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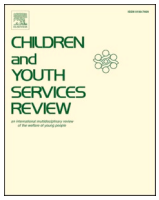

# Tensions and change in liminal spaces – Young people in Swedish out-of-home care

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ABSTRACT

The objective of this paper is to further the understanding of young people's experiences of out-of-home care (OHC). The focus will be on the tension between negative and positive experiences of OHC, refracted through the concept of liminality. The study is based on semi-structured interviews with 10 young people aged 15–22 (7 women, 3 men) with long-term contact with social services and psychiatric care. OHC can be experienced as a liminal space in both a negative and a positive sense. It is negative when perceived as containment rather than meaningful treatment. It can also be a negative experience when connected to fear, a lack of influence, and uncertainty in terms of being in between the social services and psychiatric care. It is positive when it is perceived as a turning point that enables positive change. It is then connected to feelings of meaningfulness, being respected, hope, and empowerment. The young people participating in the study also connect their experiences of OHC to a context of greater austerity in the welfare state. They reflect upon the benfits of OHC in terms of costs for society, but also the costs for the young person if the OHC is not perceived as meaningful support leading towards positive change. The participants have complex, interrelated needs and problems, and they also experience institutional gaps between psychiatric care and social services. It is important to overcome these gaps, so that young people are not located in 'in-between spaces' in terms of service provision.

## 1. Introduction

Prevention and in-home services for children and young people are prioritized in Sweden as well as other Nordic countries (Pösö et al., 2014). Despite this, the number of children in out-of-home care (OHC) in the Nordic countries has increased in international comparisons, and research also shows that young adults with experience of OHC have poorer conditions and increased risk of vulnerability in several areas such as education, mental health, crime, mortality, self-harm, and alcohol and drug abuse, compared to young adults who have not received placements (Kääriälä & Hiilamo, 2017). The objective of this paper is to examine young people's experiences of the time they have spent in OHC. More precisely, it will focus on the tension between negative and positive experiences of OHC, refracted through the concept of liminality. This concept has been used to highlight how social work operates in the liminal space between the private and public spheres (Fisher et al., 2019; Warner & Gabe, 2004). It has also been applied to situations that social work clients face: being in between different social positions (Fisher et al., 2019) or different forms of welfare services (Warner & Gabe, 2004). The concept has further been used as a way to investigate spaces for shared experiences and possibilities for new transformational beginnings (Leigh & Wilson, 2020).

In this paper we wish to contribute to the research on OHC within the field of social work. The study focuses on OHC as a liminal space that can be either a positive or a negative experience along the way towards creating potentially positive change in young people's lives. The paper is based on interviews with young people who are, or fairly recently were, placed in OHC primarily because of substance abuse, and who before their placement had a trajectory, along with their families, of long-term contact with social services and sometimes also with psychiatric care. For different reasons, they find themselves in complex life situations related to different social vulnerabilities including problematic family relations and problems related to drug addiction, often in combination with mental ill-health. They also encounter a welfare system which has become more specialized, fragmented and complex (Almqvist & Lassinantti, 2018b). The increasing specialization of social services may also contribute to the complexity of their life situation, since it makes clients' experiences of support fragmented (Grell et al., 2016). Thus, young

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people not only have complex life situations but also must navigate and handle a complex welfare system.

The interviews were conducted in 2018 as part of a larger research project. Within this project, we have investigated the conditions of young people with complex needs from several different perspectives (Almqvist & Lassinantti, 2018a, 2022). In this paper, the objective is to further the understanding of young people's experiences of OHC in terms of creating possibilities for change. As previously mentioned, we will focus on the tension between negative and positive experiences of OHC, refracted through the concept of liminality. The research questions are as follows: What are young people's experiences of OHC in terms of providing a space and time for positive change? How can these experiences of OHC be understood through the concept of liminality? The purpose is to help develop better care for young people stuck in liminal spaces between different social positions and identities within the welfare system, or between different welfare services, such as the social services and psychiatric care. Research on children in OHC care has been criticized for viewing looked-after children as a problem and categorizing them as pathologized 'others' (Holland, 2009). We consider giving young people a voice to be an important contribution of this study. Research and policy to a great extent adopt an adult perspective on young people's lives. It is therefore important to highlight young people's experiences. An important contribution of this study to the research field is thus that it gives young people a voice. Taking this into account, in this paper we wish to emphasize young people's agency by giving voice to their experiences of OHC placements in terms of generating possibilities or impediments for positive change in their lives. In a broader view, this is also in line with working towards achieving the United Nations' SDG 3 about good health and well-being (UN, 2022). First, we will give an overview of OHC for children and young people in Sweden. This is followed by a presentation of liminality as theoretical framework, after which we continue to the empirical findings and discussion.

## 2. Out-of-home care in Sweden

In 2021, 24,700 children and young people were placed in OHC in Sweden, 18,700 in foster homes, and 6,000 in residential homes (National Board of Health and Welfare, 2022). (These are numbers of OHC placements per year, which means that if a child was placed more than once the same year this will appear as two different placements in the statistics.)

This can be compared with the years 2005–2009, when 21,700 children and young people were placed per year on average. A young person can be in OHC until the age of 20 (National Board of Health and Welfare, 2020b). In Sweden, an intervention such as OHC can be either voluntary, under the Social Services Act, or compulsory, under the Care of Young Persons (Special Provisions) Act.. Most interventions concerning OHC for young people were voluntary (78%) (National Board of Health and Welfare, 2020a). As highlighted by Pösö et al. (2018), however, there are different shades of voluntariness and involuntariness, and of consent and objection, in both voluntary and involuntary care orders.

Foster care was the most common form of OHC, accounting for 66% of placements in Sweden in 2019. Residential care was the second most common form, accounting for 33% of the OHC (National Board of Health and Welfare, 2020a). About 50% of those who were placed in OHC were above 15 years of age. Boys have long been in the majority in all forms of OHC placement. However, this gender gap between boys and girls in OHC has narrowed in recent years, and of those who received OHC in 2021, 54% were boys and 46% were girls (National Board of Health and Welfare, 2022). In 2018 as many as 38,800 children and young people were placed in OHC. This temporary increase was connected to the arrival of many young unaccompanied refugees in Sweden during 2015 and the following years (National Board of Health and Welfare, 2020b).

