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'I Don't Think I Would've Survived Without Having a Constant Support System': Independent Living Skills Acquisition During the Transition From Care in Western Australia

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ABSTRACT

For care-experienced young people, the preparation for leaving out-of-home care (OOHC) is vital in support of post-OOHC outcomes. This research explores the acquisition of Independent Living Skills (ILS) amongst young people in Western Australia and is based on interviews with care-experienced young people at two time points: while in OOHC and after leaving OOHC. Overall, 72% of participants were female, 45% had a disability and 45% identified as Aboriginal and/or Torres Strait Islander. Total years spent in care ranged from 2 to 16 years. This study adopts two research methods; first, using eight different domains to conceptualise the ILS needed in early adulthood, interview transcript data was cross-referenced to understand the interconnected nature of ILS. Second, a thematic analysis was conducted of the interview transcripts to highlight participants' experiences. Findings highlight three themes relating to System Impacts, Social and Cultural Capital and Practical Identity and Self-focus upon acquiring ILS. The findings address this Special Issue's sub-themes, namely in relation to highlighting (1) *examples of good policy and practice in transition planning and/or ongoing gaps in transitions from care policy, practice and implementation for 15–18 year olds/ assisting care leavers aged 18–21 years* and providing (2) *lived experience perspectives*.

1 | Introduction

1.1 | Acquiring Independent Living Skills and Interacting Independent Living Skills Domains

Care-experienced young people have described entering the transition to adulthood as too much, too soon (Parry and Weatherhead 2014), where the build-up towards emancipation is a time of uncertainty concerning impending changes. Developing and acquiring Independent Living Skills (ILS), which form part of the preparation for leaving care, is vital and should be developmentally appropriate, planned and gradual

(García-Alba et al. 2022). Yet, internationally, young people generally experience increased difficulty entering adulthood (OECD 2022), specifically young people transitioning from out-of-home care (OOHC), who are often not prepared for 'independence' (Gypen et al. 2023). This paper defines ILS as practical, material and psychological skills that support functional independence in early adulthood.

A care-experienced young person's autonomy in relation to ILS acquisition is an important factor (García-Alba et al. 2022), as is the concept of 'independence' for care-experienced young people. It may feel like 'going at it alone' and is premised on

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chronological age and the legal definition of adulthood rather than readiness and having reliable relationships as support. Acquiring ILS and its various components has received limited attention in relation to OOHC, maybe because focusing on ILS can overlook structural barriers regardless of the individual's preparedness. General populations may experience excitement about testing out ILS and moving into adulthood, particularly if they have a safety net or buffer to fall back on. Therefore, preparation for leaving OOHC could be defined as young people having opportunities to test out and learn ILS in a way that is individually manageable. Despite a lack of consistent measures for assessing ILS (García-Alba et al. 2022), it has been reported that ILS development can be enhanced by transitional support services (Woodgate, Morakinyo, and Martin 2017).

An interdependence approach to support the transition from OOHC (Propp, Ortega, and Newheart 2003; Starr et al. 2024) can avoid a rushed or rapid experience of entering adulthood, or 'instant adulthood' (Stein 2005; Van Breda and Frimpong-Manso 2020). Interdependence as a transition from the OOHC concept acknowledges relationships, systems and the interconnected nature of ILS. Difficulties in one life area can negatively influence other areas (Sulimani-Aidan et al. 2013), and similarly, it has been identified that overlapping ILS domains can help other ILS domains respectively (Starr et al. 2024). Thus, ILS domains interact and should not be viewed as standalone or in isolation and analysis of outcomes in one domain should also consider other domains. This study conceptualises ILS as fitting within eight ILS domains based on previous research (Starr et al. 2024); these include: Financial Management, Knowledge of Accessing Available Supports, Managing Housing, Education Planning, Job Seeking, Health Risk Management, Domestic and Self-help Tasks and Managing Relationships.

1.2 | Challenges During the Transition From OOHC

Understanding the experiences of young people who have left OOHC systems is important, given so much is at stake for their immediate and longer-term outcomes. Considering what young people view as important and of interest to them provides a valuable reminder that care-experienced young people are not a homogenous group and experience different 'turning points' (Roberts, Scourfield, and Taussig 2022), leading to diverse outcomes due to different circumstances.

Care leavers need to adapt to life after OOHC, yet they may not have the relationships and resources to support this. Poorer outcomes amongst care leavers have been noted consistently (Mendes 2021). For example, young people who leave OOHC experience more insecure and unstable housing (O'Donnell et al. 2020); have limited social and relational connections (Mendes et al. 2021); have more negative educational experiences and aspirations (Driscoll 2011); face greater income insecurity (Mendes and Chaffey 2023); and have limited access to health services (Kelly et al. 2022). Significantly, a poorer sense of belonging and connection risks more significant challenges during the transition (Howard et al. 2023).

Preparation and planning facilitate a smoother transition from OOHC, allowing a gradual and more natural adjustment to developing ILS. Researching the transition from the OOHC stage longitudinally through a lived experience lens can build an understanding of outcome trajectories, informing the development of targeted interventions and support services during this developmental time (McGhee and Deeley 2022). Previous longitudinal research, which collected data at the pre- and post-transition to adulthood time points, found young people from residential settings in Israel developed ILS and social mobility better with support from birth parents (Sulimani-Aidan and Benbenishty 2011). In 2015, one study found young people with greater future expectations at the pre-transition time point experienced better outcomes and more life satisfaction at the post-transition time point (Sulimani-Aidan 2015). Conversely, in Sweden, a study concluded that short-term and long-term positive expectations remained similar at both time points (Bengtsson, Sjöblom, and Öberg 2020).

Conventional notions of 'independence' require further examination as they appear paradoxical, particularly when considering general populations benefit from family privilege (Seita 2001) and interdependence. Western nations' OOHC policies, for example, in Global North countries, rest on the assumption that if young people have the necessary ILS, they will be well placed for their transition to 'independence'.

1.3 | Policy in Western Australia (WA)

Comprehensive and tailored services may support the development of ILS (Starr et al. 2024). Identifying the effectiveness of service responses can reveal possible strengths and barriers of OOHC policies and systems. This study accesses data from care-experienced young people from Western Australia (WA), where, similar to many Westernised welfare systems there is a focus on young people's preparedness to transition from OOHC into adulthood (Western Australian Government 2004). The Department of Communities (DoC) in WA identified three phases of leaving care: (1) Preparation; (2) Transition to independence; and (3) After care (Australian Government 2011).

