A Qualitative Study Exploring Care Leavers' Transition Experiences from care to Independency

Mariama Ndure and Lisa King

2019

Abstract

The aim of this study was to explore care leavers' experiences to independency after being discharged from public care. The study explored the services provided for young adults who have left public care and how they perceived the support provided for them during their transition and after. The study has also an interest on the care leavers' rights according to the UN Convention on the Rights of a Child. A qualitative study approach was used to collect data, due to the focus on the interpretation of care leavers' experiences and to get in-depth information and descriptions about their experiences and perspective. Semi-structured interviews were conducted with four participants who have left care. Moreover, the findings show that the participants were disadvantaged in many areas during their transition and the support received were limited. From the findings the care leavers were lacking stability, encouragement and both emotional and inadequate practical support after being discharged from care.

Keywords: care leavers, transition, public care, independency, UN Convention on the Rights of the Child (UN-CRC),

Amount of words: 15 147

Acknowledgements

We would like to express our special thanks and appreciations to the individuals that contributed and extended their valuable assistance to the success of this study. Most importantly, the four former care leavers who volunteered to participate in the research and for their honesty in answering the interview questions and for spending time with us. We would also like to sincere thank Ann Kroon, our supervisor, who gave her professional advice and encouragement for the improvement and the further development of this paper. Lastly, we are grateful to each other for always being supportive during the whole process.

The authors, Lisa King and Mariama Ndure, have in all parts equally contributed in this study and confirm that both are equally responsible for the content of this thesis work.

Table of contents

1. Introduction

In this section, an empirical background overview of the problem is presented on young people's transition to independence in Sweden, the impact of the UN Convention on the Rights of the Child (CRC) in connection to the Social Service Act and the Care of Young Persons Act and lastly the international context is also being discussed. This chapter also includes the aim of the research and research questions.

1.1. Background

The transition from being in public care to independency can be a difficult phase for many young people leaving care. Children and young people placed in public care often come from disadvantaged backgrounds; where many have experience maltreatments such as abuse, neglect and violence (Brännström, Vinnerljung, Forsman & Almquist 2017). In becoming independent, many are expected to go into the world and become successful and functioning members of society. However, many of these young people are not provided with the necessary tools, resources, and skills that is needed, and they tend to thrive on their own (Höjer & Sjöblom, 2014). Therefore, this group of individuals are in need for guidance, support, and resources as they are on the way of becoming independent adults (Bengtsson, Sjöblom & Öberg 2018).

Being placed in public care implies various transitions, for instance moving from their parents' home to foster or residential care and even moving between foster care and residential homes on several occasion, having to change schools in the process, leaving behind friends and breaking relationships with other important attachments (Höjer & Sjöblom 2014). With each move comes a traumatic experience because they are losing connections that are being made in such short amount of time. According to Vinnerljung, Sallnäs and Berlin (2017) disrupted placements and placement breakdown is a threat to the aftercare provided to care leavers, because the placement breakdown ends often hasty and usually without a plan for what will happen next (Vinnerljung et al., 2017). This can sometimes affect the care leaver, in which it may contribute to negative outcomes such as insecure attachments later on in life and traumatic forms of separations (Bengtsson et al., 2018). In support to this, research findings from Norway indicate that children and young people exposed to early adverse childhood experiences and more specifically those placed

in care have a heightened risk of attachment difficulties. Further, attachment difficulties have been related to other mental health problems among care leavers (Lehmann, Havik, Havik & Heiervang 2013). Not only have these young adults experienced trauma within the public system, once they age out of the system their experiences do not improve much according to Höjer and Sjöblom (2010).

In the study conducted by Bengtsson et al. (2018) care leavers disclosed their worries of being isolated, lonely and without emotional or practical support after being discharged from care (Bengtsson et al., (2018). In another research review of young people leaving care, Stein (2006) noted that young people leaving care tend to experience major status changes during transition which can be for example moving out of care to be independent, change of environment, setting a new home, coping with unemployment or further education. Moreover, Stein (2006) posits that the outcome of care leavers is associated with the quality of care they experience, their transition from care and the support they receive after care (Stein, 2006). In support to this, Höjer and Sjöblom (2010) holds that consistent service provision and support after being discharged can contribute toward improving the odds for more positive outcomes for care leavers. However, according to Bengtsson et al. (2018), many young people are transitioning out of care to independent living without formal support. Therefore, they have an increased vulnerability to further social problem over time and their transition to adulthood often occurs in shorter time period than the general youth without care (Bengtsson et al., 2018).

Moreover, Swedish studies as well as international studies have recognized young people formerly placed in public care as a vulnerable group with a high risk of social exclusion and isolation; that they have a higher incidence of mental health related problems, lower education levels and are more prone to committing suicide or getting involved in crimes compare to young people who have never been in care (Vinnerljung & Sallnäs, 2008). According to Almquist and Brännström (2018) who conducted study on childhood adversity and trajectories of disadvantages, children who have experienced those types of problem while growing up, are more likely to suffer from multiple types of disadvantage as adults (Almquist & Brännström, 2018). Moreover, during the transition process, many seem to receive less support from their families of origin and have weak informal support network or non-existing contact with their biological family or their previous placements (Bengtsson et al., 2018). Furthermore, Almquist and Brännström (2018) stresses that there is too little

knowledge about the developmental outcomes for care leavers later in midlife. However, the results from Almquist and Brännström (2018) indicate that people who grew up under adverse conditions, such as care leavers moving between different placement, were more likely to experience disadvantaged in social, economic, and health related trajectories.

1.1.2. Support received after care

According to Höjer and Sjöblom (2010) there is a significant gap between this groups needs and the actual delivery of support from the Swedish welfare system (Höjer & Sjöblom, 2010). The Swedish welfare legislation emphasizes support and protection to all children up to 18 and in some cases up to 21. However, it seems that the rights of young people in public care are not being prioritized as they become discharged from care. Therefore, they are being excluded within the Swedish welfare system. Thus, putting young people in public care at risk of facing severe problems during the phase of transition from care to independent life, which is not acknowledge by the Swedish welfare system (Bengtsson et al., 2018). Moreover, the social service in Sweden has the general responsibility when it comes to placing children and young people in care, how the care should be arranged and where the young person should live during the period of care and also the aftercare, in ways of support (The Swedish courts, 2019).

The Social Service Act (Socialtjänstlagen) implies that the social service has a general responsibility for young people's needs and support. Nevertheless, the Social Service Act is supplemented by the Care of Young Persons Act, which regulates the circumstances under which the social service in Sweden may take children or a young person into compulsory care if such an intervention is deemed necessary by the social service (The National Board of Health and Welfare, 2013). Section 1, paragraphs 1 and 2, of the Care of Young Persons Act states: "Care is to be provided for persons under eighteen years, in some circumstances above eighteen". If it may be presumed that the necessary care cannot be given to the young person by the person having the original custody. Furthermore, the Care of Young Persons Act states that the care shall be provided for the young person if - the lack of care for the individual or any other condition in the home entails a danger to their health or development, or if the young person is seriously endangering his health or development by abuse, criminal activity or any other comparable behavior (The National Board of Health and Welfare,

2013). Although, the purpose of placing children and young people in care is to protect them from maltreatment, the law states that it is primarily the responsibility of the municipalities to promote a positive development for those children and young people, both in care and after (Bengtsson et al., 2018). Therefore, the social service takes on a great responsibility that is closely associated with parenting and preparing care leavers for adulthood and an independent life (Bengtsson et al., 2018). However, according to Bengtsson et al. (2018) their needs seem not to be always met and fulfilled. Therefore, there is an obvious need for support during their transition process (Bengtsson et al., 2018). This means that young people leaving public care are at risk of being deprived of adequate support in the transition from care to independence.

1.1.3. The UN Convention on the Rights of the Child (CRC) and its impact

The Swedish government has since 1990, not only ratified UN Convention on the Rights of the Child (UN-CRC), but also adopted the principles as guidelines regarding the child welfare. The UN-CRC has had an impact on the construction of the Swedish welfare system in general and has influenced the composition of the Social service Act (UNICEF Sweden, 2018). In 2018, the Swedish government voted in favor of making the UN-CRC as a Swedish law, something that UNICEF in Sweden has been working on for the past ten years (UNICEF Sweden, 2018). The UN-CRC as a law will enter in force in January 2020 and it will become an important tool to strengthen children's rights in practice in Sweden (UNICEF Sweden, 2018).

Previous studies have shown that care leavers' participation in decisions making concerning themselves is not always being considered during their transition phase (Närvänen and Näsman, 2007). Article 5 of the UN-CRC requests the involvement of children and youth into decision and their participation in matters concerning them. In regard to the UN-CRC, the Social service Act, Chapter 11 have also adopted that principle and promotes children and young people rights to information and to participate in any decision-making process that concerns themselves and their cases (The National Board of Health and Welfare, 2015).

However, Närvänen and Näsman, (2007) state that children and youth in Sweden have limited freedom of speech compared to the freedom that the UN-CRC are promoting. They argue that the limited freedom is often given to children and youth when the social service

has to intervene (Närvänen & Näsman, 2007). Although, the specific policies in Sweden have been developed to support children and young people in care, previous research shows that systems do not always operate effectively. Therefore, the incorporation of the UN-CRC into child care protection services and the legislation is an important step towards highlighting the importance of the rights of vulnerable children and young people in Sweden (UNICEF Sweden, 2018). In addition, it will force many authorities to take and have another approach in their practice concerning the protection of children's rights and the UN-CRC will become more visible in Sweden (Government, 2018).

