

# Accelerated adulthood, extended adolescence and the care cliff: Supporting care leavers' transition from care to independent living

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## Abstract

The pressures of 'accelerated adulthood' are a critical challenge for young people ageing out of the care system. Despite the trauma related to their placement history, young people 'aging out' are expected to adapt to adulthood at younger age and faster pace than their non-care peers, who enjoy an 'extended adolescence' a far more gradual progression into adulthood than previous generations. This article draws on first-person narratives of care leavers in Ireland who have aged out of care and transitioned into independent living in a dedicated social housing programme to examine their strategies for coping with these competing pressures. It examines their worries about the sudden withdrawal of supports after they reach 18 years, which they characterized as a 'care cliff'. The emotional and practical challenges they faced when transitioning to independent living at a comparatively young age are explored, and strategies for mitigating these are identified. These include better preparing care leavers for this transition, maintaining supports for longer and withdrawing them in a more gradual way, which is tailored to meet the specific needs of each care leaver and grounded in more comprehensive after care planning than has been the norm in Ireland.

## KEYWORDS

aftercare services, youth homelessness, ageing out of care, care leavers' perspectives, foster care, participation, transition to independence

## 1 | INTRODUCTION

For children who are in the care of the state, leaving the care system has been said to lead to the 'adulthood' (Burton, 2007) or 'sudden adulthood' (Paulsen & Berg, 2016) of adolescence, often leading to a situation of 'premature independence' (Ward, 2011). Those who 'age out' of care are often expected to begin to live independently, without support, at 18 years of age, despite minimal emotional, social and psychological support networks (Prince et al., 2019; Ward, 2011). In contrast, Shah et al. (2017) among many others point to the high cost of

housing, high rates of unemployment and cost and duration of third level education as factors that are delaying independent adulthood and 'extending adolescence' among the wider youth population. These structural processes and changing cultural norms regarding the extent and duration of parental support are driving what Arnett (2004) refers to as 'emerging adults' to stay in their birth family homes for longer, often into the third decade of their life (Cunningham & Diversi, 2013). In this context, there is a need for greater understanding of how care leavers' life trajectories, experiences and development are impacted by 'ageing out' of the care system and transitioning to independent living at

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18 years (Schelbe, 2018; van Breda et al., 2020). This is certainly true for Ireland where research evidence on what happens to young people after leaving care is limited (Glynn & Mayock, 2019). In particular, further research is required on how these young people negotiate the transition to independent adulthood at a comparatively early age and with considerably fewer resources (Courtney et al., 2011; Courtney & Dworsky, 2006; Pecora et al., 2006; Perez & Romo, 2011) than their contemporaries outside the care system, particularly, in terms of stable and trusted interdependent relationships (Driscoll, 2013; Munson et al., 2010; Perez & Romo, 2011) and financial resources. Care leavers also additional challenges intrinsically connected to their pre-care, in-care and post-care experiences.

This is because transition to adulthood and independent living through ageing out of care can be a period of increased vulnerability for these young people (Cunningham & Diversi, 2013; Munson et al., 2017; Sims-Schouten & Hayden, 2017), which creates a high level of social-emotional, developmental and mental health stress (Courtney & Dworsky, 2006). These challenges faced by care leavers are very complex and heightened when they lack a social support system (Avery & Freundlich, 2009). In general, the existing child welfare permanency paradigm does not include alternative pathways for creating permanent and supportive relational networks for young people leaving care, particularly those who do not fit with traditional (biological) and legal (adoptive) definitions of family (Samuels, 2008). Policy responses to support care leavers' transition to independence are often underdeveloped and lack proper resourcing to adequately address the needs of this cohort and ensure successful transition into adulthood (Avery & Freundlich, 2009). Furthermore, care leavers' personal perspectives on the challenges they face when leaving care and the supports they require are not always directly captured in research and therefore incorporated into policy and service design (Dixon et al., 2019; van Bijleveld et al., 2015). Although some research has actively sought to highlight the perspectives of the care leavers themselves, (Amaral, 2011; Cashmore & Paxman, 2006; Courtney et al., 2018; Cunningham & Diversi, 2013; Daly, 2012; del Valle et al., 2007; Dixon et al., 2019; Furey & Harris-Evans, 2021; Glynn & Mayock, 2019; Paulsen & Berg, 2016; Ward, 2011), there is a need for these perspectives to be continually explored to feed into ongoing policy and practice decision-making.

This article aims to illuminate the challenges young people face when ageing out of care and the strategies they employ to manage these challenges. It is envisaged that this analysis will help to inform the design of more effective supports for care leavers, which will increase their prospects of successfully transitioning to independent living. To do so, it examines research on the young care leavers' journey out of the care system in Ireland and their transition into independent living in a social housing and support programme designed specifically for this cohort. As its title suggests, the analysis presented here is organized around three themes: the care cliff (this phrase was used by many research participants to capture the sudden withdrawal of many supports when young people leave care and is also used by Field et al., 2021), extended adolescence (the increased challenges care leavers face when transitioning to independent adulthood and

their coping strategies) and accelerated adulthood (how care leavers manage the transition to independent living at a comparatively early age). The closing section of the article discusses the implications of this analysis for the literature on care leaving and appropriate policy and practice responses.

