Reciprocal emotional relationships: Experiences of stability of young adults leaving care

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Reciprocal emotional relationships

Experiences of stability of young adults leaving care

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UNIVERSITY OF HELSINKI AND ANGLIA RUSKIN UNIVERSITY

IN COLLABORATION WITH THE ESSEX CHILDREN IN CARE COUNCIL

"That it's hard to live independently." (Peer researcher 11th March 2017)

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Preface

We are delighted that members of the Essex Children in Care Council had the opportunity to take part in the research project *'Reciprocal Encounters – Young Adults Leaving Care'* which has been a collaboration between Anglia Ruskin University and Essex County Council, led by Professor Maritta Törrönen and funded by the European Union (2016-2018). The project is a cross-national study involving young adults in both England and Finland.

This project demonstrates how young adults perceive and articulate their well-being based on their subjective experiences after leaving care. It also highlights how their direct experience of the leaving care process can help to inform and develop future social work with other young adults who are due to start their independent living.

The project adopted a participatory approach enabling young adults to work as peer researchers and also to express their opinions of leaving care services as interviewees both in Finland and the UK. Essex County Council is committed to listening to young adults with leaving care experiences and finding opportunities for them to participate in projects that inform service development as well as supporting them to develop their working life skills. We know from other research in Essex how valuable peer support and peer-led activities are for young people and it is an area of work we champion and have been recognised for with a number of national and local awards. Taking part in an international project has given both young adults and practitioners the opportunity to reflect on and see their own situations and practices in a new light.

The central message from the young adults in both countries was the importance they attributed to the meaning and continuity of social relationships and connections. We know that one of the biggest challenges for care leavers in Essex is social and community isolation and the impact that this has on their emotional well-being and educational and employment opportunities.

Importantly, as well as highlighting the challenges they face, young adults also identified good leaving care experiences and ways in which they feel good about themselves. Many young adults told us how they have got support from many people and that they would know who to ask for help if they needed it. Unfortunately, there are also young adults who would have needed more support to have a better start for their independent living. This is why the information we are gaining from this kind of project is so important.

The project has several recommendations related to how to develop more appropriate leaving care services. These recommendations emphasise the need for more emotional and reciprocal support and lay the foundations of the central importance of social relationships, psychosocial support and gradual transitions. The ideas support and develop existing academic and practice literature in social services and thus support our common aim to enhance services in the future.

We hope that this report is of interest to and is useful to both young adults in care as well as professionals in child and youth care services.

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Summary

This research project, entitled *Reciprocal Encounters – Young Adults Leaving Care*, was a collaboration between Anglia Ruskin University and the University of Helsinki in co-operation with the Essex Children in Care Council (2016-18) in the UK. This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie-Sklodowska grant agreement no 702989. This project intends to demonstrate how well-being is formulated through young adults' subjective experiences after leaving care, which can be considered a critical period of their everyday lives. The project aims are to improve social work policy and practice related to young adults' participation, increase young adults' awareness of the options to participate in welfare policy and social work policy making and practice, and strengthen young adults' capability to act in their communities and help them obtain new skills that will be useful in their working lives.

The young adults in our study stress the continuity of social connections that create a sense of belonging and connectedness. These factors are the most important elements in young people's successful transition from care to adulthood. It means that young adults can establish secure attachments and their sense of stability and self-worth that lie behind their perception of belonging (Ward 2011, 2512; Dima & Skehill 2011, 2532).

In this study, we build our ideas of social connectedness on the concept of reciprocity, which contributes to international social welfare research and social capital research. It is based on the theoretical assumption that being reciprocally, emotionally and socially active participants in society increases the social well-being of individuals and communities (see Coleman 1990; Putnam 2000). This kind of research focuses attention on well-being and the communities that unite people. Additionally, we understand the well-being of human beings as *holistically* constituting social, practical and existential aspects, including material, physical, mental, social, emotional and existential elements. Through our analysis, we found that the interaction between the life-world and the system-world regulates the young adults' well-being (see Habermas 1981).

We concentrate on young adults' experiences of their transition from care to independent living. We especially examine how young adults determine whether encounters in child and youth care services increase or decrease their stability. Based on

data from these experiences we consider how to develop future social work with young adults who have started independent living.

The methodological approach adopted for this study was Participatory Action Research (PAR) which explores the experiences of young adults (n = 74, from 17 to 32 years of age) who have been in care in England (years 2016–2018, 24 interviews, 15 hours) and Finland (2011–2012, 50 interviews, 34 hours) with a wide variety of care experiences. The research teams in both countries included young adults (n = 16) with experiences and knowledge of the care system as peer researchers alongside academics (n = 6) and practitioners of child and youth care services or NGO's (n = 6). For our research team, the study entailed collaboration in the design of the interview schedule with 18 background, 28 open-ended research and 25 multiple-choice research questions, data collection, analysis and dissemination of our findings, as well as a review and an evaluation of the entire process.

From the results of the study and the wider research base we claim that *reciprocal emotional participation* supports young adults' stability both in care and starting independent living. Young people need a personal mix of interdependence and independence which are supported by education, employment or a meaningful activity with good enough finances to reach stability in their life when they are leaving care. 'Emotional participation' has at its heart the continuity of social relationships and emotional connectedness. Continuity creates possibilities to learn to know each other as human beings and build common experiences and memories. These are usually connected to places where young adults can feel at home. These make possible an individual's attachment to a community and his or her involvement in processes that are significant for the community.

We see that future social work both in Finland and England could learn from the experiences of young adults leaving care. To support young adults' reciprocal emotional participation there is a need for *first*, to reconstruct social care work orientation, *second*, support psychosocial status of young adults and *third*, make gradual transition from care a possibility. We recommend that policy makers and services adopt a community orientation which is based on the understanding of holistic living circumstances and life-long social networks. Also, special attention is given to young adults' education, employment or a meaningful activity and financial security but also to the support of their mental well-being especially if the young adult has mental difficulties or has substance abuse issues. Gradual transition means possibilities for young adults to leave care when they feel ready to leave, but also

opportunities to postpone their staying until they are 25 years old, following the English age limit. Gradual transition means also that it is possible for young adults to remain in contact with their former caregivers and, for instance, to visit them at the weekend or holidays. Peer support is also recommended both during and after care to ensure young adults do not feel alone in their experience. Peers can be seen as strong role models to help them develop their own ambitions and aspirations.

The views expressed in this report are those of the authors and do not necessarily represent those of the County Council or respective Universities.

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See the project pages: https://blogs.helsinki.fi/reciprocalencounters-youngadultsleavingcare/

Introduction

This research project, entitled *Reciprocal Encounters – Young Adults Leaving Care*, was a collaboration between Anglia Ruskin University and the University of Helsinki in co-operation with the Essex Children in Care Council in the UK and funded by the European Union under a Maria Sklodowska-Curie scholarship (2016–2018). This project intends to demonstrate how well-being is formulated through young adults' subjective experiences after leaving care, which can be considered a critical period of their everyday lives. The project aims are to develop guidelines for practice which will

1) improve social work policy and practice related to young adults' participation,

2) increase young adults' awareness of the options to participate in welfare policy and social work policy making and practice and

3) strengthen young adults' capability to act in their communities and help them obtain new skills that will be useful in their working lives.

The research described in this report is an exploration of the experiences of young adults who have been in care in England and Finland. The research teams in both countries included young adults with experiences and knowledge of the care system as peer researchers alongside academics and practitioners.

Doing research with young adults who have been in care and who have experiences of living in foster families or residential care is a moving journey. It made it possible for us to learn to know each other and discuss the research subject in many ways. Young adults are not just numbers or names on the case records. They are young adults with their own desires and experiences. This means acknowledging the emotional and relational aspects of research. During the research process, all participants learn new skills, all of them also want to make changes for other young adults still in care. (Törrönen *et al.* 2018b.)

When starting from young adults' self-identified concerns (Larkins *et al.* 2015, 360) we found that they stressed the meaning of stability. What does it mean from the young adults' perspective? We can all make a list of what it means to us, but do we really understand its significance to young adults? This report discusses how young adults both as peer researchers and interviewees have argued about stability.

In our discussions with peer researchers we found that stability demands some kind of continuity. Stability is usually connected for them to the continuity of placements, people close to them and the living environments. In their study, Lee and Berrick (2014, 79) explain in a similar way that stability or 'stable transitions' refer to youths who remain housed and engaged in either work or school or a combination of both before, during and after the transition from adolescence to adulthood.

If, however, the placements are changing, it creates instability. As one peer researcher tells us, when your placement is changing, it is as if '*you have to start from beginning*'. From Gibb and Edwards' (2017, 12) viewpoint, placement instability has been repeatedly identified as a risk factor creating instability to young adults' lives. Lee and Berrick (2014, 79) note that many young adults experience considerable mobility and instability, changing homes and/or caregivers multiple times, rather than staying in safe, stable environments for growth and development. When young adults' placements change, they move to a different and unknown environment, acquire new social contacts in the placement and in school and may have difficulties in maintaining their other important social contacts. It is as if they are alone in their journey.

How do young adults feel when their placement changes? Maybe they feel rejected, abandoned and unsuccessful. The experience might be similar to a repetition of the rejection when these young adults moved from their childhood homes. However, after some time, they might be satisfied with the change, learn to know the local people, find their place in school, engage in hobbies and feel better. Unfortunately, this is not the case with all young adults. Usually, the larger the number of placements, the more difficult it is to find connections and trust the people they meet. It can make an individual feel that '*I do not belong anywhere*' or '*I really did not have my own home*', as some young peer researchers told us.

In this report, we concentrate on young adults' experiences of their transition from care to independent living. We especially examine the meaning of stability and instability. The research questions are as follows:

1) *What encounters (meetings) in child and youth care services support the stability of young adults?*

2) *How do young adults determine whether these encounters increase or decrease their stability?*

3) *How can these experiences of care services help develop future social work with young adults who have started independent living*?

Young adults' well-being and experiences of stability and instability are assessed in connection to child and youth care practice in both Finland and England. This kind of comparison representing two welfare societies contributes to cross-cultural understanding and clarifying the similarities and differences of leaving care and its services. From the perspective of service users, this study identifies factors that will improve service processes and decision making. We believe that a service system that provides care to people on their own terms represents a new kind of service culture and structure.

The responsibilities of the welfare state and of social service and healthcare systems are undergoing changes in scope and definition. In this context, there is a need for social research that can shed light on the important subject of assessing young adults' well-being in critical periods of everyday life and how they can be supported on their own terms. It is crucial to gain knowledge about what is required to support young adults starting their independent living from the perspectives of young people with direct experience of this process.

Terms of reference

We refer to young people in this report as *young adults* because they are in the transition period when they are expected to act as adults. The Children and Young Persons Act (1933) in England states that a 'child' becomes legally defined as a 'young person' at age 14 (although in our team we did not work with 14-year olds). The term 'young adult', although used due to the period of transition, was used because they are approaching the age of responsibility (18 years) or had passed this age. This term is appreciated by young peer researchers, who think of it as a respectful concept about them. However, to avoid repetition, we sometimes use the terms *young people* or *young persons,* when that is the term used by other authors. We do not call them *care leavers* because we do not want to perceive them as part of services; rather, we refer to them as *young adults leaving care*.

We use the phrase *child and youth care services* to mean both the English child protection services and the Finnish child welfare services. The phrase *child and youth care practice* denotes the work performed and the actions taken in the child and youth care services.

We use *in care* instead of *looked-after children*, for instance, as we follow Stein's (2011, 2409) argument. Stein (2011, 2409) states that in most European countries, young people's

transition from care to adulthood is referred to as 'leaving care'. According to him, this means the process where young adults move from living in out-of-home placements to living independently.

Leaving care usually occurs when young adults are approximately 18 years old, at least in England and Finland. Young adults who have been in care have usually been living with foster families or in different children's homes or institutions. This critical transition period of leaving care is understood here as the phase of life when the need for support and care may increase considerably. As explained by Butterworth *et al.* (2016, 138), the process of leaving the local authority as a child-in-care to independence, is a key juncture for young people.

We use the term *peer researchers*, instead of *co-researchers*, to refer to young adults who joined the research process with us. This research concerns leaving care, so all young adults as peer researchers and interviewees have a similar process, although there is variety in their experiences. We could assume that young adults in our study had in some way a shared perspective and could offer an 'insider' view or standpoint for leaving care and starting independent living (see Thompson *et al.* 2015, 13).

The keywords are as follows: young adults, leaving care, welfare, reciprocity, non-reciprocity, reciprocal emotional participation, stability, instability, social, practical and existential well-being, Participatory Action Research (PAR) and peer researcher.

Reciprocal encounters and well-being

The young adults in our study stress the continuity of social connections that create awareness that they are not alone in the world. Ward (2011, 2512) also states that research in several countries demonstrates the importance of developing a sense of belonging and connectedness as key factors that facilitate the move towards the independence of young adults leaving care. These factors are the most important elements in young people's successful transition from care to adulthood. It means that young adults can establish secure attachments and their sense of stability and self-worth that lie behind their perception of belonging (Ibid. 2011, 2512). The sense of belonging and connectedness are already explored, for instance, through attachment and identity theories to make sense of the complex process of transitions (Dima & Skehill 2011, 2532). Attachment security refers to a person's capacity to seek comfort from a meaningful figure when in distress and acquire new learning experiences (Dubois-Comtois *et al.* 2013, 1).

In this study, we build our ideas of social connectedness on the concept and practice of reciprocity, which contributes to international social welfare research and social capital research. It is based on the theoretical assumption that being reciprocally, emotionally and socially active participants in society increases the social well-being of individuals and communities (see Coleman 1990; Putnam 2000). This kind of research focuses attention on well-being and the communities that hold people together.

The importance of social relationships is also discussed in relational social work, which points out the meaning of dialogue and respect in encounters. In relational social work, the starting point in the helping process is regarded as a common learning process when the different participants feel themselves respected, supported, helped and empowered (see Raineri & Cabiati 2016, 1; Thompson 2016, 14).

We use the phrase *reciprocal social work*, which is in agreement with *relational social work* regarding the central meaning and empowering nature of social relationships. Reciprocal social work is also based on the strength perspective (Saleebey 1996; Törrönen *et al.* 2018a), which is considered important for the self-confidence and the resilience of young adults. It also benefits from the ideas learned in positive psychology (Ojanen 2014, 313; Seligman 2006). Not only being in relationships, but the nature of relationships is also significant. Everyone needs at least someone's acceptance. When we are accepted as ourselves and receive empathy and encouragement, we feel that our life has meaning.

The theory and practice of reciprocity demonstrates the interdependence among people that can, if positively developed, be experienced as togetherness, caring and even love. Reciprocity based on equality creates a feeling of companionship, friendship or solidarity and helps people behave well towards one another in a democratic society. It increases communal well-being and is a prerequisite for a caring democracy that reduces inequality and improves people's quality of life (Törrönen 2018, 42). Reciprocity is not only accepting that other people are equal to us; it is also understanding that they have voices that we can hear (Brooks 2012, 28).

Additionally, reciprocal social work views the well-being of human beings as *holistically* constituting social, practical and existential aspects, including material, physical, mental, social, emotional and existential elements (see Törrönen 2018, 34; see also De Salvo 2017, 9). Paget (2016, 8) stresses that child and youth care is not only a question of guarding the health and safety of children and young adults as physical bodies but as whole persons, with a

more holistic view and work orientation. Stein (2006; 2008) emphasises the importance of promoting the resilience of young adults leaving care and perceives the need for more comprehensive services for them throughout their life course. Otherwise, the services create obstacles to fulfilling the needs of young adults.

Social well-being is connected to social networks, which seem essential for resilience when young adults leave care. In human relationships, people also need to be recognised, feel that they belong and have the opportunities and the entitlement to act in society (Törrönen 2018, 34). People want to be helped and supported, but they also wish to be important for someone or something else. From the young adults' perspective, it is essential to feel significant to someone, as well as feel that they can receive and give social support (see Kahn & Antonucci 1980, 254). People regard these kinds of relationships as reciprocal (see Becker 1986; also Törrönen 2015), meaning that they feel their personal relationships as two-dimensional. It is not only that someone tells them how to act and what to do but also that they can influence their own lives.

Practical well-being captures the resources available to young adults and stresses education, employment or a meaningful activity and finances. It means that without resources, such as food, shelter and finances, they could not survive. In both social policy and social work, we should not forget people's living conditions, including the material opportunities to satisfy their needs, which usually affect their physical and mental health. Too often, the parents of children in care suffer from poverty and poor health (see Saarikallio-Torp *et al.* 2010). It is also noted that poverty can constitute a severe barrier to the formation of social ties and limit participation in social networks (Offer 2012, 789). Lee and Berrick (2014) also remind readers how 'social visibility' in the form of educational attainment, for instance, helps provide entry into advanced educational institutions, certain employment opportunities and a particular socioeconomic status or membership in a social class.

Existential well-being is about the meaning of life and people's feeling that they can really have an impact on their own lives. Breaking the norm of reciprocity diminishes self-respect. People who cannot manage to achieve a reciprocal position do not feel that they can influence their environment and do not perceive themselves as useful (Ojanen 2014, 313).

Moreover, we stress the reciprocal nature of social relationships and holistic well-being. We suggest that other shifts in the social work paradigm are gradually occurring. As early as 1970, Mayer and Timms wrote about the *client's perspective*, which has gained an increasing

interest since then, and there is growing research based on *participatory methods*. At the same time, there is an ongoing change from negativity and pessimism to *strengths* and positive outcomes, also considering joys in everyday life. Here, we understand that being critical means not only pointing out difficulties but also happiness and success. Thus, we have found both positive and negative experiences in leaving care, which we discuss in this report.

Leaving care research

There is increasing attention to leaving care by researchers and practitioners. Leaving care research illustrates the needs of young adults leaving care in a holistic way (Höjer & Sjöblom 2010, 118; Pinkerton 2011; see also Paget 2016, 8), not only concentrating on the practical dimension, such as physical needs and survival, but also considering the social, emotional and existential dimensions (Törrönen 2018, 36–40; see also Lee & Berrick 2014) and the service delivery process (Pinkerton 2011, 2413). The literature increasingly considers young adults' views and alternative ways to support them are explored (see, e.g., Kellett 2003; Thomas 2007; Kilpatrick *et al.* 2007; Finding My Way 2014; Larkins *et al.* 2014a; O'Brien 2016; Fletcher 2017).

At the international level, there are already differences in how countries draw attention to the legal frameworks that protect the rights of young adults leaving care. In 1989, the United Nations General Assembly adopted the Convention on the Rights of the Child as the first legally binding international instrument to incorporate civil, cultural, economic, political and social rights of children and young people (Munro *et al.* 2011, 2418).

Social research traditionally highlights the different risks and difficulties faced by young adults during the transition period. Gibb and Edwards (2017, 7; see also Berlin *et al.* 2011, 2489) note that young adults leaving care are usually negatively compared with other young adults in terms of educational achievements and physical and mental health. However, they (2017, 7) remind readers that young adults with leaving care experiences face risks in social exclusion, homelessness, unemployment or involvement in crime. They reveal how the young adults' communities act emotionally and socially with them, provide them with support and help them start independent living. Young adults' living circumstances and the opportunities they offer either strengthen or weaken their participation in society and their well-being, too.

Harder *et al.* (2011, 2431) report that young adults who have been in care show relatively poor outcomes in comparison with young adults in the general population. Based on the international research evidence, the outcomes for children living in care are poor compared with those for other children, especially in relation to their education, health and well-being (Stein 2011, 2409; Kestilä *et al.* 2012, 600-603). Lee and Berrick (2014, 80; Zeira *et al.* 2011, 2461–2462) note that numerous studies on young adults leaving care document homelessness, low educational attainment, inadequate employment and income, teen and single parenthood and lower overall well-being. The young adults in care have experiences of trauma, abuse, neglect and rejection and may live with limited familial and community support or the lack of sense of belonging and acceptance (Ward 2016, 107; Zeira *et al.* 2011, 2461). They may also need mental healthcare and special education (Ward 2016, 107).

Ward (2016, 107–109) presents a critical and gloomy but important discussion about work orientation in child and youth care, which we think is scarcely discussed. She suspects that these services are oriented to find pathological deviations from what is considered normal, for instance in behaviour. This approach impacts on relationships between practitioners and young adults. It does not necessarily start from compassion or understanding in what kind of circumstances people are living. So the question is not only about how child and youth care practice is organised or the resources available but also what kind of theoretical understanding exists concerning young adults with traumatic experiences. We think that the issue encompasses services and workers, as well as entire societies and social policies as to whether they take the position of punishment or supportive care. These are questions of human image, equality and human rights.

Ward (2016, 107) regards the pathology-oriented perspective of trauma-based behaviour as quite concerning when it translates into practices in out-of-home care that misuse restraints as punishment in an attempt to contain and control youth behaviour. Young adults' behaviour is then viewed as offensive and unsupportable. Ward notes that in her own country, Canada, this kind of thinking has existed for almost two decades. In her opinion, it creates aggressive behaviour, which especially occurs in residential placements with isolation and limited support. Focusing on pathology fails to foster connections and resilience and we suggest the aim should rather be to focus on practice that supports reciprocal and emotional relationships.

Young adults themselves want to tell others about their negative experiences, but also break down the stigma surrounding care and demonstrate positive attitudes of young adults leaving

care, including their goals and ambitions (Supporting Care Leavers, Katie Hutton, Young Researcher, 2017, 3). In Enell's (2016, 31) research, young adults report that the assessments of professionals focus on troubles and problems, whereas these issues are not the most important to young adults. The young adults leaving care state that they often hear negative statistics about outcomes involving care leavers, but they have also met peers who are driven, goal-oriented and keen on helping others. They would like to celebrate the positive aspects, too, including skills and goals of young adults leaving care (Ibid. 8).

Höjer and Sjöblom (2011, 2452; 2010, 125) analyse leaving care from both managers' and young adults' perspectives and explore the situation for parents in Sweden. They discuss how the transition to adulthood of young people in western societies has a general tendency towards protraction (see also Berlin *et al.* 2011, 2494). They argue that there is an inclination to think that young adults leaving care are in the same situation as other young adults moving from their childhood homes. According to the authors, this view does not take into account that young adults leaving care usually miss their biological parents' support, whereas, the substitute caregivers (e.g., the foster parents) are not supposed to take full parental responsibility. In their research, the authors find that managers state that birth parents have a 'great' or a 'rather great' responsibility to support their children leaving care. So there lays an unspoken wish that when young adults leave care parents take the role of the responsible adults instead of child and youth care services.

