Child and Adolescent Social Work Journal
https://doi.org/10.1007/s10560-026-01155-w

"Can I Survive on My Own?": Young People's Perspectives on the Implementation of Transition Planning in Out-of-Home Care

Hayley Wainwright[1] · Sofia Grage-Moore[1] · Melissa Savaglio[1] · Sarah Morris[1] · Danielle Newton[1] · Ruby Sait[2] · Helen Skouteris[1] · Philip Mendes[1]

Received: 17 November 2025 / Accepted: 17 July 2026

Abstract
Transition planning is a core child welfare practice designed to prepare young people (YP) in out-of-home care (OoHC) to live independently from Child Protection by age 18. It aims to address several domains shown to improve outcomes: active participation, housing, education and economic participation, independent living skills, and formal and informal support networks. Despite clear policy intent and evidence of what supports successful transitions, YP continue to experience inequitable outcomes after leaving OoHC. This study identified a range of structural and individual barriers and enablers influencing the implementation of transition planning and YP's recommended strategies for improvement. Qualitative semi-structured interviews and one focus group were conducted with 27 YP currently living in, or recently transitioned from, foster, kinship, and residential OoHC in the Australian state of Victoria. The implementation of active participation was influenced by four factors (e.g., staff capability); education and economic participation by five factors (e.g., legislation); appropriate housing by three factors (e.g., housing availability); independent living skills by three factors (e.g., placement environments); and support networks by three factors (e.g., service design). Staff and carer capability was relevant across all domains, and legislation determined the parameters of support provided. Findings highlight the need to adapt transition-planning policy and service design to align with YP's needs, strengthen workforce capability, enhance relational and placement stability, and increase access to safe housing and practical supports. Future research should co-design implementation strategies with YP and stakeholders to improve effective transition planning.

Keywords Transition planning · Leaving care · Out-of-home care · Implementation · Youth voice

Introduction

Young people (YP hereafter) leaving out-of-home care (OoHC hereafter) experience inequitable life outcomes shaped by adverse childhood experiences, disrupted attachments, and expectations of earlier transitions to independence than their peers (Bengtsson et al. 2020; Mendes et al. 2023a; Munro and Simkiss 2020; Storø 2018). Research consistently shows higher risks of homelessness, poor health, interrupted education, social isolation, and justice involvement, with outcomes varying across placement types (Butterworth et al. 2017; Chikwava et al. 2022;

✉ Hayley Wainwright
hayley.wainwright@monash.edu

✉ Helen Skouteris
helen.skouteris@monash.edu

✉ Philip Mendes
philip.mendes@monash.edu

Sofia Grage-Moore
sofia.grage-moore1@monash.edu

Melissa Savaglio
melissa.savaglio@monash.edu

Sarah Morris
Sarah.morris@monash.edu

Danielle Newton
daniellecnewton@gmail.com

Ruby Sait
sait.ruby15@gmail.com

[1] Monash University, Melbourne, Australia

[2] Centre for Excellence in Child and Family Welfare, Melbourne, Australia

Published online: 25 July 2026

Goulet et al. 2024; Mendes et al. 2023a; Sacker et al. 2021; Smales et al. 2020; van Breda 2018).

On 30 June 2024, 44,900 children and YP were living in OoHC in Australia. Most were in kinship care (55%), followed by foster (32%), residential (11%), and semi-independent placements (2%) (Australian Institute of Health and Welfare [AIHW], 2025). Home-based (i.e., foster and kinship) placements are more common for younger children, whereas residential care is used more often for older adolescents (AIHW, 2025). Multiple cohorts of YP are disproportionately represented in the OoHC system. Aboriginal and Torres Strait Islander YP, who comprise 43% of all YP in OoHC, are over ten times more likely to enter care, reflecting ongoing impacts of colonisation and systemic racism (Commission for Children and Young People [CCYP], 2020; Jau et al., 2022; SNAICC, 2023; Walsh et al., 2023). YP from multicultural and multifaith (MCMF) backgrounds represent around one-third of those in care (Harris et al., 2025), and they often face additional barriers related to migration histories, language, and cultural disconnection (Bolaji, 2025; Grace et al., 2025; McMahon et al., 2021). Approximately 22% of YP in care have a disability yet continue to experience poorer wellbeing due to a lack of inclusive service design and service inaccessibility (AIHW, 2025; Cheng et al., 2023; Gatwiri et al., 2024; Roberts et al., 2018).

Regardless of their individual needs, YP in OoHC are required to commence transition planning at 15 years and 9 months in preparation for the cessation of statutory Child Protection support at age 18 (Mendes et al. 2023b; O'Donnell et al., 2020). It involves identifying goals and support for appropriate housing, education and economic participation (i.e., income support and employment), independent living skills (also known as life skills), and informal and formal support networks (Mendes et al. 2023a; Organisation for Economic Co-operation and Development [OECD], 2022; Wainwright et al., 2025). In the state of Victoria, transition planning is guided by the *Looking After Children (LAC) Framework*, which mandates OoHC providers complete, and regularly revise a *15 + Care and Transition Plan* template (transition plan hereafter) across seven domains (Department of Human Services [DHS], 2012; Department of Families, Fairness and Housing [DFFH], 2024). All eligible YP should also be referred to Better Futures at 15 years and nine months, an extended care program that continues support beyond 18 through flexible 'Home Stretch' funding and casework until 21 (DFFH, 2024; Mendes, 2024, Mendes et al., 2025). While this funding enables YP in home-based placements to remain with their carers beyond 18 years, those in residential OoHC must transition into private or public housing (Mendes et al., 2025).

Victorian government guidelines outline evidence-informed practices such as transition plan documents (Martin et al., 2021); active youth participation (CCYP, 2020; Häggman-Laitila et al., 2018; Martin et al., 2021); tailored planning (Grage-Moore et al., 2025); appropriate and sustainable housing (Martin et al., 2021; Zhao & Waugh, 2025); life skills and essential documentation, routines and healthy eating (Cruz et al., 2025; Green et al., 2022; Starr et al., 2024); education and economic participation (Goulet et al., 2024; Goyette et al., 2021; Scannapieco et al., 2015); and support networks (Harder et al., 2020). Guidelines also emphasise the importance of Aboriginal and Torres Strait Islander YP's connection to kin, community, and culture (Bamblett, 2014; Krakouer et al., 2018; Krakouer, 2023). However, these guidelines are not consistently applied in practice and outline what should be implemented, but not how (Wainwright et al., 2025).

Despite clear policy intent, many YP leave care feeling unprepared and unsupported (Atkinson & Hyde, 2019; Grage-Moore et al., 2025). Research highlights that systemic and organisational barriers undermine effective planning, including workforce turnover, limited training, placement instability, and compliance-driven practice (Kor et al. 2022; Mendes et al. 2023a; Prendergast et al. 2024; Wainwright et al. 2025). In contrast, YP who experience agency, safety, and strong support networks fare better (Bengtsson et al., 2020; Munro et al., 2022), yet are often excluded from decision-making, particularly those perceived as 'hard to engage' (Hiles et al., 2014; Park et al., 2022).

Although the evidence of what enables positive outcomes for YP leaving care is well established, less is known about how transition planning is implemented in practice. The "what" is clear: YP who have safe and stable housing, participate in education or employment, develop life skills, and sustain strong formal and informal networks experience more successful transitions from care (Grage-Moore et al., 2025). Yet, much of the existing research reflects the perspectives of staff and carers rather than YP themselves, limiting insight into how transition planning is implemented in practice.

Evidence shows that YP and professionals often hold divergent views about what transition planning involves, what aspects are most meaningful, and the types of support that promote genuine independence (Appleton, 2019; Hiles et al., 2014; Mendes et al., 2021; Wainwright et al., 2025). Moreover, although outcomes vary across placement types, little is known about the shared and distinct implementation barriers and enablers that influence how YP in residential, foster, and kinship care access and experience the core components of transition planning. Capturing YP's perspectives, both during and after care across placement types, is therefore essential to understand how transition planning occurs

in practice and how it can be improved. Those preparing to leave care can illuminate everyday planning practices and relationships, while those who have already transitioned can provide retrospective insights into what helped or hindered their independence (Glynn & Mayock, 2018; Starr et al., 2025). Differences between these groups may also reveal how recent policy and program reforms have shaped their experiences (Mendes et al., 2025).

To address this gap, this study applied a socio-ecological implementation research approach to examine how individual, organisational, and systemic factors interact to shape the implementation of transition planning for YP across residential, foster and kinship care. This approach focuses on understanding the processes and contexts that influence how policies and practices are enacted in real-world settings (Bronfenbrenner, 1975; Damschroder et al., 2022; Harder et al., 2020). The study sought to move beyond describing the "what" by examining the barriers and enablers that shape YP's experience of receiving five core components of transition planning: active participation, education and economic participation, housing, independent living skills, and support networks (formal and informal). Understanding these factors is a critical first step toward identifying practical strategies for embedding best practice transition planning across all placement types (Albers et al., 2020; Powell et al., 2015; Weeks, 2021). Hence, this study aimed to explore the experiences of YP transitioning from, or recently transitioned from residential, foster or kinship OoHC to identify:

1. barriers and enablers influencing the implementation of transition planning; and.
2. recommended strategies to improve the design and delivery of transition planning.

Method

Study Design

A qualitative study design was used for its suitability to explore complex social experiences and identify context specific insights (Lim, 2024). This study forms part of a broader collaborative project in Victoria, Australia with three OoHC Community Service Organisations, one Aboriginal Community Controlled Organisation, the Victorian Government Department of Families, Fairness and Housing, and the peak body for child and family services – the Centre for Excellence in Child and Family Welfare. The study findings intend to inform strategies to enhance the transition from OoHC for YP across Victoria.

Ethics and Reporting Guidelines

Ethical approval for this qualitative study was provided by the Monash University Human Research Ethics Committee (Project ID: 39433). Several ethical safeguards were in place. Participation was voluntary, and all participants received a plain-language explanatory statement and were provided with a list of support services. Informed consent was obtained from all YP prior to commencing the interview. At the start of the interview, YP were reminded that participation was voluntary, and of their right to decline to answer any questions or withdraw from the study at any time without consequence. The interview questions were co-developed with a researcher with lived experience of care (Author 4) to ensure safety for YP, and in-person interviews included the option to use sensory objects (such as playdough or squeeze balls) to support regulation. Additionally, we minimised the risk of re-identification by de-identifying all quotes and removing potentially identifying information, including geographic location and recruitment sources. The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007), see Supplementary File 1.

Positionality

The research team comprised six females and one male with extensive research expertise across social work, OoHC, mental health, and implementation science. Two authors have their own lived experience of OoHC, two authors are registered psychologists, and one was a frontline practitioner working with people experiencing vulnerability. Our lived experience researchers guided all phases of this research, such as developing recruitment materials, refining the interview question guide, supporting meaningful engagement with YP, conducting data analysis, and refining the key themes. Researchers did not have a prior relationship with participants. This approach ensured that the study and its findings remained grounded in the realities of care-experienced YP, by drawing directly from the insights, interpretations, and contextual understanding of researchers with lived experience of the care system.

