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To cite this article: Sarah Lazarus, Sara Rosenblum & Rachel Kizony (2026) 'You're in chaos – and no one knows it': daily functional experience of young women emerging from out-of-home care in Israel, *European Journal of Psychotraumatology*, 17:1, 2634470, DOI: [10.1080/20008066.2026.2634470](https://doi.org/10.1080/20008066.2026.2634470)

To link to this article: <https://doi.org/10.1080/20008066.2026.2634470>



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Published online: 16 Mar 2026.



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'You're in chaos – and no one knows it': daily functional experience of young women emerging from out-of-home care in Israel

Sarah Lazarus ^a, Sara Rosenblum ^{a#} and Rachel Kizony ^{b#}

^aDepartment of Occupational Therapy, Faculty of Social Welfare and Health Studies, University of Haifa, Haifa, Israel; ^bDepartment of Occupational Therapy, School of Health Professions, Gray Faculty of Medical and Health Sciences, Tel Aviv, Israel

ABSTRACT

Background: Care leavers are considered a vulnerable population, for whom the transition from care into the community holds many challenges. Existing research focuses mainly on the psychosocial toll that care leavers' history has on their lives, while knowledge about their daily functioning and participation is scarce.

Objective: This study explored Israeli female care leavers' daily experience using a functional approach, investigating characteristics, challenges, and strengths as facilitators or barriers to daily participation.

Method: Using a qualitative phenomenological descriptive approach, 12 semi-structured interviews were conducted. Data were thematically analysed.

Results: Four key themes emerged: (1) the impact of childhood home environments on daily life; (2) transitioning into adulthood from a functional perspective; (3) outlining and framing daily functional activities; and (4) factors enabling perseverance and hope.

Conclusions: Functional role modelling, executive functions, routines, and habits should be considered regarding care leavers, particularly women. The variability and complexity of results underscore the importance of future research to advance the development of tailored intervention, including assessment of daily functional skills framed in routines, cognitive abilities, and health-related difficulties, in this population.

'Estás en caos, pero nadie lo sabe': experiencia del funcionamiento diario en mujeres jóvenes egresadas de un sistema de cuidado fuera del hogar en Israel

Antecedentes: Las personas que egresan de un sistema de cuidado se consideran como población vulnerable; para ellos la transición al cuidado comunitario presenta varios desafíos. La investigación existente se enfoca, principalmente, en el costo psicosocial que sus antecedentes tienen sobre sus vidas; sin embargo, el conocimiento sobre su funcionalidad diaria aún es escaso.

Objetivo: Este estudio exploró la experiencia del funcionamiento diario de mujeres israelíes egresadas de un sistema de cuidado empleando un enfoque funcional: Características, desafíos, y fortalezas como facilitadores o barreras para la participación diaria.

Método: Se realizaron doce entrevistas semiestructuradas empleando un abordaje fenomenológico descriptivo. La información se analizó de forma temática.

Resultados: Emergieron cuatro temas clave: 1. El entorno del hogar durante la niñez impacta el funcionamiento diario; 2. La transición hacia la adultez desde una perspectiva funcional; 3. Enfatizando y conceptualizando las actividades funcionales de la vida diaria; y 4. Factores que hacen posible la perseverancia y la esperanza.

Conclusión: El modelamiento de roles funcionales, funciones ejecutivas, rutinas y hábitos, debe ser considerado para personas egresadas de un sistema de cuidado, específicamente en mujeres. La variabilidad y complejidad de los resultados resaltan la importancia de futuras investigaciones para progresar en el desarrollo de intervenciones individualizadas, incluyendo la evaluación de habilidades del funcionamiento diario en el marco de rutinas, habilidades cognitivas y dificultades asociadas al estado de salud en esta población.

ARTICLE HISTORY

Received 1 October 2025

Revised 11 February 2026

Accepted 12 February 2026

KEYWORDS

Care leavers; daily functioning; participation; routines and habits; executive functions

PALABRAS CLAVE

Personas que egresan de un sistema de cuidado; funcionamiento diario; participación; rutinas y hábitos; funciones ejecutivas; salud

HIGHLIGHTS

- Absent role models in childhood affect care leavers' participation in adulthood.
- Care leavers' functional challenges include hardship in setting daily routines and habits.
- Challenges in setting goals and strategies may indicate executive function difficulties.

CONTACT Sarah Lazarus sgerloff@campus.haifa.ac.il Department of Occupational Therapy, Faculty of Social Welfare and Health Studies, University of Haifa, 199 Abba Khoushy Ave. Mount Carmel, Haifa 3103301, Israel; Rachel Kizony rachelkizony@tauex.tau.ac.il Department of Occupational Therapy, School of Health Professions, Gray Faculty of Medical and Health Sciences, Tel Aviv, Israel

[#]The second and last authors contributed equally to this manuscript.