1.1.4. International social work context

SOS Children's Villages International final 2016 report, on leaving care and employment highlights care leavers' outcome in five different countries around Europe (Norway, Germany, Hungary, Croatia and Austria), where they address that young people leaving care are at a distinct disadvantage in comparison to their peers in those countries (SOS Children's Villages International, 2016). Similar to studies done in Sweden, the final report states that care leavers' disadvantages can be linked to a number of different reasons such as; inadequate preparation for their independence, inadequate support from the public social service and lastly limited information and employment assistance once they have left care (SOS Children's Villages International, 2016). However, in all five countries, the report recognized that aftercare support for care leavers is insufficient and that many care leavers were discharged from their care placements far too early, in some cases as young as 16 years old, with little ongoing support (SOS Children's Villages International, 2016). Moreover, the care leavers were less educated than their peers and in certain cases the welfare systems did oddly enough, encouraged the young person to take and work in low paid jobs, despite their aspirations or ambitions, and despite the UN-CRC guidelines, which states in Article 28, that ''young people should be encouraged to reach the highest level of education of which they are capable'' (SOS Children's Villages International, 2016).

Furthermore, the report recognizes that young care leavers' around the European countries were often left behind and forgotten by those who were charged with the responsibility of ensuring their wellbeing. In conclusion, the report highlights the systematic failures of the child and social protection systems to safeguard the rights and wellbeing of one of society's most vulnerable group (SOS Children's Villages International, 2016). Therefore, care

leavers' situation concerns international social work because children and young people who are placed in public care are often being denied their rights; and they seem to be invisible because their needs are not being prioritized by the welfare systems, during care and after they leave public care. Based on findings of previous researches on the outcome of care leavers, it seems like the living condition and care experiences of young people as well as the quality of services provided in public care are not in accordance with the UN-CRC.

1.2. Aim and Research Questions

The aim of this study is to explore care leavers' experiences to independency after being discharged from public care. The study has also an interest on the care leavers' rights according to the UN Convention on the Rights of a Child (UN-CRC).

Research Questions

The study is guided primarily by three research questions:

According to the interviewees:

1. What services have been provided for care leavers?
2. What information did the care leavers receive about their rights according to the UN-CRC?
3. How do the care leavers describe the services they received in relation to their needs?

1.3. Explanation of concepts

Care leavers

According to the Care Leavers' Association, the term 'care leaver' is referred to an adult who has spent time in foster care or residential care, or in other arrangements outside their family of origin or extended family before the age of 18 (Care Leavers' Association, 2014). Similarly, in the Swedish context, care leaver refers to young adults who have been cared for by the social services according to the Social Service Act and are expected to enter adulthood and become independent from 18-21 years old (Bengtsson et al., 2018).

The Social Services Act (SoL)

Sweden does not have a special Children Act, children and young people are included in the Social Service Act, which is the primary law in the Swedish welfare system. It is a goal-oriented enabling act that is based on voluntary efforts and provides with general guidelines on how to support children and families (The National Board of Health and Welfare, 2013). The social service has the general responsibility when it comes to placing children and young people in care and according to section 12 in the Social Service Act, the social welfare committees in each municipality should attempt to ensure that children and young people grow up in secure and beneficial conditions and shall provide these children and young people with the protection and support they need. The best interest of the child and their voices shall always be taken into consideration (The National Board of Health and Welfare, 2013).

Out-of-home placements

Placement in public care implies different transitions such as foster care or residential homes (Bengtsson et al., 2018). Children and young people in out-of-home care are placed with parental consent under the Social Services Act or placed without the consent of the parent(s) and in accordance with the supplementary Care of Young Persons Act. Commonly, children and young people placed in public care may also move between different foster care and

residential home (Höjer & Sjöblom, 2014). According to the Social Services Act, a voluntary placement ends at the age of 18. But in practice, it is common that young people stay in care until they finish upper secondary school at the age of 19. Mandatory placements can be extended until the age of 21 (Bengtsson et al., 2018). However, the out-of-home placement is seen as a temporary solution with the goal to facilitate and reunify the children and youth with their biological families eventually (Höjer, & Sjöblom, 2014). Since separating children and youth from their parents is not the most preferable solution according to The National Board of Health and Welfare (2013).

Foster care has been the preferred alternative as opposed to **residential care**; the familial context is supposed to give a child or a young person the best possibilities during their development. Foster care is also the most common form of placement in Sweden and accounts for more than three quarters of all placements (The National Board of Health and Welfare, 2015). Whilst residential care should only be used for emergency placements, or for children and young people with severe behavior problems. But the notion of a familial context is also prevalent in residential cares (The National Board of Health and Welfare, 2015).

2. Previous research

In this section, related research on young people leaving care and their needs is presented and described.

2.1. Young people leaving care

About 30,500 children and young people in Sweden were placed in care under 2016 and the numbers are increasing every year (The National Board of Health and Welfare, 2017). The recent study provided by Bengtsson, Sjöblom and Öberg (2018), examined young care leavers' expectations of their future. The findings in this study provides an important insight from the care leavers themselves. According to Bengtsson et al. (2018) young people leaving care in Sweden have expressed their worries about how to cope with issues such as housing, personal finances and employment after being discharged. They also expressed a fear of

being isolated, lonely and without emotional or practical support after leaving the public care (Bengtsson et al., 2018).

Additionally, a study done by Vinnerljung, Hjern and Lindblad (2005), examines the risks for suicide attempts and severe psychiatric morbidity for care leavers; based on complete cohorts, the study shows that young people who have been placed in out-of-home care have a high risk of early mortality, mental health related problems and are more prone to commit suicide. The study highlights that care leavers were five to eight times more likely to have been hospitalized for serious psychiatric disorders and four to five times more likely than peers in the general population to have been hospitalized for suicide attempts (Vinnerljung et al., 2005). Findings from the study suggest that care leavers should be considered a high-risk group for suicide attempts and also severe psychiatric morbidity (Vinnerljung et al., 2005).

Moreover, Höjer and Sjöblom (2010) conducted a study on young people leaving care in Sweden. The purpose of the study was to examine how care leavers are perceiving their transition from care to an independent life. The results showed that the care leavers were at greater risk of facing severe social problems during the transitional phase. Furthermore, Höjer and Sjöblom (2010) argued how the Scandinavian welfare system, in combination with a family-orientated perspective, may not sufficiently prepare young people as they begin their transition to independence. However, one year later, in 2011, Höjer and Sjöblom conducted another study, were they put emphasis on the voices of 65 young people leaving care in Sweden. In this study Höjer and Sjöblom acknowledge the situation for young care leavers in Sweden by stating that the situation has so far, attracted little attention from the social service and the local authorities in Sweden, Moreover, the findings implies also that the social service lack specialized programs and dedicated services for this group of young people leaving care. The purpose of their second study was to examine care leavers' experiences of supportive and non-supportive factors after leaving care.

Altogether, the results suggest that access to support is a helpful factor for young people leaving care, but also that many youths had no such access, from neither formal nor informal network. Which according to the study puts this group of young care leavers in a disadvantaged position, compared to their peers with the access from parents and from social networks round. Lastly, Höjer and Sjöblom (2011) state that, it may be one of several

explanations for care leavers less successful outcomes, for example when it comes to education and employment for young people leaving care (Höjer & Sjöblom, 2011).

2.2. The needs of young people leaving care

For many young adults leaving care, it is recognized that they often lack sufficient post care support to help minimize potential disadvantages for this group (Cameron et al., 2018). Subsequently, the needs of many care leavers such as accommodation, employment, education, social skills and emotional needs have been expressed internationally. A study conducted in Finland by Törrönen and Vornanen (2014) discusses the methodological aspects of undertaking international and participatory research in the field of child welfare. The study contributes to the cultural understanding of the needs of young people leaving care. Similar to Höjer and Sjöblom (2011) they identified factors that needed to improve in relation to the quality of service provided to care leavers. The research uses young people own terms and knowledge in developing services for those experiencing this transition (Törrönen & Vornanen, 2014). However, in France the study conducted by Dumaret, Donati and Crost (2011) debates about the lack of research when it comes to the quality of services to care leavers and the study argues that prolonging all support after the age of 18, and even 21, is essential. Similar to Sweden and Finland, many young people whom had been discharged from care in France have experienced multiple disruptions in their schooling and they according to the previous studies lack educational qualifications and also experience homelessness and unemployment after being discharged (Dumaret et al., 2011). In addition, Dumaret et al. (2011) reported that many participants in the study mentioned that they were feeling isolated, even when their transitions were free from other social problems.

3. Theoretical framework

In order to explore the experiences of care leavers, the concepts and perspectives that make it easier to explain changes in people's life were considered. In this study, we found the life course theory to be a useful tool that was used as a framework to guide our analysis. According to Elder and Johnson (2002) the life course theory attempts to understand the changes or transitions in the paths of individual lives with emphasis on social context, individual development and the effect of change over time. According to the life course

theory, each person experiences a number of transitions that typically result in a change in status, social identity, and role involvement or changes in roles and statuses that represent a distinct departure from prior roles and statuses (Elder & Johnson, 2002). In exploring the experiences of care leavers', transition can be understood in the context of the phase of leaving from public care to independency or adulthood.

Additionally, according to Elder et al. (2003) the life course theory claims that the ability to adapt to life course change can vary with the resources or supports inherent in these elements in the form of economic or cultural capital (e.g., wealth, education) or social capital (e.g., family social support). Life course theory has five distinct principles: (a) time and place; (b) life-span development; (c) timing; (d) agency; and (e) linked lives. These principles will be used to analyze care leavers experiences to independency.

Time and place: according to Elder et al. (2003), this principle claim that individuals are influenced by historical context (i.e. crisis) and specific location. And that due to historical change, each individual has a unique set of constraints and opportunities that shape the courses of their life. As such, time and place will be understood as the transition period and the institution where care/service was being provided for care leavers.