Participants

Purposive sampling was used to identify YP with previous or current experience of the transition process from OoHC (Palinkas et al., 2015). YP were included if they had recently transitioned from OoHC within the past six years (e.g., care-experienced, 18–24 years) or were currently in OoHC during the transition planning years (15–17 years). Participants were purposively recruited via community service providers

of OoHC across residential, foster, and kinship care, transition-from-care services, the two peak consumer bodies representing YP in OoHC - the CREATE Foundation and the Centre for Excellence in Child and Family Welfare. A total of 32 YP expressed interest in participating, of which five did not proceed with an interview due to either change of mind ($n=1$), no response after multiple attempts to organise an interview ($n=2$) or were ineligible due to not being on a Child Protection order ($n=2$). Recruitment ceased once the authors deemed that data saturation was achieved (Braun & Clarke, 2021). Twenty-seven YP aged between 16 and 24 years old (Mean = 19.3, $SD=2.8$ years) participated in the study. Most YP had recently left OoHC (81.5%, $n=22$) and had lived in residential OoHC at the time of transition (55.6%, $n=15$). Remaining participant demographics are presented in Table 1.

Data Collection

Nineteen semi-structured interviews and one focus group ($n=8$) were conducted between August 2024 and May 2025. Participants chose the time, place, and modality of the interview, including in-person ($n=2$), via phone ($n=8$), or Zoom videoconference ($n=9$). The focus group was delivered via Zoom and conducted to address recruitment barriers by engaging an existing Youth Expert Advisory Group, facilitated by the CREATE Foundation. It was conducted as a focus group to utilise an existing meeting time for the advisory group, allowing members to voluntarily opt in to participate as part of their regular session. YP were invited to participate via the advisory group coordinator approximately one month prior to the focus group and were advised that consent and attendance were optional, allowing time to decline in advance.

Table 1 Demographic Characteristics of YP ($n=27$)

Demographics	*n* (%)
Gender	9 (33.3)
Female	8 (29.6)
Male	9 (33.3)
Unknown	1 (3.7)
Non-binary	
Care Status	22 (81.5)
Post-care (aged 18–24)	5 (18.5)
In-care (aged 16–17)	
Placement Type	15 (55.6)
Residential Care	7 (25.9)
Kinship Care	5 (18.5)
Foster Care	
Aboriginal and/or Torres Strait Islander	
No	18 (66.7)
Unknown	8 (29.6)
Yes	1 (3.7)
Australian born	13 (48.1)
Yes	12 (44.4)
Unknown	2 (7.4)
No	

Placement type and care status were the only demographic data collected for CREATE Foundation members

The semi-structured question guide was designed to explore YP's experiences of transition from OoHC planning, perceived barriers and enablers to their successful transition from OoHC, and recommendations to enhance the implementation of transition planning (See Supplementary File 2). Interviews were on average 53 min in duration and were conducted by three cisgender female researchers (Author 1, $n=11$; Author 3, $n=4$; Author 5, $n=4$) using a trauma-informed, youth-centred approach. The focus group lasted 92 min and was facilitated by Author 1 and supported by Authors 3 and 5.

The focus group used a combination of semi-structured and Slido questions to facilitate engagement and ensure accessibility for all YP participants. Slido is an interactive digital platform that enables participants to respond anonymously to polls or open-ended questions in real time, supporting inclusion of diverse voices. Slido complemented the group discussion by supporting diverse forms of participation and enhancing inclusivity. This was not required in the interviews, where the format itself provided a confidential space for participants to share openly. The researchers that conducted the interviews and focus group were Research Fellows and were trained in working sensitively with care-experienced YP and provided opportunities for breaks or debriefing if required. YP were given a $50 voucher for their time and involvement. All interviews were audio-recorded and transcribed verbatim.

Data Analysis

All interviews were transcribed, anonymised, and analysed in NVivo 15. Data analysis was conducted in two stages to explore and categorise young people's experiences of transition planning, based on existing knowledge. First, a framework analysis approach was conducted (Klingberg et al., 2024). All transcripts were coded by Author 1 and two care-experienced researchers (Authors 4 and 6) using a framework based on the five evidence-informed core components of transition planning: active participation, education and economic participation, housing, independent living skills, and support networks (informal and formal). This deductive framework enabled systematic mapping of young people's experiences across each transition planning domain.

Secondly, within each core transition planning component, a deductive thematic analysis (Braun & Clarke, 2006) was undertaken to identify the unique factors experienced by young people as barriers and enablers to the transition planning process. This combined analytical approach allowed for a comprehensive understanding of how transition planning

is implemented in practice, highlighting the specific barriers and enablers relevant to each core component. Author 4 coded all transcripts. Author 1 co-coded 44.4% ($n = 12$) of the transcripts, Author 3 co-coded 14.8% ($n = 4$) and Author 5 co-coded 14.8% ($n = 4$). The research team engaged in a collaborative discussion to ensure consistency, and to group codes accordingly into various barriers or enablers. This process ensured that the analysis was firmly rooted in the realities of care-experienced YP, and enabled a deeper sensitivity to the language, meanings, and nuances in YP's accounts that might have otherwise been overlooked or misinterpreted. The initial set of barriers and enablers were then shared with the broader research team, who engaged in an iterative process of collaboratively developing, refining, and naming the factors. The final set of barriers and enablers were described narratively for each transition planning component, alongside supporting quotes from YP.

Quotes are labelled according to placement type (residential, foster, or kinship) and whether the YP was in care (IC) or post care (PC). The Focus Group is labelled as 'PC_Focus Group.' The term "resi" is used throughout the results, which is the common term across the sector to refer to residential OoHC.

Results

While transition planning aims to build YP's preparedness to leave OoHC, few reported feeling ready (both prospectively and retrospectively). With YP reporting that they weren't ready: *"I didn't want to leave my resi*, *that was my safe place"* (PC_Focus Group) and highlighted the inequity compared to broader social norms: "*I feel like in a family situation I would not be pushed to move out this young with a disability*" (Residential_IC_11). Most YP described their transition from OoHC as stressful, unsupported, sudden and scary.

In comparison, YP who felt ready expressed excitement to have autonomy over their lives and be free from harmful environments: "*I'm excited about it… it will be good to be on my own*, *to maintain my own money… instead of…people like doing it for me… I've been waiting for only 18 years"* (Residential_IC_10).

Implementation of core transition planning components

The following sections examine implementation of the five core components of transition planning that are intended to build YP's preparedness to leave OoHC. Each section first presents YP's experiences of receiving the core component, followed by the reported barriers and enablers to its implementation. Additional quotes are reported in Supplementary File 3.

1. Active Participation

This domain explores YP's experiences of active participation in transition planning. Few YP felt they were active participants throughout the process, and very few had been involved in transition from care team meetings.

Barriers and enablers Four factors hindered and enabled active participation: (1) choice and control; (2) staff capability; (3) relationship quality; and (4) transition plan suitability.

Choice and Control YP across all placement types reported that their extent of involvement in transition planning was shaped by their sense of choice and control. YP described barriers to participation, such as meetings held during school hours, unaware they could attend, feeling unwelcome, or meetings focusing on their deficits. As one YP noted, they "*seldom got asked anything. I just sat there trying to understand what they were saying"* (Residential_PC_06).

YP consistently reported that transition planning decisions were made by the 'adults', and their preferences were not routinely sought nor acknowledged. One YP felt "*like I didn't even have a voice at all*" (Kinship_PC_03) and another acknowledged staff were "*in control of everything… it was their way or the highway*" (Residential_PC_07). Whilst less common, YP described the ability to advocate for themselves as providing a greater sense of involvement.

Staff Capability How staff introduced transition planning influenced active involvement. For some YP, planning was a one-off conversation that wasn't revisited, and others felt planning was presented as a routine administrative process, minimising its importance. Most YP also received minimal information about transition planning and what to expect post care: *"I didn't know what was going to happen on my 18th birthday*, *the planning wasn't done soon enough"* (PC_Focus Group). Alarmingly, one YP described being coerced to complete the planning documents to avoid homelessness at 18 years old: "*If I don't* [complete the document] *I stay here until I'm 18*, *the day I turn 18 they pack me a suitcase and say goodbye. They said if I don't want*, *I have to fill it out*" (Residential_IC_04). Some YP also felt staff were ill equipped to support their participation needs.

Enablers included staff who explained processes clearly, engaged the YP's carer (home-based placements) alongside

the YP, provided regular transparent information, and kept YP informed about referrals and decisions. These practices created a sense of inclusion and helped YP feel more actively involved: "*I think I'm pretty involved with it. I don't think I'm like left out of anything when it comes to my independent living*." (Residential_IC_02).

Relationship Quality The quality of relationships between staff and YP influenced whether YP actively participated in transition planning. YP reported minimal meaningful contact with Child Protection staff and case managers, who they viewed as making life-shaping decisions on their behalf. High workforce turnover and reliance on agency workers undermined relationship quality and YP did not feel comfortable participating in planning led by staff they did not know or trust: *"You gain trust and then they leave…you have less trust*, *and they come in*, *you're less likely to engage with them…it has a psychological effect."* (Residential_PC_06). Rapport was hindered when staff failed to respect YP's identities, such as by misgendering or using their "dead name," which refers to a transgender person's former name that is no longer used.

Enablers were when staff and carers demonstrated genuine care, honesty, persistence, and consistency, which fostered trust and a desire to engage with planning: *"I get along pretty good with the worker. She's very kind*, *and she just*, *like*, *understands what I need."* (Kinship_PC_01).

Transition Plan Suitability YP questioned the suitability and usefulness of the mandated transition plan tool, noting that its design and delivery often limited their engagement in transition planning. Some found the documents complex, particularly when provided with little or no guidance. Others described the plans as generic and impersonal, and particularly not accommodating to the diverse needs of YP with disability. An emphasis on compliance and deadlines made some YP feel their goals were not valued or supported, undermining their motivation to engage.

"*I don't think they take into account disabilities…It's strictly what they just give to every single kid. It's not personalised*." (Residential_IC_04).

Not receiving a copy of the plan also constrained participation. Some YP still in care and many YP who had left OoHC had never seen their plan expressed disbelief that it even existed: "*I don't think I had an actual plan*" (Kinship_PC_01). This reduced YP's opportunities to ensure their goals were reflected in the plan and use it to guide their transition from OoHC.

2. Education and Economic Participation

This domain explores YP's experiences of the core transition planning requirement to support education and economic participation (employment and income), with few YP reporting that their needs were met. Although some YP were supported to engage in school, training and work, most encountered barriers to participation.

Barriers and enablers Five factors influenced the implementation of this core transition planning requirement: (1) leaving care legislation; (2) placement environment; (3) staff and carer capability; (4) school environment and teacher capability; and (5) available practical supports.

