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Readiness for independent living of youth in residential childcare: A comparative study

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Abstract

Transition to adulthood is an accelerated and early process for care leavers that requires intensive preparation, training and support from child welfare services. This study aimed to explore the perceived readiness for independent living of a group of care-experienced young people preparing for leaving care in Spain and to compare it with the perceptions of their peers from the general population. A sample of 508 youth (50% women) aged 14–21 ($M = 16.67$; $SD = 1.72$) took part, of whom 279 were care experienced and 229 belonged to the general population in Spain. Participants' independent living skills, personal autonomy, self-efficacy and sociodemographic characteristics were assessed through an online survey using standardized instruments. Care-experienced young people displayed higher levels of life skills and autonomy in self-care, daily living at home and employment domains, but not related to making daily arrangements in their community. However, their educational level and self-efficacy levels were lower than in the comparison group. Work experience stood out as a significant predictor of care-experienced young people's life skills level. These findings support the importance of assessing life skills as an outcome of leaving care preparation services and providing care-experienced young people with real-life experiences to develop their life skills.

KEYWORDS
independent living skills, leaving care, readiness for independent living, residential childcare, transitions to adulthood

1 | INTRODUCTION

Transition to adulthood has become an increasingly extended and complex period for young people that is not usually completed until the late twenties (Moreno, 2012; Vogel, 2002). According to Arnett (2000, 2015), this period between adolescence and young adulthood (ages 18–29) could be considered a distinct evolutionary stage called 'emerging adulthood', in which change and exploration of different life choices are the constant in young people's lives and family support is critical to navigating their non-linear and unstable trajectories (Mitchell, 2006). In fact, the mean age of emancipation from the family home in Europe has stabilized in the second half of young people's 20s during the last decade (EUROSTAT, 2020). However, for young people who make the transition to adulthood from state care, known as 'care leavers', the decision of leaving their care placement is usually based on their age rather than their readiness or preparation (Arnett, 2019). Their transition to adulthood has been described as accelerated and compressed (Stein, 2008), as they are

often required to start living on their own soon after leaving care, aged 18–21 years old in most countries.

It can be estimated that up to 10% of the approximately 50 000 young people in out-of-home care in Spain could be reaching the age of majority and moving out of care each year, as 37% of them are aged 15–17 (Observatorio de la Infancia, 2020). This means that many of them could start their journey to independent living approximately 10 years before their peers, considering that young people in Spain are emancipating from the family home at 29.8 years old, on average (EUROSTAT, 2021). Transition to adulthood will imply a greater number of challenges for most care leavers in critical areas for successful emancipation, such as education or employment (López et al., 2013), leading them to poorer outcomes and greater difficulties for reaching adequate levels of social integration and well-being as emerging adults, according to international research (Alonso-Bello et al., 2018; Atkinson & Hyde, 2019; del Valle et al., 2008, 2011; Gypen et al., 2017; Martín et al., 2020; Montserrat et al., 2013).

To overcome these risks, the international research community agrees on the importance of providing care-experienced young people with adequate preparation for leaving care (Harder et al., 2020). Interventions for this purpose, usually known as 'independent living programmes' (ILPs; Montgomery et al., 2006), are designed to help young people in care develop the key independent living skills (ILS) necessary for life (e.g. budgeting, household management, job skills and using community resources) and personal development (e.g. decision making and social skills) and to provide educational and vocational support (Heerde et al., 2016).

Several studies have found that participation in ILPs is related to some degree of positive outcomes for care leavers, especially regarding education, employment and housing (Heerde et al., 2016; Liu et al., 2019; Woodgate et al., 2017). However, according to Yelick (2017), ILPs' direct impact on young people's perceived ILS is still unclear, as the identified evaluation studies rarely report this outcome or use different approaches to address it. In fact, the measurement of ILS has not been widely studied in recent literature. Häggman-Laitila et al. (2019) found only a handful of studies that assessed young people's perceived ability for independent living and self-determined behaviour in the last decade (Casey et al., 2010; Dinisman & Zeira, 2011; Dutta, 2017; Huscroft-D'Angelo et al., 2013; Trout et al., 2014). Of these studies, only Casey et al. (2010) used a published assessment tool to measure ILS, the Casey Life Skills Assessment (CLSA; Casey Family Programs, 2017), which could be considered the more widely used and comprehensive tool for this purpose. The rest of them used self-developed instruments and approaches that best fitted their aims. For example, Dutta (2017) explored care leavers' retrospective assessment of their preparedness, whereas Huscroft-D'Angelo et al. (2013) and Trout et al. (2014) measured life skills at young people's discharge from care. The study by Dinisman and Zeira (2011) used an assessment tool adapted from CLSA by Benbenishty and Schiff (2009) for the Israeli context, which assessed self-efficacy in readiness for leaving care in young people in residential care. However, although most of them report their instruments' reliability indexes, no rigorous psychometric studies have been conducted about them.

Some of the studies mentioned have found that young people in care tend to perceive themselves with high levels of life skills (Benbenishty & Schiff, 2009; Casey et al., 2010; Dinisman & Zeira, 2011; Dutta, 2017; García-Alba et al., 2022; Refaeli et al., 2013; Trout et al., 2014). Trout et al. (2014) suggested that these results might be explained by an overestimation of their capacity, in the light of the less optimistic views of young people's skills informed from parents' or caregivers' point, and of studies in which young people reported feeling ill-prepared for independent living (Mitchell et al., 2015; Moodley et al., 2020). However, such perceptions have never been tested against those of non-care-experienced young people from a comparative approach.

