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“... I still need to learn some things”: an interpretative phenomenological analysis of the lived experience of extended residential youth care in Denmark

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ABSTRACT

Youth residential home care is, in many countries, terminated at 18 years of age. However, current research suggests that leaving care at 18 is associated with several negative or suboptimal outcomes. Denmark has, in response to this, established an extension of care which can continue until the age of 23 years. This study aimed to provide a detailed understanding of the experiences of living in the Danish extended care program. This qualitative study explored the experiences of eight young adult residents (4 men and 4 women). Interpretative phenomenological analysis was used to analyze the residents' accounts which constructed three group experiential themes: (1) “It was me; I just didn't want to listen:” The experience of the transition to adulthood while in residential care. (2) “I still need to learn some things:” The experience of maturation in extended care. (3) “They don't come running to me every day anymore:” The experience of preparing to transition out of extended care. This study has important implications for practice given the sample's perceived inability to live independently outside of care at 18 years of age. The findings support current arguments for establishing an extended care system in countries which currently only offer juvenile residential care.

KEYWORDS

Young adults in care;
extended residential care;
lived experiences;
transitioning out of
residential care

Introduction

Residential care for children and youths is concerned with welfare and development. It is a service aimed at improving the quality of life of vulnerable young people, enhancing the prospects for this marginalized group and easing their pathway into adulthood and independent living (Whittaker et al., 2015). However, despite these laudable aims, residential care has a poor record; for example, Utting (1997), in a government report for England and Wales, argued that residential care for children and youths lies within a context of abuse and failed intentions. This was still emphasized over a decade later by Berridge et al. (2012). Despite these concerns, residential care continues to be

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a living arrangement within many countries' child and youth service programs (Whittaker et al., 2015). Indeed, for some young people, it is still considered the best option (Holmes et al., 2018).

While many countries discontinue residential care at 18 years of age, there is a growing concern that this practice contributes to the poorer outcomes and quality of life young care leavers attain when compared to other young adult populations (Harder et al., 2020; A. D. van Breda et al., 2020). Indeed, A. D. van Breda et al. (2020) raise concerns that the help offered to care leavers is often directed at those who already have the capacity to succeed in their housing and employment endeavors. In addition, the comparatively higher mental health burden of this group (Vinnerljung & Sallnäs, 2008) suggests that it is imperative to evaluate alternative options to the discontinuation of care based on chronological age alone (Harder et al., 2020). The reporting of poorer outcomes for care leavers has encouraged discussions on how best to serve this group. The Organisation for Economic Co-operation and Development (OECD), following a survey of 30 countries, recommend their members raise the age for leaving care to 21 years (OECD, 2022). For some countries, these concerns have encouraged new initiatives; England, for example, is currently trialing the Staying Close program, a program designed to help care residents beyond their 18th birthday through continuous care home support until their 21st birthday (GOV.UK, 2023). In addition, in Australia, the different states have either implemented an extended care service or are in the process of implementing this service (McLean, 2018). While these efforts are laudable, it is noteworthy that extended care, as an organized national service, has existed in Denmark for over 30 years. It is therefore an available existing resource for research into the experiences of residents in extended care.

This study aimed to explore detailed accounts of the experiences and perceptions from residents within the Danish extended care program. The research was underpinned by the following objectives: (1) To explore young adults' individual stories and perspectives of their lived experience of Danish extended care (2) To examine the young adult residents' understandings on the current system of extended care in Denmark.

The Danish care system

The umbrella term for extended care in Denmark has, within the child reform laws of 2024, changed its name from aftercare [efterværn] to youth support [ungestøtte]. This paper has selected the international term "extended care" when referring to the Danish program of youth support.

In Denmark, several initiatives have been put in place to provide the best care option for children and young people who are unable to live in their family home. Following the Danish Government's reform "Children First" in

2001, a change in the laws concerning care leavers in Denmark was established, whereby young people who resided in a form of out-of-home care for example, foster, residential care home or kinship care prior to their 18th birthday, could continue in an extended care program for a period of up to 4 years (Andersen, 2019). Prior to this date, all young people in out-of-home care were able to remain in care until their 20th birthday. The Danish extended care program has the purpose of ensuring that young people who have received out-of-home care prior to their 18th birthday can have the same opportunities of personal development, health, education, and preparation for an independent adult life as their peers (Iversen et al., 2021). The extended care program relates to young people who are perceived to be capable of living an independent life following their engagement in the program, which encourages the young adult to engage in a gradual transition toward independent living. Typically, in the final year of the program, opportunities for living in an apartment while receiving help from the care home's staff are encouraged. The Danish extended care program is voluntary whereby the young people can choose not to accept the offer. However, it should be noted that a young person may feel pressured to accept extended care due to a lack of alternative forms of assistance. Currently, there are over 600 young adults engaged in the residential extended care program in Denmark.