In WA, The Towards Independent Adulthood Trial (TIA) (ACIL Allen Consulting 2020) supported better ILS by focusing on social and economic well-being, but this program ceased in 2020. In 2021, WA policy adopted Homestretch to ensure support beyond the age of 18 years is provided, recognising the ongoing needs of care-experienced young people. Homestretch is the extended care approach, where support is offered up to age 21 in all domains of life in many ways (Figure 1).

The Homestretch model prioritises a smooth transition and incorporates a focus on building networks around young people; supporting young people with 'Staying On' (continued, extended care with a foster carer); and providing a 'Transition Coach' or youth worker to build young people's ILS capacity (such as, by establishing a financial safety net, including Housing Allowance) and connection to community, culture and country.

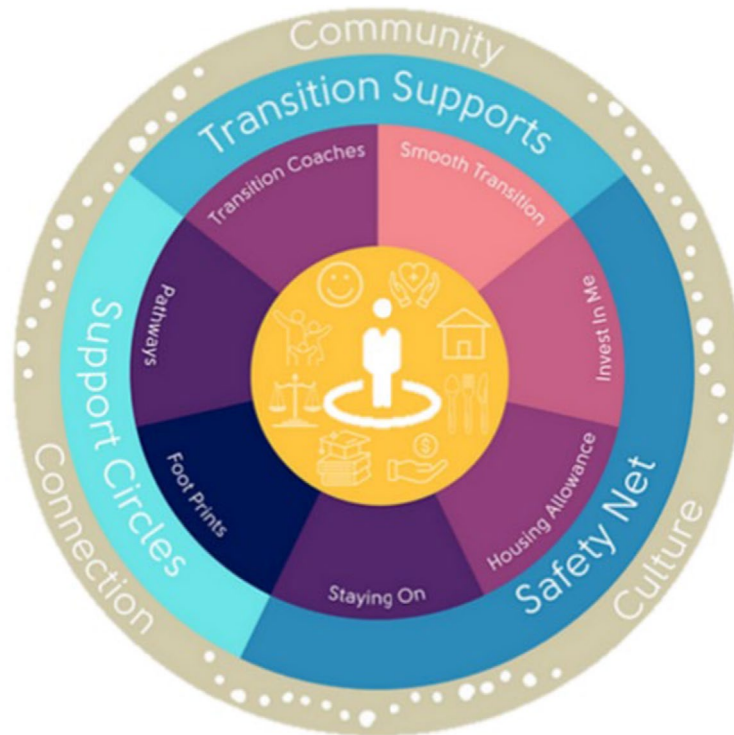


FIGURE 1 | Homestretch WA Model Diagram (Home Stretch 2024).

1.4 | Theoretical Position and This Present Study

The multidimensional nature of acquiring ILS is complex and can be better understood through theories and concepts that consider young people’s individual, interactional and macro-level connections. Personal agency and structural issues should be acknowledged hand-in-hand for theory-building about independent living (Glynn 2021). Theories should take account of the realities of young people’s experiences of systems, their social contexts and their impacts upon ILS acquisition. Ecological systems theory (Bronfenbrenner 1979) offers one way to bring these aspects together as the transition from OOHC should consider the interplay between the individual as a ‘person-in-environment (PIE)’ (Van Breda 2016) alongside their broader environmental and relational encounters (see Figure 2). This study expects to observe links between young people’s relational, environmental and individual factors that all influence the development of ILS and knowledge, in turn supporting the transition from OOHC, into adulthood.

At the individual level, this study is guided by resilience theories (Refaeli 2017; Stein 2005), which focus on how care-experienced individuals manage and overcome adversities and develop positive ILS outcomes despite challenging circumstances. Also, self-determination theory (Ryan and Deci 2017), emphasises the importance of autonomy, competence and relatedness in promoting positive motivation and well-being, providing opportunities to develop ILS and contributing to potentially more purposeful and effective transitions (Powers et al. 2012). Therefore, this study highlights challenges, obstacles and adversities in relation to both the transition generally and the role of ILS. Opportunities and progress over time are also analysed.

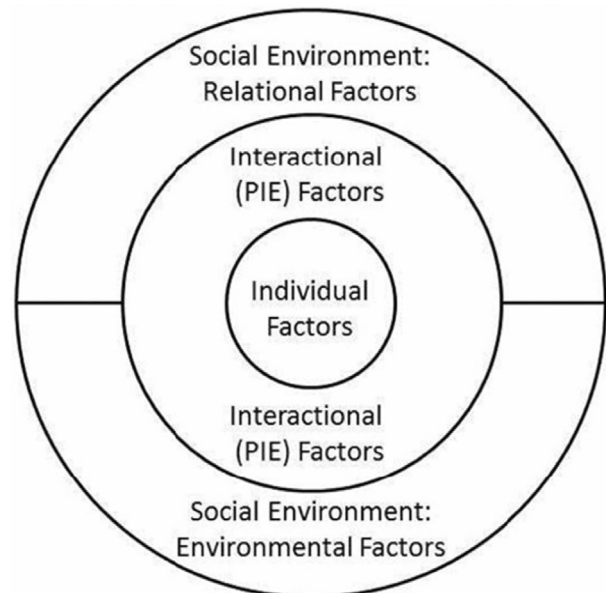


FIGURE 2 | Person-in-environment (PIE) framework (Van Breda 2016).

2 | Method

This is a sub-study within a larger project, Navigating Through Life (NTL) (Parsons et al. 2020). NTL is a longitudinal, prospective cohort study. NTL participants met two criteria for inclusion in the project: (1) they needed to have been in OOHC for at least 6 months and (2) they had to be between 15 and 25 years old. All NTL participants consented to participate in interviews following recruitment via the DoC (Child Protection Statutory Authority)

and non-government support agencies (Parsons et al. 2020). NTL ethical approval was granted by the the affiliate university for author 2, 3, and 4 for the project 'Longitudinal prospective mixed methods study of youth in and transitioning out of OHC').

The aim of this sub-study is to understand young people's perspectives and experiences during their transition to adulthood, with a focus on ILS development. The objectives are:

- To develop an understanding of which ILS are developed and used by young people navigating the transition to adulthood.
- To identify what supports helped young people acquire ILS, and what was unhelpful.
- To consider how policy and practice could better reflect the evidence of how young people acquire different ILS over time.