## 2 | THE IRISH CONTEXT

Historically, being in care was stigmatized in Ireland due to the dominance of reformatory type services for this cohort of young people called 'industrial schools' in the early and mid-20th century, which rendered these children invisible, 'othered' them and suggested they were somehow morally culpable (Carr, 2014). This persists today, albeit in a modified form, and is reflected in the fact that young people in care, care leavers and their birth parents are not regarded as powerful 'lobby groups' with significant influence on policy or practice direction (Gilligan, 2009).

Statutory care in Ireland ends when a young person reaches their 18th birthday. The Child Care Act, 1991, which legislates for child welfare services in Ireland, states that in cases where the Tusla (the government agency responsible for child protection and family support) is satisfied that the care leaver needs aftercare services, Tusla may provide aftercare assistance (but notably is not obliged to do so by law). An assessment of need determines whether aftercare supports are required up to the age of 21 years. These supports take the form of an aftercare plan to prepare the young person to transition into independent living (Tusla, 2017). If the care leaver is engaged in further education or an apprenticeship, this cut-off age can be extended to 23 years, but after this, all financial and support services from the state cease, and the young person is formally discharged from state aftercare provision.

In 2019, 945 children were discharged from state care in Ireland, of whom 55% had turned 18; 62% of those ageing out of care remained living with their foster carers, 11% returned to their birth family, 9% moved to independent living, 5% moved to shared or supported lodgings and 13% moved to 'other' types of accommodation (Tusla, 2019). This 'other' category can include couch surfing, homeless, psychiatric services or prison, and there is significant research evidence that care leavers in Ireland face higher rates of homelessness, most notably from the series of longitudinal studies of homeless youth conducted by Mayock and colleagues (Mayock et al., 2008; Mayock et al., 2014; Mayock & Parker, 2017). In 2019, 2676 young people were in receipt of aftercare services, of whom 56% were aged between 18 and 20 years, 19% aged 21 to 22 years and 25% were under 18 (Tusla, 2019).

The enactment of the Childcare Act 1991 has resulted in significant improvements in state supports for children leaving care. The establishment of Tusla in 2014 meant that for the first time Ireland had a dedicated state agency responsible for child welfare, which had previously been a 'Cinderella' section of the public health services. Tusla has been instrumental in providing a formal structure of child protection, early intervention and family support services

(Mooney, 2016). In 2017, the *National Aftercare Policy for Alternative Care* introduced additional supports for care leavers, such as aftercare support workers and aftercare plans (Tusla, 2017). Since 2019, aftercare teams have been established by Tusla nationwide, which provide care leavers with no age limit, drop-in aftercare services, training allowances, educational grants, housing and social security benefits guidance and signposting to other supports. In addition, the government's 2016 housing policy statement—*Rebuilding Ireland*—included a commitment to establish a dedicated programme of social housing provision for care leavers, who are at risk of becoming homeless (Government of Ireland, 2016). To this end, in 2017, the Capital Assistance Scheme (CAS), which funds social housing for older people, people with disabilities and homeless people, was extended to fund social housing for care leavers who are at risk of homelessness. Under these arrangements, non-profit housing associations receive government funding to purchase a dwelling for letting to a care leaver, and Tusla provides aftercare support until the care leaver turns 21 or 23 if they remain in education (Department of Housing Planning and Local Government, 2017b).

However, despite this undoubted progress, several criticisms have been raised of continuing gaps and inadequacies in the supports provided to care leavers in Ireland. Some of these relate to the ad hoc nature of aftercare services whereby allocation is discretionary, reliant on staff goodwill and prefaced on the engagement of the young person. In addition, aftercare plans are often initiated too late, and as a result, services are rushed and under-resourced, and variations in provision has also been noted between geographical regions (Carr, 2014; Daly, 2012). Although the Child Care Amendment Act, 2015 introduced a legal to prepare aftercare plans for all children aged between 13 and 18 who have been in Tusla's care for more than 12 months, inconsistencies remain in the timely provision of fully resourced support services for care leavers (Glynn & Mayock, 2019). Daly (2012) suggests that a more gradual transition to independent living for care leavers accompanied by standardized provision of aftercare services would ensure a smoother, supported pathway into adulthood for care leavers. A smoother transition would be more reflective of the 'emerging adulthood' (Arnett, 2004) associated with the current non-care population of young people. There is significant research evidence that demonstrates that a more gradual process is necessary to combat structural disadvantages that young care leavers face due to the traumatic early life experiences, which precipitate their entry into the care system in the first place (Cashmore & Paxman, 2006; Leeson, 2010; Prince et al., 2019).

### 3 | METHODOLOGY

#### 3.1 | Research methods

The research reported here is grounded in an interpretative perspective with a view to understanding phenomena through the meanings that people attach to those experiences and was operationalized using qualitative methods between December 2020 and February 2021

(Moustakas, 1994). Sixteen, in-depth interviews were conducted with care leavers who had been provided with social housing under the aforementioned CAS for Care Leavers programme.

