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Aging Out of Out-Of-Home Care: New Services, Sustaining Support and Tackling System Failures

Bridging the Gap: The Perspectives of Child Welfare Workers and Professionals on Ageing Out of Out-Of-Home Care

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ABSTRACT

This study explored the experiences of child welfare workers and other professionals assisting youth ageing out of out-of-home care (OOHC) and identified gaps in transition services and policies for young people ageing out of care. This study interviewed 19 participants who (1) have worked with young people aged 14 and older as they age out of OOHC and (2) have been working with young people for one or more years. Using thematic analysis, three themes were identified, including (1) characteristics of emerging adulthood of young people in OOHC, (2) limitations of current policies and transition services for young people leaving OOHC and (3) recommendations for policies and transition services for young people leaving OOHC. Participants emphasized the importance of supporting youth agency while recognizing the challenge of balancing autonomy with guidance. Participants noted that many young people-focused policies are neither developmentally nor pragmatically appropriate and highlighted a shortage of practitioners dedicated to this population. The concept of "young people-led programmes" emerged frequently across interviews. Although child welfare workers recognize the challenges young people face, their services are limited by existing policies such as age cut-offs for service eligibility. Participants suggested increasing young people-led programmes and adopting more flexible, developmentally appropriate service models to better support the diverse needs of young people.

1 | Introduction

Youth who are placed in out-of-home care (OOHC) until adulthood face more challenges than their peers, including increased risk of homelessness, unemployment, undesirable education outcomes and mental health issues (Lindner and Hanlon 2024). Ageing out of OOHC occurs during emerging adulthood, which is recognized as a key period of exploration, self-discovery and identity development that all individuals experience (Arnett 2007). Unlike their peers who may continue to receive support from their families during emerging adulthood, young people lose access to the institutional support provided by the child welfare system during this critical developmental period. The importance of support during this period is evidenced by findings that young people who receive programming during the process of ageing out of OOHC are more likely to achieve stability in housing, employment, mental health and educational attainment (Gunawardena and Stich 2021), potentially interrupting the cycle of intergenerational poverty and trauma associated with child maltreatment and child welfare involvement (Ocampo-Chih et al. 2023).

Each year, approximately 23,000 youths aged out of OOHC in the United States (Annie E. Casey Foundation 2024). Required by federal guidelines, youth who are ageing out of OOHC are entitled to develop transition plan and participate in independent

living programmes (ILPs), where they learn skills that are critical for adulthood, such as financial literacy, education planning, job readiness and life skills. Even with decades of policy-level efforts to support their success (Gunawardena and Stich 2021), youth who age out of OOHC experience higher rates of adverse outcomes than their peers who achieve permanency (Lindner and Hanlon 2024) and those in the general population (Gypen et al. 2017). Child welfare workers play critical roles during this process. Through their work with a wide range of youth over time, child welfare workers provide valuable and broader insights into systemic and policy-level constraints that shape the ageing out experience among young people in OOHC. The current literature indicated that transition services designed for young people were not effective on improving the intended outcomes (Doucet et al. 2022). The perspectives of child welfare workers on programmes and policies supporting young people as they leave OOHC, as well as the gaps that remain, are critical for understanding how adverse outcomes persist and for identifying strategies to promote positive outcomes among young people with lived experience. In the US context, this study examines the perspectives of child welfare workers and other professionals who work with young people, with the aim of identifying perceived gaps in services for youth ageing out of care. The definitions of young people with OOHC experience vary across different studies in terms of age range and foster care status. In this study, young people refers to individuals who are aged 14 to 26 years and have OOHC experience.

2 | Literature Review

2.1 | Challenges Faced by Young People Ageing Out of OOHC

Young people face multiple intertwined challenges as they age out of OOHC, resulting in disproportionately negative outcomes compared to their peers (Lindner and Hanlon 2024). Young people do not have adequate support as they leave care and approach adulthood. The results from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study) showed that former foster youth reported a decrease in social support networks from age 21 to 26 (Courtney et al. 2011). The study found that among the four types of support measured in the study (listening to youth, helping with favours, loaning money and helping to meet goals), the greatest decline was in financial support (Courtney et al. 2007, 2009, 2011). In addition, studying a sample of 58 young people in one southeastern state who were still in care or had recently aged out of OOHC, Rosenberg (2019) examined their social networks and found that they have the fewest network members supporting employment development and the most members in networks related to housing, education and transportation.

Related to their lack of support network for employment, young people with lived experience face an elevated risk of unemployment (Cassarino-Perez et al. 2018; Stewart et al. 2014). The findings from the Midwest study also showed that their participants experienced high levels of unemployment and unstable employment at age 26 (Courtney et al. 2011). Furthermore, compared to their peers, young adults with lived experience are at higher risk of earning an annual income below the federal poverty level (Courtney et al. 2020). Unstable and low-paid employment makes young people more vulnerable to poverty, with more challenges to achieve self-sufficiency as they leave care and approach adulthood (Kim et al. 2019).

Limited financial and employment support networks may increase the risk of homelessness among young people with lived experience. Almost 50% of young people experience homelessness by age 26 (Dworsky et al. 2013), with another estimate indicating that 28% of emerging adults leaving care at age 17–21 experienced homelessness within the first 12 months of leaving extended foster care (Shah et al. 2017). The intertwined nature of challenges is further evident in the finding that the increased rate of experiencing homelessness is associated with a lower likelihood of completing post–secondary education or finding full-time employment for young people with lived experience (Rosenberg and Kim 2018). These adverse housing and financial outcomes may contribute to the higher rates of behavioural health issues and substance misuse (Braciszewski and Stout 2012; Brown et al. 2015). Further, despite this increased need for behavioural health support, young people experience lower rates of accessing necessary care than their peers (Kang-Yi and Adams 2017), with youth marginalized due to their racial identity or sexual orientation facing additional disparities in accessing care (McCarthy et al. 2024). Together, this body of research demonstrates the unique vulnerability as young people exit OOHC.

2.2 | Federal Policies and Programmes for Youth Ageing Out of Foster Care

A series of federal policies have been enacted to improve the outcomes of youth ageing out of OOHC in the United States under the Foster Care Independence Act (1999), ILPs were expanded to include education, employment, housing and health, alongside the creation of the Education and Training Voucher (ETV) programme. However, the focus, eligibility criteria and delivery methods of ILPs vary by state and service providing agencies. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections) advanced this framework by allowing states to extend foster care from age 18 to 21 and broadening eligibility for ILPs to young people who exited foster care after age 16 to adoption and kinship guardianship. Extended foster care (EFC) serves as a critical safety net through providing additional time, resources and support for young people as they approach adulthood. In addition, to better accommodate the unique developmental needs and preferences of many young people, such as a sense of agency and autonomy, supervised independent living placements (SILPs) were introduced under the Fostering Connections to offer less restrictive, more independent and community-based living environments (Tuyishime et al. 2025). More recently, the Family First Prevention Services Act of 2018 expanded access to ILPs by lowering the age limit from 16 to 14. The evolution of US federal policy for youth ageing out of OOHC reflects a shift from an emphasis on self-sufficiency and independence to fostering interdependence between young people and supportive adults (Park et al. 2020, 2021).

