What Makes a Difference? Turning Points for Young People in the Process of Leaving Placements in Public Care.

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Turning points – an introduction

As we lead our lives, we encounter both positive and negative experiences. Some of these experiences will have an impact on our lives and our future situation, others will not. Some experiences may even change the direction of our lives – such experiences can be referred to as "turning points" occasions that will turn our lives in a positive or a negative direction. How then can we identify a "turning point"? According to Rutter (1996) turning points cannot be identified in terms of broad classes of experiences, nor as a unitary set of phenomena.

"The experiences involved in the mechanisms underlying turning point changes have two characteristics. First, the experiences are likely to involve some form of marked environmental or organismic discontinuity or changing quality and the direction of change must be of a type that is likely to influence development in a direction that is different from that before the turning points. Secondly, the experiences should be of a kind that carries the potential for persistence of effects over time" (Rutter 1996, p 613-164).

Consequently, a turning point has to induce a tangible change, and also a kind of change that has an effect over time.

Children and young people placed in public care – foster care and/or residential care – often come from a disadvantaged background, where they may have experienced abuse, neglect and violence. The actual placement in public care implies various transitions, such as moving from parents to foster homes or residential facilities, having to change schools in this process and also leaving behind friends and well known neighbourhoods. A considerable number of children and young people placed in public care have also moved between foster homes and residential facilities on several occasions. In this process they are likely to encounter a number of turning points, occasions that have had a substantial impact on their life and changed their life course. In this article, we aim at looking into what can be identified as "turning points" for a group of young people leaving public care. From interviews with 65 young care leavers we have chosen accounts where the interviewees describe experiences and events connected to the placement while in care or after leaving care that have had an impact on their lives and changed their life direction in a positive or a negative way.

Previous research

International, as well as Swedish research, recognise young people formerly placed in public care as a vulnerable group with a high risk of social exclusion (Biehal & Wade, 1996; Courtney & Heuring, 2005; Cashmore & Paxman, 2006; Stein, 2006; Höjer & Sjöblom, 2010; Stein, 2012). Swedish research has found that young people who have been placed in out-of-

home care have an elevated risk of early mortality (Vinnerljung & Ribe, 2001), a higher
incidence of mental health related problems and are more prone to commit suicide
(Vinnerljung, Hjern & Lindblad, 2005a), have lower educational attainment (Vinnerljung,
Öman, & Gunnarsson, 2005b, Berlin, Vinnerljung, & Hjern, 2011) and, for girls, an increased
risk of teenage pregnancy (Vinnerljung, Franzen, & Davidsson, 2007).

Research have also shown that care leavers' journey to adulthood is both accelerated and
compressed (Mendes, Jonson & Moslehuddin, 2011; Stein, 2012).

Accepting and continuing to receive services after the age of 18 improve the odds for more
positive outcomes for care leavers (Bakketeig & Backe-Hansen, 2008; Kristofersen &
Clausen, 2008; Munro & Lushey, 2012). The degree of success does, however, depend on the
stability experienced in care, having the capability to develop and utilise social support and
being motivated. Additionally, a successful transition from care is also related to how young
people can cope whith physical and mental health problems and/or substance abuse. Evidence
from studies conducted from a youth perspective indicate that youth aging out of care lack
emotional support as they make the transition form care to adulthood, and that they are at risk
of long time vulnerability (Samuels & Pryce, 2008). In a recent study, also from a youth
perspective approach, the care-leaving process was in many cases described by the young
people as badly planned and compressed. Some received practical support from the formal
network, for example from social services, foster carers, residential facilities and contact
persons and only few received support from the informal network like parents, relatives,
partners, and friends. Interestingly, emotional support was to a great extent provided by the
informal network, mainly from partners and friends. Access to support was looked upon as
helpful factors, but many of the care leavers had no such access, from neither formal nor
informal networks (Höjer & Sjöblom, 2013).