Life-Span development: This principle states that we can only understand individual's choices and behavior by considering experiences that happened in earlier life (Elder et al., 2003). In this study, participants choices and behavior will be understood from their experiences in care.

Timing: The principle of timing emphasizes the point in time when changes occur (Elder et al., 2003). As such, the situation or living condition of the participants at the time of leaving from care to independency will be considered.

Agency: The life course theory acknowledges that given the constraints and opportunities, we can determine our own path (Hitlin & Elder, 2007). Therefore, in considering agency, we will consider the support and services that were provided for the participants, and their current status in life.

Linked lives: This principle claim that life course is interdependent with each other. Linked lives refer to an integration of social relationships extending beyond formal family ties, such as friends, neighbors, and work colleagues who provide a "distinct orienting context" (Marshall & Mueller, 2003, p.11). In light of this, the participants' support network during transition will be considered.

As described earlier, young people's transitions from care to independence or adulthood can be a difficult phase in the life of many care leavers (Bengtsson et al., 2018). Also, according to Stein (2006) they have to cope with many status changes at the time of leaving care such as moving out of care to a different environment and setting a new home; and for some young people coping with unemployment or starting a new family. However, the social services in Sweden have the general responsibilities to provide support and ensure a secured environment for children and young people in care (The Swedish courts, 2019). By using the life course perspectives in this study, we focused on the participants' care experiences during transition in the context of social care characterized by dependency towards the child welfare system (Bengtsson et al., 2018).

4. Method

This section presents discussions on the choice of research method that has been applied to the study. The discussion has been distinguished by subsections which present the authors' preliminary understanding of the experiences of care leavers; description of the research design; description of the approach used to find the articles that were used to inform the study; the sampling method used to recruit participants; data analysis and a discussion on how validity and reliability was established in the study. Lastly, ethical standpoints are presented, and the limitations encountered during the entire research process are discussed.

4.1. Preliminary understanding

Conducting this study, the authors had some prior knowledge and awareness about care leavers situation in Sweden. The increased recognition of the problems faced by many care leavers has been acknowledged by many researchers, given a large volume of previous research studies and the voices of many young people leaving public care. It's through

previous studies and their voices that led to the introduction of exploring this topic. However, it provided both basic knowledge and created an understanding of this phenomenon in Sweden, that this group of young people and their situation have received little attention when it comes to the services provided and also their outcome situations into the society. By this we mean that the Swedish welfare model puts in a lot of effort and resources generally in supporting children and young people in public care, but puts very little to it, when it is time for these vulnerable group to leave the public care system. Experiences of care leavers has been associated with various forms of disadvantages, although the nature of the Swedish universal system (Bengtsson et al., 2018; Höjer & Sjöblom, 2010, 2011; Vinnerljung et al., 2005). The quality of the aftercare is insufficient with what the Swedish welfare stands for and the preparation for leaving public care, and of the aftercare subsequently provided, may profoundly affect the rest of a young person's life. Therefore, we found this topic crucial to further address and we also found it helpful to have the prior knowledge and awareness of the situation in the study, which allowed us to keep an open mind during the study and be more curious about the participants' experiences.

4.1.1. Research design

As the aim of this study was to explore care leavers' experiences to independency after being discharged from public care, the qualitative method was applied for collecting empirical data to get a deeper understanding on the topic (Robson, 2007). According to Kvale and Brinkman (2009), in order to get a more detailed understanding about a relatively small number of participants, qualitative information in the form of words, sounds and/or images are used for gathering and analyzing qualitative data (Kvale & Brinkmann, 2009). The qualitative method is concerned with phenomena that involve descriptive, non-numerical and quality narrations (Grinnell, 2005). It tends to prioritize individual perceptions and meanings obtained by means of qualitative methods including interviews, observation, or focus group (Kvale and Brinkman, 2009). According to Kvale and Brinkman (2009), due to that qualitative research is exploratory and descriptive in nature, it allowed the researchers to explore or investigate an area of interest which in this case is care leavers experiences to independency. In addition, the required data for this study does not involved numerical or statistical nature, instead is lean towards exploring, describing and explaining the phenomenon of care leavers experiences to independency. Therefore, the qualitative method was found to be suitable for the study.

4.1.2. Data collection

Primary data was collected by means of qualitative semi-structured interviews and the interview questions were open-ended. This form of interview was the most appropriate method to use because it allowed us to get deeper understanding of the participants' subjective experiences of their transitions from care to independency (Kvale & Brinkmann, 2009). The use of open-ended questions also allowed us to be flexible and asked to follow up questions for clarifications which in turns, the participants were able to elaborate more on their experiences (Babbie, 2006).

4.2. Mode of procedure

This section presents a description of different procedures taken informed the study. The first subsection describes how the authors searched for the articles that are used to inform the study and the databases which were used to find those articles. The next subsection describes the sampling method that was used to select participants for the study and also discusses the criteria set for selecting potential participants for the study.

4.2.1. The choice of literature

The researchers reviewed relevant articles that has been published in national and international journals to obtain descriptive information for this research thesis. The articles were selected from SocINDEX and Google Scholar databases in both English and Swedish languages between the years of 2010 and 2019. Data were gathered using keywords including ''care leavers'', ''young care leavers' experiences'', and ''care leavers and their rights''. These keywords were used because the author intended to find articles that were directly related to the study. Moreover, with the aforementioned keywords the search was limited to peer reviewed, journal articles, linked full text, and the year of publication was limited to between 2010 and 2019. The search yielded 67 articles from SocINDEX, out of which 15 articles were found to be most relevant to the study. The rest of the articles were found not to be relevant for the study because they did not have a focus on the topic of this study, therefore those articles were omitted.

Google Scholar was used to search for a few numbers of journal articles that were found in the reference lists of some of the articles that were selected from SocINDEX. Moreover, relevant textbooks were also used. All journal articles were searched and gathered separately by the two researchers and was saved in a folder that both researchers had access to.

4.2.2. Selection

Due to the aim of the study – exploring care leavers' experiences to independency after being discharged from public care -, the authors wanted to find young adults who had experienced the transition from being in public care in Sweden and are independent today. The four participants were selected by means of purposeful snowball sampling. The purposeful snowball sampling is a sampling method that can be used to identify populations that are difficult to access, by asking the participants to suggest other individuals from their social networks to interview, who are of value for the study's criteria (Silverman, 2013). Hence, in getting participants for the study, one of the authors got in touch with a staff at a residential care, the staff suggested two persons based on the study's criteria and later provided their contact information upon their permission after being contacted by the staff from the residential care. However, one of them declined due to personal reasons and the other accepted to participate in the study. Notwithstanding, the declining person referred us to a potential participant and after interviewing the two participants, each of them provided contact information to potential participants for the study. This sampling method was used because potential participants were difficult to find by means of other methods. And the use of snowball sampling allowed the authors to easily recruit the participants for collecting primary data.

To determine the samples for the research, criteria were set for selecting potential respondent for the study. This included ensuring that the respondents had left care, whether a foster family or residential care, and are now living independently. Also, that they were 25 years or over and that they were able to speak fluent Swedish or English. The authors were aware that the length of time spent in the care system is different for each individual, therefore, there were no criteria indicating the actual length of time the respondents had spent in the care system. However, as expected, the respondents had differences in the length of time

spent in the care system, but despite these differences, the authors were more interested in the consistency of their experiences which was very important for the study.

The participants were contacted primarily through text messages, with an invitation to participate in an interview through any preferable means. Few of the participants responded shortly after the invitation was sent to them and additional phone calls were made in order to remind individuals of the invitation and to decide on the date, time and place for the interviews. Out of 7 persons the authors contacted, 4 accepted to participate in the study while 3 persons declined the invitation.

4.3. Interview process

This section presents descriptions of how the interviews were conducted and also presents discussion on the tool that was used to conduct the interview-interview guide.

4.3.1 The interviews

In-depth semi-structured interviews were conducted with four young adults between the ages of 25-32 who have been discharged from foster care or public care system and are now independent. This form of interviewing allows the interviewer to ask follow-up questions as mentioned earlier. All of the participants were able to openly discuss their experiences, the kind of social service support that were available to them after being discharged, and how they perceived the service that was provided for the time. Interviewing this group provided a better understanding of how each of the informants experienced transition to independency. Two interviews were conducted face-to-face with the participants and two was conducted on the phone due to time inconveniences. According to Nachmias (2008), one advantage of telephone interview is that it is low cost compare to face-to-face interview where one will have to travel from one point to another in order to conduct the interview. Nachmias (2008, p.223) also stated that high quality data can be collected via telephone interview when the interviewers are centrally located, and supervisors can ensure that the questions are correctly asked, and answers are being properly recorded. Hence, during the telephone interview, one of the authors conducted the interview while the other author took the responsibility of recording the interview. There was no communication or technical problems encountered during the telephone interview. With regard to all the participants, each interview began with

an introduction and description of the study and its purpose. The interviews were all conducted in Swedish and lasted for 20 to 45 minutes in general and consisted of approximately 14 questions. Each interview was recorded, per consent of participants, in order to obtain the necessary data for the study.

4.3.2. Interview guide

Prior to the interview, a questions guide was developed and used as a tool to guide the interview process. The interview questions were created for this study with the purpose of exploring the experiences of the care leavers and to gain an understanding of the support provided for the four participants, where it aimed to gain information and knowledge from these care leavers' perspectives.

The interview guide was structured in a way such that it started with general questions and the main questions were narrowed down to specific questions, with the intention to answer the research questions. The questions were all open-ended, and due to the nature of this study, the research focused on exploring personal experiences of care leavers after being discharged from care. Lastly, a few questions were asked about their situations in regard to education level and current employment status. Below is a table consisting of a list of participants that were interviewed and their status. Due to the inquiry for anonymity, the participants are referred to as participant 1, 2,3, and 4.