Youth ageing out of OOHC primarily receive services through two federally authorized programmes under Title IV-E of the

Social Security Act: federal foster care programme and the John H. Chafee Program for Successful Transition to Adulthood program ("Chafee programme"; Landers 2019). The Title IV-E foster care programme funds temporary living arrangement and housing for children placed in OOHC. For youth ageing out of OOHC, these arrangements include traditional foster care placements or SILPs. Prior to 2008, eligibility was limited to youth under age 18; however, following the enactment of Fostering Connections, many states have extended foster care eligibility beyond age 18. Under Title IV-E, young adults who remain in foster care after age 18 may live in foster family homes or in approved SILPs, including rental apartments (42 U.S.C. §§ 672, 675 2024; 45 C.F.R. pt. 1356 2026).

Although the Title IV-E foster care programme focuses on housing and daily support, the Chafee programme emphasizes education and employment assistance, as well as life skill training to support the transition to adulthood. For example, the ETV programme provides up to $5000 per year per youth to support participation in postsecondary education. The Family First Prevention Services Act (FFPSA) in 2018 amended the Chafee programme by extending eligibility to age 21 or 23 (or up to 23 in some states) and expanding ETV eligibility to age 26. In addition to the federal foster care programme and the Chafee programme, youth ageing out of OOHC are supported by other federal programmes, including Medicaid, the Workforce Innovation and Opportunity Act Programs and housing support (Landers 2019).

Despite legislation intended to support a smoother process of ageing out of OOHC, many care leavers report that the process remains abrupt and characterized by inadequate support during this critical period (Jones 2019; Paulsen and Berg 2016; Rogers 2011). A recent systematic review of ILP outcomes found that these programmes may not only be ineffective, but in some cases had negative impact, specifically loss of social support and increased risk of homelessness (Doucet et al. 2022; Huang et al. 2022). Of particular concern were findings related to low participation on ILP or extended foster care among youth with foster care experiences (Park et al. 2025). Studies that explored youth perspectives on ILP found that this low engagement in supportive services may be driven by youth distrust in existing systems and a desire for an increased sense of autonomy (Best and Blakeslee 2020; Smith et al. 2025). Further, young people consistently emphasized the importance of addressing their emotional needs and fostering meaningful relationships (Doucet et al. 2022). For example, Nathans and Chaffers (2022) evaluated the roles of independent living coordinators (ILCs) through a qualitative analysis of 119 ILP plans. Findings included that while ILCs were effective in achieving concrete outcomes such as connection to mental health counselling and medication management or practical support for finances and transportation, ILCs struggled to promote peer support, romantic relationships and use of birth control (Nathans and Chaffers 2022).

Although the voices of youth are vital for fostering agency, it is equally critical to consider the views of child welfare workers and service providers who are the key stakeholders in assisting young people as they leave OOHC. Understanding their experiences during this process offers critical insights into the organizational and policy-level challenges, resiliency of young people and service gaps that affect the process of ageing out of OOHC. This study hopes to address this gap in the literature through the following aims: (1) to explore child welfare workers' and other professionals' experience on working with young people ageing out of OOHC and to (2) to identify the gaps/limitations child welfare workers and other professionals perceived as they assist young people ageing out of OOHC.

3 | Method

This study included interviews of a total of 19 child welfare workers and other professionals from June 2023 to September 2023. The interviews lasted between 38 and 100 min, with an average duration of 62.17 min. Child welfare workers and other professionals who had worked with youth in OOHC aged 14 years and older and (2) had worked in this field for over 1 year were eligible for this study. All study procedures were approved by the Institutional Review Board (IRB).

Using purposive sampling strategies, the first author searched online about the agencies and programmes that provided direct services to older youth and young people in OOHC. In addition, the first author attended the National Independent Living Conference in August 2023 to recruit participants for this study. A total of 19 participants completed the semi-structured interviews with the first author via video conference. To protect the confidentiality and support a more personal representation in the study, participants were asked to select a pseudonym of their choice at the end of the interviews. All the interviews were recorded for transcription. Participants received a $50 gift card upon the completion of the interview.

Among the 19 participants, 10 participants have worked with young people with lived experience for more than 5 years and five participants have worked with young people for 3–5 years. Participants represented a range of professional roles, including caseworkers, clinical coordinators, ILP coordinators/managers, mental health service providers and youth advocates. Majority of the participants are female ($n = 14$), and there were five males included in the study. Participants in this study were from 10 states in the United States, including California ($n = 4$), Hawaii ($n = 2$), Iowa ($n = 1$), Indian ($n = 1$), Kentucky ($n = 2$), Maryland ($n = 2$), North Carolina ($n = 1$), Ohio ($n = 3$), Oregan ($n = 1$) and Vermont ($n = 2$). All states represented in this study have implemented EFC programmes allowing young people to remain in care beyond age 18. About 53% of participants worked in a programme that only served young people, whereas 47% worked in a programme that served all children and families involved in foster care. The detailed demographic information and professional roles of participants have been reported elsewhere (Wang and LaBrenz 2025).

3.1 | Data Analysis

This study employed reflexive thematic analysis where researchers generate themes through an iterative and interpretive engagement with the data (Braun and Clarke 2022). Data analysis followed a recursive process of data familiarization,

initial coding and emerging themes development. In line with reflexive thematic analysis, rather than determining themes based on frequency or prevalence across participants, the research team continuously refined preliminary codes and themes to capture patterns of shared meaning relevant to the research questions. To ensure the rigour and trustworthiness of the findings, the first author shared preliminary themes, codes and exemplary quotes with the research team for feedback. In addition, the research team engaged in member checking and peer debriefing throughout the data analysis process and consulted with experts in the field of young people ageing out of OOHC.

To protect confidentiality of participants in this study, any potentially identifying information, including names of participants, agencies and locations, was removed. Although the term, young people with lived experience or young people is used throughout this paper, participants in this study also used other terms like 'young people', 'youth' or 'kiddo'. Some quotes have been modified for clarity, brevity or confidentiality, with these changes indicated by brackets or '...'.

4 | Results

The findings of this study include the experiences of child welfare workers and other professionals in working with young people and key stakeholders involved in the process of ageing out of OOHC. Three themes emerged from the data, including (1) characteristics of emerging adulthood of young people in OOHC, (2) limitations of current policies and transition services for young people leaving OOHC and (3) recommendations for policies and transition services for young people leaving OOHC. Table 1 presents the summary of themes and sub-themes.

4.1 | The Characteristics of Emerging Adulthood of Young People in OOHC

Throughout the interviews, participants reflected on their experiences working with young people in OOHC and described how they tailored their approaches to meet the unique needs of this population. Participants observed that young people share many characteristics with their peers who are not involved in the child welfare system, such as the pursuit of independence and autonomy, identity exploration and the development of life skills. However, participants emphasized how these traits and behaviours are shaped by youth's involvement with the child welfare system. Specifically, they highlighted the profound impact of previous maltreatment, traumatic experiences, multiple placements and disruptions in caregiving relationships. Participants also shared their approaches and strategies for effectively supporting this population. The following sub-themes describe these unique characteristics of emerging adulthood for young people in OOHC.