The Swedish context
On the 1st of November 2012 20.800 children and young people were placed in out of home
care in Sweden; 15.300 were placed in care on a voluntary basis according to the Social
Services Act (SoL), 5.200 were in care on mandatory measures according to the Care of
Young Persons Act (LVU), and 300 were placed in emergency care. Foster care has a long
tradition in Sweden. Since the beginning of the 20th century, 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. Swedish authorities have explicitly announced that
residential care only should be used for emergency placements, or for children and young
people with severe problems. This notion of the advantage of a familial context is also
prevalent in residential care, which is often given in small-scale, family-like residential
homes. In 2012, 61 percent of those placed on voluntary measures, and 69 percent placed on
mandatory measures were placed in foster care (Socialstyrelsen, 2013).

The Swedish welfare system is often defined in terms of a family service orientation system
with elements of a child protection system (Gilbert, 1997). The characteristic of the family
service orientation is that the focus of interest is on the needs of children and families
(Gilbert, 1997; Gilbert, Parton, & Skivenes, 2011). Placements of children and young people
in public care are supposed to serve as a temporary solution, and reunification with the birth
family is regarded as the purpose of the placement. Contact between children and their
biological network – parents and relatives – is seen as important. In Sweden, there is no time
limit for the rehabilitation of parents, and it is not possible to adopt children without consent
from the birth parents. A great majority of birth parents keep the legal custody of their

children throughout a placement in foster care, even if the placement lasts until the child ages out of care (Höjer, Sallnäs & Sjöblom, 2012).

Leaving care in Sweden is stipulated by law at the age of 18 (or 21 in cases of mandatory care orders). However, young people often remain in care until they have completed their upper secondary school education, which usually happens when the young person has reached the age of 19.

Turning points
One way of understanding how processes of change operate in young care leaver's life experiences is to look at turning points (Rutter 1996). *Turning points* are defined as significant life events or experiences in life that will have a vital importance on the life course. Turning points are crucial events in life which give a structure of "before" and "after" and can be described as events when life comes to a head (Denzin, 1989).

The idea of crises as qualitative important steps in a changing process is very well grounded in the western culture and in the construction of personal narratives (Riessman, 2002).

Turning points can be understood as positive or negative. They can consist of single episodes or cumulative events. They can give a gradual understanding or a sudden illumination of an event. They can be represented by situational life events, such as being taken to care, or by personal subjective experiences, such as having control over active decisions in life. Turning points can also consist of random happenings in life (King et al., 2003). According to narrative theory, turning points often come with a moral message that gives evidence of changes and shifts in beliefs and standpoints. Awareness and reflection when significant changes have taken place are good indicators to call an experience or an event a turning point (Riessman, 2002).

Resilience in relation to care leavers
The concept of *resilience* is a useful theoretical conception when studying young care leavers' transition to adulthood. Rutter (1996) defines resilience as a capacity to overcome difficult life experiences. The concept of resilience also has undergone a development from earlier focusing on individual internal factors to more recently regarding resilience in the social context and as a process that is expressed over time (van Breda, Marx & Kader, 2012)

According to Stein (2006), recent empirical research has focused on three main areas of resilience: the attributes of children and young people themselves; their family relationships; and the characteristics of their wider social environments. For young people from very disadvantaged family backgrounds, resilience was connected to a trusting relationship to a family member or other significant person, a feeling of being in control of their lives and being given the opportunity of a "turning point" to change a negative life course (Rutter 1996; Stein 2006).The aim of this study is to examine young care leavers' accounts about their positive and negative turning points in relation to their experiences of being in care and leaving care.