Table 1. List of interview participants

	Foster care	Residential care (HVB - home)	Current status
Participant 1	X	X	Studying & working
Participant 2	X	X	Sick leave
Participant 3	X	X	Sick leave
Participant 4		X	Working

4.4. Data analysis

The data collected from the interviews were analyzed by two investigators. The investigator constantly met to discuss the ongoing analysis. The discussions focused on analytical precisions and corresponding data with the principles of the life course theory as well as the research questions. The life course theory was used as a framework or tool to identify patterns and discover emerging themes. Each interview was transcribed directly after conducting of interviews and the transcripts were uploaded to the qualitative data analysis software - Atlas.ti. The software was used to examine the transcribed data by firstly identifying patterns and differences. According to D'Cruz and Jones (2014) in order to answer the research questions, patterns or similarities, differences, contradictions, negative cases must first be identified. This way appropriate conclusions can be drawn on how the research has contributed to knowledge about the topic (D'Cruz & Jones, 2014). In the process of identifying patterns and differences, the coding technique was used to distinguish topics covered by the participants. Then emerging topics were categorized in relation to the questions that were asked. The result of this data analysis will be presented and discussed under the result and analysis section.

4.5. Credibility

Credibility was established in this study through the choice of participants with the experiences of leaving public care and also the variation of interview participants from different locations in mid-Sweden. Addressing trustworthiness in this study was accomplish by accurate descriptions of the participants views. In addressing the trustworthiness of a study, Grinnell and Unrau (2018) state that a true perspective of the research participants represents a trustworthy study.

4.5.1. Validity

The concept of validity in this study has additionally been discussed between the researchers, to get a better understanding of the concept and to ensure that it is not being confused with the concept of reliability, and due the nature of a qualitative study, reliability and validity are questionable according to Kvale and Brinkmann, (2009).

Validity according to Kvale and Brinkmann, (2009) refers to the ability and the effort of the researcher to ensure the consistency of the findings and it is also what the study is aiming to measure. It is a process that goes all the way from the beginning of the research to the end of it. As Kvale and Brinkmann, (2009) argues, validity is a way to control the quality of the research during all the stages (thematizing, designing, interviewing, transcribing, analyzing, validating and reporting). Moreover, the interview questions were formulated so that could be easy understandable to all care leavers. During transcribing, the transcriptions were as close to the exact words of the participants as possible, by taking concrete steps to ensure that the participants perspectives and experiences are accurately gathered and represented and also by being objective, it has always been in mind and the actual words of the respondents were followed without prejudices or guesses of what the care leavers mean behind their words. Grinnell and Unrau, (2018) states that when the findings of the study actually represent the views of the participants then, the study can be considered trustworthy.

4.5.2. Reliability

The reliability of this study was supported by being two researchers as it made the interpretation of the data easy to discuss. According to Kvale and Brinkmann (2009), reliability refers to the consistency and the trustworthiness of the results in research. The reliability also depends on the researcher 's capability to not guide the participants in a specific way but to let the care leavers reply to the questions as they think (Grinnell and Unrau, 2018). The interviews were conducted in accordance to the interviewees 'availability, and the choice of place and method/way of conducting the interview by phone interview or face to face), so they could feel comfortable and open up as possible. To achieve reliability in the text the researchers explored previous research regarding care leavers' situation in Sweden to start with. Therefore, previous research was also used to support some of the research questions in the study, after that a suitable instrument was chosen to conduct the interviews and the interview guide. The interview guide was designed in such a way that it was consonance to previous studies and to the aspects that it would be possible for the researchers to get in depth information about care leavers experiences.

4.6. Generalizability

Since the results are based on a small sample sizes of 4 care leavers. The result cannot be generalized on a larger scale. According to Patton (2015) the size of the sample depends on what we want to find out and on how the findings will be used later. Due to the aim of this study, in-depth information from a small number of participants was very valuable.

4.7. Ethical standpoints

Due to care leavers vulnerability, we find it important to protect the participants during the whole process, as well as their rights as they participate in the research (Smith, 2010). Ethical considerations in this research was guided by four ethical principles that are required of researchers by the Swedish Research Council: the information requirement, the consent requirement, the confidentiality requirement and the requirement for use (Swedish Research Council, 2017).

With regards to the information requirement, the participants were informed about the purpose of the study prior to the interview, and that it was completely voluntary to participate in the study. They were also informed of their rights to withdraw from the interview at any time if they felt uncomfortable during the interview. According to D'Cruz and Jones (2004) before conducting an interview with research participants, the participants should sign a consent form in an agreement to participate in the study. Guided by the second ethical principle of consent, the authors provided a consent form to every participant which was read thoroughly and after some clarifications, it was agreed and signed by the research participants. When it comes to the third ethical principle of confidentiality, the participants were informed that the information they provide would only be used for the purpose of this study. Also, any information such as names, age, location or any other background information that could identify them would not be disclosed (Kvale & Brinkmann, 2009). In regard of this, the participants were coded as P1, P2, P3 and P4. Furthermore, each participant was assigned color-code which was used when transcribing the data, so that the information given, once transcribed cannot be traced back to the participant's identity and the recordings were stored on a USB drive and kept safe. According to Swedish Research Council (2017) every precaution must be taken to protect the privacy of the participants and the confidentiality of their personal information and to minimize the impact of the study on their physical, mental and social integrity.

Lastly, the participants were informed that the study is a thesis project and it belongs to the International Social work department of the university of Gävle; and that the information they provided will not be used for different purpose other than the research (Swedish Council for Research, 2017). However, ethical dilemmas that could emerge were also taken into considerations. since many care leavers come from disadvantaged backgrounds, it might become sensitive during the interview and therefore, have potential to cause psychological harm. According to Dudley (2016) psychological harm can be harder to detect than physical harm but can have an equally damaging impact on the participants (Dudley, 2016). However, according to Dudley (2016) it can be avoided if the researcher anticipates the consequences of the participants situation. Therefore, when developing the interview guide, the authors avoided sensitive questions that would awakened emotions and instead developed questions that focused on answering the research questions in order to avoid ethical issues.

4.9. Limitations

There were several limitations to this study. The first limitation was that this study was based on what the participants remembered from their experiences. Sometimes our memories can be skewed, especially if the person lived a traumatic experience. Another limitation was the translation of interview data from Swedish to English. All the interviews were conducted in Swedish and had to be translated to English to meet the language requirement for this project. Google translation was a help in translating the interview data to English from Swedish, which might have resulted in the loss of true meaning of certain words, phrase or sentences. The declining of potential participants due to personal reasons was considered a limitation. As mentioned earlier, out of seven persons, four agreed to participate in the interview. This also might have resulted in the loss of valuable information. Lastly, according to Patton (2015) a common disadvantage of qualitative research is difficulty in generalizing the results. Despite these limitations, the findings from this study give deeper understanding of participants experiences and challenges that faced them during their transition to independence.

5. Results

The following subsections reports the results obtained through semi-structured in-depth interviews with participants. The subsections are arranged according to the study's research questions in relation to the kind of services that were provided for the participants, the kind of information that was provided in relation to the CRC, and further reports on how the participants perceived the service that was provided for them.

5.1. The services provided for the participants

In regard to the study's research question number one-what services have been provided-the participants reported the social service provided information about how to apply for welfare; and other support such as arranging apartment for care leavers, job placement, and contact persons were pinpointed in the data as well as emotional support and professional help.

5.1.1. Information on how to apply for welfare was provided for care leavers

The social service and the residential home care were the two institutions that provided services during transition as mentioned by the participants. When the participants were asked about the kind of services they got during transition, similar views were given. According to P1, the information she got from the social service was ''information on how to apply for financial assistance''. This was the only information she remembered getting from the social service Furthermore, according to P1

> I remember that the social services taught me how to apply for social assistance. It was the only information I remember that I received from the social service. Because there were no expectations in any kind of way that I could support myself. It was almost certain that I would apply for social assistance because, that would be my livelihood and that is what everybody were expected from me.

Similarly, to P3, who state that she got information regarding how to apply for ''welfare from the Swedish social insurance agency''. Furthermore, P3 expressed that she was informed by some staff at the residential care that a ''social worker from the adult department would be assigned to her to help with practical things such as going to the store''. According

to her, this was because the staff at the residential care saw that P3 could not go to the store alone without having ''panic attack'' as expressed by P3.

Moreover, for participant 4, he was already working at the time of leaving care and he could afford to support himself. Thus, social service provided information on what it means to be discharged, and the staff at the residential care informed him that they will ''assign a contact person'' to him, a person who is intended to serve as a support person to care leaver. However, while others also told that they were informed that they would be assigned a contact person and also got information on how to apply for the right kind of support, it was different for P2. According to P2

> I didn't get any information from anyone at all. If I had received information, I think I would have been more focus in life back then. Life became very unfocused for a while and it was in older days that I have been able to study high school, read up my grades to get in the university. So, I did everything a little bit different, had children first then handle the other after. But if I would have more support and information back then, maybe I would have done things differently and then I might have had another focus in the process. I needed guidance, but it didn't come.

Her descriptions imply that participant 2 did not have access to the same support the other participants got. According to her she did not get any information at all which she believed made her do things differently compare to others that got supportive information.

5.1.2. Accommodation and arrangements

When it comes to other practical things, some of the participants reported that they got assistance from social services and the residential home, while others reported that they did not get any assistance from social services and the residential home during transition period. According to P1

> The Social services assigned a social worker to me and the social worker taught me how to apply for different welfare contributions, how to pay my bills and told me how important it was for me to pay my bills on time.