The present study seeks to address this gap in research by exploring the perceived readiness for independent living of a group of care-experienced young people in Spain, comparing it with the perceptions of their peers in the general population who are, in general, not expected to conduct a rapid emancipation from their homes. For this, we will use PLANEA Independent Life Skills Assessment tools, a set of instruments that have shown good psychometric properties and evidence of validity to measure care-experienced young people's life skills and personal autonomy in the Spanish context (García-Alba et al., 2021, 2022). These instruments have been developed from the framework of Planea Programme, an independent life skills training tool that care workers can use in residential childcare to promote young people's autonomy and everyday life skills in Spain (Del Valle & García-Alba, 2021).

Specifically, this study is guided by the following exploratory research questions: (a) Do care-experienced young people feel more skilled and prepared to cope with independent living than their peers without the prospect of early emancipation from the family home? (b) Do these differences vary according to age? (c) Which individual variables are best predictors of perceived ILS? (d) Do they differ between care-experienced young people and their peers from the general population? We hypothesize that care-experienced young people will feel more prepared and skilled for independent living than their peers from the general population, being their levels of skills increased with age in both groups. We expect self-efficacy and autonomy in daily life to be the best predictors of perceived levels of life skills for both groups, but especially relevant for care-experienced young people, together with work experience.

2 | METHOD

2.1 | Participants

The sample was composed of 508 young people aged 14–21 ($M = 16.67$; $SD = 1.72$) living in 17 different regions of Spain. It comprised two groups: 279 care-experienced young people (CEG) living in children's homes or supported accommodation for care leavers and 229 young people from the general population selected to

constitute a comparison group (GPG). Young people in CEG (49.5% girls) had lived in children's homes for a medium time of almost 4 years ($M_{months} = 44.64$, $SD = 42.79$), being in their current placement for 2 years, on average ($M_{months} = 26.03$, $SD = 24.63$). Almost half of them lived in regular children's homes (44%), whereas 19% lived in specific children's homes for adolescents to develop autonomy and life skills and 17.2% in residential facilities for young people with specific needs (e.g. therapeutic residential care). The rest were living in supported accommodation for care leavers (19.4%) and were receiving more intensive transitional support services. The development of autonomy and life skills was one of the objectives of their intervention in 82% of the cases. Young people in the GPG were selected so that their mean age and distribution in age cohorts were equivalent to CEGs ($t = -0.010$, $p = .925$; $\chi^2 = 0.03$, $p = .987$), as well as their gender distribution ($\chi^2 = 0.03$, $p = .858$). Most participants in this subgroup were living with their parents or family of origin (90.8%), whereas the rest were living with roommates in shared flats or on-campus accomodation (8.3%), or on their own (0.9%).

2.2 | Instruments

2.2.1 | PLANEA Independent Life Skills Assessment

In order to assess the perceived level of ILS and personal autonomy, we used the young people's self-reported versions of two instruments included in the PLANEA system: PLANEA and PLANEA-T (García-Alba et al., 2021). PLANEA includes three subscales that measure the degree of perceived knowledge on different skills in daily life using a 4-point Likert-type scale (1 = *nothing*; 2 = *little*; 3 = *enough*; 4 = *a lot*). The subscales are Self-Care and Well-Being (16 items), Daily Arrangements and Organizational Skills (12 items) and Employment and Accommodation (eight items), along with a total score of independent life skills. Both the main scale and subscales have shown excellent reliability indexes (α = .86–.94). PLANEA-T measures the degree of personal autonomy informed by the young person in the actual performance of everyday life tasks and activities using a 4-point Likert-type scale (3 = *I do it by myself*; 2 = *I do it with an adult person*; 1 = *someone else does it for me*; 0 = *not done, neither alone nor supported*). Their data were considered missing if they chose the last option, being only excluded for the analysis conducted with this scale. PLANEA-T includes two specific subscales: Managing Daily Life Tasks (four items) and Doing Household Chores (four items). Both subscales and the total score (Personal Autonomy) have shown good reliability indexes (α = .77–.84; García-Alba et al., 2021). In the current study, the total score reliability (α) coefficients were .93 for PLANEA and .79 for PLANEA-T.

2.2.2 | General Self-Efficacy Scale

Self-efficacy, which is understood as the belief in the capacity of one's actions to achieve specific outcomes (Bandura, 1977), was included to study its contribution to perceived ILS in both subsamples. Although high self-efficacy can be a protective factor that promotes care leavers' resilience and life satisfaction (Cicchetti, 2010; Refaeli et al., 2019), several authors have highlighted how this can be negatively impacted by the constraints of childcare environments (Hokanson et al., 2019; Stein, 2005). Self-efficacy was assessed using the Spanish adaptation of the General Self-Efficacy Scale (Baessler & Schwarzer, 1996). This instrument includes 10 items and uses a 10-point Likert-type scale (e.g. I can solve difficult problems if I work hard enough). It has shown good psychometric properties in previous studies (α = .87–.89) with adolescents and college students (Espada et al., 2012; Sanjuán et al., 2000). In the current study, the reliability (α) coefficient was .91.