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1. Introduction

Young adults emerging from out-of-home care (OOHC) facilities (care leavers) are among the most vulnerable populations in society. These young adults have been placed in OOHC facilities following adverse childhood experiences, some of which were traumatic, including neglect, family dysfunction, and various forms of abuse that directly compromised their safety and development. Exposure to multiple traumatic events is documented to affect 92% of youth in residential care (Achdut et al., 2025; Hummel et al., 2025). In most countries in the global north, foster care is the most common form of OOHC. In Israel, however, alongside a growing tendency towards foster care, residential care has been the common OOHC placement, largely for ideological and historical reasons. Every year, approximately 10,000 children are removed from their homes, of whom 20–25% are placed in foster families and 75% in residential homes (Refaeli & Sold, 2025; Sulimani-Aidan & Kovach, 2024).

Upon reaching the age of 18 and becoming young adults, most protection afforded to minors under the Israeli law is lifted, including the support of the facilities in which these young people resided. The exact number of care leavers in Israel remains unclear and is estimated at up to thousands yearly (Refaeli & Sold, 2025). Growing interest in this population has fuelled the development of post-care programme worldwide and in Israel; however, current evaluations characterize such initiatives as ‘generally inadequate and ineffective’ (Refaeli & Sold, 2025, p. 262), also as a result of inefficient legislation. This body of research and practice primarily employs psychosocial models to improve outcomes through interdependence, addressing critical needs for extended care, stable relationships, financial support, and structured transition programmes (OECD, 2022; Van Breda & Reuben, 2025). For example, Stein (2006) classifies care leavers into three outcome-based groups: ‘moving on’ – secure attachment and stable education/employment, with higher resilience and effective help-seeking; ‘survivors’ – greater instability and earlier, often abrupt exits from care, with periods of homelessness and precarious work but some support; and ‘victims’ – most severe pre-care adversity, marked emotional/behavioural difficulties, unemployment, and social exclusion. However, these approaches in isolation seem to capture only a partial dimension of the diversity and complexity integrated in daily functioning and participation during emerging adulthood (Van Breda & Reuben, 2025; WHO, 2001).

Emerging adulthood entails many possibilities and challenges among the general population; young adults are expected to enhance their independent daily functioning and participation (Arnett, 2000).

The Model of Human Occupation (MOHO) (Kielhofner, 2008) provides a foundational framework for occupational therapy by positioning engagement in daily activities as a central tenet. It offers a client-centred, occupation-based perspective that conceptualizes participation as a multidimensional phenomenon, dynamically shaped by the interplay of volition (motivation), habituation (roles, routines and habits), and performance capacity. Accordingly, challenges during emerging adulthood may stem in part from major changes in context (moving out) and roles (emerging into parenthood, student life, provider) of the individual, alongside a shift in existing routines and habits (AOTA, 2021; Kielhofner, 2008). Skills needed for such functioning and readjustment typically develop gradually across childhood, adolescence, and later life. This development often occurs within a family context through observation and experience, alongside ongoing guidance from meaningful adult key figures. Lack of environmental stability or the presence of a positive role model may delay the development of such skills and abilities (Kielhofner, 2008). Consequently, most care leavers face an abrupt transition, navigating functional demands with fewer resources and skills than their matched peers (Sulimani-Aidan & Kovach, 2024).

Daily functioning, according to the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001), consists of body functions (personality traits, strengths, abilities, and health conditions), daily activities, and participation – the ability to execute them by choice and meaning, within context. By emphasizing involvement in meaningful activities as a basic human tendency, MOHO suggests that successful and satisfying participation supports development, health, and well-being, highlighting the importance of attending to even minor limitations in daily participation (Kielhofner, 2008; Rosenblum, 2018). Participation within the occupational therapy framework is divided into domains (AOTA, 2021), of which the ones standing out during emerging adulthood are activities of daily living (ADL), such as eating, personal hygiene, and sexual activities, and instrumental activities of daily living (IADL), such as house and financial management, parenting, grocery shopping, and cooking. Education, work, leisure, health management, and sleep should also be considered during this pivotal life stage. The drastic change in demands and expectations during emerging adulthood, coupled with less support during this period, brings about the question of how care leavers execute these activities.

Care leavers’ ADL were found to have been addressed only indirectly, as a shortage of money to buy food parallel to unsafe sexual behaviour, commonly described in the literature (Courtney & Dworsky, 2006; Power & Hardy, 2024). The mention

of care leavers' IADL has accelerated in recent years; cooking, grocery shopping and budgeting are included in post-care programmes, as part of independent life skills (Cruz et al., 2025; OECD, 2022; Stein, 2006). In addition, leisure activities are mentioned in a handful of articles as part of such programmes (Cruz et al., 2025; OECD, 2022). Higher rates of early parenthood and abortions are documented (Purtell & Morris, 2025), together with lower achievements and instability in housing, education, work, financial conduct, and health (Gilligan & Brady, 2023; OECD, 2022; Refaeli & Sold, 2025; Stein, 2006; Van Breda, 2025). While it is possible to look at various daily activities individually, we suggest widening the point of view through framing and organizing these activities in time and space, within a daily context.