The research questions are:

1. What ILS can be identified as most important and helpful for this study's participants?
2. Which ILS evolve over time, as participants age and move towards adulthood and how are particular ILS and knowledge acquired given specific individual contexts?
3. How can this study's participants' experiences of the transition from OOHC help services understand the nuances, interconnectedness and transferability related to ILS acquisition?

The larger NTL study included interviews with 122 participants, of which 11 participants who met the purposive sampling criteria were selected for this study (Staller 2021). The interview transcripts for all young people ($n = 11$) were analysed from time point 1 (when participants were still in care, age range 16–19) and from time point 2 (when the same young people had then left care, age range 17–20). Table 1 presents participants' demographics and care experiences. There was a greater number of females in this study (72%, $n = 8$), nearly half of the participants identified as Aboriginal and/or Torres Strait Islander ($n = 5$) and nearly half reported having a disability ($n = 5$).

2.1 | Interviews

Participants' contact details were collected at time point 1 using their preferred contact method to reach them for their time point 2 interview. In-care interviews were conducted between June 2019 and September 2021, and the left-care interviews between July 2020 and April 2023. Semi-structured interviews were conducted, audio-recorded and transcribed by the NTL project team following the same interview schedule/guide at each time point. Participants received a voucher to compensate them for their time and expertise. Vouchers increased in value between time points 1 and 2 to acknowledge the increasing difficulty of staying connected with a longitudinal study.

The interview schedule broadly covered different life domains, and young people were encouraged to share positives, downsides

TABLE 1 | Details of participants.

Pseudonym	Gender	Date of interview 1, 'in care' (age)	Date of interview 2, 'left care' (age)	Disability	Aboriginal and/or Torres Strait Islander	Age entered OOHC	Years in OOHC	Longest 'placement' type	'Placement' moves
Oliver	M	26/08/20 (19)	26/10/21 (20)	N	N	7	9.6	Kinship	3
Noah	M	14/04/20 (17)	26/10/20 (18)	N	N	0	15.5	Foster	4
Keon	M	07/06/19 (17)	20/08/20 (18)	Y	Y	0	16.7	Kinship	3
Bindi	F	02/09/20 (17)	16/02/22 (19)	Y	Y	0	16.6	Kinship	1
Isla	F	23/07/20 (17)	25/02/21 (19)	Y	N	4	11.8	Foster	4
Jedda	F	06/11/19 (16)	30/07/20 (17)	Y	Y	0	15.6	Foster	4
Grace	F	03/07/20 (17)	24/11/21 (18)	N	N	9	8.1	Kinship	3
Kylie	F	19/11/20 (17)	27/11/21 (18)	N	Y	6	9.4	Unendorsed ¹	51
Mia	F	14/08/20 (17)	12/04/21 (18)	N	Y	7	8.8	Foster	11
Isabella	F	07/09/21 (17)	04/04/23 (19)	N	N	8	7.0	Foster	10
Matilda	F	27/05/20 (17)	23/02/21 (18)	Y	N	13	2.9	Kinship	2

Note: ¹Unendorsed refers to a living arrangement that is not planned by and in agreement with the DoC.

and ideas for improving OOHC systems. Interviews generated rich data about participants' experiences of transitioning from OOHC. Specific focus was on their OOHC experiences, including preparation and planning for leaving OOHC; their living arrangements; their important family and friends connections and associated feelings; their perspectives regarding knowing their background and identity; their educational and employment goals and what helped and hindered attainment; their money management and living costs; and how they accessed health-related services. Depending on whether this was relevant to the participant and their context, there was an additional section relating to parenting.

2.2 | Data Analysis

2.2.1 | Cross-Referencing Interview Data

The eight ILS domains were mapped to the seven interview schedule sections (see Table 2).

TABLE 2 | Combining interview sections and ILS domains.

	Interview schedule sections (7)	ILS domains (8)
1	Living arrangements	Managing housing
2	Planning for independent living	Domestic and self-help tasks
3	Family and friends connections	Accessing support and managing relationships
4	School and post-school	Education planning and job seeking
5	Living costs	Financial management
6	Health and other services	Health risk management
7	Background and identity (incl. parenting)	Accessing support and managing relationships

A matrix was developed with the ILS domains across two axes to understand interactions between the ILS domains. Interview transcript content was checked on the matrix where domains interacted. For example (Figure 3), Financial Management content could cross-reference with costs associated with housing (Managing Housing), changes in employment (Job Seeking), funding for health care (Health Risk Management) and learning to drive (Domestic and Self-Help Tasks).

The process for synthesising all matrices involved tallying up the total overlap between ILS domains, which represented the frequency of interaction observed for the sample. For an interaction to be considered 'strong', a minimum of 8 out of 11 (> 70%) of participants' data had to cross-reference (or interact) between ILS domains. The cross-referencing process was completed for all participants' data by this paper's first author, and the process was validated for 50% of randomly selected interview transcripts by the paper's third author. A minimum of 80% agreement (Mean = 88.1%, Range = 81.3% - 100%) was achieved between authors, demonstrating good inter-rater agreement, increasing the study's validity and demonstrating robust cross-referencing evaluation.

2.2.2 | Thematic Analysis

Thematic analysis (TA) was used to understand participants' lived experiences. Utilising the six-step process of TA (Braun and Clarke 2022) over the two interview time points provided rich data about participants' transitional time, longitudinally. TA was conducted to identify themes, ideas and patterns of meaning to uncover commonalities and differences over time, providing insights into the evolving experiences of participants, specifically concerning how the acquisition of ILS is impacted. TA enables an iterative process where themes can be refined or expanded.

The interview transcripts were carefully read during the familiarisation stage to explore the meaning behind what young people said, and the data were analysed using an inductive approach (Thomas 2016). Coding the content occurred when identifying how different ILS domains interact. Themes were identified, and during the review and refinement phase (Thomas 2016), they were further developed based on agreement between authors.

	Financial Management	Knowledge of Accessing Available Support	Managing Housing	Education Planning	Job Seeking	Health Risk Management	Domestic and Self-help Task	Managing Relationships
Financial Management			X		X	X	X	
Knowledge of Accessing Available Support								
Managing Housing								
Education Planning								
Job Seeking								
Health Risk Management								
Domestic and Self-help Task								
Managing Relationships								

FIGURE 3 | ILS domains interaction matrix.

