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Relationships and Identity: An Ethnographic Study With Young People in South-East Queensland Who Had Left Out-Of-Home Care

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ABSTRACT

Young people who transition to adulthood while transitioning from out-of-home care, like their peers not in care may face several challenges in early adulthood. These include, high housing costs, fixed (often low) incomes, limited access to jobs and further education, developing and consolidating personal relationships and pressures from family. This paper presents data from a PhD study using ethnography, life course theory and qualitative interviewing over 10 months in the field. The focus was on the transition from out-of-home care for young people aged 18 to 23 years. Young people discussed study, jobs, housing and mental health support. They experienced a range of family relationships both supportive and disruptive. This paper focuses on two key findings from the study: (1) Relationships, especially those with family members, carers and services are critical for young people to be supported and obtain resources; and (2) Leaving care represents a fundamental break in identity. These findings offer learnings for extended care programs. Delaying the transition from care up to age 21 years is a welcome reform, allowing time to support young people to (re)establish safe family relationships as adults and consolidate who they are becoming, now they are no longer a 'kid in care'.

1 | Introduction

In Australia, the transition from out-of-home care previously coincided with young people turning 18 years old and reaching adulthood under the law. Following a sustained campaign by individuals and organisations with an interest in improving outcomes for care leavers, all Australian states and territories have committed to extending support in the child protection system to continue from 18 to 21 years (Mendes 2023). This recent policy initiative to 'extend care' to 21 years and delay the transition will allow many young people in out-of-home care to stay longer where they are living, which is more in keeping with how their

peers who are not in care live. In Australia, most 17-year-olds live with parents, guardians or carers (National Centre for Vocational Education Research 2019), with over 50% still living in the family home at age 25 (Wilkins et al. 2021).

The late teenage years and early twenties involve a time of multiple transitions and change for many young Australians; high school ends, university and further study begin, and work and job seeking commence. For most young Australians, this time is spent living with family, where they are supported and connected as they forge their adult identities. It is widely recognised that the time to reach normative markers of adulthood, including

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establishing employment, moving from the family home and forming relationships, has extended (Young et al. 2010). Yet it has taken some time for child protection systems in Australia to acknowledge this extension; meanwhile, a range of risks of poorer life outcomes has been experienced by young care leavers (Cashmore and Paxman 2007; Johnson et al. 2010; Mendes et al. 2011; Moslehuddin 2012), noting this has not been the experience of all care leavers.

Poor outcomes experienced include unstable housing pathways and homelessness (Cashmore and Paxman 2007; Crane et al. 2014; Johnson et al. 2010), unemployment, poverty, relationship difficulties and low levels of education (Courtney and Okpych 2017; McDowall 2009; Muir et al. 2019; Wade and Dixon 2006; Moslehuddin 2012). With longitudinal studies in the United States (US) demonstrating that outcomes improve, on average, if young people are able to remain in care past their 18th birthday (Courtney et al. 2011; Courtney and Okpych 2017; Dworsky and Courtney 2010; Dworsky et al. 2010). However, for many young people with a care background, difficulties persist into their late 20s, even with extending care to 21 years (Courtney et al., 2011).

Cashmore and Paxman (2006, 2007) provided much needed empirical data on a range of outcomes for young people leaving care across the different stages of being 'in care, leaving care and after care' (Cashmore and Paxman 2007, 3). The study found that stability in out-of-home care was significantly associated with better overall outcomes, but 'more importantly, a sense of security in care' (Cashmore and Paxman 2007, 3) led to better outcomes for young people, establishing the importance of social connections and stability in out-of-home care. While still in out-of-home care, it is important that young people are able to connect with care givers and establish trusting relationships with carers, professionals or peers to support a sense of belonging (Sulimani-Aidan and Kovach 2024). Maintaining a focus on the social supports of young people leaving care from both formal (professionals) and informal (carers, family and friends) alongside the material support needed in housing, income and education is a persistent message from studies with care leavers (Muir et al. 2019; Prendergast et al. 2024).

The concept of identity is also important in understanding the experiences of young people transitioning from out-of-home care as the timing of it aligns with the changes in mid to late adolescence which is a time of identity exploration and development (Erikson 1968). Stein (2008, 294), summarising previous research (Stein 2006), suggests that positive identity for young care leavers can be developed through: (1) their experiences in care being both of quality and attachment forming, (2) the 'knowledge and understanding' they have of their history and family background, (3) the responses of others to them, and (4) 'how they see themselves' and their opportunity to 'influence and shape their own biography.' In the Australian context, point 2 would include understanding the positive cultural support of family and community connections for Aboriginal and Torres Strait Islander children and young people as well as the impact of colonisation on Aboriginal and Torres Strait Islander communities and people (Atkinson 2013; Secretariat for National Aboriginal and Torres Strait Islander Child Care 2017).

This paper draws on qualitative data from an ethnographic study of the day-to-day lived experiences of young people who had left care in Queensland, Australia prior to 2017. Below I explore the relationships that were important to young people and how they sought to establish their identities after leaving care. Through descriptions of participant's lives I aim to demonstrate that consideration of the relationships in young people's lives during the transition from care, and support for their identity development is important, alongside the planning for housing, health and education. It is difficult for young people to move on to work and study if they do not have a sense of themselves in the world, what they want for their future, and who they can rely on for support.