Our sample
During 2008-2011, we performed a study focusing on young people leaving public care in Sweden. In the first part of the study, 111 social service managers were interviewed about the administrative processes of the care leaving system (Höjer & Sjöblom, 2011). The second part of the study comprised of interviews with 65 young people between 18 and 26 years old, who

had left care within three month to three years. 22 (34 percent) of these young people had been placed in foster care, 25 (39 percent) in both foster care and residential care, 17 (26 percent) solely in residential care and one in a supported housing. 53 were born in Sweden (82 percent), four were born in another European country (6 percent) and eight (12 percent) were born in non- European countries. We interviewed 14 young men (22 percent) and 51 young women (78 percent).

Procedure

In Sweden, there are no formal systems for supporting young people leaving care. In the interviews with the social services managers, only six percent stated that they had any record of young people's whereabouts, once they had left care (Höjer & Sjöblom, 2011). Thus, it was difficult to find young care leavers through the help from social services. Consequently, we used a variety of methods to find our informants. Some were contacted through the help of social services, some through contacts with residential homes in various parts of Sweden. Snowballing was also used to find young people to interview.

We used an interview guide with a combination of open and structured questions about the following domains: relationships with biological family and with carers, education, employment and income, physical and mental health, substance and alcohol abuse and delinquency, family formation and future plans. We also asked questions about access to support, both from social services and other professionals, from foster carers, birth family, and friends.

The interviews with the young care leavers were all performed over the phone. Telephone interviews have been successfully used by other researchers (see for example Frankfort-Nachmias & Nachmias, 1996). Although the interviews were not carried out face-to face, they gave a rich and detailed empirical material. All young people seemed to be comfortable with using their telephone for the purpose of the interview. Each interview lasted between 45 minutes to one and a half hour. The entire interview was taped, transcribed and analyzed using two computer programs; For the quantitative analyses we used SPSS, and for the analyses or the qualitative material we used NVIVO.

There were no specific questions concerning turning points in the interview guide. In the interviews the young people gave information about their public care experiences. Furthermore, they also described the quality of the placement from their subjective perspective. When we asked about their experiences – what was good and what was bad – they often reflected and gave long narratives in order to explain situations that had led to turning points in their life. Here, we identify a "turning point" as an event which had a substantial impact on the young person's life situation over time (Rutter, 1996, van Breda, Marx & Kader, 2012), and which can be said to change the life course for good or for bad.

Negative Turning points

Negative experiences of the care setting

For some of our interviewees, negative turning points were connected to the care setting. We have several examples were the young people describe both residential facilities and foster homes in negative ways, although the negative experiences do not necessarily constitute turning points. For Paula, however, being placed in a residential home in her late teens meant that her life changed for the worse. In the quotation below, Paula accounts for the detrimental

effect the time at the residential home had on her life, as she perceived it. Paula did not want to identify herself with the other young people at the residential home. She saw them as young people with severe mental health problems. Some of the young people had suicidal behaviour, and what Paula denominates as the "mixture" of young people with a variation of psychiatric diagnosis at the residential home made her feel alienated, and also ashamed of herself.

"For me, the mixture of people was also a bad thing. They put all these people in the same place, people that don't have the same problems in any way, and still they treat all of us as if we were one and the same person. As if we all had the same problems and the same experiences, which we don't have at all. I think we all should be treated like individuals. And none of my friends had stayed at a residential home, and here I was – I felt like I was not a normal person. I felt so ashamed of myself, and everything just went down the drain. I stopped eating and….. I had started to take drugs before I came to the residential home, but nothing serious, only at parties, like…. But here I started to both use and sell drugs… The staff was on to me about this, but it only made me use more and more. I felt as if my life was over. I was convicted to spend my time here with these psychopaths, and I am not worthy of living, I might just as well die, no one cares anyway…." (Paula).

For Paula, the placement at this residential home had a detrimental effect on her life situation, and how she perceived herself. Her self-perception changed from being a "normal" young person, to becoming a "delinquent", and this shift in her self-perception developed into a negative turning point process.