The CAS was introduced in 1984 to fund the provision of social housing by non-profit-housing providers, called approved housing bodies (AHBs). Under the scheme, 95–100% of the social housing costs are covered in the form of a loan, which remains non-repayable if the dwellings are let as social housing (Farrell & OCallaghan, 2020). In August 2017, the Department of Housing issued a new circular on CAS to local authorities, which explained how it would be extended to include care leavers with the goal of providing long-term stable accommodation for vulnerable care leavers and to reduce the number of care leavers entering homelessness (Department of Housing Planning and Local Government, 2017a). The circular specified that eligibility for CAS accommodation would be extended to care leavers who had been assessed as being at high risk of becoming homeless. CAS for care leavers' accommodation is occupied based on a long-term tenancy, with an AHB acting in the capacity of landlord and provision of ongoing support to enable the care leavers to maintain their tenancy. The CAS properties are single occupancy units and are dispersed in the community to avoid clustering of properties, while being located close to transport services and public amenities to avoid social isolation.

The study sample accounted for 26% of total programme clients at this time. Potential research participants are a hard-to-reach, vulnerable population, and for this reason, researchers recruited them through their Tusla aftercare workers. These professionals were sourced through the Tusla aftercare managers responsible for four Tusla regions—two in Dublin City and commuter belt (Ireland's capital and largest city), one predominately rural region in the South East of Ireland and own mixed urban and rural region in the West, which includes two regional cities. These regions were selected following consultation with national and regional aftercare service managers and to capture most settlement patterns in Ireland. The aftercare workers selected suitable clients who had accessed or were currently accessing aftercare supports and had signed a consent form to participate in the research. The research team were provided with mobile phone numbers for these young people and then contacted them directly. The original target sample consisted of 20 young people. However, some declined to be interviewed after the initial call from researchers, because they were no longer willing to be interviewed or they were dealing with stressful life situations. An effort was made to recruit a similar number of males ( $n = 10$ ) and females ( $n = 6$ ) between the ages of 18 and 25. This was to understand the experiential challenges, for both males and females, of leaving care and in the years directly after leaving care.

Due to COVID-19 public health restrictions that were in force at the time and data protection concerns, interviews were conducted by telephone. They were loosely structured and conversational in format. Interviewees were invited to weave their personal stories around the themes of becoming an adult, thinking about and preparing for leaving care, support to manage this transition, their family and informal support network, their experience of living independently and aspirations for the future. Interviewees' personal characteristics and the

**TABLE 1** Details of the care leavers' clients interviewed

Pseudonym	Age	Gender	Time in CAS accommodation when interview was conducted	Occupational status
Jane	20	F	1 year 6 months	Education
Joseph	24	M (+baby)	1 year 6 months	Employed
Jill	23	F (+young son)	1 year 3 months	Employed
Janet	21	F	2 years	Education
John	19	M	6 months	Education
Jade	22	F	1 year	Education
Julia	22	F (+baby)	1 year	Unemployed
Jim	23	M	1 year 4 months	Unemployed
Jack	24	M	2 years	Unemployed (but plans to return to education)
James	23	M	2 years	Not stated
Jenny	19	F	1 year	Education
Justin	20	M	1 year	Education
Jude	21	M	9 months	Unemployed
Jake	23	M	1 year	Unemployed
Jeffrey	20	M	1 year 6 months	Unemployed
Jaime	25	M	1 year 5 months	Education

Note: Unemployment rates among interviewees were affected by COVID-19 pandemic related job losses. Abbreviation: CAS, Capital Assistance Scheme.

pseudonyms used to protect their identity in this article are outlined in Table 1.

This semi-structured interviewed format provided flexibility to explore the care leavers' individual circumstances, experiences and views; allow them to shape the discussion; and thereby generate rich data on their experiences (Arnau-Sabatés & Gilligan, 2015). Understanding the experience of care leavers through their own words is important because their perspectives might differ from the professionals and caregivers in their lives (Holland, 2009). In addition, the United Nations Convention on the Rights of the Child *Guidelines for the Alternative Care of Children* recommends that young people's participation in the aftercare process is a human right (United Nations, 2010). However, this participation can simply be a means of gathering information or facilitating compliance to inform a decision (van Bijleveld et al., 2015). Whereas, strong efforts were made to support the active involvement of young people in the implementation of this research and to enable them voice their perspectives and thereby contribute to amplifying the voice of care leavers in the scholarly space. This was achieved by using a very open interview design, which enabled them to drive the discussion and incorporating their comments and reflections into the questions asked of the policy-makers, social service professionals and social housing landlords interviewed for the research.

Fifteen of the latter group were interviewed for the study. All were involved in supporting these care leavers were also interviewed, and they included two advocacy group representatives, one policy-maker, seven of the aforementioned aftercare support workers from the four case-study Tusla regions and five staff of the housing associations, which had provided social housing as part of the CAS for Care Leavers

scheme. These interviews were also anonymized, and these interviewees are labelled KI (key informant) 1, 2, 3, and so on, in this article.

### 3.2 | Data analysis

All interviews were recorded and transcribed verbatim and then analysed using computer-assisted qualitative data-analysis software (the MAXQDA package). Three rounds of analysis were then analysed sequentially, as follows:

1. The data were examined to identify arguments, concepts and experiences raised most commonly and to identify differences and similarities between different interviewees.
2. The results of this first stage were re-examined to identify tentative relationships between interviewees' views and experiences and relevant contextual issues.
3. The results of the second stage were re-examined to identify relationships between these different findings (Corbin & Strauss, 2008).