2.2.3 | Participant's basic data and profile characteristics

All participants answered a brief set of questions that outlined their sociodemographic profile, including age, gender, occupation, studies and work experience. In addition, care workers completed a questionnaire about each young person in the CEG, including their current placement's characteristics and length of stay in residential care.

2.3 | Procedure

The instruments were administered via an online form. Participants in GPG were recruited using a non-probabilistic sampling strategy. First, several teachers in secondary compulsory education (expected to be completed at age 16 in Spain) and post-compulsory educational centres were contacted and asked to present the study to their students. The study was further disseminated through email and social media. Those who participated were also invited to forward the study's information to young people in their personal networks. In order to reach participants for the CEG, several residential childcare service providers were contacted and informed about the characteristics of the study by the research team. If they consent to participate, further information was sent along with the links to the online evaluation forms. Young people in this subgroup were proposed to participate by a professional from their residential care home or programme. After being informed about its objectives, characteristics and anonymity guarantees, all participants gave their informed consent to participate. Data were gathered from May to September 2020. This research was approved by the Ethics in Research Committee of the University of Oviedo (5_RRI_2020).

2.4 | Data analysis

Descriptive statistics were used to describe participants' characteristics, which were compared using different statistical tests depending on the nature of the variables studied. The chi-square test for

independence was used for categorical variables using Yates' continuity correction for dichotomic variables, whereas Student's *t*-test for independent samples and two-way ANOVA were used for quantitative variables. A value of $p \leq .05$ was established as the degree of significance in all analyses, and values lower than −1.95 or higher than 1.95 were considered significant for the interpretation of standardized adjusted residuals. Effect sizes were estimated and reported for each statistical technique. For chi-square tests, phi coefficient was used in 2 × 2 tables, whereas Cramer's *V* was used for larger tables. Cohen's *d* was used for *t*-tests, and partial eta squared for ANOVA. Effect sizes were interpreted according to the guidelines proposed by Cohen (1988). Finally, standard multiple regression analyses were carried out to study the capacity of personal and profile variables to predict perceived ILS. All analyses were carried out using SPSS v26.0 software (IBM Corp, 2019).

3 | RESULTS

3.1 | Education and employment

Table 1 shows the results of the comparative analysis between the CEG and GPG regarding their sociodemographic profile, including their current occupation, education and work experience. The majority of the CEG participants were dedicated exclusively to studying (88.5%), whereas a very small proportion (3.6%) were combining their studies with a job or working as their main activity. The rest (7.9%) were not in employment, education or training (NEET). In contrast, young people in the GPG were significantly more likely to be dedicated to studying (96.5%) and less likely to be NEET (0.4%). The proportion of young people with work experience (currently employed or employed in the past) was equal for both samples (25.8%).

Differences between the groups are clearer considering different age cohorts. All young people aged 14–15 were dedicated students (education is compulsory from ages 6 to 16 in Spain) except for two young people in the CEG (2.6%), who were NEET at that time. The proportion of participants dedicated exclusively to studying after this point is lower for the CEG than for the comparison group, dropping to 91.3% for the 16–17 group and 77.3% for those aged 18–21. In contrast, 97.1% of young people in GPG were still dedicated to studying between 16 and 17, and this proportion is slightly lower (92.1%) from 18 years old. This difference is not compensated with higher employment rates in CEG aged 18–21, as only 5% were employed. However, the rate of 18–21 young people who were NEET in this subgroup was considerably higher (16%) than in the GPG.

The groups also differed regarding the type of courses attended by young people pursuing education or training (Table 1). Young people in the CEG were in compulsory secondary school (53.4%) or vocational training (29.6%) in higher proportions than the GPG, who were attending post-compulsory secondary school (34.2%) and college courses (19.3%) at higher rates. Differences are also clearer considering different age cohorts beyond the age of 16.

TABLE 1 Differences in young people's sociodemographic characteristics

	CEG		GPG				
Variable	***n***	***%***	***n***	***%***	χ^2	***p***	***Phi or V***
Gender					0.03	.858	0.012
Male	141	50.5	113	49.3			
Female	138	49.5	116	50.7			
Age					0.03	.987	0.007
14–15	77	27.6	63	27.5			
16–17	127	45.5	103	45			
18–21	75	26.9	63	27.5			
Occupation					16.39	<.001	0.180
Only studying[a]	247	88.5	221	96.5			
Working	10	3.6	7	3.1			
NEET[a]	22	7.9	1	0.4			
Work experience	72	25.8	59	25.8	<0.001	.991	<0.001
Type of current studies					131.65	<.001	0.523
Compulsory secondary school[a]	135	53.4	93	40.8			
Post-compulsory secondary school[a]	17	6.7	78	34.2			
Vocational training[a]	75	29.6	9	3.9			
College[a]	8	3.2	44	19.3			
Other studies[a]	18	7.1	4	1.8			

Abbreviations: CEG, care-experienced group; GPG, general population group.
[a]Standardized adjusted residual >|1.95|.