Negative experiences of transitions during care

Pamela had experienced a number of placements in foster care, none of which turned out in a positive way. Finally, she was placed with a foster mother, and in this foster home Pamela settled down. In the interview she described how she really liked the foster mother, and felt that the foster mother also liked her. After a couple of years, when Pamela was 17 years old, the foster mother's private situation changed, and she wanted to end Pamela's placement. For Pamela, this became a negative turning point. She felt that she had coped with numerous difficulties in the former foster homes, but when she had to leave a foster home where she felt comfortable and recognised, she started to think that the breakdown of the placement was all her fault. There must be something wrong with her, who couldn't maintain relationships.

"I felt so bad. For once, when everything was going well, I liked the town I lived in, I liked the family, and everything was fine. And then having to start all over again…. I was completely devastated. I felt as if I had failed again./…/ ´Cause I have never before thought that it was my fault that my other foster homes didn't work out. But when this happens at a place which I like, I started to think "Whats's wrong with me? What have I done? Why do I fail?"(Pamela).

As a consequence of this negative turning point, Pamela's confidence and self-esteem was negatively affected for a long time.

Forced and badly planned leaving care

When analysing the interviews with the young people, negative turning points are also frequently connected with a badly planned, and/or forced, care leaving process.

Lena was placed at a residential home as a result of dysfunctional family relations, and her having suicide attempts. In the interview, she describes how a forced care leaving process had a detrimental effect on her emotional wellbeing.

"They called a week after I had turned 18, and said I had to move in two weeks. And I didn't know – did I have to leave for good in two weeks? Then they called again, and apparently it wasn't really two weeks, but we went and checked out some other places to stay /…/ and then I got a few more weeks, but suddenly I had to move anyway, and I had nowhere to go, and I didn´t want to return home. /…./ And for me, this was really difficult, as I had these eating disorders, and I couldn't deal with them because of all the insecurity and stress, so this had a really negative effect on my life" (Lena).

For Lena, the insecurity and lack of planning in the care leaving process constituted a negative turning point. Her eating disorder deteriorated, and her whole life situation was negatively affected.

Positive Turning Points
When it comes to positive turning points, most of our interviewees mention the impact that the actual placement in a foster home, or at a residential home, has had on their lives. Some also mention the contact and relationship with social services as a positive turning point.

Contact with social services and other professionals

For one of the young men in our sample, Kalle, the contact with social services became an important turning point. In the interview, Kalle gives a very clear description of how very difficult his life was when he contacted the social services.

"At that time, I didn't let anyone come close to me, I was really isolated. At one point, I stopped eating, and the only thing I did was looking at advice on the internet on how to commit suicide. What were the best methods, and so on… /…/ Six more months, and I had succeed, shot myself, or drowned myself in the river…. It was really, really bad…/…/ But there is a saying, that you need to reach rock bottom.. You need to see hell, and be in hell, to reach the turning point. So I pulled myself together. I went to see the social services and told them I needed help…. And then I had to start hand in urine tests, take Antabuse pills and everything…. Just to prove to them and to myself…. And I got really good support from them, they were really good…/…/ They could understand my situation, and they saw….. Well, I told them, if I don't get help soon, I will surely kill myself ´cause I can't live like this any longer….." (Kalle).

Kalle emphasises how important it was that the social services actually understood how serious his life situation was. The social workers listened to him, his problems were acknowledged, and at this critical point the downward spiral could be stopped. With the support from the social workers, Kalle could begin to re-structure his situation and take control over his life again.

Peter was taken into care and placed at a residential home in his mid-teens, due to self-destructive behaviour and drug abuse. He and his parents had many conflicts, and Peter tells us how their relation had deteriorated. For Peter and his parents, it was the family therapy

they used at the residential home that became the turning point, which had a great improving impact on the relationship between Peter and his parents:

"Me and my father – we couldn't be in the same room. But now, our relation is so much better. We talk to each other almost every day….. I´m not the same person as I used to be – and neither are my mother and my father. We learnt a lot from listening to each other. So these family therapy sessions were really good. This was a huge step forward because….. I have always been good at talking, but I have never wanted to talk about myself and my problems, but now…. I have learnt to look at life in a different way" (Peter).