Leaving Care Legislation The requirement under Victorian legislation for YP to leave OoHC at 18 years was described as a significant barrier to education and economic participation. For YP in residential OoHC, this often resulted in relocation during their final year of school. In contrast, a YP who turned 18 years after she completed school reflected that she "*got lucky and didn't have to leave during school. I would have dropped out if that was the case*." (Residential_PC_04). While YP in home-based care often remained in the home beyond 18 years, formal case management and OoHC support were withdrawn.

I had a lot of meltdowns [and] really big panic attacks and anxiety…Year 11 and 12 were my hardest years in school, *because the unknown was there the whole time. I just didn't know where I was going to end up*, *and I failed a lot of my courses in Year 12.* (Foster_PC_01)

Due to the requirement for YP to leave at latest by their 18th birthday, some YP are moved out of OoHC at 16 or 17 years old. YP understood this to be driven by a need to develop independence before they turned 18 years old, and support was consequently withdrawn. This commonly resulted in relocating to new geographic areas and withdrawal of support from education support programs. Transition planning during this time was profoundly destabilising, creating significant instability and uncertainty during critical stages of their education.

Placement Environment Placement instability in OoHC, driven by workforce turnover, frequent moves, and relationship dynamics within the homes were barriers to education. Residential OoHC was described as chaotic and crisis-centred with little emphasis on school, with one YP describing it as a "*training ground for prison*" (Residential_PC_06). Repeated placement moves and associated school changes led to gaps in learning, anxiety, low self-esteem, and dis-

engagement. Although some YP valued remaining in residential OoHC until they finished school, others found the setting too unstable to support study due to noise, conflict, poor routines and peer disengagement from education. In contrast, YP in home-based care highlights the importance of stability and having a sense of 'home' during their final schooling years. Despite challenges, some YP remained determined to pursue education, with a few inspired to study community services to improve the systems they had experienced.

Staff and Carer Capability Staff and carer capability influenced YP's opportunities for education and economic participation. Most YP reported that employment was rarely a focus of transition planning, with staff instead emphasising applications to Centrelink (government income support). This reinforced low expectations of their futures and limited opportunities to explore meaningful education or training pathways. Some also described staff explicitly devaluing YP's education, not providing support to enroll or attend school, or raising transition planning in ways that increased stress and disrupted school engagement. *""I'm getting ready for school and you're reminding me about how in six months' time it's going to be three times harder…that's a really shitty way to start your day."* (Residential_IC_04).

"W*orkers in residential care*, *they didn't care too much if you went to school or not*" (Residential_PC_08).

Staff and carers who valued education and economic participation as central to transition planning and met YP where they were at were enablers. YP in home-based placements frequently reflected on their carers encouraging them to continue their schooling and supporting university and employment pathways. Approaching school and work engagement with empathy and non-judgement helped to reduce feelings of shame and created safer opportunities for community re-engagement, which motivated YP to participate: "*They're making sure I go to class every day*, *which is good because I struggle with motivation to get up and go to class in the morning. So*, *they've been very helpful in that sense*" (Residential_IC_03).

School Environment and Teacher Capability YP across all placement types reported that many schools were not trauma-informed and often failed to provide the understanding and stability they needed. Instead, they encountered stigma, exclusion, and at times discriminatory treatment from teachers and peers due to living in OoHC, which sometimes prompted further disengagement from education.

"I had to fight to have things that any other child that lived with parents wouldn't have to…to do my VCE [Victorian Certificate of Education], *I had to argue with my vice principal for like*, *four weeks…that stigma was really hard."* (PC_Focus Group).

Flexible and alternative schooling, including homeschooling, were described as critical enablers when mainstream education was unsuitable. When school staff and programs adapted to YP's needs in flexible and trauma-informed ways that aligned with their preferences, education was described as a stabilising factor or an "*anchor… the most stable place I had… I went to school because it was the safest place for me*" (PC_Focus Group).

Available Practical Supports Transport to school and employment was a recurring barrier. As one YP recalled, "*my housemate didn't get to school a number of days because* [staff] *were using the car to take me or somebody else somewhere*, *and that was not cool*." (Residential_PC_03). These challenges became more pronounced after moving into semi-independent or independent housing, where day-to-day support from carers and case managers was no longer available. YP also reported limited access to in-home education support (e.g., tutoring) and career planning.

Timely access to Centrelink (government income support) was also critical. Delays left some YP without a source of income when they were expected to be self-sufficient: *"Centrelink didn't start coming in until after I left resi…I ended up getting two jobs and just making my own money instead. That was my concern when I was leaving because I didn't really have money"* (Residential_PC_01).

Enablers were when YP received practical support to identify their interests and goals, and to take concrete steps toward them. This included preparation for work or training, such as writing resumes, obtaining Tax File Numbers, and exploring career pathways.

3. Appropriate Housing

This domain examines YP's experiences of securing safe, stable, and suitable housing during and after their transition from OoHC. Most YP saw housing as the most essential component of a successful transition from OoHC, yet few reported that their desired housing pathway was realised, and multiple reported experiencing homelessness, including couch-surfing and crisis accommodation. For YP still in care, the prospect of housing instability was experienced as profoundly stressful, with one YP reflecting if they were

at home living with family, where they experienced physical and sexual abuse, at least they "*wouldn't have to worry about housing for a long time*" (Residential_IC_04).

Barriers and enablers Three factors influenced the implementation of this core transition planning requirement: (1) leaving care legislation; (2) housing availability and choice; and (3) staff capability.

Leaving Care Legislation The mandated exit from residential OoHC at 18 years limited access to suitable and stable housing, with some YP experiencing homelessness or being placed in unsafe or inappropriate accommodation. This legislative barrier was compounded by private rental tenancy policies, which prevented YP from signing a lease until they turned 18 years. To remain temporarily in a residential OoHC unit, YP were required to obtain a Working with Children's Check, which one YP described as making them feel "*a little bit of a criminal…so*, *the day I turned 18*, *I turned into a pedophile*?" (Residential_PC_04). In contrast, kinship care placements offered greater housing continuity as YP were inclined and able to stay with their kin beyond 18 years old, enabling gradual transitions: "*I also wouldn't mind staying with my sister where I am now while I sort things out. It's not like I need to get out of this house right now*" (Kinship_IC_01).

Housing Availability and Choice Limited housing availability restricted YP's access to suitable housing and undermined the genuine choice that YP had during and after their transition from care. YP reported significant difficulties securing housing, including repeated rejections from private rental applications and limited viable alternatives. Some were referred to housing services to *"try and see what options there were*, *and there were none*" (Residential_PC_01). Semi-independent options such as Lead Tenant (a housing model in which YP are supported by adult volunteer tenants) were commonly reported as unsuitable due to short-term tenancies, minimal daily support, and the expectation to exit at age 18. Several YP felt pressured into these placements and described them as "*a cheap way to put people in beds*" (Residential_PC_09) and that they had no choice as, "*they were getting ready for other people to come in my room*" (Residential_PC_08). This experience of limited choice also extended to family reunification. For some YP, reunification occurred by default when no other housing was available and minimal family work during this process placed strain on relationships that created unsafe environments for young people.

"I didn't understand how they were sending me back there [with family] *…I was bawling my eyes out…I didn't want to…it's not fair that someone has to go back to* [an] *unsafe environment or be another homeless statistic*." (PC_Focus Group).

A lack of choice in suitable housing options in some cases led to YP experiencing housing instability or homelessness: *"I was pretty much homeless because I didn't want to be at Mums"* (Residential_PC_01).

Enablers were identified when YP's housing preferences were heard and supported. Disability services, tailored housing programs and longer-terms models such as Youth Foyers (an evidence-based housing model with medium-term tenancies and education and employment support) prompted stability and gradual transitions to independence. "*I'm happy with what they're trying to get me into with the housing program…I feel it'll be good. I'm a little bit nervous*" (Residential_IC_10).

Choice as an enabler also extended to family reunification and kin arrangements. When reunification was a genuine choice rather than a last resort, it provided continuity, belonging, and stability. Similarly, kinship care placements also offered greater continuity as YP were inclined and able to stay with their kin, enabling a gradual transition.

"*At the end of the day*, *it was my choice whether I wanted to go back with my family or not. And if I did not want to*, *they would have other*, *you know*, *options*." (Residential_PC_08).

"*I also wouldn't mind staying with my sister where I am now while I sort things out. It's not like I need to get out of this house right now*." (Kinship_IC_01).

Staff Capability Staff capability in providing transparent, accurate and timely information was a barrier. YP described receiving little explanation of what to expect or how to find and apply for private and social housing, leaving them unprepared for placements that offered minimal support and feeling scared to turn 18 years old. Some YP also described their housing preferences being overlooked by staff. YP emphasised that they received inadequate support from staff to feel emotionally ready to move into alternative housing, with transitions directly from fully staffed residential care to independent living described as particularly overwhelming.

"I've voiced that I have a certain area I want to move to, *they're trying to talk me into going somewhere else…they're not giving me a lot of information about what I can expect for independent living*." (Residential_IC_03).

4. Independent Living Skills

This domain explores YP's experiences of receiving mandated transition planning requirement to develop independent living skills such as financial literacy (e.g., budgeting and tax), hygiene, cooking, scheduling medical appointments, managing medication, securing driving permits and obtaining key personal documents. Few YP reported receiving life skills training while in care, leaving many unprepared to live independently: "*I didn't cook or anything…I probably had like six garbage bags full of Uber Eats just in one room*, *because I didn't know how to take care of myself*" (PC_Focus Group).

Barriers and enablers Three factors influenced the implementation of this core transition planning requirement: (1) placement environments; (2) staff and carer capability; and (3) service accessibility.

Placement Environments The type of OoHC placement influenced YP's skill development. Several YP in residential care described an abrupt transition from high levels of support to complete self-sufficiency, leaving them unprepared for independent living. While some residential OoHC models provided opportunities for gradual independence (such as detached units with separate bedrooms and kitchens), one YP reported they were expected to manage on a $40 weekly food budget, which they described as unrealistic and stressful. Some YP described their knowledge as limited to basic self-management tasks, which they recognised as insufficient for independent living: "*I know how to clean*, *I know how to cook basic meals"* (Residential_IC_01). Experiences in foster care varied, with some YP receiving little preparation and others developing practical skills through everyday responsibilities as their carer "*always forced me to do my own washing*, *forced me to clean my own room*, *do my own dishes*, *all that sort of stuff*" (Foster_PC_02).

In contrast, YP in kinship care reported greater opportunity and safety to develop independent living skills and agency through unconditional carer support and guidance.

"They [kin] *kind of just supported me with every decision I made. If it was a bad decision*, *they would tell me about their opinion on it*, *but they're like…it's your decision to make*." (Kinship_PC_03).