FIGURE 1 Type of studies pursued by participants aged 16–17

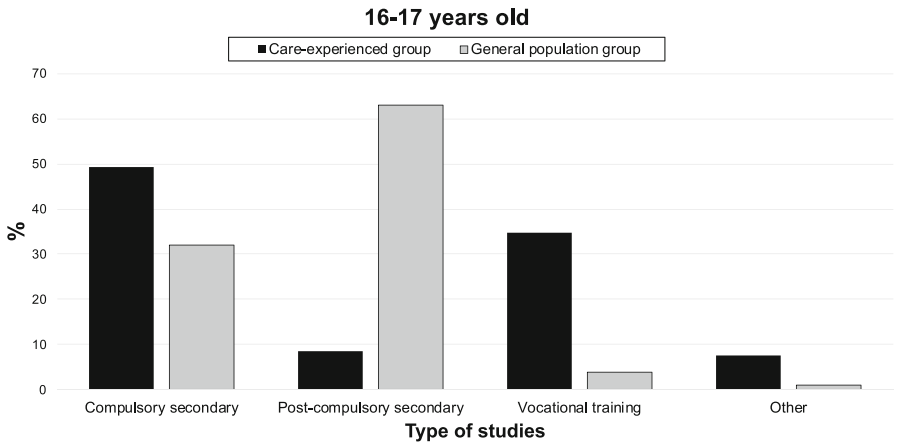
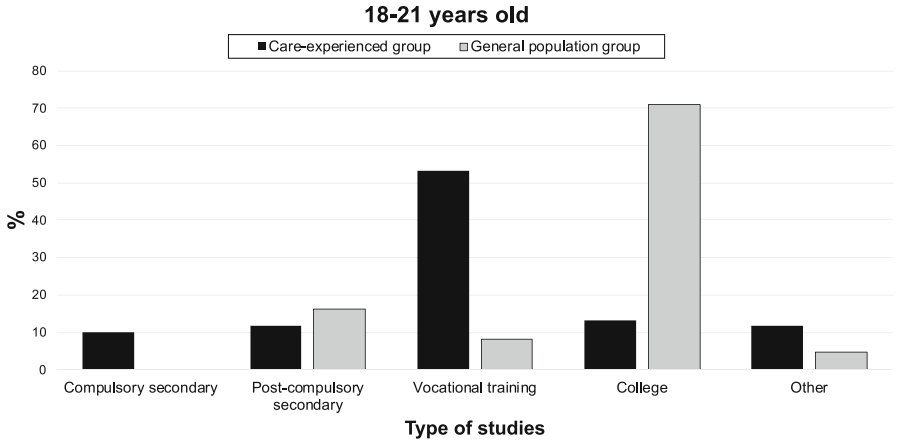


FIGURE 2 Type of studies pursued by participants aged 18–21



As Figures 1 and 2 show, young people in the CEG remain in compulsory secondary education (completed in Spain between 15 and 16 years on a regular basis) in higher proportion (49.2%) at ages 16–17 and even beyond the age of 18 (10%), whereas fewer young people in the comparison group are doing so at ages 16–17 and none at ages 18–21. In fact, the mean age of young people in this type of course was significantly higher for the CEG ($M = 15.56$) than for the comparison group ($M = 15.19$; $t = 2.76$; $p = .006$). Regarding post-compulsory education, the main option for participants in the CEG seemed to be vocational training both at ages 16–17 (34.7%) and 18–21 (53.3%). This was less prevalent for young people in GPG who, in turn, were mainly attending post-compulsory secondary school at ages 16–17 (63.1%) or college at ages 18–21 (71%).

3.2 | Perceived ILS, personal autonomy and self-efficacy

The means and standard deviations of scores in self-efficacy, perceived ILS and personal autonomy are displayed in Table 2, along with the results of the *t*-tests performed to study differences between the CEG and the GPG both as a whole and considering age cohorts. Young people in the CEG showed lower scores in self-efficacy than their peers in the comparison group as a whole, but the effect size of the differences was small ($d = 0.286$). However, when we studied differences across age subgroups, significantly lower self-efficacy was found only in the 16–17 age subgroup ($d = -0.433$). Regarding perceived ILS, young people in the CEG scored significantly higher in two of the domains measured by PLANEA instrument, namely, (a) Self-Care and Well-Being and (b) Employment and Accommodation, although the effect sizes of these differences were small ($d = 0.198$–0.275). Again, differences were not found in the 14–15 age subgroup, being present in both subscales in the 16–17 age subgroup and the 18–21 subgroup for Employment and Accommodation. No differences were found between the groups in the Daily Arrangements and Organizational Skills or total score of PLANEA instrument. The CEG also reported higher levels of personal autonomy to perform everyday life tasks (Table 2), as they scored significantly higher in the main scale of PLANEA-T as a whole and in the 16–17 and 18–21 age subgroups. However, differences were significant only for one of the

TABLE 2 Differences in self-efficacy, independent living skills and personal autonomy