The interviews with care leavers and key informants were analysed separately in this way, and the results of these exercises were then with the findings of the literature and policy reviews.

### 3.3 | Research ethics and quality assurance

The ethical challenges associated with researching vulnerable people such as young people who have been in state care are considerable.

As Barnard (Barnard, 2005, p.13) cautions, 'harm is the very last thing we want to happen, particularly where those we research are already socially excluded'. These challenges were considered in-depth before starting this research; a detailed plan to address them was formulated, which took account of both University College Dublin's and Tusla's research ethics guidelines, and was approved by both organizations' research ethics committees and strictly adhered to in the research implementation.

In keeping with the provisions of this plan, only those care leavers who informed their aftercare workers of their willingness to participate in the study were contacted by researchers. Researchers texted potential participants explaining why they were being contacted and asking if it was okay to give them a follow-up call. Thus, the initial contact by researchers was non-invasive, giving potential participants the opportunity to reflect and consider if they were still willing to participate. If there was no response to the initial text, researchers left two follow-up voice messages on the young people's mobiles. If this did not elicit a response, the potential participant was excluded from the research sample.

The care leaver research participants signed a research consent agreement and were sent an information sheet about the research detailing their right to opt-out of the research at any point. This was also explained verbally prior to the interview, and the interviewer also clarified that if any topic or question(s) made the interviewees feel uncomfortable or to which they did not want to respond, they had the right to decline to answer or terminate the interview completely. The sensitivity of the interview subject matter remained continually at the forefront of researchers' approach and each interview started and ended with some relaxed conversation about the young persons' achievements and future life goals. Aftercare workers agreed to be available to the interviewees after the interviewees to support them if requested.

All interviews were anonymized on transcription. Identifying information within the dialogue of the interview (such as geographical location of the housing provider, name of college or area of work, age of participant's child) were excluded from the write-up to protect the identity of those young people who shared their stories with us.

For quality assurance, the research implementation was overseen by a research advisory group consisting of policy-makers and implementers. Furthermore, the findings were subject to review by academic peers, the policy-makers and social service professionals involved in devising and implementing the CAS for Care leavers programme and related policies and services.

## 4 | THE CARE CLIFF

### 4.1 | Turning 18: An anxious milestone

For many young people in the wider population, an 18th birthday is generally considered to be a happy occasion and important milestone

that marks the commencement of the transition into adulthood. However, many young people who have grown up in care associate this occasion with a mixture of anxiety and fear (Cunningham & Diversi, 2013). This tendency was evident among the care leavers interviewed for this study.

One young male care leaver described how worry and confusion affected relationships in his foster home. His departure from education and consequent withdrawal of his after-care support services during the same period compounded his difficulties:

I did not know what was going on ... things got a bit rough in the foster placement, like, as in the support and [school leaving examination] and stuff ended then because I wasn't in education from Tusla's point of view, they were not going to support [me] anymore (CAS 10).

In addition to coping with anxiety and change, the sudden loss of support networks was challenging for many care leavers. A female care leaver said that due to these:

I self-harmed and I was going through a really, really dark stage and I was like I feel like nothing. And especially when the State does not take care of you, and you are just put into homelessness. And like what did I do to deserve this life? I did not fuck up ... It was my family that fucked up (CAS 7).

A Tusla aftercare worker (KI 10) agreed that 'the 18th birthday for any other young person in the country is this big happy occasion ... but for care leavers it can sometimes be a huge cause of anxiety'. She also argued that this stress can negatively affect care leavers' relationships and result in poor decision-making:

Just they have no answers, and they do not have answers ahead of time. And then, you know, it can – the anxiety for them brings up other stuff then and they cannot necessarily maybe focus on education or relationships properly or they make bad choices. They're just – they go into this spiral of being ... a little bit out of control.

Notably, all of the housing association representatives interviewed for this research independently used the term 'cliff edge' to describe the experience of ageing out of care. This is in contrast to the duration of parental support many non-care young people enjoy when transitioning to adulthood. For instance, KI 4 said: 'This "18 cliff" which the kids [care leavers] talk about, this is like a cliff edge at 18 – they have all these supports, and everything is reasonably ok and then I fall off this cliff at 18'. This view was echoed by KI 1 who argued:

There is such a gulf between the support they get in residential care off of Tulsa up to the time they age out and it's like they just drop off a cliff ... you know, you get all these supports up until Thursday. You turn 18 or 23 on Friday and that's it, the rug is completely pulled from underneath you.

## 4.2 | Fear and risk of homelessness

As mentioned above, the CAS for Care Leavers programme is specifically targeted at care leavers who are at risk of homelessness and the interviews with the programme clients revealed that the fear of becoming homeless after ageing out of care was a widespread concern. Jenny (aged 19 years) said: 'Since I turned 17, I was terrified I'd have nowhere to live'. Jack (aged 24 years) experienced similar worries: 'Like when you, as you kind of, you get to 18, you have gone through residential or you have gone through foster care ... then you get told, oh, you know what, your time's up here, you are going to have to go to a hostel [emergency homeless accommodation]'

Levels of homelessness in Ireland were at an historic high when this research was conducted (Allen et al., 2020). Furthermore, as mentioned above, the research evidence indicates that, unlike their non-care peers, homelessness is a realistic fear for care leavers in this country, and several of the care leavers interviewed by the authors had experienced homelessness and not surprisingly found this a traumatic experience (Mayock et al., 2008; Mayock et al., 2014; Mayock & Parker, 2017). Jeffrey commented: 'I was in a hotel up to the emergency [homeless] accommodation .... It was crazy. I did not even know where I was at, do you get me? It was mad ...'. Similarly, Jim has slept rough for 6 months after leaving care. He reflected: 'So, at the time it was hard sleeping rough, like under just like train stations and buses and warehouses, abandoned warehouses and all. So, it was just trying to find places to sleep just to keep going'.