While extended care can be considered an established offer in Denmark, comparatively little research has been conducted on its effectiveness in improving outcomes. However, in 2021, VIVE, the Danish center for social science research, conducted a Rapid Evidence Assessment of 17 studies aimed at investigating how well-extended care can support young people who have lived in out-of-home care (Iversen et al., 2021). While the report suggested those in extended care programs have better outcomes than those who declined this offer, many areas of concern remain in the domains of confidence, self-worth, network resources and belief in their competence in life skills. In particular, the sub-group in extended foster care had a higher level of positive markers in the areas of education, economy and daily life skills in comparison to the sub-group in extended residential care. In addition, the report noted the sub-group of young people living in extended residential care reported the lack of a clear pathway to transitioning out of care. Thus, the Danish model, as with its global counterparts, has not, as yet, created a situation where young people with a history of out-of-home care achieve the same normative milestones as their non-care peers (Andersen, 2019).

The primary research focus, within the domain of residential child and youth care, has, in recent years, focused on outcomes, intervention evaluation and also their economic evaluation, including comparison with alternative care forms. Indeed, relatively little research has been conducted on how young people experience and perceive living in care; a recent systematic review (Cameron-Mathiassen et al., 2022) found only 12 papers published

internationally between 1990 and 2020 which included residents' accounts within the findings. This relative dearth of resident representation is amplified within research on extended care, which, possibly due to its scarcity, is very limited. Thus, it was considered both relevant and timely to conduct research on the Danish extended care program and, in particular, use a qualitative approach to ensure the voices of current extended care residents may impact the design and development of future extended care programs.

Methods

Design

The nature of the study's aim necessitated the selection of a qualitative approach. Qualitative research uses people's words and reflections as data, which are then analyzed to achieve a greater understanding of a particular phenomenon. The potential to improve knowledge on a particular service through inviting service users to participate in research is well documented (Edridge et al., 2018; McGinty et al., 2012).

Interpretative phenomenological analysis (IPA) (J. A. Smith et al., 2022) was used to explore the participants' accounts. IPA is committed to exploring individuals' meaning and sense-making of a phenomenon. It has its theoretical origins in phenomenology, idiography, and hermeneutics; this translates into a detailed focus on the particular, an analysis process that emphasizes individual lived experience and the importance of interpretation – firstly by the participant and secondly by the researcher (J. A. Smith et al., 2022). IPA offers a more interpretative account than other forms of qualitative analysis; for example, IPA's focus on making sense of the participants' experience contrasts with discourse analysis where focus is placed on how participants construct the accounts of their experience (J. A. Smith, 2011).

As a relatively novel design feature and to ensure the most accurate representation of the participants' experiences, a second interview was conducted approximately two weeks after the first. Thus, the participant was able to read or have read out the transcript from the first interview. Following this, the participants' comments on the transcript were recorded along with their thoughts on the accuracy of the discussion which arose in the first interview. During the second interview all participants were generally satisfied with the first transcript. Indeed, they were keen to help the interviewer understand their experiences by rewording any elements that were ambiguous in the first interview. Thus, the interviewer was able to be more confident that the transcripts accurately represented the participants' views and interpretations.

Data were translated from Danish to English prior to analysis. While this is a deviation from common practice – indeed Van Nes et al. (2010) recommend remaining in the original language to ensure the most accurate representation

of the participant's narrative – this alternative approach was selected for a number of reasons. The first author, who is fluent in Danish, noted that, when working and thinking in English, commitment to the essence of the reported experiences and idiographic detail was enhanced. Equally, through translating the transcripts into English, the second author, who does not speak Danish, was able to contribute fully to the analysis during all phases. Moreover, as the entire analytical phase was iterative, with a continuous reflection between the original interviews and recordings and the developing analysis, the cultural aspects of language use (Larkin et al., 2007) were respected. The study received ethical approval from the first author's university host institution. (reference to be inserted post anonymous review, reference number FHMREC19097, July 2020)

Sampling and participants

The idiographic approach within IPA entails a detailed individual case analysis, therefore a small and homogeneous participant pool, with participants who share similar experiences, is recommended (e.g., J. A. Smith et al., 2009). The inclusion criteria for this study were as follows: being currently enrolled in a Danish extended care program and, prior to this, living, as a juvenile in Danish residential home care for a minimum of 12 months. Eight participants were recruited, 4 females and 4 males (see [Table 1](#)), a total commonly used in IPA studies (J. A. Smith et al., 2009). The youngest participant was 18 and the oldest was 23. The mean age was 20.3 years.

Participants were recruited through a letter of introduction to residential care homes which offered extended care. A total of 47 introduction letters were sent which outlined the purpose of the research and included a poster for potential participants to read. A follow-up phone call was conducted with the 11 homes that registered interest in the project. This conversation enabled the first author to gain assurances that the homes would take steps to ensure that no form of coercion would be used either to encourage participation or not. The young people who were interested in the research either contacted the researcher themselves (3) or asked their support worker to initiate contact (5). Of the nine possible participants, one withdrew and eight participated in the interviews.

A pre-interview meeting was held to ensure the potential participant fully understood the purpose of the study, how the interviews would be conducted and their withdrawal rights. A letter of consent was read through and signed before the interview commenced. The interviews were conducted either in the participants' residential care home or in their apartment, if that was their home. The shortest interview was 23 min and the longest 98 min. The mean time for the first interview was 61 min, and the second interview was 32 min. Two participants did not participate in the second interview; Bee's absence was

Table 1. Participant overview.

