences between jurisdictions in terms of the type of care provided and the eligibility requirements for accessing this care.

The following sections draw largely on Deloitte's work in summarising some key international initiatives for extended care. At least four rigorous international studies[30] have demonstrated that extended care produces positive outcomes for care leavers, including increased engagement with education and employment prospects; as well as reduced levels of homelessness, alcohol and drug dependency, and interactions with the justice system.[31]

The evidence underpins extended care reforms in an increasing number of countries, including the United Kingdom's 'Staying Put', and more than 40 states in the United States.[32]

## 3.1 United Kingdom

The United Kingdom (UK) has extended care provisions intended to model the role of a parent. These assist youth in care until they are 21 or 24 where the young person is in school or training. The *Children and Families Act 2014* legislates a duty for local authorities in the UK to support a 'Staying Put' arrangement, which is a voluntary, opt-in model whereby a young person, when they reach 18 years of age, makes an agreement with their foster carer to remain living with that person up to the age of 21 years. [33]

To be eligible for entering into a 'Staying Put' arrangement, a young person must:

- be looked after by a local authority (in partnership with their foster carer)
- be aged 16 or 17 years of age, and
- have been in foster care a total of at least 13 weeks since the age of 14 years.[34]

In 2015, figures released by the UK Department for Education found that a quarter of young people (1,370 of 5,490) in foster care who turned 18 since the 'Staying Put' legislation was introduced remained with their foster carers.[35] It was suggested this uptake rate may have been higher had less stringent entry criteria been adopted and/or more adequate funding been provided to local authorities to support foster carers.[36]

An evaluation of the pilot of the 'Staying Put: 18+ Family Placement Programme'[37] for young people remaining in extended care interviewed 32 young people at the age of 19, of which 21 had 'stayed put'. The paper looked at outcomes in education, employment and training, and housing.

**Education/employment**. It was found that 55% of those who had stayed put were enrolled in full-time education, compared to 22% of those who had exited care. Additionally, 25% of young people who had 'stayed put' were engaged in full time training and employment, in contrast to 22% of those who had left care.

**Housing**. Across the sample, 41% of young people had taken a direct housing pathway, which involved moving straight from care to stable independent living in council or privately rented property. Of these individuals, 67% were those who had 'stayed put'.

## 3.2 United States

In the United States of America (USA), each state is responsible for establishing specific foster care practices and managing individual cases. However, the federal government strongly influences state child welfare policies through funding statutes, such as the *Adoption and Safe Families Act (ASFA) 1997*, which is the primary law controlling placements in the foster care system.[38] Federal funding accounts for about half of the funding spent on child welfare in the United States, although the portion received by each state differs significantly.

California was one of the first states to extend care and receive financial incentives under the *Fostering Connections Act*. In 2010, California legislated to provide the option of extended foster care to the age of 21 years, as well as providing assistance for housing, healthcare, food and support programs.[39] To be eligible for this support, a young person must be living in an approved placement on their 18th birthday, have a signed mutual agreement with a case worker, and be:

- attending high school, or
- enrolled in a college or vocational program, or
- employed at least 80 hours a month, or
- participating in a program aimed at gaining employment, or unable to work/attend school because of a medical condition.

A robust longitudinal evaluation of the California initiative (the CalYouth study) is demonstrating a long list of improved outcomes accruing to each additional year in extended foster care through to 21 years.[40] These include:

- significantly increasing the probability that young people would complete secondary school
- increasing the number of quarters that young people were employed between their 18th and 21st birthdays
- decreasing their odds of being homeless or couch-surfing between the ages of 17 and 21 by about 28%
- decreasing the likelihood that young people became parents between the ages of 17 and 21 by about 28%
- decreasing the probability that young people had been arrested between the ages of 17 and 21 by about 41%, and decreasing the odds that they had been convicted of a crime during the same period by about 40%.