Staff and Carer Capability Staff and carer capability, encompassing their skills and values, was central to YP's acquisition of independent living skills. Many YP in residential care reported a lack of modelling and encouragement to develop everyday skills such as preparing nutritionally balanced meals, managing household responsibilities, managing bills, arranging medical appointments, travelling to appointments, or obtaining prescriptions. As a result, they left care without these skills. One YP noted it was "*difficult to adjust from almost being herded around like sheep…now I have to work it out for myself how to get to these places*" (Residential_PC_09). Programs including healthy eating initiatives were offered, but without active staff involvement in coaching or reinforcement, YP did not gain the intended benefit.

In contrast, enablers were staff and carers who actively supported skill development through direct coaching/teaching, modelling and encouragement, which increased YP's sense of confidence and preparedness for independence: *"My sister's trying to teach me some things… cooking and cleaning are the big ones. She still cooks too but she also asks me to help sometimes which is good."* (Kinship_IC_01).

Beyond practical learning opportunities, YP emphasised the importance of feeling genuinely cared for, which increased YP's confidence and willingness to develop independent living skills.

Access to key resources, such as passports and driver's licenses, was also shaped by staff and carer capability to navigate systems and advocate on behalf of YP: "*One of the things I really wanted was a passport. I couldn't get one while I was in care because there was all this red tape*" (Residential_PC_04).

Service Accessibility YP's opportunities to develop independent living skills were influenced by the availability of programs and access to funding. Few formal independent living skills programs were available to YP, leaving many unprepared for tasks such as budgeting, cooking, or navigating health and service systems. Further, inaccessibility to a driving program or a support network to complete driving hours was a key barrier. However, some young people reported that receiving the National Disability Insurance Scheme[1] enabled access to helpful life skills support, including driving programs.

5. Support Networks

This domain explores YP's experience of being supported to build informal support networks (e.g., family, friends, culture) and formal supports (e.g., leaving care and specialist

[1] The National Disability Insurance Scheme (NDIS) is an Australian government program that provides funding and support for people with permanent and significant disabilities to help them achieve their goals and improve independence and social participation (National Disability Insurance Scheme, 2024).

services). Most YP reported that parents or family, most often mothers, participated in transition planning, and that they maintained these connections after leaving OoHC. Experiences of formal networks were more mixed, with many YP reporting they did not receive adequate support during or beyond their transition, including limited access to the Better Futures program (extended care program to 21 years old) and gaps in specialist services.

"Personally, I lacked the support in the whole like personal field and like mental health, personal social connections, with that being like my family or friends or the community." (Residential_PC_05).

Barriers and enablers Three factors influenced the implementation of formal and informal support networks: (1) legislation and policies; (2) Better Futures (extended care program from 16 to 21 years old) service design; and (3) staff and carer capability.

Legislation and Policies Three policy factors influenced YP's formal and informal support networks: (1) requirement to leave OoHC at age 18; (2) safeguarding policies; and (3) funding and service access policies. The statutory requirement to exit OoHC at 18 years old disrupted trusted relationships with workers, and limited YP's opportunities to form social connections and remain connected with trusted formal support networks. Across placements, OoHC service provider staff are mandated to close support at 18 years old, with support required to be transferred to transition-from-care programs, with YP feeling unsupported abruptly. As one YP described: "*it's like, get the f*ck out. Like, bye. I always had a social worker or something and then suddenly, I didn't and that was very jarring."* (Residential_PC_04). YP also described this transition process as leaving them without sufficient networks or skills to build new relationships.

"*I think being removed from care as soon as I turned 18 meant that, you know, learning to live on my own, I never really got a lot of that social connection that my peers got*." (Residential_PC_04).

At one organisation, a dedicated leaving-care role with flexible support duration was described as highly beneficial. These sustained connections fostered a sense of belonging, trust, and safety, which then enabled them to continue to receive referrals to formal services: "*I felt comfortable to be able to express my emotional worries or my mental health concerns with her. I felt that she has always taken the appropriate steps to get me adequate support or assistance*" (Residential_PC_05).

"*Stupid rules and legislations*" (PC_Focus Group) within residential OoHC were also described as limiting opportunities to develop and sustain friendships. While designed to promote child safety, requirements such as restrictions on friends visiting or police checks for sleepovers contributed to feelings of isolation as some YP were not enabled to maintain family connections, with one YP reporting they were prohibited from spending time with family during a funeral.

In contrast, kinship care was described as enabling continuity, familiarity, and emotional stability through long-term family connections, highlighting how placement type shapes YP's opportunities to develop informal networks.

Funding and service access policies were also barriers. Some YP described being denied access to services such as psychologists, dentists and psychiatric assessments due to restrictive eligibility criteria, cost-shifting between programs, and the financial burden of self-funding health services after leaving OoHC. YP stated, "*accessing medical care was always really difficult*" (Residential_PC_04) and when asking for "*mental health support…they just said no*" (Foster_PC_02).

Better Futures Service Design YP across all placement types reported mixed experiences of Better Futures. For some, the program provided practical help to establish housing, offered consistent engagement, and contributed to stability and progress: *"Better Futures made it a lot easier on my behalf. Where I am right now is partially because of the support they've given me"* (Kinship_PC_02). For others, the service was described as more hands-off and failed to meet their needs.

Particularly YP in foster care or reunified with family before age 18, reported being ineligible and left without adequate support to sustain their transition due to legislative and program requirements: "*I had nothing, I was told, at the age of 16, that I wasn't eligible for Better Futures support, because of the type of care I was in, which was foster*" (Foster_PC_02).

YP approaching or beyond the 21 years old felt the service duration was too short as they were still establishing stability and completing education or training.

"I'm about to lose Better Futures, and then, like, what happens? Because when I lose them, I'm not prepared for that. No one's done any preparation with me to be entirely, you know, financially independent and entirely independent." (PC_Focus Group).

Staff and Carer Capability and Capacity Barriers to YP maintaining informal and formal support networks were shaped by the capability and capacity of staff and carers, includ-

ing their skill, knowledge, values, and available resources. Knowledge and information gaps constrained access to formal supports. Several YP described inaccurate advice about leaving care entitlements and being "*deliberately misinformed*" (Foster_PC_02). Differences between metropolitan and regional areas were also noted, with one YP explaining "*I've had more support in the* [metropolitan area] *… I was meant to get Home Stretch funding* [flexible funding package from 18–21 years old] *when I was in* [regional town name] *and they never did it*" (Residential_PC_01).

Multiple YP reported their disability being minimised or dismissed, which they felt prevented access to the National Disability Insurance Scheme and the Disability Support Pension (government income support). Limited access to cars and available staff further restricted opportunities to visit family or participate in community activities, particularly after moving into semi-independent housing.

Enablers were when staff and carers provided YP with the practical support to establish and maintain formal and informal support networks, including transport, advocacy to see family, approvals to visit family and friends: "*They've taken me a couple times* [to see family]. *It's an hour drive*" (Residential_IC_01). Culturally responsive support strengthened belonging and connection, with one YP described being linked with their local mosque and provided with traditional food: "*They would take us to* [town name] *…They would eat our traditional food…they would care about our religion too. I'm Muslim and they would give us good halal food"* (Residential_PC_08).

Young People's Recommendations to Improve the Implementation of Transition Planning

YP's recommendations (Table 2) highlight that their expectations align closely with what transition planning is already meant to deliver under current practice standards and policy commitments. Although reforms like therapeutic residential care homes aim to improve the quality of support and environment for YP, these changes reflect basic needs that should already be in place: "*the therapeutic resi's… I said to the policymaker*, *these are basic human rights. What do you mean implementing them?… Who the f*ck is writing these? They say they hear directly from YP… Where are the reports?"* (Residential_PC_07).

Discussion

This study explored YP's experiences of receiving transition planning and their recommendations to strengthen its implementation. We identified barriers and enablers shaping YP's preparedness to transition from residential and home-based OoHC, highlighting domain-specific factors across five key transition planning domains: (1) active participation; (2) education and economic participation; (3) appropriate housing; (4) independent living skills; and (5) support networks. Previous research has typically examined transition planning practices in isolation, focusing on specific components or outcomes such as mental health (Butterworth et al., 2017), housing (Martin et al., 2021), informal support networks (Stubbs et al., 2023) or independent living skills (Starr et al., 2025). In contrast, this study analysed them collectively to identify the common conditions that underpin effective transition planning and to provide a more integrated understanding of YP's experiences.

YP's experiences and recommendations highlighted that transition planning is often not implemented as intended and, as a result, is not achieving its intended outcomes of ensuring that all YP are active participants in their planning and leave OoHC with stable housing, engagement in education or employment, independent living skills and strong support networks (DHS, 2012; DFFH, 2024). Common factors influencing outcomes included the capability of staff and carers ($n=5$ domains), legislation and policy ($n=3$ domains), and the placement environment ($n=2$ domains). Additional intersecting factors related to resource constraints, including limited time, financial resources, and practical supports, as well as housing availability and choice. Factors associated with youth-centred service design and accessibility, such as the suitability of the transition plan and the Better Futures (extended care program from 16 to 21 years old) and living skills programs, also shaped implementation. Collectively, these findings illustrate how shared conditions, such as leaving-care legislation, influence multiple aspects of transition planning in different ways, alongside distinct factors that were specific to individual practice domains. The factors identified were often interrelated and compounding, with system-level conditions such as legislation and resource constraints intersecting to shape how transition planning was implemented across domains. The discussion that follows explores these relationships in greater depth.