2 | Study Methods

2.1 | Participants

The data in the study comes from a PhD thesis involving 12 young people aged between 18 and 23 years who had left out-of-home care. Recruitment was assisted by services for young people acting as gatekeepers to ensure young people were connected with support services to assist if needed. The research was guided by the ethical principles of autonomy through informed consent and confidentiality; beneficence; non-maleficence; and justice (Harwick & Worsley, 2011, as cited in Alston and Bowles 2018, pp. 32,33). The study's purpose was to understand the experience of transition from out-of-home care in day-to-day life, from the point of view of young people.

Table 1 shows the key characteristics of the 12 young people in the study.

Recruitment flyers were distributed through non-government organisations providing support services for young people who had left out-of-home care and/or experiencing disadvantage. Twelve people volunteered to participate, with varying degrees of involvement from 1 to 2 h single interviews ($n=6$); 3–5 h across two interviews ($n=2$); and ethnography, incorporating two interviews and engagement with the researcher for between 4 and 10 months ($n=4$). Four Aboriginal people participated, and three young people were from culturally and linguistically diverse communities. The researcher was in the field for 10 months from May 2017 to February 2018.

Research was conducted in south-east Queensland, covering an area of 1.2% of the state of Queensland and home to 71% of the population (Queensland Government 2017). Participants lived across the suburbs of three cities in the area and fieldwork involved the researcher meeting with participants for interviews and conversations while driving, walking and sitting; in cars, non-government community organisations, shopping centres, parks, libraries, colleges, workplaces and homes.

To protect the privacy of participants, pseudonyms are used when discussing the findings; gender and relationship to others were changed in two instances to further obscure identities. Table 1 shows those below 21 years, indicating they were eligible for after-care services (those over 21 years were ineligible). All young people appeared to have accessed the \$1500 Transition to

TABLE 1 | Participants in the study in order of entry to the study.

Pseudonym	Age @ study	Finished high school	Age left care	Age first in care	Last placement in care	Employed
Adele	19	Yes	17	< 15	Residential	Casual
Jeremy	22	Yes	17	Newborn	Semi-independent living	No
Jarrold	21	Yes	18	Newborn	Residential	No
Christine	19	Yes	17	< 10 years	Residential	Casual
Jack	19	Yes	18	15 years	Foster	Part time/Casual
Michelle	21	Yes	16	12 years	Residential	No
Terri	23	No	18	14 years	Semi-independent living	Part time/Casual
Heidi	18	Enrolled	17	< 15 years	Residential	Part time/Casual
Jessica	19	Yes	18	12 years	Semi-independent living	No
Mary	19	No	14	2 years	Kinship	Contract then full time
Todd	18	Enrolled	17	< 14 years	Kinship	No
Craig	19	Yes	16	2 years	Foster	Part time/Casual

Independent Living Allowance, a Commonwealth government one-off payment for young care leavers, but not everyone identified it by name.

2.2 | Theoretical Approach

The theoretical approaches to the study were drawn from life course theory to explore the transition from out-of-home care within its social and historical context alongside conceptions of agency, transitions and turning points (Arnett 2011; Elder and Giele 2009; Elder et al. 2003). This approach was extended by considering theoretical approaches to risk and identity (Mackenzie 2010) and young people's use of agency, alongside their perceived opportunities and capacities (Hitlin and Kirkpatrick Johnson 2015). Ethnography was approached within the sociological tradition with a focus on applied social policy. Ethnography is dedicated to descriptive work where the researcher is immersed in the lives of people to seek representations from the point of view of people's lived experiences. The process of analysis was shaped by a multidisciplinary approach to the understanding of how young people make meaning of their lives during their transition from care and into adulthood. Ethnographic data provided rich understandings alongside findings from cross-sectional interviews. Ethnography proceeded through the researcher meeting up regularly in person and on the telephone with the participants to observe and talk about their day-to-day lives.

2.3 | Qualitative Methods and Research Goal

The goal of the research was to understand from the point-of-view of young people, how they experienced the transition from

out-of-home care after turning 18 years and no longer being in out-of-home care. The focus was on the day-to-day lives of participants examined through qualitative interviewing and a deeper inquiry with four participants through ethnography. Qualitative methods were used to enable understanding, description and explanation of the transition from out-of-home care 'from the inside' (Angrosino 2007, p. viii), with a focus on the public policy process known as *transition from care* rather than a view of the young people experiencing leaving care as problematic (Desmond 2014). Transition from care was viewed as a process of interactions between young people who had left care and the people and institutions that they interacted with.

Ethics approval was granted by the University of Queensland (Research Ethics Committee A, approval number: 2017000367, 4/05/2017) prior to entering the field and recruiting participants for the study. Young people agreed to the researcher recording and/or taking notes during interviews and fieldwork conversations through an informed consent process consisting of an Interview and an Ethnography Participant Information Sheet explaining involvement in the study.

