



Finnish care leavers' social inclusion during the transition to adulthood

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ABSTRACT

Young people receiving aftercare services, hereinafter referred to as care leavers, are dependent on supportive and caring relationships with their family, friends, and other support networks when transitioning to independent life. According to previous research, care leavers often have low resilience, which impairs their ability to cope with challenges and leads to problems related to housing, studying, mental health, substance abuse, and somatic morbidity; these issues can impair social inclusion and increase vulnerability.

The aim of this qualitative study was to describe care leavers' experiences of social inclusion (N = 16). The participants were between 18 and 20 years of age, with twelve being women and four being men. Most of the participants had been in child welfare institutions and some in foster care. They had left out-of-home care between one and three years before the study. Data were collected during 2016 in Finland using thematic interviews, and subsequently analysed by qualitative content analysis. The care leavers described their experiences of social inclusion by discussing interpersonal relationships formed during childhood, in foster care, and later in life. Their descriptions emphasised the significance of trauma and growth and development, the ability to mend interpersonal relationships and avoid intergenerational trauma transmission, as well as the value of corrective relationships. The care leavers felt that daily activities promoted social inclusion and improved health and well-being.

This research is important as it gives to care leavers a voice on their social inclusion. The results provide new insight into a vulnerable, marginally researched group with high support needs and a propensity for social exclusion. The results can be utilised to develop aftercare services that focus on strengthening care leavers' resilience related to social inclusion, personal resources, and the ability to gather corrective experiences.

1. Introduction

Care leavers are children or young people who have been taken into custody and placed in out-of-home care (OOHC) to provide them with safe conditions for growth and development. The settings for OOHC placement typically include foster families, residential care settings, institutions, and the homes of relatives. Young people leave their OOHC placements during the ages of 16–25 depending on country-specific laws and policies. Care leavers are entitled to receive aftercare support or extended care related to their transition to adult life (Mendes & Snow, 2016; Van Breda et al., 2020). In Finland, all municipal bodies responsible for social services must provide aftercare services of equal quality for a maximum duration of five years. Aftercare services are targeted to children or young people leaving OOHC or a placement carried out as a

supportive measure in open care that has lasted at least six months without interruption (Child Welfare Act, 417/2007; Häggman-Laitila et al., 2019). In 2021, almost 40,000 Finnish children were in open care and over 11,000 in custody care (Finnish Institute for Health and Welfare, 2022), while the number of children and young people in aftercare was almost 7,900 in 2017 (Ministry of Social Affairs and Health, 2019). The responsibility of a municipality to provide aftercare expires when a care leaver has turned 25 (Child Welfare Act, 417/2007). It is important to state that aftercare services are voluntary for care leavers, and recent estimates specify that less than half of care leavers in Finland use these services. A commonly cited reason for this is that care leavers do not feel that they need the services because of a good relationship with, and support from, their biological parents, foster families, or other relatives. Another reason is that the care leavers may be institutionalised, e.g., in

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prison or a rehabilitation centres, and are hence unable to utilise the aftercare services (Häggman-Laitila et al., 2019). The legislation (*Child Welfare Act, 417/2007*) specifies the content of aftercare, which includes an individual plan for supporting the care leaver as well as their parents and/or the individual in charge of care. Aftercare services include support for housing, education, employment, managing daily activities and finances, and obtaining health care services. Aftercare services are a form of non-institutional care that mostly involves support for housing (*Child Welfare Act, 417/2007*).

The goal of aftercare services in Finland (Häggman-Laitila et al., 2019) and abroad (Storø 2018) is to prepare care leavers for independent life. According to Storø (2018), the concept of an 'independent life' is problematic in the context of goal setting, because it fails to highlight the importance of social inclusion, namely, interdependence. Moreover, entering independent life means that a care leaver is emancipated from their OOH placement and role as a client of the social care system (Storø, 2018). As a result, a care leaver's ability to cope with daily life no longer depends on other people and external decisions. Storø (2018) underlines that independence is intertwined with interdependence. Independent life is not possible without the support of other people. Care leavers should have the ability to build connections with reliable people and search for help and services. He also argues that aftercare services do not make the importance of preparing for interdependence and building relationships evident enough. This argument has also been supported by care leavers' personal descriptions of aftercare (Rogers, 2018; Wade 2008).

According to Storø (2018) the interdependence exists on two levels. The first level includes close relationships with family and friends. Participation in these types of relationships enables concrete mental and emotional support, along with acknowledgement and safety. The second level of interdependence is citizenship, which enables participation in society with other people. Both levels of interdependence enable social inclusion. According to the United Nations (2022), social inclusion is "the process by which efforts are made to ensure equal opportunities". Storø (2018) agrees with this statement by writing that care leavers should be offered the same possibilities in their transition to adult life as their peers in the general population. Involvement can be used as a synonym for participation based on the definition in the Oxford dictionary, i.e., "the fact or condition of being involved with or participating in something". In this article, we use the concept of social inclusion due to Storø's (2018) debate about independence and interdependence; this concept also describes how care leavers have an active role in social networks and society.