In recent years, the vast majority of homeless people have come from private rented accommodation, usually subsidized by government housing allowances for low-income households (Gambi et al., 2018). This reflects the marked shortage of affordable accommodation of this type and factors related to the design of these housing allowances (which are too low to fund rents in high demand locations) and discrimination by landlords against housing allowance recipients (Grotti et al., 2018). Interviewees reported that care leavers also commonly face discrimination in the private rental market. One aftercare worker argued, 'nine times out of ten they are [private landlord] going to choose the person with the work reference, the previous landlord reference, the one maybe who does not have a Tusla aftercare worker with them' (KI 10). A care leaver called Jenny (19 years old) echoed this view: 'A lot of the private rented placements were hesitant on taking me because I came from care ... like I could complain about CAS all I want, but if it wasn't for that scheme, I'd be homeless'.

## 4.3 | Benefits of a secure home

In this context, it is not surprising that all of the care leavers interviewed greatly valued and appreciated their new social rented homes. For many of those interviewed, being devoid of the family home base to fall back on if a rental did not work out meant that the long-term CAS tenancy offered security and comfort and also a foundation upon which they could build their future lives. This view is captured in the following reflections from Jack (24 years old):

Genuinely like that it [CAS dwelling] kind of, it takes me away from a serious situation ... having a place to live almost it's a platform, you can build from there, like, you know what I mean? ... I'm not gone under almost ... if I had gone through a hostel or homeless accommodation ... it probably would have taken an extra four or five years easily then [to secure social housing].

Similarly, Julia (22 years old) commented that the security provided by the CAS tenancy enabled her to move on from her past: 'My [birth] family are very unstable and they are not - like I would not go back with them. I do not even talk to them because they are not good for my health. But so, I got the CAS, and I was delighted with that now'.

In view of the obvious benefits of providing social housing to care leavers, many of the care leavers interviewed recommended that eligibility for the CAS programme should be extended to all care leavers who do not remain with foster parents or return to their birth family after reaching 18, rather than confined to those who are deemed to be at risk of homelessness and have complex needs as the terms and conditions of the scheme currently require (Department of Housing Planning and Local Government, 2017b). This was the view of Julia (22 years old), for instance, who argued: 'CAS should be for all care leavers ... Because it's wrong to just pick a few care leavers to get a home. Then what happens to the rest of them?'

The key informants interviewed agreed that all care leavers who do not remain in foster care or return to their birth family at 18 should be guaranteed some form of state supported accommodation, particularly because many 'emerging adults' (Arnett, 2004) within the non-care population do not face a similar 'cliff edge' on their 18th birthday. In the words of one housing association manager:

No kid should leave the care of Tusla at 18 unless there is a [care] pathway. Homelessness should not even enter their minds as a possibility .... The State is in loco parentis and the State says in its own policy and legislation that they will act in the role of the good parent. So, no good parent tells their kid at 18 - off you go (KI 4).

Furthermore, they concurred that defining the boundaries of 'complex needs' is challenging, and most care leavers would fall within

these boundaries. In this vein, a Tusla aftercare support worker argued: 'Like I said, complex need – you are in care, that's your complex need ... a complex need, as far as I'm concerned, is this person has no-one else in his life. That's an extremely complex need. It does not have to be mental or physical in my eyes' (KI 11). However, key informants held a variety of views as to whether CAS-funded social housing was an appropriate form of accommodation for all care leavers. This reflected a wider debate among policy-makers and practitioners about most appropriate focus of this programme, which a housing association manager summarized as follows: 'Some people will insist that it should be young people with complex needs. Others will realise that that is problematic, and they pick other young people who they think would actually be able to manage a tenancy' (KI 4).

## 5 | EXTENDED ADOLESCENCE

### 5.1 | Formal planning for leaving care

The weakness of formal planning arrangements for leaving care in Ireland is one of the reasons why key informants were concerned about young people with particularly complex needs moving directly from care into CAS funded social housing. A housing association staff member argued that Tusla is not required to revise an after-care plan for every care leaver, and even when this planning is conducted, it is often 'fire brigade kind of service' that rushed and not adequately resourced (KI 2). A Tusla aftercare worker (KI 15) pointed out that the challenges inherent in aftercare planning are compounded by the fact it coincides with a particularly challenging life stage when teenagers experience other pressures such as struggles with identity, developing independence and important exams and decisions regarding entry to third level education or the workforce. Among the wider adolescent population, these life changes are usually supported and guided by trusted parental figures within a stable home environment. An advocacy group representative made the point that the availability of CAS accommodation has significant benefits for aftercare planning, however:

If you are leaving care and all you are thinking, is I can be on the streets in two months' time, it's very hard to make other decisions around your education and other things ... then I think the outcomes could be better because they could make other decisions with more clarity and more assurance without the distraction of thinking, 'Where am I going to live?' (KI 7).