Framing experiences and activities means organizing and schematizing them within context as daily routines and habits, which are settled sequences of daily activities, enabling daily structure and inner rhythm (AOTA, 2021; Polatajko, 1992). Such settled sequences may be supportive as they require fewer cognitive and emotional skills and thus advance daily flow, choice, and meaning (Kielhofner, 2008; Polatajko, 1992). Nevertheless, when routines and habits become rigid or maladaptive, lacking flexibility to respond to environmental shifting demands, they may become counterproductive to the individual's participation (AOTA, 2021; Kielhofner, 2008). Difficulty in setting daily routines and adhering to them has been found to be a functional stumbling block in the lives of people with psychiatric health conditions, attention deficit hyperactivity disorder (ADHD), learning disabilities and substance use disorder. Such hardships are documented to limit fields of ADL, IADL, leisure, education, work, housing, and finances (Barkley, 2011; Kitzinger et al., 2023; Sharfi & Rosenblum, 2014). A growing body of literature shows a relatively high prevalence of psychiatric health conditions, substance abuse, and ADHD among care leavers, also presenting similar life outcomes in education, work, housing, and finances (Meier et al., 2024; OECD, 2022; Power & Hardy, 2024), which brings about the need to research their daily routines and habits.

In light of the presented information, paired with an ongoing call to further investigate care leavers' challenges and strengths, this study used a functional approach. Independent living skills programmes aim to teach specific skills; however, this paper proposes a broader view of activities and participation that considers the person (abilities, desires, strengths, physical and mental characteristics, beliefs, values) within context (environmental factors and time frames) (AOTA, 2021). Deepening the understanding of daily participation, guided by the MOHO (Kielhofner, 2008) and using ICF-based language (WHO, 2001), could

advance tailored and flexible intervention, possibly impacting much-needed policy changes, and thus promote successful interdependent living for care leavers (Cruz et al., 2025; Refaeli & Sold, 2025). Such programmes should be tailored to person–environment–participation characteristics and remain flexible enough to adapt as a client's mental, physical, or occupational status changes during the intervention (Cruz et al., 2025).

The outcomes of female care leavers differ slightly from those of men, exhibiting different needs specifically with respect to social support and relationships (Achdut et al., 2025; Purtell & Morris, 2025; Zhao et al., 2025). Hence, a homogeneous sample of women was included in this study. Studies calling for future research regarding care leavers highlight the need for acquisition of knowledge from expert witnesses (Cruz et al., 2025; OECD, 2022). Accordingly, using a qualitative study design, the aim of the current study was to document and widen existing research on female care leavers' perceptions of their daily functional experience. This study addresses the following research question: How do young women emerging from out-of-home care facilities perceive their daily functioning with regard to the environment in which they grew up in their past and their present day-to-day life?

2. Method

2.1. Participants, study design, and procedure

Participants' demographic characteristics are presented in Table 1. Twelve Israeli female care leavers, aged 20–29 years, participated in this study. Four participants had immigrated to Israel during childhood, and all reported speaking at least one additional language to their mother tongue. The age of entry into OOHC ranged from 3 to 16 years. All participants resided in residential group homes supervised by the Israeli Ministry of Welfare; two also had foster family experience. Eleven participants reported various physical symptoms (such as headache, stomach ache, pruritus, and trouble sleeping), especially during times of distress.

A qualitative phenomenological descriptive research design was used. Using convenience and snowball sampling, participants were recruited through social media by the first author. Twelve semi-structured, in-depth interviews were conducted with eligible participants. This study was designed and conducted in accordance with the rules of the University of Haifa Ethics Committee. Approval by the same institute was given before the study started (19 October 2022, 430/22). The study took place between October 2022 and May 2023. Screening via telephone conversation was carried out with young

Table 1. Participants' personal characteristics.

Participant	Age (years)	Number of care facilities	Present occupation	Number of health diagnoses	Diagnosis type (self-report)	Physical symptoms
Lindsay	24	3	Nanny	1	Depression	5
Maria	26	1	Occupational therapist	2	ADHD, ODD	7
Ariana	29	2	Nanny	1	Depression (post-partum)	0
Ella	27	3	Unemployed	3	Depression, anxiety, PTSD	7
Vera	29	2	Unemployed	0	–	1
Vanessa	26	2	Optic store	2	Depression, eating disorder	3
Tara	25	1	Teaching assistant	0	–	5
Nora	26	3	Unemployed	2	Depression, BPD	5
Emily	20	1	Unemployed	1	ADHD	4
Daria	24	3	Unemployed	3	BPD, eating disorder, ADHD	7
Natalie	26	3	Social worker	2	PTSD, diabetes	6
Monica	26	7	Social worker	2	ADHD, ODD	3

Note: ADHD = attention deficit hyperactivity disorder; ODD = oppositional defiant disorder; PTSD = post-traumatic stress disorder; BPD = borderline personality disorder.