	CEG		GPG				
Variable	*M*	*SD*	*M*	*SD*	*t*	*p*	Cohen's *d*
Self-efficacy	68.91	17.25	73.38	13.28	−3.30	.001	−0.286
14–15	67.23	16.37	71.97	12.33	−1.90	.060	−0.323
16–17	65.57	17.29	72.40	13.66	−3.34	.001	−0.433
18–21	76.28	16.02	76.38	13.29	−0.04	.968	−0.007
PLANEA							
SCWB	53.54	6.62	52.21	6.78	2.23	.027	0.198
14–15	52.18	6.75	50.49	7.33	1.42	.159	0.241
16–17	53.54	6.16	51.82	6.44	2.06	.040	0.274
18–21	54.93	7.02	54.57	6.19	0.32	.748	0.054
DAOS	29.37	8.68	30.29	7.62	−1.28	.203	−0.112
14–15	26.45	7.63	27.24	7.92	−0.59	.553	−0.102
16–17	28.27	8.31	28.85	6.15	−0.62	.539	−0.078
18–21	34.23	8.40	35.70	6.81	−1.14	.258	−0.191
EA	19.32	6.39	17.64	5.75	3.08	.002	0.275
14–15	16.52	6.03	16.02	5.42	0.52	.608	0.087
16–17	18.84	6.10	16.93	5.67	2.44	.016	0.323
18–21	23.00	5.50	20.43	5.29	2.78	.006	0.475
Total (ILS)	102.23	19.27	100.14	17.27	1.27	.205	0.113
14–15	95.16	17.60	93.75	17.91	0.47	.641	0.079
16–17	100.65	18.54	97.60	14.58	1.39	.165	0.181
18–21	112.16	18.32	110.70	16.15	0.49	.623	0.084
PLANEA-T							
MDLT	9.18	2.20	8.80	2.16	1.50	.135	0.172
14–15	7.22	1.45	7.20	1.54	0.05	.961	0.013
16–17	8.53	2.07	7.95	1.73	1.67	.098	0.302
18–21	10.77	1.38	10.47	1.65	1.08	.282	0.199
DHC	10.69	1.76	9.41	2.27	6.88	<.001	0.633
14–15	9.80	2.00	8.63	2.44	3.04	.003	0.528
16–17	10.52	1.73	9.43	2.12	4.17	<.001	0.568
18–21	11.81	0.63	10.17	2.10	5.96	<.001	1.096
Total (PA)	20.27	3.47	18.35	3.73	4.62	<.001	0.534
14–15	17.21	3.04	15.73	3.13	1.83	.072	0.480
16–17	19.22	3.49	17.35	3.29	3.00	.003	0.550
18–21	22.63	1.59	20.70	3.04	4.32	<.001	0.813

Abbreviations: CEG, care-experienced group; DAOS, Daily Arrangements and Organizational Skills; DHC, Doing Household Chores; EA, Employment and Accommodation; GPG, general population group; ILS, independent living skills; MDLT, Managing Daily Life Tasks; PA, personal autonomy; SCWB, Self-Care and Well-Being.

subscales of the instruments (Doing Household Chores), in this case across all the age subgroups. In both cases, the effect sizes of the differences were medium ($d = -0.534$ to -0.633).

A categorical analysis of the different items in PLANEA-T, which can provide further evidence about the differences in personal autonomy between the groups, is displayed in Table 3. For each item, the number of respondents (*n*) is included. Although the subgroups did not differ in their total scores in Subscale 1 (Managing Daily Life Tasks), young people in the CEG showed higher levels of autonomy in some of its items. For example, they were more likely to make a doctor's appointment (Item 1) on their own instead of being supported by an adult for this. However, their applications to enrol in courses or education (Item 4) were more likely to be done by an adult, whereas young people in the GPG were responsible for this at higher rates. No significant association was found in Item 2 (managing bank account and cards) or 3 (go shopping for clothes).

TABLE 3 Differences in PLANEA-T's items (personal autonomy)

Variable	CEG		GPG		χ^2	*p*	Cramer's *V*
	n	%	*n*	%			
Managing daily life tasks							
1. Make a doctor's appointment	*n* = 271		*n* = 229		13.26	.001	0.164
Done for me[a]	76	28	89	39.7			
Done with an adult	95	35.1	84	37.5			
Done by myself[a]	100	36.9	51	22.8			
2. Manage bank account and cards	*n* = 168		*n* = 144		0.48	.788	0.039
Done for me	55	32.7	49	34			
Done with an adult	52	31	48	33.3			
Done by myself	61	36.3	47	32.6			
3. Go shopping for clothes	*n* = 279		*n* = 227		5.96	.051	0.109
Done for me	9	3.2	6	2.6			
Done with an adult	75	26.9	84	37			
Done by myself	195	69.9	137	60.4			
4. Enrol in a course/in college	*n* = 273		*n* = 220		9.16	.010	0.136
Done for me[a]	72	26.4	37	16.8			
Done with an adult	139	50.9	112	50.9			
Done by myself[a]	62	22.7	71	32.3			
Doing household chores							
5. Do the grocery shopping	*n* = 270		*n* = 226		9.33	.009	0.137
Done for me	27	10	34	15			
Done with an adult[a]	35	13	46	20.4			
Done by myself[a]	208	77	146	64.6			
6. Cook meals	*n* = 276		*n* = 226		7.86	.020	0.125
Done for me[a]	56	20.3	69	30.5			
Done with an adult	48	17.4	28	12.4			
Done by myself	172	62.3	129	57.1			
7. Clean up my room/house	*n* = 277		*n* = 229		10.02	.007	0.41
Done for me[a]	4	1.4	14	6.1			
Done with an adult	13	4.7	17	7.4			
Done by myself[a]	260	93.9	198	86.5			
8. Do the laundry	*n* = 275		*n* = 228		80.50	<.001	0.400
Done for me[a]	41	14.9	112	49.1			
Done with an adult	15	5.5	22	9.6			
Done by myself[a]	219	79.6	94	41.2			

Abbreviations: CEG, care-experienced group; GPG, general population group.
[a]Standardized adjusted residual >|1.95|.

