

Young people leaving care with intellectual disabilities or mental health problems: strengths and weaknesses in their transitions

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1 Introduction

1.1 Care leavers and their transition to adulthood

The present macroeconomic situation and constant changes in our society have affected young people's transition to adulthood, which is currently less linear, less predictable and more complex (Serracant, 2012). For some, the transition is more accelerated, while for others it is more extended (Jones, 2002). Despite the general characteristics of youth transitions, the process is even more complex for young people who have spent their childhood in the care system. For them, ageing out of the care system and starting their transition to emancipation is a very vulnerable stage with few resources and little support (Stein & Munro, 2008). They may feel lonely and, above all, uncertain about how to continue with their lives, which until then have been controlled and protected. The average age of emancipation is much lower among the care leaver population than among youth who have not been in care. Thus, their transition to independence and responsibility-taking is far more accelerated (Wade & Dixon, 2006).

Many studies have already confirmed that care leavers are an at-risk group with poorer outcomes than young people who have not undergone such circumstances in their lives. Care leavers have higher school drop-out and unemployment rates, fewer opportunities to continue their studies in post-compulsory education, and are more at risk of drug abuse, mental health problems, unwanted pregnancies, and eventual homelessness (Courtney & Dworsky, 2006; Brady & Gilligan, 2018).

However, despite the difficulties and vulnerability of the care leaver population, we should not forget that this is a highly heterogeneous group among whom there are resilient youngsters who, despite the adverse conditions, do not have these problems. Some authors have focused on detecting factors that facilitate the transition to adulthood of the care leaver population. A meta-analysis of factors influencing the education and working lives of young care leavers has determined that stability while in care is a key factor (Cassarino et al., 2018).

1.2 Young people leaving care with intellectual disabilities or mental health problems

Taking into account that the child-in-care population is a non-clinical population, mental health problems are common. However, the majority have experienced some type of abuse or neglect and are six times more likely to suffer psychological problems than the general child population (Meltzer et al., 2003; Tarren-Seeney, 2008), even when social deprivation

variables have been controlled, and especially among those who live in residential care (Ford, Vostanis, Meltzer, & Goodman, 2007), have learning difficulties (Taggart et al., 2007), or lack placement stability (Beck, 2006). Furthermore, the psychopathologies they present are often complex and accompanied by insecurities in personal relationships, trauma-related anxiety, behavioural disorders, hyperactivity, inattention, and attachment difficulties (Tarren-Sweeney, 2008). Some children continue to report these problems during their transition to adulthood (Meltzer et al., 2003).

However, some authors have argued that children in care do not have a significantly higher risk of mental health problems for having lived in residential or foster care than children who have never experienced this situation. Instead, they claim the risk of suffering mental illness is related to the effects caused by circumstances endured by the children before entering care, and which led to their out-of-home placement. That is, mental health problems were already present before entering the care system (Baldwin et al., 2019).

Young people with intellectual disabilities are also over-represented among the care leaver population. Adverse conditions experienced during childhood often cause functional and behavioural difficulties, and a higher incidence of physical problems and learning difficulties (Trout et al., 2009). Moreover, given their characteristics, the children are at greater risk in adverse social and family environments. Few studies have explored the opinions and perceptions of the population of care leavers with intellectual disabilities. Nonetheless, the few existing studies have reported difficulties regarding education, healthcare and work, all of which have an impact on social inclusion and independent living (Akister et al., 2010; Ford et al., 2007). In addition, once they leave care, this population often enter the public mental healthcare system (Stein & Dumaret, 2011). This leap from one system to another leads to an adult life with very restricting, limited and specialized work and housing options for the population with intellectual disabilities (Rabiee, Priestley, & Knowles, 2001). In addition, comorbidity of several impairments is highly prevalent; children with intellectual disabilities are also more likely to have mental health issues (Slevin et al., 2011).

However, although some authors claim that the number of care leavers with intellectual disabilities and/or mental health problems is much higher than that of young people who have not been in care (Ford et al. 2007; Berlin; Stein & Dumaret, 2011; Vinnerljung, Hjern & Lindblad, 2006), studies focusing on this population are still scarce and a gap exists in the scientific literature (Rabiee et al., 2001; Silberman et al., 2009). The present study is aimed at filling this gap.