Social inclusion can be examined at the individual, service development and political decision-making levels (Kvaal et al., 2018). The social inclusion of a patient or client is a key development target within the European social and health care sector; nevertheless, there are still large between-country discrepancies in how this aspect is being implemented. For instance, there is a limited set of methods for promoting the social inclusion of care leavers, while the related activities are not systematically managed, and no resources have been allocated to further development (Biddle & Gibson, 2021). Previous research into the social inclusion of care leavers has emphasised primarily positive experiences among the users of aftercare services (Kaasinen et al., 2021). However, research has paid little attention to how care leavers cope with interpersonal relationships and become involved in their communities; this is surprising, as there is evidence that these tasks are challenging for care leavers (Häggman-Laitila et al., 2020). This study describes the factors related to social inclusion from a care leaver's perspective and provides evidence for how aftercare services can be developed.

Due to traumatic experiences gathered during childhood and adolescence, along with the prevalence of complex and accumulating psychological problems, care leavers are perceived as a vulnerable group (Heerde et al., 2018; Mendes & Snow, 2016). Problems related to housing, studying, mental health, substance abuse (Bath et al., 2020; Cameron et al., 2018; Gypen et al., 2017), and somatic morbidity

(Toivonen et al., 2020) are common among care leavers, with these problems having a detrimental impact on successful social inclusion (Patterson et al., 2018). When considering the independence of this group, it has been stated that care leavers have poor practical skills, such as cooking, cleaning, and paying bills; in terms of interdependence, they lack skills such as negotiation, collaboration, and communication (Storø, 2018). It is well established that care leavers need to become independent earlier in life than their peers; this characteristic, when combined with low levels of parental support, means that care leavers often struggle with the transition to independent living as well as social inclusion (Cameron et al., 2018; Häggman-Laitila et al., 2019).

A select proportion of young people with experiences of OOH are able to manage in life despite their difficult experiences; in his research, Stein (2012) describes this specific group of care leavers through the terms 'moving on' and 'survivors'. In Finland, 'survivors' represent the largest group of care leavers, while a minority could be referred to as 'strugglers' because of serious problems (Häggman-Laitila et al., 2019). The social inclusion of care leavers is connected to resilience, which refers to the ability to cope with challenges and accept support. The resilience is affected by childhood experiences and wellbeing (Häggman-Laitila et al., 2019; Mendes & Snow, 2016), gender, and ethnic background (Heerde et al., 2018; Maliszewski & Brown, 2014). It is also connected to social abilities and networks as well as formal and informal support (Storø, 2018). Despite disruptions in formal and informal support, care leavers have been able to maintain their social capital (Rogers, 2018). For instance, care leavers can build a supportive social network even without the involvement of their birth family. Often, this network comprises close friends, extended family, substitute care givers, and their own family, including their children. Having a social network, along with support from professionals, care givers and/or families, are mostly connected to more positive outcomes following aftercare (Mendes et al., 2012; Wade, 2008). Moreover, regular family contact during OOH placement and aftercare improves the possibilities for receiving strong family support when transitioning to adult life (Mendes et al., 2012).

Aftercare workers play a major role in identifying safe and positive family ties for young people, as well as maintaining these relationships or even just memories of close relationships (Mendes et al., 2012; Rogers, 2018). Historically, aftercare services have not strongly focused on maintaining family relationships and identifying which family members are strong sources of support during the transition to independent life (Mendes et al., 2012; Wade, 2008). Storø (2018) also highlighted the importance of peer support both during OOH and aftercare. During aftercare, care leavers should be encouraged to talk about with peers the future and ways through which interdependence can be promoted besides to their previous problematic experiences; this is because a care leaver's social network will provide something that aftercare workers cannot offer during the transition to independence.

Unstable conditions, maltreatment, and being exposed to trauma impair young peoples' social inclusion by making their day-to-day life more difficult (Patterson et al., 2018), increasing the risk of criminal behaviour (Crawford et al., 2018) and abuse (Bath et al., 2020), and causing symptoms of dissociation, problems in cognitive functioning, emotional life, and behaviour (Patterson et al., 2018). Traumatic experiences also affect young people's perceptions of themselves, which can make it more difficult for them to form trusting relationships. Unstable conditions during childhood, challenging behaviour, as well as living in a home characterised by a lack of parenting skills or insufficient understanding of the impact of traumatic events will complicate the relationships between care leavers and their parents (Patterson et al., 2018; Wade, 2008).

Social inclusion as a part of family life is especially important for care leavers, as this subpopulation typically has children earlier in life when compared to others of the same age group (Cameron et al., 2018; Combs et al., 2018; Roberts et al., 2017), with care leavers less willing to give their child up for adoption than the general population (Roberts et al.,

2017). Early parenthood involves a deferral of educational pursuits, which reduces social inclusion (Combs et al., 2018). Moreover, care leavers have often been neglected during childhood and, as such, do not necessarily have a model of good parenting. Nevertheless, some care leavers manage in parenthood whereas others need support. Mental health is also significantly linked to social inclusion (Roberts et al., 2017). This is reflected in the higher suicide risk among mothers with a background of child welfare, which explains why child welfare services can span several generations (Wall-Wieler et al., 2018).