adults who voluntarily initiated contact with the researcher – which included an explanation about the purpose and structure of the study and questions establishing the eligibility of participants. Eligible participants received the consent form via e-mail or WhatsApp. Semi-structured interviews, including questions about participants' daily functional experience, lasting for about 45 min, were conducted via Zoom. Several steps were taken to ensure confidentiality, such as storing data by numeric code in locked folders. At the beginning of each interview, the interviewer explained the study's purpose and procedure. Potential risks and benefits were then reviewed. Participants were provided with the contact details of the first author (a qualified occupational therapist), as well as contact information for organizations specializing in assisting people in distress. Participants were informed that participation was voluntary, that they could pause, take a break, or stop the interview at any time, and that the interview would be audio-recorded. Finally, participants were invited to ask questions before giving their verbal consent to participate. At the beginning, participants completed a sociodemographic–functional questionnaire (10–15 min). All interviews were conducted by the same researcher, following a semi-structured interview guide, which was developed by a forum of professional occupational therapists and reviewed by a female care leaver.

2.2. Qualitative analysis

Interviews were audio-recorded and transcribed verbatim, encrypting all identifying details. Transcripts were analysed using inductive thematic analysis (Cresswell, 2013). Initial coding was used to create a coding tree, which was categorized into 12 categories and organized under four main headings. To enhance credibility, a peer-review forum of professional occupational therapists separately reviewed

random interviews and validated the proposed taxonomy.

3. Results

Data analysis revealed an overall picture of daily participation of 12 female care leavers. Observing their narratives through a temporal context (past, present, and future) allows a reflection of the evolving functional experience of the participants. As illustrated in Figure 1, this temporal flow moves from the foundational impact of dysfunctional childhood environments into the acute challenges of transitioning to adulthood. This progression leads to a present-day struggle to 'frame' daily activities, ultimately pointing towards the participants' future strategies for perseverance. Each theme in the following subsections serves to provide the empirical depth captured in this visual overview: Past: (1) 'So yes, we grew up in a dysfunctional home' – The impact of childhood home environments on daily life; (2) 'When I finished, I was pretty lost ... because at the age of 18 you kind of need to hold yourself together on your own' – Transitioning into adulthood from a functional perspective; Present: (3) 'I can plan, but I can't promise it will actually happen' – Outlining and framing daily functional activities; and Future: (4) 'My dream ... is mainly ... that good will outweigh the bad' – Factors enabling perseverance and hope. (All names used in this chapter are pseudonymous and are not associated with the study participants.)

3.1. Past

3.1.1. 'So yes, we grew up in a dysfunctional home' – The impact of childhood home environments on daily life

3.1.1.1. *The death or illness of family members interfering with parental care and role modelling.* Alongside various familial risk factors (such as substance

