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A scoping review of the transition experiences and outcomes of young women leaving residential out-of-home care

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Abstract

Young people transitioning from out-of-home care (OOHC) are widely recognised as a vulnerable group, and the subset of those who have been placed in residential care experience the greatest challenges after leaving care. Young women exiting from residential care face numerous additional gender-specific challenges, such as early pregnancy and gender-based abuse, yet they have rarely been the subject of specific research. This study aims to examine the discrete leaving-care transitions experienced by young women exiting residential care settings globally.

A scoping review was conducted in a global context, involving 31 peer-reviewed articles from both Global North and Global South countries. By analysing the key findings of these selected studies, this review identified a large range of topics related to female residential care leavers, including their experiences and outcomes before, during and after the transition from care. While the experiences of these young women vary in different contexts, they still exhibit many similar patterns. However, in research conducted particularly in Global North countries, this group is often only a small subset of broader study populations rather than the primary focus. Consequently, the findings related to them remain limited, underscoring the need for greater attention and dedicated investigation.

Keywords:

care leaver, female, gender difference, residential care, young people transitioning from care.

Introduction

In general, young people transitioning from out-of-home care (OOHC) are considered vulnerable during and after their transitions to independent living (Mendes, 2023; Mendes et al., 2014; Mendes & McCurdy, 2020). Many studies show that residential care leavers are likely to have the poorest leaving-care outcomes in many domains compared with their counterparts from forms of home-based care such as kinship and foster care, including independent skills, education and employment, emotional wellbeing, housing, social reintegration and engagement with the criminal justice system (Lau & Hopkins, 2023; Mendes et al., 2022; Mendes & McCurdy, 2020; Sacker et al., 2021; Sauerwein & Graßhoff, 2025). Although residential care is often considered to be the last resort when placing children in OOHC (Mendes et al., 2022), as of June 2022 in Australia, 8.5% of 45,400 children in care are still living in residential care (Australian Institute of Health and Welfare (AIHW), 2024a). The young people

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placed in residential care are usually older adolescents who have experienced high placement mobility and may present with various behavioural challenges (AIHW, 2022; Narey, 2016; Department of Families, Fairness and Housing (DFFH), 2018). In Victoria, for example, it has been estimated that older young people exiting residential care make up between 20 and 25% of the overall care leaver cohort (Victorian Government, 2022).

Residential care in a global context

Without a globally standardised definition, residential care is subject to regional variation, with its scope shaped by differing cultural, social and regulatory contexts (Desmond et al., 2020). In the United Nations Guidelines for the Alternative Care of Children, residential care is defined in contrast to family-based care, and is characterised as a group setting that may serve as a short-term or long-term arrangement that is aimed at ensuring the safety and wellbeing of children (UN, 2010). According to the AIHW (2025), residential care in Australia refers to accommodation provided to children and young people who are mostly on child protection orders and unable to reside with biological parents. Echoing the UN Guidelines (2010), it is emphasised that, contrasting with foster and kinship care, children and young people in residential care are cared for by rostered staff rather than home carers or extended family members (AIHW, 2025; Department of Social Services (DSS), 2011).

In the USA, residential care encompasses a wide definition, including, for example, children and young people in the child welfare system, involved in juvenile crime, disengaged from education providers, diagnosed with mental health problems or self-referred by parents to private placement (Lee & Bellonci, 2022). Similarly, residential care in the UK encompasses different types of placements, including residential care institutions, boarding schools, restricted-access care units, non-regulated residential care facilities and hostels (Narey, 2016). In some countries in the Global South, which are often considered less economically and politically affluent, residential care can include orphanages and providing care for children who have lost their parents to poverty or disease such as HIV/AIDs. The possibility of transition into extended family networks is frequently hindered by the financial constraints or unavailability of relatives (Roche, 2019). Although the terminology and operational models of residential care vary across different regions, in the present article, the term residential care is used to refer to all individuals living in government care within group facilities and being cared for by non-parental caregivers (AIHW, 2025; DSS, 2011).

Most countries in the Global North, which is typically associated with greater economic prosperity, prioritise kinship and foster care over residential care, and place a relatively smaller proportion of children in care into residential care. The proportion of residential care among all types of placements varies across countries (Organisation for Economic Cooperation and Development (OECD), 2022). In New Zealand, Ireland, Norway, Australia, the United States and Latvia, residential care accounts for a relatively low percentage of care arrangements, typically less than 10%. Israel has the highest proportion of children and young people in residential care among 18 OECD countries, making up approximately two-thirds of all placements (OECD, 2022). In contrast, residential care, or institutional care (as is more commonly used in Global South countries), is playing an increasingly common role in Global South countries. For example, in Zimbabwe, the growth in the population of children entering OOHC has been outpaced by a more rapid increase in the number of residential care facilities available during 2004–2014 (UNICEF, 2023).

According to an estimate by UNICEF (2024), an average of 102 per 100,000 children are living in residential care globally. When considering the total number of residential care residents, Desmond et al. (2020) conducted a broad-ranging global research project that included data from 136 countries. That study estimated the range in number of children and young people in residential care in 2015 to be between 3.18 and 9.42 million. Asia accounts for the largest population of children residing in residential care at 1.13 million, followed by Europe and central Asia, Asia and Pacific, sub-Saharan Africa, Middle East and North Africa, Latin America and the Caribbean, and, the lowest, North America at 0.09 million (Desmond et al., 2020). The outcomes and experiences of individuals leaving residential care have been widely criticised within academic discourse. In response, many countries, particularly in the Global North, have implemented measures in favour of deinstitutionalisation and to restrict their reliance on residential care (Desmond et al., 2020; OECD, 2022; Roche, 2019). In contrast, within Global South countries, residential care plays a substantial and even dominant role in providing care and accommodation for vulnerable children (Faith to Action Initiative, 2016; Mishra, 2024; Roche, 2019).

In Australia, there have been recent practice and policy reforms to improve the quality of care-leavers' outcomes. All eight jurisdictions have introduced extended-care policies in response to the Home Stretch advocacy campaign that recommends forms of mandatory support until the age 21 (Home Stretch, 2025). However, in a number of states, extended care support is only available to young people who have specifically transitioned from home-based care and sadly, residential care leavers have not been fully included in the scope of post-18 years assistance, particularly in housing (Mendes et al., 2023; Zhao & Waugh, 2025).

Gender differences in leaving care

Many studies have argued that the pre- and in-care experience is different between young people of different genders (Royal Commission into Abuse in Care, 2024), which may lead to disparate pathways and outcomes after leaving care. According to the well-known Midwest Study, a longitudinal study of outcomes comparing recipients and non-recipients of extended care programs, conducted by Courtney et al. (2007) in the USA, notable gender differences were found in various domains, including employment, education, hospitalisation, acceptance of government welfare benefits, substance misuse, sexual behaviours and pregnancy, intimate relationships and marriage, parenthood, engagement with the criminal justice system, victimisation of physical and sexual violence, and reintegration. Echoing the Midwest study, some research studies have suggested that female care leavers exiting all types of placements may also experience discrete post-care challenges, including financial difficulties, single parenting, dependence on coercive relationships, cultural/traditional family roles and histories of abuse, including sexual abuse (Bond, 2017; Gypen et al., 2023; Hlungwani & van Breda, 2020; van Breda & Hlungwani, 2019).

Gender-based violence and early pregnancy

Due to marked differences between men and women in terms of biology, social roles and emotional wellbeing, their experiences, needs and levels of risk in gender-based violence tend to vary significantly (Baynes-Dunning & Worthington, 2013). These differences influence the type of treatment they receive, their vulnerability to various forms of violence, and the nature of the support they require. To be more specific, girls are reported to be more likely to experience child maltreatment than boys at a younger age (51.2% and 48.5% respectively; US Department of

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Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2011). This pattern continues into adolescence. Juvenile victims of violent crimes are more likely to be female, and young women are three times more likely to become victims of sexual assault (Baynes-Dunning & Worthington, 2013). Evidence consistently shows that women disproportionately represent the primary victims in family and domestic violence (80% of primary victims are women in adulthood), and this proportion is consistent with that reported among care leavers (AIHW, 2024b). Similarly, another Australian study involving only female participants also reveals a heightened likelihood of young mothers with in-care experiences becoming victims of family violence (Barker et al., 2022).

Early parenthood emerges as another integral and unavoidable topic when examining the experiences and challenges faced particularly by female care leavers. In both the global and Australian context, young women exiting OOHC have a much higher chance of early pregnancy compared with their counterparts in the general population (Gill & Luu, 2025; Muir et al., 2019). In New South Wales (NSW), young women aged 15–19 years with OOHC experience are three times more likely to become early mothers than their non-care-experienced peers (Gill & Luu, 2025). When narrowing down to the different outcomes between young women in different placement types, residential care is associated with early pregnancy and parenting due to a number of discrete factors, including negative peer influence, substance misuse, sexual abuse, disengagement from school (which can result in a lack of, or diminished sexual education), and young people's reluctance to engage in sex-related discussions with rostered staff due to a lack of trust or rapport (Purtell et al., 2021, 2022). Similarly, Fairhurst et al. (2016) and Farber (2014) attributed the causes of early pregnancy among female care leavers to factors such as traumatic pre- and in-care experiences, individual characteristics, social isolation, poverty, dropping out of school, unemployment, challenging behaviours, inappropriate relationships, peer pressure, risky sexual activities, lack of guidance and support regarding safe and healthy sex and intimate relationships. These factors, to a great extent, correspond with the topics most frequently discussed in selected scholarly articles, which will be examined later in our findings.