Supporting social inclusion is important when considering the quality and effectiveness of aftercare services for child welfare clients. Social inclusion can be supported by appreciation, equality, and trust in communities (Tatsipoulou et al., 2020) as well as a good relationship with aftercare service staff and versatile support in aftercare services (Kaasinen et al., 2021). Parents, foster parents, siblings, and relatives can provide significant support for care leavers who are transitioning to independent living; for instance, Maliszewski & Brown (2014) reported that positive support is negatively correlated with substance use among care leavers. In their systematic review, Gypen et al. (2017) point out that it is important to examine the meaning of sibling and familial relationships in the context of the effectiveness of foster care. Previous research on care leavers' social inclusion in communities is limited to school communities. According to Leonard and Gudino (2016), school attendance and the permanence of school conditions support social inclusion among care leavers. Building concrete peer relationships in school, which is a critical part of social inclusion, also supports mental health and well-being.

2. Aim of the study

The aim of this study is to describe care leavers' experiences of social inclusion, along with the related factors, as they transition from the aftercare services provided by child welfare services to independent living.

3. Methods

3.1. Participants and recruitment

The participants were recruited from a pool of care leavers of aftercare services in one large Finnish city. The participants were recruited by their social workers, who relayed the study information and interview protocol to care leavers. Care leavers who were interested in participating then provided explicit consent that their contact information could be sent to the researcher for a later call. Researcher discussed with participants about the conduction of the interviews and allowed them to ask questions about research. After discussing the study with the researcher, some of the prospective participants decided not to take part in this study. A total of 16 care leavers participated in the study (Table 1). They were 18–20 years old, with most ($n = 12$) being female. Of the participants, 12 had previously been in a child welfare institution and four had been in foster care. Furthermore, six of the participants had left OOHC up to one year before the interviews were conducted, with seven and three having left OOHC two and three years, respectively, before the interviews were conducted. Supported housing provided by the aftercare services was the most common living arrangement among the participants ($n = 12$), while two of the participants were living independently and one was living with a biological parent. Among the participants, 10 were students, three were both students and employed, and six were unemployed.

3.2. Data collection

Data were collected in autumn 2016 using individual theme interviews (Kallio et al., 2016), which followed a predesigned protocol (Table 1). The protocol had previously been piloted (data excluded from

Table 1

Description of participants, data collection and data analysis.

Participants (N = 16)	Data collection	Data description and analysis
<ul style="list-style-type: none"> Gender: 4 men and 12 women Age: 18–20 years old Residence: <ul style="list-style-type: none"> Living with a biological parent Living independently Supported housing provided by aftercare services 	Implementation period: Autumn 2016 Individual theme interviews Interview themes: <ul style="list-style-type: none"> Experiences of personal rights and responsibilities Challenges in transitioning to independent living Vision of independent life Life management Personal capabilities, and support needs Duration: <ul style="list-style-type: none"> from 29 min to 1 h and 34 min per interview Total of 17 h and 22 min 	Transcription by a transcription service: <ul style="list-style-type: none"> Verbatim transcription from interviews Bound by confidentiality under a written agreement Amount: <ul style="list-style-type: none"> 420 pages with 1.5 line spacing and font size 12 Analytical method: qualitative inductive content analysis <ul style="list-style-type: none"> 529 simplified expressions 4 core categories, 11 main categories and 28 subcategories
Economic situation:		
<ul style="list-style-type: none"> Student Working alongside studies Unemployed 		
Placement:		
<ul style="list-style-type: none"> Child welfare institution Foster home 		
Reasons for placements:		
<ul style="list-style-type: none"> Domestic violence Abuse Parental substance abuse Mental health issues Serious somatic illness Behavioural problems Intoxicant use 		

the analysis) using two former clients of aftercare services. Almost all the interviews ($n = 14$) were conducted at the aftercare services premises, except for two interviews which were carried out at the care leavers' homes at an appropriate time. All the interviews were recorded with the care leavers' consent. Furthermore, the researcher sent SMS reminders of the interview based on the care leavers' requests. Nevertheless, some interviews were cancelled or rescheduled due to the care leavers' forgetfulness, withdrawal from the study, problems with transportation, well-being, or double-booked premises. Prior to starting the interview, the researcher and participant discussed the study to ensure that the participant had sufficient knowledge of the research and was still interested in participating. They also reviewed a paper version of a consent form and signed two copies, one for themselves and one for the researcher. The participants were aware of their right to stop the interview at any time. After completing the interview, each care leaver received a voucher (EUR 25) to a grocery store; they had not been informed of this prior to the interview to avoid any attempts to persuade them to participate. The recorded interviews were then transcribed by a third-party transcription service that had committed to complete confidentiality.

3.3. Data analysis

This study applied qualitative inductive content analysis (Graneheim & Ludman, 2004) as the data analysis method. First, the researcher obtained an overall view of the data by reading through the transcribed interviews several times. Next, original expressions related to the research questions were identified from the data and reduced to simplified expressions. The simplified expressions were then compared and categorised based on similarities in content, first into categories and

then further into subcategories. The subcategories were still further divided into upper categories (Table 1). The analysis was carried out by the principal investigator, who discussed the results with other members of the research group at every stage to ensure a reliable analysis.

3.4. Ethical aspects and credibility

Ethical approval (UEF 3/2015) was obtained from the committee on research ethics at the University of Eastern Finland. An organisational research permit was also obtained from the participating organisation. Participants' privacy was protected by eliminating any information that could be used to identify them from the data or results. The signed informed consent forms are stored separately from the transcribed interviews and cannot be connected to the interviews in any way. The voluntary nature of participation and the researcher's confidentiality were both highlighted when providing the participants with study information. The researcher was not an employee at the organisation that provided aftercare services to the participants.