More market-oriented strategies have been introduced in Swedish child welfare in recent years (Höjer & Forkby, 2011). In Sweden, as in many other countries, residential care is subject to outsourcing, and the market is presently dominated by private companies. According to a study by Lundström et al. (2020), close to 80% of the residential care units in Sweden today are run by private companies, although the state remains a major actor in compulsory out-of-home care (Swedish National Board of Institutional Care, 2019). Within the private OHC sector, there has also been a transition from small-scale establishments with a family-based orientation to large-scale establishments run by for-profit corporations (Lundström et al., 2020).

## 3. Young people in OHC

In a systematic review of young people's experiences of OHC conducted by Cameron-Mathiassen et al. (2022), young people expressed ambiguous experiences of support in the transition to adulthood that revealed both a sense of lack of freedom and feelings of being included and cared for. A Norwegian interview study of young people's experiences of coercive placement in open residential childcare institutions found that this placement form can be helpful if the treatment is perceived as meaningful, is structured, concerns the content of everyday life, and has clear expectations (Reime & Tysnes, 2021). Having competent and trustworthy staff who are caring, proactive, and tenacious in building relationships is considered essential (Moore et al., 2018). Levrouw et al. (2020) highlighted the importance of developing a positive group climate for young people in OHC based on positive relationships, stability, predictability, fair rules and a sense of being in control in everyday life. A study by Harder et al. (2013) identified positive adolescent-staff relationships in OHC as depending on whether the young client perceived the staff as committed, reliable, and respectful. In a wider context, legislative changes in relation to child welfare and out-of-home care in Norway and England have been discussed by Skivenes and Thoburn (2016). They argued that there is a growing emphasis on children's rights in both countries, where steps have been taken to offer children more diverse paths after placement. A US study found that around 16% of children placed in OHC experienced at least one delinquency petition, compared to 7% of all victims of maltreatment who stayed in their family (Ryan & Testa, 2005). More positive experiences of OHC were found where children reported the forming of personal relationships with other children and young people, as well as with residential staff, occasioned by the rituals of daily life (Kendrick, 2013).

The policy goal of placing young people in OHC is to provide treatment, security, and an environment conducive to improved well-being, in order to promote the young person's development towards living an independent adult life. However, OHC placements can also contribute to increasing the complexity of young people's lives by requiring them to relate to new social arenas (Egelund & Vitus, 2008). One form of complexity that has been emphasized in OHC is instability and discontinuity resulting from both planned and unplanned relocations and placement breakdowns (Khoo et al., 2012; Sallnäs et al., 2004; Ward, 2009). Cummins (2018) also highlights the impact that the past decades of austerity politics and neoliberalism have had on welfare provision and social work. Neoliberalism is based on the belief that free markets are the most effective mechanism for the distribution of resources, and, as previously mentioned, Sweden is an example of how more market-oriented strategies have been introduced in child welfare, as a majority of the residential care homes today are run by for-profit corporations (Höjer & Forkby, 2011; Lundström et al., 2020). According to Pentaraki (2017), the deterioration of socio-economic conditions also affects the relations between social workers and service users, groups that both face a shared reality of economic austerity.

## 4. Liminality as theoretical framework

In the now classic work *Les rites de passage*, the French anthropologist Arnold van Gennep (1909/2019) introduced the concept of 'liminality'. This comes from the Latin word *limen* which means threshold, and van

Gennep used it to describe different stages in an individual's passage from one social status to another. Such a transition, according to van Gennep, consists of three phases, a pre-liminal, liminal, and post-liminal phase. The concept was further developed by the British anthropologist Victor Turner. According to Turner (1977:68), liminality is a condition 'betwixt and between', connected to transition or change. Like van Gennep, Turner sees the passage as consisting of three phases. In the first phase, the 'separation phase', a person is secluded from everyday life and activities. The second phase is the 'liminal phase', corresponding to ambiguity, in which the individual experiences uncertainty and openness. The third phase is the 'incorporation phase', which involves the acceptance and embracing of a new state, different from the one the person had before (Söderlund & Borg, 2018:881).

According to Beech (2011), Turner ascribes certain characteristics to the liminal person. For example, in the liminal phase, the liminar reflects about society in order to return to it with new responsibilities as well as powers. The function of the liminal phase is to significantly disrupt someone's 'internal sense of self or place within a social system' (Noble & Walker, 1997:31). In this way, the subject is disengaged from her or his previous social state. Liminality can thus enable a reconstruction of identity if the phase of ambiguity and disruption is followed by the formation of a new identity that is perceived as meaningful for the individual and the community (Beech, 2011). Whether the liminal phase is followed by an incorporation phase depends on whether such a transition is experienced as meaningful. Turner (1977) suggests that a sense of the shared experience of liminality with others, communitas, can be an important factor in whether a person makes the final transition to a new status. Experiences of liminality involve moving from a known status to a new and unknown status, a process that can evoke deep anxiety. It is also, however, an experience that can be connected to a sense of hope and new opportunities (Leigh & Wilson, 2020).

In social work research, the concept of liminality has been used to highlight different kinds of transitions and transformational changes. Glynn (2021) uses a framework combining recognition theory, precarity theory and liminality theory in her study of young people leaving OHC. According to Glynn, leaving OHC can be an experience of liminality that is positive or negative. Those young people who felt respected and cared for experienced it as a space to figure things out and mature. For those who did not receive the same amount of support, the liminal phase of leaving OHC was a more negative experience.

In a study of trauma-informed support offered to mothers with children in child protection, Leigh and Wilson (2020) take their point of departure in the concept of liminality. They point out that for understanding the possibilities for clients to undergo transformational changes, time and timelines are important, but they also stress, relying on the work of Lefebvre, the need to acknowledge the importance of space, and the embeddedness of space and time. Space, for example, could take the form of providing clients with a common space to share experiences and thoughts. This shared experience of liminality, communitas, (cf. Turner, 1977) can enable the enactment of transformation and new beginnings. Leigh and Wilson address the issue that not all clients will embrace transformational changes. Resistance to a system that wants to change them may make them choose to return to the way they lived before. Such a choice may also be made because the known feels more secure than the unknown. A client's choice not to go forward and instead to relapse can, according to Leigh and Wilson, also be connected to a sense of belonging to 'a place of unhappiness' that the client is too ingrained in to leave (Leigh & Wilson, 2020:457).