2 Research context and objectives

It is necessary to offer support and resources to young care leavers beyond age 18, especially in the areas of their lives related to housing, education, healthcare, and the world of work (Mendes & McCurdy, 2019). Tentative progress has been made by incorporating this issue into the legal framework of some countries. In Catalonia, north-east Spain, where the present study has taken place, a Post-Care Department was created within the Public Administration in 1994, aimed at developing programs for care leavers (Montserrat, 2014). Under Law 14/2010 it is mandatory to offer these services till the age of 21, although no specific reference has been made to the most vulnerable care leavers. Recently, another step has been taken and the present study is part of a 3-year pilot program with specific resources for young care leavers with intellectual disabilities and mental health problems; namely, supported housing for this population together with socio-vocational guidance programs and support in educational and therapeutic pathways. They are apartment with 4 places, apparently like the

other apartments for care leavers, in the city and in a 'normal' environment, but with an intensive intervention from the practitioners: it is on daily and personalised basis. Practitioners that are working in the housing program for care leavers (all of them) are mainly social educators (a bachelor degree at the university, related to social work). Within the framework of this program, the general research questions are:

- Who are the care leavers living at the supported housing and why do they join the program?
- How young care leavers and the educators evaluate the emancipation process followed by the young people?
- What changes would youngsters and the social educators suggest to the program to facilitate the care leavers' transition to adulthood?

To be able to answer these questions, the aim of the study was to identify which factors facilitate or act as barriers in their transitions and to be able to propose any necessary changes or improvements in the program. More specifically, the aim was to collect the evaluations made by the young people (18-21 years old), and by the social educators working with them, in relation to go deeper in the specific objectives:

1. Motivations leading them to accept entering the supported housing program, from both perspectives (care leavers and social educators),
2. Intervention objectives known and shared by the youth and social educators,
3. Program weaknesses identified by both parties,
4. Program strengths identified by both parties,
5. Future expectations of the youth regarding their emancipation.

The purpose was not to compare opinions from the two stakeholders, but to highlight the weaknesses and strengths of the program from both perspectives. Addressing these issues can help to outline changes or improvements that facilitate the social inclusion of youth leaving care.

3 Method

3.1 Participants

The sample was made up of 30 adults: 14 were young people leaving care with intellectual disabilities or mental health problems and users of the supported housing program, and 16 were professionals offering support to the young residents. The average age of the young people was 19.31 years ($dt = 1.03$), and 64.3% were male and 35.7%, female. The professionals included a psychologist, a coordinator, a director of the institution and 13 social educators, and 87.5% were women. Being them mainly all social educators, we will now use this term to refer to all of them.

3.2 Instruments

The semi-structured interview (Gillham, 2000) was used within the framework of qualitative research in order to conduct individual interviews with both the young people and the social educators separately. The script contained equivalent questions for both groups related to how they evaluated: the housing unit where they were living; intervention targets and relationships with peers and caregivers in their housing unit; various aspects of their current lives (including healthcare, family environment, friendships, nuclear household, education, work, leisure time, community life, future goals, and expectations on leaving supported housing), and an overall evaluation of the program highlighting strengths and weaknesses and proposals

for improvements. The questions that answer our main objective are those used for the analysis.

3.3 Procedure

First, we contacted the five organizations that manage supported housing for this group of young people, and the Public Administration staff in charge of research permits, inviting them to participate in the study. Accordingly, this study was based on the input of four parties: the university, social educators, young care leavers and the Public Administration.

The same protocol was followed for all the interviews. First, participants were informed of the research objectives and given an explanatory leaflet. During this first step and the first approach with the youngsters, we emphasised that the researchers were not there in behalf of the administration or the organisation, but in behalf of the University. The importance of their anonymous participation and the fact that all the information would be used only for research purposes was highlighted verbally and also on the leaflet. With these actions, the authors expected to reduce socially desirable answers. On agreeing to participate voluntarily, informed consent was requested and they were reminded they were free to withdraw their authorization at any time. Permission was also sought to record the audio interview. Interview duration was 1 to 2 hours for both parties.

3.4 Data analysis

Following the literal transcription of the interviews, NVivo 12 was used to carry out content analysis according to steps proposed by Bardin (2002). First, we read the transcripts to become familiar with the material and establish the operational criteria for the subsequent analysis. Then, categorical content analysis was performed by organizing the text into different categories, the names of which were taken from a fragment of the verbatim text. The categorization process was conducted by two researchers to ensure inter-judge reliability (Neuendorf, 2002). At the end of this procedure, a third researcher acted as a third judge to discuss the results and accept or reject the categories. The established criterion for accepting a category was that it was valid and accepted by at least two of the judges.

Categories resulting from the analysis and categorization of all responses are presented in the Results section. We present them in five categories related to the aims of this study. The focus of the analysis was the responses given by both youngsters and social educators in the same category, without aiming to compare opinions but to highlight weaknesses and strengths of the same topic from both perspectives.