Capability

Capability, encompassing the competence of carers, staff and teachers, was the most common implementation factor across all domains. It included both relational and technical skills, such as effective communication, knowledge of programs and referrals, and the ability to build YP's practical and emotional readiness for independence. This was commonly described as a barrier by YP, resulting in them feeling uninformed about what transition planning was and insufficiently prepared to live independently. Capability

Table 2 YP's Recommendations to Improve Transition Planning

Recommendations	
Support and housing accessibility	• Extend residential OoHC or semi-independent placements, at least until YP complete secondary school. • Extend intensive support and housing subsidies to 25 years old. • Provide ongoing, accessible support and someone YP can contact at any time while in semi-independent or independent housing • Ensure semi-independent housing before 18 years old is genuinely voluntary, with time to meet co-residents and mentors beforehand. • Start housing planning earlier with clear, consistent communication about available options, timely referrals, and being kept informed throughout the process. • Provide YP with access to safe, stable, and affordable homes that offer real security, and belonging (e.g., no rooming houses or other unsafe housing).
Relational and timely transition planning	• Consistently start transition planning at ages 15 to 16 to allow enough time to prepare for leaving care. • Develop personalised plans that reflect YP's goals, are developed with staff who know them well, and should focus on strengths, and use encouraging language. • Give YP genuine decision-making power about where they live and what they want to do. • Provide YP opportunities to plan in spaces where they feel safe and comfortable, with regular check-ins, clear updates on progress, and collaborative discussions so they stay informed and involved.
Residential placement environments	• Improve residential OoHC environments to promote stability, safety, and a genuine sense of home through smaller houses with fewer YP, consistent and long-term staff. • Improve the residential environments to create a sense of home. Include décor beyond necessities, comfortable shared spaces, and opportunities for YP to personalise their rooms. Institutional features such as one-way glass, locked facilities, and organisational posters should be replaced with designs that promote normalcy and belonging. • Rules and restrictions that prevent YP from participating in 'normal' experiences should be reviewed and removed where appropriate.
Education and economic participation	• Embed education and economic participation support as part of daily routines in all care types, alongside life skills development. • Provide access to transport, tutoring, homework help, and career guidance, as well as time and space to focus on learning without disruption from housing transitions. • Provide this support to YP in semi-independent living and independent living too. • Staff and carers should actively encourage participation by attending open days, exploring study, or training options, and providing consistent motivation. • Employment preparation should start early, with help writing resumes and cover letters, preparing for interviews, and accessing transport or work clothing. • Provide YP in OoHC with greater opportunities for work experience, traineeships, and local job opportunities, supported by clear information about programs and equitable access in regional areas, which continue until aged 21 years.
Staff and carer capability	• Mandatory training for carers and workers across all OoHC placement types to build their capability, empathy, and stability needed to prepare YP to transition from OoHC. • Transition planning training should be co-designed and delivered with those who have lived experience, focusing on effective transition support, the emotional and practical realities of leaving care, and the importance of relationships. • Provide staff and carers with clear guidance on the transition planning process, available supports such as Better Futures (extended care program from 16–21 years old), and how to assist YP with diverse needs. • Carers should also teach and model essential life skills, including cooking, budgeting, scheduling appointments, filling prescriptions, obtaining identity documents (i.e., a driver's licence, passport), obtaining case files, completing tax returns, and navigating systems such as Centrelink (government income support), the National Disability Insurance Scheme, and health services, while supporting healthy routines for nutrition, hygiene, sleep, exercise, and health care. • OoHC workers and carers across all placement types must demonstrate genuine care, believe in their potential, and view their success as a shared responsibility. • Greater workforce stability, open communication during staff transitions, and opportunities to maintain contact with trusted workers.

barriers also constrained referrals and access to key programs, including transition-from-care, disability and mental health supports.

Concerningly, numerous YP reported being denied referrals to disability services, psychological support and psychiatric services while in OoHC. Research has shown that neurodiversity and mental health disorders strongly predict YP's leaving-care outcomes, and that early identification, diagnosis and adequate support are essential (Petäjä et al., 2025). These findings align with evidence that OoHC staff receive no transition planning training (CCYP, 2020; Hyde & Atkinson, 2019), despite carers reporting the need for targeted education to support YP during transition (Fergeus et al., 2019). YP's accounts suggested that staff values and system pressures shaped their experiences. Some described that securing Centrelink was often prioritised over pursuing work or study, signalling low expectations held by staff (CCYP, 2023; Sting et al., 2025; Wilson et al., 2019). This may indicate that staff practice was influenced by either individual values or systemic pressure to ensure basic needs were met before leaving care, in turn shaping what was prioritised, what was conveyed as important and YP's sense of self (Appleton, 2019). The capability of school staff was also essential. Teachers who were trauma-informed and expressed belief in YP's potential provided consistency and encouragement, whereas stigma and low expectations within schools and care systems hindered progress (CCYP, 2023; Sting et al., 2025). Enhancing the capability of professionals and carers is therefore essential to equip them with the skills to prepare YP for independence and respond to diverse needs (Butterworth et al., 2017; Petäjä et al., 2025). The capability of those delivering transition planning were compounded by systemic constraints such as rigid timelines and limited resources available to meet transition planning needs.

Legislation and System Resources

The mandated exit from care at 18 years old was a major barrier to achieving genuine readiness for independence, particularly across housing, education and support networks. YP still in care generally expressed cautious optimism about leaving but described limited choice and control over when and how this occurred, while those who had already left care reflected more critically on unmet needs across multiple domains. Readiness was shaped by YP's mental health, disability and support networks, consistent with longstanding evidence that many are not prepared to live independently by 18 and that readiness is shaped by YP's individual needs, support networks and experiences in OoHC (Bengtsson et al. 2020; Butterworth et al. 2017; Mendes et al. 2023a; O'Donnell et al., 2020; Stein, 2006; van Breda et al., 2020). These findings mirror four decades of research identifying distinct profiles of YP and corresponding transition outcomes, yet policy and practice responses have not kept pace with this evidence (Stein, 2006). The continued reliance on uniform transition planning models, illustrates a persistent failure to translate evidence into practice. Legislative timelines, compounded by resource constraints, resulted in inconsistent access to supports and, for some, premature exits to make space for others. Pressures to move YP into semi-independent housing regardless of readiness illustrate how policy interacts with service-level demands (Kor et al., 2022). While YP transitioned into semi-independent living are often viewed as readier for independence (Wainwright et al., 2025), research shows that those labelled 'hard to engage' face the highest risk of homelessness and unsuccessful transitions from care as they exit care on their 18th birthday, often without an appropriate housing outcome (Bengtsson et al., 2020; Heerde et al., 2018; Munro et al., 2022; Park et al., 2022). Although transition planning must operate within these legislative parameters, these findings highlight that age alone does not determine readiness and that current legislation, which expects YP to begin preparing for adulthood from 15 years, is misaligned with developmental norms and available system resources.

Many YP who had left OoHC reported experiencing homelessness, and others described unsuitable housing outcomes such as rooming houses or unsafe and unsupported family reunifications. These findings point to major gaps in access to safe, appropriate and sustained housing, showing that housing provision alone did not ensure stability. Experiences varied across placement types, with YP in kinship and residential care emphasising that stability, choice and time were critical to achieving positive outcomes. Broader research similarly shows that housing scarcity restricts suitable options and limits transparent communication and choice for YP required to leave by 18 years old (Bengtsson et al., 2020; Martin et al., 2021; Muir et al., 2019; O'Donnell et al., 2020), and extended-care initiatives have been shown to improve housing stability and reduce homelessness (Courtney et al., 2018; OECD, 2022; Palmer et al., 2022). Consistent with this evidence, the present findings indicate that structural and systemic conditions, including legislation, funding and workforce capacity, shape how transition planning is implemented and the housing outcomes achieved (CCYP, 2020; Glynn & Mayock, 2023; Wainwright et al., 2025).

Similarly, leaving care while completing school or training without stable housing or income, undermined continuity in education and economic participation. Extended-care reforms such as Home Stretch (flexible funding package from 18 to 21 years old) and Better Futures (extended care program from 16 to 21 years old) allow gradual transitions for YP in

home-based care but remain inequitably implemented, particularly for YP in residential and semi-independent placements (Mendes et al. 2023b). Early exits and housing instability continue to disrupt educational engagement and limit access to post-school opportunities, despite extensive evidence of the need for stability and continuity (CCYP, 2023; Höjer & Sjöblom, 2013; Mordal et al., 2025; Starr et al., 2025; Stein, 2006). These results highlight the compounded inequities faced by YP transitioning from OoHC, who experience higher rates of adverse childhood experiences and are required to become self-sufficient far earlier than social norms (Leiting et al., 2024; Simkiss, 2019). Research consistently shows that completing secondary education is disproportionately challenging for YP in OoHC, with only 25% progressing to the final year compared with 82% of their peers (CCYP, 2023). Yet those who do, experience considerable barriers to completing education, reflecting deep structural injustice. Moreover, YP leaving care are three times more likely to receive government income support, with approximately 30% unemployed after they leave, highlighting the inequitable access to employment opportunities (AIHW, 2022; CREATE Foundation, 2024). These inequities reflect systemic rather than individual failure. Structural exclusion and stigma within education and OoHC systems shape the expectations and supports available (Lee & Ballew, 2018; Modi et al., 2021). A rights-based approach is needed to reframe transition planning as an equity issue, recognising that care-experienced YP are entitled to the same scaffolding and developmental opportunities as peers supported by family networks (Dickens, 2018; Kääriälä & Hiilamo, 2017; Munro, 2019; Okpych & Courtney, 2019).

Placement Environment and Relationship Quality

The placement environment and relationship quality influenced three transition planning domains: active participation, education and economic participation, and independent living skills. YP's reflections highlighted how the physical and social environment of their placements shaped their sense of safety, belonging and readiness for independence. Residential OoHC was often described as chaotic or unsafe, with conflict, noise and limited privacy making it difficult to establish routines, build independent living skills or form stable relationships. In contrast, home-based placements generally provided greater normalcy and continuity, though sometimes with reduced support from OoHC providers and Child Protection. These conditions contributed to the de-prioritisation of future-oriented goals, consistent with crisis-driven practice in residential care (Galvin et al., 2022; Green et al., 2022; Muir et al., 2019). Improving the residential OoHC placement environment to enhance homeliness, reduce resident numbers and provide staff time for meaningful engagement and skill development is critical (Glynn & Mayock, 2018; Hiles et al., 2014).

Relationships were central to transition planning. YP valued consistent, respectful connections that extended beyond age 18 and workers who were authentic and available. When YP felt safe and trusted those supporting them, they were more likely to participate in planning, echoing research showing that stable relationships foster help-seeking and disclosure of needs (Butterworth et al., 2017). Relational dynamics within residential OoHC are particularly complex. As staff live and work alongside YP they are required to balance providing emotional and social support, with professional boundaries and safeguarding responsibilities, which can create tension between providing emotional support and preventing dependency (Kor et al., 2022). The importance of relationships for successful transitions has been widely established (Grage-Moore et al., 2025; Nunez et al., 2022; OECD, 2022), yet the persistence of this finding highlights that context hinders relational work. That relationships are essential for human development is well established; the challenge is embedding this understanding in everyday practice. Embedding relational practice requires manageable workloads, reflective supervision, ongoing training and workforce retention (Gopalan et al., 2023; Green et al., 2022; Milne et al., 2024; Riemersma et al., 2023; Siemionow et al., 2025).

Youth-Centred Service Design

The findings highlight barriers to transition planning caused by service design, spanning both the transition plan and the broader planning process. Although the transition plan is intended to document goals and actions that reflect YP's priorities, its design and use often limited meaningful participation, particularly for YP with disabilities. Most YP had never seen their plan or viewed it as a professional document with little relevance to their goals, highlighting its limited appropriateness (Proctor et al., 2011). In related research by the authors (under review), most YP were recorded by staff as having participated in transition planning, yet this was typically through informal or indirect conversations rather than active co-design. The accounts of YP in this study showed that while many were aware that planning discussions had occurred, most often about housing, few had seen or contributed to their written plan. These experiences prioritised procedural completion over developmental engagement, leaving little space for YP's preferences. This extends previous research that YP's choice and agency are reduced in compliance-centred Child Protection processes (CCYP, 2020; Riggs et al., 2025). Given the importance of active participation, decision-making power and documentation rights for YP's wellbeing and agency (Pepe et al., 2024), transition plans should be re-designed using youth-centred principles and digital or interactive formats to enhance

accessibility, relevance and direct contribution, supporting a more collaborative and transparent process.