Hammersley & Atkinson (2007, 158) suggest that the analysis of ethnographic data begins in the 'pre-fieldwork phase' as the research problem is formulated and continues through the writing process. Ethnographic thinking encourages the researcher to move from the individual to the structural, and back (Hasbrouck 2018). I followed O'Reilly's (2012) iterative-inductive approach to analysis and write-up, where there is a back and forth between the data I collected and the theory I employed to understand the data.

NVivo software enabled the coding and sorting of the transcribed material, including files specific to each of the participants

(Padgett 2004). Development in the analysis was coded in Nvivo under ‘ethnographic reflections’ during data collection. There was consistency with the data content collected across the participants in relation to answering the broad interview questions about how smooth or otherwise their transition from care had been across life domains of housing, job/s, study, training, relationships with family, friends and others, and plans for the future. Young people were also asked about their struggles and successes, whether they had a transition plan, who provided help to them at transition (and currently) and what they viewed as successful transition.

Themes were identified across the data from interviews and fieldwork, and information from participants about their experiences was interrogated to understand differences and similarities in experiences, views and outcomes. Four broad categories for organising data were identified and used; these were: (1) Moving on – from care to independence; (2) Life after leaving care – independence and outcomes; (3) Family relationships – unfinished business; and (4) Identity after leaving care. The findings in this paper are drawn from across these themes, with a focus on (3 and 4).

The quotes presented are from interview transcripts and the researcher’s fieldwork journal.

3 | Findings

This study focused on the day-to-day experiences of young people who had left out-of-home care in Queensland. Four participants left care when they were 18 years old; the other eight left between 14 and 17 years of age. Young people faced four major challenges: securing stable and affordable housing, completing education to a satisfactory level, finding a pathway to suitable work or further education and managing mental health with limited support after leaving care. Relationships were important to helping them with their challenges and to support them as they experienced their change in identity beyond out-of-home care.

Participants experienced the transition from care as challenging, even when it was planned. They talked about how changes in circumstances easily led to plans not quite following what they expected. While most of the participants at the time of the study had established stable housing, their recollections of leaving care were of the difficulties they faced and the pressure on them to find somewhere to live. Young people in the study experienced the transition as a time of great uncertainty and pressure, and there was little time to consider their social supports as the imperative to secure housing and furniture while finishing high school took priority.

... it’s just those strict, this is the process of how transitioning works and if you don’t follow the process then that’s on you ... you can understand what I’m going through I mean high pressure, I’m talking about graduating, I’m talking about formal, I hate this house [the residential], I’m like I basically put the whole weight of the world on my shoulder ...

... Like it was just all kind of shitty for a while to be honest but I’m actually [in] retrospect really happy and grateful that they put me into that apartment and didn’t move me into like a woman’s shelter or anything or back with my [parent] cause that would be probably worse.

Caseworkers need to check in with young people that their social supports are maintained during this time as all of the participants relied on both professionals (caseworkers, mental health providers, teachers) and family and friends for help as they transitioned out of care. Below I elaborate on the different ways relationships supported young people and discuss some of the struggles participants experienced with relationships.

3.1 | The Importance of Relationships

In describing their transition from care, many participants discussed experiencing significant hardship. These included homelessness, psychosis, unemployment and family violence. What helped young people to overcome difficulties was engaging with support services and/or good relationships with carers, family and friends:

When all my friends were around and they helped me finish my schoolwork and they were supporting me when I was sick [experiencing psychosis], I managed to get through it ...

Maintaining relationships with their former child protection caseworkers was spoken of as an important informal support:

I don’t know if I should say this. But so my last [caseworker] that I had, she doesn’t work for [child protection agency] now. But I have her personal number and I still talk to her, like not often but if I need her, I can talk to her and stuff.

Three participants talked about their communication online or in person with their previous caseworker or counsellor from when they were children in out-of-home care. Contact was sporadic and young people could call upon the support as needed. For several participants, these were the most continuous relationships they had outside of family and were valued for continuity but also reliability.

After-care services were generally helpful with financial support to buy furniture, pay for public transport, buy groceries and clothing, and access housing and acute mental health services. Participants had received financial support for additional home security, moving costs into a rental apartment, driving lessons towards getting their driver licences and purchasing computers and other supplies for university studies. Having someone follow up and check in with how they were doing was also welcomed:

... set it all like ... short term, mid-term or long term goal ... so when I need support like having that unwavering support is really important but then again, like you have to be willing to feed into that relationship as well that you really want the support ... Like I usually call them once a week to have a chat.

It was also really helpful to have the support of after-care services on an ad hoc or 'as needed' basis:

... if you just pop in and like I don't know, if you're in a real mess they'll do everything they can at that moment to try and support you ... if you don't need that much support at that particular moment just a phone call just to check in and see if you're alright and ... if you need help ... she will make sure you get that help.