On the other hand, young people in the CEG showed higher levels of autonomy in each of the tasks evaluated in Subscale 2 (Doing Household Chores), as they were more likely to be responsible for doing the grocery shopping, cleaning their room or other parts of the house or doing their laundry (Items 5, 7 and 8). The proportion of young people in charge of cooking their meals was not significantly different between the groups, but it was more likely that an adult did this for young people in the GPG. The effect size of the differences was small in each of the studied items except for Item 8 (doing the laundry), which was medium ($V = 0.400$).

Multiple two-way between-groups analyses of variance were conducted to explore the role of gender on the differences between the samples regarding their levels of perceived ILS, autonomy and self-efficacy. Means and standard deviations of scores in each scale divided by gender and group are displayed in Table 4. The interaction effect between gender and sample subgroup was not statistically significant for any of the studied scales (Table 5).

However, in addition to the main effects for the subsamples already displayed in Table 2 through several *t*-tests, the main effects for gender reached statistical significance for some of the total scores

TABLE 4 Means and standard deviations in self-efficacy, independent living skills and personal autonomy

	CEG				GPG			
	Girls		Boys		Girls		Boys	
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Self-efficacy	67.94	17.61	69.86	16.90	74.86	12.20	71.85	14.19
PLANEA								
SCWB	54.72	5.96	52.38	7.04	53.53	6.54	50.85	6.79
DAOS	29.20	8.70	29.54	8.68	31.51	7.23	29.04	7.85
EA	18.97	6.40	19.66	6.38	18.51	5.94	17.06	5.52
Total (ILS)	102.89	17.87	101.57	19.67	103.25	16.64	96.96	17.39
PLANEA-T								
MDLT	9.28	2.25	9.07	2.15	9.13	2.15	8.40	2.12
DHC	10.93	1.52	10.46	1.95	9.66	2.32	9.17	2.21
Total (PA)	20.65	3.16	19.90	3.73	18.99	3.71	17.56	3.63

Abbreviations: CEG, care-experienced group; DAOS, Daily Arrangements and Organizational Skills; DHC, Doing Household Chores; EA, Employment and Accommodation; GPG, general population group; ILS, independent living skills; MDLT, Managing Daily Life Tasks; PA, personal autonomy; SCWB, Self-Care and Well-Being.

and subscales of PLANEA instruments (Table 5). Regarding ILS (PLANEA), girls scored significantly higher in Self-Care and Well-Being subscale, for which young people in the CEG had also scored higher (Table 4). This result was also found for the total score of this instrument, but the main effect for group was not significant. Girls also showed higher levels of autonomy, being the main effects for gender significant in PLANEA-T's subscale Doing Household Chores and total score, for which the CEG had also scored higher. However, the strength of the associations for gender were small in all cases ($\eta_p^2 = 0.011–0.035$). The main effect for gender did not reach statistical significance for self-efficacy or the rest of the subscales studied (Table 5).

3.3 | Factors associated with perceived ILS

Finally, standard multiple regression was used to assess the capacity of young people's individual characteristics (age, gender and work experience), self-efficacy and personal autonomy (PLANEA-T total) to predict levels of perceived ILS. To test whether these variables had different roles predicting this variable in the different sample groups, separate regression analyses were conducted for each of them. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity in both cases.

Table 6 shows the correlations between the predictor variables and the dependent variable for both subsamples. All of them were significant and above .30 except for gender, which showed a weak association with ILS for both subsamples and was non-significant for the general population group. None of the predictor variables showed correlations above .70 between them, being personal autonomy and age the variables with the highest common variance (.58–.62).

The results of the multiple regression analyses are displayed in Table 7. Regarding young people in the GPG, a significant regression equation was found [$F(5,136) = 25.39$, $p < .001$] that explained 48% of the variance in ILS. The individual characteristics included in the model (age, gender, work experience) did not make a significant unique contribution, being personal autonomy and self-efficacy the only significant predictors of ILS levels. Their unique contributions were very similar in terms of explained variance ($sr = .31–.38$).

Regarding young people in the CEG, the analysis also found a significant regression equation [$F(5,153) = 34.81$, $p < .001$] that accounted for 53% of the variance in ILS. Self-efficacy and personal autonomy were also significant predictors of ILS, but in this case, work experience also made a significant unique contribution to the model (Table 7). Age and gender were also non-significant. Regarding the magnitude of the unique contributions of the variables to explain variance in ILS, self-efficacy made a similar contribution ($sr = .42$). However, personal autonomy's contribution was lower for this population ($sr = .22$) to a similar level as work experience ($sr = .18$).

4 | DISCUSSION

This paper aimed to study the perceptions of readiness for independent living of care-experienced young people (CEG) compared with those of their peers without the prospect of early abrupt emancipation (GPG). However, their profiles regarding education differed, as young people in the CEG were less likely to be studying and pursuing higher education beyond the age of compulsory education than their peers. Instead, more of them were finishing secondary school or attending vocational training. These results are consistent with those of previous research that identifies care-experienced young people at higher risk of low educational attainment (Montserrat et al., 2015) and

TABLE 5 Two-way analysis of variance in self-efficacy, independent living skills and personal autonomy