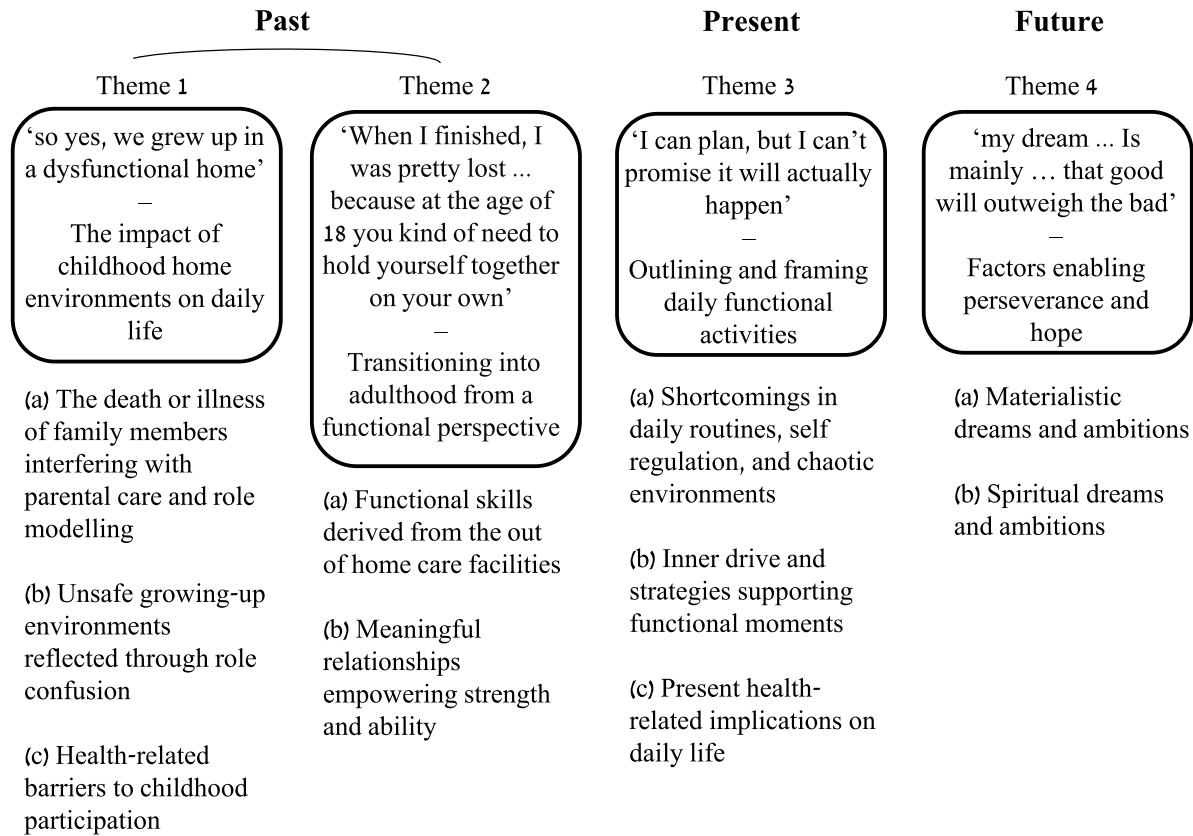


Figure 1. Themes and subthemes.

abuse, sexual misconduct, and immigration), the story of many participants begin with an illness or death of a close family member. Several participants described how a sibling’s health condition was associated with changes in family relationships, influencing their experiences of parenting and environment.

My dad passed away when I was a year old, my brother has low functioning autism. I grew up with a mom at home and Shawn my brother eventually moved out. So, it was just me, my mom, and her partner for a time. (Lindsay)

Participants shared various parental functional (or dysfunctional) features reflected in their present day-to-day life, in areas of studying, relationships, daily activities, and skills of organization in time and space. ‘My mom doesn’t know how to manage the house ... the fridge is always empty ... so I didn’t really have a role model for how to run the house’ (Maria).

3.1.1.2. Unsafe growing-up environments reflected through role confusion. Dangerous growing-up environments were reported as withholding opportunities to learn and acquire skills needed for daily participation.

Yes, we grew up in a dysfunctional home, most of the time Mom was under the influence of either alcohol or drugs or both. Over time it worsened and with that, also my mom’s social environment, we had a few of her violent boyfriends come and go ... (Ariana)

Role reversal is a recurrent theme; the children in our stories took upon themselves roles of carers and even protectors of other family members.

I am the youngest and I would be the one to take care of him [the older brother] ... My dad would lock us outside of the house, so I would break into the house through the window to get in. (Nora)

Participants’ narratives reveal how early role reversals, such as a grandmother’s struggle to enforce afternoon-school-activity structure, disrupted their internalization of boundaries. This historical lack of stable hierarchy contributes to present-day hardships in establishing personal structure.

She [my grandmother] would try to do fun things with me. ... I was already tired and so was my mom ... I usually do what is easy for me ... It is really hard for me to do things that I don’t want to do. (Lindsay)

Specifically, this manifests as a persistent difficulty in organizing daily routines or commit to self-defined goals. ‘I think throughout my life I have really just gone with the flow, not thinking too much, no planning, just doing what I want’ (Vera).

3.1.1.3. Health-related barriers to childhood participation. Participants reflect upon their sense of otherness during childhood, describing being called names and kids refusing to sit next to them due to their messy environment. ‘Kids didn’t want to sit

next to me in the fourth grade, it was because I was really messy ... also because I didn't wear shoes most of the time' (Maria).

Many highlighted underlying struggles, such as difficulties sustaining attention, organizing, regulating emotions, or coping with low mood, which they felt were often not recognized or addressed during childhood. 'I was like a kite; I remember these words ... they would say – you are like a kite without a strand' (Vera).

3.1.2. 'When I finished, I was pretty lost ... because at the age of 18 you kind of need to hold yourself together on your own' – Transitioning into adulthood from a functional perspective

3.1.2.1. Functional skills derived from the OOHC facilities. Skills acquired by participants during their stay at the OOHC facilities are spread over various functional domains, such as social behaviour and adaptation, home and financial management, and personal hygiene.

Interacting with people ... It's something that helps me a lot ... I know how to be like a chameleon and change and adapt ... also keeping things clean, self-hygiene ... it stays with me until this day. (Ariana)

The abruptness of the transition from the OOHC facility into adult life brought about the need to deal with real life demands independently, and often alone. Participants described it using strong metaphors such as being born, coming out of the womb, transitioning from a greenhouse into open air. 'I don't think a person should ever have to get used to being abandoned, but this is life and there is nothing you can do about it' (Emily).

At the same time, there is a big variance between the daily skills that were acquired and those still lacking in present life: 'I felt it (lack in skills) in a lot of aspects ... looking for a fitting place to study in ... looking for my first apartment, I was shocked ... it was really hard' (Vanessa).

3.1.2.2. Meaningful relationships empowering strength and ability. Safe and meaningful relationships in the OOHC facilities and school are described by participants as an anchor and a steppingstone in their emotional and functional process of transition into adulthood, bringing out their inner strength to push forward.

