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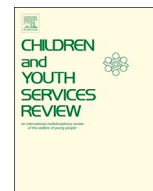
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Transitional patterns when leaving care – Care leavers' agency in a longitudinal perspective

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ABSTRACT

Based on three waves of semi-structured interviews, this longitudinal qualitative study aims to understand the transition from out-of-home care (OHC; foster care, residential care) to independent adulthood, for a group of Swedish care leavers aged 16–20 years ($n = 14$). What are the main patterns in their transition process? How is agency reflected in these processes? The first interview (T1) was conducted when they were all still in OHC but on the verge of leaving, the second (T2) when the majority had left care and the third (T3) when they had been out for some time. Average time from T1 to T3 was 21 months, ranging from 17 to 28 months. By directed content analysis and an abductive approach, three transitional patterns were identified: *From care to societal insiders*, *From care to societal outsiders* and *From care to societal in-betweeners*. These patterns were connected to different dimensions of agency. Agency with long-term goals was shown to be connected to a stable transition from care, facilitating the emerging identification as independent “insiders” of society. Agency oriented towards the short term instead seemed to be connected to unstable transitions with a growing perception of being left as “outsiders” of society. Shuttling between those agentic positions, trying to apply long-term agency but experiencing the need for instant and pragmatic decisions, implied a halted transition “in-between” OHC and independent adulthood.

1. Introduction and prior research

Transitions, in the sense of leaving one social position for another, is a crucial component in the course of life and thus a central concept in life course theory (Elder, Johnson, & Crosnoe, 2003). In general the transition from adolescence to adulthood takes place within “cultural schedules” indicating when in life they are supposed to occur (Hagestad, 1990), for example, “the big five” – graduating from school, finding a job, moving out from home, finding a spouse and starting a family (Settersten, Ottusch, & Schneider, 2015). In Western society these normative schedules are being challenged by a change to a fragmented, individualized (Settersten et al., 2015) and prolonged transition process, a phenomenon that Arnett (2000) has labelled “emerging adulthood” – a phase in life between adolescence and adulthood, characterized by exploration of choices that remain open. However, the transition from out-of-home care (OHC; foster care, residential care) to adulthood deviates from this temporal extension and takes place under significantly more vulnerable circumstances for young people moving out from care than for their peers without this experience. Besides making this transition earlier in life and in shorter duration than young people generally (Morgan & Lindsay, 2012; Stein,

2014) young care leavers are also shown to experience instability in housing, to have negative experiences of school, to be overrepresented in involvement in crime and to face high risk of unemployment after leaving care (Courtney & Dworsky, 2006; Courtney et al., 2011; Gypen, Vanderfaeillie, De Maeyer, Belenger, & Van Holen, 2017; Vinnerljung & Sallnäs, 2008; Zinn & Courtney, 2017). Furthermore, studies show that they are more prone to physical and mental health problems and to be at risk of premature death by suicide in adulthood (Vinnerljung & Hjern, 2018; Vinnerljung & Sallnäs, 2008). These results provide evidence for a profound vulnerability among the population of young people transitioning from OHC.

Quantitative studies following young care leavers longitudinally provide a more diverse picture of their transition. For instance, even though aggregated outcomes (educational level, employment, housing stability and criminal justice involvement) over time were found to be rather poor among respondents in former foster youth care in the United States, followed from 2003 to 2011, the share (56%) holding a “very optimistic” view of the future seemed to be stable over time (Courtney et al., 2011, 2007). Moreover, the majority (63%) reported high life satisfaction in the last follow-up at the age of 26 (Courtney et al., 2011) showing that statistical evidence of negative outcomes

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does not necessarily match the informants' experiences over time. Nevertheless, both cross-sectional and longitudinal quantitative results tend to hide individual variations and care leavers' subjective experiences. (See Refaelli, Benbenishty, & Zeira, 2019 for an example of the scientific benefits of using mixed methods.)

Qualitative research based on interviews with young care leavers shows that they worry about how to make ends meet in various life domains while getting ready to move out (Bengtsson, Sjöblom, & Öberg, 2017, 2018; Höjer & Sjöblom, 2014), that they lack emotional, social, practical and financial support to manage in life after OHC (Butterworth et al., 2017; Höjer & Sjöblom, 2010; Paulsen & Berg, 2016). They experience the leaving process as instant (Stein, 2012), compressed (Biehal & Wade, 1996) and badly planned (Höjer & Sjöblom, 2014). However, there is a growing body of qualitative research that focuses not only on the challenges care leavers are facing but also on how they manage to overcome challenges by exercising agency (Aaltonen, 2013; Bengtsson et al., 2018; Bakketeig & Backe-Hansen, 2018; Bakketeig, Boddy, Gundersen, Østergaard, & Hanrahan, 2020; Hedin, 2017). Agency has been shown to be connected to psychological development and "achievement" of a secure identity (Cote & Schwartz, p. 572, 2002; Schwartz, Côté, & Arnett, 2005), to be importantly enacted through cooperation with significant others during the transition to adulthood (Munford & Sanders, 2015) and played out in young peoples' participation in decisions regarding their lives (Munford & Sanders, 2019). Møhlolt's (2017) longitudinal study following Danish young adults (2014–2016) looking back at prior experiences of OHC showed that their experiences over time evoked highly pragmatic agency with a focus on present time hindering long-term planning.