Variables	*F*	*p*	η_p^2
Self-efficacy			
Gender	0.156	.693	<0.001
Group	10.30	.001	0.020
Interaction	3.15	.076	0.006
PLANEA			
SCWB			
Gender	18.35	<.001	0.035
Group	5.34	.021	0.010
Interaction	3.55	.775	<.001
DAOS			
Gender	2.11	.147	0.004
Group	1.55	.214	0.003
Interaction	3.69	.055	0.007
EA			
Gender	0.176	.675	<.001
Group	9.54	.002	0.019
Interaction	2.83	.093	0.006
Total (ILS)			
Gender	5.44	.020	0.011
Group	1.70	.192	0.003
Interaction	2.33	.128	0.005
PLANEA-T			
MDLT			
Gender	16.75	.060	0.012
Group	13.11	.097	0.009
Interaction	5.07	.300	0.004
DHC			
Gender	7.07	.008	0.014
Group	50.13	<.001	0.093
Interaction	0.01	.975	<0.001
Total (PA)			
Gender	7.00	.009	0.023
Group	23.62	.000	0.074
Interaction	0.68	.411	0.002

Abbreviations: DAOS, Daily Arrangements and Organizational Skills; DHC, Doing Household Chores; EA, Employment and Accommodation; ILS, independent living skills; MDLT, Managing Daily Life Tasks; PA, personal autonomy; SCWB, Self-Care and Well-Being.

more likely to be encouraged to pursue a faster school-to-work transition through vocational training (Groinig & Sting, 2019). Furthermore, young people in the CEG were NEET in higher proportions (16% in the 18–21 age group). This agrees with the results of the longitudinal study conducted by Berlin et al. (2021), in which they found that young people with out-of-home care experience were up to four times more likely to be long-term NEET.

Although the groups did not differ in their total scores in ILS, young people in the CEG felt more skilled in some of the domains. First, they found themselves more skilled to engage in behaviours measured by PLANEA's Self-Care and Well-Being subscale, including those related to healthy lifestyle and risky behaviour avoidance (e.g. using contraceptive methods, eating healthy and use of leisure time) and self-care and everyday life skills (e.g. cleaning, cooking and personal hygiene). The same trend was observed in greater measure for the skills related to finding a job and living independently according to their higher scores in PLANEA's Employment and Accommodation subscale (e.g. writing a CV, finding a place to live and budgeting). These results are consistent with their levels of personal autonomy, as young people in the CEG reported being more autonomous to perform tasks included in PLANEA-T's subscale Doing Household Chores, which are related to daily life skills at home (e.g. cooking, cleaning and doing the laundry). Previous studies have also found that young people in care feel more skilled in these areas related to daily living, housing and money management (Casey et al., 2010; Dinisman & Zeira, 2011; Trout et al., 2014), which are also the most frequently addressed from transitional support services and ILPs for young people preparing for leaving care, according to Woodgate et al. (2017). This could be the case in our study, considering that the staff informed that their interventions pursued the development of autonomy and life skills for 82% of the young people in the CEG. However, the nature of the programmes used for this purpose might vary between service providers and regional regulations and should be studied separately.

In contrast, no differences were found between the groups in their skills related to making daily arrangements in the community (e.g. making doctor appointments, filling applications and making purchases) or their levels of autonomy to perform tasks included in PLANEA-T's Managing Daily Life Tasks subscale. These areas could be under-addressed in residential childcare for the benefit of more practical areas that are key to meet care leavers' need for immediate emancipation. It is also interesting to note that none of these differences were found between young people aged 14–15. They were only significant from 16 years old and beyond and showed bigger magnitudes for the 18–21 age cohort in all cases except for the PLANEA's Self-Care and Well-Being subscale. Although this issue needs further research, it still might reflect the compliance with the legal mandate included in 2015 in Spanish law to offer preparation for leaving care from 16 years old.

Participants' gender did not influence the different levels of ILS and personal autonomy between the groups. However, girls felt more skilled and autonomous than boys regardless of their group in the Self-Care and Well-Being PLANEA's subscale and Doing Household Chores in PLANEA-T's and showed higher total scores in both instruments. These results in the childcare context can be compared with those of Huscroft-D'Angelo et al. (2013), who also found that girls felt more prepared in the area of physical health and self-care, but other studies have found no differences in this regard (Casey et al., 2010). This could also reflect adolescents' early assumption of traditional gender-based roles that assign women more responsibilities in health

TABLE 6 Pearson's correlations for independent and dependent variables in multiple regression analyses

	1		2		3		4		5		6	
Variable	GPG	CEG	GPG	CEG	GPG	CEG	GPG	CEG	GPG	CEG	GPG	CEG
1. Independent life skills	-	-										
2. Personal autonomy	.56***	.54***	-	-								
3. Self-efficacy	.50***	.62***	.21*	.38***	-	-						
4. Work experience	.30***	.41***	.40***	.33***	.21**	.24***	-	-				
5. Gender	−.18**	.03	−.19*	.11	−.11	.06	−.04	−.04	-	-		
6. Age	.41***	.38***	.58***	.62***	.14*	.23***	.36***	.42***	−.05	−.05	-	-

Abbreviations: GPG, general population; CEG = care-experienced group; GPG, general population.
*p < .05. **p < .01. ***p < .001.