Research aim

Although there has been some academic attention on female care leavers internationally, scholarly research and data on female care leavers in Australia are limited, especially when it comes to those who have transitioned out of residential care. The most relevant Australian academic journal article examines residential care leavers' experiences and outcomes and the fundamental needs related to extended care support for this particular group (Mendes et al., 2022). However, the unique challenges faced by women and possible gender differences are not covered in this article.

Due to the limited support provided by Australia's extended care policies for residential care leavers (Zhao & Waugh, 2025), particularly in terms of services catering to the specific needs of women, our article aims to explore the experiences and needs of female care leavers exiting residential care settings, with the goal of offering more suitable support tailored to their needs.

Methods

Searching process

To gain a comprehensive understanding of the current state of academic research on female residential care leavers, a scoping review was considered an effective method. Following the scoping review protocol (Joanna Briggs Institute (JBI), 2024a), a research question was developed to initiate the review process – what does the existing global literature tell us about the transition experiences and outcomes of young women leaving residential out-of-home care? The next step was finalising the elements outlined by the PCC mnemonic, which stands for Population, Concept, and Context (JBI, 2024b). The PCC map further helped the construction of the strategy plan, including searching terms showed in Table 1.

Prior to the formal literature search, gold-set articles, those prominent and widely cited articles that were highly relevant to the research topic, were selected (Lamb, 2023). An initial search was conducted to locate gold-set articles that were utilised later to determine the most relevant databases (Lamb, 2023). These gold-set articles also helped to identify keywords and concepts to be included in the searching map and strategy (Monash University, 2025). Eight gold-set articles were identified, and their presence in various databases was tested to finalise the selection of databases for the second search process (JBI, 2024c; Lamb, 2023). As a result, four scholarly databases were chosen (Table 1). Given the scarcity of studies on female residential care leavers, 'female' was not included as one of the concepts in the initial broad search. Instead, the authors sought to identify any insights or traces related to women or gender differences within the broader body of research on residential care leavers. The search was limited to articles published from 2014 to 2024 to ensure their relevance to current policies and practices.

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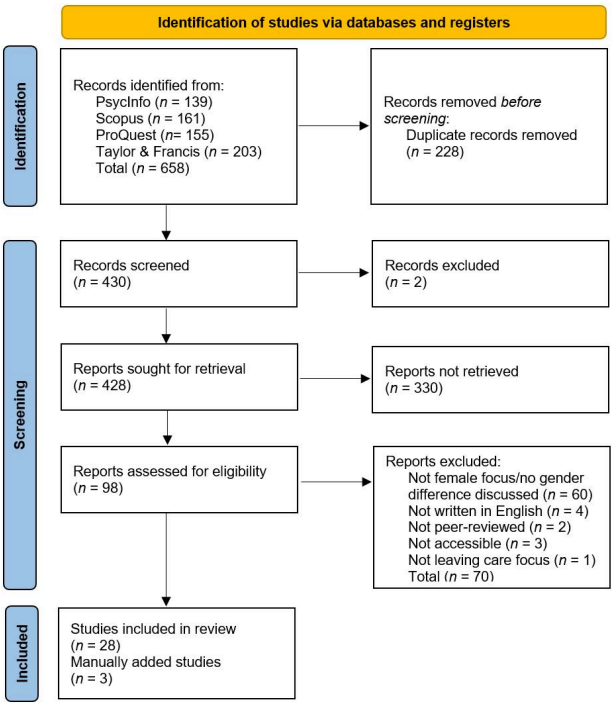
Table 1. Search strategies in four databases, PsycInfo, Scopus, ProQuest and Taylor & Francis

Search terms	PsycInfo	Scopus	ProQuest	Taylor & Francis
Leaving care/care leaver (Population)	(leaving care or care leaver* or transitioning from care or transition* from OOHC or transition into adulthood or Youth transition*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] ("leaving care" or "care leaver*" or "transition* from care" or "transition* from OOHC" or "transition* into adulthood" or "youth transition*").mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	"leaving care" OR "care leaver*" OR "transition* from care" OR "transition* from OOHC" OR "transition* into adulthood" OR "youth transition*"	"leaving care" OR "care leaver*" OR "transition* from care" OR "transition* from OOHC" OR "transition* into adulthood" OR "youth transition*"	"leaving care" OR "care leaver*" OR "transition* from care" OR "transition* from OOHC" OR "transition* into adulthood" OR "youth transition*"
Outcome/life change (Concept)	(Experience or outcome* or challenge* or perspective* or view* or lived experience or life course).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	"experience" OR "outcome*" OR "challenge*" OR "perspective*" OR "view*" OR "lived experience" OR "life course"	"experience" OR "outcome*" OR "challenge*" OR "perspective*" OR "view*" OR "lived experience" OR "life course"	"experience" OR "outcome*" OR "challenge*" OR "perspective*" OR "view*" OR "lived experience" OR "life course"
Residential care (Context)	(Residential Care or institutional care or resi-care or Child*"s home or child*"s house*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] ("residential care" or "institutional care" or "rest-care" or "child*"s home" or "child*'s house*").mp.[mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	"residential care" OR "institutional care" OR "rest-care" OR "child*"s home" OR "child*"s house*"	"residential care" OR "institutional care" OR "rest-care" OR "child*"s home" OR "child*"s house*"	"residential care" OR "institutional care" OR "rest-care" OR "child*"s home" OR "child*"s house*"

There were two stages in the article screening process – title and abstract examination and full-text examination (JBI, 2024d). During the first stage of inclusion, the criteria centred on identifying studies that explored leaving-care issues within residential care settings. In the second stage, articles were assessed as to whether they included content related to females, women or gender difference. Ninety-eight studies were included during the first screening stage and 28 articles met the criteria for inclusion in the second stage. Two Australian articles, which were not focused on residential care, and therefore did not appear in the preliminary search results, met the second-stage screening criterion and were manually incorporated. Another article published in late 2024 was manually added to the review, given that the search process had been completed by late–mid-2024 (see PRISMA flow diagram, Figure 1}). To ensure the rigours of the screening process, two reviewers were involved in the first stage. The first author served as the lead reviewer in the second stage, with continuous input and collaborative discussions with the other authors to ensure consensus on specific inclusion and exclusion decisions. Data retrieved from all databases in the first screening stage were systematically recorded in Excel and Word documents to facilitate sharing and distribution. In the second stage, the information was stored in EndNote for better organisation and citation management.

Figure 1. PRISMA flow diagram



Included papers

In total, 31 peer-reviewed scholarly articles were included in this study for data analysis. Sixteen articles were conducted in Global South countries and the remaining 15 were from Global North countries. The prevalence of residential care in the Global South may explain why studies from these regions tended to focus more explicitly on young women leaving residential care settings.

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Conversely, in the Global North, findings related to young women leaving residential care often constituted only a minor aspect of broader research outcomes, rather than being the central focus. By including articles from both the Global South and the Global North, it was hoped that a relatively comprehensive understanding of young women exiting residential care in different social, cultural, economic and political contexts could be achieved.

A data charting table was developed during the data extraction process (JBI, 2024e). As shown in Appendix I, this scoping review included one narrative review and 30 primary research studies, covering approximately 3663 female and 2782 male participants aged between 12 and 85 (the exact number may not be entirely accurate because some selected articles only reported the proportion of women among their participants rather than specific numbers) as well as 44 stakeholders such as carers, government staff, service providers and non-government organisation (NGO) workers. In terms of the aims of the 31 studies, they examined different stages of the leaving-care process. Eight articles explored preparation for the transition, 15 focused on the transition itself, and 27 discussed post-transition outcomes and retrospective experiences (several articles addressed more than one stage). Among the 30 primary research studies, eight of them employed quantitative data only, and the remaining 22 employed raw data collected through mostly qualitative and mixed methodologies, including in-depth interviews with different levels of interview structuring, focus groups, site observation, pre–post surveys and questionnaires (Appendix I). Ethically, as a scoping review focusing on a particularly marginalised group, the ethics approval of each selected article was taken into account during the screening stage. All articles screened in this study implemented proper and appropriate ethical consideration processes within their research studies.

Results

The appropriate methodology for scoping reviews in data extraction and analysis is controversial in academia (Pollock et al., 2023). According to JBI (2024f) guidelines, basic concept frequency count works for most scoping reviews and content analysis can be employed for in-depth analysis based on authors' decisions, whereas thematic analysis, which is widely used in analysing qualitative data, is more suited to systematic review (JBI, 2024f). Similarly, Pollock et al. (2023) considered that content analysis could be efficient for a scoping review as long as the subject includes examining experiences of a social issue. Considering the characteristics of selected articles in the present study, and being a scoping review, content analysis was selected for the data analysis for both qualitative and quantitative data in this study (JBI, 2024f). All 31 articles were transferred from EndNote to NVivo for coding and data analysis.