3.5 Ethical issues

The Project was approved by the Ethics and Bio-Safety Research Committee of the University of Girona (approval code: CEBRU0004-2019). An agreement was also signed with the child protection authorities, specifying the processing of data by the Research Team relating to: a) access to information, b) data processing at the Team's headquarters, c) security measures, and d) confidentiality. For these purposes, the researchers were required to keep all information strictly confidential and comply with all established technical and organizational measures to ensure information confidentiality and integrity. These obligations continued to apply even after the termination and expiration of the agreement.

4 Results

Results are shown according to the five established specific objectives. A table is shown in each section (see Tables 1, 2, 3, 4 and 5) with the categories that emerged for that topic. In each case, we have specified whether the youngsters, the social educators, or both, were talking about a particular topic. The check marks used in the tables point out whether the participants referred to the topic during their interview. It does not mean that all participants made reference to it, or that they used the same words, but it indicates that the topic was discussed during the interview. Obviously, social educators and youngsters used different vocabulary and expressed themselves in diverse ways, also highlighting some aspects more than others.

4.1 Motivations that led to accepting supported housing

Table 1. Motivations and willingness to enter the supported housing program (Obj. 1)

	Social educators	Youth
To learn to live independently and improve their situation	✓	✓
Economic benefits	✓	✓
Aware of the need for more support and assistance	✓	✓
No other alternative	✓	✓
Good conduct		✓
Need to find a job	✓	
Commitment to improvement objectives	✓	
Directed towards the supported housing option		✓

Both information sources agreed that one of the main reasons for entering the supported housing program was because the youngsters were motivated to become independent and improve their personal and social situations. However, both youngsters and social educators recognized that some opted for supported housing for the economic benefits since payment depended on them carrying out a personalized work plan.

“I think there’s a bit of everything. There are some youngsters who opt for supported housing because they want to work on stuff and learn things, and there are others who do it for the money, because they want to receive benefits” (Educator)

“Me, for the money” (Youngster)

Other young people admitted having previously lived in non-specific supported housing and realizing the need for more support and assistance. Caregivers are only present a certain number of hours per week in less specific supported housing schemes. Conversely, in specific programs for this population, caregivers are available for more hours per day and the support given is more personalized and intensive.

“Well, you get more support here, there’s plenty of help and then, when something goes wrong, they’re here, they help you. In the other flat, I was completely independent, the educator came once a week. So it didn’t work out because there were so many things we still hadn’t learnt, so I handled it really badly. Then we decided with the Post-Care Department that I needed a change.” (Youngster)

Both parties were aware this was the only alternative for these youngsters, or they were destined to become homeless. In this respect, some of the youngsters (not the social educators) noted they could be admitted with a record of good conduct.

“In my case, I couldn’t go back to my mum’s and I wouldn’t have anywhere to go then, and if I had good conduct and everything, then I could live in one of those flats.”
(Youngster)

Social educators also mentioned that some young people were motivated by the need to find employment, and others were committed to the objective of improving their situation. In contrast, they pointed out that difficulties in adapting to supported housing could give rise to a loss in motivation in the youngsters, if expectations, such as having a job, were not met.

“Of course, he’s come here to get papers, a job, hasn’t he? To live independently in a flat and so on. And he’s definitely aware that he needs support with all of that.”
(Educator)

Some young people reported entering the supported housing scheme based on guidance received at the residential home where they had lived before. They had been advised to request this housing service. In these cases, some of them acted as if they were still minors and continued to be in the child protection system. They followed the instructions of the social educators, sometimes lacked information about this housing resource, and ignored the reasons that led them to apply.

“Yes, I’m entitled to it, the girl in the Post-Care Department told me I’m entitled to this flat, and I took it.” (Youngster)

4.2 Intervention objectives known and shared by the youth and social educators

Table 2. Intervention objectives during their stay in supported housing (Obj. 2)

	Social educators	Youth
To learn financial management	✓	✓
To achieve independence in healthcare issues: to follow treatments	✓	✓
To learn and take responsibility for cleaning tasks: laundry, house cleaning	✓	✓
To learn to buy and cook food and eat healthily	✓	✓
To achieve autonomy in personal body care and hygiene	✓	
To achieve integration in work and education	✓	✓
To adapt to flatmates, house rules and freedom management	✓	✓
To make progress in their participation in the community	✓	
To learn to manage emotions and social skills	✓	✓
To gain confidence and self-esteem		✓
To work on psychosexual development	✓	
Objectives are personalized, flexible and realistic and there are consequences for non-compliance	✓	
To become emancipated in 3 years (maximum age 21). To gain autonomy and leave supported housing with training and a job	✓	✓

Both social educators and youngsters indicated the need to deal with economic and health-related issues, cleaning, shopping, cooking and healthy eating, and personal care and hygiene. It was necessary, therefore, to work towards acquiring skills and competencies to gain more autonomy in these areas.