In a British study of in-home support to families, Fisher et al. (2019) use the theoretical framework of liminality to investigate the provision of family support by volunteers. The study captures mothers' experiences of parenting as in between the states of coping and not coping. Liminality assumes movement to a new social status, and with the support of the volunteers, most of the mothers were able to move to the social status of being a mother who copes. The volunteers working in the project, however, according to Fisher et al., were locked into a more precarious and static state of in-betweenness in their relationship to the mothers, being neither friends nor professionals. The concept of liminality has also been used to explore how people and groups are forced to live in more or less continual states of uncertainty. In their study of clients with mental illness, Warner and Gabe (2004) use the concept of liminal otherness to highlight the liminal situation of those clients who were described by social workers as difficult to categorize and place. Warner and Gabe's study shows how service users and vulnerable groups, such as people with mental illness, can be located in 'in-between' places in terms of service provision, as well as in terms of the spaces to which they are relegated in the community.

Since the young people participating in our study often are located at the intersection between different institutions such as the OHC homes and other welfare-state actors involved in their lives, for instance the social services and youth psychiatric care, it is also relevant to speak of organizational liminality. In a review, Söderlund and Borg (2018) found that most research addressing individuals in liminal positions argues that they find themselves in a nexus between collective contexts and organizational structures. Therefore, individuals need to develop strategies for integrating and separating conflicting demands that evolve from these structures. The experience of OHC as a liminal situation can also be more complex for someone who is a newcomer in a country. Kaukko and Wernesjö (2017) use the concept of liminality in a study about unaccompanied refugee children's sense of belonging in OHC care in Finland and Sweden. Unaccompanied refugee children are in a liminal situation because they have left their families and place of origin, and may not yet be accepted as full members of their new country. Their sense of disruption of self or place is connected not only to the OHC placement, but also to the challenges of adapting to life in a new country.

In this study, we wish to increase the understanding of young people's experiences of OHC placement by using the concept of liminality, and in this section we have highlighted that this concept has both temporal and spatial dimensions. The temporal dimension refers to the time spent in OHC and the possibility to change over time. The spatial dimension concerns being secluded from one's everyday practices and context. This is reflected in the fact that when young people are placed in OHC they are taken from a known environment and put into a new environment. As has been shown in previous research, a liminal phase can be a necessary step in a transformational new beginning that leads towards a change in social status and identity. However, research indicates that liminality may cause negative experiences either if the liminal phase prevails, or if the individual chooses to return to a former destructive situation, which is less scary than the imagined future. Therefore, we consider the theoretical concept of liminality to be well suited to examining ambiguity in experiences of OHC, and how OHC can steer young people's lives in both positive and negative directions.

## 5. Data and methods

### 5.1. Design

This study is part of a larger project with the aim of gaining a deeper understanding of how support for young people with complex needs can be improved. The project includes a literature review and interview studies with both professionals and young people (Almqvist & Lassinantti, 2018a, 2018b, 2022). This paper is based on the interview study with young people, which was conducted in 2018. Two medium-sized municipalities in different counties in central Sweden were selected. The counties are located near each other, and are similar in size. A reference group consisting of six professionals in managerial positions in child and youth psychiatry and the social services in the selected areas assisted us with gaining access to prospective participants by forwarding informational letters about the study to key persons in their organizations. The inclusion criteria for this study were young people 15-25 years with long-term contact with the social services and/or youth psychiatric

care. They also had to have experience of OHC. Professionals from the social services and psychiatric care who worked with young people matching the inclusion criteria took the initial contact with possible participants.

An ethical application for the interview study which this paper is based on was approved by the Swedish Ethical Review Authority on 11 October 2017 with the reference number 2017/412. The approved ethical application from Mälardalen University and the following study have been guided by ethical principles and recommendations from the Swedish Research Council (2017), which emphasize that participation in research is voluntary and always should be based on informed consent. Since none of the participants were under the age of 15, they could consent to participate themselves, thus the consent of parents or guardians was not required. Young people's right to stop the interview and withdraw their participation in the project is very important. They were informed that their participation was voluntary. To ensure that no one felt pressure to participate against their will, the researchers were careful to reiterate that participation was voluntary in their first contact with prospective participants, and also to give them information about the purpose of the study. Consent is an ongoing process, however. This means that in the interview situation, the researcher has to be sensitive to how questions are perceived, and based on an interpretation of the interview situation must decide whether or not follow-up questions should be asked. The researcher must periodically remind respondents

**Table 1**
Participants in the study*.

| Fictitious name | Gender | Age | Age of first contact with youth psychiatric care (YPC) or social services (Soc) | Age of drug debut | Placement trajectory | Total number of placements in OHC | Foster home | Residential home | Youth correctional home (SIS) | Occupation and housing |
|---|---|---|---|---|---|---|---|---|---|---|
| Jenny | female | 22 | 12 (Soc) | unclear | Placed in OHC for the first time at the age of 16, in a residential home for mental ill health and addiction. | unclear | – | unclear | 1 (due to mental ill-health and not crime) | Job training, supported housing |
| Lovisa | female | 21 | 12 (YPC)<br>16 (Soc) | 14 | Placed in OHC for the first time at the age of 17. Spent 3 months in a residential home for addiction treatment followed by 4 months in foster care. | 2 | 1 | 1 | – | Studying at secondary school, lives in her own apartment |
| Johanna | female | 15 | 11 (YPC)<br>12 (Soc) | 12 | Placed in OHC for the first time at the age of 13. Spent 2 years in the first residential home, followed by a shorter placement which was followed by the current placement. | 3 | – | 3 | – | Placed in a treatment home |
| Caroline | female | 19 | 14 (soc) | 13 | Placed in OHC for the first time at the age of 15, first in a short-term placement then a residential home for drug treatment for 5 months, and finally a foster home for 2 years. | 3 | 1 | 2 | – | Studying upper -secondary school, lives with her mother |
| Frida | female | 15 | 13 (Soc)<br>14 (YPC) | 13 | Placed in OHC at the age of 14 in a residential home for drug treatment for 8 months. | 1 | – | 1 | – | Studying at secondary school, lives with her mother |
| Fredrik | male | 18 | 13 (Soc) | 12 | Placed in OHC for the first time at the age of 14 (residential home for drug treatment). | 4 | – | 4 | – | Works at an auto shop, housing situation unclear |
| Ida | female | 15 | 10 (YPC and Soc) | 12 | Placed in OHC for the first time at the age of 14, in a residential home for drug treatment, for 6 weeks | 1 | - | 1 | – | Studying at secondary school, lives with parents |
| Filip | male | 19 | 6 (Soc) | 12 | Placed in OHC for the first time at the age of 12, in a foster home, followed by a residential home, back to his mother, residential home, foster home, youth correctional home, foster home, another foster home. | 7 | 4 | 2 | 1 | Job training at an auto shop, lives in his own apartment financed by the social services |
| Alexander | male | 17 | 9 (Soc and YPC) | unclear | Placed in residential home for drug treatment (age uncertain). | 1 | – | 1 | – | Job training as a janitor, housing situation unclear |
| Maria | female | 17 | 14 | unclear | unclear | 2 | 1 | 1 | – | Studying upper -secondary school, lives in her own apartment financed by the social services |