Since the articles were not narrowed down by content scope during the selection process and were instead chosen solely based on the identity of the subjects (female residential care leavers) under study, the selected articles covered a wide range of topics, leading to a larger number of codes. In total, 22 main codes and 37 sub-codes were identified in the coding process, and these codes underwent a secondary classification and summary to condense the key findings of this scoping review. Three main codes (Before the transition, During the transition and After the transition) were finally arranged in chronological order, with 14 sub-codes encapsulating challenges and feelings experienced by young women leaving residential care in various domains throughout the whole leaving-care transition.

Before the transition

Childhood before entering care

Many studies stated that young girls had experienced a traumatic childhood before entering care (Coler, 2018; Dutta, 2018; Pasli & Aslantürk, 2024; Whitelaw, 2023). In these articles, female participants were more likely than male participants to have experienced maltreatment, neglect, multiple forms of abuse (including emotional, physical and sexual), various types of violence and poor parental capabilities (such as drug and alcohol misuse) before entering care, and these were largely considered as the reasons for their removal (Lanctôt, 2020; Pasli & Aslantürk, 2024; Prévost-Lemire et al., 2024; Whitelaw, 2023). In contrast, instead of abuse, the absence of parents was more common for male participants entering care (Pasli & Aslantürk, 2024).

Differing from the aforementioned, Indian research studies have reported that over half of young girls in residential care in India were placed there by their parents or relatives, rather than enforcement agencies, and the major reasons for them being taken into care were related to non-intact family structure, including the loss of both parents or a single parent, or parental divorce (Dutta, 2017a, 2017b, 2018). In some of India's neighbouring countries in the Global South, female children or young people had suffered poverty, unmet educational needs, sexual exploitation, sexual assault by familial members and/or diseases such as HIV/AIDs before entering care (Dutta, 2018).

The traumatic childhoods these young girls had experienced with their biological families led to not only risky behaviours such as absconding (Dutta, 2018), but also had a profound impact on their development and future lives. Lanctôt (2020) found that the difficulties that young girls faced in childhood correlated with their level of social disconnection in adulthood. The absence of parental love and recognition remained a deep-seated emotional wound, impairing their capacity for healthy social interactions (Gabriel et al., 2021).

In-care experience

Female care leavers presented complex attitudes towards their journeys in residential care. Perceived Contribution of Residential Care (PCRC) was utilised as a measure in assessing care leavers' satisfaction with their in-care experience in an Israel study. Compared with male care leavers, female care leavers were reported with higher Perceived PCRC, which indicated that young girls were more likely to have a positive experience in residential care than boys (Sulimani-Aiden et al., 2024). The research team attributed the gender disparity to sexism in the community and the different ways girls and boys are treated in residential care (Sulimani-Aiden et al., 2024). Similarly, a significant proportion of Indian female residential care leavers were satisfied with the service and support they received in care; only 3% reported strong dissatisfaction and 4% indicated mild dissatisfaction (Dutta, 2018).

Conversely, in a study conducted in Zimbabwe, despite the basic support, young women did not give a lot of credit to their experience in institutional care. Young women being placed in government-funded institutional care in this study were reportedly more likely to have complaints about their overall experience, particularly in relation to the disparities between themselves and their peers with no in-care history; for example, a lack of pocket money, no birthday parties, and the limited trust and autonomy granted by caregivers (Berejena Mhongera & Lombard, 2017). A Switzerland study that focused on former care leavers who were in residential care in 1950–1990 also indicated poor in-care experiences among their participants (Gabriel et al., 2021). Upon

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reflecting on their past experiences, the most immediate and vivid memories were those of feeling powerless, alongside the experiences of abuse and neglect within the residential care settings (Gabriel et al., 2021). Not surprisingly, all their experience in residential care would have substantial influence on their self-growth and leaving-care outcomes (Sulimani-Aiden et al., 2024).

The care leavers' dissatisfaction was evident, yet the caregivers appeared to face the situation with a sense of inevitability and helplessness (Van Breda et al., 2022). An Ethiopia study gave voice to those caregivers preparing girls/young women to transition to independence. The caregivers in this study firmly believed that a moderate form of authoritative parenting style could promote greater autonomy and independence. However, young women under their care often disregarded their guidance and were instead influenced by peers or older care leavers to engage in behaviours deemed undesirable (Van Breda et al., 2022). Apart from the challenges in parenting practices, these caregivers also pointed out the lack of material support available to the young people in residential care (Van Breda et al., 2022).

During the transition

Reasons for leaving care

Many young women were unable to have a clear understanding of the transition and pathways after leaving care (Dutta, 2017a). In addition to legal/policy reasons, such as the termination of child protection orders, there were other factors that led to the sudden or premature departure from OOHC among female children and young people in residential care, particularly in some low-income regions. A significant proportion of young women in India left care for family reunion, arranged marriages, career development, or as a result of punitive actions by the facility due to misconduct behaviours (Dutta, 2017a). Frimpong-Manso et al. (2022) also indicated that young mothers in Ghana and Uganda were forced to leave residential care due to pregnancy, which resulted in additional challenges and difficulties during the transition.

Preparing for the transition

The preparation for care leavers' transitions to independent living was frequently subject to criticism. Many research studies found that young women often left care unprepared for independent living and financial management and with inadequate educational level and cultural awareness for social integration (Pryce et al., 2016; Van Breda et al., 2022). According to a South African study, young girls were not allowed to do house chores, including cooking, to reduce the risk of potentially breaking child-labour laws, which resulted in their disengagement in becoming independent (Van Breda et al., 2022). Similarly, participants from Zimbabwe reported that they were neither trained nor provided relevant knowledge in independent living skills (Berejena Mhongera & Lombard, 2016). Many participants complained about the abrupt termination of their in-care lives and the incomplete leaving-care system, including sudden evictions due to early pregnancy and supposed misbehaviours, which led to inadequate time in preparing (Dutta, 2017a; Frimpong-Manso et al., 2022). On the contrary, approximately two-thirds of female care leavers in an Indian study believed that they were fully equipped with the basic survival skills to handle upcoming independent living (Dutta, 2018).

Dutta (2017a) summarised that good transition planning in India was associated with a higher age of leaving care, stable in-care experience, relationships with residential care workers and peers, connection with original families and communities, local policies and the level of young people's engagement. Sadly, there was a notable absence of young women's inclusive participation in the decision-making process, with many individuals experiencing paternalistic decision making in which choices were imposed upon them rather than being collaboratively determined (Berejena Mhongera & Lombard, 2017; Dutta, 2017a, 2018; Purtell et al., 2021). This may be due to caregivers' perceptions of controlled authoritative parenting being helpful in building independence among young women in residential care (Dutta, 2017a). Conversely, some caregivers perceived the young women's unpreparedness as their own fault, arguing that they had provided sufficient guidance, but the girls did not heed their advice (Van Breda et al., 2022).

Apart from basic independent living skills and decision-making skills, some participants additionally required training and opportunities to develop their social skills (Berejena Mhongera & Lombard, 2016). Social and networking skills could play a vital role in many domains, such as community integration, traditional customs, cultural etiquette and social graces (Van Breda et al., 2022; Van Breda & Hlungwani, 2019). All in all, adequate attention, customised support, trust-based relationships with caregivers and/or staff, and extended care could better prepare young women during the transition phrase (Berejena Mhongera & Lombard, 2017; Dutta, 2018).

After the transition

Attitudes towards the general post-care support

A general concern and challenge for young women leaving residential care was inadequate post-care support (Van Breda et al., 2022). In many cases, many female care leavers might not be eligible for post-care support due to limited resources, top-down decisions, distance barriers, a fragmented service delivery framework and lack of gender-specific services (Berejena Mhongera & Lombard, 2017; Dutta, 2017a; Gwenzi, 2023a). Individually, it was also evident that the more traumatic the childhood, the stronger the likelihood of greater isolation and disconnection after leaving care, and the more likely care leavers were to reject post-care support services they were entitled to access (Lanctôt, 2020). While a considerable amount of criticism was voiced, a few participants in these studies still shared positive comments on post-care support. Post-care support offered more benefits than drawbacks for some particular groups of women, including orphans, individuals who had lost contact with birth families and those with strong bonds with staff members (Dutta, 2017a).

Definition of success

When defining a successful transition, individuals might hold varying interpretations; for example, being independent and self-reliant, having stable post-care support, access to adequate financial assets and supplies, secure housing, good health, staying away from violence and crime, avoiding drug abuse, achieving educational qualifications and maintaining steady employment, to name a few (Berejena Mhongera, 2017). Beyond these perspectives, many studies in Global South countries found that relationship-based achievements are particularly significant for female care leavers, such as marriage, intimate relationships, relationships with original families, relationships with their own children and social integration (Berejena Mhongera, 2017; Dutta, 2017b; Gabriel et al., 2021; Gwenzi, 2023b; Van Breda & Hlungwani, 2019).