“Well... especially in the kitchen, that’s one of the things I’ve learnt most. To get moving too, for example. I used to be really lazy.” (Youngster)

The young care leavers received benefits (around €600/month) and learnt to plan monthly expenses and also save a little before leaving the supported housing scheme.

“Now I’m beginning to see living independently a bit more clearly. I’ve really got to learn a bit more: the electricity bill, this or that bill and where to pay it.” (Youngster)

Regarding personal healthcare management, both agreed that the goal was to achieve autonomy in following prescribed medical treatments when necessary. However, there was considerable debate among the social educators on how this could be achieved. Positions ranged from protective and controlling (taking the youngsters to the doctor, preparing weekly blister packs and controlling medication), to positions more oriented towards treating them as adults, responsible for their own health, helping but not controlling them, nor obliging them to arrange appointments, follow treatments or take medication. The young care leavers’ testimonies reflected these different approaches:

“They [the educators] come to the doctor, the psychologist with us. If we have interviews they also accompany us, everywhere.” (Youngster)

“And do things well, everything, you go to the doctor on your own, everything on your own.” (Youngster)

They both agreed that the young people should learn how to do household tasks, such as doing, hanging out and folding the laundry, keeping the home clean and tidy, making a shopping list to plan for a healthy balanced diet, and learning to cook. Conversely, only the social educators insisted on the need for developing personal care and hygiene skills as key to independent living in the different areas of life. It is worth noting criticisms directed at the residential centres where the youth lived before. They complained that no work had been done to teach independent living skills and consequently young people were lost when they entered supported housing because they did not know how to do anything.

“The cooking issue, much better now. When they got here, they didn’t know how to cook. Either they didn’t have time at the residential centre or it’s too complicated at a bureaucratic level, or because of facilities at the centre, it depends. So, at first, especially that, the subject of cooking. Now they get by more or less. We help them follow a more or less balanced diet.” (Educator)

Social educators and the youth also agreed on work- and education-related issues. The information gathered showed that young people were given support in their educational process. Social educators helped them to access learning resources, attend sessions when appropriate, and acquire related competencies and skills. They also helped them create a CV, prepare for job interviews and look for work, while ensuring that those already in employment kept their jobs.

“Have a job and find some studies that go with it.” (Youngster)

“Well, my goals are, first, to start working and learn how to communicate better.” (Youngster)

“End up with a diploma in what we’re studying.” (Youngster)

Two aspects were highlighted by the social educators. On the one hand, the youngsters had to adapt to flatmates and house rules and manage the freedom of movement they did not have in the residential centre. They also moved towards greater social insertion in the community, adopting new role models and networks outside the care system, something many of them lacked when they entered supported housing.

“He’s got lots of difficulties and phobias in relation to social relationships. He’s tried to participate in activities like theatre, but he soon backs out.” (Educator)

“Sometimes I feel she [the educator] is my friend, not my educator.” (Youngster)

On the other hand, the youngsters said they learnt to be more organized and developed their self-confidence and self-esteem during their stay in supported housing. The social educators highlighted the goal of psychosexual education.

In general, the social educators insisted that individualized work plans should be flexible and customized in order to meet the final objective of the youngsters becoming autonomous and emancipated between 18 and 21 years of age. Establishing a bond and giving support should be promoted as fundamental educational strategies.

“Of course, when you ask me ‘what’s the most complicated issue?’ I don’t think I can answer for the group. In other words, everyone’s different.” (Educator)

“For better or for worse, we work on the basis of establishing bonds of friendship and trust.” (Professional)

Both parties discussed what happened when goals were not met or when the youth did not comply with the pacts. The social educators had to decide between withdrawing the youth from the housing scheme, as some organizations do, giving them another opportunity and continuing to work with them, or reformulating the pact. The focus and consequences differed greatly. Some organizations had more difficulties with service users who committed offences, lacked motivation, took drugs or needed permanent attention. Yet, others insisted that the service should be adapted to the youngster, and not the other way around.

“Trust, encourage and guide. Little by little, just being there, whether they make a mistake or not, I’m there.” (Educator)

“Especially when they fail and they’re expelled; they always do that because goals haven’t been met. And that’s something that’s always struck me because these are educational services, and targets always have to be met in educational services. And if they aren’t, it’s because they haven’t been set properly.” (Educator)

“Two boys were expelled for not keeping to the rules: they brought people to the flat, smoked joints, the neighbours complained, dogs, etc.” (Educator)

“We always adapt a lot to each individual character as long as it doesn’t affect dynamics with the others.” (Educator)

Social educators and youngsters generally agreed that three years was too short a period to achieve all goals and ensure a successful emancipation process; an issue that will be explored further in the next section.