* Self-reported information at the time of the interview 2018.

of their right to refrain from answering questions that they perceive as violating their privacy, or for any other reason. The participants were also informed that in case they experienced distress because of the interview, they could contact a professional who held a managerial position inside the organization but was not involved with the project.

The participants are 10 young people (between 15 and 22 years) with experience of OHC during childhood and/or adolenscence. The participants' experiences of OHC are varied (see Table 1). All of them have been placed in residential care, predominantly due to drug abuse. Five have experience of placements in foster homes as well, either before or after their placement in a residential home. There have been both voluntary and compulsory placements. As for the gender distribution, three participants were young men and seven were young women. We aimed for a more even gender distribution but had difficulty finding young men who agreed to be interviewed. All the young people had discontinuous schooling related to mental ill-health and substance abuse.

### 5.2. The interviews

The semi-structured interview guide used for this study was informed by findings from previous studies within the previously mentioned project (Almqvist & Lassinantti, 2018a, 2018b, 2022). The interviews lasted between about 45 and 120 min and took place in the participants' homes, in a residential home, at their school, at the social services office or at the university. They were conducted in Swedish and were transcribed verbatim. The participants' names have been changed to ensure confidentiality. A strength of qualitative data is that it provides locally anchored, rich descriptions that are close to life as it is lived (Miles & Huberman, 1994). Qualitative data has the potential to reveal complexity and provide a deeper understanding of a phenomenon, and qualitative interviews also provide greater opportunities for discovery than interviews with a high degree of control (Denscombe, 2000). The low degree of standardization in semi-structured interviews allows for openness in the interview situation and makes it possible to follow the interviewees' storytelling (Holstein & Gubrium, 1995).

The study concerns the participants' experiences of OHC, and this was also asked about in the interview; therefore, the young people knew about the study's topic. The interviews were structured in the sense that the questions and themes concerned the participants' experiences of interventions by the social services, with placement in OHC being one such intervention. They had a low degree of standardization, which means that the interviews were guided by flexibility, and questions and follow-up questions were adjusted to be sensitive to the participants' ways of telling their stories. When interviewing a young person who had been in OHC, we posed follow-up questions relating to the situation of being placed there. The themes revolved around relationships, empowerment and collaboration; topics that were found to be important in the literature review (Almqvist & Lassinantti, 2018a). Examples of interview questions are: When did you first get in contact with social services or psychiatric care? (opening question). What does your current support look like? Can you give an example of an occasion when you were not treated well? Do you think that you have any influence on the treatment which you receive? Do you think that you have had the possibility to participate in decisions about your care? If so, please exemplify. Do you think that those who have been supporting you have been listening to you? If so, please give an example.

### 5.3. Analysis

Open coding, inspired by grounded theory originating in the work of Glaser and Strauss (1967), was applied. The interviews were read line by line, and codes were generated. These have been put into clusters forming categories. Since the purpose was not to generate a theory (see e.g. Blair, 2015), we continued working thematically with the analysis. Kvale and Brinkmann (2009) emphasize the importance of engaging in thematization throughout a study, which we did (see Fig. 1). Both authors were involved in the analysis and discussed the interpretation to increase the inter reliability. Four themes were the outcome of this analysis process. Our ambition with the themes was to capture the tension in the data between negative and positive experiences of OHC. One participant may have experienced the tensions, or they may reflect the experiences of several of our participants. As is argued by Morgan (1993), in our writing, we have used implicit quantification, such as 'most of the participants…' to understand patterns in the data. The themes, which will be presented in the Findings section, are as follows: OHC – containment or meaningful support; OHC – empowerment or lack of influence; OHC – fears and hopes for change, and finally OHC – between social services and psychiatric care.

After the initial, more open coding, which resulted in the empirically generated themes, the analysis process followed a back-and-forth abductive movement between empirical findings and the theoretical concept of liminality (see Fig. 1). This was connected to OHC as the actual physical space where the young people were confined and to the time spent in OHC. It was also used as a theoretical concept to reflect on the young people's experiences of possibilities and obstacles to making a positive, transformational change to a different social position.

## 6. Findings

In this section, the results of the interview analysis will be presented. As mentioned earlier, the analysis was guided by a desire to capture the tensions in the data between negative and positive experiences of OHC, and also how these differences could be interpreted through the concept of liminality. Four themes were empirically generated, and these will also be discussed in the presentation of results below.

### 6.1. OHC – containment or meaningful support

When the participants were asked to reflect on their OHC placements, several described it as a space devoid of meaning, consisting merely of containment and constraints. Fredrik is a young man who was 19 years old at the time of the interview. He first came in contact with the social services at the age of 13, and from the age of 14, he was placed in residential homes on four occasions because of drug addiction and crime. Fredrik describes his previous placements as a negative experience:

> It's not that easy, living with seven other guys who have the same problems as I have…trouble with the staff every day. You can't go out, you can't have a phone, you can hardly talk to other people. The social services have to approve who I can talk to.