I will say about my father [foster family] ... that much of my success is because of him, because he really believed in me. Lots of social workers would say – she's violent, she'll end up in prison anyway ... I've always had his voice in me. (Monica)

By fostering the girls' inner strength, these meaningful relationships have played a crucial role in enabling them to make decisions and take actions that led to a sense of achievement and even protecting themselves in dangerous situations. 'I heard about naval officers, I went to do the tests, I didn't pass them, but I said that I

would keep trying, I called, I sent letters, and I just got in somehow' (Vera).

3.2. Present

3.2.1. 'I can plan, but I can't promise it will actually happen' – Outlining and framing daily functional activities

3.2.1.1. Shortcomings in daily routines, self-regulation, and chaotic environments. In describing their present daily challenges, participants revealed underlying hardships that they face in their ability to create, organize, and maintain daily routines; being late, losing things, rigidity, difficulty adjusting to change, and more.

I feel that my daily time management is just terrible ... everything I think will take an hour, ends up taking two hours, also ... I don't have the energy to do it all, so I will rest and then things are put off. (Vanessa)

Dysregulated emotions and behaviour were described as posing a major challenge, which was particularly evident in professional environments. 'Sometimes when I am in an unstable mood and I am not doing well so ... I can't explain myself exactly and a lot of times I take it out on other people ... I can't always control it' (Daria).

According to participants' accounts, chaotic and loud environments, especially when paired with high sensitivity, disrupt their inner and functional balance, causing them to feel overwhelmed.

I feel like ... I am overwhelmed quicker than other people, as in other people can maintain a certain routine ... I just don't understand how other mothers go to work and come home to their children and then go to sleep and back to work, I just can't. (Ella)

3.2.1.2. Inner drive and strategies supporting functional moments. To create order in chaotic and overwhelming situations and overcome overstimulation, participants describe how they employed a variety of strategies.

When I feel like I'm stressed and ... not able to complete all of my tasks ... I stop everything, take a full basket, pour it out onto the floor and let them [the kids] play for a while ... it allows me to reset myself. (Ariana)

Multiple participants put an emphasis on the nighttime as an opportunity to regain balance; enabling them to spend time in silence, to create order and space to think and execute meaningful activities. '... I also bake at night; I also love to bake, and it gives me some quiet time' (Ella).

Some participants have developed steadfast habits, acting as strategies, described as an anchor in their daily routines.

I try to check when I get up that everything is on me when I am leaving a place ... I try to organize my things the day before so that everything is ready, even though not long ago I organized everything,

but I forgot the lock for my bike ... I was almost late because of that. (Nora)

A considerable number of participants note that a sense of commitment to people around them, and the need to inform someone about their progress, has played an important role in supporting and preserving healthy habits (at work, in self-care, home maintenance, or social relationships). 'I would always have to update her that I did what we decided ... I had a person that I couldn't trick because it doesn't work with Jonathan or with my mom either' (Lindsay).

Many participants describe feelings of obligation and responsibility as advancing their inner drive to promote successful daily functioning regardless of having personal motivation (the same also applied, in some cases, to pets). 'Because she's dependent on me ... I always have the thought that she can't just get up and go by herself ... so I force myself, if not me then who?' (Daria).

Some of the young women stated that the need to prove themselves to other people, specifically to those who did not believe in them in the past, gives them the motivation to try new things and succeed. 'It's the reason that I live. You said that you don't believe in me? No problem you just wait, I will be counting cash, and you'll be kissing my feet' (Emily).

3.2.1.3. Present health-related implications on daily life. The unstable emotional health of participants was reflected through a decline in daily functioning, such as a disorganized living environment, an empty fridge, neglecting daily hygiene, and others. This chaotic state was often attributed by participants to health-related symptoms associated with bulimia, post-traumatic stress disorder, depression and diabetes. 'If I'm in an unstable emotional state, it's the first thing to fade away ... the organizing, cleaning, washing dishes, cooking ...' (Lindsay).

Furthermore, a decline in daily functioning served one of the participants as a turning point that prompted her to recognize the need for self-care and support in the context of postpartum depression. 'It was already a part of me [the ability to keep up daily functioning], I knew how to identify that something wasn't ok and to point it out and say ok, I need to do something about it' (Ariana).

3.3. Future

3.3.1. 'My dream ... is mainly ... that good will outweigh the bad' – Factors enabling perseverance and hope

3.3.1.1. Materialistic dreams and ambitions. Through the participants' answers, it was possible to look at the entire time continuity of past–present–future. Various participants' first response to a question about a dream

and the future was hesitant. Throughout some of the answers their time frame expanded, specifically when speaking about professional wishes and hopes. 'There isn't really something that I dream of ... Finish my first year, start my second year ... I hope I find a good job that I'll enjoy, and that will be profitable' (Nora).

Lindsay, together with others, also expresses a wish for professional development, including meaningful occupation and an affinity to her leisure activities.