“It seems to us that full emancipation as the basic goal of supported housing is a complicated objective. We have to do everything in 3 years and it’s too much.” (Educator)

4.3 Weaknesses of the housing program identified by both parties

Table 3. Weaknesses of the specific housing program (Obj.3)

	Social educators	Youth
Advisable to extend the leaving age limit one or two years from 21 to a maximum of 25 years of age, or continue support after leaving	✓	✓
Measurement of success is open to criticism: being independent with support can also be considered a success	✓	
Follow up by educators after the youth leave the housing program is not officially recognized thereby remaining in the personal sphere	✓	✓
Difficulties to leave the program with a job and keep it once independent	✓	✓
Congestion of the public mental healthcare network and lack of information about the youngsters	✓	
Youth are not always properly informed of the transfer from residential care to supported housing	✓	
Being in specific housing hinders normalization and relationships with flat mates	✓	✓
Organizations banning youngsters from having guests are open to criticism		✓
Housing located in marginal neighbourhoods is questionable		✓
Loneliness felt by youngsters on entering the housing program		✓

The 21-year age limit was the most widely mentioned weak point by both social educators and youngsters. Extending the program at least one or two years was considered appropriate, as was tailoring the extension to individual needs. Depending on the case, they also considered extending the stay until 25 years of age, or the possibility of leaving at 21, but with some kind of support in the next stage.

“They learn a lot but they’re not independent because they probably won’t have a job. It’s the only thing that’s missing. If they had a job, it would be ideal because they’d get by with 2 or 3 hours of support a week. They only need someone to give them a bit of backing...” (Educator)

“It’s what everyone needs, but with the understanding that we give ourselves a bit more time, right? 21 is soon, too soon. Of course, a couple more years would be something else because they’d have had some work experience. And especially if you’ve had intensive support for 5 years...” (Educator)

“Three years might seem a long time, but it’s very little time to learn to fend for yourself.” (Youngster)

Related to this, social educators criticized the way successful emancipation was measured. They claimed that being independent with some type of support could also be considered a success for the youngsters and at this age.

“And what does independent mean? You can be independent with support. We believe in a more social and educational support for the individual.” (Educator)

Accordingly, social educators reported becoming role models for the youngsters, who continued to turn to them for help once they had left the housing program. However, this task was given no official recognition and thus remained in the personal sphere. It was made worse by the fact that over the years they ended up being role models for several youngsters.

“In the end, when a boy leaves he’ll continue to have your mobile number, and if one day for whatever reason he’s got a doubt about something, of course I’ll answer. We’re working with people, not loaves of bread.” (Educator)

Educators highlighted the congestion of the mental healthcare network, which offered precarious and insufficient support. Visits were often focused on monitoring medication without providing further treatments or therapies.

“It’s simple [going to the doctor] but the truth is I don’t want to go. Basically I don’t like the doctors and because they spend a lot of time writing.” (Youngster)

Unfavourable evaluations were made of the youngsters’ transition from residential care to supported housing, which lacked coordination between services. Educators at the supported housing did not always have information about the youngsters and did not know anything about them on arrival. This may hinder their adaptation and on-going support.

“Another thing that could be improved is the information transfer from the centre to the housing. Because sometimes there’s a lack of information. Some centres give us a report, etc. And others say ‘no no, I can’t give you anything because of data protection’.” (Educator)

Neither the social educators nor the youngsters could agree whether the fact that the house was specifically for youth with intellectual disabilities or mental health problems was a limitation or a facilitating factor. Some felt it was difficult for four people with different problems to live together, further hindering social inclusion. In the following section, we will see how some held the opposite opinion, evaluating specific housing positively. One weak point for youngsters were the challenges of living together, mostly resulting from the random allocation of people who did not know one another and had had no say in the matter.

“The educators come at weekends when they don’t go to the other flats, right? But because it’s housing for the disabled, well, when you have a disability you’re placed in this housing, aren’t you? They put them all together. It’s as if you put them all in an asylum together, well, it’s the same.” (Youngster)

Moreover, the ban on bringing people to the housing caused great disagreement because youngsters felt that it would be normal to have guests if it was their home. The location of one

of the flats in a high-crime neighbourhood was also cause for complaint, especially by one youngster with a past history of drug abuse.

“Do you know, I can’t bring friends or family or anyone here?” (Youngster)

“I’d be better off in another place because there are lots of kids I know and ... I don’t think it does the people in this housing any good.” (Youngster)

Finally, the youngsters pointed out how lonely they felt when they started living in supported housing compared to residential care.