Education

Although residential care leavers were reported to have lower educational achievements compared with foster care leavers and the general population (Gypen et al., 2022), the majority of female

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participants valued the importance of education and aimed to complete a certain number of degrees or qualifications before and after leaving care (Berejena Mhongera & Lombard, 2017; Sulimani-Aiden, 2020). Indeed, female students often outperformed their male counterparts, with higher levels of academic engagement (Cassarino-Perez et al., 2019). Some governments, like that of Scotland, also supported those who intended to pursue higher degrees, and care leavers there were entitled to a large range of financial support grants if they undertook academic studies (Whitelaw, 2023). Unsurprisingly, good education conferred significant advantages to these young people. Researchers found that the higher level of education they achieved, the smoother their job hunting and social reintegration would be (Dutta, 2018; Gypen et al., 2022;).

However, not all participants were allowed to pursue educational achievements due to various barriers. For example, in some cultural and societal contexts, some young girls were encouraged, or even pushed, to prioritise marriage and financial dependence on men over pursuing personal development and completing higher degrees (Sulimani-Aiden, 2020). Poverty was emphasised in low-income regions as another holdback. Due to lack of financial support for secondary and post-secondary education in Zimbabwe, only those attracting private sponsorship or government funding were allowed to continue their academic learning (Berejena Mhongera, 2017). Similarly, many Indian female participants dropped out of school because of financial constraints, therefore impeding their competitiveness in finding well-paid jobs (Dutta, 2017a). Apart from the impact on employment, dropping out of school also, to some extent, affected women's decision making for early pregnancy (Purtell et al., 2021). Even among young women with access to education, there were other reasons for dropping out of school, such as peer discrimination and emotional and behavioural problems (Berejena Mhongera & Lombard, 2017; Gypen et al., 2022).

Employment and finance

Young women exiting residential care were reported to have difficulties in securing a job after leaving care (Van Breda et al., 2022), and the gap between them and their peers who had exited from other types of placements or with no care experience became increasingly obvious over time (Gypen et al., 2023). Those who were not able to have steady employment, were reported to have no shelter and engage in under-the-table jobs such as begging and sex work (Pryce et al., 2016). Compared with male care leavers, female care leavers were less likely to engage in employment due to traditional family roles and involvement in early parenting (Frimpong-Manso et al., 2022; Kääriälä et al., 2019). This issue was particularly pronounced among residential care leavers, because they were at greater risk of being constrained by early parenthood (Kääriälä et al., 2019; Purtell et al., 2021). Similarly, Gypen et al. (2022) found two variables that closely associated with care leavers' income after leaving care: educational attainment and gender. The income of young women leaving care tended to be disproportionately low compared with that of males in Belgium, both in terms of wages and supplementary benefits when they were unemployed (Gypen et al., 2023). Participants in Zimbabwe attribute their low levels of employment to structural factors, such as institutional inaction, which excluded them from employment opportunities and resources (Berejena Mhongera & Lombard, 2016).

The low employment and wage rate inevitably resulted in financial hardship for many female care leavers (Dutta, 2017a; Sulimani-Aiden, 2020). Many female participants expressed their need for financial support, which was either not provided at all or poorly provided in low-income countries such as Zimbabwe (Berejena Mhongera & Lombard, 2016). For those care leavers in countries with more comprehensive welfare support, such as Australia, they were entitled to federal support like Centrelink parenting payments, but the accessibility remained controversial (Purtell et al., 2022). Caregivers who prepared girls to leave care additionally mentioned that many girls lack financial capability and maturity in managing their money (Van Breda et al., 2022). As a consequence, young women transitioning from residential care were highly likely to suffer financial insecurity, which may force them to live in precarious and dangerous conditions, such as violent households, unequal intimate relationships, unsafe sex, sexual exploitation and gender-based crime (Berejena Mhongera & Lombard, 2016; Berejena Mhongera, 2017).

Sexual abuse and exploitation

Women seemed inherently more likely to be targeted and subjected to sexual abuse due to systemic gender inequalities and societal power dynamics. For example, female participants in several studies talked about sexual maltreatment by their fathers or male relatives, such as brothers, in households where they seek refuge before entering care, which acted as an explanation of why they preferred independent living rather than returning back home after leaving residential care (Sulimani-Aiden, 2020). Even after they were placed in residential care, comprehensive sex education was often lacking, particularly in culturally conservative societies, where basic knowledge about sexuality, reproductive health and healthy relationships was treated as taboo (Gabriel et al., 2021). As a result, female care leavers were reported to stay in situations with higher risk of sexual abuse and exploitation during and after their transitions to emerging adulthood (Berejena Mhongera & Lombard, 2017; Pryce et al., 2016).

Isolation and discrimination

Isolation and loneliness appeared to be widespread among young women leaving residential care. An absence of dependable allies, a beleaguered family of origin, a maltreated childhood, inaccessible support services and financially strained social pursuits were reported as the main contributing factors (Berejena Mhongera & Lombard, 2016; Berejena Mhongera & Lombard, 2017; Dutta, 2017a, 2017b; Gabriel et al., 2021; Hlungwani & van Breda, 2020; Lanctôt, 2020; Sulimani-Aiden, 2020). Additionally, some participants also mentioned discrimination stemming from stereotypes, which led them to be perceived as problematic or bad kids and therefore ostracised (Berejena Mhongera, 2017; Pryce et al., 2016; Whitelaw, 2024). Nevertheless, female care leavers were reported to be less engaged with criminal activities than males, and the crime rate among female participants was even 0% in a South Africa study (Van Breda, 2020). Despite experiencing passive isolation (involuntary exclusion or social isolation), some young women in Australia purposely keep away from support services because of their dissatisfaction with the welfare system (Purtell et al. (2021, 2022).

Young mothers further described their feelings of disconnection and rejection across relationships with families, partners, fathers of their children and friends (Coler, 2018; Parry et al., 2023; Prévost-Lemire et al., 2024). Although these mothers attempted to seek help, they often found no one to rely upon (Prévost-Lemire et al., 2024). Therefore, they had no choice but to take on all the responsibilities of caring for their children by themselves, sometimes losing their sense of self (Lanctôt & Turcotte, 2018; Prévost-Lemire et al., 2024). Some mothers took initiatives to cut off connections with people they believed to be threatening, including children's fathers perceived irresponsible, dysfunctional

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families perceived to have caused their trauma and support services they saw as exposing their children to child removal (Lanctôt & Turcotte, 2018; Prévost-Lemire et al., 2024). These self-defensive techniques exacerbated the loneliness and disconnection of young women and blocked potential helpers and support (Prévost-Lemire et al., 2024).

Relationships and reintegration

Many female care leavers recounted the pain they endured in various relationships; for example, being violently abused by intimate partners, child maltreatment perpetrated by their parents or other family members, betrayals in friendships and discord with their own children (Prévost-Lemire et al., 2024). However, they still placed great importance on, and actively strived to build, positive relationships during and after leaving care; for example, rapport with staff from formal support services, peer support, closer bonds with trusted family members and colleagues from workplaces, connections with local communities and healthy romantic relationships (Berejena Mhongera, 2017; Dutta, 2017a; Gwenzi, 2023a; Lanctôt, 2020; Parry et al., 2023; Prévost-Lemire et al., 2024; Van Breda & Hlungwani, 2019). People with whom these women had strong relationships often acted as helpful networks and provided support in many ways, for instance, seeking employment (Dutta, 2017b).

Coll et al. (2022) stated that, regardless of gender, participants who exhibited positive improvement following their departure from therapeutic residential care in the USA had slightly higher interpersonal and family scores than the counterparts in their study, while Van Breda and Hlungwani (2019) found that women tended to place greater emphasis on intimate relationships and parent–child relationships than men. Romantic relationships were often regarded as one of the avenues to escape the confines of the original family, and some women had consequently found support and affection from their partners and partners' families (Berejena Mhongera & Lombard, 2016). Young mothers also reported their strong reliance on romantic relationships whether or not with the father of their children (Prévost-Lemire et al., 2024). However, apart from love and support, romantic relationships might also bring fights, arguments and even violence, and the experience of female care leavers further placed them at a disadvantage within the context of marriage and romantic relationships (Dutta, 2017b; Van Breda & Hlungwani, 2019). In an even worse scenario, some pregnant participants experienced intimate violence committed by the fathers of their unborn child when they disclosed their refusal to undertake an abortion, and also serious suicidal thoughts during pregnancy (Frimpong-Manso et al., 2022).

Females transitioning from residential care maintained varying degrees of connection with their families of origin, and this proportion reached 74% in an Indian study (Dutta, 2017b). However, returning to their birth family might not be an ideal option for many females exiting residential care (Coler, 2018; Dutta, 2017a; Pryce et al., 2016; Sulimani-Aiden, 2020). According to Pasli and Aslantürk (2024), females were more likely to be removed from families due to neglect and abuse, which led to the lowest sense of belonging within their family context, compared with other reasons such as poverty and absence of parents, which were more common among males. Some statements by female participants in a Canadian study conducted by Prévost-Lemire et al. (2024) vividly explained why many of them were reluctant to return to their family –victims of abuse, returning to live with parents who were the perpetrators, could evoke complex emotions, encompassing shame and expectations that were often difficult to fulfil. Another young mother expressed her concern that her child might be subjected to abuse reminiscent of her own childhood experiences, which compelled her to leave (Prévost-Lemire et al., 2024). Moreover, the emotional and financial support that could be obtained from a birth family was reportedly very limited due to poverty and other complexities experienced by existing family members (Berejena Mhongera & Lombard, 2016; Frimpong-Manso et al., 2022; Van Breda & Hlungwani, 2018).