2.3 | COVID Context

As interviews were conducted between 2019 and 2023, it is important to note this was partly during the global COVID-19 pandemic. COVID-19 added an additional complexity to data collection, especially given previous inconsistencies in follow-up rates for disadvantaged or ‘hard-to-reach’ participants (Chikwava et al. 2021). Prior to the COVID-19 outbreak, all interviews were conducted in person, whereas interviews were conducted virtually during the pandemic (either via online meetings or over the phone). After July 2020, the interview format was hybrid and flexible. Studies have highlighted the impact COVID-19 had on care-experienced young people (Munro et al. 2022). In WA, young people were some of the hardest hit given their ‘remote disadvantage’ (YACWA 2020). In WA, the first COVID-19 case was confirmed on the 21st of February 2020 (Western Australia 2020), and a state of emergency was declared on the 15th of March 2020. WA closed inter-state travel on the 24th of March 2020, and on the 1st of April, inter-regional travel was restricted. Five stages of easing restrictions took place between the 27th of April 2020 and the 23rd of June 2021. WA reopened its borders on the 13th of December 2021.

3 | Findings

This paper highlights interactions between ILS domains, and Table 3 shows the strongest interactions across ILS domains per care status (in care or left care). To be considered a ‘strong’ interaction, a minimum of 8 out of 11 participants’ data cross-referenced between the interacting ILS domains.

The Managing Housing and the Managing Relationships ILS domains were cross-referenced with all 11 participants’ data at both interviews. Other strong interactions were consistent across both time points (Table 3, interactions 1, 2 and 3). Two other interactions were observed at the in-care interviews when interview data was cross-referenced: between the Education Planning and Managing Relationships domains and the Financial Management and Managing Relationships domains.

The strong interaction observed between Financial Management and the Managing Relationships ILS domains (at the in-care interview) may emphasise the value of relationships, particularly in providing advice and actual monetary support. Financial Management also strongly interacted with the Domestic and Self-Help Task domains in both interviews, highlighting the ongoing monetary impact on managing day-to-day tasks.

TABLE 3 | Strongest interaction across ILS domains.

In care		Left care	
1	Managing housing + Managing relationships	1	Managing housing + Managing relationships
2	Knowledge of Accessing Available Supports + Managing Relationships	2	Knowledge of accessing available supports + Managing relationships
3	Financial Management + Domestic and self-help task	3	Financial management + Domestic and self-help task
4	Financial management + Managing relationships		
5	Education planning + Managing relationships		

4 | Key Themes

Interview findings are based on participants’ lived experiences during the transition from OOHC. Results revealed three overarching themes that represent the complex interplay during the transition into adulthood that impact the acquisition of ILS. Participants’ circumstances and experiences concerning ILS acquisition indicate a balance that needs to be found concerning the three themes: System Impacts, Social and Cultural Capital and Practical Identity and Self-focus (Figure 4), and are further described below.

5 | System Impacts

System impacts relate to approaches to OOHC practice at both in-care and left-care time points. Young people may face patterns of uncertainty, changes and transience while in care, and such experiences could be carried into adulthood, where instability and adjustment are commonplace. Therefore, OOHC systems and other social services structures young people come into contact with have responsibilities to meet the needs of care-experienced young people.

5.1 | OOHC Systems Extending Supports

While all young people transitioning to adulthood need support, care-experienced young people rely on the Department of Communities for such support. However, participants overwhelmingly preferred not to turn to the Department. For example, in Isla’s mind, ‘independence’ meant ‘...being able to

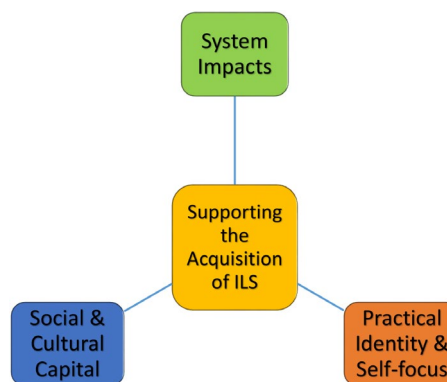


FIGURE 4 | Three themes to consider when supporting the acquisition of ILS.

finally be free from the department and rely on myself'. When the Department provided preparation for the transition, young people reported that this was related to material aspects such as financial and housing management.

The Department of Communities, as corporate parents, should offer good planning and preparation, contributing to the development of ILS. Some young people positively identified that the Department was helpful while they were still in OOHC, while others described no planning and preparation work or a lack thereof. For example, Noah only had two conversations between the ages of 17 and 18 years and said:

'I think it should be a few years before we leave care so that we have more time to adjust and to understand what's happening.'

(Interview 1)

Other participants talked about still learning about living independently beyond age 18, stating, '...we hardly know anything' (Bindi, interview 2). Jedda talked about the need for a consistent person, saying:

'Young people in-care [need] someone that's going to support them the whole way through, even once they turn 18.'

(Interview 2)

Overall, experiences of preparation and planning for leaving OOHC were variable, with most participants ($n=6$) describing a lack of preparation. Learning to drive and save money stood out as essential ILS when preparing for adulthood and developing practical 'independence', enhancing a sense of freedom and control. Learning to manage money was, generally, an evolving skill that developed over time. Largely, participants learned to manage money from various sources (professional and personal relationships). The enhanced COVID-19 payment made a significant, yet temporary, difference in young people's ability to manage financially.

Participants attributed post-care transience to poor in-care experiences. A response expressed was that the Department 'owed' them at the point of leaving OOHC. For example, Bindi said:

'I've been in care since I was six days old ... I just think that if you are going to take me out of that, then at least help me. Or have something more set up for me, that helps me in the future ... I'm over 18, but that's still all of their responsibility.'

(Interview 2)

Bindi shared her frustrations with the number of different workers from the Department she had, which resulted in inconsistent approaches and a lack of detailed knowledge of her situation. Isla described poor communication with the Department and a feeling of being set up to fail because of the lack of preparation, saying:

'It throws us under the bus a bit.'

(Interview 1)

The Department and OOHC systems generally should consider a reconstruction of what 'independence' means in early adulthood (i.e. not being alone). For example, Kylie described a need for continued support in early adulthood, where young people:

'...need help with being able to live in the system, especially when 18'. (interview 1). At the next interview, Kylie reflected that, for her, independent living meant:

'...[making] our own path for our own future.'

(Interview 2)

5.2 | OOHC-Informed Services

Young people need services they come into contact with to be both OOHC- and trauma-informed to demonstrate an understanding of care-experienced people's needs. Participants described their OOHC experience identity as a challenge, where they are learning to cope with being care-experienced. For example, Bindi said she was:

'...really under a lot of pressure the whole time I was in-care...'