“Well, there’s a difference because living alone is a bit difficult, but I’m trying to live alone and I’m ok now. Different because in the centre you’re with lots of educators, etc. And in housing, well, you’re not alone, you’re with educators, but sometimes alone.” (Youngster)

4.4 Strengths of the housing program identified by both parties

Table 4. Strengths of the specific housing program (Obj.4)

	Social educators	Youth
Flexibility; adapted to each individual	✓	
Positive assessment: happy, satisfied, comfortable, learnt a lot	✓	✓
Support provided by educators positively evaluated	✓	✓
Gradual adaptation process and slow, but positive changes	✓	✓
Opportunity to learn own decision-making and be independent	✓	✓
Support and monitoring in education and labour insertion	✓	✓
Voluntary commitment by youngsters	✓	
Homelessness prevented (youngsters have a home and an affordable rent). Specific housing also prevents them from returning to their families, where they are vulnerable to abuse, or from becoming institutionalized	✓	✓
Housing location: central, well-connected area	✓	✓
Mixed-gender housing	✓	
Having the intimate space of one’s own room		✓

Youngsters and social educators evaluated the advantages of living in supported housing positively. Social educators highlighted the types of interventions that pursued flexible goals and were highly adapted to the situation of each youngster.

“It’s a great opportunity. Not everyone’s in housing. I know a lot of people on the street, stealing and everything, and lots of people would like it. It’s a can’t-miss opportunity because entering this housing program opens up so many doors. Like, in my opinion, you can study, you can work, because you’ve got everything you need. You have all the resources in the world, this flat’s super cool.” (Youngster)

“They have two educators, many hours of support with super flexible timetables. The educators adapt to the youngsters’ needs and I think it’s really good. Unlike ordinary housing there’s far greater support.” (Educator)

The support provided by the caregivers working directly with the youngsters in the housing was highly valued, especially by the youngsters themselves.

“Yes, I like it. Because I don’t like living on my own because I need help: someone to give me support, to help me like now, educators and everything.” (Youngster)

Care leavers agreed that during their stay in supported housing they had gradually adapted to living with flat mates, and to house rules, and to the housing itself. In general, they observed slow but positive changes in their lives, especially in terms of gaining autonomy in the home and work environment.

“Well, I’m pretty good for now, I’m working. It’s been a long process; I was looking for a job, I’ve found it and I’m great now. It was a pretty good change in my life.” (Youngster)

“Before, I was afraid because I didn’t know how to cook, to iron, or to prepare a meal. But it’s nothing, they help you and bit by bit you learn.” (Youngster)

Social educators placed great emphasis on the fact that the youngsters had entered supported housing voluntarily and continued to live there on a voluntary basis. Thus, learning to decide for themselves and taking responsibility for their present and future was reinforced.

“Let them decide. I mean they’re creating their lives that haven’t gone as they would have liked up to age 18. From now on, it’s their life and it’s up to them. They value this a lot because sometimes they tell us: ‘til I was 18, even my trousers were chosen for me and now I have to choose what I’m going to eat, how I’m going to dress, and where I want to live’, and they like that.” (Educator)

Having a home and an affordable rent was valued positively by both agents. Social educators highlighted the fact that it prevented the youngsters from becoming institutionalized (psychiatric hospitals, centres for the disabled) on leaving the protection system, or becoming homeless. The youngsters themselves thought they were better off in supported housing than with their birth family.

“As a resource, it’s good because, for example, if he hadn’t had this support in a flat perhaps, he would have been placed in residential care.” (Educator)

“So, one day they’ve seen themselves with nothing. They know where they are and they want to make the most of it because they see it as an opportunity and ultimately, that’s what it is.” (Educator)

Most of the social educators highlighted the central location of the housing, which greatly facilitated access to different types of resources and institutions. Social educators also valued positively the fact that housing was mixed gender, since it reflected more closely the lives led by their peers. Youngsters highlighted the privacy of having their own room as their home.

“It’s a flat, which allows them to integrate well in the area. Because it’s located in the town centre; it’s not isolated, which would make it difficult for the youngsters to find resources or get involved in the neighbourhood. I think from this viewpoint, housing can offer a chance to youngsters who need it.” (Educator)

“In other words, our home is our room.” (Youngster)

4.5 Youngsters' future expectations for emancipation

Table 5. Expectations on leaving supported housing (Obj.5)

	Social educators	Youth
Leaving at 21: perceived as complicated. Youngsters don't feel ready and see it as far off.	✓	✓
Possibility of an extension if not ready	✓	✓
Fear of losing their job/ not being financially self-sufficient	✓	✓
Concerned about leaving without support (emotional and healthcare support from social services)	✓	✓
To register as disabled or live under the protection of a guardianship foundation: the big debate	✓	✓
Difficulties getting support from the family	✓	✓
Knowing they can ask the educator for help when they have a problem. Dilemma between what is personal and professional.	✓	✓
Lack of a social network and the process of severing ties with the educators	✓	
Special care needed in the transition process: fear and stress	✓	
Go to live with a flat mate		✓
Willing to leave and live outside the care system		✓

In general, both parties worried about the youngsters leaving the housing program without any support. Taking into account difficulties in keeping a job, being financially self-sufficient, and lack of family support, the emancipation process was not considered easy.