Fredrik characterizes his past experiences of OHC placements as a time and a space filled with conflicts, antagonistic relationships, and struggles with the staff and other young people. He recalls the time spent in OHC as consisting of containment and constraints. He sees it as counter-productive and refers to this phase in his life as something that led to more, not fewer problems. This was confirmed by other participants who reported having become more involved with substance abuse while in OHC. Today, Fredrik is drug-free and has a job. Whether his choice to live a drug-free life is thanks to his previous placements is not clear-cut, according to Fredrik. With another type of support, he could have quit using drugs earlier, he argues. The money that society spent on his treatment could, he says, have been more meaningfully spent:

> So, for example, there's the money that the social services have wasted on me in treatment homes. I think I figured out what it cost. It was about two million [SEK]. And what they could have done with that money if they'd spent it on giving me a hobby several years earlier. It would never have been that kind of money… I think it's so unnecessary, a waste of money and several years wasted as well… I

| Parts of quotes | Codes | Categories | Themes | Perspectives guided by our choice of theoretical framework |
|---|---|---|---|---|
| She kept promising to buy me new clothes…. I never got any new clothes. She promised me the best place to do an internship…with a veterinarian because she was doing horseback riding, so I felt [staying with her] would be great…It ended up with me sitting in her stable day in and day out, on a cold floor because her horse was sick … I just sat there all day on my own. | Promising, best place, great, ended up, cold floor, on my own | Unkept promises | Fears and hopes for change | When looking at different aspects of young people's experiences of OHC, we found that how the liminal phase was experienced, was connected to feelings of hope as well as fear |
| I'm really receiving encouragement here, and it's very nice, I'm transformed, that's what I'm transformed into, like this, right now. It's very exciting for me, even if it's scary at the same time, but my whole life is changing, a beautiful life is about to take shape. | Encouragement, transformation, excitement, scary, beautiful life | Feelings of being scared, an oppor-tunity for making a positive change | | |

**Fig. 1.** The analysis process. Examples based on one theme.

spent a year and a half in residential care in total. It's just a waste of time; like, you don't do shit there.

Fredrik argues that it would have been less costly for society and more productive for his recovery if the support had been better geared toward what he perceived as meaningful support for him. The fact that economic issues and the question of how much money 'has been spent on me' appears in young people's narratives can be connected to what Pentaraki (2017) describes as a shared reality of economic austerity between social workers and service users. The question of meaning or lack thereof in OHC is also connected to economic motives in other ways by other participants. Like several of the participants, Lovisa was placed in foster care home after her placement in residential care. The reason for placing young people in foster care for a limited period can be that the social services have assessed that the parents or guardians still have difficulty handling their child, or that running into former friends with drug problems would increase the risk of a relapse if the young person moved back to their hometown. Lovisa remembers such a placement in foster care as not so successful. She experienced that she was not acknowledged, and she concludes that the foster carer was motivated more by money than by being there for her:

> Especially this foster mother, if she had listened and been well-informed and understood, and didn't just, I don't know what she was looking for, money, power, I have no idea. But she might have been more understanding somehow than when she, kind of, locked me in there. It felt like being in prison.

In this quote, Lovisa questions the foster mother's motives for taking her on and shows that she is well aware of the financial incentives that are offered for taking a child into your home. The time she spent there, Lovisa says, resembled being in prison. Experiences of OHC are not only perceived negatively, as in the above examples, however. It can also be perceived as a meaningful time and space, a turning point in one's life. Ida is a 15-year-old girl who was placed in a treatment home at the age of 14 due to drug abuse. According to her, the involuntary placement was a decision made by the social services that turned out to be good for her:

> …when you're as young as I was then, the first thing I think you should do, as they did with me, was to just make the heavy decision to send me away. Because it's when you get away and are drug-free, that's when you have time to think, and think: 'Yes, but what the hell am I doing? Do I want to live like this?'

Ida describes being sent to OHC as a necessary intervention and says the time she spent there helped her make the changes that she needed in her life. Unlike Fredrik, she experienced the placement as meaningful, and this is connected with the content of the treatment and her relationships with the staff at the residential home. Experiences of

liminality can enable positive change if the liminal phase in which the subject experiences uncertainty and ambivalence is followed by an 'incorporation phase' of acceptance and the embracing of a new state that is different from the initial state (Söderlund & Borg, 2018:881). In Ida's case, the OHC offered her a secluded place and time to reflect on her actions and life situation. Liminal phases have the potential to 'significantly disrupt' someone's 'internal sense of self or place within a social system' (Noble & Walker, 1997:31). The liminal phase can thus involve a dismantling of identity to make it possible to return to society with a new identity. In this sense, liminality can enable a reconstruction of identity if the phase of ambiguity and disruption is followed by the formation of a new identity that is perceived as meaningful by the individual and the community (Beech, 2011), and according to Ida, the support she received when in OHC facilitated her attempt to change positively. This can be compared with a study by Reime and Tysnes (2021), who found that treatment was effective if it was perceived as meaningful. Lovisa's and Fredrik's experiences are, however, connected to a sense of lack of meaning, and are also connected to an economic discourse – in Fredrik's case, when he describes the care he received as an unnecessary and costly expense for society, and in Lovisa's case, through her sense of being someone else's source of income.

### 6.2. OHC – empowerment or lack of influence

The previous section highlighted that OHC can be apprehended as providing space and time that affords a sense of meaningfulness and encouragement to move towards positive change, or it can be experienced as the opposite. A sense of lack of influence over their situation is a common denominator in the young people's narratives of their path through different placements in OHC. This can have to do with what type of OHC they were placed in, where or when. Filip describes a turbulent situation starting from the age of six, when his parents divorced and he came into contact with youth psychiatric care and was diagnosed with ADHD. Due to drug abuse, his contact with social services intensified from the age of 12, and he was placed in OHC on multiple occasions.

Filip's experiences reveal a childhood spent in liminality, where the multiplicity of placements increased the discontinuity and fragmentation of his care. Filip talks about this series of placements with a tone of resignation and a sense of being sent around like an object, lacking the possibility to manage his situation. Opinions about how long a placement should last and feelings of not being able to influence the duration of placements are other issues brought up in the interviews. Some of the participants express that they were not allowed to stay as long as they felt they needed. Frida, a 15-year-old girl, recounts that she was placed at a home because of tramadol and cannabis abuse. According to her, she had not yet completed her drug rehabilitation programme when her child-welfare officer wanted to end the treatment. Frida felt that she needed more time, but she and her mother had to fight with the social services to allow her to stay at the residential home for a while longer:

> …depending on how long you've been on drugs, it takes at least a year, or half a year, to be able to make such a big step. It's not possible in two months, as the social services think.… As I said before, I think it's just about money, that it will be too expensive for them … It costs too much money to have people stay there… I think the social services are pretty stupid. It will cost even more money if someone returns home and starts [doing drugs] again.