Stein (2006; see also Courtney & Hughes, 2003) points out a general theoretical neglect of the leaving-care field and suggests possible strengthening of the theoretical base by attachment theory, focal theory and resilience. In his comprehensive review of both qualitative and quantitative research on care leaving conducted 1980–2012, Stein (2012) elaborated his argument by proposing the concept of *resilience* as a theoretical framework for grasping different trajectories of leaving care. Accordingly, in his study care leavers could be grouped into three groups representing different pathways out of care, groups he named *moving on*, *survivors* and *strugglers*. The *moving on* group represented the most resilient ones, who had undergone a relatively stable journey leaving care. The *survivors* had had a more unstable transition and were more dependent on continued formal support both during and after moving out. The last group, the *strugglers*, represented the most vulnerable care leavers, continuously experiencing instability in various life areas throughout their journey from care to adulthood.

To further contribute to the expansion of both theoretical and empirical knowledge in this field, our study aims to understand individual care leavers' transitions from OHC to independent adulthood. What are the main patterns in their transition process? How is agency reflected in these processes?

1.1. The Swedish context

The Social Services Act of 2001 regulates social work organized by the government in Sweden, and applies to a variety of voluntary support on different levels administrated by the municipalities. OHC is viewed as the last resort, and other interventions such as counselling and structured open care alternatives are first considered (Wiklund, 2006). If mandatory care is needed to protect children and young people from their own destructive behaviour or neglecting parents, the Care of Young People Act of 1990 becomes applicable. However, the tradition of family support and cooperation between the social workers and parents is strong in Sweden (Freymond & Cameron, 2006), and the majority (78%) of OHC placements of children and young people are voluntary (Swedish National Board of Health and Welfare, 2020). Legislation stipulates that a voluntary placement ends at the age of

18 years or when the goals of the individual treatment plan are fulfilled. Thus, the chronological age when leaving care may vary. However, in practice it is common for young people to stay in OHC until they finish upper secondary school at the age of 19. Mandatory placements can be extended until the age of 21 years (Storø, Sjöblom, & Höjer, 2019). According to the Social Services Act of 2001, Social Services have a general responsibility to provide support to care leavers, even after they have left care. However, regulations regarding the specific content as well as the time frame are not specified. This regulation has been criticized for being not specific enough and not mandatory for the municipalities (Bengtsson et al., 2017). There is, however, a pending proposal from the Swedish Government that stipulates continued support with housing, finance and education/work after leaving care, until the age of 22 years (SOU2015:71).

2. Theoretical framework

Agency, a core concept in sociology in general and life course theory in particular, is concerned with understanding human behaviour. The concept can be used to elaborate how social structures such as social policies and norms as well as individual social background constrain or enable the individual to be an active agent and make intentional choices that may have impact on transitions in life (Damman & Henkens, 2017; Hitlin & Elder, 2006), such as the transition from OHC to adulthood. Hitlin and Elder (2006, 2007) criticize the concept of agency for being abstract and "slippery" due to the vast variety of definitions (see Bandura, 2001; Archer, 2003; Lister, 2004), which aggravates the operationalization of the concept in empirical research. To bridge these problems, Hitlin and Elder (2007) suggest four ideal types of agency: *existential*, *pragmatic*, *identity* and *life course agency*, which can be used as heuristics to connect the theoretical concept of agency with empirical research. Their typology focuses on the temporal dimensions of agency and can as such provide a feasible structure for analysing and understanding differences in young people's struggle to be active agents in their different stages in the transition out of care.

Existential agency is an overarching concept in relation to the three others and refers to the fundamental free will of human beings to initiate actions, a capacity that applies to all who "could have acted otherwise" (Giddens, 1984). However, this capacity is inherent in all social action and is not necessarily connected to any temporal social consequences. *Pragmatic agency* refers to human actions that to a high extent emanate from habit and routine; when circumstances don't allow individuals to follow these patterns, they must act pragmatically to solve a current problematic situation. Thus, the time horizon is the immediate present with little regard of long-term social consequences. Moving out from OHC is often described as a badly planned and "instant" shift from the relative safety in care to an unpredictable independence requiring pragmatic solutions "here and now". *Identity agency* refers to actions taken to confirm social identities through internalizing social norms attached to these. Identity agency deals with situational role-based behaviour but also concerns the achieving of more temporally distant goals. To achieve a desired identity, people learn by interacting and receiving feedback on their behaviour from others. This is also relevant to identities that are ascribed or "forced" upon individuals (Hitlin & Elder, 2007), as in the case of this article, being assigned the identity of a "care leaver". *Life course agency* includes actions with temporal extensions to achieve long-term goals that will have impact on the individual's future. Those events or turning points in life are often not acknowledged by individuals until later, when looking back (Hitlin & Elder, 2007), for example, when a young care leaver over time changes a negative view of OHC and in retrospect ascribes positive meaning to the time spent in placement. Apart from exercising future-oriented actions at present, this type of agency also has dimensions connected to the "actor's" belief in possessing the capacity to reach long-term goals. This future-oriented view is closely connected to Clausen's (1993) concept "planful competence", referring

to a high degree of self-confidence, dependability and intellectual investment, all individual traits of character that have been shown to be important for making future-oriented plans with impact on transitions later in life. These different types of agency will be used in this study to analyse and understand the shaping of young care leavers' transition from care.