(Interview 1)

Mia, although not accessing any mental health services herself, identified the most critical factor for managing independent living was the need for appropriate mental health support, suggesting the Department:

'...needs to be a bit more understanding and put young people's mental health first before anything else.'

(Interview 1)

Nine of the 11 participants reported being in contact with mental health services. Of these, four maintained the same level of mental health support at the second interview. Those who had less involvement chose to stop their medication, stopped psychologist support and had fewer appointments due to focusing on their baby.

For some young people, accessing general health services was an evolving ILS that required support. For example, at the first interview, Keon, who was in kinship care with his nan, talked about a reliance on her support to book and attend appointments. At the second interview, Keon reported health-related ILS feeling rushed and sudden, and something he still needed support with. Noah was accessing a psychologist at the first interview but stopped by the second interview due to exiting OOHC, despite expressing a wish to continue with the psychologist. Several participants ($n=4$) reported confidence in accessing health services, which is positive, although many talked about the difficulty in learning health-related ILS, particularly in managing health costs.

Care-experience can cause disruption and delays to educational trajectories, as Isla reflected:

'Moving around in primary school a lot was very difficult because I would just pick up something, and then I'd have to move, and I couldn't pick it up again.'

(Interview 1)

Generally, participants moved schools frequently (Noah, $n=12$; Isabella, $n=11$; Oliver, $n=9$; Mia, $n=9$; Isla, $n=6$; Matilda, $n=6$; Jedda, $n=3$). Some participants reported that school was a sanctuary but also a place where they experienced stigma. For example, Isla reported that:

'...being in care, I was the different kid, [and] all of the kids knew.'

(Interview 1)

Most participants had a vision for their educational and employment future, with several participants planning to attend university ($n=8$), yet two young people had no plans. Bindi reported not believing she could go to university, saying:

'I never ever thought about going to uni because I never ever thought that I was smart enough.'

(Interview 2)

On top of the disruption experienced, participants highlighted an emotional toll regarding educational relationships. Some noted positive teacher bonds, whereas others struggled with teacher relationships. Participants also reported navigating practicalities in getting transport to attend school. For example, before the second interview, Jedda was required to move accommodation; consequently, attending school involved an exceptionally long commute with multiple forms of transport, resulting in getting up earlier and spending more money on travel. Despite these challenges, Jedda's resilience supported her in completing the final year of secondary school.

Preparation for the world of work, such as through work experience, seemed to lead to greater motivation and self-determination, providing a vision for one's future. At the first interview, some participants recognised the link between employment and improved finances. During the second interview, Noah described the link between income and housing as the main factors enabling him to live independently. Grace reflected that 'independence' is best achieved with savings and job security. Matilda felt she needed to find a 'sturdy job' before moving into independent living. Overall, four participants were keen to pursue a career in human services.

Five participants had work experience at the first interview, and four of those had some paid employment at the second interview (often casual and temporary employment). Six young people (over half) had no paid employment at either interview. Some participants could identify their own employment opportunities or, with support from networks, made links between developing educational skills and enhancing employment opportunities. For example, Kylie said:

'You can't get nowhere without an education ... You literally cannot get a job without education.'

(Interview 2)

Some young people also talked about how COVID-19 disrupted employment and how restrictions created barriers to finding employment. Overall, young people needed flexibility in their education and employment journey, as plans could change and evolve given the temporality they often lived with, such as moving accommodation, relationships shifting and evolving and a dependency on Youth Allowance.

Managing statutory welfare payments (CentreLink Youth Allowance) was an ILS all participants needed to develop. Bindi, Isla, Jedda, Grace and Kylie received Youth Allowance at both interviews. Oliver was consistent in his view at both interviews regarding the importance of budgeting on a low income, saying:

'[You should] not spend it all at once.'

(Interview 1)

Although welfare payments are not designed for saving, Grace described how saving was a critical money management skill. Jedda also reflected on the value of saving and suggested in the first interview that she should '...save 50%' (*interview 1*). Then, in the second interview, saying:

'...having an emergency money stash is important.'

(Interview 2)

The additional COVID-19 support payments provided a 'financial buffer' during that period. Isla reported using this payment to buy a car (saving \$6000 in 7 months between interviews). Managing money was a challenging ILS to acquire for some. Keon said:

'Last payday, I blew it all in a day.'

(Interview 2)

Bindi identified herself as a: 'Bad spender'.

Although participants noted financial management as an ILS focus of the Department, Noah said:

'I've never been taught how to budget until recently.'

(Interview 1)

Kylie passionately highlighted that she:

'...learned the hard way. You've got to budget, whether you like it or not, you got to freaking budget.'

(Interview 2)

6 | Social and Cultural Capital

Relationships young people maintained from their time living in OOHC were of value once they left OOHC. Participants in this

study needed a breadth of different relationships to support their living arrangements. Only one participant accessed public housing, and eight participants had moved accommodation between the two interviews, highlighting the vulnerability, fragility and importance of ‘relational buffers’ during the transitional time to prevent homelessness, for example.

6.1 | ‘Invisible Buffers’

Personal relationships (such as friends and family) were a preferred support source for ILS and knowledge acquisition. These relationships provided ‘invisible buffers’ as and when needed, although some participants found it hard to navigate and negotiate different relationships. The term ‘invisible buffers’ is intended to reflect the support that young people can rely on. These are often invisible and taken for granted when provided by family, such as advice on paying tax or providing transport. ‘Invisible buffers’ are not generally service-driven; they are the informal support safety nets and social capital participants have built up over time.

Participants who reported higher satisfaction with their living arrangements seemed to experience greater confidence in coping with housing when they left care. For participants who were living with their biological parents when interviewed ($n=3$) they had developed a sense of having ‘moved on’ from OOHC already, so entering adulthood may well have had a different meaning for them.

Young people’s resourcefulness in developing ILS is evident, with some participants ($n=3$) describing ILS as something they had figured out by themselves. In the second interview, some young people noted that there is simply ‘...too much pressure, [and] lots going on’ during the transition to adulthood, and some participants ($n=2$) identified themselves as in the process of ‘still learning’ ILS.