Frida explains the importance of not having overly short placements, since the length of time may be crucial to getting away from acquaintances associated with drug use. In this case Frida managed, with the help of her mother, to persuade the social services to allow her to stay longer than the stipulated two months. She describes having had to fight the social services, and thinks that financial motives were behind their decision to shorten her placement. This was also the case for Caroline, a young woman of 19, who since the age of 14 has been placed in OHC on multiple occasions because of drug problems. According to Caroline, her child-welfare officer wanted to end the OHC placement prematurely, and she thinks this was because an OHC placement is expensive, and the social services wanted to reduce costs. The fact that economic considerations appear in the young people's narratives shows that, as clients, they are well aware of how a time of austerity politics regarding welfare provision may affect the social services' inclination to provide lengthier treatment (cf. Cummins, 2018; Pentaraki, 2017).

For the treatment to be effective, it may be crucial to have a say in the duration of your placement, so that it is neither too long nor too short. As stated by Frida and Caroline, overly short placements can be a hindrance for traversing liminality. According to Leigh and Wilson (2020), attempting to traverse liminal spaces involves oscillating between being ready, standing still and moving forward, and decisions about the duration of the stay need to take into account where the person is in the process – whether she or he is still in the liminal phase or is moving towards an incorporation phase (cf. Söderlund & Borg, 2018). How long a time someone needs to spend in OHC treatment depends, of course, on many different factors, such as the severity of the drug abuse and the person's own motivation, among other things. Another participant, Ida, spent only six weeks in OHC. According to her, however, this fairly short period was enough to enable her to move forward to the status of a non-addict. According to Ida, the OHC she received was a turning point in her life that brought about a change that she wanted:

> I was not there for long either, and still, it made such a difference. It's also different if you're receptive… I was very receptive and wanted to stop. I understood the problem, and then it was much easier… it was almost a year ago and I haven't relapsed at all… I could live there now, honestly, it was that good. I got to keep my phone and all that stuff… They [the staff] were fun; they were understanding, and they were committed to their job, so I didn't have any problems with them at all, I didn't… And I'm very open, and not difficult to work with, because I was very outgoing and very motivated all the time.

Ida explains that the meaningfulness of the placement was related to her good relationships with the staff. In contrast to others who have stressed constraints and rigidity regarding rules, she describes having good relations with staff and less strict rules. She also emphasizes her own motivation to change. The quote further exemplifies Ida's adaptation to the staff's expectations about her behaviour and attitude, which indicates that she rather swiftly moved on to the 'incorporation phase' of acceptance and embracing a new identity (Söderlund & Borg, 2018:881; Beech, 2011) in accordance with where the staff 'wanted her to be'. Whether time spent in OHC is perceived as meaningful or not is strongly connected to relationships and how staff treat them. The participants had varying experiences of treatment by staff in OHC. Since many of them had experienced multiple placements, they described being treated differently during different placements as well. Johanna, who was 15 at the time of the interview, had already been placed in several residential homes. She was critical of some of them, but also described experiences of good treatment, particularly in her current residential home:

> It was good when I came here actually, because when we got here we went and had lunch right away with someone from the staff. And it was like this… something new, because I don't know, it's usually not like that. In the other places I've stayed, they just: 'Here's your room. Put your bags there.' And like: 'Yes, we'll go through the rules.'

Johanna is contrasting her introduction to other residential homes for youth with the introduction at her current OHC placement. According to her, it is common to be treated formally by the staff, with an emphasis on rules and practicalities. She stresses the difference in how she was introduced at the current placement, where the welcoming procedure seemed to be more heartfelt and gave a sense of feeling empowered. The implementation of the UN Convention on the Rights of the Child, calls for a development toward increasing respect and empowerment for children (United Nations Children's Fund, n.d.). Johanna and other participants in

the study appreciate homelike and family-based OHC homes, which stands in contrast to the development in Sweden from small-scale to larger establishments (Lundström et al., 2020).

### 6.3. OHC – fears and hopes for change

For the participants, the placement in OHC is intended to motivate them to make changes in their lives, and in this section we will highlight positive as well as negative emotions connected to being in a liminal phase leading toward change. The change from a life of addiction to a life free from drugs necessitates a transformation, and the idea that OHC can be a place and time that facilitates positive change was brought up by several of the participants. As previously mentioned, Jenny has a long history of multiple placements in OHC due to substance abuse and mental ill-health. She describes how now, at the age of 22, she is in the process of shaping a new self, a new life:

> I might be able to do this. That's probably what's scary too, not succeeding and succeeding. Succeeding means, what have I done with all this time? But failing, well then it will be like everything in the future disappears; it's scary too… it's completely new. It's like I was born yesterday and began living today, that I've missed the whole thing. My whole life has passed somewhere, not going to school, I've gone to treatment homes and so on…

The emotion that Jenny describes in the quote above is hope for a different future but, as Jenny says, it also contains fears. Jenny is afraid of succeeding because she does not yet know who the new person is that she is supposed to become. This can be compared to liminal phases understood as events that 'significantly disrupt' people's 'internal sense of self or place' (Noble & Walker, 1997:31). According to Van Gennep (1909/2019), liminality means moving from the known to the unknown. This is a process that can evoke deep anxiety in the individual as well as a sense of hope and new opportunities (Leigh & Wilson, 2020). Jenny also describes fears about not succeeding, not being able to transform her life into something new, which according to Jenny would mean losing her future. These emotions connected to liminality that Jenny expresses can also be compared with the previously mentioned study by Fisher et al. (2019) where the mothers who received in-home support alternated between a sense of coping and not coping. Jenny emphasizes the importance of getting the right kind of support to help her during this transition:

> I'm really receiving encouragement here, and it's very nice, I'm transformed, that's what I'm transformed into, like this, right now. It's very exciting for me, even if it's scary at the same time, but my whole life is changing, a beautiful life is about to take shape.

Jenny expresses a sense of hope, that positive change is possible, and highlights the support with that process that she receives from the staff at the residential home where she is now staying. Lovisa, aged 21 at the time of the interview, like Jenny, has experience of several different placements. Unlike Jenny, however, who emphasizes the good support she gets from the staff, Lovisa gives voice to ambivalence and uncertainty connected to the difficulty of convincing parents and professionals that a claimed change is 'for real':

> They may not have seen that I had changed, that I was not the same person as when I started… when I left the treatment home and moved there [to a foster home], I was a different person. I didn't want to use drugs then. So they may also think you can change… Because otherwise, I'm a very honest person. It was just the drugs I wasn't so honest about.