3. Method and analysis

The data is based on three waves of semi-structured interviews with 14 care leavers in Sweden (10 boys, 4 girls) carried out 2014–2017. The informants were aged 16–20 years, and they had been recruited by purposeful sampling (Patton, 2015), as we sought out young people with experiences of OHC that potentially could provide rich information about the transition process. We contacted social workers who, using professional relationships with young people in OHC, forwarded our request for participation. The inclusion criteria were that the informants had been placed in OHC at least one year, had started the moving-out process and were in the age of 17–20 years.¹ Those who reported interest in participating in the study were contacted by the first author and informed about the purpose of the study and ethical considerations. The study was approved by the Swedish regional ethical committee (Reference 2014/213; www.epn.se). Signed informed consent was obtained from all informants. The first interview (T1) was conducted face-to-face when the informants were still in OHC, the second (T2) 6–10 months later by phone and the third (T3) face-to-face² 10–19 months after T2 (average time T1–T3 was 21 months). In total 24 informants participated in the first interview (T1). Between T1 and T2 four informants dropped out; either they were not responding to the requests ($n = 2$) or reported not having the time to participate ($n = 2$). In the third interview (T3), an additional six informants had dropped out due to not responding ($n = 4$), having moved abroad ($n = 1$) or not being able to participate due to a difficult life situation ($n = 1$). This resulted in 14 informants who participated in all three waves and constitute the sample for this study.

All interviews were carried out by the first author. The interview at T1 was guided by six themes: *subjective health, being in placement, the present life situation, planning for the transition to independent life, availability of social support and future plans*. Interviews at T2 and T3 addressed the same themes with the addition of the themes *transition from placement, challenges and support during the transition and establishment in adult life*. The interviews mainly contained open-ended questions, for instance, “How would you describe the circumstances under which you left care?”

The analysis was inspired by directed content analysis (Hsieh & Shannon, 2005), a more structured and predetermined approach than conventional content analysis (see, e.g., Graneheim & Lundman, 2004). In directed content analysis existing research findings and theory are used to “direct” research questions and to create initial code categories (Hsieh & Shannon, 2005). In this study Hitlin and Elder's (2007) typology of agency constituted the analytical starting point using an abductive approach (Alvesson & Skoldberg, 2018), moving back and forth between empirical data and theory.

First, the entire dataset was thoroughly read to get an overview of the material. To understand different patterns of transition out of care from an agency perspective, meaning units in the data were coded according to the concept of agency in a broad sense, highlighting all statements related to the experiences of either exercising or being restrained from exercising agency at different studied time points (T1, T2 and T3). These codes were compiled into categories representing their

agency regarding *time in placement, moving out of care, peer relationships, access to formal and informal support, school and work situation*. The final step was to refine those general categories of agency by using Hitlin and Elder's (2007) four ideal types as analytical tools adding a temporal layer to the informants' statements. By analysing the temporal differences in how agency was reflected in the data chronologically from T1 to T3, three different transitional patterns emerged and were labelled *From care to societal insiders*, *From care to societal outsiders* and *From care to societal in-betweeners*. Each step of the analysis was constantly discussed and evaluated among all three authors until consensus was reached.

4. Results

The directed content analysis generated three types of agency-related transitional patterns. *From care to societal insiders* represented agency with distant goals and a stable transition out of care, where the informants reported making the transition to an independent and self-sufficient life as “insiders” of society at T3. *From care to societal outsiders* represented short-term agentic acts and the most unstable transition, with informants reporting ongoing severe social problems, lack of steady accommodation, drug abuse and a criminal lifestyle as “outsiders” of society at the time for the last interview. Finally, *from care to societal in-betweeners* represented informants shuttling between agentic acts with distant goals and being forced to act instantly, here and now, halting their transition *in-between* societal care and independent adulthood in society. These informants were indeed plagued by social problems, though receiving both formal and informal support, and with that help being able to manage reasonably well at T3.

The main features of these transitional patterns are illustrated in Table 1 and will be thoroughly presented below.

Below each pattern is presented by the choice of three illustrative cases, Fredrik, Carina and Jacob.³ These “typical cases” (Patton, 2015) were chosen according to statements most vividly representing the main features of each of the three transitional patterns outlined above when moving out from OHC (cmpr. Merriam, 1994). The results for each pattern are structured according to the trichotomized longitudinal time points: *on the verge of leaving care* (T1), *the first steps towards independent life* (T2) and *being out of care for some time* (T3).

4.1. From care to societal insiders

4.1.1. On the verge of leaving care – The first interview (T1)

Significant for this group ($n = 7$) was that they either from the very beginning of the placement or later in the process reported a distinct experience of the placement having made sense to them and, most of them, having been invited to participate in the decisions that led to the initial placement. Some even reported being the ones to push the issue of being placed in care, as an action for their own good. At T1 they all agreed with the Social Services' stated reasons for placement, which ranged from severe drug abuse to parents' neglect.