TABLE 7 Standard multiple regression analyses summary predicting total perceived independent life skills with age, gender, work experience, self-efficacy and personal autonomy

Predictor variable	*B*	*SE B*	Beta	*t*	*p*	*Sr*	R^2
Sample = GPG							*.48*
Constant	11.98	12.75		.94	.351		
Personal autonomy	1.83	0.37	0.40	4.96	<.001	.31	
Self-efficacy	0.52	0.08	0.40	6.20	<.001	.38	
Work experience	0.44	2.72	0.01	0.16	.873	.01	
Gender	−1.91	2.18	−0.06	−0.88	.382	−.05	
Age	1.17	0.77	0.12	1.52	.131	.09	
Sample = CEG							.53
Constant	32.28	11.97		2.70	.008		
Personal autonomy	1.66	0.42	0.30	3.98	<.001	.22	
Self-efficacy	0.52	0.07	0.47	7.67	<.001	.42	
Work experience	8.71	2.72	0.20	3.20	.002	.18	
Gender	−0.77	2.15	−0.02	−0.36	.720	−.02	
Age	−0.03	−0.03	−0.01	−0.04	.971	−.01	

Abbreviations: CEG, care-experienced group; GPG, general population; sr, semi-partial correlation coefficient.

care and daily life tasks at home. In this respect, Gracia et al. (2021) highlighted important gender differences in adolescents' time use, with girls dedicating more time to domestic work and personal care than boys. These findings point out to the importance of using a gender perspective in future studies regarding preparation for leaving care and perceived life skills, considering that transition to adulthood presents more disadvantages for young women in general (Quintana-Murci et al., 2019), and care-experienced girls might present additional vulnerabilities, such as higher rates of victimization in their stories (Fernández-Artamendi et al., 2020).

Regarding self-efficacy, young people in the CEG exhibited lower levels than their peers. These results are consistent with previous literature suggesting that being placed in care could affect the development of self-efficacy and self-esteem due to the perceived constraints and powerlessness of young people's acts and decisions over their lives (Hokanson et al., 2019; Stein, 2005). However, this difference was only found in the 16–17 age cohorts, reflecting maybe the amplification of young people's fear and stress during the months before leaving care, as Crous et al. (2020) documented in their study. These results should, nevertheless, be further studied considering the impact of early adverse experiences in care-experienced young people's lives in their self-efficacy.

Finally, the study of which variables were best predictors of perceived ILS yielded some interesting findings. Although self-efficacy and personal autonomy were significant predictors of the level of ILS in both groups, work experience made a significant contribution only for the CEG. These results replicate those of Dinisman and Zeira (2011), who found self-esteem and work situation closely related to perceived readiness for leaving care. Engaging in 'hands-on' activities and real-world experiences before leaving care could be key for promoting young people ILS, agency and self-efficacy compared with class-based life skills training (Greeno et al., 2017). Particularly, early work experiences seem to have a crucial impact on their development of social capital, improving their opportunities for a future successful

employment career (Arnau-Sabatés & Gilligan, 2015, 2020; Sanders et al., 2020) and also their likeliness of higher educational attainment (Hook & Courtney, 2011).

4.1 | Limitations and directions for future research

Some limitations must be considered in this study. First, our results are based solely on self-reported measures. Future research could benefit from the inclusion of additional measures, such as caregivers' points of view of young people's skills (García-Alba et al., 2022). Second, we must consider that our sampling strategy could have over-represented young people engaged in education in the comparison group. Moreover, the COVID-19 pandemic could have affected young people's access to employment and education during the data collection period (Baginsky & Manthorpe, 2020; Ofsted, 2020). Future studies should consider the influence of a wider array of personal and profile variables in the assessment of ILS in both groups (e.g. type of children's home, socio-economic status and living conditions), considering the inclusion of unaccompanied migrant young people, who face an even more abrupt transition to adulthood (Gullo et al., 2021) and the use of mixed methods to explore young people's views on their readiness and preparation for leaving care. Finally, longitudinal studies including broader age cohorts of young people and studying in further detail the meaning of different experiences of employment (e.g. part-time or summer jobs, full-time jobs and stability) on young people's lives and life skills development could also add valuable insight to the currently scarce knowledge on life skills development.

4.2 | Conclusions and implications for policy and practice

To the authors' knowledge, this study is the first to compare care-experienced young people's assessments of their life skills and personal autonomy with those of their peers without childcare background. Our results show that care-experienced young people feel moderately more skilled and autonomous in those domains related to self-care, independent living, housing and employment before leaving care, but not in areas related to making daily arrangements in the community and self-efficacy. Perceived ILS was significantly predicted in both groups by young people's levels of personal autonomy and self-efficacy, but work experience stood up as a key predictor of care-experienced young people's levels of ILS. Therefore, a number of implications for policy and practice can be drawn from our study. First, the importance of assessing perceived ILS as an outcome of interventions to promote young people's preparedness for leaving care is highlighted, considering the impact of individual and intervention variables on its levels. Second, our study supports the critical role of out-of-home care placements in providing young people in care with opportunities to develop their autonomy and life skills not only between the walls of the children's homes but also through real-life activities, such as early work experiences in the community, as higher levels of perceived skills might not be directly translated into better outcomes in terms of socio-occupational adjustment. This should be in balance with supporting high academic achievement and opportunities for pursuing higher education time after leaving care. Finally, opportunities for participation in decision-making processes related to young people's pathway for leaving care should be carefully promoted, considering its key role in the development of a sense of self-efficacy and agency in care leavers.

CONFLICT OF INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

ETHICS STATEMENT

The study was approved by the Ethics in Research Committee of the University of Oviedo, ensuring respect for the ethical principles and legislation on personal data protection. All participants formally agreed through an informed consent document.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request, due to privacy and ethical reasons.

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