A contact person from the residential care was also assigned to her during transition period. Notwithstanding, other assistance included finding apartment, social support, applying for financial support and job placement. Due to the difficulties in getting an apartment in

Sweden, some of the participants had the privilege to get help with ''preference to an apartment''. According to P3, she did not have any means such as an income or points to meet the requirement for getting her own apartment, so such preference was given to her. Moreover, the social service arranged internship for her at a job center and she was also getting social support. This was described by P3 as:

> From the social services, I got help with preference to an apartment because I didn't have an income
> or points to fix apartment myself, and also, I got social support, I had a contact person from the social
> services that I could contact and also do things with every week. things, such as shopping and so on.
> And i remember that they help me with practical placement.

Similarly, P4 also got helped from social service when it came to get an apartment after being discharged. But he had to literally beg them in the entire process because ''getting such assistance from social can be difficult''. However, this was not the same for everyone. P2 did not get such support from neither social service nor the residential care as described by P2:

> No support at all from any point, and really not enough... The support I received from the social
> services was follow-up meetings, once a month sometimes. Where they asked questions like what I
> was doing on the days and what I worked with.

Notwithstanding, though P2 did not really get enough support from social service or the residential care like the other participants, she had the opportunity to attend ''follow-up meetings once a month'' which was not mentioned by the other participants.

5.1.3. Emotional support

Regarding emotional support, when the participants were asked who they would turned to for emotional support, all the participants had different people in their life that they turned to for emotional support. According to P1, she had a contact person from the residential home who she would talked to and support her emotionally. This was described by P1 as:

> I had no one to turn to but I had good contact with my contact person from the HVB home who
> helped me and was trying to talk and support me emotionally. But then I also felt that, since it is
> not my family really, I felt like a burden there as well. Then also when you are in that situation,
> it is a quite different life you have, even though there are many who live it, so I did not have
> confidence in so many people around. But I absolutely felt that I could talk to that person.

For other participants, they turned to their friends and love ones for emotional support as described by P2 and P4. According to P2, ''I had my friends, which I turned to them a lot, but not adults because I didn't want them judging me''. Moreover, according to P4, ''It was easy to turn to my girlfriend for emotional support during the years because she understood me well''

As expressed by the participants (P2 and P4), it was quite easy for them to turn to these people for emotional support because it seems like they were the only ones the participants could rely on for such support. On the other hand, P3 avoided talking to people about how she was feeling. According to her:

> ''[...] I didn't like to open up to people or to talk about my problems […] So, I was keeping a lot to myself and said that everything was fine, but it wasn't''.

P3 felt ashamed to disclose her problems to other people and during the interview she also expressed that she had ''social phobia which also contributed to her keeping to herself''.

5.1.4. Professional help

On the topic of professional help or support, the participants were asked if they had access to professional help from a psychologist or therapist during their transition from care to independence. All of the participants did not get access to such support after they left care. However, not all the participants felt that they needed professional help as described by P4, ''personally I didn't need any professional help''. However, P1 and P2 expressed that they needed professional help, but such help was never offered to them. During the interview with P1, she deeply expressed that she didn't have ''access to professional help, but it was definitely needed so I could speak out''.

Notwithstanding, one of the participants had contact with a psychiatrist from the children and adolescent psychiatry center during their placement in care but it ended at the age of 18 years old. This was described by P3 as:

> During my placement I had contact with a psychologist from BUP, but it ended when I was like 18 something and was no longer seen as a child. But it would have been a helpful tool after to, because that was a place I felt safe in and talking to that person made me safe and confident within

myself. I don't know why I couldn't continue, but the decision was made without my presence. Which was like a disappointment.

For P3, it was disappointing when she couldn't meet her psychiatrist anymore because the meetings at the psychiatry center ''felt like a safe space'' as described by P3 and the psychologist made her feel safe and confident.

5.2. Information about and awareness of their rights

With regards to the study's second research question; what information did care leavers received about their rights according to the CRC - the participants expressed that any formal information concerning their rights was never discussed to them directly and that they were denied their rights. Specifically, concerning the right to participate in decisions that concerns them and their future outcome. However, some of the participants did not prioritized their rights and never had the interest of knowing what kind of rights they had in being in care and also during their transitions from care. According to P1, she never questioned her rights. Furthermore, P1 stated:

> Because being cared for by the social service, I already felt like I was the problem, so I started to think how I less could be troublesome for the society and for the authorities. So, to think about what I had for rights never crossed my mind. Because I never felt like I was someone worth it or someone who should have access to my rights.

A similar answer was stated by P3, who didn't have the interest of knowing what kind of rights she had, because basically according to her, being placed in compulsory care P3 felt that she already lost her right to participate in all decisions making affecting her.

> Noo, my rights were the last thing on my mind, both during the placement time, the transition period and after being discharged. I didn't have the interest of knowing either and it was never mentioned by anyone. Basically, being in compulsory care (LVU) u don't think that u have any rights anyway.

However, P2 stated that it was necessary for her to be aware of her rights, because she felt that she was being run over when decisions about her was made. Therefore, she felt that she needed to have the awareness and the knowledge of what kind of rights she had.

> I was never informed about my rights, but I read about my rights and learn that way, because I felt overrun as LVU placed and during the transitions process it was a lot of obligations, you should do this, and this

is expected of you and so on and I felt that my voice were never heard, felt always that decisions were
made over my head and even over my mothers.

In support to P2's statement, P4 claimed that their rights in care is something the young person had to figure it out for themselves. Furthermore, P4 describe a situation that emerged at the residential home were their rights in that situation was recognized.

No no.., but I remember situation at the residential home, were the staff was kind of abusing their power and things blow up and there were an investigation and shit, then it was a talk about what we had for rights in that situation but otherwise. I can't remember that my rights were ever acknowledge. I think your rights is a thing that you as placed in out-of-home care has to figure out for yourself.

To conclude, according to these participants statements, their rights as placed in out-of-home care according to the legislation were never acknowledged directly to them and decisions concerning them, and their outcomes were made without their consent. At the same time most of the participants expressed no interest when it comes to their rights.

5.3. Perspectives on the received service in relation to the participants' needs

As mentioned earlier, information regarding how to apply for financial support and search for apartment was provided to participants as well as assigning contact persons and arranging apartment and job placements were considered as services or support provided for the participants. With regards to the study's third research question- how did the care leavers describe the services they received in relation to their need- all the participants perceived the services that were provided for them after being discharged from care as not being enough and they expressed the challenges they were faced with for not getting adequate support from social service and the residential home of which each were discharged from. According to P2

The support I got was not enough to make me independent. Because my life was very stormy and chaotic. I remember feeling stupid in some way because I didn't understand how things worked. How the society was working and things you understood and learned naturally from your parents, such as how to pay bills didn't come naturally. I hardly understood how to do it or for example what the taxes was and purpose of people paying tax. I felt stupid that didn't understand it and lost. And also, who you could turn to or what was expected of me. But I tried.

As it was reported earlier, P2 did not get the same support as the other participants. According to P2, she attended meetings with social service which she perceived as not being enough and being that she did not receive any information, she expressed that her life become ''stormy and chaotic''. The participant further stated that she needed guidance but never got enough of such support during her meetings with social services. P2 also expressed having hard time in understand how the society works especially understanding what taxes was and why people were paying taxes. Moreover, she expressed her worries when it came to pay her bills. According to P2 she felt stupid because she was lacking common practical skills, compared to her peers that had parental support.

As for P1, she expressed that her transition phase was terrible, and she did not get enough help which according to her was traumatizing. Everything she tried to do went wrong and life at the time life did not work for her because the emotional support that was provided by her contact person was not working for her. Furthermore, she expressed having the feelings of insecurity and being scared during her transition without a safety network around her. This was described by P1

> I needed more support because I think the whole experience was terrible. Maybe something of the most traumatic I have ever experienced. Just because there were so many steps I thought was and went wrong. And when social, economic, emotional and everything didn't work, life didn't work. I felt very insecure and scared and did not know anything, I had no tools to cope with the world Just because I didn't have a social safety net. It was a traumatic experience because leaving care was such an extreme changeover and I definitely felt that I needed more practical support and what it means to stand on my own legs, more emotional support and how to become financially independent and also how to become emotionally independent. I needed a contact network or safety net, that is what I felt like I didn't have.

However, further in the discussion P1 blamed herself for being troublesome. The participant stated that due to her troublesome behavior, she chose not to call or keep in touch with her contact person after she was discharged from care, because according to her she didn't want to intrude or bother that person. Therefore, it could have contributed to her not getting the support that she needed.

> I really didn't feel that getting in touch with the resident home after being discharged were something I couldn't do in any kind of way. I already felt that I was being troublesome, difficult and awkward, like a project. So, I didn't want to bother them even more. And there was a lot of guilt and shame in it.

28

Whereas for P3, ''life was terrifying and isolating'' for her because she was experiencing social phobia and the professional help she was getting ended directly after she turned 18 years old. After being discharged from care, she remembered being ''excited about breaking free from all the rules and obligations'' they had at the home. But after few weeks it became isolating for her because she didn't have much contact with people neither did she get professional help after she was discharged. This was described by P3 as:

> Life was very terrifying, because I really didn't know what to expect. I remember in the beginning I thought it was exciting to be on my own and to also break free from all the rules we had at the home, but after some weeks, it kind of became isolating. At the home, there was always a staff and you were never kind of alone. But now I could be by myself for weeks without going outside or meeting people, which made my social phobia even worst. I needed more professional help to help me get out.

Furthermore, most of the participants had not finish high school at the time of leaving care. They expressed that due to the lack of adequate support, they could neither cope with normal school nor the home school that was available at the residential homes.
Despite all these challenges, two of the participants succeeded in getting further education, and are currently working, while two of them are on sick leave. When the participants were asked of their current status, according to P1, she is currently studying at the university and work as a teacher assistance.

> My life today, I'm a university student and working as a substitute teacher. I am happy with my life and enjoy it. Miraculously, life turned to something good now.