Fredrik, 19 years old, is a typical example of this pattern. He had spent the last year in residential care due to drug abuse and a criminal life style, and at T1, when getting ready to leave care, told of being placed in care “voluntarily under compulsion”, a situation where he had been offered the choice to agree to a voluntary placement or else to be placed compulsorily. When asked about his view of the placement process, he said that it had changed during his time in OHC: initially, he had seen it as being forced involuntarily into care, but he later, even at T1, re-interpreted it as a useful change that he could utilize for his own good.

So when I finally went away [to residential care] I thought, ok, let's do

¹ One informant was 16 years old at the time of the first interview but turned 17 later in the year the interview was carried out and was included.

² Two interviews at T3 were conducted by phone according to the specific wishes of the informants.

³ All names and identifying details were changed to ensure confidentiality.

Table 1
Transitional patterns out of care and different forms of agency connected to these patterns.

From care to societal insiders (n = 7) Average time in placement: 40 months	From care to societal in-betweeners (n = 4) Average time in placement: 61 months	From care to societal outsiders (n = 3) Average time in placement: 21 months
<ul style="list-style-type: none"> – Willing, able and invited by Social Services to make decisions, T1–T3 (<i>Existential Agency</i>.) – Making prospective long-term decisions about the future, T1–T3 (<i>Life-Course Agency and Playful Competence</i>) – Retrospectively defining positive turning points, T1–T3 (<i>Life-Course Agency</i>) – Predominantly positive identification as “regular Joes”, e.g. average members of society, T2–T3 (<i>Identity Agency</i>) 	<ul style="list-style-type: none"> – Forced by circumstances. Predominantly dependent on others in making decisions, T1–T3 (<i>Ambivalent Existential Agency</i>) – Making long-term decisions but forced by circumstances to act short-term, T2–T3. (<i>Life-Course Agency, Pragmatic Agency</i>) – “Shuttling” between retrospectively defined positive and negative turning points, T2–T3. (<i>Life-Course Agency</i>) – “Shuttling” between positive and negative identification as both “free” and “stuck”, T2–T3 (<i>Identity Agency</i>) 	<ul style="list-style-type: none"> – Forced by Social Services, T1–T3. (<i>Restrained Existential Agency</i>) – Freedom to act seems to be at hand in short-term “here and now” decisions, T1–T3. (<i>Pragmatic Agency</i>) – Retrospectively defining negative turning points in life, T2–T3 (<i>Life-Course Agency</i>) – Negative identification as stigmatized “black sheep”, T2–T3 (<i>Identity Agency</i>)

this for real. Not just a couple of months and then out again, stupid.... They [social workers] help me as much as they can but in the end it's up to me if I want to do something about the problem.

On the verge of leaving care, Fredrik expressed worries for the future and need of help from Social Services, but also that he himself had to act to change potential future negative development in life. Fredrik and his social worker had discussed where he should move after leaving care, and he reported being able to make own strategic decisions to avoid old antisocial friends in his hometown, which could jeopardize his recovery from drug addiction. He described his gratitude towards Social Services for helping him to gain insights to not “keep hustling”, and to instead become a “regular Joe” and “to be a part of society”, a profound change in the way of looking at himself occurring during the time spent in OHC and the first step towards internalizing a new functional social identity as an independent young “insider” of society.

4.1.2. The first steps towards independent life – The second interview (T2)

Six to ten months after the first interview this group had moved out from care and the majority were living in their own apartments. Some had made their own decisions to move back in with their parents to be able to achieve personal goals, for example, saving money to start a business. The majority stood by their perception of time in placement as meaningful and a necessary key to change and improvement in their lives, and of having developed skills during their placement that helped them to adapt to a life outside of care. They described becoming more “selective” regarding their personal relationships, and thus more prone to dissolve antisocial friendships and select and optimize rewarding ones.

Fredrik had, in accordance with his earlier plan, at T2, lived alone for three months in a sublet apartment located in the same town as the residential home. He was still in an unemployment project and could, with support from social welfare, manage his financial situation. Sometimes he felt lonely and missed friends and family, but he acted persistently in his decision to stay away from his hometown in order to increase his chances for a good life.

Fredrik: I still believe that it wouldn't be good for me to go back to my hometown.

Interviewer: Why?

Fredrik: You know, old friends, old habits that I have back home.

When asked about the biggest change in his life since T1, Fredrik described himself as having become more “mature” and generally taking more responsibility of his life. He had acted purposefully to get new friends not laden with experiences of social problems. He reported ending his relationship with his girlfriend at the time for leaving care: “We had the same past [social problems] ... so I kind of outgrew her”. It was clear that Fredrik, though experiencing challenges in his new, more independent life as a young adult, was pursuing his plans by being an active agent making decisions with intention to internalize the identity

of an “insider” of society.