Professionally I would like to feel like ... a. I'm doing something that I like and b. To feel like I found myself in this subject or this specific niche ... and that it'll be connected to art in some way. (Lindsay)

3.3.1.2. Spiritual dreams and ambitions. Lindsay continues her dream with a wish for a healthy family life and for good to outweigh the bad. Similar wishes were documented within many of the interviews. 'What I really care about is having a stable family, a husband, kids. I don't worry about the rest' (Tara).

The participants' journey through time, past, present, and future, brings to light a complex, harsh, yet hopeful functional picture. The themes presented highlight optional underlying mechanisms for daily routines, parallel to functional strategies and resilience enabling them in their daily lives.

4. Discussion

The aim of the current study was to explore female care leavers' daily experience during the transition from OOHC facilities into adulthood. Findings were found to centre around four main themes: (1) the impact of childhood home environments on daily life; (2) transitioning into adulthood from a functional perspective, highlighting the absence of skills and the significance of meaningful relationships; (3) outlining and framing daily functional activities, with an initial sketch of daily activities framed in routines, habits, and strategies; and (4) future dreams and aspirations. Our findings complement psychosocial frameworks such as Stein's (2006), by adding a daily functional lens to understand care leavers' outcomes and the mechanisms that shape them (Figure 2). These results will be discussed in this section, followed by recommendations to enhance fieldwork through tailored intervention and policy implications for this population.

Numerous existing theories have highlighted the relationship between child-rearing environments and a person's developmental trajectory, manifesting in the lives of our participants (Bowlby, 1969; Zhao et al., 2025). The current findings expand our knowledge through presenting a connection between functional role modelling and skills development.

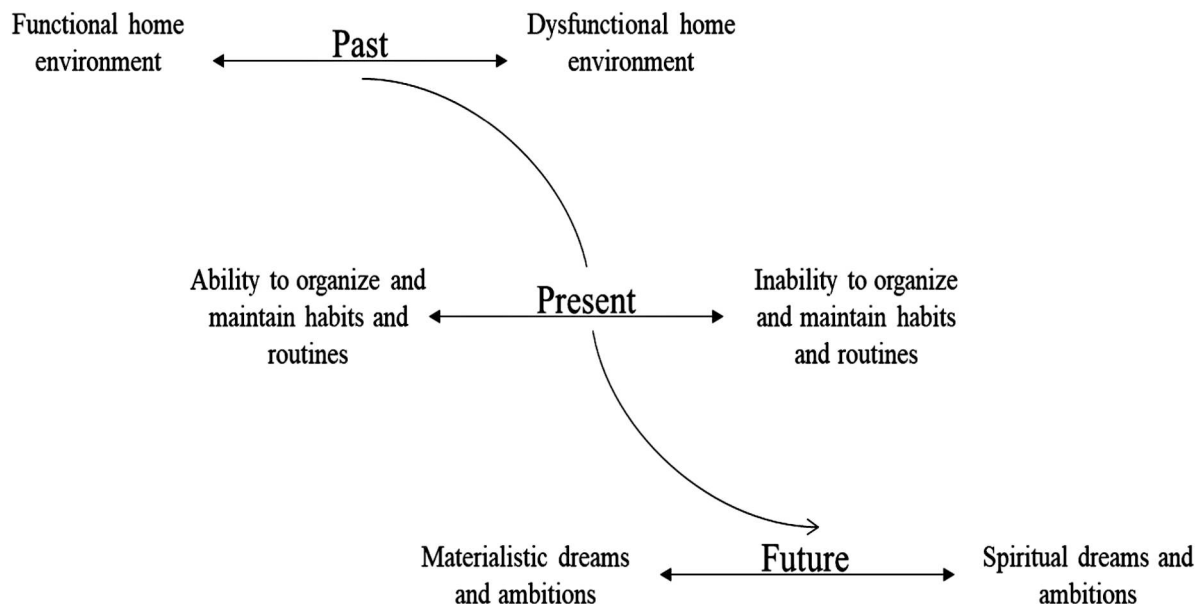


Figure 2. Daily functioning through the scope of time.

Retrospective accounts reflect factors such as dysfunctional parenting, dangerous and chaotic environments, role reversal, and health-related barriers as shaping these young women's functional experience. Nevertheless, within this chaos, patterns of consistency and strength emerged, pointing towards active efforts of the participants to create order. For example, the little girls in our stories bravely took upon themselves caregivers' responsibilities.

Key figures and role models emerged as vital sources of empowerment: foster parents, house mothers, or other staff members provided emotional and practical support. This converges with attachment and care-leaving research showing associations between supportive and stable relationships and improved coping and better preparedness for life after care (Bowlby, 1969; Sulimani-Aidan & Kovach, 2024; Zhao et al., 2025). Extending this work, the current findings highlight a functional pathway: meaningful support strengthened participants' capacity to make decisions, and to initiate and sustain routines, advancing their daily participation. Recognizing these influences may help to refine future intervention models for this population.