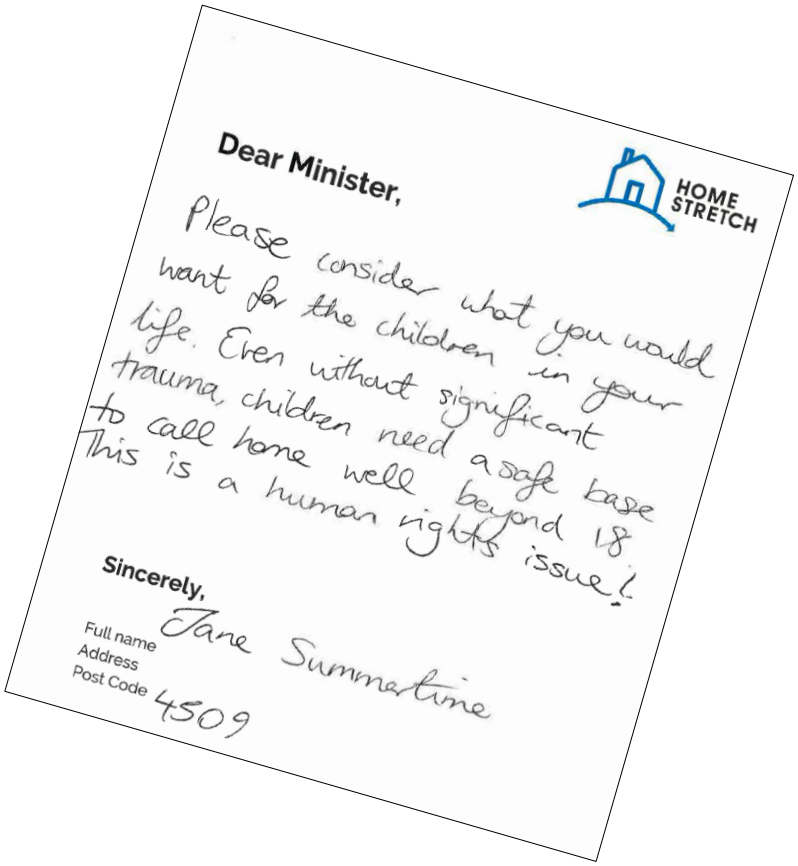
## 3.3 New Zealand

In New Zealand, the *Oranga Tamariki Act 1989/ Children's and Young People's Well-being Act 1989* now legislates a raft of transition services in addition to extended care provisions enabling young people to stay with a carer until the age of 21 years if they choose that option. The Wellbeing Budget is investing $153.7 million over four years to build the transition service for young people leaving the care and youth justice system. The new services include:

- 175 new specialist transition support staff by year four providing day-to-day support to individual young people as they transition out of care;

- 60 supported accommodation places by year four for young people who need a stepping stone to make a successful transition to independent living;
- $25 million over four years to support arrangements for young people to continue to live with their caregiver beyond the age of 18; and
- $9 million over four years to provide advice and assistance to individual young people transitioning from care to independence, up to the age of 25.

New Zealand Children's Minister Tracey Martin noted with the announcement of the changes in 2019 that, in addition to the immediate and personal benefits to young people, "making the investment now … would help break the cycle of families needing state care [since] nearly 30% of children in care have parents who had also been in care." [41]



# 4 Extension of care: Australian studies

## 4.1 Introduction

In recent years Anglicare Victoria and the NSW Home Stretch Campaign have commissioned Deloitte Access Economics to examine the socioeconomic costs and benefits of extending state care for young people from 18 years to the age of 21.

The following discussion is drawn largely from these Deloitte reports. In both cases, the findings were convincing: extended care is good for young people, and good for our community.

## 4.2 Victoria (2016)

Anglicare Victoria commissioned Deloitte Access Economics to consider the potential benefits that may be realised over a forty year period — both to the individual and to the public — from introducing a program of support from 18–21 for Victorian children in OOHC. Deloitte provided an estimate of the quantum of public expenditure on such a program which, in the long-run, would see the public investment as net-neutral.