The credibility of the data collection process was enhanced by pilot testing the interview. The researcher's professional background, i.e., a psychiatric nurse, facilitated the establishment of contact with participants and made it easier to discuss sensitive topics. Data saturation was achieved during data collection. The provision of direct quotations from the interviews enhances the credibility and authenticity of the results.

4. Results

4.1. Family and friends

The care leavers described their experiences of social inclusion through interpersonal relationships formed during childhood, in foster care, and later in life (Table 2). They provided highly detailed descriptions of difficult moments in important interpersonal relationships. This illuminated how the care leavers found the situations traumatic, but wanted to strengthen their social inclusion, which was particularly noticeable in descriptions of relationships between siblings. The growth and development of the care leavers and their loved ones over the years also made it easier for them to repair relationships. The care leavers were capable of rebuilding relationships despite painful memories and strived to avoid passing down intergenerational trauma during parenthood. They reported having some crucial relationships that supported their future even though they only had one such relationship at certain parts of their lives.

4.1.1. Biological family

Some of the care leavers had a supportive relationship with their parents when they left care. Despite possible previous difficulties, the participants considered the relationship with one or both of their biological parents as valuable. The care leavers shared that they could turn to the parents whenever they needed help and were grateful for this opportunity. Their relationships had improved after moving out from home due to more personal space and distance between family members. In certain cases, the care leavers and/or their parents had either reduced or ended their substance use, which also improved the relationship. A close relationship with parents manifested as visits, phone calls, and engaging in activities together.

"I haven't really kept in touch with my dad - we've never really been like a father and daughter. I call him by his first name. I don't know if he's having some sort of a mid-life crisis or what, but he's like trying to connect with me. Now we've been keeping in touch quite a lot, we'll see. My mom's wonderful, she's my life. I keep in touch with her." (interview17, female, 19 years old).

"Family is, like, everything to me. And I'm really so glad that we've buried the hatchet and are all living in harmony and see each other a lot." (interview 15, female, 20 years old).

Table 2

Factors related to the social inclusion of care leavers (core-, main-, and subcategories).

Interpersonal relationships	Daily life activities	Well-being	Social exclusion
Interpersonal relationships formed during childhood	Meaningful activities	Mental and physical well-being	Isolation
<ul style="list-style-type: none"> • Close, supportive relationship with childhood family • Close relationships with relatives since childhood • Trauma-based mistrust in relationships • Distancing from relationships previously considered meaningful 	<ul style="list-style-type: none"> • Relaxing and empowering recreational activities • Positions of trust/influence in student body or youth politics <p>Support by the service system</p> <ul style="list-style-type: none"> • The role of rehabilitation in creating hope and skills, and fostering studies and working life 	<ul style="list-style-type: none"> • Balanced mental health Management of substance use • Adaptation to illness • Depression and burnout • Trauma flashbacks of parental abuse and school bullying • Substance abuse issues <p>Daily life management</p>	<ul style="list-style-type: none"> • Passivity during leisure time • Withdrawing to the home environment • Avoidance of social situations <p>Criminal activity</p> <p>Lack of means</p>
Interpersonal relationships during substitute care	Studies and work		
<ul style="list-style-type: none"> • The substitute family created a sense of security • Traumatic experiences of placements in institutions 	<ul style="list-style-type: none"> • Studies as a path towards working life, friendships and future prospects • Positive feedback on working life and development of working life skills • Difficulty attending school and work 	<ul style="list-style-type: none"> • Development of daily life management • Irregular daily life 	
Interpersonal relationships formed later in life			
<ul style="list-style-type: none"> • Spousal relationship that involves balance and sharing daily life • Relationship with own child, appreciative of the child's needs • Supportive peer relationships that enable sharing daily life issues • Few interpersonal relationships and loneliness • Lack of energy to participate in social situations 			

My parents no longer drink on weekdays and never drink when I'm there. They've shown that they respect my decision and want to support me in my own clean living, sobriety. I mean, that's different from before, actually having parents, that they aren't some control freaks or play the victim card or put the blame on others. Real parents. (interview 12, male, 20 years old).

The care leavers felt that having siblings had been highly meaningful in their lives and fostered their social inclusion by enhancing well-being and the sense of responsibility as well as providing support and protection. The relationships with siblings were described as close, open, and confidential, as siblings shared experiences of a difficult childhood. The care leavers had turned to their older siblings for safety when their parents had been intoxicated or had protected their younger siblings from fear. The care leavers felt as though they could address both positive and negative issues with one another, which created an environment of mutual support. Siblings' children also played an important role for the care leavers, and vice versa. They spent a lot of time with each other and found this to be relaxing and enrich their daily lives. The care leavers also reported that their siblings provided them with support in their day-to-day tasks, such as cooking, parenthood, and recreational activities. Some of them also reported having highly meaningful relationships with their stepsiblings.

"Because my mother's a drunk. Now she's been sobered for two months. I had to take care of my little brother, and that probably affected my school performance. I did realize it at some point that they'll probably put us in an institution. It was probably just my little brother that I was most worried about." (interview 8, female, 19 years old).