“You know you have to be in the working world to live independently, working to earn some money to pay the rent. And many of them have huge difficulties, either in an ordinary company or in sheltered employment. And besides, they're also afraid of failure.” (Educator)

Moreover, they highlighted the need to take special care when leaving the system to reduce the youngsters' fears and stress. In some cases they felt a time extension was needed to prevent a forced transition. This led us to ask what kind of support, extension or referral to another resource was required. While some would need assistance with housework, or timely emotional support in their new home, others would need to stay longer in supported housing. Yet others might think they needed the protection of a guardianship foundation, thus raising the question of being registered as disabled or becoming institutionalized to guarantee continued protection. Some stakeholders did not agree with types of care that incapacitated the youngsters.

“He's terrified! He's counting the days! He says: ‘I've got so many weeks left, and so many days’. And he's been telling us for some time: ‘please, couldn't I pay more rent and stay here?’” (Educator)

“From the time they start living in supported housing I always evaluate the next move. In most cases I'm not talking about 24/7 support, but help at home.” (Educator)

“He should have left the housing facility at the age of 21, but an extension was requested and granted.” (Educator)

“But when the time draws near, he backs down, he doesn’t feel ready.” (Educator)

Another difficulty youngsters experienced on leaving supported housing was that they lacked a social network and had to undergo the process of severing ties with their educators. As seen before, the youngsters turned to their social educators whenever they had a problem. Social educators, on the other hand, gave the youngsters support even after they had left, but were faced with a personal and professional dilemma since this task was not officially recognized.

“When I leave here I’ll still have the educators’ support. I’ll still have the housing mobile number, but I won’t be in the group anymore and I’ll just call the educator now and then to arrange to meet up.” (Youngster)

Although some youngsters wanted to live outside the care system, others felt the pressure to leave.

“Yeah, alone, I want to live on my own. I can live independently.” (Youngster)

“Uh, I’m a bit nervous but at the same time I’m looking forward to turning 21.” (Youngster)

“Well, I’d like to share a flat. I don’t feel I’m capable, but they say I am.” (Youngster)

5 Discussion and conclusions

The aim of this study was how the emancipation of young care leavers with intellectual disabilities or mental health problems, living in specifically designed supported housing, was evaluated by the care leavers themselves and by the social educators, in order to better understand factors that facilitated and hindered their transition to adulthood. More specifically, we collect evaluations on motivations for choosing supported housing, intervention objectives, strengths and weaknesses of the housing program and expectations for leaving supported living at the age of 21.

Regarding the motivation to join the housing program, the youngsters who participated in this study mentioned being in general satisfied and feeling thankful about the opportunity given to them adapted to their circumstances when they were proposed to join the program, feeling more accompanied by the social educator. Could this be a socially desirable answer from the participants? Obviously this is something it is always present in a research process like that. However, it is worth to highlight the importance of this positive perspective from the participants and the motivation that they expressed during the interviews. However, some of them affirmed that often they felt excluded from the decision to enter supported housing and perceived little control over their own lives, recognising that they were encouraged to enter the program. It is, therefore, important for social educators to offer motivational programs that promote the care leavers’ role as active agents and as the main character in their own life story (Fargas-Malet & McSherry, 2017). On the other hand, regarding how the youngsters enter in the housing program, almost all the social educators underlined the importance of enhancing coordination between child protection services and the housing practitioners, in particular. They felt that the youngsters should receive more preparation in the previous residential home, working on personal autonomy habits, such as personal hygiene and space, time management, learning to cook, take medication, etc., as Dinisman (2014) already highlighted in her study.

The youngsters evaluate the process they follow towards their transition to adulthood and in general, they spoke of personal growth and improvement in different areas from the moment they entered supported housing. In addition, almost all the young people said they felt supported by their social educators. It was noteworthy that most of the youngsters were aware of, and in agreement with, the intervention objectives proposed to achieve emancipation. These objectives were similar to those proposed by Häggman-Laitilaa, Saloekkiläb, & Karkic (2018) as major challenges for this population during their transition to adulthood: education, housing, employment, daily living skills, inter-personal relationships and friendship networks, assimilation of cultural norms, and access to, and confidence in, healthcare services.