Thus, Höjer and Sjöblom (2011, 2452–2458) notice the contradictory standpoints that are connected not only to the understanding of dependence versus independence but also to interdependence. They hold the idea of interdependence as more important to young adults leaving care than independence. The managers express ambiguity on how to support young adults leaving care, who in turn are usually not interested in staying in touch with social services, despite the managers' observation that these young adults have several needs that could be fulfilled by social services. The managers also admit their dilemma that young adults need support, but they worry that the young adults would remain dependent on social services. Höjer and Sjöblom's research highlights the difficulty with young adults leaving care and the cap on child and youth care services for this group. Their research thoroughly discusses the difficulties with the service system that are similar to those in Finland.

Child and youth care services are often perceived as too instrumental, segmented and short term, which create organisational challenges in implementing attachment-based practices

(Blome *et al.* 2010). Young adults leaving care are considered at risk of invisibility (Höjer & Sjöblom 2011, 2452). They will likely be more at risk as their complex needs remain unmet (Butterworth *et al.* 2016, 138–144). For instance, Stein (2008, 37–39) has noted that the following things may all promote young adults' resilience: 1) stable placements providing good quality care, 2) helping young people develop a positive sense of identity and self-knowledge, 3) having a positive experience of school, including achieving educational success, 4) care or school itself may open doors for participation in a range of leisure or extra-curricular activities that may lead to new friends and opportunities and 5) preparation for leaving care may also provide young people with opportunities for planning, problem-solving and the learning of new competencies.

Harder *et al.* (2011, 2431–2441) have reviewed 33 relevant studies to increase knowledge about leaving care research approaches and instruments. They note that almost all these studies are mainly interested in how the life situation of young adults leaving care develops as they start independent living. The authors find at least four subject areas. First, some studies explore the social networks of young adults and the type of social support received by this group. Second, other studies examine education and employment. Third, several studies investigate the housing situation. Fourth, only a few studies are interested in young adults' substance abuse or difficulties in concentrating, among other topics. These studies mainly include health, well-being or quality of life, life skills or social integration as the keywords. They also involve three main research perspectives, including outcomes of out-of-home care, the process of transition from care to becoming part of a community, and the evaluation of interventions.

In many ways, our study follows the mainstream leaving care research, as interpreted according to the above-mentioned review. Our interest lies in the transition period from care to independent living. Our study differs from the above-mentioned studies in several aspects. First, methodologically, our study involves young adults who have been in care in the research process who have determined the important subject areas to them and developed, with adults, questions about them. Second, peer researchers then pose these questions to their peers who have also left care. Third, the holistic questions concern their well-being, including social networks, education, employment, the housing situation, health, hobbies and future perspectives. These questions encompass the process of transition from care to starting independent living. Fourth, the analysis of the data together with young adults has brought up

an important topic that mainly describes stability in care, which has been repeatedly highlighted in earlier research. We try to analyse in detail what stability means for young adults' well-being and how the process of service delivery supports or creates obstacles to it (see Pinkerton 2011, 2413). Fifth, the main difference from earlier research is our theoretical understanding of reciprocity and its meaning for conducting the research. Involving young adults in the analysis has brought the core concept of stability to all other themes, as well as highlighted reciprocity in these relationships and the value that should be placed on their contributions to everyday life. Through our analysis, we find that the interaction between the life-world and the system-world regulates the young adults' well-being (the concepts have been applied according to Habermas 1981).

Leaving care in the UK and Finland

> *'We recognise that the current social care landscape is wrought with challenges that include a high turnover of staff, stretched resources and difficulty in ensuring all young adults are given the time they need. But if staff are enabled to take the time to build trusting relationships with the young adults they work with, the benefits of which would seemingly be exponential' (Fletcher 2017, 17).*

When one reads research and news about child and youth care services in England and Finland, the similarities in the discussions are surprising (see Guidi *et al.* 2016, 17). For example, in both countries, child and youth service legislation and administrative regulations provide a clear picture of the options in practice to support children and young people in care. These regulations give an impression of determination to make a difference in the lives of the children and young people in care. Nonetheless, in both countries, child and youth care services seem to have difficulties. As indicated by the citation above, these services face financial problems, and the staff have too few options to offer to young adults.

Berrick *et al.* (2017, 305–306) conducted a cross-cultural comparison of child and youth care services and found that these services differ widely in, for instance, their structures, practices, legislation, decision making and philosophical platforms. They (2017, 307) describes Finland as a deregulated system, whereas England has a highly regulated system, although both systems leave space for professional judgements. According to Berrick *et al.,* English child protection services focus on at-risk children, while Finnish child welfare services address children in need of help. However, both systems, despite their differences, aim for the best interests of the child.

It is generally recognised that international comparisons are not easy matters; language differences represent one challenge, and the huge number of potential sources of policies and practices is another (Munro *et al.* 2011, 2417). Some difficulties in comparison stem from the different concepts used in Finland and England. In England, young adults who are no longer in care are said to have left care, whereas in Finland, they might be in 'aftercare'. In England, the phrase *children in need* means all children that the local authority is working with, whether the children are on a voluntary children-in-need plan, a compulsory child protection plan or being looked after (in care) (Pountney 21.12.2017). In Finland, children in need are called *clients in child welfare*. Clients in child welfare are then divided into clients of 'open care' who receive support, such as financial support for schooling or rehabilitation, or 'clients taken into care', who are usually moved into out-of-home care (Child Welfare Act 417/2007, 15, 18).

Aside from the different terms and structures in child and youth care services, there are also demographic differences between England and Finland because of their historical backgrounds. For instance, a patient in the UK's National Health Services might receive a letter at their home address which is partly written in 13 different languages, although, usually only in English. In Finland, however, official letters are usually written in one to three languages, although migration and immigration to Finland are increasing. There are also differences in how people are registered and what kind of information is collected by the state and public services. In England, clients' ethnic origin is recorded in the national statistics as white, mixed, Asian or Asian British, Black or Black British, or other (National Statistics 2017b). In Finland, there are population registers of mother languages, which is how ethnicity is traditionally determined in Finland, but information about ethnic origin is not collected.

England and Finland also differ on who is considered a young adult leaving care and what support that person can receive and up to what age. In 2017 in England, there were 72,670 children and young people in care and 31,250 children who were no longer being looked after, 28% of whom (8,700 young adults) left care on their 18th birthdays (Department of Education 2017; Statista 13.6.2018; see also National Statistics 2017b; National Audit Office 2017; 'Is it good enough…', 2017, 1). In the same year, 1,010 children were in care in the county in the east of England where this study was conducted (National Statistics 2017a). These young adults leave care usually on their 18th birthday. The number of children in need has increased a little in recent years, but not proportionally per 10,000 children under 18. However, the referrals have increased numerically and proportionally.

In Finland, on the other hand, in 2017, 17,956 children and young people were placed outside the home, 10,526 children and young people were in care, and 7,894 were in after-care; 86% of these left care at the age of 18 (Lastensuojelu 2017, 3, 12; Child Welfare 2017). The number of young adults leaving care in England seems proportionally quite limited by age. However, under a program called The Pathway Plan, young adults in care in England can receive support for a longer time than those in Finland if they are pursuing education or undergoing training (The Children Act 1989). 'Children' and 'young people' are also defined differently in England and Finland. According to one report by the Finnish government, in England, 'young people' are 13 to 19 years old; in Finland a 'young person' is under 29 (Joronen *et al.* 2018, 20). Usually, in Finland, when a young person turns 18, he or she is considered capable of handling administrative issues; this is the case in England as well. The age of criminal responsibility also differs significantly; in England it is 10 years and in Finland 15 (Ibid. 39).

Here is a summary of the population and total numbers in child and youth care services in Finland and England:

Table 1. Child welfare/protection numbers in Finland and England in 2017.

	Finland	England
Total population	5,513,130	55,268,067
Children in open care/in need	55,884	389,430
Referrals	76,116	646,120
Children placed outside the home	17,956	68,300 (+ with parents 4,370)
Children in care/looked after	10,526	72,670
Adopted	355 (all in 2016)	4,350 (child welfare)
Young adults leaving care/in aftercare on their 18th birthday	6,797 (86% of 7,894)	8,700 (28% of 31,250)

Sources: Väestörakenne 2017; UK Population 2017; Lastensuojelu 2017; Department of Education 2017a, 2017b; Adoptiot 2016; Heinonen 2018.

Leaving care in the UK

Berrick *et al.* (2017, 307; ref. Arts & Geliessen 2002) write that the UK was once categorised as a liberal welfare regime. At the moment, the UK is implementing a new, neo-liberal welfare policy in alignment with the goals of keeping the public sector as small as possible and diminishing the costs of social benefits (Julkunen 2017, 226).

English child and youth care practice is built on the idea of child protection, and risk assessment plays a major role. Harries *et al.* (2015) see the movement from social casework or family casework to child protection as a further shift away from the welfare paradigm observed in countries like Finland, Germany and Sweden. English social workers use an officially required national assessment framework, but Berrick *et al.* argue that this framework cannot be considered a prescriptive tool. It provides a framework for professional judgement and multiagency work within a highly proceduralised system (Berrick *et al.* 2017, 307).

Child protection services are delivered by geographic regions (counties) and their social services, which are part of the local authorities. Social workers earn a bachelor's or two-year master's degree. Residential care employees generally have a relevant bachelor's degree.

The most common categories of need are abuse or neglect, family in acute stress, family dysfunction, and absent parents. Other categories are related to a child's disability or a parent's illness or disability.

Young adults' placements are offered by the local authority (54%), another local authority (1%), other public organisations (1%), private organisations (33%), voluntary third-sector organisations (5%) or parents or other persons with parental responsibility (6%) (National Statistics 2017d, Table A5). In 2017 in England, children were placed in foster care inside council boundaries (n = 33,270), in other placements in the community (n = 1,980), in security units, in children's homes and semi-independent living arrangements (n = 3,390), in other residential settings (n = 200), in residential schools (n = 30), with their own parents (n = 3,720) or put up for adoption (n = 860). Residential settings included residential care homes, medical/nursing care provided by the National Health Service (NHS) Trust, family centres or

mother-and-baby units, and young offenders' institutions or prisons. There are also records of missing children (see National Statistics 2013a, 2017d).

Young adults leave care usually at 18 years old, but they can sometimes stay in foster care until they are 21 years old. There should be a plan for leaving care and a personal adviser to provide advice and assistance (National Audit Office 2017). This is called the Staying Put Scheme. This program requires the voluntary agreement of the foster carer, the young adult and the local authority. The young adult can receive social benefits during this extended stay in foster care.

The Staying Put Scheme has now been incorporated into the Children and Families Act 2014 (s. 98), which requires local authorities to have policies supporting this scheme (Munro *et al.* 2011). According to Munro *et al.*, it is important to note that this act is not an automatic path for young adults leaving care to remain in their placements. However, the act requires the local authority to make provision for foster children to stay put, while retaining the right to determine whether the placement is appropriate (Children and Families Act 2014 s. 98 (5)).

Under the Children's Act (1989) or the Children (Leaving Care) Act (2000), all care leavers in the UK must be offered transitional support from a social worker or a local authority's aftercare adviser, also called a personal adviser. The Children's Act states that the local authority must keep in touch with and assist care leavers until the age of 21 or 24 (if studying or undergoing training that started before the age of 21). An age limit of 25 has been proposed to allow a more gradual, extended transition from care. This assistance is offered by councils that have signed the 'Care Leavers Charter' (Butterworth *et al.* 2016, 139, 146, ref. DfE 2010, Department for Education), which includes the county where this research was conducted. However, the young people of the project 'From Care to Independence' welcome the proposal in the government's 'Keep on Caring' strategy, which would extend entitlement to personal advisers to all young adults leaving care up to the age of 25, even if they are neither studying nor undergoing training (Supporting Care Leavers 2017, 12).

A Pathway Plan for leaving care should begin at the age of 16 (The Children Act 1989). The plan should contain detailed current and predicted needs of care leavers related to health and development, education, training and employment, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills, support, family and environmental factors, and accommodations, and it should address how these needs will be met (Butterworth *et al.* 2016, 139, 146, ref. Department for Education (DfE)

2010). Different local authorities may do this work differently, for instance, in association with social workers and personal advisers.

There are comprehensive statistics of young adults leaving care in England. English local authorities were in touch with 88% of care leavers in 2017. Nineteen per cent of these young adults were pursuing education other than higher education, 25% were in training or employed, and 40% were not studying, undergoing training or employed.

The National Statistics Office also has information about distances and the location of placements, which is not included in Finnish child welfare statistics. These distances indicate how far children and young people are placed from their families or other earlier relationships. In 2017, 74% of these children were placed within 20 miles (around 30 kilometres) of their homes, while 19% were placed over 20 miles away (n = 72,670, 7% information missing) (National Statistics 2017c).

In England, there are also methods in place to listen to young adults who have been in care; these are the Children in Care Councils. The county examined in this study has had a Children in Care Council since 2006. It is designed to explore the opinions of children and young adults in care and to engage these children and young adults in regular dialogue and work planning with members of the Corporate Parenting Panel and strategic decision makers (Involvement Team 2016, 3). For instance, the Involvement Team (2016, n = 137) collected recommendations on how to improve care services from children in care, care leavers and children in need of child protection plans. Their answers stress the significance of social relationships.

Leaving care in Finland

Finland is described as a social democratic welfare state with a tight welfare safety net, offering plenty of universal welfare services (Berrick *et al.* 2017, 306–307). The concept of the state is based on ideas about the welfare state or currently, the welfare society based on the principles of equality, solidarity and the right to employment. Although (similar to England's case) there have been changes in the welfare regime, the Finnish society has moved towards a more neo-liberal approach as it has been – and is still – having difficulties in following its ideals and principles.

The Nordic child welfare model is based on universal entitlements, a preventive orientation, family service, and a strong public mandate and responsibility (Guidi *et al.* 2016, 5–7). The

Finnish child welfare system is built on the family policy, social security, basic services, schooling and early education offered to all citizens Vornanen & Pölkki 2018, 109; (see also Harries *et al.* 2015, 62; Törrönen, Vornanen, & Saurama 2016). Family orientation signifies how families and biological parents have the main responsibility to take care of their children. The services are offered to support parents in this task. Child welfare should support well-being of children and young adults, develop multi-task child welfare services and take care of their resources (Määttä 2010, 243). The present ideal is that children and young adults in care can maintain their connections to their families. Child welfare workers assess child well-being and child and family needs under 'the best interest of the child' framework (Berrick *et al.* 2017, 307) and follow the regulations of the Child Welfare Act (Lastensuojelulaki 417/2007) in their actions.

Child welfare provision is child-specific and family-specific (Child Welfare Act 417/2007, 1) and it is offered by municipalities and in the coming years, possibly by counties because of structural changes in social and health services. Qualified social workers should have a university master's degree, while family workers, who work directly with families, are required to hold a degree from the Universities of Applied Sciences.

Finland has a similar child welfare policy to that of Sweden in terms of the number of out-of-home placements and the state's emphasis on maintaining the children's links to their families and communities. In an international comparative study, Sweden is perceived as a country that adopts an interventionist stance on addressing child abuse and neglect, as well as social vulnerability (Healy, Lundström, & Sallnäs 2011, 427). Out-of-home care in Finland used to be considered relatively institution-oriented compared with Sweden, the UK, and Norway (Government Proposal 252/2006, ref. Lastensuojelu 2012, 10). However, the 2017 Finnish figures show the new direction in the form of placements when children are taken into care. They tell how different counties use foster care placements from 44% to 72% (Lastensuojelu 2017 – tilasto, 7–8). Adoption was very little used in Finnish child welfare (see Laine *et al.* 2018). Whereas, the figures of the last placement still reveal how institutional care was used earlier as a form of placement earlier almost as much as foster care (Lastensuojelu 2017 – tilasto, 17).

Child welfare services are offered to families who need support. These services can be similar to domestic help, family support work and child care, based on gradually strengthening intervention and support (Vornanen & Pölkki 2018, 110). The first and softest

form is open care, followed by temporary placements, and the heaviest intervention is placing the child in care, which should also have a temporary nature but is not always possible in practice. Open care means different kind of social services, for instance such as counselling by social workers or home help by family workers, to help to prevent children being taken into care. Although child welfare works well in many places, there are obstacles involving heavy caseloads, bureaucratic demands and missing opportunities to direct relationship-based work (Vornanen & Pölkki 2018, 110).

In total, 78,588 children and young people were in open care in 2012, with a 7% increase from the previous year. In 2017, there was a clear decrease in the number of children and youths in open care (n = 55,884) (Lastensuojelu 2017). Open care pertains to children under 18 years old who are considered in need of child and youth care services, but their participation with their parents is on a voluntary basis. The largest age group that was proportionally compared with the same age population comprised 16–17-year-old youths, whereas the smallest group consisted of 0–2-year-old babies and toddlers in the year 2016 (Kuoppala & Säkkinen 2011; Kuoppala & Säkkinen 2017, 11).

The focus has been on increasing family care and diminishing residential care, which remains rather dominant. In 2017, there were 17,956 children and young people in out-of-home care. Out-of-home care covers children and young people who are taken from their biological families or childhood homes to placements, which usually mean foster families or institutional care. There was a 2% decrease compared with the previous year (Lastensuojelu 2017, 1).

The last forms of placement at the end of 2016 comprised foster homes (including placements in extended families or other families close to the children or young people, 41.5%), professional family homes (11.5%), residential institutions, such as children's homes or residential schools (36.4%), and other forms of care (10.6%). Professional family homes resemble foster homes where at least one of the parents has a relevant education to raise the children in care. Other forms of care mean placements in the child's own home with both parents or one parent, with supported housing or forms other than foster care or residential care (Kuoppala & Säkkinen 2017, 9).

In Finland, the following administrative placements were used in 2016 (n = 17,330): placement to support open care (n = 3,749), emergency placement (n = 1,850), taken into care

on a voluntary basis (n = 9,957) or on a coercive basis (n = 2,394) or aftercare placement (n = 1,774) (Kuoppala & Säkkinen 2017, 9).

The Finnish statistics show that the numbers in open care have changed more than those in the more serious forms of child welfare, such as placements outside the home and children taken into care (see also Harries *et al.* 2015, 68). For instance, there is a 26% decrease in the number of open care from 2010 to 2016, whereas the numbers of placements and children taken into care have stayed more similar through the years. The changes in open care are explained more as changes in the Child Welfare Act (417/2007; enforced on 1 April 2015) and how the statistics are registered than as real changes in the children's needs. Regarding the statistical changes, now the clients are registered only if there is a need for child welfare or for open care services. Families are also advised to use appropriate services as provided for in the Social Welfare Act, including offering them domestic help or a child nursery at home (Kuoppala & Säkkinen 2017, 11).

In Finland, the period after care is officially called 'aftercare'. Aftercare is voluntary and offered until the person is 21 years old. There were 7,894 young adults who received aftercare services in 2017 (Lastensuojelu 2017, 12). Thus, not all young adults leaving care are clients in aftercare.

All children and young adults whose terms of out-of-home care have ended are entitled to aftercare. This group also extends to children and young adults placed on their own in open care as a supportive measure and whose placement outside the home has been for a continuous period of at least six months. However, if someone is placed in a home as an urgent or a temporary measure, that person is not entitled to aftercare. At its discretion, the local authority may also arrange aftercare for a person between the ages of 18 and 20 who has not been placed outside the home or whose placement in aftercare as a supportive measure has lasted less than six months. Aftercare is not a subjective right but is based on a needs assessment (Child Welfare 2012, 17, 93–94; see also Lastensuojelun käsikirja 7.7.2017; Törrönen & Vauhkonen 2012b).

The local authority's responsibility for arranging aftercare for a young adult in Finland ends five years after that person was last a client of child welfare services following the end of a placement outside the home. The responsibility for arranging aftercare ends in any case when the young adult reaches the age of 21 (SOS Children's Village Manual 2009, 25). The function of aftercare is to support the young adult and his or her parents and custodians, as

well as the person who has been responsible for the young adult's care and upbringing (Lastensuojelun käsikirja 7.7.2017). In aftercare, a young adult can receive both financial support and psychological counselling (Törrönen & Vauhkonen 2012b, 46–51).

Heino and Johnson (2010, 286) stress the significance of aftercare. They argue that if aftercare finishes too early, it can destroy the successes attained during care. Harkko *et al.* (2016, 56) criticise the voluntary basis of aftercare, concluding that it sounds nice but asking if in reality, it means abandonment of young adults.

Methodology of the study

What did participation in the study mean to you?

'...everyone knows my situation, and there was no pressure to pretend like I felt okay. As a group, we have really good communication skills, so I can vent and rant if I want to....'

'It has meant that I have had many new and exciting things to do and learn about. If there was a change in making leaving care easier, I knew I wanted to be part of this, being a care leaver myself.'

'It has meant a lot to me! I understood and could relate to the young people who took part."

'For me, it has showed how many different stories and experiences there are within Essex alone. It has made me develop skills further and learn new things.'

'Whilst doing the Finnish project, I learnt social skills, being punctual, interview skills and techniques, how to do fundraising and the ability to adapt to other people's needs.'

'To educate ourselves and find out about the way the system works in comparison to ours. To see if maybe we can learn or take anything back to England that is different ....'

(Peer researchers, 11 March 2017)

Participatory action research

The methodological approach adopted for this study was Participatory Action Research (PAR), which can be perceived as an approach whereby local perspectives, needs and knowledge are studied through collaborations with community members throughout the research process (Smith *et al.* 2010, 1116; Gardner 2018, 205). PAR offers non-institutional experiences and knowledge about young adults' lives (Campbell & Trotter 2007; see also Ben-Arieh 2005; De Winter & Noom 2003; Fattore, Mason, & Watson 2005). It means for us that young adults' views are taken seriously by creating participatory spaces and building dialogue and trust between young adults and older adults through participation (see Johnson 2017, 1; Larkins 2016, 16; Larkins *et al.* 2014a, 16; Larkins *et al.* 2014b, 110). Through

utilising this methodological approach there is an urgent need to move on from global conversation to global action which means that young adults are not only heard but they can take an active role in a dynamic process of change co-created by themselves and their adult supporters (Westwood *et al.* 2014, 161–162).