### 5.2 | Informed decision-making

A related issue that was flagged by both care leaver and key informant interviewees concerns the capacity of vulnerable care leavers to make informed decisions about moving to independent living. It was not clear that all of the care leavers interviewed fully understood the

implications of taking on a CAS for Care Leavers tenancy. As Jenny put it: 'Like if I was handed a tenancy today, I'd read it completely because now I understand. But back then it was a piece of paper I just signed so I could get my keys, so I had somewhere to live'. In another case, a young parent did not understand that by accepting the CAS tenancy, she would be removed from waiting list for access other forms of social housing or social housing in another location:

I'm taken off everything, like, and they only told me after I signed it [tenancy contract] because originally told me no, sure ... I'd be allowed to go back to [name of location], to where my family is and then they told me afterwards no!.

## 6 | ACCELERATED ADULTHOOD

### 6.1 | Practical challenges of independent living

In the context of moving to independent living at a relatively early age, following mixed experiences of aftercare planning, it is not surprising that some of the care leavers interviewed for this research struggled with the practical challenges of independent living. Although this was not uniformly the case.

Independent living skills were better developed among young people who had moved to a residential after care unit for a period after they reached 18 or had lived in a residential care unit before this age rather than in foster care. For instance, Joseph told us: 'Even before I went into the aftercare unit, I was kind of living on my own at one stage. So, I'd made a lot of mistakes then and I struggled', but after he secured a CAS tenancy, he said, 'I made sure not to make them mistakes. This time I feel like I was ready'. Similarly, Janet reported 'Like for myself I went into a shared [after care] accommodation, and I find I learned my own life skills or whatever .... I learned how to cook and clean up after myself and do my own laundry, all that kind of stuff'. Jade who had lived in a residential care unit prior to age 18 reported that:

My residential home, my old key worker used to have me down for cooking sessions and she'd check in and make sure everything was okay with my budgeting and that I was okay paying bills and rent and I wasn't getting into arrears and stuff like that. But she really helped me out an awful lot just to kind of prepare me for CAS.

For other care leavers, transitioning into independent living in CAS for Care Leavers accommodation was a struggle. Some spoke about needing guidance around money management and basic life skills such as paying rent, food shopping, saving and cooking. Skills emerging adults in the wider population who often transition to independence at older ages (Arnett, 2004) would usually learn from parental figures, or older siblings were not readily accessible to care leavers, who had

little to no family support network to prepare them for this 'premature independence' (Ward, 2011). In this vein, one interviewee mentioned:

Young people who are, say, 17 going on 18, 18, say, 18 this month and they are moving out and they do not know what to do, do not know how to wash their clothes, do not know how to cook. All they are eating is junk food, like, you know. Things like that. (CAS 5).

On this basis, some of the care leavers interviewed argued for structured transitional programme, which would bridge the gap between living in care and living independently and provide mentoring and training to ensure young people had the practical skills required for the latter. For instance, Jenny argued:

Personally, I would have liked if it was more gradual, instead of like being completely taken care of and not having a worry in the world to packing all your stuff up and the next day you have the keys to your own place and you sign the form and they are gone ... I think more of a transitioning place because it was really overwhelming to take all that responsibility on at once when I wasn't used to it.

## 6.2 | Emotional challenges of independent living

Emotional challenges associated with independent living were more widespread among the care leavers interviewed for this study than practical challenges. Twelve of the sixteen care leavers interviewed reported experiencing initial loneliness when they moved to their CAS funded social housing. The enormity of living independently, devoid of family support and, being solely responsible for looking after themselves at significantly younger ages than their non-care peers dawned on them when they were handed the keys of their new home. This was highlighted by John who reported feeling: 'I'm living on my own. Like what I am going to do? And you are saying to yourself, I'm lonely, I've no-one. Like why did I do that? And you are saying to yourself, what's going on, like? Who do I have around me now? No-one'. Justin commented, 'I can feel very isolated and lonely and depressed and stuff like that ... I try to do as much as possible just to keep my mind off it and just keep myself going, so'. The fear of homelessness, which was prevalent prior to leaving care, did not disappear when care leavers secured a CAS tenancy. Rather the fear of losing this tenancy was mentioned repeatedly by the care leavers interviewed as a constant concern and the worry that if they 'mess it up' and become homeless was ever present in their minds. Furthermore, some care leavers also worried about security when living alone.

The key informants interviewed agreed that loneliness and isolation were significant issues for some of their CAS for Care Leavers tenants. One aftercare worker reflected on dropping off a care leaver client at their new home 'when you leave in the evening that's it, they

are essentially on their own' (KI 12). A housing association manager agreed:

And of course, we know from our experience really, that sometimes they get a lot of what they want and very little of what they need in peer settings. So, there's always people around them. Their peers are there and there's staff on top of one another. Then suddenly you find yourself in an apartment and there's no one there, you are just there on your own (KI 2).