Name (Pseudonyms)	Age at interview	Current living situation	Age on entering residential care	Number of moves during residential care	Situation prior to residential care
Sacha	22	Apartment with visits from the residential care home, the care home serves children and youths with social and emotional burdens. Town setting.	13	0	Foster care
Bee	18	Living in a specialist residential care home for young people with autism. Village setting.	17	0	At home with biological family
Kris	22	Living in a specialist residential care home for young people with autism, Village setting.	13	4	At home with biological family
Marcus	22	Apartment with visits from the residential care home. The care home serves young adults with social and emotional burdens. Village setting.	14	4	Foster care
Caroline	18	Individual house with live in carers. The house is run under a care home which serves children, youths and young adults with social and emotional burdens. Countryside setting.	9	6	At home with biological family
Ben	23	Living in a residential care home specializing in youths and young adults with social and emotional burdens. Countryside setting.	16	3	At home with biological family
Jene	18	Living in a residential care home specializing in youths and young adults with social and emotional burdens. Countryside setting.	16	2	At home with biological family
Miker	19	Living in an apartment on a residential care home site. The residential care home specializing in youths and young adults with social and emotional burdens. Countryside setting.	13	3	At home with biological family

due to COVID-19 restrictions limiting access to her residential care home for over 3 months and her decision that a second interview was not relevant. Jene gave no reason for not wanting a second interview. However, both participants expressed they would like the first interview to be used and these have been analyzed and used in the study's findings.

Analysis

The analysis was conducted using a detailed case-by-case approach following the guidelines of Murray and Wilde (2020). As with other IPA analysis guidelines, for example, J. A. Smith et al. (2009), the focus was on encapsulating the individual story of lived experiences and meaning-

making by the participant. The analysis was conducted one transcript at a time, with each transcript fully analyzed before moving on to the next. The first stage of the analysis process involved line-by-line coding. Following this, comments were inserted beside the codes; these were then grouped and refined to form personal experiential themes (PETS) (J. A. Smith et al., 2022). The personal experiential themes were a succinct articulation of the dimensions of experiences within each participant's transcript. Within each transcript, each theme was encapsulated into a narrative summary. This summary explained what each theme related to, what it encompassed, and how sense-making by the participant was represented.

The analysis of each individual's transcript resulted in between 4 and 7 PETS. Following this phase, the PETS of each participant were carefully considered and then merged as cohesive areas were identified; this phase allowed for the interpretation of convergence and divergence of experiences from each participant's account. Following this, the analysis theme titles were allocated, with each title aiming to encapsulate the interpreted essence of each theme. The result of this phase was the production of three group experiential themes which are presented as the findings in this study. The reporting of the findings follows the guidelines of J. A. Smith et al. (2022).

Results

The group experiential themes

The analysis revealed three group experiential themes: (1) "It was me; I just didn't want to listen:" The experience of the transition to adulthood while in residential care. (2) "I still need to learn some things:" The experience of maturation in extended care. (3) "They don't come running to me every day anymore:" The experience of preparing to transition out of residential care.

"It was me; I just didn't want to listen:" The transition to adulthood while in residential care

This group experiential theme describes participants' experiences and meaning making of their transition to adulthood and their transition from residential care to extended care. It explored how the participants' transition to adulthood was affected by specific emotional and cognitive barriers and how, following the transition, the participants recalled the impact of entering adulthood.

The participants' transition to adulthood at 18 years of age revealed different perspectives. While five of the participants recalled this period as difficult

to engage with, three of the participants recalled the transition into early adulthood as a comfortable and well-supported endeavor.

The young people who reported not feeling prepared for their transition to adulthood and the start of their extended care program accounted for their difficulties as a situation they had created for themselves. They revealed difficulties in engaging with the offered help, as recalled here by both Marcus and Caroline when asked about how prepared they felt:

Marcus: Uhm, not well, [prepared]. The other places have tried, but I didn't want to cooperate. I was so impulsive and dependent on my impulsive shopping, so well, I wasn't listening.

Interviewer: Do you think you were prepared enough for the economic reality of being 18?

Caroline: No, I wasn't, there were some things that I just said, "well I will sort that out when I am 18," but it was "ugh" [horrible] when it happened.

Interviewer: Do you think your lack of preparation was because you did not understand what was said or because it was not said enough?

Caroline: It was me; I just didn't want to listen.

Participants' reported lack of engagement in their transition to adulthood was interpreted as being connected to their lack of belief in their own ability to manage responsibilities. The participants all accounted for their life in care prior to extended care as a living situation with a high degree of adult control, including that of movement. This was explained by Caroline who described how, on becoming 18 years of age, she could "go out when I want, with who I want, where I want." Perceptions of over-control by the homes prior to their 18th birthday was evident within the findings, as explained by Miker:

My life has changed completely; I have lots of new friends, something I never had before when I lived in the home before I was 18. But now I have got to an age where I can [get friends], my youth has been wasted. I haven't had a life like other young people. Most young people when they are 15 can go out and drink and have fun, but that is not possible for us in care, because it is not allowed. So, before I was 18, I had never experienced that kind of life.