Skills in interacting with people and adapting to social demands were mentioned by participants as having developed during their time in care. Other competencies (such as financial management and self-regulation) were lacking after transitioning out. This absence conveys a stumbling block, withholding healthy and satisfactory daily functioning. These findings highlight versatile experiences of the transition from care into adulthood (Refaeli & Sold, 2025; Zhao et al., 2025), specifically regarding daily functional skills. The current study extends the literature by proposing an ICF-informed perspective

emphasizing functioning as shaped by person-environment interactions (WHO, 2001), which could be translated into occupational therapy intervention.

Difficulty in constructing and maintaining routines, flexibility, organization in time and space, and emotional regulation were mentioned many times as barriers to daily participation, eliciting frustration among our participants. These findings align with previous literature describing impulsivity and dysregulation manifesting in sexual and social behaviour among care leavers (Kaasinen et al., 2025). These various skills, including also initiation and strategy use, fall within the realm of executive functions (EFs). EFs are a cluster of high cognitive functions, forming the basis of one's ability to complete complex and multidimensional daily tasks, and playing an integral role in executing goal-directed behaviour (Anderson, 2002; Connor & Maier, 2011). Childhood adversities have been shown to influence brain development and function; resulting in lower EF and adverse outcomes (Anderson, 2002; Meier et al., 2024). However, EF was found to have been examined only in similar populations (youth at-risk, foster care children and alumni), reporting less and ineffective strategy use, lower working memory, and less inhibition compared to controls (Fry et al., 2017; Olson et al., 2017; Toglia & Berg, 2013; Zeytinoglu et al., 2023). Participants' accounts indicate that EF may be relevant to understanding care leavers' daily participation.

Alongside their complex and often painful past experiences, the young women in this study demonstrated a variety of strengths and resilience strategies, initiating action to protect themselves in dangerous situations and enabling them to create order in overwhelming situations. Cognitive strategies, implicit or

explicit, are tools or plans used by an individual to enhance their performance (Connor & Maeir, 2011) as part of the EF umbrella term. Togliola and Berg's (2013) study with at-risk youth stresses the importance of such strategies among at-risk populations, reporting correlations between them and higher educational outcomes. Similarly, such strategies used by our participants may have supported their professional outcomes: becoming a nanny, a social worker, or an occupational therapist. Variability in use and effectiveness highlights the clinical need to focus on the recognition and promotion of functional strategies.

Hesitant answers regarding dreams and aspirations are consistent with past research about care leavers' perception of the future, focusing on a variety of materialistic and emotional barriers (such as lack of finances and social support) (OECD, 2022). Studies show that women, in particular, place greater emphasis on family bonds (Cinamon & Rich, 2014), which could explain the recurrence of the family topic within our interviews. When considering the cognitive abilities needed for developing a positive perception of the future, such as setting goals and achieving them, planning, using effective strategies, and abstract thinking, EF surfaces again as a possible underlying mechanism (Anderson, 2002; Connor & Maeir, 2011). As such, EF could possibly affect female care leavers' daily functioning within all of the time frames discussed: past, present, and future.

The current study's aim was to investigate female care leavers' perceptions of their daily participation, trying to create space for complex, versatile stories. The findings revealed various strengths and barriers resulting from their past experiences, affecting their daily functioning, and thus highlighting the impact of unstable environments, functional role modelling, and a variance of skills and strategies affecting their ability to develop routines in the present and their future perception. Although the sample probably includes mainly 'survivors' and some 'moving on' care leavers (Stein, 2006), shared day-to-day hardships and successes in functioning may shape longer-term trajectories and constitute meaningful outcomes.

Several limitations to this study should be acknowledged. Recruitment via social media, interviews conducted via Zoom, and the small sample size could all have influenced variability. Moreover, our research team did not include an expert witness researcher, which may have limited the interpretation of results. In accordance, generalization should be carried out with due caution. In light of these limitations, future studies should expand the number of participants and the variation among them, so that the results can be extended and generalized to a wider population. The variability and complexity of the results underscore the importance of developing tailored

and flexible test batteries, assessing functional skills, considering functional role modelling, EF, routines, and habits. Objective performance-based assessment, compared to subjective views, could be used to deepen the knowledge about care leavers' daily participation. New therapeutic interventions should also be devised in the context of the difficulties, strengths, and ambitions of care leavers presented in this study. The current findings highlight daily functional areas that may be strengthened through increased state support and funding. Given that occupational therapists are already integrated within educational and state-funded mental health services, the welfare system should similarly embed occupational therapists within support for at-risk populations. Each care leaver should receive a coordinated 'package' of care, led by a case manager, involving mental health services, primary/physical healthcare, social work, and occupational therapy, to advance daily participation, health, and well-being during emerging adulthood.

Disclosure statement

No potential conflict of interest was reported by the authors.

Data availability

The data used in this study are confidential.

ORCID

Sarah Lazarus  <http://orcid.org/0009-0008-4037-7757>

Sara Rosenblum  <http://orcid.org/0000-0002-8666-0389>

Rachel Kizony  <http://orcid.org/0000-0002-7346-8339>

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