Good friendships provided these young women with a sense of security and belonging. Some participants mentioned the support offered by friends (including old peers from institutional care and new friends made after leaving care) and their families, such as emotional support, temporary accommodation and inclusion (Berejena Mhongera & Lombard, 2017; Coler, 2018; Dutta, 2017b; Hlungwani & van Breda, 2020; Pryce et al., 2016; Van Breda & Hlungwani, 2019). Some young women also appreciated former staff with whom they had good rapport for their professional assistance in accessing employment, housing and available resources (Coler, 2018; Dutta, 2017b; Purtell et al., 2022; Van Breda & Hlungwani, 2019).

Housing

Care leavers transitioning from both residential care and foster care were more likely to experience homelessness compared with their peers with no in-care experience, and residential care leavers were reported to have poorer housing outcomes than their peers exiting from other types of placements once their after-care support ended (Gypen et al., 2022; Purtell et al., 2022). Accessing secure housing seemed to be a challenge for most females exiting residential care, and the most common housing options were: renting independently with NGOs and government support; returning to original family; and residing with the family of their partner or in accommodation provided by employers, hostels and group homes (Coler, 2018; Dutta, 2017a, 2017b). Female participants in many studies raised additional challenges and barriers in housing; for example, mobility due to relationship breakdown and short-term contracts, uncomfortable living conditions, strict rules in hostels, lack of privacy and security, extensive household chores in exchange for accommodation and inadequate post-18 support (Berejena Mhongera & Lombard, 2017; Dutta, 2017a, 2017b; Gypen et al., 2023). For these reasons, some participants advocated for secure accommodation provided by relevant programmes because of the limited support available to them, and the associated difficulties in securing accommodation and their needs in education (Berejena Mhongera, 2017).

Pregnancy and parenting

Care leavers were more likely to experience early pregnancy compared with young women without child protection involvement, and the experience in residential care further exacerbated this risk due to placement instability and negative peer influence (Purtell et al., 2021, 2022). Ten out of ten participants in a study conducted in Ghana and Uganda admitted that their first pregnancy was an accident without proper preparation (Frimpong-Manso et al., 2022). These young mothers reported that they lacked knowledge of safe sex, pregnancy and intimate relationships before getting pregnant, and limited support and guidance from families after leaving care exacerbated the issue of risky sex and unplanned pregnancy (Frimpong-Manso et al., 2022; Purtell et al., 2022). Female care leavers in Australia reported that they experienced familial belonging, freedom and autonomy through becoming pregnant and starting their own family (Purtell et al., 2021, 2022).

According to many studies, early parenthood posed an adverse impact on young mother's leaving-care journey, including close association with lower achievement in education, higher reliance

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on social support, unemployment, homelessness or housing instability, limited parenting resources, inadequate financial support, social isolation and discrimination against both mothers and children and emotional pressure (Frimpong-Manso et al., 2022; Hlungwani & van Breda, 2020; Kääriälä et al., 2019; Lanctôt & Turcotte, 2018; Parry et al., 2023). Young mothers additionally expressed their fear of their pregnancy being exposed and resulting in subsequent exclusion by institutions in Uganda and Ghana throughout the gestational period (Frimpong-Manso et al., 2022). The lack of parenting model and post-18 support, particularly for women with babies, were also considered as key challenges to many young mothers (Purtell et al., 2021). In addition, a violent partner was another challenge that young mothers suffered from, which intensified their feeling of helplessness and despair regarding their pregnancy, the baby they were carrying and their own future (Frimpong-Manso et al., 2022; Lanctôt & Turcotte, 2018).

Conversely, participants in a few studies presented strong resilience in parenting, helping them embrace caring responsibilities and, despite their struggles, providing hope and motivation for the future (Frimpong-Manso et al., 2022; Hlungwani & van Breda, 2020; Lanctôt & Turcotte, 2018; Van Breda & Hlungwani, 2019). Compared with male care leavers, who were strongly against having children, females appeared more open to childbirth and taking on childcare duties (Gabriel et al., 2021; Hlungwani & van Breda, 2020). Although these female care leavers had some difficulties in their parent–child relationships, such as self-doubting, they expressed their strong willingness and passion in taking care of their children (Hlungwani & van Breda, 2020; Lanctôt & Turcotte, 2018; Prévost-Lemire et al., 2024). By caring for their children, they found a sense of belonging and fulfilment (Lanctôt & Turcotte, 2018; Purtell et al., 2021). Notably, their motherhood was largely impacted by their birth family and their experiences in care (Coler, 2018; Gabriel et al., 2021; Hlungwani & van Breda, 2020). These young women reported that their understanding of what makes a good mother was lacking, but they had experience in dealing with bad parents (Lanctôt & Turcotte, 2018; Van Breda & Hlungwani, 2019). These female care leavers were extremely mindful of ensuring that their own children do not experience the maltreatment they endured, by cutting off intergenerational trauma, leaving aggressive fathers, fully supporting and trusting their children, avoiding drug and alcohol misuse and insulating children from any dangerous influences (Lanctôt & Turcotte, 2018; Prévost-Lemire et al., 2024; Purtell et al., 2021).

Sadly, young mothers with in-care experiences were more likely than young mothers without care experience to be subjected to surveillance due to their history with the child protection system, and excessive monitoring can have significant negative impacts on parenting (Purtell et al., 2021). Young women with in-care experiences were expected to raise their children with very limited resources and support that was more focused on scrutinising and assessing the safety of their children being with them rather than the mothers' real needs (Purtell et al., 2021). Some participants in Lanctôt and Turcotte (2018)'s study similarly felt that they were being scrutinised and were reluctant to seek help, fearing that others might perceive them as incompetent mothers due to their in-care experiences. As a result, they desperately aimed to be good mothers and not make any mistakes (Lanctôt & Turcotte, 2018). To become the ideal mother they envisioned, they imposed stringent requirements on themselves that caused additional emotional and material stress and, at the same time, unintentionally isolated themselves from the personal leisure experienced by woman without care experience (Lanctôt & Turcotte, 2018).

Resilience and future-oriented

Although these young women had suffered from adverse history, many of them expressed aspirational goalsfor the future (Dutta, 2017b; Parry et al., 2023). According to Van Breda and Hlungwani (2019), young women transitioning from residential care showed confidence and resilience in dealing with difficulties because they had had experienced and overcome traumas and adversities before leaving care. Even though some participants were reported to experience ongoing challenging events, such as financial hardship and instable housing, they firmly believed that they had the ability to manage these matters and that a brighter future awaited them (Frimpong-Manso et al., 2022; Van Breda & Hlungwani, 2019). Furthermore, this sense of confidence and resilience could be highly beneficial throughout their life trajectory (Dutta, 2018).

Discussion and implications

It is evident from the key findings of this scoping review that young women exiting residential care have different leaving-care experiences to their male peers. In contrast to males, the reasons for females being placed in care are more related to exposure to violence and abuse than for males, including forms of sexual exploitation and assault, and this is particularly the case in some Global South countries. Similarly, the factors underlying the timing and context of young women leaving residential care may also be gender-specific. Apart from the termination of child protection orders, young women may experience sudden eviction due to family reunion, career development, arranged marriages, pregnancy and deemed misbehaviours.

After the transition from care to emergent adulthood, young women are reported to experience various challenges, including school-dropouts due to external factors, unemployment, financial difficulties, homelessness, isolation and discrimination. Moreover, females attach great significance to supportive relationships such as romantic relationships, links with original families including birth parents, friendships, and wider community connections. These relationships are perceived to be helpful in many cases; however, not all relationships bring benefits. Some may lead to unfavourable outcomes as a result of staying in unhealthy relationships. Additionally, females may achieve better outcomes than males in other domains such as higher educational performance, lower criminal activities, and stronger resilience. Although early pregnancy is widely framed as a concern in articles from both Global North and Global South countries, many young mothers broadly embrace motherhood, take on the responsibilities and transform it into an empowering experience.

As mentioned above, the unique experiences and challenges faced by female care leavers transitioning from residential care before, during and after their transition have been highlighted in numerous articles across a wide range of fields. Three main contexts (the cultural context, the social context and the political context) must be taken into consideration when analysing the contributing factors of these issues and identifying implications for policy and practice.

The most evident manifestation within the cultural context is the adverse impact of traditional gender roles. Rather than being provided support to achieve personal development in education or employment, many female care leavers are endowed with greater familial responsibilities in taking care of all family members including elders and minors, and this expectation is particularly pronounced in some culturally conservative countries (Berejena Mhongera, 2017; Hlungwani & Van Breda, 2020; Sulimani-Aiden, 2020). Female care leavers in patriarchal societies may define the

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success of their transition through the establishment of successful relationships and marriages, and become heavily reliant on partners and their families (Berejena Mhongera, 2017; Van Breda & Hlungwani, 2019). Moreover, in countries like India, arranged marriage by the institutions is culturally appropriate and seen as one of the preferred pathways after leaving care (Dutta, 2018).