"My sister, she'd always been the one for me that whatever happens, I feel like she knows everything about everything and all I have to do is ask her. She is like my rock." (interview 5, female, 19 years old).

Many of the care leavers also reported having felt worthless for years or their entire childhood. This could be explained by the fact that no one around them had intervened in the abuse they had endured, which had been both visible and continuous. The care leavers shared that their parents' behaviour had been unpredictable as it involved prioritising alcohol and drugs over their own child. Some of the care leavers were afraid that they would inherit their parents' problems, while others tried to get their parents' approval by taking care of a parent with addiction withdrawal symptoms. The care leavers said that their childhoods had been lonely and frightening. As such, the care leavers needed extensive periods of time to rebuild their trust in other people while in foster care. For them, placement in an institution meant that their difficulties continued until they became accustomed to life at the institution. The care leavers described instances of abuse or bullying, along with isolation in their rooms, while at the institution. These types of experiences further traumatised them. The trauma related to bullying during childhood and youth continued to impede care leavers' everyday lives and caused them feelings of sorrow, anger, bitterness, and fear. These types of feelings were prevalent when trying to fall asleep or spending time alone or in dark places. Some of the participants reported that they still had nightmares of being bullied and kept thinking about their experiences.

"I used to be a lot closer to my mom, but I, like, grew to understand that she'll always put alcohol before me. I've been disappointed with her and her husband many, many times. And my mom doesn't call me, I always call her." (interview 16, female, 20 years old).

"So, it still affects my life. For example, I can't sleep with my back towards the door, because I get scared. I still have to make sure. I yell 'mom', I just have to make sure that she's ok." (interview 15, female, 20 years old).

"I probably should've looked for help starting in seventh grade, but I didn't admit that to myself. But the bullying was the worst in seventh grade, and that's when I started cutting, and I've also sat on our

balcony railing, ready to jump down, just because I was bullied." (interview 16, female, 20 years old).

A divorce between care leavers' parents, in addition to a subsequently poor relationship between parents, diminished some of the care leavers' social inclusion in their family and made them feel sad. For many, interactions with parents continued to be characterised by arguments, with contact often infrequent and primarily concerned with seeking benefits. Some also reported that the previously close relationships they had with siblings had become more distant over the years and felt sad about the matter. The care leavers, when asked to explain the reasons for estrangement, listed placement into foster care, personal symptoms, and a generally negative mood. However, some of them reported that they had been able to rebuild their relationships with siblings.

"The last time I saw my dad was when I was 17 and my mom keeps calling me sometimes, stuff like can you lend me twenty euros. They're drug addicts, so I'm not really in touch with them." (interview 2, male, 19 years old).

"I have a brother two years younger than me that I used to be really close to as a child, but then when I was placed in care, we were no longer in contact, and when I moved back home, both of us had changed so much, there was no connection left, I ended up sort of just hating him, I was annoyed." (interview 9, female, 19 years old).

The care leavers also had certain relatives, such as a grandmother, cousin, or godmother, who played an important role in their lives even when their relationships with other relatives were strained. The care leavers described how they had already formed a close bond with these relatives during childhood and had remained close and respectful ever since. The relatives had provided them with care when their parents had failed to.

"Yeah, I could call her at, like, nine in the evening, or I would tell my mom that I miss my grandma like crazy, I was crying, and then my mom said 'well, do you wanna call your grandma?' She'd come over wearing hair rollers and a nightgown and get me whenever I wanted. So, grandma was like another mother to me. Thanks to my grandma I didn't have to see what was going on with my mom as much, like my older siblings had to." (interview 5, female, 19 years old).

4.1.2. Foster family, own family, and friends

Care leavers placed in foster families also revealed that they had close and safe relationships with their foster parents and other foster children and young people in the family; some of the care leavers compared these experiences with relationships between siblings or friends. They regarded the family placement period as a meaningful change for the better and continued to keep in touch with their foster family, sharing meaningful details of their current life with them. The foster families were also in contact with them and showed interest in their lives.

"I lived in a foster family for five years and I can say that it saved my childhood, I had such a great time there and it was in the countryside, and they had horses and sheep. So, they were a nice family, I liked them. The children are nice, so I'm still in touch with two of them. With the boy like, we don't really talk like that, but if we see each other, we say hi and hug and so on. Nice children, like the siblings." (interview 5, female, 19 years old).

Some of the care leavers had a family of their own, including a spouse and a child, which brought balance to their lives. The care leavers noted that they were able to share painful memories and daily tasks with their spouses and supported each other financially. They also felt as though they belonged to their partner's family of origin. The care leavers considered that taking care of a child had made them more responsible and able to lead a more regular life. Moreover, the care leavers shared

that their child had given them a reason to overcome difficult moments and manage their studies and work. They had also reduced or abandoned substance use after having a child. They prioritised spending time with their child over their friends and leisure time activities. The care leavers who were currently expecting a child reported that they were intent on leading a life based on the best interests of their child.

“My spouse has been such a big help, after meeting her I’ve started getting my life back in shape, it kind of fell apart for a while, it was like having stitches that open up, then it was her who started putting it back together again.” (interview 16, female, 20 years old).

“I’ll never accept it if someone comes near my child when they’re high. Then you’ll have to think about setting boundaries. But if they’re sober and want to be part of our life, then that’s really alright.” (interview 14, female, 19 years old).