4.1.3. Being out of placement in care for some time – The third interview (T3)

At the time for the third interview, 10–19 months after T2, this group was well established in adult life, judged both by objective welfare markers such as accommodation, work/educational situation and law abidance (see Andersson, 2008, 2017; Stein, 2012), and by their own subjective experiences. All of them were settled in steady accommodation, and half of them were cohabiting with a partner. Almost half were attending higher education (university or folk high school), and all were financially independent, relying on income from work or student loans. None of the insiders were in contact with the Social Services at T3. Recurrent in their stories about their post-care life was their ability to select and reconnect to rewarding interpersonal relationships. Many also described how they acted to “informalize” relationships to former carers as new friends who constituted an ongoing support network for them after leaving care (see also Bengtsson et al., 2018). The vast majority also reported that their relationship to their families of origin had improved. They were all still positive about their time spent in placement; however, some had over time developed a more nuanced, or even critical view of part of the treatment, especially the 12-step facilitation; a structured treatment based on the 12-step philosophy for recovering from substance abuse (Swedish National Board of Health and Welfare, 2015). Looking back on their time in care, the majority could identify positive turning points, which according to their own judgement had been decisive for the current stability in life.

Fredrik had moved far away to a folk high school where he also met the girlfriend he currently cohabited with. He described his present situation:

It's almost too good to be true. My life has never been this good before. The last year or so has been really good. It's funny, you know, sometimes it feels kind of unreal.... School, I have met a nice girl, we have a stable financial situation and a nice apartment.

He perceived starting school as an important turning point in life that had impact on many other areas of life. He had initiated a lot of new, sober friendships, had his “thoughts on positive things” and had started a plan to pay down his debts and reestablished contact with his family.

In retrospect, at T3, he described a mix of good and bad experiences of his former care and expressed the development of an agentic skill to make own rational choices, to “pick pieces here and there, things that I think are good for me that I've brought with me over time”. He exemplified this by the 12-step model of self-reflection, which in the beginning had helped him to get to know himself, but in hindsight said he did not believe in the treatment model and had stopped attending NA meetings (Narcotics Anonymous).

I have let go of that [12-step treatment].... The thing is, they look at it as

if all addicted people are exactly the same, that there are not different ways of getting sober, and that's not right. I think everyone has to find their own way.

Fredrik had over time changed his view concerning this treatment model to a more reflexive and critical one. Now he acknowledged the importance of finding his own way of dealing with his experiences and claimed individual agency, not only when dealing with his addiction to drugs but also when identifying himself as an “insider” of society.

4.2. From care to societal outsiders

4.2.1. On the verge of leaving care – The first interview (T1)

The main characteristics in this group (n = 3) consisted, as in the group above, of the experience of being forced into OHC, either by having coercive legislation enforced or being offered the option to accept the placement voluntarily to avoid a mandatory placement. They shared the experience of not having the opportunity to participate in decisions about their placement in care – for example, which geographical location, what type of placement and for how long the placement should continue. Mostly, they did not agree with what the Social Services stated as reasons for the placement, such as drug abuse and a criminal life style.

Jacob, an 18-year-old boy, was at T1 undergoing a 12-step programme for addiction recovery at a residential facility. He expressed that it was “fucking boring to be in placement” and he didn’t experience the treatment as meaningful. He described being placed “voluntarily by force”, an experience he shared with Fredrik above.

They [Social Services] said either you come voluntarily or else we will force the coercive law on you. So I came with them voluntarily.

This experience of not having any substantial control over crucial decisions concerning one’s own life reflects limited existential agency. However, Jacob seemed to have some kind of “capacity to defy social dictates” (cmpr. [Hitlin & Elder, 2007, p. 176](#)), by at least trying to avoid being placed by force. This behaviour of vulnerable youths trying to escape from events beyond their control has earlier been described by [Aaltonen \(2013\)](#) as striving towards “the least bad option”, which implies being under structural constraints while still trying to exercise some amount of pragmatic agency.

Another distinct feature at T1 was the frequent occurrence of fast decisions to manage life situations they felt “just happened” to them, and to escape current unwanted situations. When Jacob was first brought to the residential care facility and found out that the doors weren’t locked, he decided to leave the very next day. However, he was caught by the police and returned to residential care a few days later. When asked why he left, he replied:

Jacob: I just felt like going home, getting out.

Interviewer: So you came here and then just left?

Jacob: Yeah, then I overdosed once again and ended up at the hospital. I ran away from hospital as well but then the cops caught me.

It was obvious that his addiction to drugs made his life difficult and reduced his options for actions that could lead to a healthy life outside of care. His pragmatic agentic decisions were made instantly, with little notion of long-term consequences. Still, running away and escape from an unwanted situation seemed to give him a feeling of being somewhat in control.

The short-term care plan within a couple of months was to be transferred to “phase two” of the residential facility – a training apartment close to the main building. When asked about his more distant future, Jacob wasn’t even sure whether he still would be alive in five years, confirming his narrow time horizon.

4.2.2. The first steps towards independent life – The second interview (T2)

At the time for the second interview, two in three in this group had

left care but were still plagued by their problematic lifestyle, in most cases not addressed by any interventions from the Social Services. Two informants had returned to their parental homes after a rather abrupt moving-out process. They had dropped out of school or other daily activities. One informant had been placed in another residential facility due to a violent break down of the care and was now in a halfway house facing a new moving-out process.