Whereas P4 stated that he is ''working with rehabilitation of substance abusers''. On the other hand, life has been up and down for the other participants. P2 mentioned that she is ''currently on sick leave but she was working at the hospital in the emergency department before she took sick leave''.'

> Today, am on sick leave. But regularly I am a working at the ER and have a universality diploma. I have my family plus my own foster child. What can I say, life didn't turn out as I planned but I think I turn out ok, despite the many challenges on the way.

Notwithstanding, P2 felt the need to open her home to children who find themselves in similar situation and she has a foster child currently living with her.

Lastly, for P3, she stated that it has been ''difficult to find a job because she has not managed to finish high school due to childbearing''. However, she has plans of continuing her education when her children get older.

> Today am a single mother of two and on a sick leave. So, I still do have contact with the social services, when it comes social welfare. It has been hard to find a job, but my plan is to begin at komvux and then finish high school when my kids are older. But becoming a mother kind of saved me in many kinds of ways. My life got a valuable meaning by having them.

In conclusion, most of the participants reported that they were provided with information on how to apply for financial support, how to pay bills and few got helped with getting an apartment as well as internship at a job center. However, they perceived these supports as not been sufficient in meeting their needs during their transition to independence. Notwithstanding, they considered themselves at a better place now compared to few years back when they had just left care.

6. Analysis

This section will present analysis of the result in relation to the five principles of the life course theory: (a) time and place; (b) life-span development; (c) timing; (d) agency; and (e) linked lives. As discussed earlier, the life course theory attempts to understand changes or transitions that happen over time in the life of individuals with emphasis on social context, individual development and the effect of change over time (Elder & Johnson, 2002). Consisting of 5 principles (Time and Place, lifespan development, Timing, Agency and Linked lives), the key points from the results was pinpointed and presented in lens of these principles.

6.1. Time and place

According to time and place principle, individuals are influenced by historical events and specific locations (Elder et al., 2003). The residential home was seen as a specific location that had influenced or shaped the life of care leavers. Thus, this is reflected in the experiences of the participants during time in the residential care where they expressed that living in residential care had them feeling locked up and having no say in matters concerning them.

Due to this, as it was reported in the result, most of the participants did not prioritize their rights while in care. As a result, some participants expressed being afraid for authorities, and may have been afraid to asked for help pertaining to their needs. Moreover, the participants described mixed feelings in terms of not having control over the timing and decision to leave care. For some it seemed to be the pressure and that they had no choice, meaning that the decisions about when to leave care was primarily led by their age. Whilst others longed to be free and valued the aspect of freedom, but also reflected over that they felt emotionally not prepared to leave their placement.

6.2. Life-Span development

According to this principle, individual choices and behavior can only be understood by considering experiences that happened in earlier life. However, how far back in earlier life was not specified in this principle. Therefore, the participants choices and behavior can be understood from their experiences during the transition period (from care to independency). As reported in the result, the participants perceived their experiences differently. It was noted that one of the participants blamed herself for being troublesome during the time in care and because of her troublesome behavior, the participant chose not to call or keep in touch with the residential home after she was discharge from care. Another participant's experience was expressed as stormy and chaotic, and the other as terrifying.

Elder et al., (2003) stated that life span development is characterized by the view that individuals develop in biologically, socially and psychologically meaningful ways beyond childhood. This perspective reflects mostly in the social and psychological context. As mentioned earlier, the participants' lived experiences were perceived as being chaotic, stressful, stormy, and terrifying. These can be seen as psychological factors which were influenced by their social environment in the residential home. Moreover, according to Marshall and Muller (2003) new situations encountered in adulthood are shaped by earlier experiences and attached meanings. This also reflects in some of participants life choices such as working at a rehabilitation center with substance abusers; and taking care of a foster child. It seems clear that these choices were made based on their past experiences in care. Moreover, all the participants have had a diverse range of experiences prior to leaving care, and their journeys to independency was continuously shaped by their previous experiences.

6.3. Timing: situations at the time of leaving care

As described earlier, this principle emphasizes the point in time when changes occur in the life of individuals. According to the Social Service Act, the time for leaving care is between the ages of 18 and 21. At this time, care leavers are expected to have finished high school and are ready to live an independent life. The participants were between the ages of 18 and 20 when they got discharged from care. They described not having enough information about the changes that was about to happen after they left care. However, at the time of leaving care, most of the participants had not completed high school; and that they were not ready to be independent, except for one of them who had finished high school. Although the participants had access to homeschooling while in care, however, there was little success in completing high school at the time of leaving care. For some of the participants, this situation had them feeling unprepared for the mainstream society and did not feel ready to leave care.

Perspectives on timing principle as described by Elder et al., (2003) emphasizes the time when changes occur in one's life, which in this study, the circumstances surrounding the time when the participants were discharged from care is considered. This reflects the low education achievement that most of the participant had at the time of leaving care. Our interpretation is that leaving care to be independent with such low attainment in education made them feel unprepared to leave care. According to Vinnerljung et al., (2017) badly timed moves can negatively affect the aspects of a care leavers' lives. Therefore, leaving care at that moment was a major change for the participant. A change from living in care to being living on their own or with a family member.

6.4. Agency

According to Hitlin and Elder (2007) the agency principle of life course theory states that individuals can determine their own path base on opportunities and constraints. Issues of support was salient to the participants during their transition to independence. Many reported that they got help from social service and their residential home with practical things like finding apartment, information of how to apply for financial support, paying bills and arranging job placement; and contact person from the residential home. Although these

supports were available, not all the participants had access to it. Also, many of the participants reported that they did not get access to emotional support, neither professional help during transition. They felt that the support they got was not good enough. These were identified as constraints that might have had impacts on the lived experiences of the participants during their transition from care to independence. Having the right support, the transition process can make a real difference to care leavers (Bengtsson et al., 2018). The participants were clear that they wanted the aftercare services to match their needs.

6.5. Linked lives: Family relations

According to Marshall and Muller (2003, p.11) Linked lives refer to an integration of social relationships extending beyond formal family ties, such as friends, neighbors, and work colleagues who provide a distinct orienting context (Marshall & Mueller, 2003, p.11). However, family were a linkage reported by the participants. Some participants had lost contact with important people in their lives, whiles some of the participants had supportive contacts with their mother during transition and after they left care. The principle of linked lives claims that lives are lived interdependently and reflect sociohistorical influences (Marshall & Muller, 2003). This reflects in the report of the participants wherein after care they reconnected with their biological mothers. Although some seemed to be the ones that support their mother, they were somehow interdependent of each other.

6.6. Summary of the analysis

The five principles of the life course theory have been used to analyze the results. The principle of time and place reflected on how the participants' life was influenced by their experiences during the time in care and after they left care. Their rights seemed not to be were not prioritized by the staff, hence most of the participants did not prioritized their rights while in care. As a result, some participants expressed being afraid for authorities, and may have been afraid to asked for help pertaining to their needs. Also, the lack of inadequate support during the time in care and after care lead to a rough pathway for most participants as was described as chaotic, stormy, terrifying and stressful. This led to the principle of life span development which reflected on the social and psychological challenges the participants were faced with during transition to independency. As they

described their experiences to be chaotic, stressful, stormy, and terrifying, these were viewed as psychological factors which were influenced by their social environment during the time in care.

Moreover, the timing principle reflected in the situations of the participants at the time of leaving care. The results show that most of the participants had not completed high school and had low education attainment. Due to this and the inabilities to do other things on their own, the participants felt unprepared and immature to leave care. Notwithstanding, the principle of agency reflected on the institutions that provided services for the participant which were identified as the social service and the residential homes. These institutions provided services such as information of how to apply for financial support, finding apartment, paying bills and arranging job placement; and contact person from the residential home.

Lastly, the principle of linked life reflected on family relations. Most of the participants reconnected with their biological mother or a family member after they left care. Although some of the participants reported that they were the ones to support their mother, it was viewed as them being interdependent of each other in the context of them living together.

7. Discussion

The discussion section will present a discussion of the advantages and disadvantages with the chosen method. In addition, the main themes that emerged throughout the finding, in relation to the aim and the research questions are also being discussed through the subtitles below. As well as previous research and the life-course perspective connected to this study's findings.

7.1.1. Advantages and disadvantages with the method

Findings from this study show that care leavers experiences to independence can be challenging in many aspects of their lives. The study was conducted in order to explore care leavers' experiences to adulthood and the participants perspectives on the services

provided for them after being discharged from public care, with an interest on the participants rights according to the UN-CRC. In order to get a comprehensive and deeper understanding of the participants experiences of the given problem, a qualitative method was applied, for gathering and collecting the empirical data. The researchers were concerned with maintaining rigor and trustworthiness. Therefore, in this study, it is achieved carefully in constructing the research design, and conducting the study ethically and with honestly and moreover, analyzing the findings from the participants carefully.

Moreover, the qualitative method was ideal in exploring the care leavers experiences to independency. This method allowed the researchers to explore the phenomenon of care leavers experiences and collect data through semi-structured interviews with four participants, using open- ended interview questions. The in- depth interviews provided a very rich information and also offered the opportunity to ask follow- up questions, justify previous answers and establish a connection. The method offered also a comfortable atmosphere in which the participants feel comfortable in. The method made the study to be more flexible and further allowed the researchers to subjectively understand the four participants experiences to independency and how they perceived the received support. However, there were some limitation as well with the method, the findings are based on what the participants remembered from their experiences and as we know sometimes our memories can be skewed, especially if the person has gone through traumatic experiences before and therefore, ethical problems can arise later on and also may affect the reliability of the study (Dudley, 2016). Moreover, the reliability of the data is also very dependent on the quality of the participants answers.