4.1.1 | 'It's a Bit of Dancing'

Throughout the interviews, participants note that young people who had been in OOHC have a strong desire for autonomy, similar to their peers in the general population. Blue shared his concern that these young people might rely on their intuition or a 'gut feeling' to make decisions, often without considering the potential consequences of their choices. David noted, however, that even though these young people may make mistakes, the mistakes become opportunities for learning and growing, sharing, 'Most of the time, I found that, especially with the older ones, the more autonomy you give them, the more they mess up, but also the better they become at their decision-making'.

TABLE 1 | Thematic structure of the qualitative data.

Themes	Sub-themes
The characteristics of emerging adulthood of young people in OOHC	'It's a bit of dancing'
	Forced to grow up
	Lack of continuity and stability in all aspects of life
Limitations of current policies and transition services for young people leaving OOHC	'18–21 years old are screw-up years'
	Incompatibility between policies designed to support young people and the market
	Lack of transition services and personnel who serve young people with lived experience
Recommendations for policies and transition services for young people leaving OOHC	Fostering autonomy: young people-led models in young people-focused programs
	The flexibility in program design and service delivery
	Trauma-informed approach: Enhancing practitioner competence in working with young people with lived experience

Participants also acknowledged the challenges of navigating the tension between promoting youth autonomy and offering guidance and support. Chloe shared that:

> I think the most difficulty we have is balancing having the program be youth-led, we want them to take the lead and to guide it toward their goals, but also with the knowledge and understanding we have about what roadblocks there may be for their goals.

David described this process as 'a bit of dancing', highlighting the intentional effort to balance granting autonomy and offering guidance.

Mia, an ILP coordinator, shared that it is important to build authentic youth engagement and not treat it as a 'caseworker–client relationship' or 'adult–youth dynamic'. Mia viewed herself as a partner, with young people taking on leadership roles:

> Coming from a caseworker background, my mindset is "how do I fix the problem?" when that's not always the most helpful for them at this age. Yes, they need solutions, but they also need that space to come up with those solutions on their own and figure out how they can use those skills to come up with solutions for further problems.

Mia stressed that she tried to let the young people know that they have someone in their corner and they can reach out when they need help and that her role is to locate support and services for them.

4.1.2 | Forced to Grow Up

The amount of responsibilities facing young people with OOHC is different from their peers. Oftentimes, they are forced to grow up, missing out on the activities or events with which their peers are engaged. Debbie shared that older youth and young people involved in child welfare are expected to maintain consistent employment, whereas their peers hang out with friends and attend social events:

> A lot of them may not have a job or may not keep a job because they are young. If it's their senior year, they are not necessarily worried about working to be able to move into their place; they are trying to have fun their senior year. If it's Friday night and I have to go to work, I'm going to call in. I'm not going to go to work because I want to be with my friends at the football game, at a dance, or just being out being kids.

Debbie shed light on how the responsibilities that young people with lived experience face take away their opportunity to experience the normalcy of emerging adulthood, neglecting the need for fun, exploration and socialization during this developmental stage. Jennifer shared how she supports young people in reclaiming this lost sense of normalcy:

> We want to try to uphold that sense of normalcy because while being in foster care is not normal and it should not be the norm at all, for those young people who have to be in foster care for whatever reason, trying to make sure that they feel like they can be normal kids is important. Making sure they can go to sleepovers, making sure they can do extracurricular activities like sports and clubs and stuff, like it's really important.

4.1.3 | Lack of Continuity and Stability in All Aspects of Life

Participants highlighted how previous traumatic experiences, multiple placements and residential group homes have the profound impact of creating a significant lack of continuity in the lives of young people. Matthew noted that due to multiple placements, these young people experienced school changes, relationship disruptions and inconsistent life skills development. School changes not only resulted in gaps in academic performance but also affected social interactions and successful integration into environments like college and work. Matthew shared:

> I couldn't tell you how many different placements [young people] was in. The disconnected relationships, the disconnected life skills, and educational opportunities mean that [young people]'re not well equipped. Even if they're equipped with certain skills, and many of them are, they have gaps in their learning, whether it's life skills or just your regular educational learning, like they might know how to multiply, but they don't know how to add, if that's even possible just as an example. They might know about European history, but they never learn anything about American history because they moved from class to class. They can have real-world gaps in skills that they need to get a job or go to school, but moreover, they just oftentimes don't relate and interact like their same-age peers. When they get to college, they just don't do as well sometimes in the dorm rooms.

Chloe, who served as youth advocate at a young people-focused programme, shared that a lot of young people have experienced trauma and therefore have focused on surviving, rather than on preparing their future, 'Getting them to a place where they're safe enough to start thinking about the future is really important for them to consider it as a real possibility'.

Participants also shared their concerns about young people who lived in OOHC. Emma, who also served as a youth advocate at a young people-focused programme, noted that a lot of young people have mental health challenges, and they are not well-prepared to get a job or go to college when they leave. Such experiences can lead to feelings of isolation and difficulties making friends. Emma shared:

> A lot of the young people who are leaving the facility [group home], who are in it when they're 14 or older and they don't get to go anywhere else, they just stay in there till they're 18, they're not well-prepared to get a job. They're not well-prepared to do college. They're institutionalized, so they're lacking in their social—it's hard for them to get back into society. Then also showing that they have a lot more mental health needs as they come out of there and their physical health and their relationship with food specifically is not always the best.

This quote underscores the critical need for more stable and continuous support systems for young people to foster better social, educational and personal outcomes.

4.2 | Limitations of Current Policies and Transition Services for Young People Leaving OOHC

The second theme that emerged involved participants' perspectives on the challenges of policy and transition services for young people leaving OOHC.

4.2.1 | '18–21 Years Old Are Screw-Up Years'

The theme that policy related to ageing out of OOHC is not developmentally nor pragmatically appropriate was found across interviews. Several participants shared their concerns about age constraints on service eligibility. Participants reflected that the way social services defined eligibility based on age limits may not meet the developmental needs of these young people, as they reach emotional or cognitive maturity at different ages. Amy argued that:

> ... one of the things in social service field, those limitations on ages, to an extent, are not accurate because everyone matures differently. Everyone grows up and acquires their independence skills at different levels, where I don't think it's ever fair to put an age limit to it.