On the other hand, one issue of concern also related to the participants' evaluation of the youngsters' emancipation process, was the youngsters' dependence on their educators. Care leavers generally do not have anyone to support them when they are 18, but support increases with years after leaving care (Refaeli, 2019), and also their life satisfaction increases (Refaeli, Benbenishty, & Zeira). The participants generally had a scarce and unstable social network, regarding both family and friends, one of the greatest drawbacks for their community inclusion. They tended to create close ties with their social educators (as before in residential care), and it was common for them to develop dependence on them, sometimes as substitutes for parents or other relatives (Schofield, Larsson, & Ward, 2017). The dilemma for social educators in the housing program was how to evaluate this dependence, how to help youngsters forge new ties outside the care system, and the impact for both parties in the future when this relationship was no longer an official part of the social educator's work.

Regarding the improvements on the program, participants exposed some weaknesses and strengths. A debate arose from the different approaches implemented by the various supported housing services. Either they defended a clinical perspective, focused on healthcare objectives for the youngsters, attaching great importance to medical treatment, or they adopted a socio-educational approach, mainly focused on the social inclusion of the youngsters, based on giving support and establishing a bond with them. Differences were found, above all, in the prioritization of intervention objectives, the future legal incapacitation of some youngsters, the monitoring of medical treatments and, especially, in the educators' role. Differences were also reflected in whether to encourage labour insertion in sheltered employment or in ordinary companies, or whether to promote standardized or special leisure activities; that is, an adult life with more restricting, limited and specialized housing, work and leisure options for the population with intellectual disabilities and mental health problems (Rabiee et al., 2001) and their possible entry into a specialized mental healthcare system (Stein & Dumaret, 2011). This debate opens, in a sense, a Pandora's box. Is this program closer to the specialization paradigm or the 'normalisation' paradigm? (following Casas, 1998) Is the program contributing to reproduce social categories on disability and mental health? Part of the participant organizations with a socioeducational approach (from social education and social work) tries to be away from diagnostic routines of disabilities and the intervention is based more on the normalisation and human rights paradigm. This is the essence of the programme, but the pressure from mental health services is also very noticeable. Differences between approaches also determined whether the housing users agreed on house rules or had to use pre-established rules, or whether a firm control was exercised regarding medication, or co-responsibility and autonomy in decision-making was promoted in relation to medical treatments. Here, the importance of hearing the voice of young people is a key point,

empowering them despite their ‘unexpected’ decisions, instead of not taking them into account them ‘because of their disabilities’.

Finally, a noteworthy result was the debate on the temporary nature of supported housing and the type of support available on leaving at the age of 21. As Stein & Wade (2000) pointed out, the transition to adulthood of the youngsters is much more accelerated than that of young people who have not been in the child protection system. Few youngsters have to take on the responsibilities and level of independence required of care leavers before the age of 21. That is why, both social educators and youngsters alike expressed the need to consider extending the stay in supported housing up to 25 years, if deemed appropriate. They felt that the best time to leave supported living should be decided case by case, trying to avoid the set date that is usually seen as a point of no return that creates worries and anxiety about their future (Bengtsson, Sjöblom, & Öberg, 2018; Gilligan, 2018). Similarly, deciding if some kind of support were needed during the transition would alleviate fears and reduce the personal support currently provided by the educators. This issue carries great weight in policy decision-making since it involves extending the program’s budget. Yet, at the same time, they also discussed the suitability of continuing to protect the youngsters, giving them economic protection within the care network once they had aged out of supported housing, or having them registered as disabled. Not having achieved the emancipation (with or without support) of the youngsters might be seen by some social educators as a failure. In some countries there is an increase in the maximum age for being in the protection system when dealing with young people with intellectual disabilities or mental health problems. Germany, for example, has an age limit of 21 to 27 for people with intellectual disabilities or mental health problems (Harder, Zeller, López, Köngeter, & Knorth, 2013). It remains for future research to carry out a comparison, at least between European countries, on what approaches and programmes there are for youngster when leaving care.

One limitation of this study was that a participant sample not in supported housing was not available so that different situations and evaluations could be compared. Nonetheless, we can conclude that this study has contributed to focusing on this care leaver population sub-group overlooked by both policy-makers and researchers. Not only has it explored further how this population and their social educators evaluated a housing resource for care leavers, but it has also assessed how supported housing may facilitate or hinder their emancipation, and ultimately, their social inclusion. Much more needs to be done, but this is a step in the right direction.

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