6.2 | Practical and Emotional Help as and When Needed

When viewed through a social and cultural capital lens, the acquisition of ILS is influenced by circumstances and connections across various aspects of life. Instrumental relationships can provide informal help as and when required, both practically and emotionally. They provide support for ‘moving on’; for example, Oliver and Jedda acknowledged a process of simply figuring things out alone at the first interview, whereas at the second interview, Oliver appeared more comfortable seeking support from his personal network, and Jedda identified her ‘go-to person’ as her foster mother despite having left her care, as well as support from the church and youth group. Noah also felt more confident turning to his network, rather than services, for help and assistance, highlighting the importance of informal support.

Instrumental relationships are help-in-action, in-the-moment, from reliable people who act as ‘relational buffers’. These supports are evident in the transition from OOHC. Isla identified

positives about living in a self-contained annex with her carers, which she described as being:

■ ‘...like independent, but still close to home.’

(Interview 2)

Similarly, ‘relational buffers’ were present for Bindi, who, over the 16 months between the two interviews, had left home (from her nan’s care) to go to university, whereafter she moved to a friend’s house, then returned to live with her nan.

While still in care, Matilda learned ILS from organisations such as Create (the representative national organisation supporting young people with OOHC experience). In the second interview, Matilda’s family was her go-to support. Isabella felt young people should be directly taught ILS or ‘walked with’ through processes rather than simply signposted. For example, support workers physically attend visits to the Housing Department because:

■ ‘...it’s a really stressful situation.’

Like housing, relationships could also be viewed as fragile. More so, there was a sense of struggling to navigate birth family relationships, creating additional pressure for young people. Therefore, reparative relational work is of utmost importance for young people while they are still in OOHC, to enhance their networks and options for where to turn when transitioning to adulthood. Practical ILS, such as access to transport, helped facilitate the ability to see important people. Although young people reported experiencing more freedom and choice in their relationships in the second interview, this was more difficult during COVID-19 restrictions, especially for participants trying to see siblings still in OOHC.

For some participants, biological family members were supportive relationships where they could help with independent living. For example, Grace described her grandmother/kinship carer as her ‘go-to’ person. Bindi was also in kinship care at the first interview, and she could return when needed at the second interview, saying:

■ ‘I don’t think I would’ve survived without them being here and having a constant support system around me.’

(Interview 2)

Jedda made an active decision to move on from her stable carer to support her preparation for living independently and to learn ILS, but she still needed daily contact with her carer.

Participants described having role models as significant in supporting a sense of finding oneself and one’s own destiny. Bindi pointed out that having older siblings who had left OOHC was an advantage as this provided an opportunity to learn from them. Others turned to their housemates and partners; for example, Grace’s boyfriend was her ‘go-to’ person. At the first interview, Isabella viewed her caseworker as important, offering a mature insight that the Department should talk with young people in an adult manner as they prepare for

adulthood. Kylie's greatest support was from her aunt, and she had a reliable relationship with her key worker, who she described as able to 'always figure it out' (Kylie described both people as 'role models').

The most tangible way relationships supported the participants was related to financial guidance and support. Kylie's boyfriend's income topped up her money, although she noted that money and finances could lead to arguments with her boyfriend. Kylie shared one difficult financial decision she made with her boyfriend: selling their car as they could not afford to keep it going. Matilda noted opportunities to learn about money and bills from her biological parents, which meant she did not worry about money. Bindi did not worry about money either; this confidence may have resulted from learning about managing finances from her nan when she was still in care.

7 | Practical Identity and Self-Focus

The analysis of the interviews over the two time points indicated that ILS emerged over time as and when needed. ILS acquisition is dynamic and depends on an individual's social, structural and personal resources (Barn 2010; Mullan 2022). Practical identity and self-focus relate to how young people need independence of thought to engage with transitioning to adulthood and the importance of acquiring ILS, which depends on developmental and contextual factors (the system and social impacts).

7.1 | Self-Constructs

Young people's well-being was impacted by their emerging identity and self-construct as well as their chronological age, which provided a sense of 'independence', for example, being old enough to learn to drive, getting a Medicare card, being eligible for a tax file number and welfare support or reaching the compulsory voting age.

Participants defined 'independence' in diverse ways. For Isla, 'independence' represented freedom from the Department and having to rely on herself. However, in the second interview, Isla reflected on a paradox relating to life after OOHC: the positive of not having to ask permission for things versus the negative of feeling alone:

'I don't feel like I'm dependent on them, I feel like I have to be, though.'

(Interview 1)

In the second interview, Mia expressed how she felt she had been 'independent' most of her life, saying:

'I guess I've just grown to be more independent about everything'. (interview 1). Participants described already gaining ILS, psychologically and practically; for example, Isabella said:

'I'm pretty much old enough to fend for myself. I've been doing this since I was very little ... a

childhood in-care means you have to learn to live independently.'

(Interview 1)

Similarly, Kylie reflected on the wisdom care-experienced young people have:

'It is kind of hard because you are teaching yourself to still move forward and learn yourself things ... we also come from a background of raising ourselves.'

(Interview 2)

Highlighting the complexity of the transitional time, Isabella reflected on interconnecting ILS domains when considering what is needed to be 'independent':

'For me ... you could argue that a job would be most needed, but to get to a job, you need a car, and then to have a car, you need a job ... and then to have a pet, you need money and stuff like that.'

(Interview 2)

Isabella described ILS acquisition as a structural trap for care leavers, as a:

'Never-ending loop.'

(Interview 2)

In both interviews Mia described how money worries impacted her mental health and vice versa; for example, she had to use taxis for general travel due to anxiety, which affected the amount of disposable income she had. Mia saw the Department as helpful in paying for things like educational courses. Isabella reported both finances and people having a negative impact on her mental health. In the second interview, Isabella had fewer money worries and was living with her boyfriend and sharing expenses with him:

'Sometimes I do get really worried that I won't have enough money. I know I've got enough money to feed myself and stuff like that, but sometimes I get like ... what if I lose my job next week?'

(Interview 1)

Jedda frequently worried about money, which could be the result of her additional needs (she reported having a disability).

7.2 | Belonging

During the transitional period, young people need clarity about their heritage and family script to contribute to a strong sense of self. Participants' living arrangements impacted their sense of connection and belonging. For example, most participants experienced living in kinship care at some point during their care experience ($n=9$) or were reunified with biological parents ($n=3$). Belonging has been described as an 'antidote to trauma' (Cherry 2024), and for most participants (73%) who moved

accommodation between the two interviews, their strong connections were incredibly helpful 'buffers'.