An older participant who did not qualify for after-care services had experienced years of unemployment and, through a youth worker in a young women's program, was referred to a specialist job agency. They arranged mental health counselling and medication to support the young person to manage stress, limit problematic drug use and manage her mental health. This led to a stable part-time job in retail:

... I didn't get a job until [the job agency] made me get some self-esteem and helped me get into counselling ... You know they treated me like a person and not like a number

Someone needed to advocate on my behalf, basically, and talk to employers on my behalf and be like, 'Hey I have this person, she has these issues but she's pretty good just needs something to help.'

The young person had begun their job 2 days per week, and over time they were able to sometimes increase this to 4 days. Having the support of a specialised job agency that was able to connect the young person with the medical and counselling support needed, and a flexible employer and employment situation contributed to their self-esteem and confidence in ways they had not experienced before:

... They accidentally underpaid me for last two Sunday shifts but I like spoke to them and like they got it sorted ... [previously] I'd be like too scared to ask.

And so, 5 years after leaving care, this young person reported how gaining confidence through stable employment was enabling her to be able to speak up to people in positions of power that she would have previously avoided. These included her employer, her housing provider and her electricity provider. The young person linked these outcomes back to the youth worker in the young women's program, who had taken the time to get to know her and connect her to a specialist service.

Relationships with workers were not always easy though. Another participant described how she had mentioned to her after-care caseworker an upcoming appointment for counselling at a mental health service, and was 'calmly' explained that he (the caseworker) was not able to help her with counselling, which evoked strong feelings of anger:

... I get it I know my boundaries you've stated them, I've read them my whole life ... every kid in care ... every day of your bloody life you get reminded that these are not your parents these are your workers, - there's a difference every single day. And if you're in a resi, you can't do this but you can do that, because we're not your parents and we therefore aren't allowed to give you permission ... you can't go to school camps cause we can't give you permission for that. So trust me, kids in care know boundaries they're enforced upon you ... I literally stopped talking for the rest of our meeting.

The young person had been struggling with her mental health but had not known where or how to get help and had finally spoken up to her doctor who had put her in touch with a mental health service. She just wanted to tell her caseworker how relieved she was feeling to be accessing mental health support and instead was left feeling angry and reminded of the difficulties of growing up with residential care workers instead of parents in her home. The participant had struggled with social networks and trusting people after leaving care, and this experience with her caseworker had brought back memories of being isolated and different from her peers without a care experience. The same participant reflected on being about 10 years old and her perception of life in foster care:

And just eventually I went, I can't have a normal life and so I'm not gonna bother because it just gets more and more depressing. So yeah, it became a very, my life, at a very young age, I grew this image of my life is inside care and those kids cannot see that and therefore I can't go into their world because they're not part of my world.

This participant was able to link the disruption of caregiver relationships (biological, foster and residential) to her struggles after leaving care to rely on people, develop new friendships and maintain existing friendships. She related this to her earlier experiences in care, where she moved between family and foster care and eventually residential care. She had moved schools too often to recall all of the primary schools she attended and subsequently had few lasting friendships. She became upset discussing the problems she was facing socially and how they stemmed from her experiences of out-of-home care, particularly residential care. Relationships between the young women in her residential placement were difficult, and she described it as 'a battlefield':

... you've gotta know everybody, know their position and you've gotta always have your eyes looking out,

and you've gotta protect yourself because as amazing as the workers [were] ...you learned very quickly that they can't protect you

Another participant described difficulties with friendships having left residential care with only one good friend:

... she doesn't really have friends and it's easier that way because she can just do what she wants and suit herself. She said she had a good friend from [residential care] but she ... nearly brought on a setback for [her] (mental health wise) so she is no longer friends with her. When I asked, [she] said she could keep friends but didn't really know how to make new friends.

Despite expressing the view that it is easier not to have friends, the same participant rated the need for friendships as important to her immediate goals:

Getting my house, like getting more friendships, like, ongoing friendships and not like, not like those people who just stay in your life for a couple of months and then leave. And getting work.

Difficulties making and maintaining friendships increased the social isolation of some of the participants. It is important for workers in social services to understand the experiences of children and young people in out-of-home care to understand how they can do more to support young people to develop trusting and respectful relationships.

3.2 | Family Relationships – Parents, Carers and Siblings

During fieldwork, relationships with family members surfaced as prominent in the day-to-day lives of participants, for the contact they had with family members or the distance they kept. Family could refer to foster carers with whom they remained in contact after leaving care; siblings related through either or both birth parents; nieces and nephews of siblings; partners of siblings; birth and stepparents; Grandparents; and other extended family members. Understanding the important relationships in young people's lives, both past and present, and who they identified with as family members became contextual to understanding the supports young people had and where support was lacking.

Several young people were living with or had recently lived with their family members to varying degrees of success. Christine was happily living with her sister and niece; they had reconnected just at the time that Christine needed to find somewhere to live as she turned 17. Michelle, Craig, Jeremy and Jessica had all moved in with one or both birth parents after leaving care, though only Michelle was still living with a parent, while Jeremy, Jessica and Craig were no longer living with parents. Here I discuss some of the participants and their relationships with family.