In addition, participants shared that current policy failed to consider the logistics of preparing young people for their independence. Debbie, who begins work with young people at 17 and assists them to secure an apartment after leaving care, highlighted the procedural gap between the legal milestone of turning 18 and leaving OOHC and practical realities of securing housing:

> I wish they would just make the court dates for them. A lot of the court dates were being made at 18 for them to age out on their 18th birthday, and I feel like that is so unfair because for the most part, they can't even go into an application. They can't fill out an application for an apartment because they're not 18, so they can't go into any bind or agreement because they're not of age. Even though it's their 18th birthday, even if they went to apply for an apartment, there's still a process. They're not going to have housing right away. I pushed for the caseworker, the guardian ad litem, I pushed for them to request additional time to be able to secure affordable housing after their 18th birthday. I think it's just too soon to say—unless there is a for-sure plan like they're going to go to a relative's house or something like that. If there's a for-sure plan, then that's fine, but for a lot of them, there isn't.

Debbie found the six months she was given to prepare young people to age out of care was insufficient to help youth believe in themselves and their future so they can focus on achieving their goals.

> We need a little more time in my department than what we are allotted, 17 and a half to me. I can build rapport [with young people] in 6 months, but it's hard sometimes to get them [young people] to believe in themselves and their future, and to focus more on what is coming. I just feel like we need more time than 6 months.

4.2.2 | Incompatibility Between Policies Designed to Support Young People and the Market

Participants shared their frustrations from the significant incompatibility between the housing and employment markets and policies designed to support young people with lived experience. For example, despite the existence of housing vouchers intended to assist these young people, the soaring prices of housing and the limited acceptance of housing vouchers create a substantial barrier for young people to obtain housing. The mismatch between the policy's intention to provide affordable housing and the reality of the housing market leads to a situation where even with financial support, youth are unable to secure a place to live. This discrepancy not only undermines the effectiveness of housing policies but also exacerbates the challenges faced by young people in their transition to independence, highlighting the urgent need for more cohesive and practical housing solutions. Shawna, an ILP coordinator, shared:

> The availability of housing is ridiculous. Then the pricing, the prices have skyrocketed over the last couple of years. I have a lot of youth who can't afford housing. There are apartments available. Even if they have housing vouchers, we can't find any places that take the housing voucher for them to be able to move into the places.

Noah, a workforce development coordinator in a programme specifically serving young people with lived experience, described the challenges he encountered as he established partnerships with local businesses and created internship opportunities

for young people. Noah acknowledged that they could get benefits from participating in the programme, where they can develop skills and secure a job at the end of the programme:

> I think what would benefit them the most is if they can get hired after their internship hours are up. Currently, they get about 260 h so depending on how fast they go through those hours, the job may lasting 3 months, or the internship lasting 3 months, or lasting six months. It depends on how many hours they work a week before they reach 260. If they were able to get hired right out of that, that would be a big benefit to them because then they wouldn't have to worry about finding new employment after that.

However, Noah noted that he was not always successful when he reached out to local businesses. Noah shared that small business were more receptive to train young people and provide job and/or internship opportunities. Small businesses often benefit from such programmes as they receive free assistance, whereas larger corporations tend to be more cautious due to perceived liability concerns. Even with assurances like liability insurance and minimal risks, the willingness to participate often depends on the personal initiative and flexibility of local managers rather than corporate policy.

4.2.3 | Lack of Transition Services and Personnel Who Serve Young People With Lived Experience

Throughout the interviews, participants noted a shortage of mental health providers dedicated to this population. Blue shared the phenomena that there was no specific position at their agency who is designed to work with young people with lived experience. Maggie, ILP manager, highlighted that the lack of service providers and long wait times are the main barriers for young people to engage with mental health services:

> Right now, all of our youth are on the [state Medicaid]. It's hard to find providers who accept the [state Medicaid]. The providers that do accept the [state Medicaid] are usually pretty backed up. With the youth that I work with, they want to go to counseling, they decide, and they want to do it right then. If they're put on a waiting list or they have to make a ton of phone calls, then it's less and less likely that they're actually going to be able to follow through and engage. I would say just the availability is a huge barrier right now. Then also just that they have some really complex trauma. A lot of the people that are accepting [state Medicaid] aren't always trained or equipped to deal with the levels of trauma that they've experienced, so that can be difficult for them too.

In addition, Maggie also shared that service providers who accept [state Medicaid] are not always trained to address the levels of trauma these young people have experienced.

4.3 | Recommendations for Policies and Transition Services for Young People Leaving OOHC

Finally, participants shared suggestions for the direction for future policy and services change. These recommendations echo the developmental needs of young people ageing out of OOHC.

4.3.1 | Fostering Autonomy: Young People-Led Models in Young People-Focused Programmes

Many young people-focused programmes in this study were young people-led to align with the developmental characteristics of emerging adulthood, whereas those programmes were voluntary and young people were not mandated to participate in them. David noted that even though they did not join the programme immediately, some young adults would return to seek services in the future. Participants shared that they put a lot of effort into increasing youths' awareness of these services before they left OOHC. Maggie shared that a lot of young people learned about the service from their siblings or peers who had participated before and, when they were eligible, they signed up.

The concept of 'young people-led programmes' was brought up in several interviews. This sub-theme presented itself in two ways: (1) programmes led by young people with lived experience and (2) inspiring young people to take the lead in their transition process. For the first aspect, participants shared that a lot of young people have distrust for the child welfare system from their previous experiences. Young people are more likely to trust someone who has a similar experience. For the second, participants emphasized their desire to empower young people to take the lead, set their goals and foster ownership. Several participants shared that in the ILPs, motivated young people can have successful outcomes. Emma shared one young person's experience being able to buy a house while in the ILP, 'They didn't have to pay for their rent, so they were saving all of their money, they were working, things like that so when they got out, they bought a house, which is really nice'.

4.3.2 | The Flexibility in Programme Design and Service Delivery

Several participants emphasized the importance of having flexibility in programme design and service delivery when working with this population. Several participants shared creative ways to get engaged and build rapport with young people, specifically through car rides. Jennifer and Marssella both discussed that often they would need to drive them to different appointments and during the drive, they discussed the youth's interests, which started good conversation. Jennifer shared:

> If I'm driving with [young people], I make sure that [young people]'re comfortable. I make sure that [young people] know that they can change the settings on the air conditioner and the music. I give them some choices for what the car situation is ... I've had some youth who do like to DJ, which is fun. Then, it's also a good entry point for conversation as well

> like if we like the same kinds of music, I can be like, "Oh, I like that too. What do you like about them?"

However, several participants shared billing restrictions that prevent them from driving young people and thus losing out on the ability to engage with young people in this way.

> Some programs have had restrictions on their practice, you [the provider] can't be in a car when you're billing, or you have to be in a certain environment when you're billing. Those things don't work when working with transition-age youth because you really need to be able to get in the car and go to the workforce center. You get in the car, and you go to the vocational rehab center, or you go into the garage and you build something, or you walk to the food pantry together or something like that. The activities that you do with youth while you're talking about the counseling is probably as important as the counseling itself.

Participants recognized the need for adaptable and activity-based approaches that align with the dynamic and practical needs of young people and that counselling and skill building often occur simultaneously in non-traditional settings.