Peter´s narrative gives a clear picture of how the family therapy changed the life direction, both for himself and for his parents, gave him a new awareness and helped him to look upon himself in a different way.

Erik's narrative presents a similar picture. It was focused around how the family therapy at the residential home became a turning point for him, and also for his parents.

"At one point I felt as if I was losing my mother. I had no mother, and no one cared about me, that's how I felt. At that time I didn't know about all their contacts with social services. Finally, they helped us to talk things through, how we had felt and the thoughts we have had….I felt as if my mother returned to me. This was the best thing of all. And I understood how badly I had hurt them, although I didn't do anything to them specifically….But I understood how worried they had been, and how bad I made them feel… Now everything is fine, I can talk to my mother about everything…." (Erik).

Both for Peter and Erik, the opportunity to talk things through with their parents, and to get professional help to change perspectives and look differently on their family relations, were positive turning points which had a continued positive effect on their lives.

"I got a whole new life" – the placement as a turning point

Meeting committed foster carers, or residential staff, could sometimes constitute a turning point that changed the lives of our interviewees. Kalle, whom we also met in an earlier quotation, describes how he finally felt at home, and became more confident when he moved to his foster home:

"Well, I felt 'this is my home' as soon as I closed the door. 'This is where I want to live!' So we started off with me staying one night, as a test. But I knew instantly, 'this is where I belong! This is where I´m going to start my new life'. And that was what actually happened. I had the chance to learn what it's like to live in a family. What a family is like /…/ And my selfesteem and my confidence is so much better. I have had a lot of support from this family. I got a whole new life when I moved in with them" (Kalle).

To be part of a family where he felt acknowledged, accepted and even loved, was an important turning point for Kalle. At the time of the interview, he lived in his own apartment, close to the former foster family. He saw the foster parents on a daily basis, he regarded them as his "real family" and they supported him in every way.

For Karin, the time she spent at the residential home transformed her life and she became "another person". At first, she disliked the structure and the rules they had at the residential

home, but eventually she found that precisely structure and rules had a useful impact on her life.

"They have taught me a lot of things. I have matured, and have become a stronger person…../…/ well, of course they have rules and things like that, and when you're young, you don't want a lot of rules… but still, the time I spent there was good for me. If I hadn't stayed there, I wouldn't be the person I am today. I think I would still be in bed, feeling sorry for myself" (Karin).

Although reluctant at first, Karin can describe how the time at the residential home changed and improved her life, and made her better equipped to handle her own life after being in care. The whole experience of being in care in Karin´s case can be interpreted as a turning point.

Lovisa had experienced several placements, most of them in kinship care. None of these placements had a positive impact on her life, and she was depressed and confused when she came to a non-kinship foster family, at the age of 14. With this placement, her life took another turn, and everything changed for the better.

"It was the best thing that ever happened to me. I lived there for six years… And when I first came, my confidence was at its lowest point, I didn't think I was good for anything… but they made me see that I´m not stupid, and I started to do well at school and… /…/ Of course, when you're a teenager, you do a lot of silly things, but I managed anyway. And the family… they were like a normal family, there were no strange things going on all the time, like I had been used to. This was the first time I ever experienced something that could be called a normal family life" (Lovisa).

Lovisa's narrative is a good example of how a well-matched foster placement can actually be a life-changing experience for young people. In Lovisa's case, this was also the first family that her mother had liked, and who could cooperate with her mother.

Family and social networks as a positive turning point

Relations to parents, partners and other members of the private social network could also constitute an important turning point in the lives of our interviewees. In the interview with Rebecka, she told us how she for many years felt isolated and depressed, with little support from her family. As a teenager she had long periods where she did not attend school. In her late teens she spent four years at a residential home, without really understanding why she was there, and with few positive experiences from the time in care. When we interview Rebecka, she had started adult education, she has a young child and lived with the child's father. Becoming a parent had been the most important turning point in Rebecka's life.