The recalled change in status, from juvenile and controlled to adult and autonomous, was described as an abrupt change in the participants' evaluation of this transition. The experience of increased autonomy included, for some participants, a sense of resentment due to a belief that care home staff, prior to their 18th birthday, had not trusted the young people's ability to keep themselves safe outside of their care

home. From the participants' accounts, the conditions for transitioning into young adulthood were interpreted as having two conflicting aspects. First, prior to being 18 years of age the participants had experienced limitations in accessing situations where they could test and learn about independence. Second, they were expected to engage in a pro-active and cooperative manner toward a transition into a relatively unexplored life phase.

However, not all the participants recalled the transition as burdensome; Ben, Jene and Bee experienced their transition as a fluid experience where their dependency on their care home encouraged the continuation of a cooperative alliance with their carers during their transition, thus facilitating a more comfortable transition into adulthood. As Bee noted in respect to her carers: "They have helped me understand how all these things work."

While the participants' experiences differed, their transition to adulthood revealed the commonality of experiencing a major transition without revealing their expectations toward the outcome. The participants did not, for example, recall any form of assertive action, such as exploring their future budget as young adults.

The decision to accept extended care was for most of the participants a natural extension of a known experience. Sacha and Marcus, however, recalled accepting extended care as their only available option. Consequently, for these participants, it was not perceived as a choice; instead, it was, within their lifeworld, a necessity. As Sacha explained: "Yes, mnn I did [accept extended care], but I didn't have any money and I had nowhere to go, so it was difficult." Importantly, both Sacha and Marcus were, unlike the other participants, without any form of family network. Their relationships were limited to those whom they had met during their life in care. Thus, both these participants transitioned into extended care with an alternative baseline for their decision making and expectations of how extended care could best serve them.

This theme has revealed the difficulties of transitioning to adulthood for some participants. Their previous experiences, either in care as juveniles or possibly prior to care, appeared to have instilled within them a belief that they were not ready to become young adults. For two of the participants, the choice of extended care and the ensuing continuing dependency on their residential care home was connected to their belief that this was the only, and therein, the best option for them. In addition, the findings revealed that while the transition was explained as unprepared for, it did, however, following the event, encourage an increase in the belief that they could utilize their new-found freedom of movement with maturity. This increased freedom of movement was understood as a positive aspect in their lives.

“I think it is ok that I have control of my life:” The experience of maturation in extended care

This group experiential theme is concerned with the participants’ experiences and meaning making of how they matured during extended care. All the young people expressed a belief that they had matured following entry into extended care. The participants all drew on examples where their maturing had enhanced their feeling of well-being and improved their belief in being able to cope with both their current situation and with the coming transition out of care.

As the participants accounted for their journey through extended care, they recalled situations where success was evident. For some, this was within education; as Kris explained: “It was there [adult education center] I took my math’s exam . . . I want to take Danish and English next.” For others it was improving their social skills, as explained by Miker:

Yes, the message has really landed, you just don’t get anything out of behaving badly. You can tell people what you think, but you don’t get anything out of screaming and yelling or destroying things.

For many of the participants, being successful at living in care was perceived as a milestone which should be achieved prior to engagement in the activities needed to move on to a more independent form of living. As Ben suggested:

Err, I think it is OK that I have control of my life and that sort of thing. Things are quiet and I am going to school and that sort of thing. I need to have things in place.

While perceptions of success varied, all the young people suggested that the ability to cooperate with carers and accept other residents was important and was a skill that should be acquired prior to transitioning out of care. While many of the participants recalled incidents of disagreement with their care home prior to extended care, they demonstrated their successful maturation through an increased ability to accept the rules and norms of a shared living arrangement. Success not only encompassed improved social skills but also a willingness to accept house rules, as explained by Jene:

There are three simple rules (respect each other, no smoking indoors, do not tell lies), which everyone can remember, and it’s not like they have strict rules. You can go out into town, those of us who are over 18 can come home when we want to and need to, so of course there are agreements and such. Everything goes through your contact person; we all need support.

Jene’s account is concluded by his reference to the contact person and his belief that support from the carers is beneficial to becoming more mature. Jene, as with most of the participants, positions this support as both natural and necessary. Being 18 was perceived by many participants as part of becoming an independent adult, and not evidence of adulthood in itself.

This was not the only view, Sacha and Marcus offered alternative accounts of their maturation during extended care. Both participants described their current situation as autonomous and independent; they had moved out of their care home and into an apartment. This was a living arrangement they found satisfying and demonstrative of their ability to live independently. Marcus placed emphasis on his ability to make decisions which could enhance his development and well-being: “It is something I have done for my own sake. But it is individual from person to person, some people need help to get from here to there.” However, Sacha recalled an increase in her well-being, as she moved away from a home she had found difficult to live in: “It was great, so lovely to come out of the house.” The acceptance of the temporal limitations of extended care varied within the participants, for example, the two participants who sought independence from the care home system had sought the last and more independent phase of extended care and their accounts highlighted how the phases of extended care appeared to have benefited them. Sacha, at the time of the interview, was focusing on her independence: “But it is kind of new, what I have chosen now [education] and I chose it after I started extended care, so I was old enough to decide myself.” Equally, Marcus explained how he was using his time in extended care to focus on his ability to take responsibility for his education and continuing increase in his desire for autonomy: “Starting college, you name it, all of that I have now control over and I have a very specific explanation. I should not receive help; I should take control myself.”