These cultural factors may lead to a certain singularity and lack of options in the pathways forward for young women leaving care. Some long-term awareness changes might be needed to weaken the negative side of cultural effects; for example, self-awareness raising, gender equality education, and encouraging men to share family and caring responsibilities (Grau Grau et al., 2021). Practically, it is important for residential care workers to recognise the gender and power inequality issue faced by these young women, as well as the power differentials between workers and clients (Alston & McKinnon, 2005). With this awareness in mind, staff in residential care setting should be encouraged to challenge traditional stereotypes, empower young women by involving them in decision making and self-determination, and foster equity by respecting young women's real needs and linking them to relevant services (Alston & McKinnon, 2005). At the same time, of the effects of some cultural factors should be further enhanced, such as a sense of family-belonging and resilience that may come from their family roles (Lanctôt & Turcotte, 2018; Purtell et al., 2021).

Findings show that the level of positive and negative factors varies across different social contexts. In terms of barriers impeding the transitions of young women out of care in a social context, social isolation and discrimination due to in-care experience is discussed in many research articles. Care leavers from residential care in a number of countries are reported to have poor self-esteem because of disparaging voices and stigmatisation from peers, neighbours and communities (Berejena Mhongera, 2017; Pryce et al., 2016; Whitelaw, 2024). Apart from the external pressure from society, female residential care leavers are more likely to have a fragile safety net, including less informal support from family, former carers and friends than their male peers, and little formal support from government (Zhao & Waugh 2025). Moreover, some young women choose to end their connections with formal and informal support networks due to unpleasant experiences (Purtell et al., 2022).

Gender-based inequalities and power dynamics unbalanced to the detriment of women further place young women leaving care in a riskier situation than young men of being exposed to unhealthy relationships, sexual abuse and exploitation (Berejena Mhongera & Lombard, 2017; Dutta, 2017b; Pryce et al., 2016; Van Breda & Hlungwani, 2019). Reducing the prejudice towards care leavers and improving gender equality more generally may be very complicated in practice and require fundamental changes in society. However, reforms in residential care facilities and programs may represent a crucial first step in driving meaningful progress. Alston and McKinnon (2005) suggested that the development of feminist women's services may help to relieve women from social oppression and provide gender-appropriate services. Such services and programs would allow the facilitators and organisations to focus on structural change instead of normalising the injustice by requiring them to adapt to it.

To mitigate care leavers' reluctance towards using post-care support services, many scholars recommend a trauma-informed and relationship-based approach in services provided during and after leaving care (Chavulak & Mendes, 2022; Purtell et al., 2022; Zhao & Waugh, 2025). Given the high risks of women including female care leavers being subjected to various forms of violence, it is essential to avoid re-traumatisation when working with them and to foster a safe place for them to recover and heal. In parallel with a trauma-informed approach, it is also necessary to adopt relationship-based practice. This is because females are reported to value relationships more than males (Lanctôt, 2020; Van Breda & Hlungwani, 2019), and trustworthy and consistent relationships with these young women will help agencies and workers to better support and engage with them in- and after-care.

Politically, 16 Global South and 15 Global North jurisdictions have been included in this review. Although local child protection and welfare systems differ across countries, there are several common issues that can be regarded as contributing factors to unfavourable leaving-care outcomes. Primarily, care leavers often experience an inadequate transition planning process that is typified by insufficient training in independent living skills and rare participation of young people in this stage. Many female care leavers transitioning from residential care in Global South countries additionally reported their concern about sudden eviction from support programs due to inappropriate behaviours and pregnancy, which severely restricts the time available for them to prepare (Dutta, 2017a; Frimpong-Manso et al., 2022). Limited and inaccessible post-care support services is another vital contributing factor due to inadequate government funding, lack of public transport and limited access to material and human resources, particularly in some developing countries (Berejena Mhongera & Lombard, 2016).

Nowadays, many scholars from Global North countries advocate for extended care until at least 21 years of age as one of the most efficient mechanisms for improving leaving-care support and corresponding outcomes (Mendes et al., 2023; Zhao & Waugh, 2025). For example, the Midwest study in the USA found a significantly positive association between participation in extended care programs and a lower risk of early pregnancy at ages 17 to 19 (Courtney, 2019). In Australia, although all eight jurisdictions have introduced various forms of extended care policies in response to the Home Stretch advocacy campaign, specific policies and services tailored for supporting residential care leavers and female care leavers still require further development (Mendes, 2023; Zhao & Waugh, 2025).

Limitations and further research

As a scoping review based on scholarly databases only, there are a few limitations that may influence the accuracy and representativeness of the findings. First, terminology disparities among countries could hinder the comprehensiveness of searches and outcomes in the searching process. Another key limitation to note is the possibility of inaccuracies in certain data findings during the coding and data analysis process. The ambiguity in some articles about whether their findings are specific to female care leavers transitioning from residential care, or alternatively apply to female care leavers more broadly, suggests that some results in this study may not be uniquely tied to the residential care setting. Lastly, due to the space limitation, this article focuses solely on scholarly articles. Another search on grey literature databases has been conducted and its findings will be detailed in follow-up publications.

As displayed in the findings of this study, female care leavers transitioning from residential care are reported with various unique challenges compared with males. However, this marginalised group is understudied, particularly in some Global North countries. The information relevant to young women exiting residential care in existing research studies in Global North countries is more likely to be presented as a small component of research findings rather

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than the main focus. While some studies in Australia delve into residential care and others explore the parenting issues of female care leavers, there is a noticeable gap in research on the general experiences of female care leavers transitioning from residential care. Therefore, this study calls for feminist studies involving females' voices and perspectives on their overall experiences leaving residential care, aiming to seek social justice and advocate for more appropriate support benefiting this particular group in Australia (Cree, 2018; Seigfried, 1996). Their lived experiences may serve as a key foundation in forming the knowledge in this field and influencing policy and program reforms in the future.

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Appendix I

Characteristics of selected papers

Article number	Study title	Country	Global North (N)/South (S)	Type of study	Study aims	Methodology	Sampling size and age	Timeframe	Gender	Limitations
1	"I need my children to know that I will always be here for them": Young care leavers' experiences with their own motherhood in Buenos Aires, Argentina	Argentina	S	Cohort study/Qualitative research	The aim of this research is to explore and analyze young women's identities, experiences, and perceptions about their own motherhood and family relationships after leaving the institutional care system in Buenos Aires, Argentina.	Purposive sampling strategy; life history interview; narrative analysis	4 young females between 18 and 29 years old who had children and had been in care during a period of their lives; excluded those with major disabilities or judicial disputes involving children.	Focused on experiences of leaving care, forming new relationships, and transitioning into adulthood, especially motherhood.	Study specifically targeted young female participants.	Small sample size; possible sample bias due to reliance on NGO gatekeepers; limited generalisability.
2	Aging out of care in Ethiopia: Challenges and implications facing orphans and vulnerable youth	Ethiopia	S	Mixed qualitative: focus groups, small group interviews, and individual interviews	This article seeks to develop a beginning understanding of the complex dynamics of navigating emerging adulthood following transition from institutional care in Ethiopia.	Thematic analysis based on semi-structured interviews and focus group discussions, conducted in collaboration with a local translator.	54 participants (24 female, 30 male); aged 17–30 years (mean age 24.7); mix of focus groups, small group interviews, and individual interviews.	Focused on challenges during and after transitioning out of care, such as employment, housing, education, social integration, and emotional health.	Both genders were included; gender-specific issues such as stigma and social roles were explored.	Snowball and convenience sampling limited generalisability; no access to institutional data on length of stay; lack of audio recordings reduced transcription accuracy.
3	Caregivers' perspectives on preparing girls to leave care in Ethiopia	Ethiopia	S	Qualitative study using thematic analysis	The aim of this study is to describe the experiences and perceptions of caregivers providing care-leaving services at one residential care institution in Addis Abba, Ethiopia.	Social constructivist framework; focus group discussion (FGD) and key informant interviews; thematic analysis following Braun and Clarke (2006).	10 (7 caregivers, 3 key informants). Caregivers were all women, purposively sampled based on caregiving experience and training levels. Key informants included a counselor, facility head, and community member.	Examined the roles and perceptions of caregivers in supporting children's development and transition processes post-care.	Caregivers were exclusively female; challenges related to their gender roles, education levels, and limited training were explored.	Small sample size; single-site study limits generalisability; translation challenges with some expressions from Amharic to English.
4	Challenges in the transition to adulthood of young-adult Arabs who graduated from residential facilities in Israel	Israel	N	Qualitative study using grounded theory and theoretical thematic analysis	To explore the challenges and barriers faced by Arab youth after leaving therapeutic residential care facilities in Israel.	Grounded theory (Charmaz, 2006; Corbin & Strauss, 2014) and theoretical thematic analysis (Braun & Clarke, 2006); semi-structured interviews conducted in Arabic.	23 (14 women, 9 men, aged 18–25). Participants were Arab care leavers who had spent at least two years in therapeutic residential care.	Focus on challenges post-care, including employment, education, and housing difficulties during the early stages of emerging adulthood.	Both Genders.	Small sample size; reliance on self-reported data; findings specific to Arab youth in Israel may not generalize to other populations.