However, any research with children or young adults includes ethical and practical issues that need to be addressed, including concerns about possible exploitation, child protection, informed consent and gatekeeper issues (Kellett 2003). Consequently, appropriate training is required for all members of the research team. However, as the participatory methods promise that people themselves are heard and that also their participation develops services, there are also critical elements if participation is only temporal, there are no consequences on services or on well-being of the participants and if it only binds the service users as a tool for governance (Matthies 2017, 149; see also Thomas 2007, 202–204). Generally speaking about children's participation, there is also a need to critically analyse how to ensure that kind of participation structures in the society for young adults leaving care so they are not only heard but they can also have the means of deciding together with adults (see Kiili & Larkins 2016, 11).

In our study and this report, PAR means involving young adults with leaving care experiences in research about aspects of their own lives and encouraging them to have some impact on aspects of the research process (Holland *et al.* 2008, 4; see also Holland 2009; Cotterel 2008; Daly 2009; Involve 2016; Kiili 2016; Pole *et al.* 1999; So you want … 2004; Young people as Researchers 2000). Our study's aim was complementary to the overall aim of the study and involved conducting research not only on young adults but also with them (see also Smith *et al.* 2010, 1116). Similar to the view of Holland *et al.* (2008, 3), we understand that PAR with children and young people involves the participants in some steps of the *process* (see also Involve 2016, 1; O'Brien 2016, 51). For our research team, the study entailed collaboration in the design, data collection, analysis and dissemination of our findings, as well as a review and an evaluation of the entire process (O'Brien 2016, 51; for more information about the Finnish case, see Törrönen & Vornanen 2013).

Peer researchers and the research team

> *'I have learned a lot… about myself… I have learned life skills and skills to help me deal with how much I panic plus stress. It made me want to do something with my life even if I didn't always think about it.' (Peer researcher, 11 March 2017)*

As part of the PAR process this study involved peer research, whereby young adults with leaving care experiences were interviewed by peers with similar experiences.

The young adults with leaving care experiences who conducted the interviews played the role of peer researchers and were members of the research team. Importantly, we worked with the peer researchers as a group, not solely as individuals. The research team consisted of peer researchers (Finnish = 10, English = 6), practitioners (Finnish = 3, English = 3) and university researchers (Finnish = 2, English = 4), an overall total of 33 members. The Finnish case involved two social workers and one psychologist. In the English case, there were three social care workers with different titles.

The peer researchers ranged in age from 18 to 32 years; (5 males, 11 females). They lived mainly in different areas in Turku, Tampere and Helsinki in Finland and in Essex in England. They had been in care from a few to many years. They had experiences with different forms of care, including foster families and different child welfare institutions. In their respective countries, the peer researchers attended a two-day training session to learn basic research skills in designing research, research ethics and how to conduct peer interviews. The English counterparts were also trained in co-analysis, which lasted for two additional days. Besides these training days, we held many other meetings to discuss the on-going issues and to plan the coming events. The peer researchers were reimbursed for their expenses in travelling to the meetings and conducting the interviews. Snacks and lunches were also provided.

In the context of the project the peer researchers acted as 'experts by experience' – the term used by McLaughlin (2009, 1115) for such interviewers, given their familiarity with the research arena. The study provided them with a sustainable learning process through which they were offered the opportunity to improve the care environment and develop their own abilities (see Kilpatrick *et al.* 2007, 353).

Whilst working with the groups, we noticed (similar to the findings of Holland *et al.* 2008, 24) that the collaborative process was potentially more empowering for young people, who were able to have fun together, share common experiences and as a group, hold sway over the researchers' presence (see Gavriel 2017). Thomas and Percy-Smith (2012, 5) note the sparse research about collective participation by children in care, whereas children's participation in individual decision making in care has a longer history and has been more researched. The following are some peer researchers' opinions on how important they thought peer research would be for children and young adults in care and at the start of independent living:

'Very important, as I think young people find it easier to speak to other young people.'

'I think that it is crucial to develop and learn new skills from the Finnish young people. We can both learn a lot by exploring the differences and similarities between us.'

'Peer research is an important thing within foster care. This is because we have experienced the same situation.'

'I think it's interesting and insightful for young people (YP). It helps you to develop and learn new skills. You learn a lot and see how the numbers and statistics are reported'

(Peer researchers, 11 March 2017)

In PAR, the researcher's role is very different than in traditional research. In this regard, PAR challenges conventional distinctions between the researcher and the researched (see Smith *et al.* 2010, 1117). The researcher's role is not only to support learning about the ideas of young adults, but it also entails ongoing self-examination, sharing power, giving voice, facilitating awareness raising, building on strengths and providing people with tools for social change as much as possible (Smith *et al.* 2010, 1117).

The combination of participatory research and action research complement each approach. Winter and Munn-Giddings (2001, 5) describe action research as simultaneously a form of inquiry and a form of practical action. They do not regard it only as action but as research that involves people in a process of change in professional, organisational or community action. This kind of study attempts to provide shared investigations with people who traditionally may be oppressed and to offer them tools to make changes in their lives (see O'Brien 2016, 50).

In this report, PAR (Participatory Action Research) means research with young adults with leaving care experiences, aiming for change in professional, organisational and community traditions, as well as generating new ideas on both national and European levels of leaving care practices. During the research process we engaged in dialogue and also used methods that young adults could relate to and felt comfortable with (see Johnson 2017, 15). This

research respects young adults' experiences and takes them seriously when evaluating the practices of child and youth care services.

Additionally, action research is a form of learning for those involved (Winter & Munn-Giddings 2001, 5). It means that through participation in research, young people learn some research and work life skills that may support them in their communities. It may also help them compare their own experiences with those of their peers and clarify their own understanding of their backgrounds in traumatic experiences. The research team was available to support these young adults who were involved in the process. Young adults who worked as peer researchers were not asked in detail about their experiences. They could share their experiences if they wanted to.

Furthermore, action research starts from the belief that knowledge about human situations can be generated from the actors' commitments to practical situations and that the research processes aim to empower the research subjects. These ideas are based on positive thinking of human beings and on their capability and willingness to work together constructively, which is also the ideal basis of democratic participation and responsible citizenship (Winter & Munn-Giddings 2001, 8). Through the process of learning research skills, this study aims to empower young adults, equip them with confidence, and support them in expressing themselves verbally and acquiring some work life skills.

As Kim (2016, 6) concludes, there are at least three kinds of challenges in conducting PAR. First, there are relational challenges in building trust between youth and adult participants. Researchers' goodwill and acts do not necessarily overcome these relational challenges in the research process. Nonetheless, keeping in mind these challenges, there were possibilities in terms of respecting other people's privacy and seeking common aims.

Second, arguing that there may be difficulties with the validity and the reliability of the research, Kim suggests that this kind of research cannot be evaluated by using traditional scientific criteria (Kim 2016, 6). However, Savin-Baden and Wimpenny (2007) recommend that PAR could be examined by means of trustworthiness, as proposed by qualitative research; it means how much the findings represent the true meanings of the research participants. Kim suggests that researchers use different strategies, such as triangulation, prolonged engagement or thick descriptions of the participants' contexts as we did here. The third challenge that Kim describes involves ethical issues. There was the need to stress for instance confidentiality and to ensure that it was not violated (Kim 2016, 6).

The research data and analysis

This study involved two case studies with young adults who had left family care or institutional care, one in England and the other in Finland, representing different European welfare states and their child protection or child welfare services. The project is rather unique in that young adults from different countries have contributed to its development over time.

The cases adapted some ideas from the study entitled 'Rights of Children in Alternative Care, From Theory to Practice: Filling the Gap Through Peer Research', a 2011–2012 project of the European Union (EU) and SOS Children's Villages International (see Stein & Verweijen-Slamnescu 2012; see also Stein 2010; Törrönen & Vauhkonen 2012a; 2012b). Young adults from Albania, the Czech Republic, Poland and Finland participated in the planning of the interview schedule that had initially been drafted by the adult researchers and in conducting the interviews with their peers. The lead author of this report is Finnish and led the Finnish case study under the former EU project. These ideas are further developed in this research project entitled 'Reciprocal Encounters – Young Adults Leaving Care', funded by the EU under the Marie Sklodowska-Curie Scholarship and undertaken at Anglia Ruskin University, UK during 2016–2018.

The study started in Finland and continued in England. For the continuation in England, the study obtained ethical approval for the data collection from the Department Research Ethics Panel in the Faculty of Health Social Care and Education at Anglia Ruskin University in July 2016 and had further governance approval from the Ethical Board of the English case study organisation. The approval process included informed consent forms, participant information sheets, an ethics application and an interview schedule.

The data from Finland were gathered over the period 2011–2012 (n = 50 interviews), while the English data were gathered between 2016–2017 (n = 24 interviews), each following the same PAR process. The final data set therefore consisted of 74 interviews (35 females and 39 males).

A snowball approach was used to recruit interviewees. Due to the absence of registers of young adults who have been in care in both countries, there were difficulties in reaching them. We found that in the English case, the best way to recruit potential interviewees was through the youth centres in the county in the east of England and in the whole of Finland

through local authorities and child welfare organisations (see Törrönen & Vauhkonen 2012a; 2012b about the Finnish case).

The interview questions were those used in the Finnish case study under the former EU project. These questions, including their phrasing and terminology, were discussed with the peer researchers during the training days and adapted to ensure that the tool would be applicable to the UK setting. The interview process began by providing a brief project description to the interviewees, in accordance with the participant information sheet. The informed consent form was explained verbally to the interviewees to check whether they understood it before the interview started (Shaw *et al.* 2011, 28). They were also informed of their right to decline participation or to withdraw from the study if they wished. Their agreement was then ticked in the box provided on the informed consent form. The interviewer asked permission for the digital recording. The interviews took place in different parts of the county and its four youth centres.

The interviews lasted approximately one hour each. They were held in separate rooms in the youth centres, attended only by the interviewer and the interviewee without any disturbance from others. Before and after the interview, an adult researcher or one or two social care workers were available in the next room to answer any questions, as well as review and discuss the feelings of the interviewers after the interviews. The older adults' role involved providing social support and encouraging the young adults in conducting the interviews. Contact information was also provided for the interviewees if they wanted to discuss the interview with an adult member of the project team.

The English transcriptions included almost 15 hours of recorded interviews, consisting of 504 pages of double-spaced text. All interviews were fully transcribed. There were six peer researchers, of whom one conducted most of the interviews (n = 18), and the other two did the rest (n = 6). The remaining three peer researchers did not conduct any interviews but actively joined in the process, for instance setting the questions on the questionnaires and the analysis.

We had aimed for 25 interviews in the English case, but the peer researchers had difficulties in conducting more interviews; for instance, they started a new job or had a baby to take care of. One young person who conducted the majority of the interviews had a contract with the County Council which also ended, and she continued her own work. Due to the timeframe,

we decided to be satisfied with 24 interviews because we could already notice some kind of accumulation.

The 50 Finnish transcriptions included 34 hours of recorded interviews, consisting of 317 pages of single-spaced text. The Finnish transcribed text included only the answers to the open questions. The closed questions were collated as tables in the SPSS program. Six of the ten peer researchers conducted the interviews, with two conducting most of them. The remaining four peer researchers did not conduct any interviews but participated in other ways in the process such as training, or giving some feedback. The peer researchers made appointments with the interviewees and agreed on the places of the interviews. The venues varied, from the interviewees' homes to public spaces, such as libraries or coffee shops. Because Finland is a geographically large area, the peer researchers sometimes had to travel long distances to conduct the interviews. Every peer researcher had a contact person in the research team and informed the team member about the interviews; the peer researcher could also discuss his or her experiences with the team member. The peer researchers in Finland acted much more independently (or alone) than their counterparts in England.

The interview consisted of 71 questions (18 background and 53 other questions), which included both quantitative and qualitative sub-questions. The other questions can be roughly divided into 28 open-ended research questions and 25 multiple-choice research questions. However, for each multiple-choice research question, there was an opportunity to add information if none of the options corresponded to the young person's experience.

The interview started with questions about the interviewee's background. These included age, gender, living environment, first placement, age when the person left the place of alternative care, the last place of alternative care, the number of placements and time spent in alternative care, education and employment, occupation, civil status and number of children, if they had any. The first set of questions focused on how the interviewee's departure from alternative care was planned or prepared for. The second set of questions was intended to examine the interviewee's financial situation and accommodation arrangements. Third, the interviewee was asked about his or her health and psychological well-being. Fourth, there were questions about leisure-time activities and relationships with friends and family. Finally, the interviewee was asked to describe his or her thoughts about the future.

The interviews were transcribed into Word files. The Excel tables were drawn up for the multiple-choice questions to help in the comparison. The answers to the multiple-choice

questions were also analysed, using the SPSS program. The external transcriber in the English case did the preliminary anonymisation. The principal researcher downloaded the recorded interviews on her computer and double checked the data anonymisation. The qualitative questions and answers were transcribed into Word files, from which they were transferred in the .rtf format to the ATLAS.ti software for a qualitative analysis.

The qualitative data in the study was analysed by using a theme and content analysis in a three-stage process: initial researcher analysis by the researchers, collaborative analysis and then synthesis with peer researchers and practitioners. These phases were based on the interviews traditionally coded by the themes concerning well-being of young adults with the help of ATLAS.ti (the open questions) and with the help of the SPSS program (the closed questions) to find patterns in the qualitative and quantitative data to help the comparison in the first phase by the researchers and then co-analysed and synthesised with the peer researchers and their practitioners. Therefore, the analysis was based on the traditionally coded interviews, as well as on the discussions and the co-analysis or a collaborative analysis (see Cotterel 2008) of the young adults as peer researchers and their care workers during the fieldwork in both Finland and England. In the excerpts nicknames are used for the interviewees to show their gender and the case.

In the Finnish case, the interviewees (n = 50) were from 18 to 32 years old at the time of the interview. Their average age was just under 22. They had been placed before reaching the age of 17 – when they were just under 9, on average. Their placements had ended between the ages of 12 and 18, though the average age was 18. There were more female interviewees (n = 27) than males (n = 23). Most of them had been taken into care (41) and 4 in open care as a supportive measure (45 in all, 5 missing). The interviewees had a wide experience of different forms of care from one year to 15 years and also the number of placements, however, 22% of the interviewees had only one placement. The last forms of placement were residential care (n = 33) or foster care or SOS Children's Village (n = 13) (n = 46, 4 missing). Of the Finnish interviewees 9 were not working or studying, 21 of them are studying and 16 working (4 are both studying and working) (n = 46, 4 missing). In the Finnish case the interviewees had approximately two years' experience living independently.

In the English case, the interviewees (n = 24) were from 17 to 23 years old at the time of the interview. The majority of them were from 18 to 21 years. There were more male interviewees (n = 16) than females (n = 8). The interviewees had a wide experience of

different forms of care from 6 months to over 10 years and also the number of placements varied from one to twenty-six, however, a quarter of the interviewees (n = 6) had only one placement. The most used last forms of placement were foster care (n = 10) or semi-independent living (n = 9). Also, residential care and kinship care were used but only for 4 young adults (1 missing). Of the English interviewees 10 young adults are not working or studying. Five of them are studying and nine working (one is both studying and working).

The majority of the English interviewees had come to care after their eighth birthday. Five of them came to care before that age; the others after that. Whereas in Finland, the division of age to start in care was more divided between different ages. In both cases the age between 12 and 15 was most often used.

There were also a variety of ages at which their care ended,varying from 12 to 22. Two of them were still in care (the English case). There were 27 interviewees who told us that their care ended when they were younger than 18 years. That might tell that care has ended before they have reached 18 and they might have moved back to their parents or other custodians or that they have moved somewhere to live independently. The typical age to start independent living was 17 or 18.

The numbers in this study are used to add quantitative information about young adults' answers of the both Finnish and English cases. Our study is PAR in-depth modest scale using mixed methods. We do not try to generalise our results to tell about young people leaving care concerning Finland or England.

The boundaries of the life world and the system world impacting young adults' well-being

Höjer and Sjöblom (2010, 126–127) point out that one important issue in leaving care research is identifying what young people themselves perceive to be important for a successful transition from care to independent life. In our research with young adults, we have found that they foreground stability during care; it also impacts the experience of leaving care and starting independent living.

The following sub-chapters discuss both *the life world of young adults* and *the system world,* which sometimes create obstacles for good will of workers (see Habermas 1981). The life world contains social, practical and existential elements; the system world includes work orientation, working conditions and the public image of child and youth care services. Emotionally supportive continuity, which we will call emotional participation, is essential to young adults' social well-being. For practical well-being, they need adequate resources to satisfy their needs. We conclude that young adults need *reciprocal emotional participation,* which includes all these elements and also contains the idea of mutual help, support and caring. These all support their existential well-being and give meaning to their lives. These elements create a good foundation for young adults leaving care.

Young adults' well-being and also their experiences of stability and instability, along with all of their life circumstances in care, depend on the authorities' decisions about child and youth care practices. These practices align with the work orientation of child and youth care services. It includes theoretical ideas about the best interests of the child and leaving care work. It represents the system world, which has its own logic but is usually supported by its workers as well. This section will discuss the most important issues young adults in our research identified as impacting stability in their life world and how the system world helps to make stability possible.

Our data supports Pinkerton's (2011, 2413–2414) systematic perspective, which captures a sense of combined 'well-being' and 'well becoming'. Pinkerton bases a young adult's success or failure in care leaving on Stein's (2008) idea of young adults' resilience and on Barn's (2009) ideas about social capital. In this systematic model, he combines the needs of young adults with the process of service delivery. He stresses a holistic understanding of leaving care, which concerns the 'whole person' and also the 'whole system'.

Social, practical and existential well-being

> *'What has helped me the most? I think it's stability, knowing I've still got someone there, like, by my side' (Mike, English87).*

> *'Stability! It's the key to a good placement' (Peer researcher, 11th March 2017).*

In our interviews, young adults identified several items which impact their stability both in care and as they transition to independent living. We noticed that many of the same things impact the stability of Finnish and English young adults in care, but there are also some differences. The young adults who were interviewed in our study seem to have a place to live and some money to take care of themselves. These are two everyday essential needs which are met, but some of their situations could also change suddenly. But when we look more carefully at the things that create instability, we can discover that they are usually connected to social well-being, along with financial and existential well-being. They are also connected to existing practices in care, the working conditions of the workers in social services, and the public image of social services. These issues illustrate the boundary and intersection between the life world and the system world, which could also be referred to as private and public spheres.

The young adults in our study have mixed experiences in care during their childhood and youth. Some young adults seem to cope well with past traumatic experiences and are grateful to be alive and for the opportunities they have. Others are bitter towards either their family members or the workers of child and youth care services they met during their time in care and feel that they have been treated badly. They seem to be lonely and to lack adult support. The young adults in our study in Finland and England have polarised opinions about child and youth care services.

The next section will look at the life world of young adults in terms of their social, practical and existential well-being and will discuss social connectedness, practical needs and the right to exist.

The life world	
Social well-being	Form of care, time in care, changes of placements, social networks and belonging, social support and help from authorities
Practical well-being	Education, employment and finances
Existential well-being	The meaning of life

Social connectedness

The importance of social development has been addressed previously in research on children and childhood; it has significant implications for one's view of childhood. Young adults' social relationships are not built in a vacuum but in connection to their societal and chronological context. Children's emotions are still developing, and they are learning to interpret their own and other people's emotions (Thomas 2000, 26–28). Young adults learn to express their feelings with the people they spend their time with. It is important that they can trust these persons so they will have the courage to share their real feelings.

Höjer and Sjöblom (2011, 2458; see also Stein & Dumarat 2011, 2510; Ward 2011, 2512; Stanley *et al.* 2013) point out that earlier research has found that young adults leaving care need continuity and access to support from significant adults during their transition to adulthood. Stability includes some continuity in the emotionally important, supportive social relationships and places where young adults can feel at home. So, continuity alone is not enough; young adults need relationships which are positive and empowering. This seems to be essential for resilience. The continuity of these kind of relationships allows young adults to get to know others as human beings, to develop common experiences and memories, and to feel trusted, which enables them to trust and feel trusted.

As Thomas (2000, 30) writes, the process of going into care may in itself be difficult and can have unpredictable effects on children's emotional states and cognitive abilities. Children

might react differently; some might become emotionally 'frozen', while others expend their energy by 'acting out'. Thomas cites Clarke and Clarke (1976), who observed that children can recover from very damaging experiences, but their resilience may depend on their previous experiences and the care they receive, as well as genetic and constitutional factors (Ibid. 30). According to Dubois-Comtois *et al.* (2013, 3), intimate social relationships with peers and romantic partners can be experienced as new attachment relationships to which adolescents can turn in stressful situations if former figures have been unable to meet their needs.

The opposite of continuity is instability and mobility. One interviewee describes this very well: *''Cos you get used as a human tennis ball 'cos no-one wants to take on your case or take care of you' (Salazar, English32).* Young adults in care may feel like items which can be moved from one place or person to another. This picture does not allow for continuity of social relationships or for familiar social circumstances or living environments. It also draws a picture of young adults as a task to be completed. It creates a picture of fragile and fragmented social relationships in which young adults struggle to find anyone to trust.

Gibb and Stewards (2017, 15) observed several categories of young adults; 56% of young adults they asked reported getting support from several people, whereas just 2% did not get support from anyone. In a study on leaving kinship care, Valle *et al.* (2011, 2479) found that most of the young people in their study coped with the transition to adult life adequately, despite the complexity of this change. In their study, almost 70% of the participants presented positive social integration as adults, whether or not they lived independently. There were, however, a few who were seriously excluded from society, representing 9% of their sample and consisting principally of young men.

In our study, looking across all of the interviews, approximately two-thirds of the interviewees said that they have sustainable social relationships and that people close to them have been very helpful or that they have received some help. The other one-third of interviewees claimed that they have hardly received any support. These young adults also have different social networks and personal relationships. When asked about their well-being, 60% said they felt very good about it, 30% said it was good enough, and 10% said it was poor.