7.1.2. Previous studies connected to the findings

The findings from this study gave an understanding of the four participants experiences and challenges that they faced during their transitions to independence. Furthermore, the findings reflect what has been presented in earlier research. From both previous studies and this study's findings it is evident that care leavers have been found to be disadvantaged in many areas of their lives. In comparison with their peers without care, care leavers are lacking encouragement, stability and both emotional and practical support (Bengtsson et al., 2018).

Regarding the study's first research question; what services were provided for the participants; the findings show that the all participants received limited support and also were in need more support in their transition to adulthood. Similar as previous studies provided by Bengtsson et al., (2018), Höjer and Sjöblom (2010), (2011) and (2014) the findings of the previous studies indicate that having the right support during the transition phase to adulthood can make a real difference to care leavers future life situations. Therefore, this group needs guidance, support and resources in their transitions from care to independence. The findings are also relevant for understanding the life-course development perspective among youth and children, whom have been cared for by the public care. According to the life-course perspective, the societal contexts shapes life experiences' in the contexts of which individual are located in (Elder & Johnson, 2002). In the case of care leavers, Bengtsson et al., (2018) states that care leavers' life experiences are shaped within the context of the social care. Therefore, are characterized by dependency towards welfare system, a position they later are expected to leave unprepared and without adequate support, in order to enter a new phase of independent adults (Bengtsson et al., 2018). Which can be linked to the findings of this study, a majority of the participants were starting their independence with welfare contributions and later were dependent towards the welfare systems contributions.

7.1.3. The rights of the participant

In relation to the research question number two; the provided information regarding their rights in relation to UN-CRC, a connecting could be made, in terms of their rights being violated. The findings show that the participants did not get to participate in decisions making and matters concerning them. They expressed being overrun by the staff at the residential home and their rights were not prioritized. This contradicts the Social Service Act, Chapter 11 that promotes children's and young people's rights to information and participation in any decision-making process that concerns themselves and their cases (The National Board of Health and Welfare, 2015). Also, the findings identified that the received support was limited and therefore, the needs of the participants were not met. This is contrary to section 12 in the Social Services Act, the social welfare committees in each municipality have the responsibilities to ensure that children and young people grow up in secure and beneficial conditions and shall provide these children and young people with the protection

and support they need. (The National Board of Health and Welfare, 2013). However, the support provided by the social service and residential care for the participants failed in terms of their education, development, health and psychological well-being and lastly, the failure to adequately prepare and support the participants into adulthood.

Moreover, the study's findings provide insights from the four participants experiences of their transition to adulthood. It shows that most of the participants were not developmentally prepared for their transition and becoming independent at the age of 18, but some longed-for freedom, to be a normal teenager and break free from public care. Despite that, they needed information, practical skills and they also need to be mentally and emotionally prepared to leave their placements and become independent. Through this study's finding, it's clear that the participants needed a pathway plan, which they contributed to and agreed with before getting discharged from their placement homes. Such a plan would have made the transition process simpler and provide with what the participants needed, when preparing the them to leave the public care and what kind of support they would receive before and after being discharged. Essentially, that plan would have help care leavers to achieve the things such as, educational achievements, practical training, finances or getting a job in the process of becoming independent.

7.1.4. Emotional and Practical support

Bengtsson et al. (2018) stated that care leavers expressed a fear of being isolated, lonely and without emotional or practical support after leaving care and Höjer and Sjöblom (2011), also established that many young people leaving care had no supportive access, from neither formal nor informal network. This coincide with the findings when it comes to emotional support. Nearly all of the participants said that their emotional needs were not supported well enough, both within care and after they have left care. Furthermore, the participants stated that, the need for professional help from psychologist or therapist during the transition and after would have been a helpful tool to independency. A participant even expressed that, it was a disappointment that the access to a psychologist ended when she no longer was counted as a child and were discharged from her placement. Moreover, the participants expressed that ongoing emotional support would have been helpful in managing their transition after being discharged.

However, regarding other support, evidence from the result show that there was substantial amount of support given to most of the participants when it comes to finding apartment despite their poor financial situation. When it comes to the lack of practical experiences and skills, all participants expressed that practical support in terms of developing life skills, for instance how to make a budget, was something they had to figure out for themselves. Such practical support was required from all the participants and some stated that they were in desperate need of it and were something that would have better prepared them for adulthood. It should also be mentioned that reluctance in seeking support after leaving care were mentioned and some had difficulties in accepting help or reaching out for help they needed after. Some care leavers said that they did not always reach out to other authorities or other professionals around them for help or support after. Due to self-blame and not relying on the authorities; some reflected on not wanting to be in association with care, because they didn't want to be perceived as not coping. Moreover, some participants expressed the feeling of being the problem and not worth their rights just because they were before in care. Therefore, some would not question their rights as being placed in care or nor during the transition period.

7.1.5. Important Relationships

Notwithstanding, the results show that most of the participants had at least someone they could turn to for some form of emotional support during their transition, friends, girlfriend or contact person from residential home. However, 3 out of 4 participants had no contact with their biological family while in care but felt the need to reach out and to re-establish their relationship with their parents or siblings after being discharged. Establishing these relationships become important, despite them being unsupported relationships. Which, in particular can be connected to the "linked lives" principle of the life course perspective. The principle states that the lives of individuals affect and are affected by the lives of others around us. The principle refers to that social relationships are essential to our emotional, social, physical and economic well- being (Elder & Johnson, 2002).

7.1.6. Educational attainment

The poor educational attainment of care leavers has been highlighted by many previous studies. The research carried out by Dumaret et al., (2011) stated that many care leavers experience multiple disruptions in their schooling and they lack educational qualifications after they leave care. This reflected in the result as well. Most of the participants had poor educational attainment and where homeschooled. According to The National Board of Health and Welfare, (2013) successful schooling is one of the most important factors for a child's development. But the fact is that care leavers educational attainment has shown repeatedly to be disrupted many times as being placed in care. Together with unemployment and financial difficulties seem to be key elements of coexisting disadvantages later on (Brännström et al., 2017). Therefore, Almquist and Brännström (2018), insinuates that effort to increase the educational opportunities to care leavers, may have a big impact on young people leaving care and when it comes to future disadvantages later on in life. Furthermore, The Swedish National Board of Health and Welfare (2013), stresses that the social service must work to ensure that all children and young people who are placed in care receive appropriate education during their placement and further educational support after if needed. This means that the social services should work actively to ensure that placed children and young people receive the support they need at school (The National Board of Health and Welfare, 2013).

7.1.7. Continued challenges

Nevertheless, it is acknowledged that all participants expressed how their past experiences in public care continued to be a challenge and affect their current lives. Most of the participants expressed that the transition period was overwhelming for them. According to Almquist and Brännström (2018), there is too little knowledge about the developmental outcomes for care leavers later in their midlife's. Hence, whiles many care leavers are strongly overrepresented in subgroups with the indications of mental health problems and social exclusion, Brännström et al. (2017) state that a majority of care leavers seem to become reasonably adults as well. However, according to Höjer and Sjöblom (2011) the degree of success does depend on the stability experienced in care, having the capability to develop and utilize social support and moreover, being motivated in the process. In

conclusion to the findings from this study, the overall small sample of participants cannot be generalized to the broader population of care leavers in Sweden.

7.2. Conclusion

According to previous studies care leavers experiences have been associated with various forms of disadvantages. From the result of this study, we can draw the conclusion that these participants who have left care had rough pathway to independence. According to them, the services provided were inadequate in meeting the needs while growing up in care and after care in terms of their education, development, health and psychological well-being; and some services and support were inaccessible to some of the participants. In addition, they needed more information and practical skills which would have prepared them for their transition to independence. The lack of sufficient services and support contributed to the challenges they underwent during their transition and even currently they are still being affected by those experiences. Although the Social Service Act and Care of Young Persons Act has adopted guidelines from the CRC regarding the best interest of the child; and providing and ensuring safety and security for children and young people who are placed in foster or residential care, based on the narratives of the four care leavers that were interviewed in this study it seems that they did not enjoy the benefits of these regulations neither did they received the actual support they were in need of. With that being said, in summary of the research questions, and according to the participants, services that were provided included information of how to apply for financial support, finding apartment, paying bills and arranging job placement; and contact person from the residential home which were perceived as not being enough by the participants. Also, according to the participants, their rights were not prioritized.

7.3. Suggestions for further research

The findings from the participants for this study indicate that there's a need for conducting research to explore the rights of young people in care. Due to previous studies and the findings of this study, care leavers' rights are being neglected and excluded by the welfare system. In addition, a study in exploring care leavers rights to services and the interventions within the care system would be an addition to current research on the topic.

Reference list

Almquist, Y. B., & Brännstrom, L. (2018). Childhood adversity and trajectories of disadvantage through adulthood: Findings from the Stockholm birth cohort study. *Social Indicators Research*, 136(1), 225-245. https://doi.org/10.1007/s11205-016-1528-6

Babbie, E. R. (2016). *The Basics of Social Work Research (7th ed).* Belmont, USA: Wadsworth publishing.

Bengtsson, M., Sjöblom, Y., & Öberg, P. (2018). Young care leavers' expectations of their future: A question of time horizon. *Child & Family Social Work*, 23(2), 188-195. https://doi.org/10.1111/cfs.12399

Brännstrom, L., Vinnerljung, B., Forsman, H., & Almquist, Y. B. (2017). Children placed in out-of-home care as midlife adults: Are they still disadvantaged or have they caught up with their peers? *Child Maltreatment*, *22*(3), 205–214. https://doi.org/10.1177/1077559517701855

Cameron, C., Hollingworth, K., Schoon, I., Santen, E., Schröer, W., Ristikari, T., Heino, T., & Pekkarinen, E. (2018). Care leavers in early adulthood: How do they fare in Britain, Finland and Germany. J*ournal of Children and Youth Services Review*, 87, 163-172. https://doi.org/10.1016/j.childyouth.2018.02.031

D'Cruz, H. & Jones, M. (2004). *Social Work Research: Ethical and Political Contexts* (1st edition). London: SAGE Publications.