3.3 | Mary

Mary was 19 at the time of the study and, with the help of after-care services, had recently moved into private rental. Mary had lived in kinship care with her grandmother since she was a baby, and she told me it was meant to be until she turned 18 years. Mary's decision to leave her kinship care placement came during a very tumultuous time beginning in her early adolescence. Between being aged 14 and 18 years old, she had tried (off and on) to do her 'own thing.' This included some time living with her mother and then back with her grandmother, and at 16 years, she made the decision to move in with her then boyfriend and his father.

Looking to start afresh in 2017, Mary had moved to Queensland with her boyfriend, and she turned to her grandmother and aunt to ask them for help with finding somewhere to live and a job. Both provided Mary with phone numbers of services for care leavers. Persevering and with the help of her aunt, Mary had recently found support through the after-care services. She described 'struggling a lot' through the first months of 2017, but the after-care service had helped her secure a private rental with her current boyfriend. Through her aunt, Mary had also found work. Family, in this instance, provided crucial contact and support to improve Mary's life.

3.4 | Craig

Craig was 19 at the time of the study and had developed a stronger relationship with his parents having lived with them but then having moved into his own rental property, which belonged to an aunt. He was happy with the housemates he had; there was a pool, and he could have his younger sister over for a swim. But Craig explained how before living here he had lived with his parents and sister, and this was when his depression had peaked, and he did not like to leave his bedroom. Craig had gone into foster care as a teenager but had left his foster home and returned to his parents, whom he described as doing much better than when he had gone into care. Craig used the term 'self-placed' and he explained he had learned it from workers in child protection:

I self-placed because my parents got into rehab and they got off the drugs and that. But I was fine, they [child protection] allowed it ...

But his sister was:

... still in care because [they were] too young to self-place but Mum and Dad actually got [her] back a few years later, I think it was a year or so later, after they actually won back in court. You know, got her back.

While Craig spoke of the reunification of his family positively and that he chose to return home himself, problems arose after his sister came home. Craig told me of the difficulty his parents had managing the family dynamics, and when I asked him if

the child protection department could have done more to help them, he offered:

Somewhat, I'm not saying it's the department's fault but as soon as my [sister] went into care [they have] come out a different child. You know, [they do] not treat my parents with the respect that [they] used to and should, you know ... It's all fine and good now you know. 'Cause most of the time I was, not the problem but somewhat part of it cause mum would try to help, sort [her] out but I'd jump in 'cause I'm not gonna tolerate [the behaviour].

A strong support for Craig was being able to talk to his foster carer. She had been very supportive of him when he was looking to establish his own home to alleviate pressure on the family situation:

And [now] I'm away from them so it's good. Still see them, they still come over and that you know, it's good, Olivia [his sister] comes over and goes for a swim and that. It's all, it's good. It's just living there [family home] and all the arguments, I just can't be there.

Craig had a positive reunification with his family, but the dynamics of children coming back and resettling into family life after foster care were left to the family. Craig clearly identified how his aunt offering him a home had helped the relationship with his parents and sister improve. While family may be willing and able to provide a home to young people transitioning from out-of-home care, it is important to support the family relationships to endure.

3.5 | Jessica

Jessica was 19 at the time of the study and had moved back to her parents when she was evicted from the youth housing she had transitioned into after leaving out-of-home care. The arrangement was meant to be temporary, and Jessica was being supported by a non-government organisation to find suitable independent housing. When I first met up with Jessica, her relationship with her mother was described as close and supportive, with the two of them sharing a bedroom as there was no other space available in the house. Her relationships with her father and brother were not as close.

However, over the following weeks, Jessica began to find it difficult at home. The family was under stress and tensions arose around values and principles:

It [social security income] is a source of tension with her mother who doesn't like her being on benefits. Her mother thinks Jessica should work for her money not just accept money from the government. Jessica doesn't have a problem with it as she thinks she will work in the future.

By January 2018, Jessica told me that she was 'having a break from her family' and had moved over an hour away from her parents to take up a six-month lease with a community housing organisation while she trained as a teacher's assistant. Jessica was receiving help from services with housing and training and a mental health service was reassessing her medication and mental health diagnosis.

As Jessica was an adult, there did not seem to be any connections forged between the services supporting her and her family before or after she lived with them in 2017. She did not appear to have any support to resolve tensions with her family, apart from support to live elsewhere. Jessica explained to me that she still intended to live near her family and would look to move again when she finished her training.

There are many obstacles for young people in trying to reconnect or stay connected to family while in out-of-home care and after they leave. The participants in this study were all connected to some family members, including previous foster carers who were considered family or important support people, yet there was little evidence that families or young people could seek support to ensure relationships remained stable and healthy. Young people's lives were dynamic, as were their relationships with family and others.

3.6 | Identity After Leaving Care

Here I examine personal identities as relational processes, or how one presents oneself to others, and how others are perceived to see you (Best 2011). For most of the participants in the study, leaving care represented a fundamental break in identity. Identities were important in how young people understood their care experiences now they were no longer in child protection and how they enacted their identities as adults. Participants described and developed their post-care identities to exert agency in their lives and to try to influence others' perceptions of them.