The care leavers reported that they wished to learn from both their parents’ and their own mistakes so they could fare better at parenting than their own parents. Some of the care leavers shared that they had been forced to relive traumatic childhood experiences after their child had been born. Furthermore, they felt that they were stigmatised as parents because of their background and were hurt by doubts concerning their parenting ability. As such, the care leavers perceived approval and support from loved ones related to the pregnancy and parenting as important. Dreaming of a family was an important part of the care leavers’ future planning. Having a child had made their relationship with their own parents particularly imperative, as the care leavers felt that it was important for their children to know their grandparents and spend time with them; some of the care leavers said that these experiences were important even if they were deeply hurt when they noticed that their parents were indifferent to their grandchildren or did not accept the child they were expecting.

“My mom and my family, they had their doubts about me as a mother. It is there in black and white that because of my childhood, I’ll never be a good parent, which made me feel like absolute shit, that someone could say that to another person. Because I don’t think that’s how it goes, not at all. So, if you have seen the worst kind of hell there is, why the fuck would you want that for your own child?” (interview 14, female, 19 years old).

“I will keep in touch with her for the children’s sake, even though I’m annoyed with her, just for her needing company or money, but she is actually a good grandma when she is here.” (interview 5, female, 19 years old).

Some of the care leavers spent a lot of time with their friends, and felt that this relaxed them, brought them joy, and was a valuable source of social inclusion, support, and empowerment. They also shared everyday things with their friends, including tasks related to studies, cooking, and sports. They reported that they had formed deep emotional bonds with their friends, which enabled them to discuss difficult topics, such as coping with difficulties and managing issues that caused anxiety. If meeting face-to-face was difficult, they kept in touch with friends through social media or various smartphone applications. The care leavers reported having befriended a lot of people through the internet and online games, some even living halfway across the world. In some cases, these were the only friends the care leaver had.

“A lot of time online and then having lots of friends around Europe and the world, but then no one really living here close to me. I think I get along with people well, but at the end of the day I’m often that tired or don’t really feel like getting in touch with people, so then it’s just easier to spend time with people you’ve met online related to things you’re already interested in.” (interview 1, male, 20 years old).

Loneliness was a common part of some care leavers’ lives, and was often related to bullying, depression, and an inability to share personal issues. Some of the care leavers also reported feeling lonely even when

surrounded by other people. They felt fatigued and had no energy to spend time with others even when they were motivated to do so. The care leavers who had moved from a child welfare institution to an apartment shared that they had felt lonely at first despite feeling positive about having a home of their own.

“I haven’t really ever had friends because I was bullied in lower and upper comprehensive school, so I haven’t really had friends, yeah.” (interview 10, female, 19 years old).

4.2. Involvement in daily activities

The care leavers reported that their daily activities, such as studies, hobbies, as well as participation in various groups, rehabilitation services, and working life, had improved their social inclusion (Table 2). Group activities brought rhythm and enrichment to their daily lives, improved their mental ability to cope, and relaxed them. These activities helped the care leavers process their traumatic experiences, improved their confidence, and provided strong support for fostering relationships and making plans for future. The care leavers stuck to a regular daily routine to make sure they had enough energy to wake up in the morning to get to school or work. Some of them were actively involved in youth politics, a student association, or a client panel for developing aftercare services. They valued opportunities which enabled them to exert influence.

The care leavers unanimously agreed that studies are important and perceived an education as a gateway to employment and earning a living. As such, nearly all care leavers were enrolled in an educational programme. Rehabilitation offered the care leavers concrete help and skills for transitioning to studies or working life. It also helped them establish intoxicant-free relationships and obtain peer support. Some of the care leavers had clear plans regarding their future employment. They felt that groups related to sports, music, and art – which their schools offered free of charge – had enabled them to engage in meaningful activities, meet other students, and create beneficial friendships (Table 2).

“The main thing is that you’re doing things that promote your career...there are social improvisation exercises and then you sometimes get people there talking about different careers.” (interview 1, male, 20 years old).

Some of the care leavers were also employed alongside their studies. However, the care leavers shared contradictory experiences, as some felt that employment supported social inclusion while others felt that it decreased social inclusion. Positive feedback, support from the work community, and belonging to a certain organisation promoted social inclusion among care leavers. On the other hand, some care leavers found work to be burdensome and suffered work-related insomnia and stress. Furthermore, they felt as though they were forced to work due to their financial situation, while shift work disturbed their daily rhythm and school attendance (Table 2).

“Of course, you’ve got stress because of school and then I also work at times a couple of times a month, like I just did last night. It’s lots of fun and I like it a lot but when you don’t have time for everything, then it’s about making a schedule and prioritising.” (interview 3, female 20 years old).

4.3. Well-being connected to social inclusion

Care leavers’ social inclusion was strengthened by improved mental health and reducing or quitting substance use. As a result, the care leavers had fewer absences from school, found it easier to attend studies, felt better, had more energy, and experienced fewer mental health-related symptoms. They had gotten their physical health issues under control or adjusted to their illness, both of which enabled them to live a

normal daily life.