Several key informants raised concerns that this loneliness and isolation generated risks for care leavers. In this vein, an aftercare worker argued it can sometimes lead CAS for Care Leavers tenants to engage in inappropriate behaviour to fill that void, such as holding parties (KI 9). While an advocacy group representative raised concerns that some care leavers:

... were getting quite a lot in terms of the aftercare allowance [social security benefit] ... And they were easy targets then for drug-dealers and, you know, there was quite a lot of antisocial behaviour that I could see and not an awful lot of accountability to the same extent that you would get, say, in a residential foster home (KI 7).

When these issues were probed in more depth by interviewers, many care leavers revealed that they lacked friends and particularly a family support network to fall back when they transitioned into independent living. A young mother called Julia spoke of the period after she moved into the CAS apartment saying, 'I did not have any emotional support. I did not have friends that I could call on'. An aftercare worker reported that many of these young people may not have a network of friends or family with whom to celebrate events such as Christmas or birthdays so while social housing meets the vital need for accommodation, it cannot meet other emotional needs: 'I mean it's the dream and the reality. It's kind of a beautiful home, but it's just the walls and the home. There's still the silence and all that goes with it' (KI 13). CAS for Care Leavers continuing anxiety about becoming homelessness was also directly related to the lack of a family support network in many cases. Joseph, aged 24 years, spoke about this, 'There is [anxiety], yeah, because if I mess it [CAS tenancy] up then like where do I go? I do not have anywhere to go to, like do not have a family. Do you get me?'

## 6.3 | After care supports

The lack of an informal support network among CAS for Care Leavers' clients is to be expected in view of the fact that the programme targets care leavers who are at risk of homelessness because they cannot live with their birth or foster families after leaving care. This also suggests that emotional support from professionals (Tusla aftercare



workers or housing association support workers) is particularly important for this client group. This is evident in Joseph's experience; he reported: 'The only person I could really reach out to for [emotional support] help is my mentor [from a non-profit agency] ... I feel like that was my person to lean on. The thing that got me through some of the hardest years of my life was him. His guidance'. Jade argued: 'Support, support, support. That's all people really need when they are in care, you know, coming out of care. They just need constant support and knowing that someone's there for them'. This contrasts with the emotional support and practical guidance that most adolescents transitioning to adulthood receive from their birth families, many of whom stay living in their birth family homes for longer—Cunningham and Diversi (2013) point out, often into the third decade of their lives.

Many of the care leavers reported that they received excellent professional support. For instance, Jane reported that her housing association support worker provided vital practical support:

Through my support workers they have offered me, like, my opportunities. So, through them know I'm supported for this course. Like in all my care plans all I've wanted to be is a psychologist ... I know my rights because of my aftercare worker.

She also recounted how this support was instrumental to reducing anxiety and gaining confidence and learning to trust. She had 'met a lot of bad people, which means I do not have a lot of trust. Like in my opinion I think it will always still be there'. She explained that her support worker was helped her overcome these challenges. She also accessed therapeutic support and mentioned that as a result 'I know how to like control my triggers now. But just say now, if I never got that, if I never got that training, my temper could be like a completely different story today'.

However, other care leavers reported an uneven or inadequate experience. Linking with support workers every week or two was identified by care leavers as crucial to support the successful transition to independent living, but this did not always occur. Jill reported 'Like the one [aftercare worker] I've had now since, well, the start of the pandemic. I've talked to her once or twice but that was it'. Jim mentioned:

Sometimes I would not hear from my link worker in months, like, in about three, four months. And I'd hear nothing until I probably need to call and say this. But I think the link worker should ring us, like, maybe a few, a few times maybe in a month. Maybe three times in a month ...

The care leavers interviewed also emphasized the need for individualized care, which met the specific emotional needs of these young people. In this vein, James argued: 'I definitely think there should be definitely more emotional support ... it's kind of should be tailored like on a case-by-case scenario. Like it depends on what

someone needs'. Although, several of the care leavers interviewed also acknowledged that the pressures on Tusla after care workers and their relatively lowly place in the organizational hierarchy limited their potential for flexibility. As one aftercare worker commented:

And it's very hard to say to them, no, you do not have the right complex needs, or wait now, you worked really hard on the counselling and, you know, whatever else, and what was complex a year ago is not so complex now (KI 5).

Care leavers' support needs are often complex and, in some cases, remain long after their exit from care. As a general rule, aftercare support is only available after the age of 18 years to care leavers in education or an apprenticeship. One housing association representative argued that this situation betrays 'an extremely middle-class view of the world, where, you know, the assumption is that most people go to third level education, whereas among this group [care leavers] practically nobody does' (KI 4). A Tusla aftercare worker agreed:

It should be the other way around. In my opinion it should be reversed, that people in education full-time, doing well, in year two in college ... – they can go to the duty system [Tusla on-call service for unallocated cases]. Those young people that have complex needs, that are struggling, that are the hard-to-reach people, they get the extra support for two years because they really need it (KI 11).

There was a general consensus among both care leavers and the key informants interviewed that all care leavers should have aftercare support up to the age of 23 years. This would be in keeping with the norms regarding extended adolescence among the wider youth population. A Tusla senior manager argued that this is necessary:

Because what tends to happen is that young people in care have had maybe an experience of trauma at some point in the past, they are developmentally behind where their peers are at, and we do not move our own 18-year-olds out and into accommodation on their own (KI 15).