The care identity is imposed on children and young people through child protection processes, but after leaving care, young people were left with decisions about what to do with it and who to tell about it. Participants discussed their active steps to forge new identities and to reconnect to parts of themselves that had not been supported during their time in care. Below I discuss different stories and actions participants were undertaking to establish their identity independent of the care system.

3.7 | Jeremy

When I first met Jeremy, he was 22 and living in a boarding house where he was at least 20 years younger than any other resident. Jeremy had been in out-of-home care from when he was a newborn baby and grew up with many different non-Indigenous carers. Jeremy knew that he was Aboriginal through his paternal family and, upon leaving care, had received his documents that identified his Aboriginal family, community, and country, all located hundreds of kilometres

from where he lived. He believed his many carers during his time in out-of-home care had known that he was Aboriginal, but he was not aware of ever having a Cultural Support Plan. His extended family connections were with his non-Aboriginal family members, so he had not made connections with his Aboriginal relatives while growing up. Jeremy had received documentation about his Aboriginal kinship during fieldwork, and he had read the information but was not pursuing any contact for the time being. He completed a course for young Indigenous people and made some connections there with other young Aboriginal people, but he expressed frustration that despite knowing he was Aboriginal from a young age, he had not been supported to make social connections with his culture.

Jeremy had also begun the legal process to change his legal name to a name he was previously known by while living with his first foster family up until the age of five. This was a time he described as the happiest of his memories of childhood. Jeremy had begun the process of taking on this name by formally applying to change his identity, including the surname he shared with his biological family.

A person's name is a fundamental part of their personal identity. Jeremy's decision and steps to change his name would separate himself from the negative association with his surname and a negative family reputation in the area in which he lived. He explained that the change of name held more benefits for him than problems, despite the cost and process involved.

3.8 | Christine

Christine was 19 during the study and had been born overseas, coming to Australia as the child of a refugee. Christine explained that she had no memories prior to about 10 years of age, by which time she was in foster care. She described the lack of memories as 'gaps,' and is frustrated by them. She articulated how difficult it was to stay connected to her culture when all but one of her carers were Anglo-Australian or European:

... and that's something that I forever regret that I never got to keep my language, I never really got to keep my culture and keep that up, therefore I grew up completely confused ...

Christine, as a Black child in Australia from a minority culture, described the losses she experienced of cultural safety and belonging in several of her placements. The lack of cultural safety and a permanent home was recalled as something Christine had to manage from a young age. Christine did remember a foster care situation, early in her out-of-home care experience, where she was placed with someone from a similar culture and broadly the same community as her parents, but for 10-year-old Christine, this raised problems of loyalty. Christine observed in herself that her feeling happy at her foster parent's home and any expression of this when visiting her family appeared as her choosing her foster parent over her parents, resulting in feelings of shame. As an adult, Christine

reflected that her culture would have been supported if that foster placement had worked, but instead, she was placed in several foster homes with white people and none of them lasted. She spent her teenage years in residential care, by which time she had decided not to tell her friends at school that she lived in out-of-home care.

She reflected on comments from her peers within her cultural community that:

... 'you're confused' or 'you're so brainwashed that you're lost, you've lost everything, you've lost culture, you've lost everything', and basically I don't react to it anymore.

It's probably my most biggest achievement was I was able to make an identification for myself, I'm not going to lie that it was hard, in a way, child protection, child safety, did strip away cultural identification from me ... and so the only culture I got to keep was whatever my parents could throw at me ...

While Christine explained the systemic impact on her cultural identity (e.g., the loss of her first language), the regret was borne by her individually. Christine expressed a lack of wholeness of cultural identity, while acknowledging that she got some cultural knowledge from her parents. She recalled ritualising her transition with another friend from care, where they cut their hair short, declaring:

... that we're no longer the department children, we're no longer the kids that went in care and that had this care life ... that person's gone now and from now on you only have one person and that's the person I'm presenting ...

During fieldwork, Christine applied for and received her child protection case files. Christine told me these were important to her as she needed them:

... because unfortunately for me it's my only memories of my whole life [laughs] ... it's what's going to help me bring back parts of my life that I don't know about that I would never know about. So, it's kind of like other people have their memories to rely on, what school did I go to as a kid, or if you forget you have other people that you can rely on. I don't have that. This paper is literally what I'm depending on in terms of having any memories of any parts of my childhood whether that's spending time with my foster carers, or what foster carers I was with, or you know sometimes you remember faces and you can't actually [work out who they are].

When Christine's file arrived, she told me she could see less than 20% of the pages of her records, as about 330 of 1800 pages were

released to her. She expressed anger and upset that other people had read her un-redacted file and so had knowledge of her life that Christine herself was denied through the legislation governing privacy and the right to information:

[Christine] felt angry that others have pictures and she doesn't know what she looked like [as a child]. Who has the right to knowledge or memories? ... We sat for at least 30min while she looked at the [printed] documents, the files were on CD so without a computer she hasn't seen it [all] yet.

Christine added that she felt like when she was in care, she 'took on everyone else's opinion of who' she was because she did not really know herself; but now, having left care Christine said she was 'still at that stage now where I'm just really re-tracing and trying to find out, who is Christine, what does Christine like?' Even something as simple as hobbies she might like was an unknown to her. Christine aptly described how after spending years pleasing carers and teachers with hard work and commitment, after she left care those relationships were gone and she was left with no idea of what she liked to do.