4.3.3 | Trauma-Informed Approach: Enhancing Practitioner Competence in Working With Young People With Lived Experience

Calls for training and research about working with young people ageing out of OOHC were brought up across the interviews. Currently, there are a good number of trainings on the prevention of child abuse, neglect, substance abuse and mental health. However, Shawna noted that the state did not offer anything for working with young people ageing out of OOHC. Shawna shared that the only way she got training on this particular population was by attending the National Independent Living Conference. Shawna also shared that child welfare workers not only attended the conference themselves but also brought young people with them.

Limited understanding of emerging adulthood hinders child welfare workers and service providers from effectively engaging with and delivering services to young people. Ellie shared that she has done research on ageing out of OOHC and she found there was a lack of understanding of how trauma impacts medical needs, schooling and peer conflict resolution among this age group.

> I go to the CDC a lot of times—and use that website just to make sure, like that's my main guideline of like that's the—but even the CDC I think really doesn't have much on teenagers. I think I used it more for the younger kids—for milestones and everything. Because there really are different milestones for every age and every grade. It's just that we never really sat down and made the list and the research of it.

This challenge is also compounded by the need of having holistic training on intersectionality. Jennifer pointed out that individuals have multiple identities, defined by their gender, race, sexual orientation and mental health status, which influence their experiences and needs. For some older youth and young people with lived experience, these intersecting identities include being youth in foster care, people of colour, LGBTQ and having mental health concerns or trauma histories. Jennifer pointed out without adequate training on intersectionality, service providers may struggle to fully disentangle the complex and multifaceted challenges faced by young people.

> I wish there was more training about intersectionality which is that thing about, we all have intersecting identities. Like, I'm not just a woman, I'm not just an LGTBQ adult. I'm not just a person of color, I am all those things all the time. Intersectionality, I'd love to see more trainings on because it really applies to this population. They're foster youth, some of them are people of color. Some of them are LGTBQ, almost all of them have some sort of mental health or trauma, a background.

This call for training in engagement techniques and relationship-building underscores the need for a more comprehensive approach to professional development within child welfare systems.

5 | Discussion

This study offers a unique contribution by examining the perspectives of child welfare workers and service providers who directly implement policy and practice with young people. Our findings show that the perspectives of professionals on the needs of young people during ageing out of OOHC aligned closely with those expressed by young people themselves. For example, professionals' recognition that older youth and young adults ageing out of OOHC were often forced to grow up and achieve independence earlier than their peers mirrored findings from studies that interviewed young people (Samuels and Pryce 2008). Further, professionals recognized that young people were lacking continuity and stability in all aspects of life, such as supportive relationships, life skills development and education (Ball et al. 2021; Clemens et al. 2017). In addition, participants also discussed the limitations of current policies and transition services and provided recommendations for future practice, research and policy supporting young people leaving OOHC.

Our findings on service providers' perceptions of the impact of young people's experiences with child maltreatment and placement instability align with literature on the report from young people (Unrau et al. 2008). Service providers were aware that many young people experienced frequent placement changes, which impacted their academic performance due to school transitions. Participants in this study also reported that many did not have long-term, supportive adults in their lives. Young people did not have stable relationships with their biological families due to their past experiences of child abuse and

neglect, being removed from home and poverty while multiple placements and stays in residential care put them at a disadvantage in forming and building bonds with supportive adults in their placements.

Service providers highlighted the importance of self-determination by young people during ageing out of OOHC, which is consistent with the perspective of young people (Armstrong-Heimsoth et al. 2021; Powers et al. 2018). At the individual level, service providers intentionally fostered autonomy among young people and reframed themselves from offering advice, even when they foresaw that poor decisions could lead to negative consequences. Participants shared that they used these situations as opportunities for young people to learn to think about consequences for their decision-making. At the programme level, service providers recognized the value of young people-led programmes in fostering former youth's leadership and supporting current young people. Studies have shown that youth in these programmes receive intensive coaching and support from programme facilitators (Havlicek et al. 2016) and gain self-advocacy skills and confidence (Forenza and Happonen 2016; Powers 2024). However, the effectiveness of young people-led programmes for making policy changes is often limited due to the unbalanced power structure (Havlicek et al. 2016).

Consistent with previous research, child welfare workers and service providers continued to share concerns regarding the age limit for services once they age out of OOHC. In response to this concern, 46 states extended the age limit beyond age 18 to age 21; as of 2017, with at least 17 states requiring youth to complete school, enroll in a post–secondary programme or be employed if choosing to remain in care (Child Welfare Information Gateway, n.d.). Using the biological age of 18 as the limit, however, is misaligned with findings from neurological science on human development. Substantial research evidence shows that the brain continues to develop into early adulthood, particularly in relation to emotion regulation and processing (Vink et al. 2014). Specifically, the prefrontal cortex, responsible for executive functions like reasoning, long-range planning and impulse control, matures last and continues to develop until around age 25. Until then, young adults may not have the same level of cognitive maturity as adults in areas related to decision-making and self-regulation. Moreover, brain development can be negatively influenced by environmental factors such as trauma, child maltreatment and chronic stress, all of which are commonly experienced by young people ageing out of OOHC (Carrion and Wong 2012). It is therefore arbitrary to expect young people who leave care at age 18 to have sufficient decision-making and self-regulation skills.

Participants in this study pointed out the incompatibility between child welfare policies and market reality. The expectation of achieving independence by age 18 from the child welfare system creates several logistical barriers for young people and complicates the transition process. Additionally, resources like housing vouchers and Medicaid are often not accepted by landlords and healthcare providers (Decker 2012; Ellen 2020; Rosen 2014). Although young people receive support from the system as they leave care, they are not able to fully take advantage of these resources if they are not honoured by the market. Policymakers must periodically reassess these resources to align them with market realities.

Our finding suggests that increasing flexibility in programme design and service delivery can foster more natural interactions between young people and formal supportive adults (e.g., case managers, therapists and other service providers). Young people, particularly those in OOHC, often have limited opportunities for informal engagement with adults, unlike youth in family settings who interact with adults during everyday activities. Engaging young people in less formal environments, such as counselling during a ride to a food pantry, provides valuable, real-world learning opportunities and also facilitates rapport building between young people and service providers. A previous study identified being flexible and responsive as the most helpful for engaging this population in mental health services (Piel and Lacasse 2017).

Our findings regarding service providers' recognition of their lack of experience in working with adolescents and young adults with past experiences of trauma align with existing literature. In a recent systematic review, Bendall et al. (2021) identified only 13 studies focused on trauma-informed care in outpatient and counselling health settings for young people aged 12–25. The limited body of research underscores a significant gap in the knowledge base. Moreover, Bendall et al. (2021) reported that the absence of clear and consistent guidelines on the components of trauma-informed care compounds the challenges for service providers, resulting in a lack of direction on how to effectively implement these approaches with young people. Additionally, this finding also resonates with the growing recognition that emerging adulthood, a distinct developmental period, is not widely acknowledged in the context of service provision.