Lovisa reflects on the distrust she faced. Although she felt that she had changed, in her experience she was still treated like an addict. Some suspicions may be justifiable, but sometimes they might be an obstacle to making a transition to a drug-free life. The fact that she lied about her addiction also tended to 'spill over' into other areas; she felt that professionals and other carers thought she was lying about other things as well. Lovisa gives voice to a sense of resignation regarding treatment from professionals and foster parents. She recalls experiences from her time in a foster family, and more specifically, her relationship with the woman there:

> She kept promising to buy me new clothes, since I needed new clothes. I never got any new clothes. She promised me the best place to do an internship…with a veterinarian, because she was doing horseback riding, so I felt [staying with her] would be great…It ended up with me sitting in her stable day in and day out, on a cold floor because her horse was sick … I just sat there all day on my own.

Lovisa expresses a sense of being let down and recalls promises that were not kept. Her experiences exemplify how OHC, which is intended to offer protection and treatment, ends up in shattered hopes and dreams. A liminal phase can be filled with hopes and dreams about a new future. It is complicated, since this process leading toward an unknown future and a new identity also contains emotions of fear of the new and unknown. The transition toward a new status can be facilitated by professionals in the OHC who support and visibly trust the young person, but as the quotes reveal, the process leading toward change can also be hindered by what is perceived as professionals' and other adults' betrayal, or distrust in the young person's ability to change.

### 6.4. OHC – between social services and psychiatric care

The reasons for the participants' placement in OHC are predominantly related to problems regarding drug abuse. This is however often connected to mental ill-health, which may appear prior to the drug abuse but also may be a consequence of it. Young people direct criticism at the youth psychiatric care service for not taking their mental ill-health seriously enough, and for not giving them the right kind of psychiatric support before the placement in OHC. The critique also concerns a lack of integration between psychiatric care and the social services, and the participants recount the difficulties they have experienced when their needs are handled by two separate systems: health care – of which the psychiatric care is a part – and the social services. Our participants report a lack of integrated care that coordinates these two systems with each other, and also uncertainty regarding which of the two main actors, psychiatric care and the social services, that bears the main responsibility. Jenny, who was 22 years of age at the time of the interview, has a long history of contact with the social services and psychiatric care, with both compulsory and voluntary placements in OHC. She recalls a specific occasion when she was 16 years old and was placed in compulsory care by the social services:

> When the social services took over, it was very difficult to get back to the psychiatric care, which I needed since I was very psychotic. The social services' solution to my psychosis was to lock me up in a home in isolation. I don't know how they collaborate… as if I was just supposed to be stored there and live there until I became calm. I was terrified all the time. I was psychotic… I can't understand how they were even allowed to place me in a closed institution with that mental illness. I don't think they had the psychiatric competence that was needed when I was hearing voices.

Jenny describes experiencing a failure to provide integrated care on the part of the social services and psychiatric care. The quote depicts Jenny's OHC placement as a liminal space and time in terms of not having her needs recognized or treated, which she says was due to a lack of psychiatric competence at the institution where the social services placed her. Jenny had to struggle not only with her mental health problems but also with the system's deficiencies when it came to meeting her needs. This can relate to the liminal otherness that people with mental illness experienced in the previously mentioned study by Warner and Gabe (2004). Mental ill-health and drug abuse are connected in complex ways, and Jenny emphasizes that the treatment

connected to the OHC must address the multiplicity and complexity of her needs simultaneously:

> You need the whole picture for it to work. Like 'Okay, she has drug-abuse problems and even diagnosed conditions that make her use drugs. Yes, now she has been free from drugs, maybe not as long as is required. But she has been free from drugs, so she needs to get someone to talk to' [within psychiatric care].

Jenny states that 'the whole picture' is needed if she is to be able to transform positively. The OHC needs the competence to treat both her mental ill-health and her drug abuse to be able to support her beneficially. Jenny cites regulations requiring clients to have been free from drugs for several months before they are entitled to psychiatric counselling. This quote illustrates that if different welfare state actors such as the social services and psychiatric care do not sufficiently integrate their support, a situation of liminality may occur. When people's needs are divided, they are at risk of experiencing a liminal otherness, as they are located in 'in-between' places in terms of service provision (Warner & Gabe, 2004). Jenny's experiences can be interpreted as characterized by this type of liminal otherness in relation to the welfare system. Systemic deficiencies in how to support young people's needs more holistically can be interpreted as creating liminality in a negative sense, where the young person is at risk of falling through the organizational cracks in the welfare system, which also could relate to an organizational liminality, as discussed by Söderlund and Borg (2018).

## 7. Discussion

The objective of this paper was to further the understanding of young people's experiences of OHC in terms of creating possibilities for change. As previously mentioned, we consider giving voice to young people to be an important contribution in itself. An adult perspective is often the default approach in policy as well as research. It is therefore even more important to highlight young people's experiences in their own right. The focus has been on the tension between negative and positive experiences of OHC, refracted through the concept of liminality. The research questions were: What are young people's experiences of OHC in terms of providing a space and time for positive change? How can these experiences of OHC be understood through the concept of liminality? The concept of liminality was used to examine OHC as a place and time of 'in betweenness' that can be experienced negatively or positively. OHC as a liminal space was experienced as positive when it was perceived as meaningful, a turning point in one's life in the movement towards positive change. The OHC then provided space and time for reflection, which enabled a positive transformation (cf. Glynn, 2021). When OHC was experienced as a liminal space that was not positive, it was perceived as containment rather than meaningful treatment. The young people who participated had experiences of OHC that offered more containment than care. The phase of liminality was then not perceived as an enabler of a positive transformation; instead it resembled what Fisher et al. (2019:261) refer to as a 'static state of betweenness'.

Substance abuse was the main reason why participants were placed in OHC. When perceived as meaningful, OHC can be a space that facilitates a process of transitioning from a life of addiction to a life free from drugs. Leaving a known but destructive lifestyle can, however, also be perceived as frightening. Liminality carries hope, but may just as well induce fear of failure, as well as fear of abandoning the known for something unknown. Transformational interventions may provoke resistance to moving from where you are to where others want you to be (Leigh & Wilson, 2020). Experiences of liminality involve moving from the known to the unknown, a process that can evoke deep anxiety in the individual. This transitional ambivalence was also shown by Cameron-Mathiassen et al. (2022).