"What has changed my life the most is my child. She makes me feel my life has a purpose. I am much happier, and I want to do something good with my life. I want an education, and I want a good job" (Rebecka).

Being a parent was a real turning point in Rebecka's life. There are still a lot of problems that need to be solved, but the motivation to create a good life for her daughter is a strong incentive to actually find ways of solving her problems.

Alexandra´s narrative was focused around the problems in her family of origin, which had been going on since she was nine years old. However, she didn't dare to tell anyone until she was 15 years old, when she contacted the social service and forced them to act, by threatening to run away from home if they didn't do anything. Alexandra moved to a foster family, who was the family of one of her friends. Living there and getting support from her friend's family was the turning point which Alexandra perceived saved her life.

"She has helped me during my whole life – it's the mother of my friend. If I ever manage to do something good with my life, it's due to the help and support I got from her. If I hadn't had her support, I surely would have been dead by now. She has been such an important person for me. Whatever I do, I can ask her for help and support" (Alexandra).

Being able to finally move from her parents to the foster family was an important turning point, and the continued support she got from the foster mother had helped her to continue a positive route in life.

Discussion
Although we didn't pose specific questions about turning points when conducting the interviews, a great deal of the young people spontaneously elaborated and developed their answers into an explanation that revealed several turning points. This yield an empirical material that consisted of long narratives where turning points are considered as important events that had altered trajectories in the young people's life courses, and which have had an effect over time.

In the young people's narratives, we also detected a link between their perception of time and their self-perception. Their understanding of who they were in the present was also linked to accounts about the past and the future. Thus, the narratives revealed important understandings of how they perceived themselves in relation to who they were, who they are and who they could be in the future. The analyses of the interviews are also interpreted from a resilience perspective. An event like going into care can be understood as both a positive and a negative turning point. The interviews provide an insight into the complex processes young people experience and go through while being placed in care. To leave a "problematic" family context and move to what is supposed to be a more "normal" family context, like a foster home or a residential setting, is not an easy adjustment for a child and a shift in life that consists of several dimensions and challenges to handle. It is not always without doubt that risks and resilience factors in case of a placement are interchangeable with each other.

According to the risk and resilience perspective, a trusting relationship to a family member or other significant persons, a feeling of being in control of your life and being given the opportunity to change a negative life course, are all important factors that have a mitigating function related to experiences of risks. In the narratives it was evident that all these factors were linked to how our interviewees interpreted their care experiences and also to the impact these factors had on their self-esteem and their well-being. In the case of *Kalle* and *Lovisa,* building a trusting relationship was linked to a positive turning point when they moved to new foster homes. Positive relationships to the foster carers gave them a feeling of belonging, both in a physical and an emotional sense, and this change had a continued positive effect on their lives. However, in *Pamela´s* case the importance of a trusting relationship was linked to a negative turning point due to the experience of being abandoned by her foster mother when the placement broke down, a person to whom she previously had a trusting relationship.

To be in control of your own life is, according to the risk and resilience perspective, also of importance. This is evident in the case of *Lena,* when she described how the badly and forced leaving care process affected her emotional well-being in a negative way for a long time after she moved out from care. This negative process created a feeling of insecurity and of not being in control in her life. To be in control is also linked to the young care leavers' self-perception and their identity. In the case of *Paula* it was evident that her own reflections on the negative turning point was linked to the shift in identity and self-perception she perceived when being part of a group of young people in her residential setting that were not in correspondence with her own self-image. To be forced to identify herself with the other young people at the residential home made Paula lose control over her self-perception, which had a continued negative effect on her life situation.