Jacob had moved back to his parent, which was not part of the original plan. He had been discharged from the residential care unit for breaking the rules. However, he did not perceive his own actions as being the reason for his discharge but instead targeted the Social Services for not helping him.

I was kicked out from the residential care for bringing alcohol to the training apartment ... I had nowhere to go ... I was really angry with the Social Services, because they didn’t help me and the shelter [for homeless] was full.

After a few days on the streets, his mother let him stay in her apartment on the condition that he stayed sober. Jacob was unemployed, had no income and was waiting for a place in upper secondary school, which had been interrupted by his former placement. He described the hardest challenges in meeting his old friends. He reported losing prosocial friends, friends not using drugs, and committing crimes as a consequence of disappointing them.

Well, I have done stupid things since I came out, being supposed to stay sober. I have had relapses [in drug abuse] and let people down. They have kind of got tired of me and left.

Jacob acknowledged some responsibility for losing his rewarding relationships that could have been a resource when trying to get his life on track. However, when addressing his drug problem, he externalized himself from the relapses by “having” them rather than “taking” them, as if he didn’t perceive himself as having an existential freedom to act “otherwise”.

4.2.3. Being out of placement for some time – The third interview (T3)

At T3 this group represented the most vulnerable among the informants. They were lacking resources, such as income and permanent accommodation necessary for living an independent life, finding themselves struggling with drug abuse and escalating criminality. Some informants had been re-placed in coercive OHC, confirming their role as being “outsiders”, far from normative societal expectations of an independent adult life. Two out of three reported problematic or non-existent relationships with their family of origin. They reported being stigmatized due to their time in placement and therefore having lost relationships to peers without social problems, which furthermore confirmed their position as socially excluded.

When interviewed the third time, a year after T2, Jacob had no permanent accommodation but was staying with a woman friend 20 years older. It was obvious that Jacob was under the influence of drugs, and he showed fresh needle marks on his arms. His mother had kicked him out of her apartment a month after the second interview, and he had been forced to live on the streets for three months before he again was coercively placed at a residential home due to drug abuse. After four months he was back on the street and active in drug abuse, had no permanent accommodation and was depending on social welfare. His own rational explanation for this situation was that other drug abusers were the only ones that he was able to keep a trusting relationship with, and he therefore sought their company and adapted to their lifestyle. This was something that he connected to the legacy of his dead father.

They accept me because of my dad; he was well known among other drug addicts in this town.... I guess they see him in me. I only have to meet them once to make them trust me, and trust is usually something scarce among us drug addicts.... You kind of gravitate to other users — you can

see it in their eyes and then you make contact.

Jacob looked back and tried to ascribe meaning to his life by acting the social role of a drug addict. By adding the layer of historical time and fatherly legacy, he made it seem inevitable to internalize the identity as a marginalized outsider of society.

4.3. From care to societal in-betweeners

4.3.1. On the verge of leaving care – The first interview (T1)

In the early phase of leaving care, this third group ($n = 4$) were more inconsistent in their views of why they were placed in OHC. None of them were placed mandatorily on any legal basis, but they were plagued by mental health problems, drug addiction or parental neglect, which put “coercive” pressure on them. It seemed important to them to make clear that the reason for placement in OHC was connected to their own behaviour, for example, “I was a disorderly child” or the placement was “not my parents’ fault”, indicating internalization of a self-blaming identity ascribing them as solely responsible for their situation. The majority reported an ambivalent feeling of being “stuck” in placement too long and on “overtime”, but simultaneously worried about leaving care.

Carina had been placed in residential care for two years and described at T1, at the age of 19 years, the plan for her moving out. She had experienced mental health problems since she was 14 years old: depression, eating disorder and self-injuries. Prior to moving to residential care, she had been hospitalized at a psychiatric clinic after attempting suicide. She experienced her placement as a voluntary act, at least, in the sense that no legislation was forced on her. When she was discharged from the psychiatric clinic, she had tried unsuccessfully to move home to her mother prior to her placement in residential care.

I couldn't stay at home. Well, they [hospital personnel] tried to give me some kind of gradual discharge, but as soon as I came home I had panic attacks that didn't stop. So it was impossible to stay there.

Formally, she was placed in OHC voluntary, but according to her statements, her mental condition didn't give her much choice. She was in a position where circumstances severely constrained her agency. Being constantly dependent on Social Services and the mental health team to manage her life made her feel “stuck” and on “overtime” for being in placement. She worried about what the formal support would look like after leaving care.

I'm kind of stuck here waiting, but the most important thing is that I get help from the psychiatric care.... It's absolutely crucial for me to function.

Carina talked about not knowing the formal boundaries, and responsibilities, between Social Services and the psychiatric care, but was confident that they would do what they could to help her. At the verge of moving out, she wished for housing support administered by the psychiatric service and anticipated dependence on formal support even in her post-placement life, providing security but also restricting her independence.