Liminality can be frightening as it can 'significantly disrupt' someone's 'internal sense of self or place within a social system' (Noble & Walker, 1997:31). For experiences of liminality to be experienced as positive, the phase of ambiguity and disruption should be followed by a change that is perceived as meaningful for the individual. Experiences of liminality can enable positive change if the liminal phase in which the subject experiences uncertainty is followed by an incorporation phase of acceptance and a new social status that is different from the initial state (cf. Söderlund & Borg, 2018). When OHC as a liminal space and time is experienced positively, it is connected to feelings of meaningfulness, being respected, hope and empowerment. Whether or not the potential for positive change is realized, and the young person can take the step from the liminal phase to incorporating a new identity and new direction in life, depends on whether the time spent in OHC is perceived as meaningful by the young person. The liminal phase of OHC can also be a negative experience with regard to emotions such as fear, and lack of control. As a liminal space and time, OHC can include negative experiences of deception, with unkept promises from professionals and other adults. Also, a sense of a lack of control was a common experience in relation to the possibility to influence the placement's duration and content, and this is understood in the context of an economic discourse that was mentioned by the young people in their assessments of whether the OHC was a meaningful intervention. OHC placements are thus placed in the context of more austere times in the welfare state, associated with cutbacks in public services (cf. Cummins, 2018).

When the young people weigh the benefits of OHC against the costs for society, this may indicate that they are adapting to a reality of austerity (cf. Pentaraki, 2017); however, they also emphasize the personal costs for them (in terms of lost time) if the OHC is not perceived as meaningful support. Some of the young people who participated in the study experienced the placement in OHC as contributing to their transition to a drug-free life. OHC is a liminal space as well as time, a phase that, in hindsight, is seen as having facilitated positive change. Far too many, however, report about OHC placements that were a time and space of negative liminality, a period of containment that did not support the transformation they needed to undergo. Overly short stays in OHC are mentioned by several participants who report having had to end placements earlier than they wished. This, it has been argued, can be understood as not giving them enough time to undergo such a process of change. Determining whether economic reasons really did lie behind the social services' decisions about length of placement in these cases is beyond the scope of this article.

Furthermore, the young participants all have complex, interrelated needs and problems, and the institutional gaps that exist between psychiatric care and the social services may also cause liminality to be a more-or-less permanent condition for this group of clients. This is connected in the paper to what is referred to as organizational liminality. This takes place in a liminal space that is a nexus of the values of the OHC as well as s the structure of welfare state actors such as the social services and psychiatric care. This is something that young people in OHC need to find strategies to handle, both through social integration and by separating the conflicting demands emanating from the different organizational structures (Söderlund & Borg, 2018). Otherwise, the young people become liminal others, located in 'in-between' places in terms of service provision (Warner & Gabe, 2004). When the welfare state has separate solutions to problems that need to be handled together, the full complexity of service users' needs is not addressed.

### 7.1. Strengths and limitations

The young people have experiences of both residential care and foster homes, which is considered a strength, since this increases the variation in experiences. The study consists of a small sample of interviews conducted in two counties in Sweden, and it is therefore not representative, but we can speak of analytical generalizability. It may be possible to generalize the findings to similar groups of young people in corresponding contexts, since we have access to thick descriptions in our data (Kvale & Brinkmann, 2009). Because it was difficult to find young

men who agreed to be interviewed, another limitation is that we could not reach the gender balance that we strived for. Importantly, the study revolves around events that occurred some years ago, in an earlier part of the participants' lives, which might have influenced their memories. Professionals participated in the selection process, which could result in a bias towards young people who were more positively inclined towards welfare state actors. However, as presented, our findings included statements of both positive and negative experiences of OHC. Another limitation is that the professionals from the social services provided more contacts with participants than did the professionals from the psychiatric care. It could be argued that this might cause a difference in experiences among the participants. Our analysis, however, indicates that this has not affected the findings to any greater extent.

### *7.2. Implications*

Implications for practice include the importance of recognizing that young people in OHC have complex and interrelated needs and problems. If the welfare state has separate solutions to problems that need to be handled together, the full complexity of the young service users' needs is not addressed. It is essential to find strategies for overcoming institutional gaps between psychiatric care and the social services, as these gaps may otherwise lead to young clients with complex needs being located in 'in-between' places in terms of service provision. On the individual level, the importance of positive relationships with staff for positive development and change cannot be overstated. One measure to promote such development could be to offer training to professionals to increase their awareness of the value of such relationships. Liminality has been shown to be a useful concept for social work research on transformation and change (see for example Leigh & Wilson, 2020; Glynn, 2019). In this study we have shown that it is useful for furthering the understanding of young people's experiences of OHC placement. As a major intervention in a young person's life, OHC can influence their development in a good direction, but also risks missing this opportunity if the treatment is not perceived as meaningful support. The theoretical concept of liminality is well suited to illuminate this ambivalence in how OHC can affect young people's lives in both positive and negative directions.

## 8. Conclusion

The welfare state faces the challenge of creating OHC environments that offer possibilities to create positive change in young people's lives. This study shows that, as a liminal space and time, OHC can bring hope, but with it comes the fear of abandoning the known for something unknown. If the phase of uncertainty and ambiguity is followed by the incorporation of a new and positive identity, it can be experienced as meaningful. If, however, the OHC is experienced as containment rather than meaningful treatment, it will not provide the right support to enable young people to make this transition. This is an important period in young people's lives. Therefore, it is important to acknowledge what young people have to say about their experiences of OHC placements in terms of creating possibilities or impediments for positive life changes, both when it is experienced as a place and a time for change in a positive direction and when it is not. In a wider perspective, the incorporation of the UN Convention on the Rights of the Child into Swedish law in 2020 is a step in the right direction (United Nations Children's Fund, n.d.). The change is also framed within UN SDG 3, on good health and well-being (United Nations, 2022). Professionals in the social services and those working more directly with young people need to take this into careful consideration. In terms of structural changes, the transition of the Swedish OHC sector from small-scale establishments with a family-based orientation to larger establishments run by for-profit corporations (Lundström et al., 2020) is also problematic. It could be an obstacle for creating homelike and family-based OHC homes, a type of home and treatment which participants in this study appreciated.

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## CRediT authorship contribution statement

**Anna-Lena Almqvist:** Conceptualization, Methodology, Investigation, Writing – original draft, Writing – review & editing, Project administration, Funding acquisition. **Kitty Lassinantti:** Conceptualization, Methodology, Investigation, Writing – original draft, Writing – review & editing, Project administration, Funding acquisition.

## 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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