Given the then scarcity of Australian research into extended care, the paper drew upon international research to determine the marginal impact of providing extended care to young people in OOHC across several life domains. Specifically, the model considered the financial impacts of improved access to education and, relatedly, employment; improved housing stability; reduced interaction with the justice system; improved access to healthcare; and, reduced incidence of alcohol and/or drug dependence. In addition, a number of benefits qualitatively described in the literature were identified, additional to those included in the model.[42]

In 2015 in Victoria, there were 524 children in OOHC care aged 18 (the care leaver population). This is similar to the number of young people who currently leave care in Queensland each year. Based on the experience of the UK's 'Staying Put' program, Deloitte assumed approximately 25% of these young people would elect to stay in care (that is, 131 of these young people would have adopted an extended care option if it had been available).

Deloitte identified benefits comprised of increased revenue (to the individual and to the government through increased wages and hence taxation) and, reduced government expenditure across a number of portfolios (savings). The greatest benefits existed in the estimated savings to housing supports, justice costs and drug and alcohol costs.[43]

The modelling results found that under the assumed program cost and program uptake rate (25%), the benefit to cost ratio of the program was 1.84.

*That is, a dollar invested in the program is associated with an expected return of $1.84 in either savings or increased income.*

Looking at benefits and costs which primarily accrue to Government, the benefit cost ratio of public spend was approximately $1.60.

### 4.2.1 Other potential benefits

The following potential benefits were considered to be additional to the cost ratio benefits modelled above.

**Mental health.** Children and young people in OOHC are generally placed in the system due to violence, neglect or abuse in their family environment.[44] There is extensive literature which shows that there is a strong relationship between an unstable and damaging family experience for young people, and a range of mental illnesses, including post-traumatic stress disorder, depression and anxiety.[45] As the causative factors usually occur during childhood, the prevalence rates of mental illness among youth in OOHC are unlikely to change in light of an extension to care services until the age of 21; however, for the reasons outlined below, the *duration and severity of illness may be decreased by extension of exit age*.

Currently, youth in care start to be prepared from the age of 15 to exit the system by 18.[46] It is therefore plausible that many in the system start to become disengaged during their formative adolescent years aged 15–17, which has been identified as an issue especially toward the start of exit planning.[47] This hampers access to effective treatment as young people may experience uncertainty and disruption during this period and therefore not seek appropriate mental healthcare to the extent they may with greater stability. Delayed treatment is likely to then have implications for future intensive access of the general healthcare system and mental health services, due to the increased likelihood of comorbidity and more chronic illness.[48]

There is substantial qualitative literature which highlights the benefits of early intervention for mental, emotional and behavioural disorders among youth, including lower treatment costs across their lifetime, due largely to less intensive use of general and mental health services.[49] Early intervention is also important in mitigating related effects on social, educational and vocational outcomes (ie the indirect benefits of lower crime, higher productivity and reduced substance abuse).[50]

**Physical health outcomes.** Research suggests that young people in OOHC have also been found to experience poorer physical health outcomes compared with the general population.[51] The main physical health challenges for care leavers have been identified as higher rates of illness and disability, higher rates of teenage pregnancy, risk-taking behaviour and self-harm and poor access to dental, optical and aural health services.[52]

The difference in physical health outcomes between 18 year old care leavers and those who stay in care to age 21 have not been extensively researched; however, available research does suggest that it is likely they extend beyond the modelled differences in hospitalisation costs.

It has been suggested that young people who remain in care longer may experience physical health benefits as a result of improved education and employment outcomes associated with remaining in care longer than people who leave care at 18 years, due to the pathways outlined below.[53]

- Sustained engagement in high quality education is directly related to the realisation of more positive life outcomes for individuals and societies.[54,55,56] As care leavers at 21 were found to experience higher levels of education and employment, the higher expected future earnings associated with this population presents an increased ability to afford private health insurance or make out-of-pocket payments for health services. Higher income may facilitate quicker access to elective medical services and high-demand procedures which typically involve long waiting periods.
- Lower formal education engagement rates among OOHC youth also raises the possibility of lower health literacy levels within the population. By increasing the time spent both in formal schooling and with an adult carer exerting a positive influence, extended care could also potentially increase levels of awareness, and usage, of healthcare services that monitor and prevent future ill health (e.g. blood pressure and weight monitoring, AOD treatment programs). As is the case with all preventative healthcare measures, although there can be short term costs of these services and actions, typically they lead to higher cost savings in the long run.[57]