In *Karin´s* case her narrative gave an account of how she interpreted the residential setting as a positive turning point. Being able to stay there gave her an opportunity to experience a positive change in life. She described the process she went through, from initially being negative to the residential home and its rules and regulations, but after a while finding this to be a positive factor, which made the residential home a place she liked to stay at and from where she had a lot to learn.

In *Rebecka's* narrative, she tells us how the birth of her daughter was a turning point, where her life took a positive turn. Becoming a parent was also an important incentive for her to want to do something good with her life – getting an education and, finding a good job to create a good life for her daughter.

The young care leavers' narratives, which consisted of both positive and negative turning points, reveal important knowledge about their experiences from being in care, and leaving care. There are research on resilience and young people with care experiences that indicate that the transition to adulthood could be a positive turning point in itself, since it can enable the young people to leave behind the burdens of an exposed and difficult childhood in favour of an adult life that provides them to make choices and being able to have more control and influence over their trajectories in life (Masten et al 2004). Although it is evident in our result that the transition period from care to adulthood can be an important turning point we cannot say anything about the long-term effects this will have on the young care leavers' life course. Another important result from this study is the importance of carefully listening to the experiences from the care leavers own perspective and to support them in their aspirations to get in control of their past, present and future biography, while seeking out their pathways into adulthood.

Methodological considerations

Our study is limited by the character of our sample, which is not representative. When we analysed the previous interviews with the managers, we found that only 6 percent told us they had information about the young people's whereabouts after they had left care, as no records are kept after the case is closed (Höjer & Sjöblom, 2011). Individual social workers could have information, but such information was dependent on personal relations with the young people who had left care. Consequently, those of our interviewees who were selected by the social workers may have been more successful care leavers, as they were young people with whom the social workers had a more personal relationship. When we used snowballing there is also a risk that we reached more active and successful care leavers. Additionally, there is a

great gender imbalance in our sample, with a majority of female informants, which also has affected our results.

References

Bakketeig, E. and Backe-Hansen, E. 2008: Forskningskunnskap om ettervern. Oslo: Nova. Nova–rapport: 17/2008.

Berlin, M., Vinnerljung, B. and Hjern, A. 2011: School performance in primary school and psychosocial problems in young adulthood among care leavers from long term foster care, in: Children and Youth Services Review, 33, pp. 2489-2494.

Biehal, N. and Wade, J. 1996: Looking Back, Looking Forward: Care Leavers, Families and Change, in: Children and Youth Services Review, 18 (4–5), pp. 425–445.

Van Breda, A, Marx, P. and Kader, K. 2012: Journey towards independent living: A grounded theory. Johannesburg, RSA: University of Johannesburg and Girls &Boys Town South Africa.

Cashmore, J. and Paxman, M. 2006: Predicting after-care outcomes: The importance of "felt" security, in: Child and Family Social Work, 11, pp.232–241.

Courtney, M. and Hughes Heuring, D. 2005: The transition to adulthood for youth aging out of the foster care system, in: Osgood, D., Foster, E., Flanagan, C. and Ruth, G. (Eds.): On your own without a net. The transition to adulthood for vulnerable populations. Chicago: Chicago University Press, pp. 27–67.

Courtney, M. E., Lee, J. A. and Perez, A. 2011: Receipt of help acquiring life skills and predictors of help receipt among current and former foster youth, in: Children and Youth Services Review, 33, pp. 2242–2451. doi:10.1016/j.childyouth.2011.08.026

Denzin, N.K. 1989: Interpretative Biography. Qualitative Research Methods, Series Vol.17. Newbury Park: Sage.

Frankfort-Nachmias, C. and Nachmias, D. 1996: Research methods in the social sciences. New York: St. Martin's Press Coop.

Gilbert, N. 1997: Combatting Child Abuse: International Perspectives and Trends. New York: Oxford University Press.

Gilbert, N., Parton, N. and Skivenes, M. 2011: Child Protection Systems.International Trends and Orientations. Oxford: Oxford University Press.