Repairing relationships as a means of securing belonging and supporting ILS on a longer-term basis was key for Kylie, who said:

'Me and [my mother] got a better relationship, more than what we had before because I guess now that I have a child, I can kind of understand where my mother comes from, being a mother as well.'

(Interview 2)

Oliver felt distant from his biological family:

'It'd be better if [we] could see family while in-care, instead of waiting ... until [we] get out.'

(Interview 1)

However, according to Oliver, this reconnection was something that:

'...you need to be ready for.'

(Interview 1)

Overall, participants sought certainty and relational security by pursuing family and friendship connections that would last and support their transition, rather than services and professionals. Generally, participants were curious about their own life history and broader family narrative. Both Noah and Isla knew the mix of nationalities their respective biological families originated from, but they wanted to know more about what their parents' lives were like. For example, Isla said:

'I would love to know more about the fact why my parents really couldn't look after me' (*interview 1*) and Noah said: 'I don't even know my own mum's background'.

(Interview 1)

In the initial interview, Isabella felt knowing her background was:

'...not the most important thing' (*interview 1*), possibly because she felt a disconnect from them, noting she was not the only 'foster kid in the family' and attributing her position to 'dissociative disorder'.

However, in interview two, when Isabella had left OOHC, her perspective had changed with ageing and maturity; she noted:

'One doesn't truly flourish unless they're surrounded by their own culture.'

(Interview 2)

Developing life stories can reduce young people's 'not knowing' about their background and identity and enhance their support networks (Holmes et al. 2020). Some participants lacked

confidence in their biological family relationships, for example, Jedda expressed concerns about cycles of trauma if she reconnected with them, saying:

'I'm pretty sure I would find it'd be more abuse, drug use and stuff like that ... just be the same repeats all over.'

(Interview 1)

Isabella recalled experiences from her biological family struggling with money and planned to do things differently as an adult, she said:

'I think it's just because I grew up with people that couldn't pay bills. So, I like knowing that I can do that.'

(Interview 1)

Similarly, Kylie spoke about one of her goals was to '...break the [care] cycle', in reference to parenting her own child without Child Protection involvement. Oliver was clear about which family members he did not want to be associated with and why:

'They're well known ... they have a history with the cops and all that ... their legacy is still coming at me, but I don't want to follow their legacy. I want to make my own.'

(Interview 2)

Similarly, Keon felt stories about members of his birth family deterred him from having any contact with them. Despite this worry, he had a strong view that connections to family members for children in OOHC were important, identifying his main source of support as his biological family at both interviews.

Aboriginal and/or Torres Strait Islander participants had a notably strong interest in their cultural history and identity. Therefore, culturally specific ILS are of immense importance. Keon identified Aboriginal ceremonies as of particular interest. Those living in kinship care with Aboriginal family members were more likely to be connected to their background from informal learning at home. Bindi was pleased to have such a strong connection with her nan who provided lots of cultural learning, described as healing and 'calming' and supporting her:

'...connecting to place and land.' (Interview 2)

At the first interview, most participants were generally not ready to explore their family history, in part because they were focused on more practical ILS. At the point of the first interview, Oliver described living with his biological mother as wanting to have '...more freedom and space to grow', which may signify the importance of a more natural, familiar and familial environment for developing ILS. Once the second interview occurred, most young people felt ready and keen to learn more about their history; however, some ($n = 2$) said they had not learned anymore at the second interview but would like to explore this in the future.

Amongst the interview participants, a higher number of ‘placement’ moves did not necessarily lead to family disconnection and a lack of belonging. The young people’s interviews suggest that their circumstances need to be such that they have the time to think about connection and belonging and decide how they will manage relationships. ILS development plays a role in enabling young people to manage their post-OOHC transition and the relationships around them, allowing them to consider aspects of their lives beyond material survival.

8 | Discussion

This study highlights care-experienced young people’s perspectives on acquiring ILS during their transition from OOHC as they enter adulthood. This study stands out as it holds the acquisition of ILS central to the transitional time and highlights both the natural and structured avenues for ILS development. The findings show the need for a balance between a three-pronged approach to ILS acquisition: between the System Impacts, Social and Cultural Capital and Practical Identity and Self-focus. These themes interact with one another at various times but can also represent the transition pathway of system, socialisation and self.

For young people in OOHC, their eighteenth birthday has the unique signifier that the Department is no longer legally responsible for them, which can simultaneously generate anxiety and feel liberating. Effectively supporting young people leaving OOHC across ILS domains is an urgent priority and should be explored in further research. For example, studies focussed on different ‘placement’ types and ILS levels, especially understanding if young people who spent transitional years living with family members (via reunification or living in kinship care) acquire ILS at a faster rate and with greater confidence.

Findings from this study indicate that ILS are essential elements in preparing to leave OOHC, providing a scaffold for transitioning. The findings highlight that the timing and ways of learning and applying ILS vary depending on circumstances. The idea of ‘invisible buffers’ is identified as a natural source of support, which services would be sensible to invest time in building. These ‘buffers’, in reality, help young people in the moment.

8.1 | System Impacts

Young people’s individual needs facilitate the acquisition of ILS and the types and range of post-OOHC supports available to them. For example, affordable, appropriate and secure housing for young people is a perennial challenge for those leaving OOHC due to the housing market dynamics, regardless of how skilled they are at budgeting.

Participants expressed that having trust in the Department and their caseworkers supported their transition. Navigating early adulthood provided empowering opportunities and a sense of stepping away from the dependence and control of the Department. Having said that, young people still experience power imbalances, particularly regarding other services they come into contact with, not having full information about their

entitlements, and a need to return to or benefit from continued access to services that help. Participants clearly felt that their experiences during the transition phase were enhanced when they were treated like adults, and honesty, respect and transparency were central tenets.

The nuances of young people’s experiences have been described as the ‘habitus of instability’ (Barker 2015). A proactive and productive OOHC system should be aware of such nuances and the interconnected nature of ILS. The transition to adulthood stage is a time when young people should feel heard, but studies have identified young people not knowing their entitlements and being unable to rely on Departments internationally (Baker 2018). The power and impact of different services care-experienced young people encounter during the transition to adulthood cannot be understated, offering the opportunity to develop ILS in different contexts.