In sum, by improving education and thus potentially prevention and early intervention activities and reducing risk factors (e.g. alcohol and other drugs), extending care to 21 years could also potentially reduce the incidence of costly lifestyle-related diseases like certain respiratory, cardiac and liver illnesses.

**Intergenerational disadvantage.** Intergenerational benefits are realised to the extent that the flow-on impacts of extended care permanently alter the course of not only an individual young person, but also the prospects of their children.

By encouraging continued education, extended care raises the probability of employment and the average income of care leavers. Given that children's outcomes (health, education, income) have been found to be significantly associated with their parents' earnings and socio-economic status, extending OOHC may bring future benefits to the children of those receiving extended care and support.[58]

The same may be said of the impact of reducing the incidence of criminal activity through extended care, since having a history of conviction has been linked with a reduced probability of securing employment.[59] Furthermore, the penalty for having a history of conviction may be especially severe for certain minority groups and thus also have a negative impact on disposable income.[60]

In light of the link between higher employment/income and both improved education and reduced criminal activity from extending care to 21 years, together with the link between higher parental income and child outcomes, extending care beyond 18 years could reduce the intergenerational disadvantage experienced by care leavers and their own children.

*Teenage pregnancy:* There is also growing research to indicate that intergenerational impacts of teenage pregnancy exist.[61] Mothers who have experienced teenage pregnancy have been found to experience lower educational status and worse employment outcomes relative to those who have not experienced pregnancy.[62] Moreover, the educational disadvantage perpetuates with the next generation — research has linked adolescent

mothers' relatively lower educational outcomes to lower outcomes also for their own children,[63] and also found that children born to teen mothers experience lower life satisfaction and personal income levels in adulthood.[64]

Furthermore, it has been shown that teenage mothers are 2.2 times more likely to have a child placed in foster care than those who delay child bearing until age 21, continuing the intergenerational cycle of poorer outcomes for young people in OOHC care when compared with the general population.[65]

Researchers using data from the Midwest evaluation reported that staying in care beyond the age of 18 years may mitigate the risk of becoming pregnant, and suggested that allowing young people to remain in foster care beyond age 18 may be one way to help reduce teenage pregnancy among this group of young people.[66]

**Civic participation and social connectedness:** Children and young people may experience fragmented relationships their families due to the physical separation brought about (and often legally required) through the OOHC arrangements, as well as because of the source of family abuse itself.[67] Many young people find it difficult to forge lasting friendships, due in part to unstable living and schooling arrangements.[68]

As a result, young people with OOHC experiences have a higher rate of disengagement with key societal institutions such as the family, education, business (employment) and the wider community — all of which exert a stabilising effect on the wellbeing of both the individual and society in general.

Many researchers have now identified the pivotal role that stability and connectedness play in establishing better outcomes of children in foster care.[69] It is believed that connectedness facilitates access to opportunities and resources and provides a sense of belonging that strengthens a child's resilience.[70] A 2004 Australian study by Mason and Gibson surveyed children, young people, carers and workers in NSW who identified that the child's 'connections with others' was the overarching factor that impacted on their wellbeing.[71]

By offering the possibility of extended care, with associated greater potential stability in accommodation and care arrangements, children may experience greater continued connection to individuals with whom they have forged positive relationships. The consequence may be improved emotional wellbeing and social benefits for young people in extended care.[72]

**Disability adjusted life years:** A commonly included method within cost benefit analyses for health policies or programs is the estimation of disability adjusted life years (DALYs). DALYs are a globally accepted metric that allows researchers and policymakers to compare different populations and health conditions across time. A DALY is the sum of years of life lost and years lived with disability, or a health condition, that reduces quality of life — such a liver disease. One DALY equals one lost year of healthy life.[73]

The modelling for the Victorian project did not considered DALYs in the calculation of benefits, but instead focused on financial costs and savings. Given that extending care to age 21 is considered protective for the risk of hospitalisation, alcohol and drug use, and mental

health issues, compared with leaving OOHC at age 18, it is expected that the DALYs benefits would accrue to a greater extent for extending care. This means that the overall benefit of extending care estimated in the current model is conservative, since the value of these DALYs saved has not been included.