5.1 | Limitations

Despite the unique contributions of this study, several limitations should be acknowledged. First, though child welfare workers and other professionals implemented and directly worked with young people ageing out of OOHC, their perspectives may reflect biases shaped by their professional roles and cultural backgrounds. The findings of this study may not fully capture the experiences of older youth and young adults who go through the transition process. Future research should consider including young people on research advisory boards to help formulate research questions and provide feedback on study design (Wang and LaBrenz 2025). Last but not least, although data saturation was achieved, the findings are not generalizable to the broader population. Further research is needed to systematically identify gaps in services and policies that shape the transition from OOHC to adulthood. In particular, quantitative studies using larger and more representative samples are needed to examine the prevalence and distribution of these gaps. In addition, as participants in this study were drawn from multiple states, future research should consider focusing on specific state contexts to more precisely assess how state-level policies and implementation influence access to and engagement in services designed for young people.

5.2 | Implications

The findings from our study suggested three implications. First, our findings suggest revising Medicaid and grant-funded case management billing policies to consider transportation-related time as billable when transporting young people to non-medical services. The findings from this study showed how restrictions on billing for transportation-related activities constrained service providers' ability to transport young people to accessing services. Current behavioural health and case management billing structures frequently categorize travel time as non-billable, unless it is transportation to medical services. Centers for Medicare & Medicaid Services (CMS) guidance emphasizes states' obligation to 'assure transportation' to medically necessary services and highlights state flexibility in operationalizing this requirement (Centers for Medicare and Medicaid Services 2023). Extending this billable travel time beyond medical transportation to cover non-medical transportation would better support this population to access services in community contexts, such as employment services, food assistance or education. Participants in this study described how current restrictions on billing for transportation-related activities resulted in missed opportunities for 'warm handoffs' and in-the-moment skill building, through which relational case management promotes sustained engagement. Given that young people ageing out of OOHC are significantly less likely than their peers to have driver's licenses, personal vehicles or the financial means to regularly use public transportation (Armstrong-Heimsoth et al. 2021; Annie E. Casey Foundation 2025), we recommend revising billing policies to explicitly recognize travel time to non-medical services as reimbursable service activities.

Second, our findings suggest establishing cross-system training to support Medicaid-accepting clinicians in building competence in trauma-informed care and increasing their understanding of foster care and adding trauma-informed care into Medicaid network adequacy metrics. Findings from this study underscore a significant gap in access to trauma-informed mental health care for young people with foster care histories, particularly care delivered by providers who accept Medicaid. This difficulty aligns with national evidence documenting both provider shortages and low Medicaid participation among mental health professionals (Bishop et al. 2014; Garfield et al. 2022). We recommend that states and child welfare agencies therefore develop cross-system training to support Medicaid-accepting clinicians in building competence in trauma-informed care and increasing their understanding of foster care. Prior research indicates that ongoing consultation and supervision are more effective in improving trauma-informed practice and provider confidence than single-session trainings (Briggs et al. 2019). Such training can be embedded as part of CEUs required to meet their state licensure requirements. In addition to training, we also recommend that state agencies incorporate trauma-informed capacity into Medicaid network adequacy metrics, particularly for behavioural health services serving young people. Current requirements for managed care organizations emphasize maintaining sufficient provider networks while rarely accounting for provider competence in trauma-informed care. Adding trauma-informed care into their adequacy metrics would better align with federal guidance emphasizing access to appropriate care and with evidence that service mismatch contributes to disengagement and unmet need among former foster youth (Courtney et al. 2018; Armstrong-Heimsoth et al. 2021).

Third, our findings suggest supporting the development of autonomy and decision-making competence among foster youth. To ensure child safety during their time in care, the child welfare system has always prioritized compliance and risk management, which may inadvertently undermine the development of autonomy and self-efficacy that are critical for young people navigating adulthood outside of formal care systems. As foster care programme is extended to emerging adulthood, services for youth ageing out of care often remain procedurally driven and adult directed, limiting young people's opportunities to practice decision making and initiate action in ways that support successful transitions. Transition services should change from positioning professionals as primary decision makers to supporting youth in making informed, self-directed decisions. Previous research indicates that foster youth who are actively involved in planning and decision making demonstrate stronger self-determination, improved engagement with services and better post-emancipation outcomes (Munson and McMillen 2009; Powers et al. 2012). Public child welfare systems can support this by structuring services to allow youth to lead interactions with service providers, manage portions of their budgets or benefits and navigate systems with coaching rather than substitution. Policies governing transition planning, extended foster care and aftercare services should require measurable youth participation not only in planning meetings but in the implementation of decisions. For example, policies could support flexible timelines, graduated responsibility and trial periods that allow young people to make decisions, experience consequences and adjust plans with guidance.

6 | Conclusion

This study highlights the complex realities child welfare workers and professionals face in assisting older youth and young people ageing out of OOHC. With the recognition of the unique developmental needs of this population and the importance of fostering youth agency, child welfare workers and professionals underscored the need for more young people-led programmes and more flexibility for programmes designed for this population. It is critical to engage both practitioners and young people in shaping and informing policies that affect the ageing out process for older youth and young adults in care.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study including excerpts, coding and analytic memos are not publicly available due to ethical and legal restrictions.

References

42 U.S.C. §§ 672, 675. 2024. "U.S. Code." https://www.law.cornell.edu/uscode/text/42.

45 C.F.R. pt. 1356. 2026. "Code of Federal Regulations." https://www.ecfr.gov/.

Annie E. Casey Foundation. 2024. "Kids Count Data Book." https://www.aecf.org/resources/2024-kids-count-data-book.

Annie E. Casey Foundation. 2025. "What Happens to Youth Aging Out of Foster Care?" https://www.aecf.org.

Armstrong-Heimsoth, A., M. Hahn-Floyd, H. J. Williamson, J. M. Kurka, W. Yoo, and S. A. Rodríguez De Jesús. 2021. "Former Foster System Youth: Perspectives on Transitional Supports and Programs." *Journal of Behavioral Health Services & Research* 48, no. 2: 287–305. https://doi.org/10.1007/s11414-020-09693-6.

Arnett, J. J. 2007. "Emerging Adulthood: What Is It, and What Is It Good for?" *Child Development Perspectives* 1, no. 2: 68–73.

Ball, B., L. Sevillano, M. Faulkner, and T. Belseth. 2021. "Agency, Genuine Support, and Emotional Connection: Experiences That Promote Relational Permanency in Foster Care." *Children and Youth Services Review* 121: 105852. https://doi.org/10.1016/j.childyouth.2020.105852.

Bendall, S., O. Eastwood, G. Cox, et al. 2021. "A Systematic Review and Synthesis of Trauma-Informed Care Within Outpatient and Counseling Health Settings for Young People." *Child Maltreatment* 26, no. 3: 313–324.

Best, J. I., and J. E. Blakeslee. 2020. "Perspectives of Youth Aging Out of Foster Care on Relationship Strength and Closeness in Their Support Networks." *Children and Youth Services Review* 108: 104626. https://doi.org/10.1016/j.childyouth.2019.104626.

Bishop, T. F., M. J. Press, S. Keyhani, and H. A. Pincus. 2014. "Acceptance of Insurance by Psychiatrists and the Implications for Access to Mental Health Care." *JAMA Psychiatry* 71, no. 2: 176–181.