Broader service design factors also shaped how YP engaged in planning. YP transitioning out of OoHC between 16 and 17 in semi-independent housing were often expected to manage alone with minimal guidance, which has been shown to increase risks of homelessness, poverty and social isolation (Boman, 2025; Field et al., 2021; Mendes et al., 2025). Although leaving care legislation was not coded as a direct barrier, the requirement to exit care at 18 influenced service delivery, as staff prioritised meeting statutory deadlines and securing housing outcomes over sustained relational and developmental work (CCYP, 2020; Prendergast et al., 2024; Wainwright et al., 2025). Moreover, although Better (extended care program from 16 to 21 years old) financial and casework support was essential, it was not seen adequately intensive or sustained to meet the needs of all YP. Collectively, these findings highlight a need to strengthen the appropriateness of transition planning to improve outcomes for YP. Lastly, given the leaving-care and post-care age range of 16–21 years was established in 1984 (Broad, 1999), these findings highlight an urgent need to modernise policies and practices to translate what is known to work, into practice.

Implications for Policy and Practice

As YP expressed, they just want to feel 'normal'. Achieving this requires reimagining how systems enable relationships, stability and choice. YP called for extended OoHC support and housing accessibility; relational and timely transition planning for meaningful participation; improving placement environments to create opportunities for independence, and transition planning training for staff and carers. These recommendations align with existing policy commitments yet remain inconsistently realised. Evidence across Australia and internationally outlines what promotes successful transitions (Grage-Moore et al., 2025; Heerde et al., 2018; O'Donnell et al., 2020; Taylor et al., 2024). What is needed now is genuine responsiveness to YP's voices and structural reform to remove barriers that prevent relational, flexible support across funding, policy and service systems (Bruns et al., 2019; Prendergast et al., 2024). While the specific levers examined here, such as Better Futures and the 15+Care and Transition Plan, are unique to Victoria, implementation factors identified in this study are comparable in other jurisdictions (OECD, 2022; van Breda et al., 2020).

Strengths and Limitations

This study provides novel insights into YP's in-care and post-care experiences of transition planning, identifying the factors that influence the implementation of its core components. Including YP across all placement types enhanced the breadth of perspectives, yet most YP were from residential care, with lower representation from foster care. However, this aligns with national trends as YP of transition age (15–17 years) are most likely to live in residential care (AIHW, 2021). Interviews conducted by three different researchers may have introduced variation in data depth and emphasis, limiting comparability of YP's experiences across each transition planning component. While member checking was not conducted, this was mitigated through the data analysis process involving two researchers with lived experience of OoHC. Moreover, only one participant identified as Aboriginal, which did not reveal distinct culturally specific transition planning needs. Selection bias may have also occurred as many YP were connected with advocacy or service networks, potentially skewing the sample towards those experiencing relatively more stable or successful transitions. Inconsistent demographic data collection and integration across the organisations further constrained interpretation. Finally, whilst the focus on the Victorian context may limit generalisability, the findings are consistent with national and international evidence of shared systemic challenges in OoHC policy, service design, and resources.

Conclusion

This study provides an integrated understanding of how YP in care and post-care experience transition planning in Victoria, Australia. Transition planning often falls short of equipping YP with the foundations needed for independence, constrained by systemic inequities that shape their experiences. Addressing the shared factors identified, including legislation, workforce and carer capability, relationship quality, service design and access to supports, is essential to strengthen implementation. The needs articulated by YP are not exceptional; they reflect fundamental human rights. Realising these rights requires a structural shift toward care systems that are participatory, trauma-informed and committed to enabling equitable pathways to adulthood. This research amplifies the voices of YP navigating the transition from OoHC. Their lived experiences must be acted upon in practice for transition planning to be successfully implemented, and to ultimately improve their quality of life while in OoHC and beyond.

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s10560-026-01155-w.

Acknowledgements We thank the young people for participating in this study and our project partners at Anglicare Victoria, BaptistCare, the Centre for Excellence in Child and Family Welfare, the Department of Families, Fairness and Housing, MacKillop Family Services, Victorian Aboriginal Child and Community Agency for your collaboration on this project. We also thank CREATE Foundation for enabling recruitment of young people.

Author contributions H.W, S.GM and M.S wrote the main manuscript text, developed the tables and revised the manuscript.H.W, M.S and D.N completed recruitment and data collectionH.W, S.M and R.S coded and analysed transcriptsH.S joint Senior Author - provided leadership over the study; critically reviewed all drafts and the final manuscriptP.M joint Senior Author - provided leadership over the study; critically reviewed all drafts and the final manuscriptAll authors reviewed the manuscript.

Funding Open Access funding enabled and organized by CAUL and its Member Institutions

Data Availability The data generated and/or analysed during this study are not publicly available due to their sensitive nature and the lack of participant consent for data sharing.

Declarations

Competing interests The authors declare no competing interests.

References

Albers, B., Metz, A., Burke, K., Bührmann, L., Bartley, L., Driessen, P., & Varsi, C. (2020). Implementation support skills: Findings from a systematic integrative review. *Research on Social Work Practice*, *31*(2), 147–170. https://doi.org/10.1177/1049731520967419

Appleton, P. (2019). Anchors for deliberation and shared deliberation: Understanding planning in young adults transitioning from out-of-home care. *Qualitative Social Work*, *19*(5–6), 1130–1146. https://doi.org/10.1177/1473325019869810

Atkinson, C., & Hyde, R. (2019). Care leavers' views about transition: A literature review. *Journal of Children's Services*, *14*(1), 42–58. https://doi.org/10.1108/JCS-05-2018-0013

Australian Institute of Health and Welfare (2021). *Young people in out-of-home care.* Retrieved from https://www.aihw.gov.au/reports/children-youth/young-people

Australian Institute of Health and Welfare (2025). *Child protection Australia 2022–23.* Retrieved from https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2022-23

Australian Institute of Health and Welfare. (2022). *Income support receipt for young people transitioning from out–of–home care 2022*. AIHW. https://doi.org/10.25816/yp92-ex68

Bamblett, M. (2014). The possum skin cloak – Being warmed by culture. *Children Australia*, *39*(3), 134–136. https://doi.org/10.1017/cha.2014.15

Bengtsson, M., Sjöblom, Y., & Öberg, P. (2020). Transitional patterns when leaving OoHC – Care leavers' agency in a longitudinal perspective. *Children and Youth Services Review*, 118. https://doi.org/10.1016/j.childyouth.2020.105486

Bolaji, W. (2025). Trauma and transition into adulthood: African refugee and asylum-seeking care leavers in London. *Journal of Social Work Practice*, 1–19. https://doi.org/10.1080/02650533.2025.2449634

Boman, M. (2025). Relationships and identity: An ethnographic study with young people in south-east Queensland who had left out-of-home care. *Australian Journal of Social Issues*, *60*(3), 734–746. https://doi.org/10.1002/ajs4.70021

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2021). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport Exercise and Health*, *13*(2), 201–216. https://doi.org/10.1080/2159676x.2019.1704846

Broad, B. (1999). Young people leaving care: Moving towards 'joined up' solutions? *Children & Society*, *13*(2), 81–93. https://doi.org/10.1111/j.1099-0860.1999.tb00110.x

Bronfenbrenner, U. (1975). Toward an experimental ecology of human development. *American Psychologist*, *32*(7), 513–518. https://doi.org/10.1037/0003-066X.32.7.513

Bruns, E. J., Parker, E. M., Hensley, S., Pullmann, M. D., Benjamin, P. H., Lyon, A. R., & Hoagwood, K. E. (2019). The role of the outer setting in implementation: Associations between state demographic, fiscal, and policy factors and use of evidence-based treatments in mental healthcare. *Implementation Science*, *14*(1), 96. https://doi.org/10.1186/s13012-019-0944-9

Butterworth, S., Singh, S. P., Birchwood, M., Islam, Z., Munro, E. R., Vostanis, P., Paul, M., Khan, A., & Simkiss, D. (2017). Transitioning care-leavers with mental health needs: 'They set you up to fail!'. *Child and Adolescent Mental Health*, *22*(3), 138–147. https://doi.org/10.1111/camh.12171

Cheng, Z., Tani, M., & Katz, I. (2023). Outcomes for children with disability in out-of-home care: Evidence from the pathways of care longitudinal study in Australia. *Child Abuse and Neglect*, 143. https://doi.org/10.1016/j.chiabu.2023.106246

Chikwava, F., O'Donnell, M., Ferrante, A., Pakpahan, E., & Cordier, R. (2022). Patterns of homelessness and housing instability and the relationship with mental health disorders among young people transitioning from out-of-home care: Retrospective cohort study using linked administrative data. *PLoS One*, *17*(9). https://doi.org/10.1371/journal.pone.0274196

Keep caring: Systemic inquiry into services for young people transitioning from out-of-home care. Commission for Children and Commission for Children and Young People, & People, Y. (2020). https://ccyp.vic.gov.au/assets/Uploads/CCYP-Keep-caring.pdf

. Let us learn: Systemic inquiry into the educational experiences of children and young people living in out-of-home care. Commission for Children and Commission for Children and Young People, & People, Y. (2023). https://ccyp.vic.gov.au/inquiries/systemic-inquiries/education-inquiry/

Courtney, M. E., Okpych, N. J., & Park, S. (2018). Report from CalYOUTH: Findings on the relationship between extended foster care and youth's outcomes at age 21. *Chapin Hall at the University of Chicago*. https://www.chapinhall.org/research/report-from-calyouth/

CREATE Foundation (2024). *Being in care must not mean missing out on school: New research announcement.* https://create.org.au/being-in-care-must-not-mean-missing-out-on-school-new-research-announcement/

Cruz, D., García-Alba, L., & del Valle, J. F. (2025). Helping care leavers develop life skills: A scoping review. *Children and Youth Services Review*, 173. https://doi.org/10.1016/j.childyouth.2025.108298

Damschroder, L. J., Reardon, C. M., Widerquist, M. A. O., & Lowery, J. (2022). The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Science*, *17*(1), 75. https://doi.org/10.1186/s13012-022-01245-0

Department of Families, Fairness and Housing (2024, July 15). *Leaving care*. Retrieved June 18, 2025, from https://www.cpmanual.vic.gov.au/policies-and-procedures/out-home-care/leaving-care

Department of Human Services (2012). *Care and transition planning for leaving care: Victorian Practice Framework*. *Victorian Government*. https://providers.dffh.vic.gov.au/care-and-transition-planning-leaving-care-framework-word

Dickens, L. (2018). One-year outcomes of youth exiting a residential care facility in South Africa. *Child & Family Social Work*, *23*(4), 558–565. https://doi.org/10.1111/cfs.12411