Some young adults may simply be more inclined to give positive answers, but these differences may also be due to differences in personalities, living circumstances, and

traumatic experiences that have impacted their care history and how they are met by other people. The longer they have been involved with child and youth care services, the better they know the system. Despite that, young adults' attitudes towards social services and also their own lives vary significantly. For instance, Flynn *et al.* (2011, 2502) found that gender, age, developmental stage and self-care skills predicted a substantial portion of the variance in educational attainment and aspirations, compared to the additional amount explained by the risk factors. Female young adults had higher educational aspirations, but being female was not correlated to academic attainment or non-NEET (Not in Employment, Education or Training) status (Ibid. 2011, 2503).

The young adults in our study have expressed various levels of social, practical and existential well-being. Many young adults in our study said that they feel their life situation is satisfactory, which we do not hear often in the news or public discussions. Some young adults were satisfied with the help they have received: *'Couldn't say there was much more help I would need; as I said, the carers gave me everything at the time; there were so many people I could talk to. Carers, reviewing officer, personal adviser, employment officers, youth officers' (Alden, English17).*

However, many other young adults in our study made comments that were tragic, thought-provoking, and unforgettable. They said things like *'I don't belong anywhere,' 'I have never had my own home,' 'I don't have any friends'* or *'I don't know what to do'*. They feel lonely and believe that they have to take care of themselves alone: *'Yeah, things like that, or going to look at job prospects or housing prospects, anything like that. I never really got any help with it; I had to do everything on my own, basically' (Sam, English86).*

Often, these young adults in care lose their sense of belonging and their connections to familiar people (Holmes 2016, 24). This means it is necessary to analyse their difficulties in detail.

The obstacles to stability in care and when leaving care are similar for English and Finnish young adults. When young people are in care for a long time or experience many placement changes, this can create emotional and sometimes physical distance between them and their biological parents, extended family members and friends. These distances can make parents and extended family members feel like acquaintances. When these young people leave care, they may separate from earlier caregivers with no continuity of relationships. They may then lose their relationships with foster parents, caregivers, peers or siblings, making it difficult for

them to find new trustworthy peers and adult role models. Leaving care might bring on feelings of loneliness when they no longer have contact with the people who were around them while in care.

> *'... Cos you're gonna be lonely, isolated. These are the people you can call, big whoop. It's not the same as, a week ago I had all my people around me, we were having a laugh, going out and doing things, to now, sitting in a flat, by myself. ...' (Sam, English71)*

Therefore, the next section will examine social well-being along with *forms of care, time in care, changes in placements, social networks and belonging, social support and help from authorities.* This section will also discuss the connection between social well-being and stability.

Form of care

Residential care was the last form of placement for most of the Finnish young adults in our study; foster care or semi-independent living was the last form of placement for most of their English counterparts. In England, foster care (n = 10) and semi-independent living (n = 9) were the most common services provided, although the interviewees also had experience with residential care (n = 3) and other forms of care (n = 2). In Finland, residential care (n = 33) and foster care (n = 13, includes SOS Children's Villages) were used, but the main focus was on different forms of residential care. However, the Finnish residential care may be somewhat similar to English supported housing or semi-independent living.
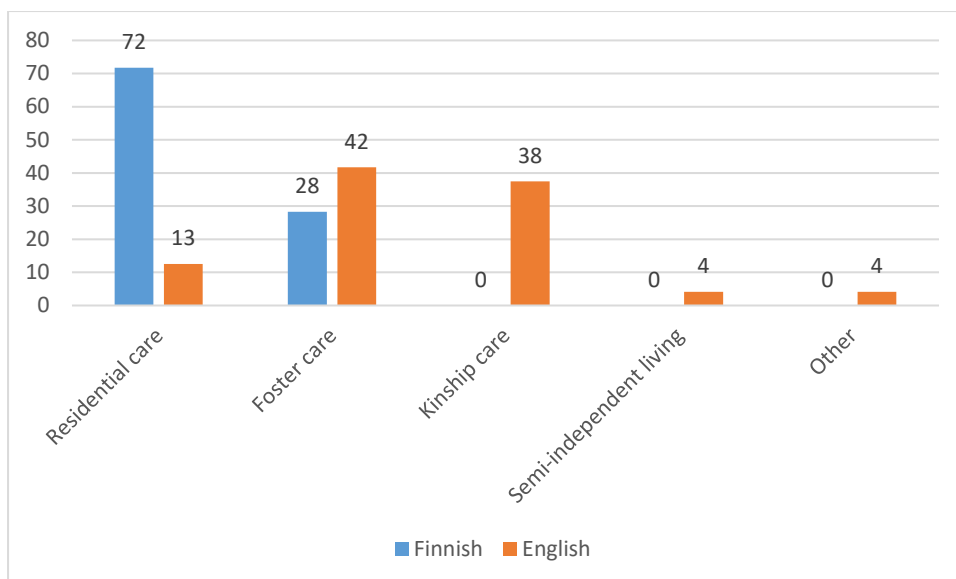
Figure 1. The last forms of the placement for English and Finnish young adults by % (n = 70, 4 missing).

Here, the different concepts of residential care in the two countries might also exaggerate the differences. Behind these differences lies a different contextual history of Finnish child welfare or English child protection; but they reflect a certain limit to the understanding of 'the best interest of the child'; they also reflect, unfortunately, the costs of care. If the Finnish data had been collected later than the year 2012, the figures might have been different; total foster care placements in Finland have increased and residential care has decreased. For instance, in 2017, 56% of children and young adults were in foster care, including placements with extended family members or other important relations, whereas 38% of children and young people placed outside their home were in residential care (Lastensuojelu 2017, 8.)

Time in care

A long time in care may alienate young adults from their family and extended family but also create new significant attachment relationships. Young adults might feel restless if they do not know why they were taken into care. They want to understand their biological parents' situation and why they have been removed from their parents' home. Young adults who have lost contact with their immediate family or their roots they might start to build bridges with other members of their biological family. If they do not have close contact with their immediate or extended family, they find it vital to find their family roots. One interviewee

advised, *'Stay in contact with your close relatives' (Olivia, English01)*. They know that these connections make it easier for them to have peace as they build their own lives.

Young adults in care may feel disappointed if they are not able to establish relationships with their biological parents, siblings or extended family (see Höjer & Sjöblom 2011, 2459; Ward 2011, 2514): *'Learning how to get put into a family again, like, building bridges with family. 'Cos now I'm just stubborn, I just shut off and don't care' (Nick, English86).*

When young adults in care reconnect with their immediate and extended families, whom they have not seen or spoken to very often, they might feel that they do not fit in the family or that their family does not like them. If they struggle to connect with their biological parents or siblings, sometimes more distant family members, like cousins, can help them feel that they belong.
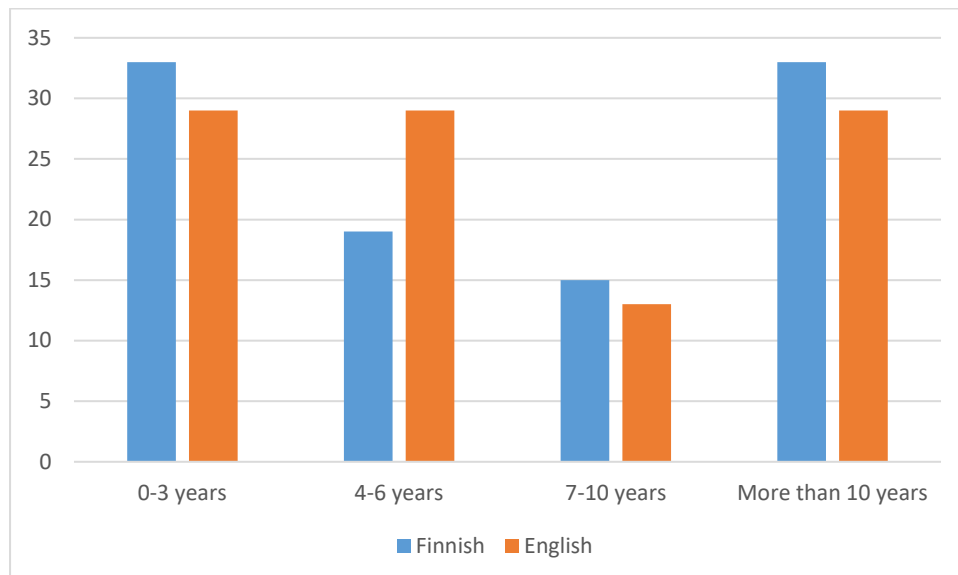
Figure 2. Time in care% (n = 70, 4 missing).

The young adults in our study had experienced different forms of care for lengths of time from six months to over 10 years. For both Finnish and English young adults, while length and form of care varied, the largest numbers of them interviewed had been in care for either less than six years or more than 10 years.

When young adults are in care for a long time and both their past and future are unclear, they struggle to settle down and create new, healing attachments. If people close to them ask them to choose sides in a conflict, they cannot settle anywhere. Young adults in care usually worry about their parents, although they do not always say that aloud. Ideally, young adults should

maintain relationships with (or at least know about) both their immediate and extended family and their caregivers, as well as possible peers or siblings, when starting independent living.

> *'What I am the most worried about? Hm, maybe the relations to my parents. I have not seen my mother almost for two years and I am worried if I am going to meet her anymore. … .' (Tuula, female, Finnish32)*

Changes in placements

One reason young people in care experience instability is changes in placements, which also destroy the social relationships created in the former placement. These changes move young adults from one family or residential setting to another, possibly impacting their knowledge of their neighbourhood. This is a difficult question. If, for instance, a young adult is struggling with drugs or alcohol, it is usually good to move and make new friends who are not engaged in substance abuse. However, young adults struggling with substance abuse may have people around them, but deep in their hearts they usually feel alone, broken-hearted and abandoned (see Reciprocal Encounters – Young Adults Leaving Care 2018).

> *'… I isolated myself at home for five years. I didn't know who I was. I probably started using drugs because I was so lost with myself and it's been really hard to make friends, because I daren't trust anyone.' (Reciprocal Encounters – Young Adults Leaving Care 2018)*

In our study, we noticed that English young adults in care had both considerably more and different types of placements than Finnish young adults. In England, 36% of interviewees had had more than four placements, compared to 19% in Finland. Furthermore, 16% of the interviewees in England had had more than nine placements; none of the interviewees in Finland had had that many placements.

Butterworth *et al.* (2016, 139) conclude that young adults in the UK often experience considerable instability during care; a quarter have had more than eight placements, leading to dislocation and disrupted relationships. When care involves significant instability and disruption, young adults are more likely to leave care younger and more suddenly (ibid. 10).

In a quantitative study in Finland, Harkko *et al.* (2016, 60) found that 34% of children who were placed in care had one placement, 40% had two to three placements, and 26% had more

than that. Their study also found older children were less likely to be placed in foster care; only 13% of those who were placed outside their homes for the first time at the age of 16 were placed in foster care. In our study, most Finnish young adults had two or three placements; whereas, less one placement and 4+ placements.

Table 2. Number of placements

	The Finnish case n (%)	The English case n (%)
1	10 (22%)	6 (25%)
2-3	27 (59%)	9 (39%)
4+	9 (19%)	9 (36%)
Total	**46 (100%)**	**24 (100%)**

There was a wide range in the number of placements for the young adults in our study, from 1 placement to 26 placements. One quarter of the English interviewees (25%) and a little less than one quarter (22%) Finnish interviewees had only had one placement. Approximately half of the interviewees had one to two placements (Finnish F = 53%, n = 46; English E = 50% n = 24). In Finland, 28% of the interviewees had three placements, as did 14% of the English interviewees. Almost the same proportion of interviewees had four to six placements in both countries (F = 19%; E = 20%). However, 16% of the interviewees in England had had more than six placements. At the extreme end, some English young adults had had 16 to 26 placements.
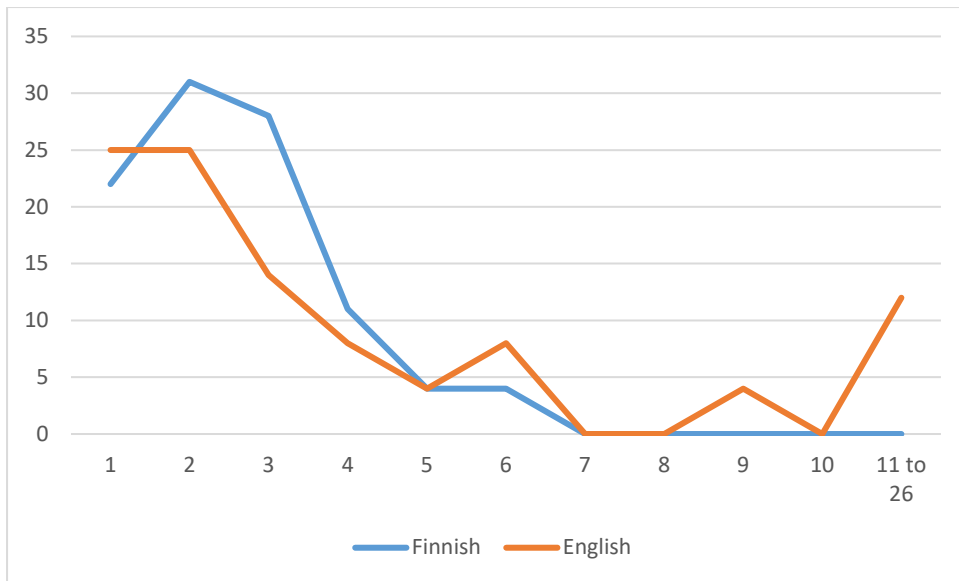
Figure 3. Number of placements of English and Finnish young adults in per cent (n = 70, 4 missing).

Although many of the young adults in this study have had fewer than three placements, a little more than a quarter (26%, n = 18) circulated through more than four placements before transitioning to independent living.

Social networks and belonging

Belonging and meaningful connections are vital elements of life (Holmes 2016, 21). Lee and Berrick (2014) collected emerging evidence from qualitative studies that having a sense of belonging may be a common challenge for young adults leaving care. Social bonds are an essential emotional and spiritual home that allow young adults to feel comfortable and settled in another's presence. For instance, Ward (2016, 103, 105) recommends supporting 'relational space' which develop a therapeutic alliance focused on strengths and resilience, which have been shown to produce positive outcomes in young adults. Ward (2016, 105) adds that this kind of work is strength-based, empowering, developmentally responsive, and reciprocal.

Our data shows that young adults have a variety of different social networks and personal relationships (see also Gibb & Edward 2017, 15; Stein 2008). In our data, young adults' social relationships can be roughly divided into three different groups: 'They have been there,' 'They just guided me,' and 'My friends are the only ones' (see Törrönen *et al.* 2018b; Stein 2008; Shook *et al.* 2009).

'They have been there' applies to young adults who have a variety of different social networks and personal relationships which support a rich life and provide opportunities for different levels of individual attachment:

> *Friends support by being there. They don't need to do anything special. Foster family helps when it is close by. You can go there for a visit if you like. Family also support by being there; they don't need to do anything (Susanna, female, Finnish55).*

These young adults exhibited higher levels of social support and self-confidence, and they felt good about themselves, their health and their level of security. As in psychological research, secure attachment in adolescence is associated with a range of positive individual and social indicators of adjustment (Shumaker *et al.* 2009, 104). These emotionally significant social bonds help young adults feel accepted as they are and provide people to whom they can tell their sorrows and turn to in need. They might also receive some financial support from these people. When asked how these people support them, they reply, 'They just did it.' These people spend time with them. The young adults feel normal with these people; not only can they face problems with their friends, they can be themselves and laugh together.

Young adults who say, 'My friends are the only ones' are similar to the first group, but these young adults have fewer people who support them, sometimes they mention only one. This person can be their life partner or a special friend or relative. These young adults may have had negative experiences with other adults or peers but do have at least one person who is close to them*: 'So friends are for me mainly my boyfriend but also rationally thinking also the aftercare worker has helped with the paper work and so.' (Senja , female, Finnish116) –*

The third group, 'They just guided me,' shares some characteristics with the second one. For these young adults, starting independent living seems to be difficult. They have minimal social connections with little social support. They do not have a positive view of themselves and do not feel good about themselves, their health or their level of security. These young adults feel that they have been given advice or help but lack close connectedness. They struggle to trust anyone and may keep to themselves: *'I don't talk anyone about how I feel. I just bottle it up sometimes' (Lara, English68).*

These interviews were striking when the data were analysed. They indicated deep loneliness and feelings of being left out. These young adults looked forward to leaving care but were surprised by their feelings of loneliness or emptiness afterwards. They might feel that they would lose their grasp on the real world if they were not studying, working or involved in some other activity that is important to them, such as voluntary work. They do not know how to solve these questions, although they consider them important.

These young adults might desperately need a positive, close, consistent relationship with an adult role model (see Shumaker *et al.* 2009, 104). They might face new, complex difficulties, which seem sometimes to accumulate:

> *[What were your biggest struggles after starting independent living?] Maybe loneliness and that my life was not very safe anymore. I mean, I lived in a detached house and had different kinds of lunatics visit…For instance, my friend's husband ran amok there, although I had that support family close by. When I moved to a different city… [I felt insecure]. I didn't know many people there.*

> *[What are you the most worried about in your life and why?] Maybe my mental well-being because I have not always felt so great, and I might crack up (Mervi, female, Finnish57).*

They long for someone who seems to care about them and will enforce boundaries for them. It has been noted that young adults leaving care often do not have financial or ancillary support from their parents to which they can safely turn upon exiting the system. Young adults feel that it is not enough to get advice or to receive one-sided help that does not involve their own participation. They would like to have someone who cares about them, is interested in how they are doing, and will establish boundaries for them (Y = Young Adult; I = Peer Interviewer):

> *Y   Yeah, much more limits…I had needed…Don't know…clearer boundaries.*

> *I   Do you mean that you yourself had to set these boundaries or did you want an adult to help you do it?*

> *Y   At least in the beginning, the adult (Katri, female, Finnish78).*

As Lee and Berrick (2014, 78) point out, young adults with a 'parental safety net' are able to prolong the transition to independent living. In developed nations, they may rely on their parents for support and extend their dependence as needed even through their 20s or 30s. However, young adults exiting services usually face rigid, policy-driven timelines for leaving care and have few options to extend their transition timeline or return to care during times of need (ibid. 78).

Määttä *et al.* (2016, 32) also noted that if young adults are disappointed with social support or the actions of officials, it is difficult to get them to return to services. They may feel that they are invisible to workers in child and youth care services because of the changes in personnel or the limited time frame for support and also invisible for other young persons who have not been in care.

A participatory project with young adults in Finland (Vario *et al.* 2012, 35) highlighted the significance of permanent social relationships and stated that young adults' support networks should be constructed and maintained while they are still in care. Otherwise, young people may leave care without any support from the community or society.

The importance of social relationships has also been receiving increased attention in research on elderly people. Social ties affect physical and mental health and well-being and are also connected to lower mortality rates; in other words, people with more social ties or who are more socially integrated live longer (Antonucci *et al.* 2013, 83–84). Antonucci *et al.* (2013, 83; ref. Kahn & Antonucci 1980, 274) use the term 'emotional closeness' to describe the nature of social relationships which are bound to the lifespan. As early as the end of the 1960s, studies found that elderly people who had at least one confidant were significantly less likely to be institutionalised in the following years (Antonucci *et al.* 2013, 54). Relationship-based social work has begun to prioritise improving relationships between children and young people and their social workers (see Ridley *et al.* 2013, 62).

Social support

Social support has already for a long time been an interesting research topic, for instance, Kahn and Antonucci (1980, 274) have in the 1980s analysed support as consisting of certain kind of transactions which reveal the closeness of people's relationships. Also, new research highlights the significance of social support and social relationships in transitioning from child and youth care services to independent living (Paulsen & Berg 2016; Nesmith &

Christophersen 2014). Nesmith and Christophersen (2014, 1) observed the rising recognition that traditional independent living skills are not enough and do not provide sustaining, supportive relationships or enable young adults to become self-sufficient (see also Lee & Berrick 2014). Paulsen and Berg (2016, 128–129) pointed out that the most important support for young adults leaving care is emotional support, although practical support is also needed. Emotional support means simply having someone who loves and cares for you (see also Nesmith & Christophersen 2014, 1).

Some young adults in care hope for something like parental upbringing, discipline and caring. Young adults in our study said that they had needed more support for their personal and emotional development, especially for dealing with anxiety and rebuilding their relationships with family and extended family: *'Yeah, such support as families give…like parents' support when they were there. Then I started independent living – I would have liked to go back for a while, although I was living alone. It means more, like, emotional [support]' (Saara, female, Finnish14).*

Saara had hoped to receive more emotional support, similar to what other young people receive from their parents, when she left care. For many young adults, it seems to be important to stay in contact with former caregivers, who they hope will be interested in their lives:

> *I*   *What support do you think young people need during their preparation for independent living?*
>
> *Y*   *General life skills like budgeting, making friends, how to deal with situations properly.*
>
> *I*   *Ok. What support do you think that young people need after they start living independently?*
>
> *Y*   *What, independently?*
>
> *I*   *Yeah, so once they are living on their own, what support do you think they need then?*
>
> *Y*   *Just general visits, to see how they're doing (Caden, English82).*

There also seem to be individual differences in the support these young adults have received. If young adults say that they have received help and support, they mention family, including extended family and friends, and also workers of social services or other organisations. Here, Sam describes his satisfaction with the people around him while he was in care and also when he started independent living, during which he still had a support system:

> *I wouldn't really say there is – obviously, not living on my own – I wouldn't really say there are that many important things. I think the most important thing is, as I said before, that you can have people around you. During my time in care, when I didn't have my family around, it was my carers and my friends, as well as teachers. So, being left at home on weekends, when everybody's gone out, I'm not really bothered, I can ring up my mates and we can go out. It's not an issue for me at all (Sam, English71).*

Young adults in our study have received the most help from their friends; the next most common source of support was their family, and then officials, such as social workers. They usually mention people who helped them when they started independent living, for instance: friends, siblings, parents, partner, grandparents, other extended family members, teachers, social workers or other officers from social services or other organisations, foster carers, and residential staff. No one kind of service or individual actor emerges as the most helpful across the board; rather, the common denominator is the reliability of the relationship. Different kinds of support might offer rich varieties of help and provide opportunities for different individual attachments (see Involvement Team 2016, 3–4).
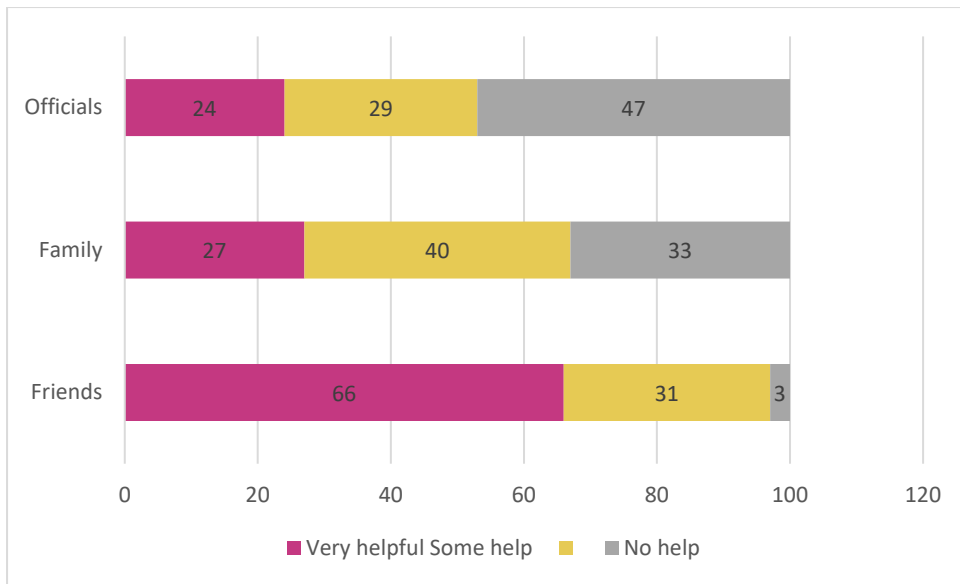
Figure 4. How helpful were the following people? (% altogether in both cases) (n = 65).