The differences in the related experiences between those who chose to take time to mature within the security of their residential care home or those who chose to live more independently suggested that while the extended care program was able to meet the individual needs of those who felt ready for more independence, it could also create situations where the young people were becoming over dependent on the help they were receiving. This in turn could encourage a form of institutionalization.

While, as minors, none of the participants had chosen to be placed in care, and as young adults they had been asked if they wanted to engage in the extended care program. This opportunity, even as in the example of Sacha and Marcus, who felt they had no alternative, generated a belief of being able to make decisions about their own lives. This belief was interpreted as contributing to the young people’s increased ability to engage both in the home’s norms of good social conduct and in the help offered in the home. This help was generally recognized as useful, as exemplified by Bee: “. . . I don’t know, I just think it was like finally I was getting the help I needed.” In addition, the participants’ decision to live in extended care was also accompanied by the knowledge that, if they found an alternative place to live, they could leave at any time. This appeared to encourage a belief in the need to invest in themselves during their last placement, as explained by Miker:

Yes, I am [pleased they can help me] because I admit that that is why I haven't moved out yet, because I still need to learn some things.

This theme revealed how each participant had defined their development in extended care from their own perspective: Marcus and Sacha explained how extended care became more than just their only option as they experienced a relevant stepping-stone between a residency they had not wanted and the independent life they desired. Ben and Kris offered explanations of how extended care encouraged them to move forward toward independent living while still receiving, according to their perceived needs, help from their carers. Miker revealed a belief that asking for and receiving help from his care home was a part of the process which would help him attain the necessary resources for his planned independent life. Jene, Caroline and Bee, as newer residents in extended care, offered explanations which were concerned with how they experienced and appeared to enjoy the autonomous possibilities of extended care, as they tested and formed new understandings of a more liberated lifestyle as young adults.

“They don’t come running to me every day anymore:” the experience of preparing to transition out of residential care

This group experiential theme draws on the participants' experiences of initiating the phase of preparing to leave residential care. The theme includes how the older participants acknowledged a decrease in their need for carer guidance, their experiences and meaning making of the preparations they were experiencing as they prepared to leave care. In addition, this theme draws on their thoughts about their future beyond care according to their age and situation at the time of the interview.

The concept of an independent life following extended care was understood from different perspectives, according to the participants' own beliefs of their capabilities and expectations of what both their family and the state would offer them. Some of the participants looked forward to an independent life away from care; for others, a lack of vision on how they and their lives might change over time was interpreted as encouraging a belief that residential care could become, for the foreseeable future, an acceptable future living arrangement. In addition, while the participants described the importance of acquiring new skills, to help them transition out of care and into independent living, there was a general uncertainty as to how this would unfold. For two of the older residents of extended care, Ben and Kris, a belief that the home would be a more continuous resource in their lives following extended care appeared to be a part of their predictions. As Ben, who, at 23 years of age at the time of the interview, appeared uninterested in a more independent lifestyle, commented:

“I will at some point in time [move]. I would like my own apartment, but it is not something I need here and now.”

The usual desire for a more independent lifestyle appeared to be pushed well into the future by Ben. It could be interpreted that, from this perspective, he was sufficiently comfortable in his current situation that any future change was unappealing. Kris, who, as with Ben, was in the final year of her extended care program, also perceived a future which included a form of help following extended care:

It won't be straight away [moving into own apartment]. If I am lucky, it will be in the next town, there are some apartments above a residential care institution, the apartments are for slightly older people.

However, Bee, as a newer resident in extended care, explained her perspective of coming to terms with the need to address future possibilities:

No, I never could think about what I will do in my life, I don't know yet what I want to be. Even if that sounds weird.

Progression to the stage of feeling capable of living a life beyond the care home's support was an important factor for the older participants' well-being. They sought, according to their perceived needs, a form of safety net, whereby they could live independently but still have a helping hand and a form of lifeline if difficulties arose. As Miker explained:

I will get help, some carers will come out to me probably a few times a week and say “hello” and hear how I am getting on, and if I need any help.

Miker described his next move as not only a move for which he was ready but also a transition he had planned, together with his care home. This, consequently, was a phase-initiated transition about which he felt confident. The move included the support he believed would benefit him and bring him an independent future without risk and undue stress. For those who had already moved out of their home and into an apartment, an easing away from the care home appeared to be in motion as explained by Sacha:

Right now, my extended care is nearly over, so well as soon as I do not want it any more it can stop. They [carers] don't come running to me every day anymore. But if I need help, I can ask for it.