### 4.2.2 Queensland and other states

To supplement the Victorian-specific findings of the report, Deloitte also investigated the impact of implementing an extended care program in other states and territories in Australia. They used the same base model — that is, a consideration of the economic impacts of improved access to education and, relatedly, employment; improved housing stability; reduced interaction with the justice system; improved access to healthcare; and, reduced incidence of alcohol and/or drug dependence. However, inputs were updated on a jurisdictional basis to ensure that the modelling results reflected the circumstances of the state/territory being considered.

For Queensland, Deloitte estimated that under the assumed program cost and program uptake rate (25%), the benefit to cost ratio of an extended care program is 2.69. That is, **every dollar invested in the program is associated with an expected return of $2.69** in either savings or increased income.

This is, with Tasmania, the highest cost-benefit ratio in the country, and at least double our monetary investment in benefits.

| State | Qld | Tas | NSW | WA | NT | Vic | ACT | SA |
|---|---|---|---|---|---|---|---|---|
| Benefit to cost ratio | 2.69 | 2.69 | 2.57 | 2.17 | 1.94 | 1.84 | 1.77 | 1.4 |

*Table 3: Benefit to cost ratio of an extended care program, Australian states and territories*

Jurisdictional variations are driven by both supply and demand factors such as the complexity of cases, cost of placement per night, information finding activities, family support services, order seeking, rurality and the general cost of labour, as well as the design of the extended care program.

**Overall, this broader state and territory analysis revealed that the extension of support to the age of 21 would be expected to yield positive economic returns in every Australian state and territory.**

## 4.3 New South Wales (2018)

Drawing on the international evidence on extended care, Deloitte's NSW report also analysed the costs and benefits of the proposal to extend care for young people in OOHC in New South Wales to 21 years of age. Deloitte's analysis compared two scenarios — one in which extended care is offered and a young person leaves care at 21, and one in which a young person leaves care at 18. They examined outcomes in relation to: housing; education and employment; early parenthood; hospitalisation; the non hospital costs of mental illness and smoking; interaction with the justice system; and alcohol and drug dependency. The analysis also quantified the impact on wellbeing of mental health conditions for care leavers.

The quantifiable benefits identified in the NSW reports were extensive. They include avoided costs, such as lower welfare payments, as well as financial benefits, such as increased wages calculated based on the change in probability of different outcomes depending on the age at which the young person exited care. Deloitte's analysis found that young people who stay in care until the age of 21 experienced the following outcomes relative to those who leave care at 18 years of age:

- homelessness halved from 39% to 19.5%
- rate of teen pregnancy reduced from 16.6% to 10.2%
- educational engagement increased from 7.0% to 16.3%, for non-parents
- hospitalisation rates reduced from 29.2% to 19.2%
- rate of mental illness reduced from 54.4% to 30.1%
- rate of smoking reduced from 56.8% to 24.9%
- interaction with the criminal justice system reduced from 16.3% to 10.4%
- alcohol and drug dependence rates reduced from 15.8% to 2.5%
- lost wellbeing due to mental illness and substance abuse reduced from 54.4% to 30.1%.

Similarly to the Victorian study outlined above, Deloitte identified broader benefits that might also accrue from an extended care policy, including better outcomes for the children of care leavers, improved physical health outcomes and greater social connectedness and civic participation.

Overall, Deloitte demonstrated that across the life time of these young people the costs of extending care to 21 years of age will be more than recouped through the reduction in the value and volume of other government services they require. They conclude that extending care is a worthwhile investment for governments to fund, as over time governments will pay less for services to support this cohort of young people, relative to the cost of extending care.