In our study (answers n = 555), almost two-thirds of the young adults' answers stress that their friends, family or officials have been very helpful or have given them some help. A little over one-third of their answers indicated that they have not received any help from friends, family or officials.
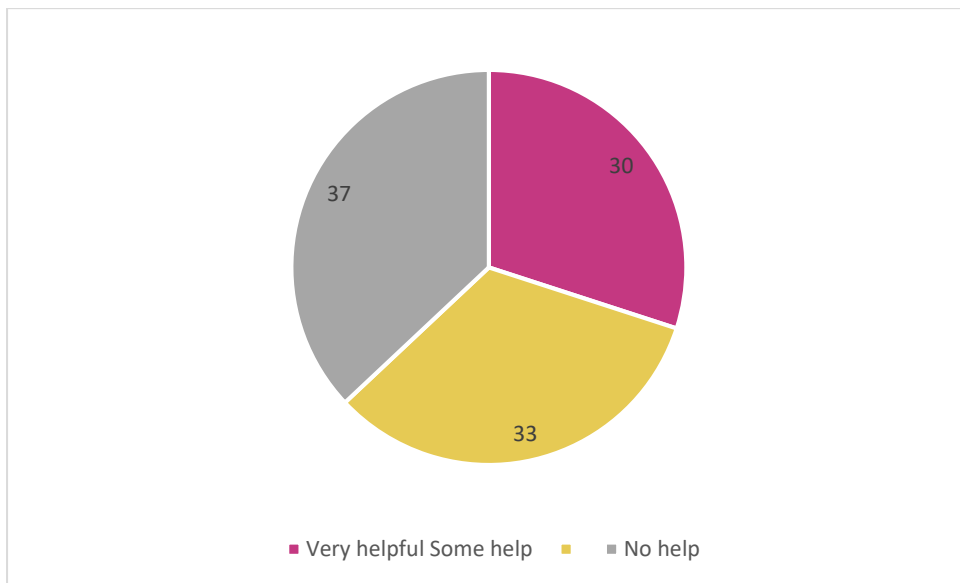

Figure 5. The division of people who have been very helpful, have given some help and no help (% altogether in both cases) (n = 555).

In our study, there are some differences between who young adults in England and Finland identify as persons who have helped them most when leaving care.
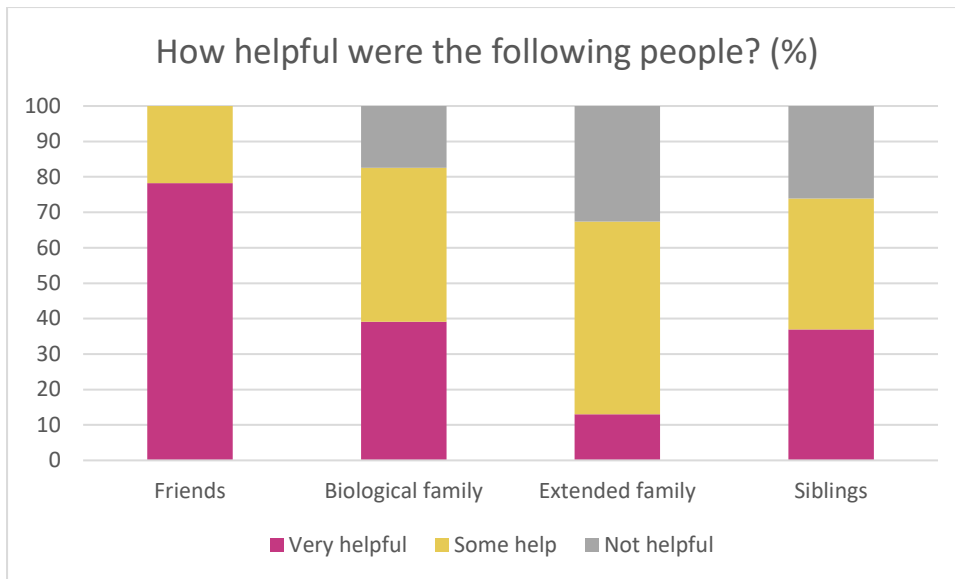
Figure 6. Help from family and friends for Finnish young adults (n = 46).
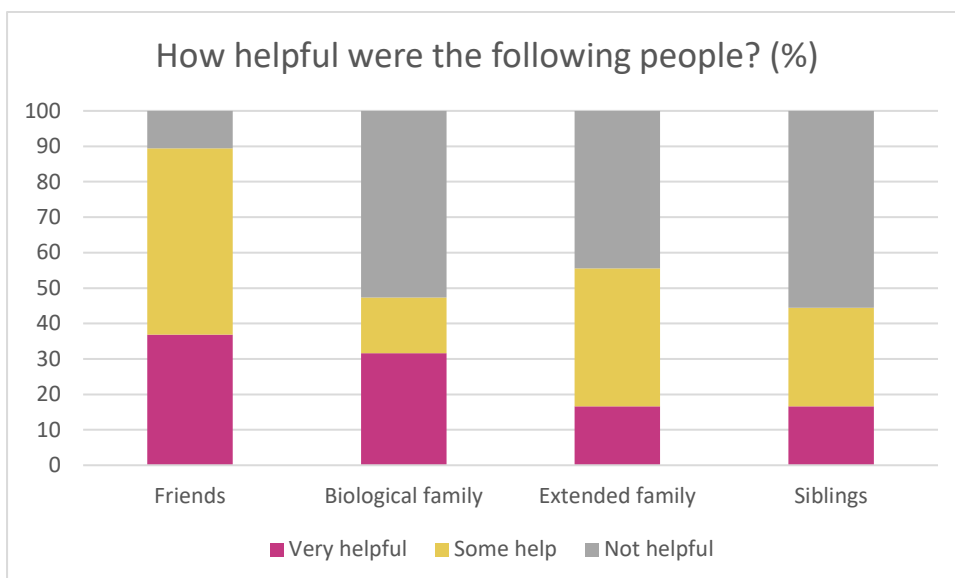
Figure 7. Help from family and friends for English young adults (n = 19).

These figures show that the young adults in our study in England and Finland received the least social support from their extended families. In both countries, friends have provided the most support. In Finland, biological families and also siblings were more supportive than in England.

Help from authorities

In our study, English interviewees reported receiving more support from authorities when starting independent living, whereas Finnish interviewees described receiving more support

from their friends or family than from authorities. Usually if the young adults mention a specific helpful person in social services, they call that person by their first name. This indicates that they know each other as people, not only as official and client. Sometimes young adults struggled to remember the official title of the workers, such as an independent review officer or personal adviser in England.

These differences might highlight some variations in child and youth care services. In Finland, there are voluntary aftercare services for young people up to the age of 21, but not all young people want to receive them, and some do not know about them. In Finland, there might be some traditional expectations that the welfare state has done its part and it is a young person's responsibility to continue as an independent adult when starting independent living, or that if they still need services, they should change to adult services. In England, prolonged support is based on the signed 'Care Leavers Charter', which obliges social systems to support young adults who are studying or undergoing training until their 25th birthday. However, there are individual differences in the support young adults receive from social workers and other officials.
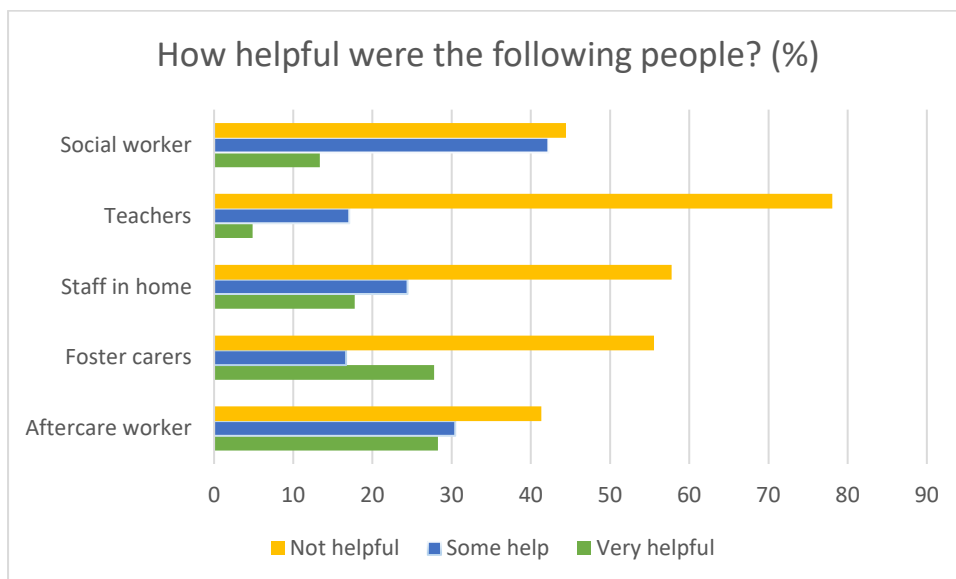

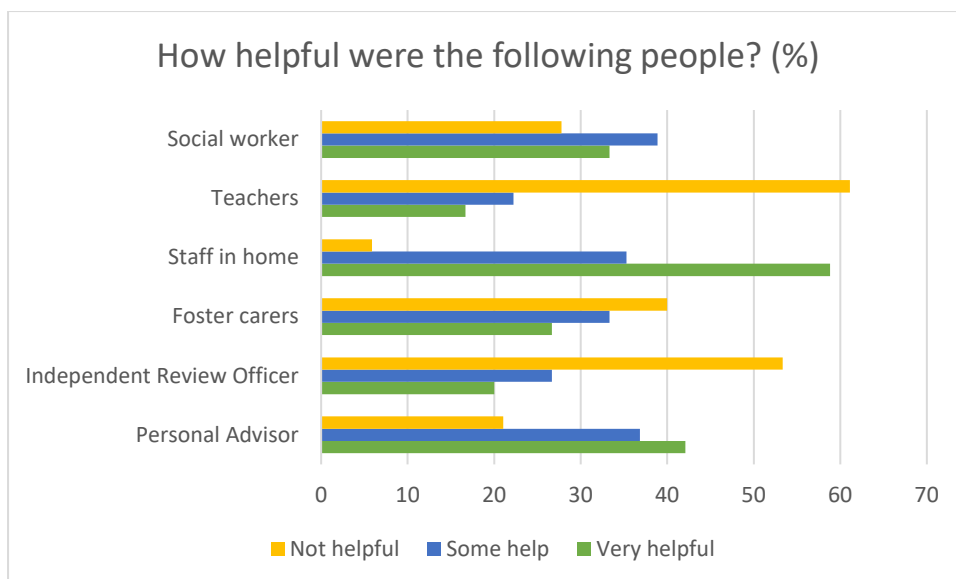Figure 8. Help from Finnish authorities (n = 46).

Figure 9. Help from English authorities (n = 19).

These figures show that young adults in England receive help from different authorities when starting independent living to those in Finland. In both groups, young adults said that teachers supported them the least, although some young adults did state that teachers had also been helpful.

These figures also conform to the administrative division of work of leaving care services in both countries. In the Finnish case, independent living is organised by social workers, in-home staff and foster carers. However, many of the Finnish interviewees felt that in-home staff and foster carers were not helpful and said that they received more support from social workers or aftercare workers. This suggests that the work of leaving care is left to aftercare workers and social workers in Finland.

In the English case, it appears that social workers, in-home staff, independent review officers, personal advisers and foster carers have all been helpful. Interviewees in England identified in-home staff as the most helpful people. In the English case, in-home staff probably means the staff in semi-independent living, because their last placement was usually either in foster care or semi-independent living. Semi-independent living is a placement offered by a private organisation for 16-to-18-year-olds. They live in a small, homely house with one to four other young people and receive 24h/7d support from the staff. Young people have their own rooms and share a restroom, living room and kitchen. Semi-independent living is designed to prepare young adults to leave care with independent living skills. In semi-independent living, they learn to do their laundry, do the shopping and cook, all with assistance from the staff.

The in-home staff are available to talk with them and support them with educational or family-related issues. Visitors are strictly regulated, and workers meet with the young people in designated rooms. There are also CCTV cameras in the common areas.

We also asked the interviewees about the support they received for developing personal relationships, dealing with officials, and finding help or information. The Finnish young adults were proportionally more satisfied with the support available than the English young adults.
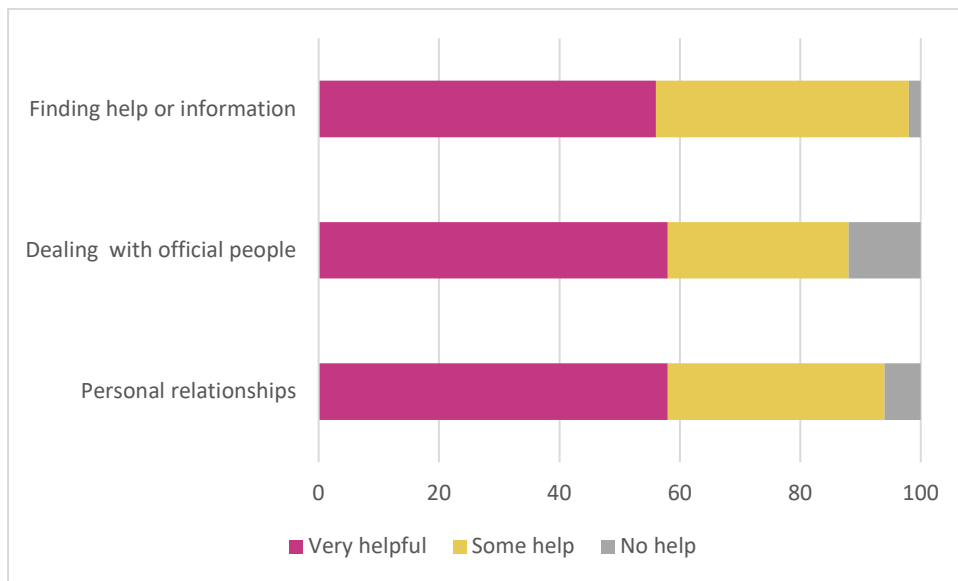

Figure 10. How helpful was the support you received for developing the following skills (the Finnish case)? (%) (n = 50).

The Finnish interviewees felt very well supported in all of these areas. They did not seem to find it difficult to find information or develop social relationships. Of these three topics, they felt they received the least support in dealing with the authorities.
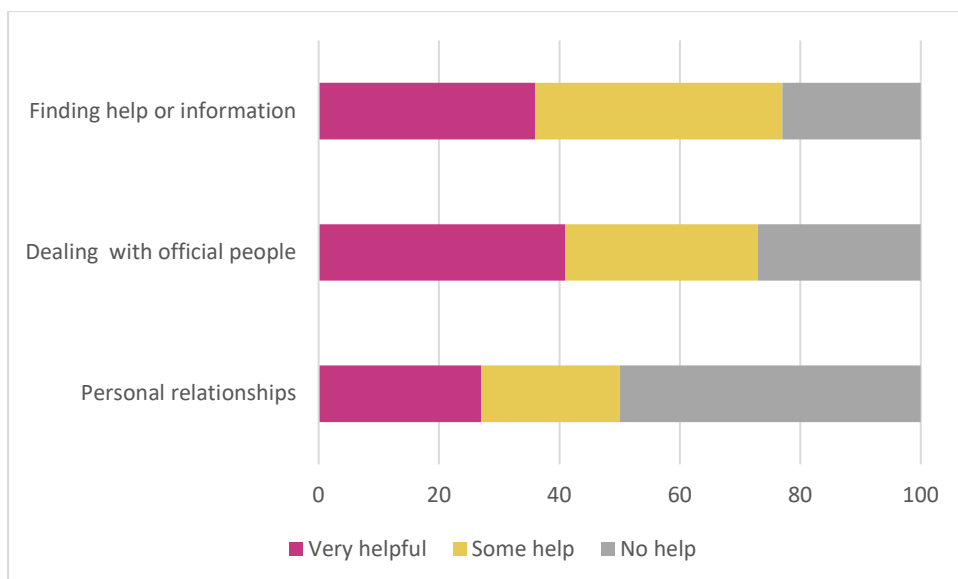
Figure 11. How helpful was the support you received to develop the following skills (the English case)? (%) (n = 22).

In contrast, the English interviewees were fairly satisfied with the support they received for finding help or information and dealing with authorities. They were the least satisfied with the support they received for developing personal relationships.

Practical resources

Historically, in social work and social policy, it has been understood that some problems are related to the uneven distribution or exchange of resources based on, for example, social status, wealth, gender, ethnic origin or religion. Practical well-being includes a minimum of economic and cultural resources. Examples of economic resources include housing, work, subsistence and a home that meets a minimum standard. Cultural resources include religion or ideology, education, family background and upbringing (Törrönen 2018, 35).

Embedded in the idea of practical well-being is the understanding that poverty makes it difficult for individuals to participate in support networks because they do not have many resources to give and reciprocate with (see Offer 2012, 789). People who live in stressful situations that sap their energy might not have supportive social networks and may have no experiences of positive exchanges in society. However, this cannot be understood as deterministic, because there are opportunities for positive change, such as that brought about through education, employment or other activities (see Stein 2008, 37–39). Poverty is one

reason why there is a need for social service institutions and community-based organisations to provide assistance and resources (Offer 2012, 801).

This section will focus on themes like education, employment and finances. This is based on the idea of stability in the transition period; education and employment are considered essential to stability in a young adult's life (Lee and Berrick 2014, 79). Despite these two themes we will also refer to economic resources.

Education and employment

School connectedness is a strong protective factor which can lead to academic and non-academic outcomes which support young adults' development and well-being. Lack of connectedness may create isolation, feelings of rejection, psychological distress and mental difficulties (De Salvo 2017, 10). When speaking about young adults in care or leaving care, the questions are multi-professional, and a paradigm shift in the educational framework is needed; it must move towards a relational approach. There are already signs of this development (ibid. 10). A relational framework highlights the importance of other people, even in the educational setting. When asked what he was satisfied with in his life, one young adult responded, *'I think with my education, my appetite for work and my social relationships' (Rauno, male, Finnish114).*

Among our interviewees, many more young adults in England were not working or studying (42%) than in Finland (19%) (for more on English statistics, see also Bilson 2011, 383). Gibb and Edwards (2017, 7) found similar statistics in England. According to Gibb and Edwards (2017), in March 2016, 40% of 19- to 21-year-old young adults leaving care were not studying, employed or in training, compared to just 14% of all 19- to 21-year-olds in England. Bilson *et al.* (2011, 392) mention a national UK employment support programme for care leavers that was introduced in 2009 (Cabinet Office). They also found that, although care leavers may benefit from this provision, it may exclude the young people who need support the most if the minimum qualifications for apprenticeships are set inappropriately.
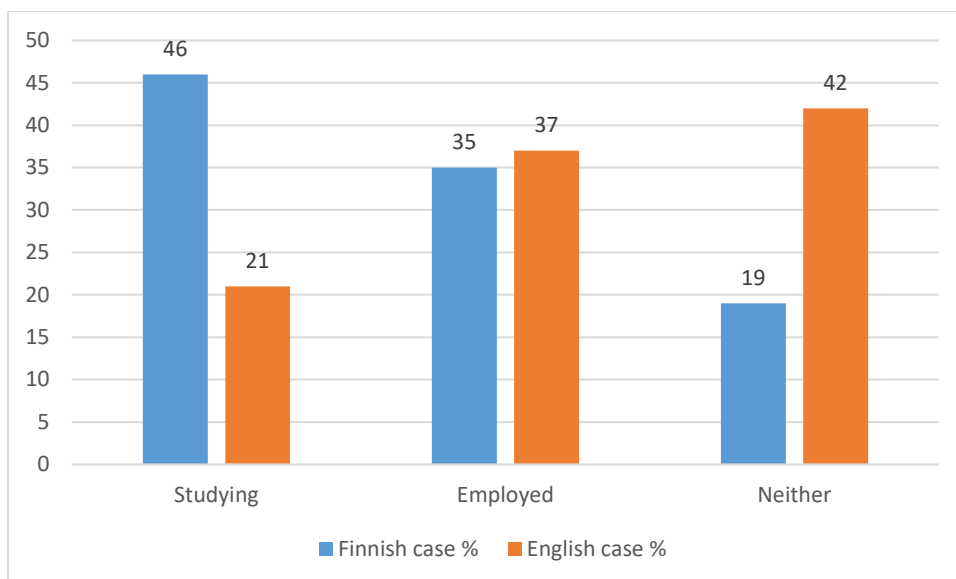
Figure 12. Studying and employment (%) (English case n = 24, Finnish case n = 46, 4 missing).

In another study in England, Student Advocates liaised between home life and education, and support staff worked closely with a range of services addressing social care, mental health, youth offenders, health, and employment services to secure better outcomes for their students. They found that improved health and well-being led to improved educational achievements, which bettered the young adults' prospects of escaping poverty and the associated poor health and well-being (Fletcher 2017, 8).