Sacha, at the time of the interview, was living in a small apartment with her boyfriend. She accounted for the experience of a gradual adjustment from being in a home with continuous help to being in a situation of increasing independence as a positive experience. Marcus, as with Sacha, was also living in an apartment; he sought an independent lifestyle with minimum contact with the care home:

Melanie [primary contact person], she was very quiet when she came up the first time after I had moved into the apartment. She has also, uhmm, respected my wish that there should be no form of interaction between the staff and me. They should just visit to get an update.

Marcus recalled his need to prove to himself that he could accomplish the goals he set. He also took responsibility for setting the boundaries regarding how the help he might need should be offered. It could be concluded that he had encouraged a situation he could use to test and develop his independent living abilities.

Transitioning out of extended care was understood by the participants to involve a change in their network as well as a change in where help could come from in the event of adverse situations. For some participants, this change was underpinned by the belief that any future need for help should not come from the care home environment. Caroline and Miker believed that it was their biological family who would step in and help them. As Caroline explained: “I believe that at the end of the day I have just me, and my mum.” For Sacha and Marcus, who had no family to call upon, a more self-reliant perception had been created where they both reported a belief in their own ability to develop the necessary skills for independent living.

Throughout all the participants’ lives in residential care, change and transitions were constants. For some of the participants, change was seen as an opportunity to move forward with what they perceived would be an improvement in their lifestyle. For other participants, change was perceived as difficult and risk-laden. Regardless of the perspectives, the findings suggest the extra years in extended care were important to their well-being as they could seek help and take time to adjust their thoughts toward a life beyond care. However, there was, within this prolonged period of transition, the risk of creating a detriment to well-being as life in care could appear more secure and therein more attractive than independent living.

Discussion

The findings presented in this paper revealed that extended care was experienced by all the participants as a suitable bridge between juvenile residential care and independent living as an adult. The findings also revealed that following entry into extended care the young people reported an increase in their cooperation toward their care home’s offer of aiding their progression. This in turn benefited their continuing development. In addition, the findings suggested that all the participants were maturationally delayed, with a lack of achievement of the usual normative milestones, e.g., attaining their school-leaving certificates at 16 years of age. Only two of the participants were, at the time of the interviews, enrolled in further vocational training. Thus, the suggestion

by Harrison et al. (2023) to increase funding toward programs dedicated to integrating care leavers into mainstream education is supported in this research.

This slower maturation appeared to affect the participants' capacity to engage in the major transitions they had experienced and were working toward. Two overarching behavioral markers appeared in the findings, avoidance and over-dependence. Adolescent and young adult life-phases are transitory situations where successful navigation of normative milestones, such as turning 18 years of age or moving into a first apartment, are contingent on cooperative actions and social competences (Furlong, 2013). For some participants, a situation of dependency on known and trusted carers was evident.

The participants' lack of interest in the transition to adulthood at 18 years of age appeared to be connected to their lack of knowledge on how to address their future; indeed, without role models demonstrating how to achieve educational and employment milestones, it was difficult for these participants to articulate what independence actually meant (Manso, 2009). Most of the participants allied themselves with their care home following this transition. Thus, the findings did not confirm the findings of A. van Breda (2013) which reported a high level of resilience within the profile of residential care leavers. Most of the participants in this study revealed a tendency to avoid acts where personal determination and self-belief were necessary. Instead, they accepted and, indeed, for some encouraged a cooperative alliance with their care home. This alliance enabled the participants to increase their repertoire of skills prior to further change in their lives. This finding implies that the concept of ensuring youth in care receive managed opportunities for independence (J. Hlungwani & van Breda, 2022) may, for some residents, become relevant when they are older and experiencing young adulthood. Thus, it can be argued that different sub-groups within the care leaver community have differing levels of maturity. Thus, the culture of the country of residence, the extent of pre-residential care events, experiences as a juvenile in care as well as the burden of any mental health diagnosis (Harrison et al., 2023) all play an integral role in how quickly maturation occurs and when a young person gains the perspective of feeling confident in their own abilities.

In addition to the observed delayed maturation, other factors may have contributed to the participants' general reluctance to prepare for young adulthood and the coming transition out of care. The participants, as with many young adults outside of care, may have been influenced by the current societal trend which accepts young adults living at home longer due to the high cost of home ownership or rental (Bessant et al., 2017). Finally, without the typical family network to assist with housing, a belief that their residential care home would ensure their immediate safety suggested, for some of the participants, a transfer in their reliance from their family over to the residential care home. This, in turn, may have affected their desire to move out of their care home.

This reluctance of some of the participants, even after extra years in care, to consider independent living could be argued as a failing by the residential care home and the extended care program. However, the participants' accounts suggested that the effect of events leading to a placement in residential care, followed by the transitional burden of moving into residential care in childhood and adolescence, was psychologically overwhelming. In addition, Mendes and Chaffey (2024) argue that multiple moves during an out-of-home care residency, as experienced by some of the participants, are an additional contributor to mental health struggles. This burden, regardless of the residential care home's ability, was seen to hinder development to a level where it was unlikely that maturing could follow the typical age-related milestones. Therefore, it is argued here that the evaluation of when a young person is ready to move out of care should be conducted through the evaluation of skill sets and social skills/capabilities and not through age-related expectations. Indeed, Dixon (2008) argues that the abrupt nature of leaving care according to externally determined age attainment creates an accelerated and compressed transition, which may add a further challenge to maintaining good mental health.