One challenge identified in this study, which echoes other studies that reflect on the complex transitional time (Bengtsson, Sjöblom, and Öberg 2017), was that the transition was too rushed and squeezed into a short timeframe, meaning there was less space to test out ILS specific to an individual’s needs. Therefore, young people learn and develop acquired knowledge informally and ‘in-the-moment’. Relationships are what lead to healthy growth and development (Propp, Ortega, and Newheart 2003), and when young people have established networks and secure relationships they benefit from greater opportunities to develop ILS. It is also helpful for young people to learn from the wisdom of older people who have lived experience of the OOHC system.

8.2 | Social and Cultural Capital

ILS could be cultivated through relationships and helpful adults who provide an ‘invisible buffer’ to guide, teach and support young people informally, as and when required. These adults (familial and non-familial) offer necessary, dependable relationships and were sometimes described as positively impacting different ILS domains. Young people are presented as empowered to make ‘big decisions’ about their own lives, setting their own destiny in relation to different interconnected ILS domains.

This study’s participants needed the capacity to build and maintain instrumental relationships. The idea of ‘it is not what you know, but who you know’ links to the significance of relationships and interdependence, which are standout findings highlighted by previous research (Allen 2023; Mendes et al. 2023; Propp, Ortega, and Newheart 2003). This study adds young people’s voices from WA to that discussion.

8.3 | Practical Identity and Self-Focus

Participants developed a grounded identity and space to think about the future when they had a positive sense of themselves and their abilities. Personal characteristics of perseverance and determination were helpful, including looking after one’s own mental health and being able to self-manage and ‘figure things

out'. This positive sense of self was also enhanced when young people felt connected, with a sense of belonging to family and community.

Aspects that are more complex to address are the need for connection and belonging, which offers young people a sense of biography with their family histories and a sense of evolving identity. Having an incomplete narrative or missing pieces of information can have a detrimental impact on the transition from OOHC and beyond. The sense of belonging to something negative shone through, with young people wanting to break the inter-generational cycle of trauma, learn from parents' mistakes and importantly, avoid the legacy their biological family may have left them with. This is especially the case for young people who identify as Aboriginal and/or Torres Strait Islander and is a pertinent topic that transcends through Australian OOHC history, especially when holding in mind the 'Stolen Generation'.

Young people discussed finding freedom and taking back control of their lives from the Department. This sense of equalising power defined what 'independence' meant and provided determination and motivation for life after OOHC. This sense-making and internal dialogue is a natural and important process for young people, who should be supported to develop resiliency ('I'll get through this') and capability ('I can do this').

A shift in the language OOHC systems use from 'independence' to 'interdependence' may provide more positive, integrated systems where space for autonomy and personal growth is prioritised. Regardless, leaving OOHC and entering adulthood comes with additional responsibilities and a need to put ILS into practice more. Preparation for leaving OOHC and the process of acquiring ILS can lead to the 'independence paradox': acting with autonomy where systems may have abdicated responsibilities versus an interdependent adult with people and places to turn to as and when needed. Our results are a timely reminder that transitioning from OOHC to adulthood can be a turbulent turning point. Thus, equipping care-experienced young people with social capital and the ability and confidence to deal with challenges as they arise can support help-seeking. Social and human services need to shift the established notion of 'independence' that OOHC systems have created to one of interdependence.

9 | Study Limitations and Implications for Future Research and Practice

Overall, the study's findings show what worked well for some participants and the multiple challenges participants faced concerning acquiring ILS over time. The study highlights how the transition from OOHC often focuses on the material and instrumental aspects of entering independent living. Young people were reflective and insightful in recognising the importance of different relationships during the transition. Therefore, in practice, we should recognise ILS development is not a binary event leading to being 'independent' where ILS is ticked off when discussed, but a process of ILS acquisition through interdependency.

This study's analysis considers the depth of findings from participants' data. Reflecting on the transferability and credibility of this qualitative study, several limitations should be noted. The small sample size may limit the generalisability of the findings; however, this was not a goal of the study, given its qualitative nature. The sampling method was purposive, which can lead to bias as participants are not randomly selected, affecting representativeness. However, given that the participants were from a larger potential 'pool', this adds an element of randomisation.

The data collection method was by means of interviews. This method can influence findings, for example, with interviewer or participant response bias, or factoring any contextual factors impacting the participants at the time of interview, such as COVID-19 impacts. The interpretation of the data and data analysis approach involved thematic analysis, which, as an approach, acknowledges the subjective nature of qualitative data. This can open the analysis to researchers' interpretations, where they may infer meaning from the presented data. To counter this, this study adopts the conceptualisation of ILS via different ILS domains, providing structure to support interpretation. In addition, the four authors provided a verification check during the analysis process.

The methodological approach to understanding how ILS domains interact could provide helpful contextual framing for interventions, where services pay attention to priority domains recognising impacts on other domains. This could enhance transitional services, ensuring supports are purposeful and meaningful for young people and their unique needs. Practitioners will also need to understand distinct factors that create change within ILS domains individually and think about the knock-on effect on other domains.

This study acknowledges the rollout and implementation of Homestretch and extended care models in WA and further research that explores how extended care also provides greater opportunities for ILS development is important. Longitudinal research can emphasise how prolonged support can enhance ILS outcomes. Future research could have a greater longitudinal scope, tracking additional time points (such as at ages 21, 25 and 30) to understand learning through adulthood. A comparative study considering ILS acquisition with non-OOHC experienced young people would also provide valuable learning around the urgency for supporting the development of ILS for young people in OOHC specifically.

10 | Conclusion

The transition from OOHC to adulthood is possibly the most vital developmental stage where ILS are learned, acquired and used most through trial and error. Young people need to be able to rely on established and trusting relationships to support their acquisition of ILS. Understanding that ILS domains interact, are interconnected and interdependent helps us to conclude that care-experienced young people are not, and should not be, independent but are interdependent, just like those without care experience. Care-experienced young people are not a

homogeneous group, and therefore, OOHC services should provide individualised, tailored support to meet needs. Everybody has ILS strengths and areas for development, and OOHC services are responsible for young people's social capital to enhance their 'invisible buffers', which could last a lifetime.

Author Contributions

Michael Starr: conceptualization, methodology, formal analysis, investigation, writing – review and editing, writing – original draft. **Donna Chung:** conceptualization, methodology, formal analysis, supervision, writing – review and editing. **Lauren Parsons:** validation, formal analysis, writing – review and editing. **Reinie Cordier:** conceptualization, methodology, formal analysis, supervision, writing – review and editing.

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Conflicts of Interest

The authors declare no conflicts of interest.

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