“Well, maybe like 30 units a night, it’s a lot. I’ve had a lot of problems with alcohol in the past, but anyway, now that’s been limited to just drinking on weekends, whereas before I used to drink every day at least a few drinks. I’ll just have a soft drink. I’ve managed to limit it so much. And anyway, I’m attending school now.” (interview 17, female, 19 years old).

The care leavers mentioned being affected by various mental health symptoms, such as severe depression, self-destructive behaviour, anxiety, sleeping and learning difficulties, and poor functional capacity; all these considerably restricted their social inclusion and had already led to some dropping out of their studies. Social inclusion was also hampered by irregular daily patterns, poor nutrition, and sleeping habits; concerning sleep patterns, some care leavers mentioned sleeping through the day and staying up late at night. They found attending school to be so burdensome that they had no energy to do anything after their schooldays. Some of the care leavers reported difficulties in leaving home due to fears, anxiety, or panic symptoms. They also mentioned poor memory as a factor for reduced social inclusion, as this led to forgetting to attend agreed meetings. The interviews revealed that problems related to the care leavers’ health and well-being had not been identified during aftercare services; as such, the care leavers had been deprived of the services they would have needed (Table 2).

“For a long time in my life, I’ve had difficulties to function in normal, everyday life, so I’ll skip days and can’t get to school, or cleaning may be difficult, leaving the house sometimes too. It’s related to having other problems.” (interview 1, male 20 years old).

Not all care leavers had negative perceptions of their substance use; however, they did acknowledge that this had limited their social inclusion. Using and procuring intoxicants took up a significant part of some care leavers’ days and reduced their contact with other people. They felt that intoxicants helped them free themselves from stress and worries, and cope with daily tasks which might have otherwise stayed undone.

“Well, I use quite a lot of drugs. Everything under the sun. And anything I can afford. Actually, I spend 90 per cent of my days on drugs. I feel refreshed, relaxed, it helps me. I wouldn’t have the energy to have a shower if I didn’t take anything. (interview 8, female, 19 years old).

4.4. Social exclusion

The care leavers described social exclusion as passivity during free time, being isolated, taking part in criminal activities, and feeling disadvantaged. The care leavers tended to self-isolate in their homes even though this increased their anxiety. They reported spending time watching TV, aimlessly browsing the internet, playing games, and resting. When asked to further describe these problems, the care leavers mentioned poor social and emotional regulation skills, aggressive, impulsive, and inappropriate behaviour which limited their close interpersonal relationships, trouble with the authorities, as well as issues with working life. These problems made them feel inadequate and incompetent (Table 2).

“I also have this, if I get irritated, I’m raving for five minutes, tell everyone off, break everything, and then I realise what I’ve done and apologise. Having this short temper.” (interview 14, female, 19 years old).

Some of the care leavers also described how their social inclusion had significantly reduced after they had committing crimes (Table 2). They felt remorse and guilt over their offences. The consequences of the crimes were memorable and brought up dark thoughts and had made the care leavers rethink their lives and the direction they were heading

towards. They wanted to make a conscious change for the better.

“When you spent 16 nights and days locked up in the same little box, there was time to think about things, so how did things end up like this. I wouldn’t have imagined a few years ago that I’d be in that kind of a situation.” (interview 6, female 20 years old).

Poverty also reduced the care leavers’ social inclusion (Table 2). For instance, the care leavers shared that they had no money for recreational activities such as going to the cinema or meeting friends at cafés. They aimed to compensate for this lack of financial means by working hard, which consumed a significant amount of their resources. In certain cases, this was made difficult by debts incurred during adolescence or constant substance use, which means that the care leavers could only afford to pay their bills and buy necessary food items.

“It would probably be nice to go to a café, to the movies or something. There’s no extra (money) because I got into getting all kinds of credit stuff when I turned 18. Now all my money goes to paying bills, that’s a bad thing. I don’t have money to do anything.” (interview 6, female, 20 years old).

5. Discussion

The aim of this study was to describe experiences of social inclusion, along with the related factors, among care leavers who were receiving aftercare services provided by child welfare services and transitioning to independent life. The care leavers described their experiences of social inclusion through interpersonal relationships formed during childhood, in foster care, and later in life. The care leavers emphasised their trauma, growth and development, the ability to repair relationships and avoid passing on intergenerational trauma, as well as the value of corrective interpersonal relationships. The care leavers’ daily activities, such as studies, hobbies, group activities, rehabilitation, and employment, promoted their social inclusion. Social inclusion was also strengthened by improved health and well-being. This study was important because there is limited research into social inclusion from the care leaver’s perspective (Gypen et al. 2017; Storø, 2018), and the presented results provide new insight into various aspects of social inclusion.

The results provide valuable observations for the development of aftercare services in a way that strengthens care leavers’ social inclusion in user-centric fashion; this type of insight fulfils the research gap that was recently pointed out by Biddle and Gibson (2021). The results concerning social inclusion indicate that care leavers both have adequate resources for coping, such as an ability to gather corrective experiences and rebuild close relationships and are resilient; this agrees with what has been reported in previous studies (Bath et al., 2020; Häggman-Laitila et al., 2019; Leonard & Gudino, 2016; Mendes & Snow, 2016; Patterson et al., 2018). The results paint a detailed picture of care leavers’ social networks and informal support from family and friends to enhance the findings of previous studies (Rogers, 2018; Wade, 2008). The results also support Storø’s (2018) suggestions that aftercare services should be developed to have a holistic approach which could connect the goals set for independence to interdependence as well as identify care leavers as individuals who can support others. Our results show that interdependence considerably boosts independence (Storø, 2018).