Fergeus, J., Humphreys, C., Harvey, C., & Herrman, H. (2019). The needs of carers: Applying a hierarchy of needs to a foster and kinship care context. *Adoption & Fostering*, *43*(2), 155–168. https://doi.org/10.1111/cfs.12583

Field, A., Sen, R., Johnston, C., & Ellis, K. (2021). Turning 18 in specialised residential therapeutic care: Independence or a cliff edge? *Children & Society*, *35*(5), 784–798. https://doi.org/10.1111/chso.12450

Galvin, E., O'Donnell, R., Avery, J., Morris, H., Mousa, A., Halfpenny, N., Miller, R., & Skouteris, H. (2022). Residential out-of-home care staff perceptions of implementing a trauma-informed approach: The sanctuary model. *Journal of Child & Adolescent Trauma*, *15*(3), 653–667. https://doi.org/10.1007/s40653-021-00427-0

Gatwiri, K., McPherson, L., & James, S. (2024). Experiences of children and young people with a disability in out-of-home care in Australia: A scoping review. *Health & Social Care in the Community*, *2024*(1). https://doi.org/10.1155/2024/3456823

Glynn, N., & Mayock, P. (2018). I've changed so much within a year: Care leavers' perspectives on the aftercare planning process. *Child Care in Practice*, *25*(1), 79–98. https://doi.org/10.1080/13575279.2018.1521378

Glynn, N., & Mayock, P. (2023). Housing after care: Understanding security and stability in the transition out of care through the lenses of liminality, recognition and precarity. *Journal of Youth Studies*, *26*(1), 80–97. https://doi.org/10.1080/13676261.2021.1981838

Gopalan, G., Lee, K. A., Pisciotta, C., Hooley, C., Stephens, T., & Acri, M. (2023). Implementing a child mental health intervention in child welfare services: Stakeholder perspectives on feasibility. *Journal of Emotional and Behavioral Disorders*, *31*(3), 204–218. https://doi.org/10.1177/10634266221120532

Goulet, J., Maltais, C., Archambault, I., Noël, V., & Guériton, M. (2024). Supporting academic achievement of children in out-of-home care through effective interventions: Results of a systematic review and meta-analyses. *Children and Youth Services Review*, 156. https://doi.org/10.1016/j.childyouth.2023.107388

Goyette, M., Blanchet, A., Esposito, T., & Delaye, A. (2021). The role of placement instability on employment and educational outcomes among adolescents leaving OoHC. *Children and Youth Services Review*, 131. https://doi.org/10.1016/j.childyouth.2021.106264

Grace, R., Mitchell, M., Wright, A. C., Karatasas, K., Hadley, F., Ravulo, J., Blythe, S., Ezekwem-Obi, A., & Waniganayake, M. (2025). The right to cultural connection for children in out-of-home care: Does Australian policy and practice adequately support cultural identity for culturally and linguistically diverse children? *Australian Journal of Social Issues*, *60*(3), 912–921. https://doi.org/10.1002/ajs4.70008

Grage-Moore, S., Wainwright, H., Newton, D., Mendes, P., & Skouteris, H. (2025). Factors enabling smooth transitions from out-of-home care: A scoping review. *Children Australia*, *47*(1), 3026. https://doi.org/10.61605/cha_3026

Green, R., Hatzikiriakidis, K., Tate, R., Bruce, L., Smales, M., Crawford-Parker, A., Carmody, S., & Skouteris, H. (2022). Implementing a healthy lifestyle program in residential out-of-home care: What matters, what works and what translates? *Health and Social Care in the Community*, *30*(6), 2392–2403. https://doi.org/10.1111/hsc.13773

Häggman-Laitila, A., Salokekkilä, P., & Karki, S. (2018). Transition to adult life of young people leaving foster care: A qualitative systematic review. *Children and Youth Services Review*, *95*, 134–143. https://doi.org/10.1016/j.childyouth.2018.08.017

Harder, A. T., Mann-Feder, V., Oterholm, I., & Refaeli, T. (2020). Supporting transitions to adulthood for youth leaving OoHC: Consensus based principles. *Children and Youth Services Review*, 116. https://doi.org/10.1016/j.childyouth.2020.105260

Harris, L. G., Higgins, D. J., Willis, M. L., Lawrence, D., Mathews, B., Thomas, H. J., Malacova, E., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Erskine, H. E., & Haslam, D. M. (2025). The prevalence and patterns of maltreatment, childhood adversity, and mental health disorders in an Australian out-of-home care sample. *Child Maltreatment*, *30*(1), 42–54. https://doi.org/10.1177/10775595241246534

Heerde, J. A., Hemphill, S. A., & Scholes-Balog, K. E. (2018). The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: A meta-analysis. *Health and Social Care in the Community*, *26*(1), e15–e30. https://doi.org/10.1111/hsc.12348

Hiles, D., Moss, D., Thorne, L., Wright, J., & Dallos, R. (2014). So what am I? — Multiple perspectives on young people 's experience of leaving care. *Children and Youth Services Review*, *41*, 1–15. https://doi.org/10.1016/j.childyouth.2014.03.007

Höjer, I., & Sjöblom, Y. (2013). Voices of 65 Young People Leaving Care in Sweden: There Is So Much I Need to Know! *Australian Social Work*, *67*(1), 71–87. https://doi.org/10.1080/0312407x.2013.863957

Hyde, R., & Atkinson, C. (2019). Care leavers' priorities and the corporate parent role: A self-determination theory perspective. *Educational and Child Psychology*, *36*(1), 40–57. https://doi.org/10.53841/bpsecp.2019.36.1.40

Jau, J., Mendes, P., Chavulak, J., & Martin, R. (2022). The housing pathways and experiences of Aboriginal and Torres Strait Islander youth as they transition from out of home care in Victoria and Western Australia. *International Journal on Child Maltreatment: Research Policy and Practice*, *5*(2), 319–336. https://doi.org/10.1007/s42448-022-00115-y

Kääriälä, A., & Hiilamo, H. (2017). Children in out-of-home care as young adults: A systematic review of outcomes in the Nordic countries. *Children and Youth Services Review*, *79*, 107–114. https://doi.org/10.1016/j.childyouth.2017.05.030

Klingberg, S., Stalmeijer, E., & Varpio, L. (2024). Using framework analysis methods for qualitative research. *Medical Teacher*, *46*(5), 603–610. https://doi.org/10.1080/0142159X.2023.2259073

Kor, K., Fernandez, E., & Spangaro, J. (2022). Relationship-based practice in therapeutic residential care: A double-edged sword. *The British Journal of Social Work*, *52*(2), 663–681. https://doi.org/10.1093/bjsw/bcab018

Krakouer, J. (2023). Journeys of culturally connecting: Aboriginal young people's experiences of cultural connection in and beyond out-of-home care. *Child & Family Social Work*, *28*(3), 822–832. https://doi.org/10.1111/cfs.13007

Krakouer, J., Wise, S., & Connolly, M. (2018). We live and breathe through culture: Conceptualising cultural connection for Indigenous Australian children in out-of-home care. *Australian Social Work*, *71*(3), 265–276. https://doi.org/10.1080/0312407X.2018.1454485

Lee, J. S., & Ballew, K. M. (2018). Independent living services, adjudication status, and the social exclusion of foster youth aging out

of care in the United States. *Journal of Youth Studies*, *21*(7), 940–957. https://doi.org/10.1080/13676261.2018.1435854

Leiting, M., Beck, K., Bürgin, D., Fegert, J. M., Jenkel, N., Boonmann, C., Schmeck-Keszler, K., Grob, A., & Schmid, M. (2024). Adverse childhood experiences, quality of life and the mediating roles of self-efficacy and self-directedness in youth residential care leavers. *Applied Research in Quality of Life*, *19*(6), 3479–3499. https://doi.org/10.1007/s11482-024-10392-z

Lim, W. M. (2024). What is qualitative research? An overview and guidelines. *Australasian Marketing Journal*, *33*(2), 199–229. https://doi.org/10.1177/14413582241264619

Martin, R., Cordier, R., Jau, J., Randall, S., Thoresen, S., Ferrante, A., Chavulak, J., Morris, S., Mendes, P., Liddiard, M., Johnson, G., & Chung, D. (2021, September 30). Accommodating transition: Improving housing outcomes for young people leaving OHC (Final Report No. 364). *Australian Housing and Urban Research Institute*. https://www.ahuri.edu.au/research/final-reports/364

McMahon, T., Mortimer, P., Karatasas, K., Asif, N., Delfabbro, P., Cashmore, J., Taylor, A., & Pathways of Care Longitudinal Study. (2021). *Culturally diverse children in out-of-home care: Safety, wellbeing, cultural and family connections* (: Outcomes of Children and Young People in Out-of-Home Care, Research Report No. 20). NSW Department of Communities and Justice. https://dcj.nsw.gov.au/documents/about-us/facsiar/pocls/pocls-publications/culturally-diverse-children-in-out-of-home-care.pdf

Mendes, P. (2024). The most significant child welfare reform in a generation: An examination of the strategies used by the Home Stretch campaign. *Australian Journal of Social Issues*, *59*(2), 328–343. https://doi.org/10.1002/ajs4.288

Mendes, P., Wilson, J. Z., & Golding, F. (2021). Child protection hypothetical case studies for a virtual archive: Professional perspectives versus the lived experience and expertise of care leavers in Victoria, Australia. *The British Journal of Social Work*, *51*(7), 2626–2644. https://doi.org/10.1093/bjsw/bcaa018

Mendes, P., Martin, R., Jau, J., & Chavulak, J. (2023a). An analysis of the intersecting factors and needs that informed the experiences of young people transitioning from out of home care in the Australian states of Victoria and Western Australia. *Children and Youth Services Review*, 149. https://doi.org/10.1016/j.childyouth.2023.106949

Mendes, P., Bollinger, J., & Flynn, C. (2023b). Young people transitioning from residential out-of-home care in Australia: The case for extended care. *Residential Treatment for Children & Youth*, *40*(3), 348–362. https://doi.org/10.1080/0886571x.2022.2139330

Mendes, P., Roche, S., Kristo, I., O'Donnell, M., Moore, T., Malvaso, C., Venables, J., & McDowall, J. (2025). The introduction of extended out-of-home care (OoHC) until 21 years in Australia: A mapping of policy, legislation and programs in each jurisdiction. *Australian Journal of Social Issues*, *60*(3), 689–700. https://doi.org/10.1002/ajs4.389

Milne, L., Ratushniak, A., & Nguyen, H. (2024). How adverse childhood experiences impact the professional quality of life of residential care workers: Resilience as a mediator for burnout, secondary traumatic stress, and compassion satisfaction. *Frontiers in Child and Adolescent Psychiatry*, *3*. https://doi.org/10.3389/frcha.2024.1423451