From the data in our study, it can be cautiously estimated that the Finnish young adults have studied more than their English counterparts. In both countries, many young adults dream of obtaining a good education and finding meaningful work which enables financial independence. Also, many of them hoped to start earning their own living immediately after leaving care. In both cases, young adults leaving care usually choose vocational education which leads to jobs in manual labour. Young adults in our study were asked, 'What level of education have you achieved?'
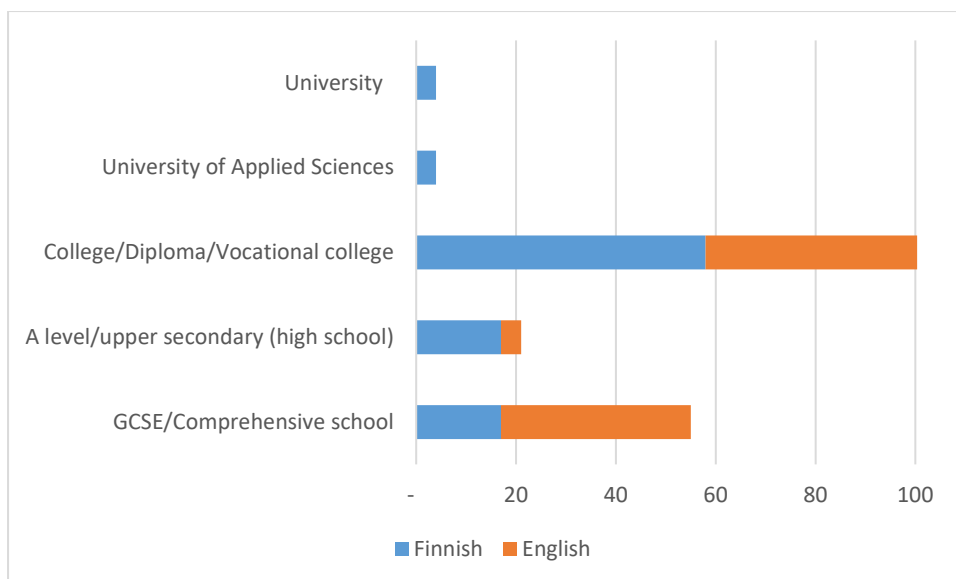
Figure 13. Level of education (%) (English case n = 24, Finnish case n = 46, 4 missing).

This figure shows that very few of the young adults in our study have higher education; this aligns with Jackson's (2010, 5) and also Kestilä *et al.*'s (2012, 600) research. Jackson compares the English annual statistics on the education level of children in care to those of the general population; he found that only 9% of young adults in care had received any form of higher education by the age of 19, compared to 45% for the population as a whole.

In Finland, young adults who were placed in foster families when they were younger than 13 were more likely to have studied longer. There is also a positive correlation between foster care, placement before 13 years, and gender (female). (Heino 2010, 30; see also Harkko *et al.* 2016, 63.) The biggest challenges are boys who were placed as teenagers and who have been in residential care or in many placements. Of these, 80% did not continue their education after they were 23 to 24 years old. However, as Heino points out, it is too simplistic to say that foster care works and residential care has failed, because these services respond to different needs. Foster care placements are sought for younger children, but foster care is not usually an option for young adults in Finland (Heino 2010, 30; see also Heino and Johnson 2010).

Another Finnish study found that young adults who had completed only comprehensive school and/or had been in residential care had poorer employment prospects than their peers. Young adults who were placed outside their homes had lower employment rates (43%) at the age of 26 than their peers (73%) (Harkko *et al.* 2016, 36, 63, 65).

Both Finland and England have organisational regulations related to the education of young people in care. Young adults sometimes had to move away from their placement before finishing their education, but sometimes they themselves were eager to move to independent living:

> I   How did they help you [to start independent living]?
>
> Y   Yeah, how to explain it…I was in a foster family and attending the upper secondary school when I turned 18. The foster carer did not have any idea of how to prepare me for independent living…. But when I turned 18, I had had enough of her… I discussed it with people from my previous family care home, and they told me I could move back there. So, I looked for a place to finish my studies in another city. We agreed that would I finish my education and decided when I would move to my own flat. They told me where to get an apartment, and I took care of the move on my own (Sirpa, female, Finnish16).

Sometimes voluntary work is very important to young adults; this is more common for English than Finnish young adults in our study. It can sometimes provide opportunities to develop new relationships, as well as adding a lot of joy and new activities to their everyday life. However, it does not help with their living expenses. Young adults describe their voluntary work with enthusiasm. It helps them feel trusted and needed as they are giving to others:

> Y   I'm really proud of going to my volunteer work.
>
> I   Yeah? Where do you volunteer?
>
> Y   The [name of the organization] in [place].
>
> I   Ok. Would you say that's what you're most proud of?
>
> Y   Yeah, because they really need me, like, some days they ask me to come in at, like, a certain time, or, because I went in on Monday, because I didn't see my social worker 'cos I felt really dizzy.
>
> I   Yeah. That's dedication, that is.
>
> Y   Yeah.

> *I   Ok, so, volunteer work with [the organization], yeah?*

> *Y   Yeah.*

> *I   Good for you. That's good to do.*

> *Y   I do love my volunteer work in the [organization] (Walker, English70).*

Finances

In addition to educational difficulties, young adults have financial struggles, such as budgeting, managing money and keeping up with bills (see Involvement Team 2016, 8):

> *Yeah, when I was in care, everything was ok because I was taken care of. I didn't need to think any money or anything really. I could go to school and just be, but now I have think about how to pay the bills and everything… So it is so different now than it was then (Nanna, female, Finnish74).*

Economic independence is one natural part of gaining autonomy, and income level is usually low at that stage (Harkko *et al.* 2016, 37). The peer researchers in our project stressed the connection between finances and social relationships when analysing the results: *'Bad: budget, eating healthily, mental health, isolation and not much support.*
Good: most don't have debt, are pretty independent, and have someone they can talk to.'
(Peer researcher 11th March 2017).

The parents of young adults in care have often suffered poverty at least for a period of time (Saarikallio-Torp *et al.* 2010; see also Kestilä *et al.* 2012, 609–610). So, if these young adults struggle with finances, in many cases, their parents did not have it any better. For instance, Harkko *et al.* (2016, 63) found that 86% of the parents of Finnish children placed outside their home had received a living allowance at least one year when the children in the study were between 7 and 21 years old. They also found that 80% of children placed outside their home came from families that were receiving a living allowance when the first decision about child welfare was made (within two years of the child welfare decision).

> *I   What are you most worried about and why?*

> *Y   That … it has always been finances. Do I have enough money? So, my financial situation (Olli, male, Finnish90).*

The figure below shows that around 10% of the young adults in our study get their subsistence from working. This is a little bit different (see Figure 12) from their answers to the question of whether or not they are employed. This may indicate that their employment is temporary or part-time or that they do voluntary work.
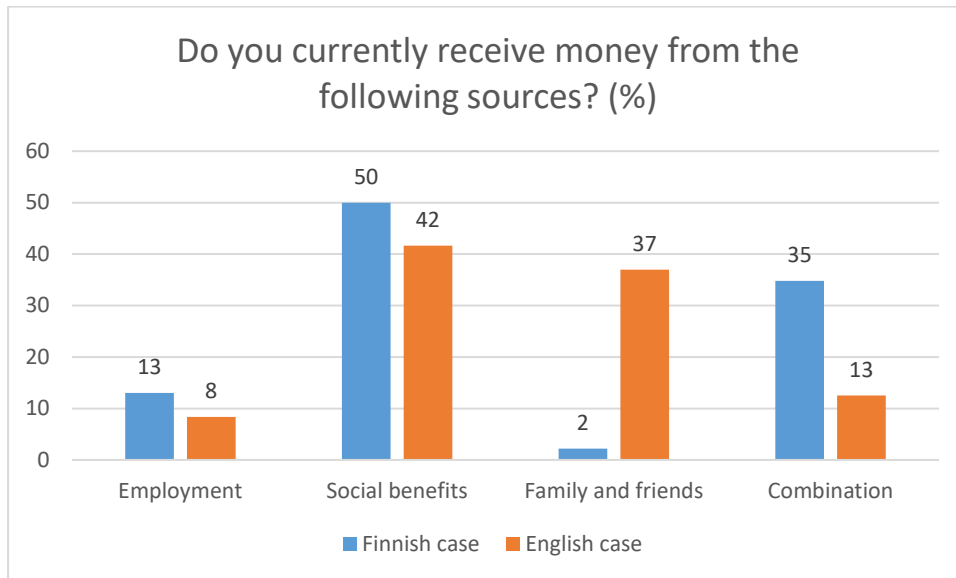
Figure 14: Financial support of English and Finnish young adults.

Most of the young adults in our study said that they receive some form of social benefit, which could also be an educational bursary or student grant. They might also receive financial support only from family or friends, which is more common for English young adults in our study. There are also quite a few young adults who receive a combination of social benefits and ancillary support from family or friends because the benefits may not cover all their expenses. Authorities also in both countries can use discretion and give some extra help or support to young adults, such as financial support for hobbies or education (in the Finnish case) or helping a young person rent a room from their foster parents (in the English case).

Some young adults in our study may stop their education to start working and earn money to live. In England, young adults leaving care can continue to receive benefits while studying or in training, but not all of our participants knew that. Also, some young adults do not want to continue receiving benefits, like Sam, who decided to move back in with his parents:

> Y   *That was before I decided; I went on holiday with the residential home,*
> *and I was very drunk, and I decided to go home, because I didn't want*

all the 'aggro' of being on benefits. The fact that they said, 'Yeah, you
have to go on benefits to pay your rent, otherwise we're not gonna
support you anymore.' It's like, what about college? What about
education?

I *Yeah, that is the tough part, isn't it? Having to be independent, but*
   then having to go onto Jobseeker's, otherwise you just won't be able to
   support yourself (Sam, English71).

In both Finland and in England, basic education is free. However, young people may still struggle financially because they do not have enough money to buy something they need for their studies, such as an internet dongle with a monthly payment. The difference is that university studies are free in Finland but not in England; the current fee is around £9,000 a year although this is supported by a low interest loan, psychologically this amount can deter people from disadvantaged backgrounds from applying.

The right to exist

This section discusses a topic that is not addressed very often in the area of child welfare or child protection research: existential well-being, which refers to the meaning of life. One very important existential question is: Do we have any reason to be alive? It is important that we can be ourselves and do not need to pretend to be someone else, that we are enough as we are (Törrönen 2018, 34). This means that we are connected to our community and society as a whole. Our sense of our own identity, self-worth and self-belief are further contingent on the extent to which we feel we can identify with others and feel valued and respected and by the extent to which we have genuine opportunities to achieve something for ourselves in society (Ward 2010, 1).

If we see no meaning in our life and do not feel needed, we might use drugs or fail to take care of ourselves. We may take risks and have accidents; a person may even take their own life. This might be one crucial reason why young adults who have left care have such high rates of suicides, accidents and early deaths (see Kalland & Pensola 2001).

Interviewees expressed feeling lonely and depressed and struggling financially
when living independently. They have struggled to keep connections with
family and friends, and that is (I believe) a key part of developing social skills,

besides keeping you physically and mentally well (Peer researcher, 11ᵗʰ
March 2017).

Existential well-being is difficult to measure, but it incorporates our mental and physical state, how we feel about ourselves, and how we find our place in the world. In our study, we asked young adults to evaluate how they feel about themselves and their physical and mental health and security. In both the Finnish and the English cases, approximately 10% of young adults interviewed said they did not feel good about themselves or their health or security. Almost 30% of the interviewees said they felt good enough about themselves and their health and security. However, a little over 60% of the interviewees said they felt very good about themselves, were very satisfied with their health, and felt secure in their life. This is a higher percentage than is usually highlighted in the research concerning young adults who have been in care. This difference could be explained by figures that usually give these young adults less prominence than others. More than half of the young adults in our study said that they felt good about themselves.
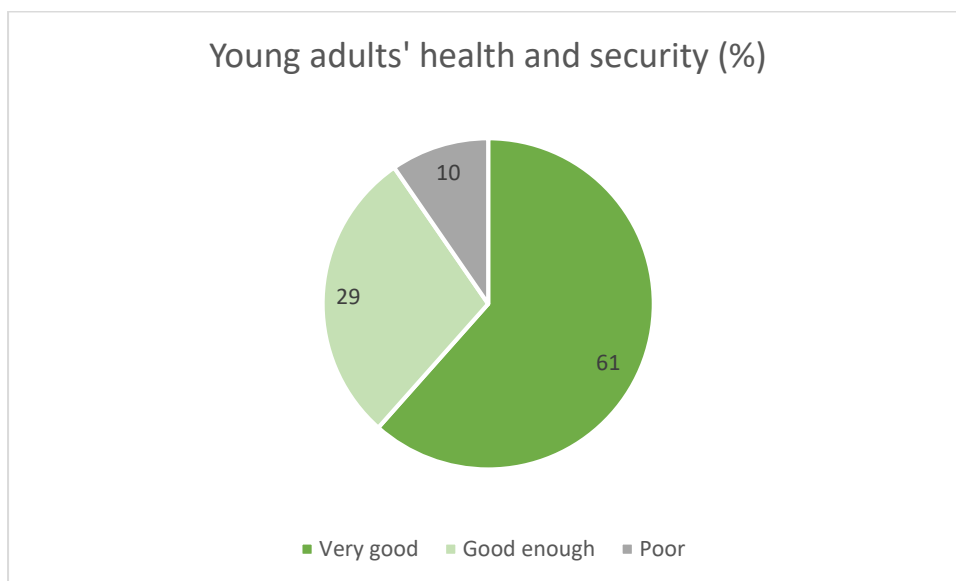
Figure 15. Health and security of English and Finnish young adults (%).

It is not uncommon for young adults to struggle with the long-term effects of the emotional, mental and physical trauma of entering and staying in care (Lee & Berrick 2014, 79). In a quantitative cohort study of the Finnish child welfare registry, Kalland and Pensola (2001, 207–208; see also Manninen *et al.* 2015) found that young adults of both sexes who were or had been in care had higher mortality rates than expected based on general population figures. This higher mortality rate was related to deaths caused by substance abuse, accidents

and suicide. They assumed that Finnish child and youth care services failed to protect young adults from self-harming behaviour during care and when starting independent living. Manninen *et al.* (2015, 1) conclude that the two most common causes of death, substance abuse and suicide, were avoidable. They suggest that effective treatment of mental problems and those related to substance use is needed during and after placement to reduce mortality.

Butterworth *et al.* (2016, 138) also critically examined care-leavers with mental health problems in the UK (see also Stein & Dumarat 2011; Gibb and Edwards 2017, 5; Harkko *et al.* 2016). They mention that children in the UK care system often face multiple disadvantages in terms of health, education and future employment. They add that children with mental health problems struggle in care more than other children. They conclude that there is evidence that the current transition system for care-leavers with mental illness is not effective and that young adults feel abandoned, isolated and disconnected from services when transitioning from social care to independence.

Harkko *et al.* (2106, 67–69) pointed out that 51% of all young adults who were in care in Finland from 2001 to 2010 received psycho-pharmaceutical drugs, compared to 21% of their peers. These young adults' problems accumulated later, especially for those who did not complete any additional schooling after comprehensive school and had bought psycho-pharmaceutical drugs. At the age of 26, only 15% of these young people were employed. However, that number did not differ so much from their peers who had not been in care but had similar difficulties, 28% of whom were employed. Kestilä *et al.* (2012, 609) also observed that Finnish young adults leaving care were more likely to visit a psychiatric clinic or to receive care on a psychiatric ward than their peers. Men were even more likely than women to suffer from psychological problems.

In our study, there were some differences between the Finnish and English interviewees. A few more of the English interviewees said that their health and security were poorer than their Finnish peers.

Figure 16. Health and security (The English case) (n = 21).

(Questions: Do you feel good about yourself? Would you say that your physical/mental health is very good, good enough or generally poor? Do you feel a sense of security in your life?)
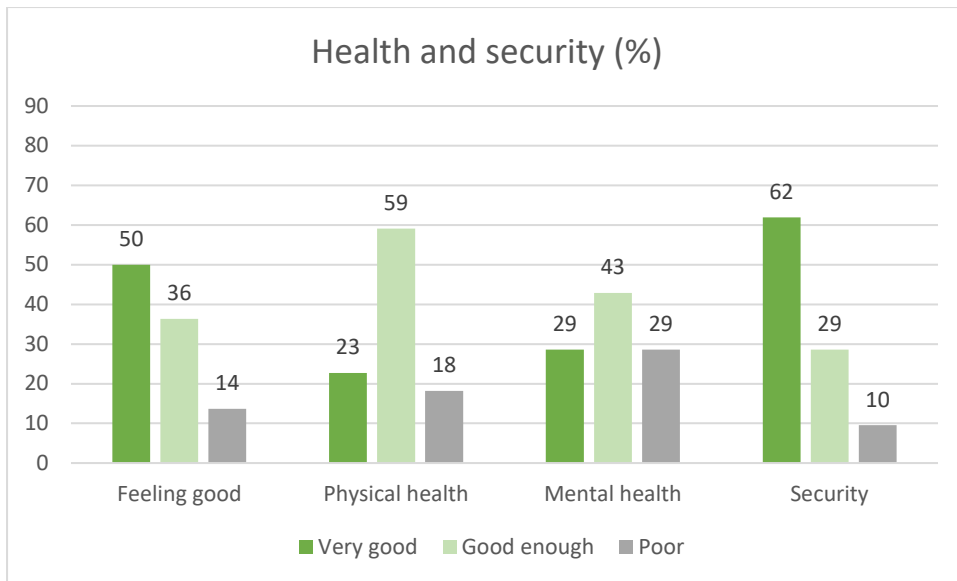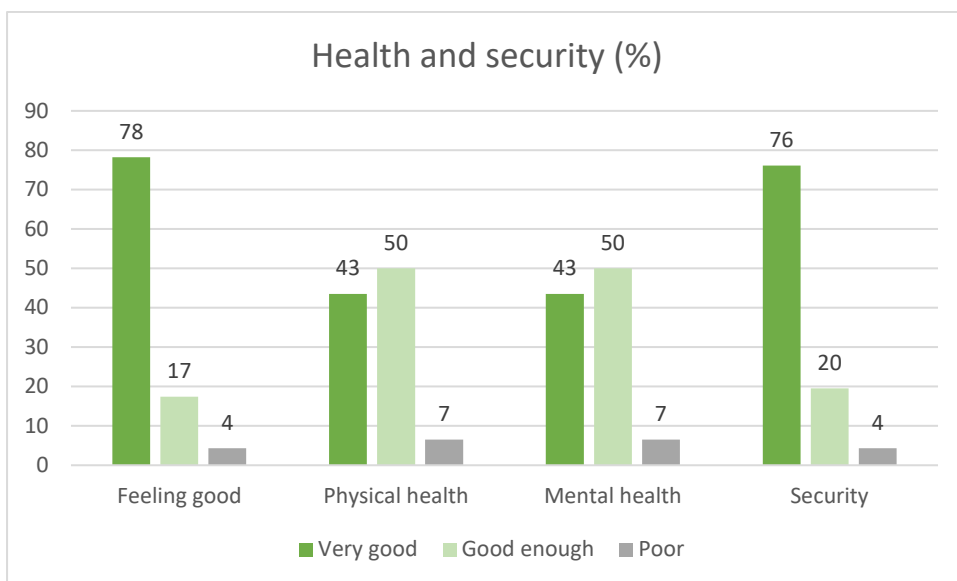

Figure 17. Health and security (the Finnish case) (n = 46).

(Questions: Do you feel good about yourself? Would you say that your physical/mental health is very good, good enough or generally poor? Do you feel a sense of security in your life?)

Our interviewees from both countries gave similar responses to questions addressing how they feel about themselves and their level of security in life. The main differences concern their physical and mental health. There is already strong evidence that both physical and mental health problems increase at the time of transition, and these problems may combine with earlier pre-care and in-care difficulties. Stein and Dumarat (2011, 2510) claim that health and well-being are closely connected to other dimensions of young people's lives, including education, career, accommodation, life skills and social support. Butterworth *et al.* (2016, 138) conclude that there are gaps in the mental health services provided for children in care and for adults. Young adults with mental health issues have to navigate multiple personal, practical and service transitions. Butterworth *et al.* emphasise the importance of multi-agency cooperation and identifying who is responsible for mental health care and its coordination.

According to our data, there are proportionally more young adults in the English case who feel their health is poorer than in the Finnish case. This is more visible if we compare mental health in both countries, as shown in the figure below. The English young adults said their mental health was 'poor' more frequently than their Finnish peers.
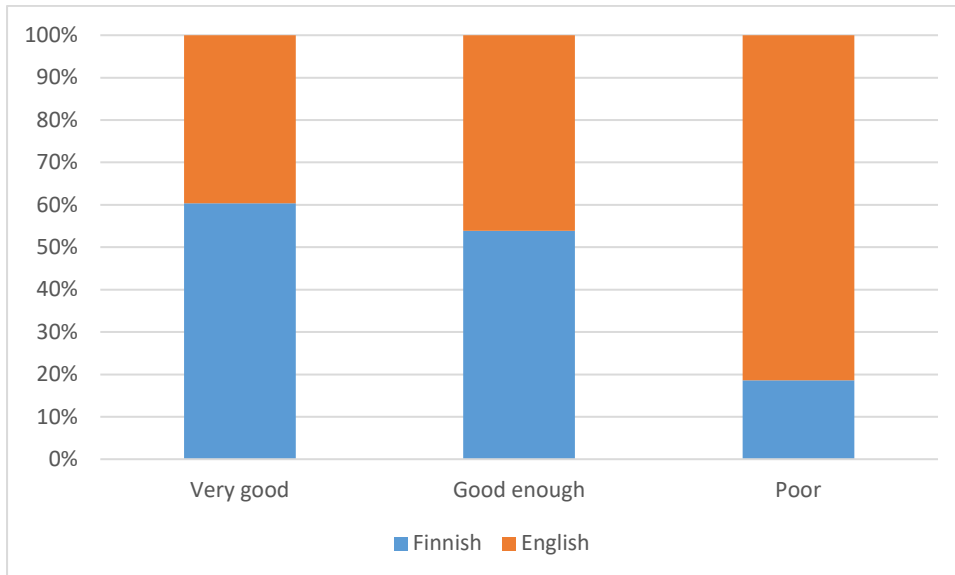
Figure 18. Mental health of English and Finnish young adults leaving care (n = 67).