## 7 | DISCUSSION AND POLICY AND PRACTICE IMPLICATIONS

Care leavers face multiple challenges in Ireland today; among the most critical of these challenges is accessing secure, affordable housing. The research presented in this article demonstrates that provision of dedicated social housing for care leavers plays an enormously valuable role in enabling them to meet this critical challenge and provides them with a solid foundation on which to build their future lives. There is

also emerging evidence that the CAS for care leavers scheme (and the other recent reforms to after care supports in Ireland described above) has helped to reduce levels of homeless among care leavers (Tusla, 2017). Recent research on young homeless people in Dublin (Ireland's capital and largest city) indicates that a smaller proportion have experienced residential or foster care than earlier research had indicated (Bairéad & Norris, 2020).

On its own, social housing cannot resolve all these multiple and diverse challenges faced by care leavers, however, and the analysis presented here suggests that the experience of accelerated adulthood, which is inherently specific to young people leaving care, is amplified by the move to independent living at comparatively young age, as are the associated challenges. The challenges of independent living after care highlighted by this and other research include lack of practical skills required for independent living, isolation, loneliness, stigma, depression and difficulties coping and trusting others (Cashmore & Paxman, 2006; Curry & Abrams, 2015; Prince et al., 2019). In the 15 years since Cashmore and Paxman (2006) first published their findings on the challenges for those leaving care, this cohort of young people is still being consistently ignored despite evidence in the literature highlighting their need for support to be enshrined in legislation, policy and practice (Carr & Mayock, 2019; Cunningham & Diversi, 2013; Fowler et al., 2009; Hayes, 2013; Shah et al., 2017). Both the research presented here and the wider literature also suggest that these challenges are further compounded when care leavers lack friendship and family support networks (Cunningham & Diversi, 2013). By definition, care leavers who cannot remain with their foster family or return to their birth family after they reach the age of 18 and are therefore at risk of homelessness, such as the cohort targeted by the social housing programme examined here, do not have these kinship support networks. This is in stark contrast to the wider non-care population who transition to independence within the structural processes and cultural norms of extended parental support (Arnett, 2004; Cunningham & Diversi, 2013).

Thus, if the transition out of care is to be successful and care leavers can sustain independent living over the long term, these challenges require responses from policy-makers and practitioners. The research presented here suggests that addressing the care cliff whereby many professional supports are withdrawn almost overnight from care leavers when they reach 18 (or 23 if they remain in full time education) is logical first step in this process. This cliff should be replaced with a more gradual withdrawal of supports (a 'staircase' to extend the analogy), which is tailored to meet the specific needs of each care leaver and grounded in more comprehensive after care planning than has been the norm in Ireland heretofore (Carr, 2014, concurs). This would enable care leavers to enjoy the benefits of the same extended adolescence and more gradual process of 'adulthood' (Burton, 2007), which have become the norm among most other members of their age group in recent years (Arnett, 2004; Shah et al., 2017).

In relation to the model of social housing provision for care leavers examined here, the tailored withdrawal of might involve a

transition period in a residential care unit for young people who lack the maturity and practical household management skills to live independently at 18 years, which would encompass a formal system of training and mentoring to enable them acquire these skills. For care leavers who have the household management skills to move directly from to independent living, their weak kinship or friendship support networks mean that emotional support is a key requirement from the professionals involved in their lives. Another option here would be extending the upper age limits for ageing out of State care, a practice that is already in place in several states in the United States and in Scotland (Curry & Abrams, 2015; McCoy-Roth et al., 2011) and one that van Breda et al. (2020) believe could be implemented in Ireland whereby children could remain in their foster homes or residential care settings beyond 18 years of age.

## 7.1 | Research limitations

The authors acknowledge that this is small-scale study confined to care leavers who had been successful in their application for a CAS tenancy and received aftercare support. This cohort is unlikely to be representative of the wider population of care leavers. Furthermore, efforts to organize interviews with some programme clients were unsuccessful, which may have further skewed the sample by excluding care leavers with less stable and more chaotic lifestyles. A limitation in relation to those young people who did participate was that interviews were conducted by phone, and thus, non-verbal communication and observations, which could have further enriched the findings, were lost to the researcher. Furthermore, the focus of the study on the housing of care leavers limited the scope of the issues examined.

## 8 | CONCLUSION

This paper has provided insight into Irish care leavers' perspectives (and those of other relevant policy-makers and social service professionals) on ageing out of care and transitioning to adulthood with the assistance of the CAS for care leavers' social housing programme. While this programme provides very valuable secure and affordable social housing for these vulnerable young people who are at high risk of homelessness, the lack of social support for creates a care cliff which leads to premature independence (Ward, 2011) and 'sudden adulthood' (Paulsen & Berg, 2016) that many care leavers struggle to overcome. For their non-care peers, the challenges of 'emerging adulthood' (Arnett, 2004) are tempered by the structural processes and changing norms in society, which often enable them to remain in their family home well beyond 18 years (Cunningham & Diversi, 2013). A more gradual transition to independence for care leavers, involving the provision of after care supports for an extended period after leaving care, would thus be more reflective of experiences by non-care peers in contemporary society. This approach would assist in combating the structural disadvantages that care

leavers face, associated with past trauma, and alleviate the challenges associated with the care cliff for young care leavers.

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## DATA AVAILABILITY STATEMENT

Research data are not shared.

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