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5	Child maltreatment, maladaptive cognitive schemas, and perceptions of social support among young women care leavers	Canada	N	Longitudinal and cross-sectional study; mediation analysis	The purpose of the study was to evaluate the associations between child maltreatment, cognitive schemas of disconnection/rejection reported in emerging adulthood, and social support perceived in emerging adulthood among young women who have exited placements in residential care.	Mixed-method: longitudinal design (6 measurement points); mediation analysis using path models; questionnaires administered in French.	132 adolescent girls at Time 6 (from an initial sample of 182 in the longitudinal phase). All participants had a history of placement in residential care in adolescence. Average Age: At the time of initial participation (while in care): 15.1 years (mean age). At the final measurement point (after leaving care, transitioning to adulthood): 19.4 years (mean age). Age Range: Participants entered residential care between the ages of 13 and 19, and the study primarily focused on their transition into early adulthood.	The study focused on the young women's perceptions and cognitive schemas after leaving care and transitioning to adulthood (mean age: 19.4 years).	Only female participants were included in this study.	High reliance on self-reported data.
6	Educational background, educational expectations and organized activity participation among adolescents aging out of care in Brazil	Brazil	S	Cross-sectional	To examine the educational background, aspirations, and participation in organized activities of adolescents aging out of care.	Structured questionnaires.	190 adolescents (aged 14–18); 44.2% girls, 55.8% boys	Preparing for the transition (engagement in courses, internships).	Both genders.	Non-profit organizations only in Curitiba, no rewards mentioned.
7	Educational trajectories for residential care experienced young people are complex. A lived experience perspective from a PhD study in Scotland	Scotland	N	Qualitative, Practitioner-led	To explore the experiences of young people in residential care before, during, and after transitioning out of care, with a focus on educational attainment and support systems.	Mixed methodology, Semi-structured interviews, Questionnaires.	13 participants (aged 18–29, 6 women, 7 men).	Focus on support during and after the transition; educational attainment and the role of family and stigma.	Both genders.	Small sample size, difficult recruitment, no data on school moves.
8	Examining the family belonging of adults with institutional care experience in childhood	Turkey	S	Quantative	This study aimed to examine the sense of family belonging of individuals with childhood institutional care experience through personal details, institutional care, and post-institutional-care variables.	Survey research, quantitative analysis.	313 participants, ages 18–64 (Mean age = 33.8 years); 57.8% men, 42.2% women.	Focus on post-institutional care, social relationships, employment, and support systems.	Both genders.	Excluded those from correctional or rehabilitation institutions, limited demographic variety, challenges in accessing identifiable data.

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9	Experiences of young Indian girls transitioning out of residential care homes	India	S	Phenomenological Study	The purpose of this exploratory study is to increase understanding of the experiences of girls once they leave care. This paper specifically aims to: (i) describe the experience of young girls who have left a residential care home in the past 4 years, highlighting their journey from preparation to transition to the present; and (ii) to explore the impact of different factors associated with their experience of transition out of care.	In-depth interviews, phenomenological approach.	24 young girls, who left care in the past 4 years; average age 21.	Focus on the preparation phase and transition out of care.	All female participants.	High rejection rate during recruitment, some participants required multiple interviews (not very consistent).
10	Female care leavers' journey to young adulthood from residential care in South Africa: Gender-specific psychosocial processes of resilience	South Africa	S	Qualitative Study	Explore the experiences of young women leaving Child and Youth Care Centres (CYCCs), focusing on resilience factors.	Grounded theory, constructivist approach, unstructured interviews.	6 participants, aged 21–27, left care 4 to 6 years ago.	Leaving care – Focus on psychosocial factors influencing resilience post-care.	All female participants.	High rejection rate during recruitment, small sample size, unavailability of complete population data.
11	From care to education and work? Education and employment trajectories in early adulthood by children in out-of-home care	Finland	N	Longitudinal, Quantitative	To explore early adulthood education and employment trajectories among young adults who experienced out-of-home care during childhood and to examine how various care history factors predict these trajectories.	Propensity score matching, statistical analysis (logistic regression, multinomial regression).	1,893 children in care, born in 1987, compared with matched controls; 935 males and 958 females.	Leaving care – Focus on education and employment outcomes from ages 18 to 25.	Both genders.	Potential bias from unmeasured confounders, limitation in generalisability to other populations.
12	Interpersonal strengths and family involvement for adolescents transitioning from therapeutic residential care: An exploratory study	US	N	Longitudinal, Quantitative	To explore the relationship between interpersonal strengths and family involvement in youth exiting therapeutic residential care (TRC) and post-treatment outcomes	Pre- and post-assessment using BERS-2, descriptive statistics, t-test, group comparison (positive vs negative trajectory).	166 youth (age range 12–17, average age 15.1), 55% male, 45% female.	During and after leaving care – Focus on changes in interpersonal strengths and family involvement upon discharge and 4–6 months later.	Both male and female participants.	Low follow-up rate (54 participants), challenges in staffing for follow-up, potential bias due to self-reporting, short gap period between pre- and post-assessment.
13	Journey towards independent living: resilience processes of women leaving residential care in South Africa	South Africa	S	Qualitative, Grounded Theory-Informed	Explore the resilience processes of women who disengaged from residential care and are doing %u201Creasonably well%u201D in their post-care life.	Grounded theory approach, inductive data collection, informed by Van Breda's (2015) study, comparison to previous study for transferability, Unstructured interviews with prompts, lasting 60–90 minutes, recorded and transcribed.	9 women (ages 21–27), all black, from Gauteng province, purposively sampled for their success post-care, not involved in crime or drugs.	Leaving care.	All female participants.	Findings may not be representative because only those who were doing well were selected and included as participants.

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14	Life after leaving care: Experiences of young Indian girls	India	S	Mixed Methods (Qualitative & Quantitative)	The purpose of this study is to describe the experiences of care leavers after leaving the residential care home. It aims to capture the period of transition out of care and their nature of social reintegration into society.	Developed scales based on fieldwork, literature review, and expert feedback; qualitative interviews, Semi-structured interviews, lasting 75 minutes.	100 care-leavers (aged 18–25), from 10 care homes (2 government, 8 NGOs), convenience sampling due to lack of comprehensive lists.	Leaving care.	All female participants.	Convenience sampling, self-reported data.
15	Longitudinal outcomes of employment, income and housing for Flemish care leavers	Belgium (Flanders)	N	Longitudinal Study	This study therefore explores and predicts outcomes on employment, income and housing circumstances of care leavers in Flanders and investigates if these outcomes improve in the years after leaving care.	Mixed-methods with longitudinal survey (4 waves).	*N* = 364 (initial) – *N* = 175 (final), age 17–27 years, 72% female, 28% male in the final sample, more males dropped out of the study.	Focused on both the transition to independence and the post-transition outcomes (e.g., employment, income, housing).	Both genders (mostly females).	High dropout rate (especially among males), potential biases in self-reported data, and limited comparison with the general population for housing conditions, not residential care focused.
16	Mechanisms to enhance resilience and post-traumatic growth in residential care: A narrative review	UK (due to the nature of the type of this study, the research context includes both global north and south countries	N	Narrative review	This review aimed to advance our understanding of how interventions, reflections upon experience, and constructs of resilience can enhance developing resilience in children's homes for young people in care.	Narrative review.	All but one of the studies involving care leavers (Van Breda & Dickens, 2017) and eight of the studies involving individuals who were receiving residential care at the time of the study had a sample size of less than 50 within their final analysis. One study included 30 social workers rather than individuals with residential care experience in their sample, Most studies included individuals of various different ages in their sample, with the majority including either children and adolescents (18 years or younger) or adolescents and young adults (19–30 years) rather than just one age group (e.g. adolescents, young adults), mixed gender except one study did not identify gender.	Mixed.	Both genders.	Very wide range of participants which may include findings not relevant to female residential care leavers.