Höjer, I., Sallnäs, M. and Sjöblom, Y. (red.) 2012: Närsamhälletträder in.Barn föräldraroch social barnavård. Lund: Studentlitteratur.

Höjer, I. and Sjöblom, Y. 2010: Young People Leaving Care in Sweden, in: Child and Family Social Work, 15, pp. 118–127.

Höjer, I. and Sjöblom, Y. 2011: Procedures when young people leave care: Views of 111 Swedish social services managers, in: Child and Youth Services Review, 33, pp. 2452–2460.

Höjer, I. and Sjöblom, Y. 2013: "There is so much I need to know!" Voices of 65 young people leaving care in Sweden, in: Australian Social Work.No1, 67, pp. Published on line.

King, G., Cathers, T., Brown, E., Specht, A., Willoughby, C., Polgar, J., Mackinnon, L., Havens, S & L. 2003: Turning points and Protective Processes in the Lives of People With Chronic Disabilities, in: Qualitative Health Research.13:184.doi:10.1177/1049732302239598.

Kristoffersen, L. B. and Clausen, S. 2008: Barnevernsklienter i Norge 1990 – 2005. En longitudinell studie. NOVA Rapport 3/08.

Masten, A., Burt, K., Roisman, G., Obradovic, J., Long, J. and Tellegren, A. 2004: Resources and resilience in the transition to adulthood: Continuity and change, in: Development and Psychopathology, 16, pp. 1071-1094.

Mendes, P., Johnson, G., and Moslehuddin, B. (2011): Young people leaving state and out-of-home care: A research-based study of Australian policy and practice. Melbourne: Australian Scholarly.

Munro, E. R., Lushey, C., National Care Advisory Service, Maskell-Graham, D., Ward, H., and Holmes, L. 2012: Evaluation of the staying put: 18+ family placement programme pilot: Final report. London: Department for Education.

Rutter, M. 1996: Transitions and Turning Points in Developmental Psychopathology: As applied to the Age Span between Childhood and Mid-adulthood, in: International Journal of Behaviour Development 19, pp. 603 – 626.

Riessman, C.K. 2002: Analysis of personal narratives, in: J.F. Gubrium, and Holstein, J.A. (rd.): Handbook of interview Research. London: Sage, pp. 695-710.

Samuels, G. M. and Pryce, J. M. 2008: What doesn't kill you makes you stronger. Survivalist self-reliance as resilience and risk among young adults aging out of foster care, in: Children and Youth Services Review, 30, pp. 1198–1210. doi:10.1016/j.childyouth.2008.03.005.

Socialstyrelsen (National Board of Health and Welfare) 2013: Barn ochunga- insatserår2012 (Children and Young People, Measures 2012) Socialstyrelsen, Stockholm.

Stein, M. 2006: Research Review: Young people leaving care, in: Child and family social work, 11, pp. 273–279.

Stein, M. 2008: Resilience and Young People Leaving Care, in: Child Care in Practice, 14(1), pp. 35-44.

Stein, M. 2012: Young people leaving care, supporting pathways to adulthood. London: Jessica Kingsley.

Vinnerljung, B. and Ribe, M. 2001: Mortality after care among young adult foster children in Sweden, in: International Journal of Social Welfare, 10, pp. 164–173.

Vinnerljung, B., Hjern, A. and Lindblad, F. 2005a: Suicide attempts and severe psychiatric morbidity among former child welfare clients: A national cohort study, in: Journal of Child and Psychiatry, 47 (7), pp. 723–733.

Vinnerljung, B., Öman, M. and Gunnarsson, T. 2005b: Educational attainments of former child welfare clients: A Swedish national cohort study, in: International Journal of Social Welfare, 14, pp. 265–276.

Vinnerljung, B., Franzén, E. and Danielsson, M. 2007: Teenage parenthood among child welfare clients: A Swedish national cohort study of prevalence and odds, in: Journal of Adolescence, 30, pp. 97–116.

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