Braciszewski, J. M., and R. L. Stout. 2012. "Substance Use Among Current and Former Foster Youth: A Systematic Review." *Children and Youth Services Review* 34, no. 12: 2337–2344. https://doi.org/10.1016/j.childyouth.2012.08.011.

Braun, V., and V. Clarke. 2022. *Thematic Analysis: A Practical Guide*. SAGE Publications Ltd.

Briggs, E. C., J. K. P. Greeson, C. M. Layne, J. A. Fairbank, A. M. Knoverek, and R. S. Pynoos. 2019. "Trauma-Informed Care in Child Welfare: A Systematic Review." *Children and Youth Services Review* 103: 65–79.

Brown, A., M. E. Courtney, and J. C. McMillen. 2015. "Behavioral Health Needs and Service Use Among Those Who've Aged-Out of Foster Care." *Children and Youth Services Review* 58: 163–169. https://doi.org/10.1016/j.childyouth.2015.09.020.

Carrion, V. G., and S. S. Wong. 2012. "Can Traumatic Stress Alter the Brain? Understanding the Implications of Early Trauma on Brain Development and Learning." *Journal of Adolescent Health* 51, no. 2: S23–S28. https://doi.org/10.1016/j.jadohealth.2012.04.010.

Cassarino-Perez, L., G. Crous, A. Goemans, C. Montserrat, and J. C. Sarriera. 2018. "From Care to Education and Employment: A Meta-Analysis." *Children and Youth Services Review* 95: 407–416. https://doi.org/10.1016/j.childyouth.2018.08.025.

Centers for Medicare & Medicaid Services. 2023. "Assurance of Transportation: A Medicaid Transportation Coverage Guide (SMD #23–006)."

Child Welfare Information Gateway. n.d. "Extension of Foster Care Beyond Age 18." https://www.govinfo.gov/content/pkg/GOVPUB-HE23_1200-PURL-gpo87338/pdf/GOVPUB-HE23_1200-PURL-gpo87338.pdf.

Clemens, E. V., H. M. Helm, K. Myers, C. Thomas, and M. Tis. 2017. "The Voices of Youth Formerly in Foster Care: Perspectives on Educational Attainment Gaps." *Children and Youth Services Review* 79: 65–77. https://doi.org/10.1016/j.childyouth.2017.06.003.

Courtney, M., A. Dworsky, A. Brown, C. Cary, K. Love, and V. Vorhies. 2011. *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26*. Chapin Hall at the University of Chicago.

Courtney, M., A. Dworsky, G. R. Cusick, J. Havlicek, A. Perez, and T. Keller. 2007. *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*. Chapin Hall at the University of Chicago.

Courtney, M., A. Dworsky, J. Lee, and M. Raap. 2009. *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 23 and 24*. Chapin Hall at the University of Chicago.

Courtney, M. E., A. Dworsky, J. S. Lee, and M. Raap. 2018. "Midwest Evaluation of the Adult Functioning of Former Foster Youth." *American Journal of Public Health* 108, no. S7: S381–S388.

Courtney, M. E., N. J. Okpych, J. Harty, et al. 2020. "Findings From the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Youth at Age 23." Chapin Hall at the University of Chicago.

Decker, S. L. 2012. "In 2011 Nearly One-Third of Physicians Said They Would Not Accept New Medicaid Patients, but Rising Fees May Help." *Health Affairs* 31, no. 8: 1673–1679. https://doi.org/10.1377/hlthaff.2012.0294.

Doucet, M. M., J. K. P. Greeson, and N. Eldeeb. 2022. "Independent Living Programs and Services for Youth "Aging Out" of Care in Canada and the U.S.: A Systematic Review." *Children and Youth Services Review* 142: 106630. https://doi.org/10.1016/j.childyouth.2022.106630.

Dworsky, A., L. Napolitano, and M. Courtney. 2013. "Homelessness During the Transition From Foster Care to Adulthood." *American Journal of Public Health* 103, no. S2: S318–S323. https://doi.org/10.2105/AJPH.2013.301455.

Ellen, I. G. 2020. "What Do We Know About Housing Choice Vouchers?" *Special Issue on Housing Affordability* 80: 103380. https://doi.org/10.1016/j.regsciurbeco.2018.07.003.

Forenza, B., and R. G. Happonen. 2016. "A Critical Analysis of Foster Youth Advisory Boards in the United States." *Child & Youth Care Forum* 45, no. 1: 107–121. https://doi.org/10.1007/s10566-015-9321-2.

Garfield, R. L., E. Hinton, E. Cornachione, and C Hall. 2022. "Mental Health Workforce Shortages and Medicaid." Kaiser Family Foundation.

Gunawardena, N., and C. Stich. 2021. "Interventions for Young People Aging Out of the Child Welfare System: A Systematic Literature Review." *Children and Youth Services Review* 127: 106076. https://doi.org/10.1016/j.childyouth.2021.106076.

Gypen, L., J. Vanderfaeillie, S. De Maeyer, L. Belenger, and F. Van Holen. 2017. "Outcomes of Children Who Grew Up in Foster Care: Systematic-Review." *Children and Youth Services Review* 76: 74–83. https://doi.org/10.1016/j.childyouth.2017.02.035.

Havlicek, J., C. H. Lin, and M. T. Braun. 2016. "Cultivating Youth Voice Through Participation in a Foster Youth Advisory Board: Perspectives of Facilitators." *Children and Youth Services Review* 69: 1–10.

Huang, H., Y. Li, and J. M. Campbell. 2022. "Do Independent Living Services Protect Youth Aging Out Foster Care From Adverse Outcomes? An Evaluation Using National Data." *Child Maltreatment* 27, no. 3: 444–454. https://doi.org/10.1177/1077559521992119.

Jones, L. 2019. "Remaining in Foster Care After Age 18 and Youth Outcomes at the Transition to Adulthood: A Review." *Families in Society* 100, no. 3: 260–281. https://doi.org/10.1177/1044389419847326.

Kang-Yi, C. D., and D. R. Adams. 2017. "Youth With Behavioral Health Disorders Aging Out of Foster Care: A Systematic Review and Implications for Policy, Research, and Practice." *Journal of Behavioral Health Services & Research* 44: 25–51. https://doi.org/10.1007/s11414-015-9480-9.

Kim, Y., E. Ju, R. Rosenberg, and E. M. Z. Farmer. 2019. "Estimating the Effects of Independent Living Services on Educational Attainment and Employment of Foster Care Youth." *Children and Youth Services Review* 96: 294–301. https://doi.org/10.1016/j.childyouth.2018.11.048.

Landers, P. A. 2019. "Youth Transitioning From Foster Care: Background and Federal Programs (Congressional Research Service RL34499)." https://www.congress.gov/crs-product/RL34499.