Modi, K., Kasana, S., Azam, A., & Madhavan, L. (2021). Education, poverty and social exclusion: Assessment of youth leaving care. *SN Social Sciences*, *1*(4), 82. https://doi.org/10.1007/s43545-021-00102-z

Mordal, S., Thoresen, S. H., Ringdal, R., & Paulsen, V. (2025). Experiences of subjective well-being among young people transitioning from out-of-home care in Norway. *Nordisk välfärdsforskning | Nordic Welfare Research*, *10*(3), 1–13. https://doi.org/10.18261/nwr.10.3.5

Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria* Australian Institute of Family Studies. https://aifs.gov.au/research/research-reports/beyond-18-longitudinal-study-leaving-care-wave-3-research-report

Munro, E. R. (2019). Reflections on Upholding the Rights of Youth Leaving Out-of-Home Care. In V. R. Mann-Feder, & M. Goyette (Eds.), *Leaving Care and the Transition to Adulthood* (1st ed., pp. 69–86). Oxford University Press. https://doi.org/10.1093/oso/9780190630485.003.0005

Munro, E. R., & Simkiss, D. (2020). Transitions from care to adulthood: Messages to inform practice. *Paediatrics and Child Health*, *30*(5), 175–179. https://doi.org/10.1016/j.paed.2020.02.007

Munro, E., Friel, S., Baker, C., Lynch, A., Walker, K., Williams, J., Cook, E. J., & Chater, A. M. (2022). *CCTC final report: Care leavers' transitions to adulthood in the context of COVID-19*. University of Bedfordshire. https://www.beds.ac.uk/goldbergcentre/goldberg-current-research/cctc/

National Disability Insurance Scheme (2024). National Disability Insurance Scheme (NDIS). https://www.ndis.gov.au/

Nunez, M., Beal, S. J., & Jacquez, F. (2022). Resilience factors in youth transitioning out of foster care: A systematic review. *Psychological Trauma*, *14*(S1), S72–S81. https://doi.org/10.1037/tra0001096

O'Donnell, R., Macrae, A., Savaglio, M., Vicary, D., Green, R., Mendes, P., Kerridge, G., Currie, G., Diamond, S., & Skouteris, H. (2020). It was daunting. I was 18 and I left residential care and there was no support whatsoever': A scoping study into the transition from out-of-home-care process in Tasmania, Australia. *Children Australia*, *45*(4), 296–304. https://doi.org/10.1017/cha.2020.54

Okpych, N., & Courtney, M. (2019). Longitudinal analyses of educational outcomes for youth transitioning out of care in the US: Trends and influential factors. *Oxford Review of Education*, *45*(4), 461–480. https://doi.org/10.1080/03054985.2019.1592747

Organisation for Economic Co-operation and Development (2022). *Assisting Care Leavers: Time for Action*. https://doi.org/10.1787/1939a9ec-en

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Palmer, A., Norris, M., & Kelleher, J. (2022). Accelerated adulthood, extended adolescence and the care cliff: Supporting care leavers' transition from care to independent living. *Child & Family Social Work*, *27*(4), 748–759. https://doi.org/10.1111/cfs.12922

Park, S., Powers, J., Okpych, N. J., & Courtney, M. E. (2022). Co-production of care leavers' transition planning as young adults: An analysis of young people in California foster care. *The British Journal of Social Work*, *52*(6), 3385–3405. https://doi.org/10.1093/bjsw/bcab252

Pepe, A., Biffi, E., Carla Montà, C., Arciprete, C., & Biggeri, M. (2024). Agency, participation in decision making and wellbeing among care leavers in care system: A quantitative mediation study. *Children and Youth Services Review*, 160. https://doi.org/10.1016/j.childyouth.2024.107500

Petäjä, U. K., Terkamo-Moisio, A., Ryynänen, O. P., & Häggman-Laitila, A. M. (2025). Predicting factors in coping profiles among out-of-home care leavers in aftercare services: A document-based Bayesian analysis. *Journal of Child & Family Studies*, *34*(2), 396–414. https://doi.org/10.1007/s10826-025-03022-1

Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., Proctor, E. K., & Kirchner, J. E. (2015).

A refined compilation of implementation strategies: Results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, *10*, 21. https://doi.org/10.1186/s13012-015-0209-1

Prendergast, L., Davies, C., Seddon, D., Hartfiel, N., & Edwards, R. T. (2024). Barriers and enablers to care-leavers engagement with multi-agency support: A scoping review. *Children and Youth Services Review*, 159. https://doi.org/10.1016/j.childyouth.2024.107501

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, *38*(2), 65–76. https://doi.org/10.1007/s10488-010-0319-7

Riemersma, Y., Harder, A., Zijlstra, E., Post, W., & Kalverboer, M. (2023). Static and dynamic factors underlying placement instability in residential youth care: A scoping review. *Children and Youth Services Review*, *155*. https://doi.org/10.1016/j.childyouth.2023.107298

Riggs, D. W., Lohmeyer, B., Rosenberg, S., Clark, Y., & Due, C. (2025). The whole system is designed to create more trauma than it solves': Australian foster and kinship carers navigating child protection systems. *Children and Youth Services Review*, 176. https://doi.org/10.1016/j.childyouth.2025.108401

Roberts, H., Ingold, A., Liabo, K., Manzotti, G., Reeves, D., & Bradby, H. (2018). Moving on: Transitions out of care for young people with learning disabilities in England and Sweden. *British Journal of Learning Disabilities*, *46*(1), 54–63. https://doi.org/10.1111/bld.12211

Sacker, A., Murray, E., Lacey, R., & Maughan, B. (2021). *The lifelong health and wellbeing trajectories of people who have been in care*. *Nuffield Foundation*. https://www.nuffieldfoundation.org/wp-content/uploads/2021/07/The-lifelong-health-and-wellbeing-trajectories-of-people-who-have-been-in-care.pdf

Scannapieco, M., Smith, M., & Blakeney-Strong, A. (2015). Transition from foster care to independent living: Ecological predictors associated with outcomes. *Child and Adolescent Social Work Journal*, *33*(4), 293–302. https://doi.org/10.1007/s10560-015-0426-0

Siemionow, J., Tyler, P. M., Mason, W. A., Musoke, D., Ordonez, M., Gomez-Blaya, J. A., & Grzywacz, J. G. (2025). International collaboration to explore elements for an effective residential childcare workforce. *Residential Treatment for Children & Youth*, *42*(4), 663–685. https://doi.org/10.1080/0886571X.2025.2543412

Simkiss, D. (2019). The needs of looked after children from an adverse childhood experience perspective. *Paediatrics and Child Health*, *29*(1), 25–33. https://doi.org/10.1016/j.paed.2018.11.005

Smales, M., Savaglio, M., Morris, H., Bruce, L., Skouteris, H., & Green, R. (2020). Surviving not thriving: Experiences of health among young people with a lived experience in out-of-home care. *International Journal of Adolescence and Youth*, *25*(1), 809–823. https://doi.org/10.1080/02673843.2020.1752269

SNAICC – National Voice for our Children (2023). Keeping our kids safe: Cultural safety and the National Principles for Child Safe Organisations. https://www.snaicc.org.au/wp-content/uploads/2023/09/210501_8_Keeping-Our-Kids-Safe.pdf

Starr, M., Cordier, R., Pakpahan, E., Robinson, M., Speyer, R., & Chung, D. (2024). Understanding how young people transitioning from out-of-home care acquire and develop independent living skills and knowledge: A systematic review of longitudinal studies. *PLoS One*, *19*(6). https://doi.org/10.1371/journal.pone.0304965

Starr, M., Chung, D., Parsons, L., & Cordier, R. (2025). I don't think I would've survived without having a constant support system': Independent living skills acquisition during the transition from care in Western Australia. *Australian Journal of Social Issues*, *60*(3), 719–733. https://doi.org/10.1002/ajs4.390

Stein, M. (2006). Young people aging out of care: The poverty of theory. *Children and Youth Services Review*, *28*(4), 422–434. https://doi.org/10.1016/j.childyouth.2005.05.005

Sting, S., Stohler, R., Brady, E., Gilligan, R., & Werner, K. (2025). Barriers to the educational progress of care leavers: The neglected role of stigma? *Children and Youth Services Review*, *173*, 1–9. https://doi.org/10.1016/j.childyouth.2025.108294

Storø, J. (2018). To manage on one's own after leaving care? A discussion of the concepts independence versus interdependence. *Nordic Social Work Research*, *8*(1), 104–115. https://doi.org/10.1080/2156857X.2018.1463282

Stubbs, A., Baidawi, S., & Mendes, P. (2023). Young people transitioning from out-of-home care: Their experience of informal support. A scoping review. *Children and Youth Services Review*, *144*. https://doi.org/10.1016/j.childyouth.2022.106735

Taylor, D., Albers, B., Mann, G., Lewis, J., Taylor, R., Mendes, P., Macdonald, G., & Shlonsky, A. (2024). Systematic review and meta-analysis of policies and interventions that improve health, psychosocial, and economic outcomes for young people leaving the out-of-home care system. *Trauma violence & abuse*, *25*(5), 3534. https://doi.org/10.1177/15248380241253041

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*, 349–357. https://doi.org/10.1093/intqhc/mzm042

van Breda, A. D. (2018). Research review: Aging out of residential care in South Africa. *Child & Family Social Work*, *23*(3), 513–521. https://doi.org/10.1111/cfs.12431

van Breda, A. D., Munro, E. R., Gilligan, R., Anghel, R., Harder, A., Incarnato, M., Mann-Feder, V., Refaeli, T., Stohler, R., & Storø, J. (2020). Extended care: Global dialogue on policy, practice and research. *Children and Youth Services Review*, *119*. https://doi.org/10.1016/j.childyouth.2020.105596

Wainwright, H., Skouteris, H., Melder, A., Morris, S., Halfpenny, N., & Morris, H. (2025). Exploration phase: Improving transition planning in residential out-of-home care. *Children Australia*, *47*(2), 3054. https://doi.org/10.61605/cha_3054

Walsh, J., Turnbull, L., Mendes, P., & Standfield, R. (2023, September 6). *First Nations care leavers: Supporting better transitions.* Australian Institute of Family Studies. https://aifs.gov.au/resources/practice-guides/first-nations-care-leavers-supporting-better-transitions

Weeks, A. (2021). Important factors for evidence-based implementation in child welfare settings: A systematic review. *Journal of Evidence Based Social Work*, *18*(2), 129–154. https://doi.org/10.1080/26408066.2020.1807433

Wilson, J. Z., Harvey, A., & Mendes, P. (2019). Changing lives: Improving care leaver access to higher education. *Oxford Review of Education*, *45*(4), 573–586. https://doi.org/10.1080/03054985.2019.1596074

Zhao, Y., & Waugh, J. (2025). Homelessness and housing instability among care leavers in Australia: Exploring housing pathways and best practice housing Models. *Australian Journal of Social Issues*, *60*(3), 791–811. https://doi.org/10.1002/ajs4.392