Research on theories of transitions, for example, leaving home for university, has focused on normative development within the societies of interest (Lenz, 2001). Indeed, little is known about transitions in care. However, the findings from this study confirm the conclusions in other studies, for example, on the need for mentorship after leaving care (Sulimani-Aidan, 2018) and the advantage of contact with supportive adults following the transition to adulthood (Schofield et al., 2017).

The two participants who did not display dependent behavior, gave alternative accounts which revealed a determined commitment toward avoiding, where possible, any form of help from their home. Both these participants had moved from the care home to an apartment while still under the home's care. Their life stories had similarities as both participants were without family support and each of these participants used their resources, as they worked toward the goal of independence, in different ways; one strove successfully to find social contact and relevant work independently of the care home and the other participant chose an isolating lifestyle where help-seeking was limited and largely replaced by self-help strategies.

The participants' slow maturing suggested not only the need to have sufficient time in extended care to build skills for a successful life following care but also to counter the negative effect of the turbulent and at times damaging effect of living in a less stable and secure family environment during childhood and early adolescence. Adolescence has been characterized as a time when individuals begin to reflect and examine the characteristics of self (Steinberg & Morris, 2001), to discover who they are and how they fit into

the world they encounter. Kerpelman and Pittman (2018) have argued that the processes of identity development and identity formation are flexible and affected by the relationships people encounter. The findings suggested that while the participants' experiences during residential care had contributed to an initial slowing down of identity formation and self-awareness, during the later years of extended care, a reemergence of identity formation had occurred, whereby the participants experienced a more positive self-image.

As the participants matured into young adulthood during extended care, they were able to look back on previous experiences with a deeper understanding of the events. This recall appeared to encourage some of the participants toward a belief of trust toward the decisions the homes made for them. Those who achieved this level of trust reported an increased desire to cooperate with their carers as they engaged in activities intent on helping them achieve the skills for independent living. Trust is a vital component of quality social interaction and well-being (Valenti et al., 2020). The establishment of a form of mutual trust between providers and young people is a significant component of a strong working relationship (Valenti et al., 2020).

The participants in this study described extended care as not only a positive influence on their lives but also a necessity. The participants recalled a period in their lives where change and challenge during adolescence appeared to have followed them into early adulthood. Thus, this study's findings are consistent with the directives suggested by OECD (2022) that the offer of extended care for all young people who have resided in residential care should be prioritized. In addition, this study has highlighted the positive impact of a trusting and well-balanced alliance between the young people and their carers on the young person's well-being and development. Therefore, it is important that the homes in which young people reside have a culture which encourages staff to take time to engage in and encourage the development of trusting, well-balanced relationships both within and beyond the care home, thus reducing the institutional barriers out-of-home care can facilitate (J. Hlungwani, 2023). Finally, effort toward facilitating an environment which includes contact with non-care peers should be encouraged.

Future research

Extended care in most countries is at a developmental stage. More research is needed to further our understanding of the impact of extended care, within particular cultures and contexts, on the well-being and continued development of young care residents. The findings from this study also suggest further research is needed to expand our understanding of the young care residents' attitudes and beliefs as they transition into adulthood and how this transition is linked to their perspectives and concerns as they transition out of extended care.

Limitations

This study has been conducted in a small country with relatively high welfare standards and therefore the participants' experiences are not necessarily representative of young people in a similar situation outside of Denmark. In addition, the recruitment procedure, whereby young people were asked to contact the researcher, may have limited the appeal of participation to some members of the group residing in extended care. The choice to limit recruitment to young people who had resided in residential care for at least 1 year prior to their 18th birthday may have limited the representation of all the members of the extended care community. The methodological choice of IPA, whereby a small homogeneous group was selected for an extensive in-depth enquiry, offered results which are not automatically transferable to the population as a whole; rather they offer unique insights into a service which is under development.

Practice implications and concluding comments

This study has sought to explore young adults' individual stories of their lived experience of Danish extended care and examine their perspectives on the current system of extended care in Denmark. The findings have revealed how current practice would be enhanced by:

- * Considering implementing, as standard practice in all developed countries, the continuation of care beyond the resident's 18th birthday.
- * Tailoring the length of extended care to the resident's individual needs.
- * Developing individual plans, together with the young person, which embrace their individual maturation and encourage a respect for the individual difficulties the young person experiences.
- * Considering the availability and effect of the young person's family network on the choices young people make both during their transition to adulthood and the choices they are faced with as young adults.
- * Encouraging flexibility within extended care to ensure young people without a network can engage in choices regarding how they, as young adults, can continue to develop and mature.