# 5 A final word: Queensland can lead the way

The Home Stretch steering group in Queensland comprises major Queensland not-for-profit out-of-home care providers, child protection peak bodies and representative groups.

**Together, we ask that the Queensland Government lead the way in Australia by committing to provide the option of extended care up to the age of 21 years for all of the approximately 500 per annum young Queenslanders in state care, as they transition to adulthood.**

Such a commitment gives life not only to the Advancing Queensland priority, 'Give all our children a good start', but also to other priorities of your government: 'Keep Queenslanders healthy', 'Keep communities safe' and 'Create jobs in a strong economy', which includes the engagement of more young Queenslanders in education, training and work.

As noted above, in a cost–benefit analysis on the likely outcomes of extended care to 21 in Queensland, Deloitte Access Economics found that for every dollar invested by the Queensland Government in the continuation of care, there would be $2.69 generated in either savings or increased income due to improved social outcomes.

Fiscally, there is no question that extended care makes good sense for this generation and the next.

An investment in extended care to 21 is however more than financial. It is an investment in individual young Queenslanders who have the potential to become active, contributing young adults who enrich our community.

**The question is: can we afford *not to* invest in extended care?**

# Acknowledgments

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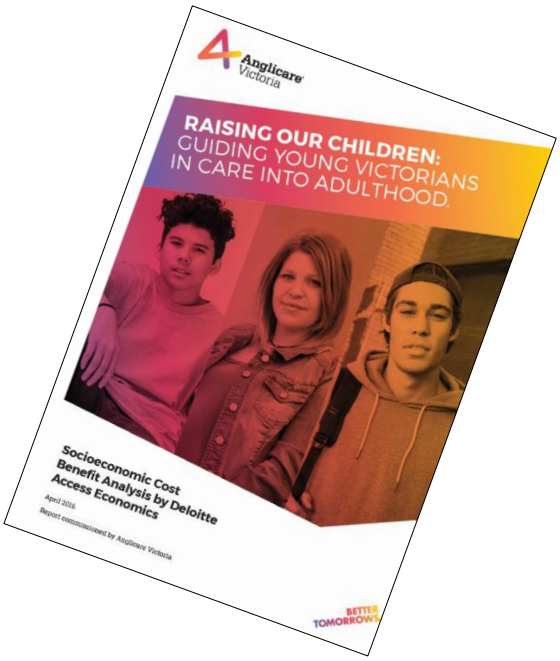
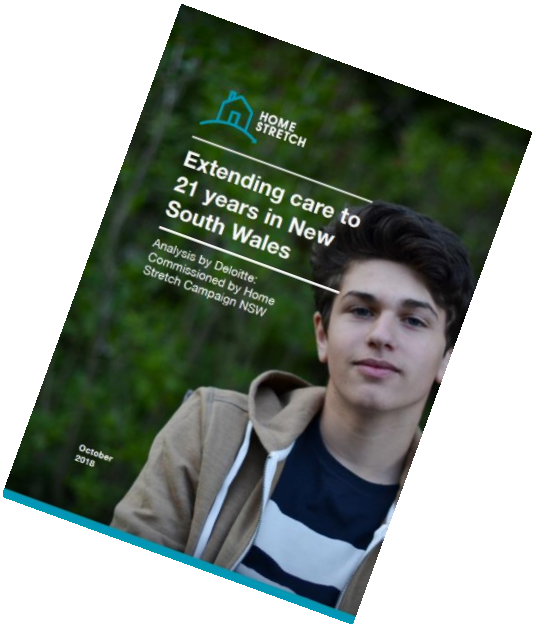
*Raising our Children: Guiding Young Victorians in Care into Adulthood*, April 2016.

*Extending Care to 21 years in New South Wales*, Oct 2018.

We also gratefully acknowledge the ongoing support and knowledge of the national Home Stretch campaign office based in Anglicare Victoria.



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