These kinds of figures should clarify the variation in young adults' levels of well-being. They also illustrate that not all young adults who have been in care feel bad about themselves. These data could be interpreted to mean that being in care affects individual young adults differently; for some it has a positive effect on the course of their life (see also Määttä *et al.*

2016, 31) and for others it looks like their difficulties do not disappear but continue after they start their independent living.

Stein and Dumarat (2011, 2010) point out the need to support young adults' psychosocial health, especially their mental health. Young adults need support that gives them a sense of stability, and the quality of placements must be maintained. To prepare young adults in care for independent living and to increase their resilience, these young people need compensatory attachments, stability and continuity in their lives. They also need a positive experience with education, and support systems should prioritise their health and well-being, provide them with turning points and new opportunities, and prepare them with self-care, practical and inter-personal skills. (Ibid. 2010.) There are also possibilities to use peer support to share knowledge of positive future perspectives.

The system world: Workers' well-being and the public image of the social services

The system world includes existing care practices, the working conditions of workers of child and youth care services, and also the public image of child and youth care services. These elements represent the public spheres that impact the lives of young adults leaving care. For instance, the public image of child and youth care services may exacerbate instability in the lives of young adults because people around them may distance themselves from them.

Child welfare or child protection work is very difficult and offers many opportunities for discretion and individual decision making. Policy-makers and administrators set up different laws and regulations but also offer resources to help workers fulfil the tasks required by law in child and youth care. Usually there is some question as to whether workers are allowed to use discretion or what services or options are available. Child welfare or protection may be the most difficult task overall in social work; there are usually several opinions and interpretations of the child's best interest. Also, what is highlighted as important in political discussions and policy practice vary over time.

The political climate and also the ideological understanding of difficulties which people face impact interpretations of the boundaries of child and youth care practices. An increase in negative attitudes towards people who have a difficult life situation results in stricter expectations and less room for discretion. If society in general shows more solidarity or empathy for people who are struggling, social workers and other workers in social services have more options to help their clients. For example, inflexible schedules can cause problems if they force young adults to transition to independent living before they are ready.

It is also critical how we speak about independence. What is our mental image of an independent individual? Are we not all interdependent in different ways in different phases of our lives? There is a tension between interdependence and independency for young adults in care in the Finnish and English cases; this comparative analysis brings this tension into focus (see also Höjer & Sjöblom 2011; Paulsen & Berg 2016). Both independence and interdependence are needed for a smooth transition from care.

In societies and smaller communities, regulations are necessary to create a common and democratic basis to our actions. Cultural interpretations are also a factor. For instance, Ibrahim and Howe (2011, 2469) describe how patriarchal and collectivist culture impact leaving care in Jordan. Young women and men might be treated differently, and young adults

may be allowed to move or make decisions with different levels of independence depending on cultural expectations. Human touch and kindness are involved in social practitioners' interactions with their clients, but the laws, rules and regulations of social services may have a contradictory nature. Sometimes they guarantee consistency, but sometimes they are like a cold splash on a young adult's face if they are followed too rigidly, without consideration for the young adult's future. Political decisions and policies determine how services are organised and financed and whether there are enough staff. Social workers' and other workers' training arrangements must also be appropriately organised to safeguard the rights of children and young adults. Open discussions about policy directions should be held in the workplace.

Because life is not simple, sometimes young adults need stability and flexibility at the same time. Stability is connected to flexibility when social workers and other workers have discretion to act in their clients' favour. Inflexibility creates instability when regulations are strict and leave no room for discretion. A social worker's options are also often limited by the available resources. Flexibility is also connected to age limits and placement changes.

Berrick *et al.* (2017, 305) interviewed child and youth care service workers in four different countries. They found that professional discretion differs; although there are procedural differences and high threshold systems, they result in a little variation between workers' responses, and system categories do not seem to capture the nuances of frontline decision making. They conclude that in many cases, which agency and worker a family meets makes a significant difference, and the response they get depends, ultimately, on the judgement of that worker.

The system world sometimes creates obstacles to good will. Here, it includes work orientation, working conditions and the gradual transition. These factors will be discussed from the point of view of the young adults, and their explanations of these items will be described.

The system world	
Work orientation	Risk assessment and an approach based on individualised liberty, consistency and inconsistency: discretion and a shared understanding
Working conditions	High workload of workers, negative image of child and youth care services
Gradual transition	Flexibility and inflexibility

Work orientation

Risk assessment and an approach based on individualised liberty

In England, there is a strong emphasis on risk assessment, which affects both care service workers and young adults in care. It stresses the responsibilities of the authorities, generally leaving young adults few opportunities to make independent decisions. In foster care or residential care, risk assessment requires workers, foster parents and young adults to engage in a great deal of planning to protect children from potential risks. Risk assessment means that all workers must assess and try to avoid potential risks. They fill out forms which document in detail the level of risk and actions taken, such as an accident report. For example, young adults might not be allowed to meet friends after school because their foster parents or staff need to know where they are and assess the risk of their activities, such as cycling.

Y   *'Weren't allowed a social life. Weren't allowed to choose my friends, they'd [foster parents] choose my friends for me.*

I   *That sounds crap.*

Y   *Yeah. I'd cut up and keep going.*

I   *Just getting an extra piece of paper to write it all.*

Y   Yeah. Couldn't choose my own friends.

I   They picked, ok. Ok, anything else?

Y   Weren't allowed to go to any birthday parties with my mates.' (Harry, English8)

This might create difficulties in building relationships with their classmates or other peers because the children in care lack spontaneous opportunities to socialise. Risk assessment is also meant to protect young adults from sexual abuse, but it diminishes the possibility for natural touch when children or young people need consolation or acceptance. This kind of touch is very important for children's healthy development. So, the nature and level of risk assessment may hinder the gradual development of independence and also reduce children's interdependency with people other than their care workers.

In Finland, young adults seem to be more independent in both residential and foster care. They have more opportunities to act independently during free time, but they might also have more opportunities to risk their well-being. This could be considered an approach based on individualised liberty. Young adults in Finland seem to have more freedom to do things on their own and meet their friends. Young adults leaving care receive a certain amount of trust, and this approach also highlights the traditional Finnish value of independence. However, it could also make the young adults feel that nobody really cares about them or their life. This could be a particularly Nordic feature, seen in child and youth care services but also society as a whole. Paulsen and Berg (2016, 125) noticed that young people in care encouraged each other to become independent of Child Welfare Services. As a result, young adults stopped using services too soon.

Consistency and inconsistency: discretion

All the young adults in our study have experienced some flexibility but also strictness in their encounters with practitioners. Both young adults and workers were flexible. Practitioners did not always strictly follow the rules but used some discretion in favour of the young adults, who tried to follow through on joint decisions. This suggests that the child and youth care system does not simply dominate young adults; the system's borders seem to be elastic. For instance, young people can still stay in contact with workers after moving away from care. This means that the system works along with the people and that workers have, in many cases, done more than required.

'Maybe not the relatives but one worker from aftercare. She is my own worker who helps me with everything. So if I need some help, so she will … if I do not know or could not do.' (Outi, female, Finnish83)

On the other side, when workers in child and youth care services are too flexible, this creates inconsistency, as we heard from English and Finnish examples. Consistency and inconsistency are difficult issues when dealing with human beings and social problems. Consistency would mean that workers always treat all the young adults similarly, without considering the individual situation. Using individual discretion means that workers can interpret needs and resources differently in different situations, leading to different actions. This looks like inconsistency when situations which appear similar to outsiders are handled differently, but there are differences. Sometimes the question of inconsistency is not only about flexibility or inflexibility but rather addresses a lack of knowledge or of common rules and regulations to protect the rights of children in care and young adults leaving care. Leaving workers no discretion at all could create even more challenges for the young adults. Sometimes, for instance, allowing young people to stay in care for just two extra months allows them to finish their studies, and maybe preventing them from becoming homeless.

I   'I So, if I put stayed with foster carers.

Y   Yeah.

I   But now rents a room. …

I   Did you wanna stay with your foster carers?

Y   Yeah.

I   Did they want you to stay with them?

Y   Yes.

I   Yeah? Yy! So would you say that you had the choice that you wanted to stay there and that's what you did?

Y   Yes, I did have a choice.' (Alice, English67)

However, young adults might view this kind of discretion as unjust when they hear how others are treated in a situation that looks similar. Incidents of injustice, when they are treated

badly, also occur. In both the Finnish and English case, young adults with positive experiences tend to see care service workers as individuals, even though they work in different organisational and social settings and have different resources, theoretical frameworks and levels of education. However, when they feel they have been treated unfairly, young adults see the workers as representing the total system. Sometimes it looks like the whole system is against one individual, and the young person has to find ways to survive on his or her own.

A shared understanding

Young adults would like care service workers to clearly communicate their expectations. Sometimes young adults need someone to be more direct with them. They might prefer a parental figure who sets boundaries but at the same time accepts them as people (see also Reciprocal Encounters Blogs 2018). Sometimes these young people see policy officers or even the courts as more supportive than other care workers:

> *Y*   *'I would say the courts helped me more than social services.*
>
> *I*   *Why's that?*
>
> *Y*   *Huh?*
>
> *I*   *Why's that?*
>
> *Y*   *Cos when I used to get in trouble, they used to know there was an underlying problem, so they got me more help with doctors and appointments and everything than social services ever did.*
>
> *I*   *So, was it like social services – because they had your case files and all that – they already had a pre-judged perception of you?*
>
> *Y*   *Yeah.*
>
> *I*   *Whereas court people were, like, actually, they know you, because they've...*
>
> *Y*   *Dealt with me on so many occasions.*
>
> *I*   *Even though for, like, the wrong reasons, maybe, they've sort of been there, in a sense.*

Y	*Yeah.*
I	*Ok.*
Y	*Might as well say the court's my family, or used to be anyway.'* *(Radley, English00).*

This is reminiscent of parents who are sometimes angry with their kids because they are concerned about their best interests and want to guide them to the right way. Parents may tell their children directly why they are angry and what consequences will follow certain behaviour or acts. Parental care includes discipline but also love. At the same time, young adults need an emotional bond or connection so they appreciate the values of adult figures and want to follow their orders. Punishments and threats alone are not successful if there is no mutual respect.

If young adults feel that nobody cares what they do, it is like they do not exist in the world. There might be many reasons for this. Usually social services are short on staff, and workers have too many clients. But the adult may also be pessimistic about the future of a certain young person. Maybe he or she has disappointed carers many times already. It can be also that the care worker does not know how to support young offenders or substance abusers. Or maybe some care workers view their work as a task that has to be done. One young adult felt this: *'They didn't talk to me, and they just – you know when you just feel like people are just doing it so that they can say that they've done it on the paperwork?' (Rachel, English01).*

On the other hand, young adults leaving care do not want people to feel sorry for them. Another project found that when people refer to young adults leaving care as 'disadvantaged' and treat them with sympathy, it makes them feel like victims. This is one reason to showcase the positive achievements and aspirations of young adults as they leave care (Supporting Care Leavers 2017, 9).

Working conditions

High workload

> *… They were never there ... They don't answer. Or they're never in. Like, most of them were unhelpful because it was literally just ticking boxes on the paperwork…. I know how stupid it sounds, but just someone on the end of the phone to ask questions (Ann, English19).*

What can I say? [laughs] 'Cos I done it all by myself (Oliver, English69).

Many young adults in our study said that they have, at least at some point, met workers who helped them very much. They might have become important adult role models to them. Working with research teams both in Finland and England, we have learned that not only young adults but also workers struggle with the service system and its changing regulations. There is an urgent need to improve the working conditions of workers of social services. This would involve decreasing the number of clients per worker and also offering supervision, continued training and peer support. It would mean helping workers support each young person but also offering more ways for care workers to work collectively to create social networks for children and young adults in care.

When workers' working conditions are too stressful, job turnover is high, which means that young adults in care lack continuity. In a UK study, Ridley *et al.* (2013) found that increasing practitioner continuity was an explicit aim for children in care and young adults leaving care, although they also noted that children and young people preferred their current practitioner and stressed continuity only if that relationship was positive. Because there is usually a lack of resources and workers some young adults are disappointed when they cannot reach their care workers. They might even feel betrayed:

> Y1   *'They were never there.*
>
> Y2   *They say ring them when you need help, you ring them – no, answering machine.*
>
> Y1   *They don't answer. Or they're never in.*
>
> Y2   *Or if you have problems, or you need someone to come to appointments with you, yeah, you ask them, yeah, they long you off every time [they do not come with you].'*

The resources given to child and youth care services reflect the political appreciation of the professionals in social services and their clients. They also give a clear picture of a society's values. If there are not enough resources to guarantee the rights of the children and young adults, it is almost impossible for workers to do their jobs well. In Finland in 2018, some municipalities began to limit each social worker to 30 or 40 children or young people. Previously, social workers usually had between 50 and 120 clients.

As Butterworth *et al.* (2016) put it, young adults navigate between services and workers. Young adults see that their care workers have too many clients, and they see that it affects them:

> *'Yeah, the thing with social workers, I find, is they have so many different cases and so many young people that they don't actually – they can't physically pay attention to everyone individually. They see what's on the cases and they go from that; they don't go from the face-to-face person.' (Rachel, English01).*

Sometimes private services are highlighted as better in face-to-face work but they might then have other difficulties, for example concerning continuity. For instance, Stanley *et al.* (2013) studied an organisational change in Australia when children and young people in out-of-home care were moved from the public to the private or independent sector. In their study social work practices reported spending more time in direct face-to-face work with children and families which was in connection to reduced caseload size. The authors claim that public services should consider reorganising to achieve similar outcomes. They noticed that although staff's morale was high, there was high job insecurity because of savings and difficulties in renewing the contracts. Also, the moves for children and young people from their earlier placement to the new one did not provide children in out-of-home care with the consistency and continuity they require.

High workload raises the question of how the system is safeguarding the rights of young people in care and leaving care. What if a young person has lost trust in social services? Who takes responsibility in these cases? Can it also be that not all workers know the rights of children in care? Some of our interviewees described situations in which there were different opinions about what was allowed. For example, is a young person allowed to be in contact with their biological family during care? Can they phone their parents, or can young adults in care join holidays with their foster parents? How can regulations support consistency in service but at the same time allow individual and emotional support? Some young adults have struggled with their experiences of injustice:

> *'I suppose if an independence plan isn't working for you, or a semi-independence plan doesn't work, talk about it. Try and fix the situation. You might – I do know this to be true – you could have a really stubborn personal*

adviser, reviewing officer, whoever it may be, but don't be afraid to go above them; don't be afraid to go to a manager.' (Bacchus, English00).

Negative image of child and youth care services

The system has a long memory. Young adults would like to be seen as normal, good people, but this is difficult because of the system's memory. New personnel read their case records and build up certain images of the young adults. Their records are like labels attached to them.

When a young adult makes an error that is written in their file, it stays there. Young adults feel sometimes that social services have a pre-judged perception of them. As one young person explained, it does not feel normal:

> *'If you do that with any normal family, they'll just forget about it after a while; they'll just think, oh yeah, she done this, and she's learnt from her mistakes now, but no, not in care. It's, like, made out to be such a big thing when you do something wrong, and I don't think that's right. I think it's very wrong. And it's hard to fit in when you just go into a – someone else that you basically just dumped in a random family, and it's really hard to fit in, basically. I don't know how they expect people to fit in.' (Wendy, English19)*

These negative experiences suggest that young adults can feel that they are meaningless to the people caring for them if they do not receive positive feedback or support. There are several reasons why they may not get positive feedback, for instance:

- they are seen through their parents' actions or behaviour,
- the negative image of care labels them,
- there is no tradition of providing positive praise to young adults in care,
- discussions with the young adults focus on problems,
- discipline has been traditionally punishments and threats,
- young adults are seen through their faults or offences and
- young adults have not learned to see themselves positively and kindly.

Although many young adults also have had positive experiences and are satisfied with their independent living, somehow, the interviews seemed to focus on the negative experiences. It might be that people are generally readier to criticise than to talk about the positive sides of

social services. Maybe this is also the most common way of speaking about public services. Social care clients might carry many intergenerational experiences of societal injustice which have created bitterness. The grievous, traumatic experiences of being taken into care and being in care have already seriously intruded on families' privacy. Bitter feelings toward child and youth care services might also throw a shadow on individual workers, however kindly they try to interact with the young adults.

When young adults describe their past experiences of care, some say, gratefully, that they could not imagine any more help and support than they have received. But some have experienced mistreatment. Young adults were usually happy about leaving care and getting out from under the eye of the system. Finnish young adults sometimes described their residential experiences with language suggesting they had completed their prison sentence and been freed from an institution. Some of the English young adults had foster parents who treated them like their own children, but others were separated from other family members in different ways, such as being excluded from family summer holidays or having no pictures of themselves visible in the home.

Although they may be satisfied with their life situation and happy to start independent living, young adults might also feel labelled by the stigma of having been in care. Young adults often struggle to explain why they did not live with their parents and why they were living apart from their family. They would like to have some kind of 'buddy system' or safety network, such as another care leaver who has gone through the whole move to support them through leaving care. Some find this through peer support or friends who have also been in care:

> Y   *'You know, just to know that there's other people out there, like, in a similar boat as you, you know. Been through the same process, so it's really nice. I think I tend to get on more with those people than I do with normal…*
>
> I   *Normal.*
>
> Y   *Normal, brackets, brackets, yeah, normal, normal people [laughs].*
>
> I   *So you would say that the people that you do tell, it's always quite a positive response?*

> *Y   Yeah, definitely, but that's 'cos it's...*
>
> *I   Yeah?*
>
> *Y   They've been in care.' (Walker, English70)*

Of note is the way in which the young peer researchers on the project have been very motivated to help other young adults who are still in care or leaving care. Also, the young adults who were interviewed expressed willingness to help other children and young adults in care and leaving care. In contributing to this research, they showed generational solidarity with their peers.

Gradual transition

Butterworth *et al.* (2016, 138) claim that young adults leaving care have to navigate the challenges of major life stage transitions at a younger age and at a greater speed than their non-care peers. Stein (2011, 2309) also recognises that young adults making the journey from care to adulthood often have more accelerated and compressed transitions to adulthood than their peers. They also have more difficulties related to education, training and employment, accommodation, parenthood, and health and well-being. They have to transition to independent living much younger than the national average with fewer resources and less support than their peers (Butterworth *et al.* 2016, 143; see also Stein & Munro 2008). Two interviewees agree that young adults are not ready for independence at eighteen:

> *I   'At what age do you think young people are ready to live*
> *   independently?*
>
> *Y   'No, I think that's a trick question, really [both laugh]. No, it's*
> *   because, I don't think, they're definitely not ready at eighteen, no way.*
> *   I know, like, we've got the Staying Put policy now, which is great, but*
> *   ... twenty-five, twenty-six.' (Walker, English70)*
>
> *Y   'Which isn't fair, on any eighteen-year-old, to be dropped straight*
> *   away, 'cos most people our age don't really get their own place until*
> *   their thirties. So, for them to say that was a shock – I completely*
> *   disagree with it; you shouldn't be forced into something you don't*
> *   wanna do. If you're settled, yeah, ok, you have to leave at some point,*

> *but make sure it's in the right timeframe and the right way of doing it.'*
> *(Sam, English71)*

The transition from child and youth care services to adult services and to independent living should, ideally, build on a continuum that supports the young adults' connections and emotions. Young adults see that they are not always ready to start their independent living, which might cause loneliness and insecurity.

For instance, one young person was forced to move to a place where he did not want to live. He wanted to stay in his residential home, where he had good relationships with the workers, for one more year in his residential home. However, he was able to stay in contact with the people he knew. In this case, certain rules in the system terminated the care, but the human attachments consoled the young person.

Sometimes young adults could stay in care but are eager to move into their own flat. Afterwards, they might think that they jumped into independence too soon. They warn other young adults that they should wait until they finish their studies and are certain that they can pay the bills.

The system could offer young people more flexibility regarding when they leave care, taking their individual situations and needs into account.

The Finnish and English young adults interviewed agreed that the transition from care is an individual process, although it usually follows the statutory age limits. Many move to independent living in gradual phases, starting with semi-independent living and other situations where the young person does not feel completely alone, with no options for support, advice, or someone to talk to. Despite the workers' goodwill, there are also regulations that, when strictly followed, create caps on services and support but also obstacles to a gradual, individually-tailored leaving care process.

Here is a very telling excerpt describing how the professional division of the child and youth care services cut off one young man's contact with workers he knew. It was important for him to continue his relationships with people who already knew him:

> *Y   And they just say your case is closed and then that's it, you've got*
> *nothing else to do with them, and all you've got is your keyworker, if*
> *you're lucky enough to have one in your supported accommodation.*

But, as I'm finding out now, especially around housing and Jobseeker's and whatever else, it would have been helpful to have people like [the names of two people], but I just can't access their service because I'm not under leaving and aftercare anymore.

I   Yep.

Y   So it would just really have been helpful to still be open.

I   For those services to still be available?

Y   I can still talk to [the names of two people] but not – not – like, on a one-to-one basis, I have to be, like, out there, so I'll talk to [name of person] out there probably, but I can't have that discussion. You see what I mean?

I   Yeah, I get what you mean.

Y   So that would have been really helpful.

I   So up to what age do you think those services should still be available?

Y   I don't think it should matter if you're in education or not. Yeah, I get it, I get it.

I   Yep.

Y   But I think it should stay open till 25. I don't even think there should be an age limit, because it's not like your Mum and Dad are gonna say, oh right, you're 21; see you later, then!

I   Yeah, exactly.

Y   You see what I mean?

I   Yeah (Walker, English70).

Reciprocal emotional relationships create stability

The strongest message from young adults in this study is the importance of stability. This includes the idea that there is some continuity and reciprocity in the social relationships and places where they can feel at home. How can care systems support stability and create a sense of belonging? Care is designed to be short. Unfortunately, for many young adults, care is a long-term experience. If this is so, should the aims of child and youth care services be life-long rather than only during childhood? This would mean more work with extended family members and parents or other people who could help maintain continuous relationships when young adults start independent living. In our study, surprisingly, many young adults reported that they feel good about themselves, their health and the security of their lives. However, young adults interviewed in England and Finland are longing for more support, for social relationships, for emotional and existential well-being, and for a kind of parental upbringing and caring.