3.9 | Michelle

Michelle was 21 during the study and had lived in out-of-home care from age 12 to 17, mostly in residential care. Michelle had accessed her case files to gain knowledge of her earlier life but, as she described, the files contained only what was recorded for the purposes of child protection and to protect the privacy of others; whole sections can be blacked out. Michelle had found the information she received quite tough:

Reading whatever's in there and finding out you know your past and whatever's written about you, and in my case, it was all negative. There was not one positive thing, and I honestly to this day, I believed that that's who I am. I'm coming to terms that it's not, it was me as a child but like it's you, you know reading now, it's like I've done that stuff and it, these are just things that go through your head, am I a bad person? It's crazy, like you don't have someone there to go through it with you and you're reading all these terrible things about what happened to you as a child and your family and whatever. And half, well over half of it's blacked out as well.

Michelle acknowledged that since she had left care, procedures had been put in place for young people to have their case worker sit and go through the file with them while they are still in out-of-home care. She thought this was good but speculated whether workers would have the time to do this given their workloads.

Michelle's reflection, above, shows the struggle she was having to understand her past and who was now, as an adult. Her

question, 'am I a bad person?' because of the things she had done when she was a child in out-of-home care reflects this struggle to feel good about herself. The files provided written proof of a problematic childhood that connected her to painful and shameful memories.

The disruptions participants spoke about through placement and school changes brought with them the loss of people and of relationships, such as parents, siblings, extended family, friends, carers, counsellors and case workers. For some young people, this lack of continuity with people in their lives left them with little help to piece together the chronology of their young lives. If identity involves the past and future conceptions of the self, then more needs to be done to assist children and young people when they are in care, as well as after they leave care.

4 | Discussion

The findings of this research support the importance of a range of relationships for young people during and following their transition from out-of-home care. Understanding their family relationships and whom young people consider to be family is important to ensuring young people are prepared for the relationships they will have as adults (Boman 2022). Understanding family relationships and family history contributes to identity development (Penglase 2005) and influences how young people relate to others as they establish their post-care lives. Supporting young people's connections with family, carers, friends and support people can contribute to their sense of identity and belonging (Reuben and van Breda 2024) as well as increasing the network of available support required at such an important transition point.

The importance of supporting cultural connections for children and young people while in care and across their transition cannot be stated clearly enough (Mendes et al. 2021). Connection to family, community and culture for Aboriginal and Torres Strait Islander children is critical as this study demonstrates that knowledge of culture alone is not enough. For young people from culturally and linguistically diverse backgrounds, improvements are also needed to support connection to culture, even where they have contact with family to be responsive to the cultural and social diversity of young people (Kaur 2012).

Broader understandings of transitions such as thinking about autonomy and interdependence, would support young people to encompass their self-determination, values and commitments (Mackenzie 2019). Refaeli et al. (2017) argue that stability through places and activities, such as schools, sport and hobbies, provide continuities for children and young people who may experience loss and discontinuity in other life domains. Many participants in this study, in describing their lack of childhood memories, disrupted family relationships and repeated moves in out-of-home care demonstrated what Samuels (2009, 1229) conceptualises as the 'ambiguous loss of home' that is 'embedded in chronic and repeated loss events around one's identity and sense of belonging within a permanent family system'. The young people in this study sought out

their case files to help restore some of the loss of understanding of their past (their memories) to help with the construction of their post-care identity.

When young people experience a 'sense of uncontrolled impermanence within the family settings in which they had lived' (Samuels 2009, 1232) alongside the loss of other relationships as they move within the care system, it shaped the ambiguity of belonging into adulthood. For example, the difficulties making and maintaining friendships, limited opportunity to speak about their childhood experiences of out-of-home care and the confusion about whether they are able to maintain relationships with previous caseworkers who provide continuous and supportive relationships. Participants described the ways that leaving care represented a fundamental break in their identity and they enacted rituals to mark this from changing their name to changing their appearance.

The findings show the way that the care system represents a profound impact upon people's identities (Murray 2017), along with the confusion caused and the work involved to build a sense of self after care. The use of casefiles offered hope of recovering information from their past, to fill in the gaps in memories and thus establish a continuity of self across time (Ward 2011). However, the reality at times provoked or reinforced feelings of shame and inadequacy, of missed opportunities that could not be recovered. These feelings of shame and inadequacy can contribute negatively to people's sense of themselves and their competencies. The findings demonstrate the relational nature of individual identity and the struggle to establish a new identity that leaves behind the care experience. This experience of moving from a highly regulated life into the general community can provoke an identity crisis as they are no longer a 'kid in care' but still reliant on services because of their previous identity (Hiles et al. 2014). Independence as a concept can be viewed in different ways but when considering the transition from care a more useful approach is relational, considering both agency and the supports to flourish.