Lindner, A. R., and R. Hanlon. 2024. "Outcomes of Youth With Foster Care Experiences Based on Permanency Outcome—Adoption, Aging Out, Long-Term Foster Care, and Reunification: A Systematic Review." *Children and Youth Services Review* 156: 107366. https://doi.org/10.1016/j.childyouth.2023.107366.

McCarthy, L. P., Y. Xu, S. Hageman, and Y. Wang. 2024. "Intersectional Disparities in Access to Mental Health Services Among Youth Aging Out of Foster Care." *Child Protection and Practice* 3: 100066. https://doi.org/10.1016/j.chipro.2024.100066.

Munson, M. R., and J. C. McMillen. 2009. "Natural Mentoring and Psychosocial Outcomes Among Older Youth Transitioning From Foster Care." *Children and Youth Services Review* 31, no. 1: 104–111.

Nathans, L. L., and L. J. Chaffers. 2022. "Independent Living Coordinators' Effects on Intangible Domains in an Independent Living Program." *Research on Social Work Practice* 32, no. 8: 963–981. https://doi.org/10.1177/10497315221091520.

Ocampo-Chih, C., J. Nelson, L. Harrington, A. Rush, S. W. Patrick, and U. Anani. 2023. "The Intergenerational Impact and Trauma of Child Protective Services Referrals on Families." *NeoReviews* 24, no. 11: e763–e770. https://doi.org/10.1542/neo.24-11-e763.

Park, S. E., N. J. Okpych, J. S. Harty, and M. E. Courtney. 2025. "Co-Producing Service Experiences for Transition-Age Youth in Foster Care: Exploring the Connection Between Transitional Independent Living Plan Development and Independent Living Service Usage." *Children and Youth Services Review* 178: 108550. https://doi.org/10.1016/j.childyouth.2025.108550.

Park, S., J. Powers, N. J. Okpych, and M. E. Courtney. 2020. "Predictors of Foster Youths' Participation in Their Transitional Independent Living Plan (TILP) Development: Calling for Collaborative Case Plan Decision-Making Processes." *Children and Youth Services Review* 115: 105051. https://doi.org/10.1016/j.childyouth.2020.105051.

Park, S., J. Powers, N. J. Okpych, and M. E. Courtney. 2021. "Co-Production of Care Leavers' Transition Planning as Young Adults: An Analysis of Young People in California Foster Care." *British Journal of Social Work* 52, no. 6: 3385–3405. https://doi.org/10.1093/bjsw/bcab252.

Paulsen, V., and B. Berg. 2016. "Social Support and Interdependency in Transition to Adulthood From Child Welfare Services." *Children and Youth Services Review* 68: 125–131. https://doi.org/10.1016/j.childyouth.2016.07.006.

Piel, M. H., and J. R. Lacasse. 2017. "Responsive Engagement in Mental Health Services for Foster Youth Transitioning to Adulthood." *Journal of Family Social Work* 20, no. 4: 340–356.

Powers, J. 2024. "Moving Beyond a Youth-Adult Partnership and Youth Advisory Boards: Maine's Innovative Model of Foster Youth Empowerment and Collaboration." https://doi.org/10.2139/ssrn.4687933.

Powers, L. E., A. Fullerton, J. Schmidt, et al. 2018. "Perspectives of Youth in Foster Care on Essential Ingredients for Promoting Self-Determination and Successful Transition to Adult Life: My Life Model." *Children and Youth Services Review* 86: 277–286. https://doi.org/10.1016/j.childyouth.2018.02.007.

Powers, L. E., S. Geenen, J. Powers, et al. 2012. "My Life: Effects of a Longitudinal, Randomized Study of Self-Determination Enhancement for Transition-Age Youth With Disabilities." *Journal of the American Academy of Child & Adolescent Psychiatry* 51, no. 3: 210–219.

Rogers, R. 2011. "'I Remember Thinking, Why Isn't There Someone to Help me? Why Isn't There Someone Who Can Help me Make Sense of What I'm Going Through?': 'Instant Adulthood' and the Transition of Young People Out of State Care." *Journal of Sociology* 47, no. 4: 411–426. https://doi.org/10.1177/1440783311420793.

Rosen, E. 2014. "Rigging the Rules of the Game: How Landlords Geographically Sort Low-Income Renters." *City and Community* 13, no. 4: 310–340.

Rosenberg, R. 2019. "Social Networks of Youth Transitioning From Foster Care to Adulthood." *Children and Youth Services Review* 107: 104520. https://doi.org/10.1016/j.childyouth.2019.104520.

Rosenberg, R., and Y. Kim. 2018. "Aging Out of Foster Care: Homelessness, Post-Secondary Education, and Employment." *Journal of Public Child Welfare* 12, no. 1: 99–115. https://doi.org/10.1080/15548732.2017.1347551.

Samuels, G. M., and J. M. Pryce. 2008. ""What Doesn't Kill You Makes You Stronger": Survivalist Self-Reliance as Resilience and Risk Among Young Adults Aging Out of Foster Care." *Children and Youth Services Review* 30, no. 10: 1198–1210. https://doi.org/10.1016/j.childyouth.2008.03.005.

Shah, M. F., Q. Liu, J. Mark Eddy, et al. 2017. "Predicting Homelessness Among Emerging Adults Aging Out of Foster Care." *American Journal of Community Psychology* 60, no. 1–2: 33–43. https://doi.org/10.1002/ajcp.12098.

Smith, N. L., A. Adams, A. Abshire, and L. P. Cheatham. 2025. "Barriers and Facilitators to Healthcare Access Among Youth Transitioning Out of Foster Care: A Scoping Review." *Children and Youth Services Review* 173: 108317. https://doi.org/10.1016/j.childyouth.2025.108317.

Stewart, C. J., H. C. Kum, R. P. Barth, and D. F. Duncan. 2014. "Former Foster Youth: Employment Outcomes up to Age 30." *Children and Youth Services Review* 36: 220–229. https://doi.org/10.1016/j.childyouth.2013.11.024.

Tuyishime, P., A. Dworsky, and B. Chor. 2025. *Advancing Opportunities for Young People in Extended Foster Care: The Role of Independent Living Programs and Supervised Independent Living Placements*. Chapin Hall.

Unrau, Y. A., J. R. Seita, and K. S. Putney. 2008. "Former Foster Youth Remember Multiple Placement Moves: A Journey of Loss and Hope." *Children and Youth Services Review* 30, no. 11: 1256–1266. https://doi.org/10.1016/j.childyouth.2008.03.010.

Vink, M., B. B. Zandbelt, T. Gladwin, et al. 2014. "Frontostriatal Activity and Connectivity Increase During Proactive Inhibition Across Adolescence and Early Adulthood." *Human Brain Mapping* 35, no. 9: 4415–4427. https://doi.org/10.1002/hbm.22483.

Wang, Y., and C. LaBrenz. 2025. ""Personal Relationship Is Really the Backbone of Everything": Exploring Professionals' Perceptions on the Relationships of Transition-Age Youth in Foster Care." *Journal of Social and Personal Relationships* 42, no. 7: 1657–1677. https://doi.org/10.1177/02654075251331318.