4.3.2. The first steps towards independent life – The second interview (T2)

At T2 most in this group lived in their own apartments, but admittedly were still highly dependent on formal or informal support to manage everyday life. One recurrent pattern was that the moving-out process was stressful (see also Bengtsson et al., 2017; Höjer & Sjöblom, 2014), even if it was a contrast to the perceived too-slow process of moving out at T1.

Carina had recently moved to her own apartment nine months after the first interview. Her experience of leaving care was that it happened too fast and she didn't get time to adjust: “It was kind of chaotic. There were no plan, I had less than a month's notice.” This contrasted with her feelings of being on “overtime” in placement at T1, but indicates being dependent on circumstances causing problematic situations in her life,

constraining her existential free will and evoking pragmatic agency in “dealing with the situation”. She was aware of the responsibilities that came with living on her own with only financial support from Social Services and was depending on daily support from her mother. Carina reported challenges in how to manage her new, more independent life. However, she also described her life in positive terms: trying to manage by herself resulted in a new freedom. Carina was on full sick leave and took part in two weekly therapy sessions, which she described as absolutely vital, not only to strengthen her psychological well-being, but also to encourage her to look ahead and make plans for the future.

Therapy means everything to me. I don't know how I would manage without it. It's because of therapy that I manage to handle my life, and hopefully, will have the opportunity to study and work in the future.

When, at T2, reflecting on her time in OHC, she was satisfied that she had a place to live when life was difficult, but in hindsight she felt that the personnel didn't have the competence to fulfil her needs. She found herself in a situation “in between” OHC and independent adulthood; she had left OHC but was still to a high degree dependent on both formal and informal support, dreading independence but also yearning it, feeling stuck and free at the same time.

4.3.3. Being out of placement for some time – The third interview (T3)

Significant for the group at this stage was that their plans had altered. Two informants had at T3 chosen to leave their independent accommodation and move back in with their parents or other relatives. Their dependence on formal or informal support had in general increased since T2. Some received outpatient care for mental health problems, others attended Social Services' support groups and two informants were on sick leave and dependent on welfare to manage financially. It was also recurrent to be closely attached to a parent or other relatives and to receive much support in their daily life. This meant that their problems were addressed, and the negative development stopped, however, at the cost of being highly dependent. They also reported that they at earlier time points (T2) had exaggerated their achievements regarding, for instance, their general independence or their ability to stay sober. Even though their transition to independence had halted, all the informants were at T3 struggling to overcome challenges and were looking forward with both hope and worries.

At T3 Carina was living with her mother. When she had moved into her own apartment, her eating disorder got worse, and after a few months she had to return to her parental home. She was on sick leave, undergoing treatment two to three times a week for her eating disorder and unable to live on her own: “It's frustrating not being able to do what I want.” She accepted the situation but described the feeling of being stuck and not making progress. Her plan was to start the process of moving out on her own again. She described being dependent on support from her parents to manage her life: “They support me in everything.” Carina was happy regarding the way her relationship to her parents had developed over time, but also worried about the amount of support she needed.

The fear of losing the support from my family is always present, but at the same time, it's frustrating. I mean I'm 21 and want to be able to stand on my own two feet.

Her future plans were to study and work with people with mental illnesses. At the same time, she was expressing fear of “not achieving any of my goals” and “being sick for the rest of my life”, showing the gap between her wishes for independence and her vulnerability and dependence.

5. Discussion

The aim of this article was to study the transition from care to adulthood, and the agency reflected in this process, for a group of Swedish care leavers. As outlined in the introduction, care leavers face

numerous challenges on both structural and individual levels during this transition (Courtney & Dworsky, 2006; Courtney et al., 2011; Höjer & Sjöblom, 2014; Vinnerljung & Sallnäs, 2008; Zinn & Courtney, 2017). However, our longitudinal study proposes a more diverse view on care leavers' own experiences of leaving care and how agency over time can shape this transition.

The results show three transitional patterns connected to care leavers' agency in general and the time horizon in which this agency is being exercised. The findings suggest a connection between care leavers' fundamental experience of prospective life-course agency and a stable transition out of care. Care leavers representing the first pattern, *From care to societal insiders*, even though having severe social problems at the time of the initial placement, over time showed a changing potential to ascribe meaning to their time spent in care. This process seemed to be connected to the experience of having, or gaining, the opportunity to participate in the planning of the placement process, which initially was perceived as something coercive. By also acknowledging their own prospective life-course agency (Hitlin & Elder, 2007), the care leavers found they were able to make – even long-term – decisions, and act according to these. These decisions included agentic acts to stop “hustling” (i.e. committing crime), with the intention of being able to leave the troubled role of sheltering behind the “boundaries of societal care” and aiming to reach normative expectations of independent adulthood. Their stories manifested planful competence (Clausen, 1993) and long-term perspectives that seemed to have impact on how they perceived themselves and appeared to facilitate a stable transition out of care. This was also the group that had “moved on” from their time in placement (see Stein, 2012) and according to both established objective welfare markers such as accommodation, work/education and law abidance (see Andersson, 2017; Stein, 2012), and subjective experiences, were doing quite well.