Mackenzie (2019) conceptualises self-determination, as having 'freedom and opportunity' (p. 148), whereby individual agency requires a person being able to act freely but also hold the belief that the opportunity exists to realise their goals (Hitlin and Kirkpatrick Johnson 2015). Mackenzie's (2019) multidimensional approach to autonomy notes three components: self-determination, self-governance and self-authorisation as key to supporting a flourishing life. Applying this multidimensional approach to the transition from out-of-home care would provide for young people's right to individual agency (self-determination), to align their identity, commitments and values (self-governance), and a gradual, planned and supported transition to adulthood (self-authorisation or the ability to exercise control over one's life direction and decisions) (Mackenzie 2019). Participants continued to seek out support and friendships after leaving care but were often bewildered about their ongoing problems with maintaining relationships. It appeared that little was done with young people to help them reconcile their past and how this might impact feelings of comfort and trust in their future relationships. The fact that there are similarities in the day-to-day experiences of maintaining relationships with people and workers who knew them in care and struggling with

relationships after leaving care points to systemic failures to prepare and support young people (Schelbe 2018) through addressing the barriers to engagement with services for young people towards improving their outcomes (Prendergast et al. 2024).

5 | Implications for Extended Care

It has long been recognised that more needs to be done to improve outcomes of people with a care background (Cashmore and Paxman 2007; Courtney et al. 2011; Courtney and Okpych 2017; Muir et al. 2019; Paxman et al. 2014; Stein 2008). In Queensland, the establishment of after-care services followed an inquiry into child protection that recommended support be provided at least to 21 years, with priority access to government services including education, health, disability, housing, and employment (Queensland Child Protection Commission of Inquiry 2013). From 2023, Queensland began providing extended care for young people to either stay living with a kinship or foster carer (who continues to receive a carer allowance) or move to independent living but receive additional financial assistance (up to \$16,000 per annum) (Queensland Government 2024).

Extended care should aim to facilitate the supports that young people need to thrive in early adulthood, like what would be expected of well-resourced parents (Purtell and Mendes 2016). Most notably continuity in housing and social support should interrupt the 'accelerated and compressed' transitions to adulthood (Palmer et al. 2022, Stein 2008, 296) experienced by many care leavers. It should allow young people the opportunity and time to adjust to the changes prominent at that time in the life course (Arnett 2011), including completing their schooling and developing plans and pathways to higher education, training and/or employment. Evidence from the US shows that extending care beyond 18 years increases the chances a young person will complete a high school certificate (or equivalent) and enrol in higher education (Okpych and Courtney 2019). However, it is critical to avoid moving to an 'extended and abrupt' (Stein 2008, 296) transition from care at 21 years, which would also be problematic.

Listening to young people about what they are experiencing and what they need is critical. Human experiences are complex and relationships at the day-to-day level are very important for young people who have experienced many disruptions to relationships since childhood. Individualised planning during the transition process needs to establish with the young person what interdependence looks like in their lives and supportive practices need to be relationship-based to encourage and support young people with goal setting (Feather et al. 2023). Reuben and van Breda, (2024, 355) finding that 'care-leavers do indeed have a deep desire and make a significant effort to invest in establishing deep and genuine relationships' was demonstrated in the desire expressed by participants in this study to understand how to make and maintain friendships, family relationships and stay in touch with caseworkers they had known for a long time. More work is needed to support young people to identify and develop authentic relationships through their networks or through mentors in after-care services. Caseworkers are encouraged to listen to young people, being mindful of the judgements and boundaries they experience. For Christine, above, who had relied on professionals for much of her life, feeling misunderstood by her

caseworker reinforced her powerlessness in the exchange and negated any support on offer (Quick and Scott 2019).

Approaches to extending care need to be holistic to make a sustained difference and improve outcomes for young people leaving care. After-care services are vital to ensure young people are supported to plan in consultation with a caseworker who can assist with accessing support services for housing, finance, education, employment and health as needed (McDowall 2022). While extended care may not resolve all difficulties that young people face as they transition to adulthood, it does make a difference for many young people (Courtney et al. 2011).

6 | Conclusions

Listening to those with lived and living experiences of out-of-home care is critical to improving child protection systems and to ensure extending care provides the support needed to help young people. The findings in this paper lend support to ongoing and flexible support options for young people with a care experience in their late teens and into their twenties. If young people knew they were able to rely on support services that recognise the complexities of experiences of out-of-home care, this would be an important safety net to ameliorate isolation as they build social networks.

Relationships matter and are important to young people leaving out-of-home care, and a focus on the relationships young people have from before entering care and while they are in out-of-home care is needed. Caseworkers and carers are well placed to engage with young people to better understand them, where they have come from, and with whom they have been close throughout their lives or may expect to remain in contact with after leaving care. This may be particularly important for young people in residential care. By talking about this with young people and helping them to establish or maintain safe contact with people in their lives, ongoing support can be enabled that lasts beyond funding guidelines or age-related cut-offs.

Author Contributions

Madonna Boman: conceptualization, methodology, investigation, formal analysis, project administration, writing – original draft, writing – review and editing.

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Ethics Statement

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Conflicts of Interest

The author declares no conflicts of interest.

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