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17	Patterns of criminal activity among residential care-leavers in South Africa	South Africa	N	Longitudinal, Rolling Cohort, Mixed Methods	To describe care-leavers' journey toward independent living and identify resilience processes facilitating successful transitioning to adulthood, with a focus on criminal activity post-care.	Quantitative (self-report scales, structured interviews) and Qualitative (unstructured narrative interviews).	51 participants who completed two or more follow-up interviews, Predominantly male (44 out of 51), average age at exiting care: 17.5 years (range 13–21), majority aged 17–19.	Leaving care.	Both genders (mostly males).	High dropout rate (49%), mostly due to participants being lost to follow-up, moving to remote areas, or being readmitted to care. Small sample size of female participants makes the findings regarding female residential care leavers very limited.
18	Poverty to more poverty: An evaluation of transition services provided to adolescent girls from two institutions in Zimbabwe	Zimbabwe	S	Evaluation Research (Program Evaluation)	To evaluate the services/support provided by key transition service providers (institutions and government) for adolescent girls in institutional care.	Qualitative Evaluation (Semi-structured interviews, Framework Analysis using the Sustainable Livelihood Approach – SLA).	32 adolescent girls (16 inside and 16 outside institutions), 2 superintendents, 1 district social services officer, Adolescent girls aged 15–21 years.	Mixed – focus on the transition process and support services provided to adolescent girls inside and outside care, assessing the gaps and effectiveness of these services.	All female participants.	Many findings were about those adolescent girls in care, and those who had left care were still adolescent.
19	Pregnancy and parenting experiences of care-experienced youth in Ghana and Uganda	Ghana, Uganda	S	Qualitative Study (Semi-structured Interviews, Thematic Analysis)	To study the experiences of early motherhood among care leavers from SOS Children's Villages in Ghana and Uganda, focusing on challenges faced during and after pregnancy.	Qualitative Design, Thematic Analysis (using Braun and Clarke's six-step process).	10 young mothers (5 from Ghana and 5 from Uganda), Participants aged between 16–26 years, with an average age of 18 at the time of their first pregnancy. All participants were young women.	Leaving care – Focus on the experiences of young mothers after leaving care, including challenges faced during pregnancy and early motherhood.	All female participants.	Small sample size (only 10 participants), limited by the recruitment challenges (e.g., non-respondents, unreachable participants).
20	Preparation for social reintergration among young girls in residential care in India	India	S	Quantitative Study (Descriptive Statistics, Parametric Tests, Non-parametric Tests)	To assess the preparation for social reintegration of girls leaving care in India and factors that impact their transition process.	Quantitative Design, Preparation for Social Reintegration Index, Medical Outcomes Study (MOS), Rosenberg Self-Esteem Scale, Statistical Analysis (ANOVA, Correlation).	100 respondents selected from 8 residential care homes (Mumbai and Kolkata) The average age of the sample selected was 17.91 years.	Mixed.	All female participants.	Convenience sampling, self-reported data.

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21	Preparing for successful transitions beyond institutional care in Zimbabwe: Adolescent girls' perspectives and programme needs	Zimbabwe (Harare)	S	Qualitative Evaluation Study (Semi-structured Interviews, Focus Group Discussions, Framework Analysis)	To explore the perspectives and program needs of adolescent girls transitioning from institutional care in Zimbabwe.	Sustainable Livelihoods Approach (SLA) and Feminism, Qualitative Design, Semi-structured Interviews, Focus Group Discussions, Framework Analysis, Semi-structured interviews and focus group discussions. Interviews with both in-care adolescents and discharged care leavers.	Purposive Sampling, 32 participants (16 adolescent girls and 16 care leavers, aged 15–21) from two institutions.	Preparing for transition.	All female participants.	The findings are more from young girls who are still in care, planning for their transitions, rather than female care leavers' actual experiences and feedback on their transition.
22	Provision of transitional housing: A socially sustainable solution for care leavers in Zimbabwe	Zimbabwe	S	Qualitative Phenomenological Research.	To examine care leavers' experiences of transitional housing provision in Zimbabwe.	Semi-structured interviews (lasting 30–45 min) in the local language (Shona) and English, where possible.	Purposive Sampling, 15 care leavers (12 males and 3 females) living in transitional housing, out of a larger sample of 30 care leavers aged 18–25, most not employed or in training, with a history of childhood trauma (e.g., abandonment, physical abuse, orphanhood). Participants lived in transitional housing extensions of child welfare institutions (faith-based and state-run facilities).	After leaving care.	Both genders (mostly males).	The small sample size of females makes the findings relatively less relevant.
23	The 'good mother' struggles: Obstacles to the attainment of motherhood ideals among adult women formerly placed in residential care	Canada	N	Qualitative extension of a longitudinal study	To explore the experiences of women formerly in residential care and their transition to adulthood.	Qualitative, Longitudinal, Phenomenological.	16 women (mean age 30.31, SD=1.59); All female, 13 mothers, ages 18–25 when they gave birth.	Leaving care – focus on post-care life, particularly in the context of motherhood and life choices after leaving residential care.	All female participants	The focus on motherhood may limit insights into other aspects of post-care life; the small sample size.
24	The key role of education for Flemish care leavers	Belgium	N	Longitudinal Study, Quantitative, Cross-sectional analysis	To compare outcomes (income, employment, housing, education) of care leavers and their peers in the general population. To explore educational achievement's impact on other outcomes.	Longitudinal, Survey-based, Statistical analysis.	220 care leavers (143 females, 77 males, Mean age: 22.22, SD = 1.27).	Leaving care – the study focuses on educational outcomes and their subsequent impact on employment, income, and housing after leaving care.	Both genders.	The exclusion of care leavers still studying might limit the insights into the full range of educational achievements, general information regarding the care leavers as a whole group, female residential care leavers are not focused.

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25	The transition from institutional care to adulthood and independence: A social services professional and institutional caregiver perspective in Harare, Zimbabwe	Zimbabwe	S	Qualitative, Exploratory, Interpretive Design	To explore the transition process from child welfare institutions to adulthood, focusing on factors that influence the transition.	Semi-structured interviews, site observations.	18 participants, including 3 government social workers, 6 caregivers, 3 superintendents, 6 social workers from NGOs, and 1 academic social worker.	Preparing for transition – the study focuses on institutional care leavers' transition to independent living, addressing the role of social workers, caregivers, and institutions.	Not relevant because the participants were professionals.	Respondents may have been reluctant to openly discuss government policies due to fear of repercussions, not female focused.
26	Unveiling the role of residential care in care leavers' personal development and life outcomes	Israel	N	Quantitative	Examining care leavers' perceptions on personal development and life outcomes, including tangible (e.g., employment, education) and intangible (e.g., social relationships) outcomes.	Longitudinal analysis combining self-reports and administrative records; telephone interviews.	2,295 participants, Mean age 27.65 (2.26); 52.8% male; 62.0% native-born Israelis, 16.4% Ethiopian, 21.6% Former Soviet Union.	After leaving care – focused on outcomes after leaving care and the influence of experiences during care, including military service, education, and post-care support services.	Both genders.	Missing data from some participants.
27	Vulnerability and well-being decades after leaving care	Switzerland (Canton of Zurich)	N	Qualitative (Biographical study)	To explore biographical trajectories of care leavers, focusing on their experiences before, during, and after residential care, and the social structures and processes that shape these transitions.	Biographical interviews (Grounded Theory methodology), inductive coding, iterative process.	37 former residents of children's homes. Age range: 25–85; Gender: Balanced male and female representation.	Leaving care – focused on life trajectories and transitions after leaving care, with an emphasis on understanding biographical complexities and the impact of care experiences.	Both genders.	The study may have selection bias as participants were self-selected and not all those who lived in care were included. Limited generalisability due to focus on the canton of Zurich and specific time frame.
28	Who is there for me? Evaluating the social support received by adolescent girls transitioning from institutional care in Zimbabwe	Zimbabwe	S	Qualitative (Evaluative research design)	To evaluate the experiences and perspectives of adolescent girls and care leavers regarding transition service delivery in two types of institutions.	Framework analysis (Jane Ritchie & Liz Spencer) with semi-structured interviews and focus group discussions.	32 participants: 16 adolescent girls (aged 15–18) and 16 care leavers (aged 18–21). Female (all adolescent girls and young women).	Mixed – focused on understanding the delivery of transition services and the participants' experiences before, during, and after leaving care.	All female participants.	Limited to two institutions and their specific living arrangements, which may affect generalisability. Potential biases in purposive sampling.

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29	Navigating uncharted waters: Complex trauma-related relational disruptions among young mothers formerly in residential care	Canada	N	Qualitative research/cohort study	The study draws from interviews with the young mothers to understand these relational disruptions from their own point of view and to guide professionals toward interventions better tailored to address the specific needs arising from complex trauma in the context of motherhood.	In-depth interviews.	17 young mothers aged 20–25 who have at least one maltreatment in their childhood.	leaving care.	All female participants	Only mothers who are still in contact with their children are included in this article; only women who have experienced recognized trauma (moderate trauma) are included.
30	Healing trauama and loss and increasing social connections: Transitions from care and early parenting	Australia	N	Qualitative	This paper presents findings from a qualitative study of service providers' experiences working with young people transitioning from care who had become parents, in the state of Victoria, Australia.	Focus groups and interviews; ambiguous loss theory.	Sixteen service provider staff participated in three focus groups and two interviews. Participants worked in a range of services including: Non-metropolitan leaving care services (*n* = 2), Non-metropolitan and metropolitan intensive parenting support services (*n* = 10), Non-metropolitan Alcohol and other Drug (AoD) services (*n* = 1), Non-metropolitan foster care (*n* = 1) and Non-metropolitan family services (*n* = 2).	Mixed – during and after leaving care.	Not relevant because the participants were professionals.	The authors did not clearly identify the gender of young parents – which was also the reason why it has been excluded in the first place.

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31	Where is the village? Care leaver early parenting, social isolation and surveillance bias	Australia	N	Qualitative	This paper presents findings from a study of care leaver early parenting in the Australian state of Victoria.	This article pertains to the same data collection process as the above one, though it underwent a different data analysis.	This article pertains to the same data collection process as the above one, though it underwent a different data analysis.	Mixed – during and after leaving care.	Both genders.	The authors did not clearly identify the gender of young parents – which was also the reason why it has been excluded in the first place.

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