Care leavers representing the next pattern, *From care to societal outsiders*, were on the contrary, constantly battling the perception of being “forced” into different situations in life with little chance to influence their transition out of care. When trying to deal with problematic situations their actions seemed to be exclusively pragmatic, in the sense that they were trying to solve the situation in the present moment with little consideration of long-term consequences (cmpr. Møhlolt, 2017), a pattern that can be understood as pragmatic agency exercised in the moment when “habit fails” (Hitlin & Elder, 2007). This way of dealing with present circumstances is, on the one hand, a necessity to handle momentarily emerging situations to reach “the least bad option” (Aaltonen, 2013), but, on the other hand, not a feasible way to have any long-term constructive impact on the transition from care to independent life. Instead, these earlier events were often later identified as negative turning points that had altered their trajectory into a destructive direction, further strengthening their identification as being on the “outside”. Over time their experiences of being excluded from family, friends and society increased. As mentioned earlier, this group included the care leavers in the most vulnerable situations, left struggling with homelessness, drug abuse and a criminal lifestyle, resembling Stein (2012) group, *strugglers*.

The last pattern, *From care to societal in-betweeners*, represents the most inconsistent transitions. At T1 these care leavers described both being forced into placement by contextual circumstances in life and also being personally responsible, identifying themselves as “disorderly”. To some extent they, from T1 to T3, reported having the ability to exercise agency with intentions for the future, but at the same time, being under harsh pressure from social and psychiatric problems that forced them to act pragmatically in the moment, for instance, managing to make plans for and getting an apartment but shortly after moving in having to move back to parents or other relatives. They were ambivalent in regard to the process of leaving care, confirming prior research results of a “instant” and abrupt process but also describing a feeling of being “stuck” between care and independent adulthood, perceiving themselves as not being in control and experiencing restricted existential

agency (Hitlin & Elder, 2007) over their lives. Earlier events in life were often in retrospect identified as both positive and negative turning points. For instance, they reported positive experiences of having their problems addressed by being placed in OHC, but later described not getting adequate help while in placement. The lives of this group could at T3 from an outside point of view appear functional, since their problems were addressed by both professional and informal support. However, due to the amount of support they received, they were far from independent, and therefore at risk of reinforcing a “conditional stability” in between OHC and independency. In this context, the concept of independence can be problematized. We are not arguing for a transition to adulthood without support from other people (see Størø, 2018, for a discussion of *independence* and *interdependence* regarding care leavers). However, our findings suggest that support should be in line with care leavers' own ideas of prosperity in life and not experienced as something restraining their own agency, as seemingly the case for this group.

5.1. Limitations

A limitation of this study is that our analysis is based on a small sample ($n = 14$), which means that the findings can only be transferred to a broader population with caution. The small sample also limits the ability to identify differences related to gender. Furthermore, to really be able to evaluate the “full” transition for all informants, the longitudinal study should have been extended even longer than the average 21 months in this present study.

5.2. Conclusions

Our empirical typology could be compared to Stein (2012) well-known categorization *moving on*, *survivors* and *strugglers*, in that it elaborates on variations in trajectories from care to adulthood. However, by a longitudinal framing and an agency perspective, our qualitative results add new knowledge to the transition out of care. First, the trajectories of transition, and how the entry into an independent adult life will – or will not – succeed, cannot be fully grasped without taking into account the agency and aspirations of the subjects studied. Another important conclusion from the results is that in understanding the process of moving out of care, young care leavers should not be reduced to passive victims of the transition, expressed, for example, in terms of outcomes. Rather, they should be seen as active agents who participate in settling – and in different degrees sticking to – goals for their future, and thus actively participate in forming their trajectories.

5.3. Implications for research and practice

Regarding policy and practice, our results imply that active participation in the transition process, even while placed in care, seems to be connected to a stable and successful transition to independent adulthood. Thus, Social Services should give special attention to young care leavers who do not actively participate in the planning for their transition, because they may be an especially vulnerable group in need of prolonged support when the safety net of OHC is dismantled. Furthermore, the support after leaving care needs to be generally strengthened, individually adapted and targeted, as well as successively reduced for vulnerable young care leavers. This could be done by developing and implementing specialized programmes for support to this group. Besides general regulations regarding accommodation, finance and education/work, these programmes should also include guidelines for inviting care leavers' to participate in making plans for their future. This is especially important for the studied country, Sweden, which, unlike many other countries, lacks an established support system for care leavers (SOU, 2015:71).

Last, but not least, the results from several earlier studies have shown that the transition to adulthood for young care leavers is fast,

“compressed” and “instant” (Biehal & Wade, 1996; Stein, 2012) in comparison with the experience of young adults generally. However, our study, where the transition was followed over an extended period of 21 months, contradicts these findings by showing that this process was highly heterogeneous, and for many informants a long-lasting process. Thus, to carry out prolonged longitudinal studies over four to five years is a recommendation for future research in the area.

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CRedit authorship contribution statement

Mattias Bengtsson: Methodology, Investigation, Conceptualization, Writing - original draft, Project administration. **Yvonne Sjöblom:** Methodology, Conceptualization, Supervision, Reviewing and editing. **Peter Öberg:** Methodology, Conceptualization, Writing - review & editing, Supervision.

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

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