There is limited research (Häggman-Laitila et al., 2020) concerning the resources of young people in aftercare, and this study contributes to bridging this gap by providing a new perspective on a population group perceived to be vulnerable, i.e., characterised by high support needs and prone to social exclusion. The key question of how aftercare services could strengthen young people’s resilience related to social inclusion, personal resources, and the ability to gather corrective experiences remains largely unanswered (Storø, 2018). It is important to note that care leavers have pointed out that aftercare services do not sufficiently include them in decision-making related to their future (Kaasinen et al.,

2021) or adequately support their close personal relationships and ability to form new ones (Häggman-Laitila et al., 2020; Maliszewski & Brown, 2014; Patterson et al., 2018). Aftercare services should provide robust measures for supporting young people's interpersonal relationships, e.g., family and couples therapy, the connection to the biological and foster families, and the care leaver's relationship with their spouse and children. Paying attention to interactive skills and emotional management is critical in this context (Storø, 2018). Research on the topic should be expanded to the resources of people close to the care leavers, and how these individuals can provide opportunities for strengthening social inclusion and/or support from the local community. Furthermore, the influence of peer support and natural mentors on social inclusion should be examined in the future (Storø, 2018). Developing the guidance provided to care leavers also requires research on the post-aftercare social inclusion of young people.

Prejudices in the service system have led to the incorrect categorisation of some care leavers as disadvantaged (Combs et al., 2018); our result, in which care leavers' parenting skills were questioned by various individuals, also supports this finding. The care leavers have a desire and the necessary resources to overcome the intergenerational accumulation of social disadvantages (Wall-Wieler et al., 2018), along with the ability to make major positive changes in their lives. This is an important finding and was supported by direct statements that several care leavers had stopped substance use to continue their education and guarantee a better future for their children. When considering the current state of the social care system, professionals need to be provided with sufficient training, which can only be developed through rigorous research, if we want to ensure that care leavers are provided with the resources necessary for social inclusion and successfully raising their children.

Our results also mirrored what has been reported in prior research in that traumatic relationships, mental health issues, substance use, and behavioural problems all impair care leavers' social inclusion (Patterson et al., 2018; Roberts et al., 2017). The interviews revealed that traumatic experiences had an extensive impact on care leavers' well-being, relationships, and daily lives. The use of trauma-informed approaches in aftercare services remains an understudied topic. Nevertheless, our results emphasise the need for developing and introducing a multi-professional approach that aims to stabilise care leavers' trauma. The scarcity of multi-professional collaboration in aftercare services makes it difficult to reduce the factors that prevent social inclusion (Häggman-Laitila et al., 2020). This type of collaboration must be improved due to the complexity of well-being problems. Another key obstacle to the realisation of social inclusion is the fact that care leavers with mental health and/or substance abuse issues will either not receive, or refuse, the services they need (Toivonen et al., 2020). In fact, it would be important to determine why there is a mismatch between care leavers' support needs and the available services. Unidentified and untreated mental health and substance abuse issues may not only threaten the care leavers' own well-being, but also that of their children, which will perpetuate the complexity of the problems, including vulnerability and social exclusion (Bath et al., 2020; Patterson et al., 2018). To mitigate this, the service system needs to be flexible, non-judgmental, and provide targeted support to ensure that young people with various resources and support needs have access to individualised support for social inclusion (Häggman-Laitila et al., 2019; Stein, 2012).

It is beneficial to involve care leavers in the identification of their own problems, after which they can find solutions and plan activities that promote social inclusion (Bath et al., 2020; Patterson et al., 2018). In fact, aftercare services are considerably investing in school attendance and work, financial support, and recreational activities (Häggman-Laitila et al., 2020), as well as development efforts targeting these areas, including tailored guidance and occupational therapy. Aftercare services should identify a care leaver's increased risk of criminal activity (Crawford et al., 2018; Patterson et al., 2018) and provide practices based on multidisciplinary collaboration to prevent this.

6. Strengths and limitations

The richness and versatility of data are strengths of this study. The conceptualisation of data enables the transferability of the results to other, similar contexts. On the other hand, it was challenging to recruit care leavers for the interviews, and it is possible that the participants in this study had higher than normal levels of functioning and social inclusion. This may have resulted in forming an excessively positive view of the social inclusion among care leavers. The low participation rate of male care leavers is another limitation of this study.

7. Conclusions

It is important to support the social inclusion of care leavers due to the individual's quality-of-life as well as the societal issues of criminality and social care costs. Changing the perspective from care leavers' problems to personal resources, resilience and coping in life helps uncover positive aspects among this vulnerable group and reduce stigmatisation. Supporting care leavers' social inclusion can also positively influence their parenthood and the well-being of the next generation through the prevention of intergenerational disadvantages. Promoting the social inclusion of care leavers should include holistic guidance related to independence and interdependence. At present, the development of aftercare services should primarily focus on building the skills necessary for interdependence. Most importantly, this development work should be guided by evidence from methodologically robust research.

Declaration of Competing Interest

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

Data availability

The data that has been used is confidential.

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