D'Cruz, H. & Jones, M. (2014). *Social Work Research: Ethical and Political Contexts* (2nd edition). London: SAGE Publications.

Dudley, J. R. (2016). *Social Work Evaluation: Enhancing what we do: 2nd ed*. London: Lyceum Books Inc.

Dumaret, A.-C., Donati, P., & Crost, M. (2011). After a long-term placement: Investigating educational achievement, behaviour, and transition to independent living. *Children & Society*, 25(3), 215-227. https://doi.org/10.1111/j.1099-0860.2009.00283.x

Elder, G.H., Jr.; & Johnson, M.K. (2002). The life course and aging: Challenges, lessons, and new directions. In Setterston, R. A., Jr. (Ed.), *Invitation to the Life Course: Toward New Understandings of Later Life, Part 2* (pp. 49-81). Amityville, NY: Baywood.

Elder, G.H., Jr., Johnson, M.K., & Crosnoe, R. (2003). The emergence and development of life course theory. In: Mortimer JT, Shanahan MJ, editors. *Handbook of the life course* (p.3). Kluwer Academic Plenum; New York: pp. 3–22

Government. (2018). Convention on the Rights of the Child will become Swedish law. Retrieved Mars 11, 2019, from https://www.government.se/articles/2018/03/new-legislative-proposal-on-the-convention-on-the-rights-of-the-child/.

Grinnell, R. M. (2005). *Social work research and evaluation:* Quantitative and qualitative approaches (7ed). Itasca, Ill: F.E. Peacock Publishers. pages: 578

Grinnell, R. M., & Unrau, Y. A. (2018). *Social work research and evaluation: Foundations of evidence-based practice* (Vol. Eleventh edition). New York, NY: Oxford University Press.

Hitlin, S., & Elder, G.H., Jr. (2007). Time, self, and the curiously abstract concept of agency. *Sociological Theory*, *25*(2), 170-191. https://doi.org/10.1111/j.1467-9558.2007.00303.x

Höjer, I., & Sjöblom, Y. (2010). Young people leaving care in Sweden. *Child & Family Social Work*, *15*(1), pages, 118–127. https://doi.org/10.1111/j.1365-2206.2009.00661.x

Höjer, I., & Sjöblom, Y. (2011). Procedures when young people leave care — Views of 111 Swedish social services managers. *Children and Youth Services Review*, *33*(12), 2452–2460. https://doi.org/10.1016/j.childyouth.2011.08.023

Höjer, I., & Sjöblom, Y. (2014.). What makes a difference? Turning points for young people in the process of leaving placements in public care. *Social Work and Society*, *12*(1). Retrieved from https://www.socwork.net/sws/article/view/387/735

Kvale, S. & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing (2nd ed.).* Los Angeles: SAGE Publications.

Lehmann, S., Havik, O., Havik, T. & Heiervang, E. (2013). Mental disorders in foster children: a study of prevalence, comorbidity and risk factors. Child and Adolescent Psychiatry and Mental Health, 7:39; https://doi.org/10.1186/1753-2000-7-39

Marshall, V. & Mueller, M. (2003). Theoretical roots of the life-course perspective. In: Heinz W. R. and Marshall V, editors. *Social dynamics of the life course*. Aldine DeGruyter; New York: 2004. pp. 3–32.

Närvänen, A.L. & Näsman, E. (2007). Age order and children's agency. In: Wintersberger, H., Alanen, L., Olk, T. & Qvortrup, J. (eds.), *Childhood, Generational Order and the Welfare State: Exploring Children's Social and Economic Welfare, Odense:* University Press of Southern Denmark.

Patton, M. Q. (2015). *Qualitative Research and Evaluation Methods*: Integrating Theories and Practice. Fourth edition. Sage publications, Inc.

Robson, C., (2007). How to Do a Research Project: A Guide for Undergraduate Students, *Qualitative Research in Psychology,* 4(4), pages, 349. DOI: 10.1080/14780880701533319

Silverman, D. (2013). *Doing Qualitative Research (*4th ed.). Thousand Oaks, CA: SAGE Publications

Smith, M. J. (2010). *Program Evaluation for Social Work and Health Professionals*. New York: Open University Press.

Stein, M. (2006). Research review: Young people leaving care. *Child & Family Social Work,* 11(3), 273–279. https://doi.org/10.1111/j.1365-2206.2006.00439.x

SOS Children's Villages International. (2016). Leaving care and employment in five European countries: an undocumented problem. https://www.sos-childrensvillages.org/getmedia/908bc3ed-244d-48d0-b8e1-d44d8cdd8e8a/SOS-CVI_Leaving-Care-and-employment-report_Final.pdf

Swedish Research Council. (2017). Good Research practice. https://www.vr.se/english/analysis-and-assignments/we-analyse-and-evaluate/all-publications/publications/2017-08-31-good-research-practice.html.

The care leavers' association. (2014). What is a care leaver? Retrieved April 22, 2019, from http://www.careleavers.com/who-we-are/what-is-a-care-leaver-2/

The National Board of Health and Welfare. [Socialstyrelsen]. (2013). *Barn och unga i familjehem och HVB: Handbok om socialnämndens ansvar och uppgifter*. [Children and young people in family homes and HVB: Handbook on the social committee's responsibilities and tasks]. Retrieved April 22, 2019, from https://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/18923/2013-1-1.pdf

The National Board of Health and Welfare. [Socialstyrelsen]. (2015). U*treda barn och unga: Handbok för socialtjänstens arbete enligt socialtjänstlagen*. [Investigate children and young people: Handbook for the social services practice according to the Social Services Act]. Edita Bobergs: Socialstyrelsen. Circa 134p. Retrieved Mars 1, 2019, from http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19644/2015-1-9.pdf

The National Board of Health and Welfare. [Socialstyrelsen]. (2017). *Statistics on social services for children and young people 2015 and 2016.* Retrieved Mars 1, 2019, from https://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/20661/2017-9-3.pdf

The Swedish courts. [Sveriges domstolar]. (2019). Care of young people. Retrieved Mars 11, 2019, from http://www.domstol.se/Funktioner/English/Matters/Compulsory-care/Care-of-young-people-/

Törrönen, L. M., & Vornanen, H. R., (2014) Young People Leaving Care: Participatory Research to Improve Child Welfare Practices and the Rights of Children and Young People. *Australian Social Work,* 2014 Vol. 67, No. (1), 135–150, http://dx.doi.org/10.1080/0312407X.2013.868012

UNICEF. (2018). Vad betyder det att barnkonventionen blir svensk lag. [What does it mean that the Convention on the Rights of the Child becomes Swedish law]. https://unicef.se/rapporter-och-publikationer/vad-betyder-det-att-barnkonventionen-blir-svensk-lag

Vinnerljung, B., Hjern, A., & Lindblad, F. (2005). Suicide attempts and severe psychiatric morbidity among former child welfare clients: A national cohort study. *Journal of Child and Psychiatry*, 47, 723–733. doi:10.1111/j.1469-7610.2005. 01530.x

Vinnerljung, B., & Sallnäs, M. (2008). Into adulthood: a follow-up study of 718 young people who were placed in out-of-home care during their teens. *Child & Family Social Work*, (2), pages, 144-155. https://doi.org/10.1111/j.1365-2206.2007.00527.x

Vinnerljung, B., Sallnäs, M., & Berlin, M. (2017). Placement breakdowns in long-term foster care - a regional Swedish study. *Child & Family Social Work*, (1), pages, 15-25. https://doi.org/10.1111/cfs.12189

Appendix I: Consent from

Care leavers experience's to independency

This student research is aimed to explore care leavers experience's through the lens of young adults, who have been cared for by the social services and are now being independent. Due to young people in Sweden have expressed their worries about leaving the public care system. The purpose is therefore, to explore young adults' experiences to independency after being discharged from the public care. The research will not be published.

As a participant in this research,

·   Students from the University of Gävle will be conducting this interview. For research purposes, it is advised to record the interview however with your consent.

·   This research is completely voluntary to participate in, and at any time can you withdraw from the interview or decline to answer a question for any reason.

·   Names or personal background information will completely be secured and will not be used in the research or in other places due to ethical reasons.

I have read and agree to participate in the research.

Signature & Date

………………………………………………...

Appendix II: Interview guide

Startup Questions

What is your background regarding public care?

When did your placement end?

·   At what age?

What was your educational level at the time of leaving care?

Main questions

 1. At that time, did you consider yourself ready to leave your current placement and become independent?

2. What was your biggest worries of becoming independent?

3. What kind of information did you get from social service? Regarding becoming independent?
·   How were this information provided? (brochure, verbal, internet)
·   How did you find the information useful to you?

4.   What kind of support did you received from:
·   social services, foster careers, residential homes or any contact person?

5.   How long were you entitled to the support?

6.   Were you aware of what kind of rights you had being in public care?
·   Were your rights acknowledge/informed at any time during the transition process?

7.   Did you receive any support for housing, financial assistance or employment?

8.   Who provided emotional support for you/ who did you turn to?

9.   Did you have access to professional help from psychologists and therapists during your transition and after? - If not, could it have been a helpful tool for you?

10. Who could you ask for help regarding practical things?

11. What do you think was needed to improve your experiences and for it to be more successful?

      ·   In which ways, was the support helpful, not helpful to you?

12. Did you have supportive contact with your family of origin or former placement homes after being discharged?

13. How did you perceive your transition overall today?

14. Current challenges that follow you now?

15. What are you doing today? (employment, education etc.)