This section will summarise the answer to the question: What encounters in child and youth care services support the stability of young adults?

Based on the experiences of the young adults leaving care in our study, several significant elements support stability, shown in the following table:

Table 3. Reciprocal emotional participation for young adults leaving care

Reciprocal emotional participation
1) emotionally significant, reliable relationships
2) education, employment or a meaningful activity and sufficient finances
3) positive experiences and feeling accepted
4) shared experiences with peers
5) network of social support

Emotionally significant, reliable relationships

> *And, as much as – obviously, I like to be recognised … if that makes sense, because I just want – I'm just giving something back, you know, I've been given something, I'm just giving back. In a way, I wanna be recognised, but in a way I don't, if that makes sense … For me, now, it's all about giving back, as I keep saying. Bit repetitive, but … (Andrew, English7).*

When young adults have the opportunity to establish reciprocal relationships, that means they can give as well as receive social and emotional support. This lets them feel trusted and also enables them to trust others. Reciprocal relationships are interdependent, emotionally significant and reliable relationships. They are expressed through shared activities and trust between individuals and communities. They create a feeling of belonging in a relationship, community or society. These relationships capture social relations of the lifespan (see also Antonucci *et al.* 2013).

The interviewees in Finland and England described how important it was for them to be important for someone and to have someone who cared about them. They want to be seen as good, ordinary human beings and to be accepted.

The people closest to us are the ones to whom we tell our difficulties or sorrows. When asked about this, most of the young adults interviewed mentioned their best friend, several friends, or family members such as their mother, father or grandparents:

> *My best friend that I've been friends with for eleven years…Just because she knows me inside and out, and we've been friends for so long (Sara, English20).*

> *Yeah, possibly my best friend. She's the one I tell things first (Sauli, male, Finnish183).*

The interviewees described their relationships with the people they trust and talk to about their feelings as long-established. In a long relationship, we feel that we can be ourselves and do not need to pretend to be someone else. Some interviewees also mentioned that these people might have some positive insights and would not only be focusing on the difficult situations. They can share the joys and sorrows of daily life with these people, and they help each other as much as possible or necessary (see also Antonucci *et al.* 2013, 54).

Our interviewees' responses reinforce the importance of continuous social relationships and emotional attachment to their well-being. The interviewees would also like to be important to someone as a person; they do not want to simply be moved from one place to another as part of someone's job. These kinds of hopes about caring and emotional attachment seem to be similar for young adults in care in the Finnish and the English cases. They might represent universal needs and be the most important elements of a human being's life.

Education, employment or a meaningful activity; adequate finances and health

Historically, social problems are often related to inequality based on factors like gender, ethnic origin or religion. It is therefore crucial to establish social policies that support the equality of citizens. Preventive child protection or child welfare work would be ideal. Usually poverty is also linked to poor health, which makes it more difficult for people who are struggling financially to act in their own interests. It is society's and the government's role – with the help of other actors – to ensure that there are enough flats to rent, enough schooling and training possibilities for young people, that special education is available when needed, and that regular jobs are available. Family and ethnic background cannot be seen as deterministic; there are options for positive change, but young adults in care or leaving care cannot do it alone. They need help from society, the government, and other organisations to achieve stability in their lives.

Positive experiences and feeling accepted

Young adults' positive experiences during the leaving care process are connected to the people – residential care workers, foster carers, friends or relatives – who have helped and supported them (Määttä *et al.* 2016, 31). In our study, young adults emphasised similar factors to those identified by Löfblom (2016, 5). She noticed that young adults' collective experiences stress the importance of security, commitment and togetherness. She also found that young adults take joy in their hobbies, good friends, families, and people similar to them.

If young adults' experience of leaving care was good, they were grateful for the help and knew whom to call if they needed more assistance. These people share with them the most important decisions and choices they make in their lives and give them emotional well-being:

> *They stuck by me and made me – I don't know – they made me feel normal, to*
> *be honest. Encouraged me, they encouraged me, to just get on with it now*
> *(Ann, English19).*

Being there, being present and listening to you and sometimes sharing their
own opinions (Anita, female, Finnish14).

Henderson-Dekort (2017, 118) writes that professional care workers must be themselves in order to create meaningful moments and true connections with young adults. She sees that the workers are a pivotal part of the relationship; the focus is letting the children and young adults get to know their carers' true selves. In her opinion, this helps develop a radical, deep connection that serves as a foundation for true and meaningful child and youth care practices rather than an operational connection:

It is crucial to risk making honest errors through being your true self; these
errors are genuine and learning moments which should be embraced, rather
than studied and applied as tools. If you react to these errors in a meaningful
way – through embodiment of your true self – the reactions and feelings
shining through will illuminate your true self and can attract a similar
genuine connection with a young adult (Henderson-Dekort 2017, 119).

Shared experiences with peers

Despite the importance of adults, young people value peers who can be like siblings to them and may sometimes function as role models:

There [in the children's home] are many other children, who have been like
siblings, and you learn to share and to get along…it was like a big family, and
getting along and sharing with others were important (Sanna, female,
Finnish14).

Yeah, I have always had older mates who are working and give me a kind of
model… (Kaarle, male, Finnish105).

Young adults need to know that they are not the only ones who have been in care; they need to share their experiences with peers or other people who have had similar experiences. They can share their successes and also their struggles, and they can help others. It is important to feel needed, to feel important to someone or something. Researchers and practitioners also understand the specific influence of peers and the roles that these relationships play on the maintenance and disruption of secure attachment formation (see Shumaker 2009, 105; Shook *et al.* 2009, 291).

Network of social support

Many interviewees said that starting independent living was hard; the responsibilities seemed to fall suddenly and heavily on their shoulders. The difficulties young adults experience demonstrate that time in care does not support a gradual transition to independent living for every young adult, and it does not guarantee that every young adult has support from older adults:

> I   *What has helped you prepare for independent living?*
>
> Y   *That I have always been alone…from my early childhood. When I was in different care places, it was self-evident that now you live and take care of yourself alone (Anita, female, Finnish14).*

Furthermore, social relationships cannot always be supported with any measures; they can break down irreparably. However, they can also be replaced by other social relationships. Some young adults feel that they have been abandoned by those who might have been important to them and that they have not become important to any new adult figure. Starting their independent living can create even more distance between them and the people who were once close to them. After leaving care, these young adults might be disappointed that their caregivers are already concentrating on other youngsters, and they may feel that they no longer matter to their caregivers.

It is not surprising to actors in residential child and youth care services that many young adults who have been placed as teenagers are not ready to start independent living when they are expected to do so. In one Finnish study, care workers identified the importance of support from a trusted adult to young adults leaving care. This support could be reduced gradually, but the young adults should always have the support of the social network and the services. The workers also thought that the process for young adults leaving care to fill the gaps in their education and in other areas of life is incomplete. These actors in residential care see that basic, everyday needs and a smooth rhythm of day and night are key elements when young adults are leaving care (Harkko *et al.* 2016, 128). Although the words are different, these are the same elements and concerns expressed by the young adults themselves in the interviews in this study.

Conclusions

We claim that a core component of care is *reciprocal emotional participation,* which supports young adults' stability both in care and starting independent living. Reciprocal emotional participation includes space and place, emotions, actions, and other people in a connection of holistic well-being and systemic understanding. When leaving care, young people need a personal mix of interdependence and independence supported by education, employment, or a meaningful activity, along with adequate finances to give them stability. They need to feel that they have guidance but are also involved in the decisions concerning their own lives. They need to be emotionally attached to someone and to feel that they are also important to that person.

Emotional participation has as its heart the continuity of social relationships and emotional connectedness. It can also be referred to as 'emotional attachment', which means caring, love or individual respect (Törrönen & Munn-Giddings 2018). Continuity in relationships enables people to get to know each other as human beings and build common experiences and memories. These relationships are usually connected to places where young adults can feel at home. These enable an individual's attachment to a community and his or her involvement in processes that are significant to the community. Then social ties have quality and not only quantity (see also Antonucci *et al.* 2013, 84).

Emotional participation creates a feeling of belonging. Belonging creates the basic safety net for young adults leaving care. Holmes (2016, 21–24) claims that belonging and meaningful connections strengthen one's ability to cope. She thinks that one of the core components of resiliency is a strong sense of belonging and that a consistent connection can positively impact these young adults. According to Holmes, resilience is one's ability to bounce back from adversity and adapt despite extreme troubles.

Enabling reciprocal emotional participation requires child and youth care practices which follow common rules but allow some flexibility for individual situations. Here, reciprocal encounters mean that, in life, we need stability, such as sustainable social relationships, where we are interdependent but also have some independence. Because social relationships sometimes change or are replaced, at least in youth, there are also temporary relationships which might be connected to a school, college or workplace. In addition to needing some help, we need to feel that we can be involved in decisions concerning our own lives. As children, we need love and also limits that incorporate both flexibility and inflexibility. A

holistic child and youth care practice needs to understand the needs of each child but interpret them in connection with that child's world and life experience. This is based on the idea from social welfare and social well-being research that people need a community to feel good. Our answer to the first research question is:

To establish stability when leaving care, young people need a personal mix of interdependence and independence in their social relationships, along with a feeling of being important or special to at least one person. They also need to be engaged in education, employment or a meaningful activity, and to have adequate financial resources.

Our data indicates that if young adults' lives provide opportunities to develop meaningful relationships, and if they are studying or working or both, they are more likely to have a sense of belonging. Also, when young adults experience social support from residential staff or foster parents and possibly from parents, extended family members or friends, they know whom to ask for help if they need it. Their own attitudes are also very important, as are their future prospects and previous experiences. Their satisfaction with their own life situations is important as well, and it makes a difference if they feel that being in care has stigmatised them.

Young adults' leaving care experiences seem to be complex and contradictory, and sometimes they create a complicated picture of the service system. Regulations that are too strict and put too many limits on services and their delivery can create injustice, even though they are meant to do the opposite. Clear orders are thought to provide consistency in services and guarantee the equal treatment of young adults leaving care. However, when we study young adults' leaving care experiences in more depth, we see that strict orders can sometimes have dramatic effects, which can have a prolonged impact on the young person's future. Therefore, care workers need some room for discretion to guarantee a gradual transition to independence. However, discretion based only on individual decisions does not provide young adults with a secure foundation. This brings us to a dead end.

This problem illustrates the reality that, when dealing with human beings, questions are difficult and simple answers are rare. The aim should be to support young adults leaving care so that they can have a smooth transition to independent living. When the local authority has taken a child into care, ideally it should think like parents, who want the best for their children. Unfortunately, the system of services as a whole does not create a very warm and comforting image, although there are warm and caring workers and some young adults have

good experiences with the system. The system's gloomy reputation reflects society's negative attitudes towards the poor and people who are struggling. It also reflects individualistic thinking, the idea that individuals are solely responsible for their difficulties. Social workers and other workers in social services are caught up in this and are often blamed for the results of their work.

Although some young adults' challenges seem to be cumulative, these struggles cannot be understood solely on an individualistic level. The problems are created in cooperation with others, in the young adults' communities, and so their problems reflect their social relationships and the quality of their communities. Young adults who do not feel that anyone supports them might separate themselves from the community. Their community or the service community might reject them as well. So their difficulties are not only individual but rather collective: The young adult has not learned how to act reciprocally because they might not have experienced kindness and help from other people. Good acts create interdependence and feelings of togetherness.

The issues in child and youth care services are not the only problems; they reflect society's political attitudes. Change can only occur in child and youth care practices when there is a change in the political atmosphere so that human inequality is taken seriously. Study after study has shown that inequality in societies creates social problems. So, there is a need for a welfare society which provides holistic guarantees to its citizens: employment, housing, education, social security and health care. Society's first aim should be to take preventative measures to avoid the need to place children and young people (see Harries *et al.* 2015). Once children or young adults are in care, the system should have the means to fulfil its promises. Therefore, governments must pass legislation and establish practices (Stein 2011, 2409) and also provide the financial support needed for social services to complete its tasks. We cannot live without regulations and limits to ensure the rights of citizens; society's resources have limits, but there is also a need for solidarity and empathy. Society needs an effective combination of regulations and room for discretion.

How is this possible in child and youth care services? Child and youth care services could learn from research on young adults leaving care. For instance, Berlin *et al.* (2011, 2494) see that there is considerable room for improvement in the cognitive and educational support offered to young adults leaving care. This support can also be strengthened by basic education of care workers and also by continued training in the workplace. Care workers

need professional knowledge and also an understanding of society to effectively support young adults. Care employees also need a common space to learn and discuss the limits of individual discretion. They need rules that allow them to be flexible when their clients need that but also the strength to be firm when necessary. Social services need efficient internal communication to deliver information and share experiences. Care workers need to feel empowered so they have the energy to support families with their children and also children and young people in care and leaving care.

A constant experience of exclusion may cause individuals to despise others and to seek the company of those who do not exclude them and who offer approval. A person who feels like an outsider may become aggressive or angry at the social injustice. Thus, it is increasingly important that we understand how being a reciprocally – as well as emotionally and socially – active participant in society increases the social well-being of individuals and of communities. New liberal ideas stress individual choice and responsibility instead of solidarity and shared responsibilities (see Lindenberg *et al.* 2010). We must have courage to keep trusting solidarity to support our own well-being.

Our research demonstrates young adults' capacities to think critically about their own situation, listen to different perspectives from their peers and contribute to thinking through alternative ways that services might be structured to best meet young adults' leaving care needs. More opportunities for young adults to get involved in research at a local, national and international level would enrich the thinking in the field of research, policy and practice.

Recommendations from the young adults' perspective

Future social work in Finland and England could benefit from the experiences of young adults leaving care. To support young adults' reciprocal emotional participation, *first*, the orientation of social care work should be reconstructed. *Second*, young adults' psychosocial status should be supported, and *third*, a gradual transition out of care should be enabled. These changes require a community orientation based on understanding young people's holistic living circumstances and life-long social networks. Special attention should be given to their engagement in education, employment or a meaningful activity and to their financial security. Their mental well-being also needs special attention, especially if the young adult has mental health difficulties or issues with substance abuse.

A gradual transition means that young adults have the option to leave care when they feel ready but also possibilities to postpone leaving until they are 25 years old; this mirrors the current English age limit but should be extended for all young adults leaving care not just if they are in employment, education or training. This could give a possibility for a gradual transition so that young adults can remain in contact with their former caregivers and perhaps visit them at the weekend or on holidays.

Here we answer the third research question: *How can these experiences of care services help develop future social work policies for young adults who have started independent living*? *How should social work programs assist young adults who have started independent living?*

Starting independent living is an individual process in which each young adult's individual needs and hopes should be taken into consideration. These elements can be seen in the interviewee's responses in this study. From the young adults' perspective, three items emerge that could help increase the stability in their lives. These could be taken into consideration in future child and youth care practice in Finland and England. These items are a reconstructed care work orientation, support for young adults' psychosocial status, and provision for a gradual transition to independent living.

Table 4: Recommendations for leaving care from the young adults' perspective.

Reconstructed care work orientation	Community orientation
	Holistic human image
	Life-long orientation
	Parental upbringing and caring
Psychosocial support	Education, employment or a meaningful activity
	Financial security
	Mental health support
	Help to substance abusers
Gradual transition to independent living	Gradual transition
	Extended stay in foster care or residential care
	Remain in contact
	Peer support

1. **Reconstructed work orientation**

Community orientation: I have continuity in my important relationships

> *I   So, what support do you think young people need after they start living*
> *   independently?*

> *Y   I think just some sort of safety network (Radley, English00).*

The community orientation focuses on a young person's living situation. This could involve a shift from an individualistic orientation to a community orientation in child and youth care practice. Establishing a community orientation means developing good social services with enough care workers to enable young adults to maintain or rebuild their social relationships with their families and other important people. Social relationships could be understood as a social network that young adults have when they are in care and maintain when they start independent living. A community orientation offers more possibilities for continuity in social relationships, increasing the stability of the relationships of children and young adults in care.

If the young adult and the care worker do not get along, other people in the social network could offer support and be there when needed. The concept of circles of support could be implemented (see Circles of Support 2018; Circles of Support and Circles of Friends 2018).

This network could combine formal and informal connections and might contain extended family members, friends, multi-professionals, voluntary workers and experts by experience. This could also prevent young adults from feeling left alone in the world; in a network, they have more chances to get in touch with someone. A network makes it easier for the young person to reach someone in the network even if some people are sick or on holiday: The young adults could have 'someone at the other end of the phone.' To maintain continuity, there could also be care workers who continue to work with young adults when they start independent living.

Community orientation also means that families, extended families and other important people are supported through preventive family work to avoid the need to place children in care. Community orientation is also necessary to reconnect young people in care with their families if those relationships are broken. For many young people, a better connection with their biological parents is a high priority (see Harkko *et al.* 2016, 132).

Holistic human image: Social, practical and existential well-being

A holistic view of humans considers people as individuals with recourses and needs that are interlinked with their practical, social and existential well-being. This means supporting young adults so they can obtain an education, employment or engage in an important activity, and also supporting them financially but also with social relationships that support and underpin their psycho-social development.

Life-long orientation: Past, present and future

A life-long orientation focuses on the long-term future of children and young adults in care, not only in times of crisis. If child protection or child welfare takes a short-term view, it fails to consider the fact that care ends someday, at which point young adults need people other than care officers around them. Young adults' networks could include peers, professional and voluntary workers, family and other relatives, and friends. Therefore, the perspective of child and youth care services should be life-long, not a short and often professionally divided period of time. It should take a longitudinal perspective that focuses on the children's and young people's futures. They will need some connections to their families when care ends. Care services are not designed to last one's entire life, and they should allow young adults to gradually become independent.

Parental upbringing and caring: I am loved by someone

The people who take care of children and young adults can show affection to the young people in care because they need affection, caretaking and adult support (Harkko *et al.* 2016, 132). This means encouraging an attitude of empowerment and strength rather than punishing or focusing on problems. Children and young people need both love and boundaries. Caring combined with clear but negotiated rules create security in the young adult's world. When adults show interest in young adults' activities and in how they feel about themselves, they express caring. This creates emotional connectedness. Young adults feel heard and that they can in some sense influence their own lives. Care workers and caregivers need common rules for practice which they can use with careful discretion in individual situations.

2. **Psychosocial support for young adults**

Education, employment or a meaningful activity: I am doing my best

For the future of young adults, multi-agency work is needed to create different options for young people to participate in education, employment or a meaningful activity. In addition to education and employment, other meaningful activities can give meaning to a young person's life, although they will still need money to live. Young adults with learning disabilities need special education or special education support. Flynn *et al.* (2011, 2503) claim that the number of cognitive impairments can be reduced by early assistance for children in care who have learning disabilities, developmental disabilities or attention-deficit/hyperactivity disorder. If doctors and specialists determine that a young person's difficulties are too severe for regular education or employment, at least a temporary early pension, if not permanent guaranteed living costs, should be available to reduce that person's dependence on social benefits.

Financial security: I can pay my bills

This means that young adults have enough money to pay rent, the cost of studies and other everyday expenses. This guarantees that they do not become homeless. There is also a need for a social housing policy which guarantees that there are enough rental flats available for people with low incomes.

Mental health support: I feel supported

Young adults need professional support for mental health issues, possibly in the form of therapy, counselling or bull sessions such as formal or informal discussions among peer groups. They also need to learn to express their feelings. Stein and Dumarat (2011, 2510) suggest that early assessment of children's and young adults' needs should be conducted, followed either by therapeutic intervention to assist young people and their families or early removal from very damaging family relationships. Services should also be available to prevent gaps in services when young adults transition to adult services if needed.

Mental health problems may impact the transition of young people starting independent living, and successful 'moving on' is influenced by a young person's life history and placement trajectory. According to Stein and Dumarat (2011, 2510), continuity and placement stability enable young people to create new attachments and models for identification. They also found that the presence of a supportive adult during placement and prolonged support are important protective factors during the transition period. For instance, in France, they found that longer-term follow-up during the transition to adulthood leads to a consistent pattern of improved outcomes, including high-quality placements that provide stability and continuity, improved socio-economic circumstances and high-quality inter-personal relationships.

Help for substance abusers: I can recover from substance abuse

Young adults struggling with substance abuse should get help from substance abuse experts and possibly receive residential or at least clinical treatment. Flynn *et al.* (2011, 2503) observed that effective efforts to reduce drug use seem likely to contribute to higher educational achievements as well as to non-NEET status. Care workers should be trained in substance abuse issues and have a multi-professional understanding of young adults with substance abuse, but they also need the courage to discuss substance abuse with young adults, support their process of becoming sober, and assess their need for further care.

3. **Possibilities for gradual transition to independent living**

Gradual transition: Leaving care when I feel ready

This would mean that young adults could leave care when they feel ready any time between the ages of 18 and 25.

Extended stay in foster care or residential care: I can stay with people I know

This would allow young people to stay in their current placement with familiar people until they finish their education, have means to take care for themselves, or are 25 years old (see also Vario *et al.* 2012, 37).

Remain in contact: I can visit my home

Caregivers and young adults could remain in contact. Young adults could visit their previous caregivers at weekends or on holidays if they did not have any other networks. The caregivers could receive compensation for these visits.

Peer support: I am not the only one

This would mean that young adults do not feel alone; they need peer support to learn that they are not the only ones who have had certain experiences. They could learn some ways to cope with everyday life when starting independent living. As Holmes points out, it is very important to find intervention strategies to promote a sense of belonging. One way of doing this is building connections and encouraging young adults to share their stories with one another, which creates a sense of belonging and trust (Holmes 2016, 24).

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Other publications of the project Reciprocal Encounters: Young adults leaving care

The results are discussed in

- this report,
- Twitter (#LMTorronen)
- blogs (https://blogs.helsinki.fi/reciprocalencounters-youngadultsleavingcare/),
- scientific articles
- one edited book and
- chapters in the edited book

The peer-reviewed articles

Törrönen, M., Munn-Giddings, C., Gavriel, C., & Morris, D. 2018. Emotional Participation of Young Adults Starting their Independent Living. *Nordic Social Work Research,* https://doi.org/10.1080/2156857X.2018.1489883

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