The findings have revealed how each participant reported that the opportunity of continuing in care beyond their 18th birthday was perceived as beneficial to them. None of the participants believed they were capable of independent living at 18 years of age; indeed, some of the participants reported a lack of preparation and uncertainty toward transitioning out of extended care. Thus, this study has highlighted the lack of maturation within the group and, due to the restrictions of residential care living, a concern regarding the young care

residents' limited understanding of the social norms of life outside of care. The findings from this study support the contention that all countries which have the means should work toward increasing the possibility of extending care in organized, individually tailored home-like environments. The expectation – and, indeed, imperative – is that this would continue to support the individual development of this vulnerable and marginalized group to give them the best possible opportunity to live an independent and fulfilling life following their time in residential home care.

Disclosure statement

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References

- Andersen, S. H. (2019). The effect of extended care on human capital acquisition among foster care alumni. *Children & Youth Services Review, 103*, 28–41. <https://doi.org/10.1016/j.childyouth.2019.05.025>
- Berridge, D., Biehal, N., & Henry, L. (2012). *Living in children's residential homes*. Department for Education.
- Bessant, J., Farthing, R., & Watts, R. (2017). *The precarious generation: A political economy of young people*. Taylor & Francis.
- Cameron-Mathiasen, J., Leiper, J., Simpson, J., & McDermott, E. (2022). What was care like for me? A systematic review of the experiences of young people living in residential care. *Children & Youth Services Review, 138*, 106524.
- Dixon, J. (2008). Young people leaving care: Health, well-being and outcomes. *Child & Family Social Work, 13*(2), 207–217. <https://doi.org/10.1111/j.1365-2206.2007.00538.x>
- Edridge, C. L., Edbrooke-Childs, J., Martin, K., Delane, L., Averill, P., Feltham, A., Rees, J., Jeremy, G., Chapman, L., Craven, M. P., & Wolpert, M. (2018). Power up: Patient and public involvement in developing a shared decision-making app for mental health. *The Journal of Health Design, 3*(1), 63–74. <https://doi.org/10.21853/JHD.2018.40>
- Furlong, A. (2013). *Youth studies: An introduction*. Routledge.
- GOV.UK. (2023). *Staying close 2023-25 application guide for local authorities*. Department for Education. London.
- Harder, A. T., Mann-Feder, V., Oterholm, I., & Refaeli, T. (2020). Supporting transitions to adulthood for youth leaving care: Consensus based principles. *Children & Youth Services Review, 116*, 105260. <https://doi.org/10.1016/j.childyouth.2020.105260>
- Harrison, N., Dixon, J., Saunders-Ellis, D., Asker, P., & Ward, J. (2023). *Care leavers' transition into the labour market in England*. White Rose Research. <https://eprints.whiterose.ac.uk/196192/>
- Hlungwani, J. (2023). Institutional barriers to affording managed opportunities for independence in residential care: Perceptions and experiences of child and youth care workers. *Residential Treatment for Children & Youth, 41*(3), 390–410. <https://doi.org/10.1080/0886571X.2023.2271838>
- Hlungwani, J., & van Breda, A. D. (2022). Affording managed opportunities for independence to build looked-after young people's resilience: Perceptions and experiences of care workers. *Journal of Children's Services, 17*(2), 137–151. <https://doi.org/10.1108/JCS-10-2021-0044>

- Holmes, L., Connolly, C., Mortimer, E., & Hevesi, R. (2018). Residential group care as a last resort: Challenging the rhetoric. *Residential Treatment for Children & Youth*, 35(3), 209–224. <https://doi.org/10.1080/0886571X.2018.1455562>
- Iversen, K., Mortensen, N. P., Birkefoss, K., & Jensen, H. L. S. (2021). *Efterværn og overgange til voksenlivet*. VIVE – Viden til Velfærd. <https://www.vive.dk/da/udgivelser/eftervaern-og-overgange-til-voksenlivet-2z1k76xj/>
- Kerpelman, J. L., & Pittman, J. F. (2018). Erikson and the relational context of identity: Strengthening connections with attachment theory. *Identity*, 18(4), 306–314. <https://doi.org/10.1080/15283488.2018.1523726>
- Larkin, P. J., Dierckx de Casterlé, B., & Schotsmans, P. (2007). Multilingual translation issues in qualitative research: Reflections on a metaphorical process. *Qualitative Health Research*, 17(4), 468–476. <https://doi.org/10.1177/1049732307299258>
- Lenz, B. (2001). The transition from adolescence to young adulthood: A theoretical perspective. *The Journal of School Nursing*, 17(6), 300–306. <https://doi.org/10.1177/10598405010170060401>
- Manso, J. M. M., (2009). Social adaptation and communicative competence in children in care. *Children & Youth Services Review*, 31(6), 642–648. <https://doi.org/10.1016/j.childyouth.2008.12.004>
- McGinty, K. L., Larson, J. J., Hodas, G., Musick, D., & Metz, P. (2012). Teaching patient-centered care and systems-based practice in child and adolescent psychiatry. *Academic Psychiatry*, 36(6), 468–472. <https://doi.org/10.1176/appi.ap.11060111>
- McLean, S. (2018). *Therapeutic residential care: An update on current issues in Australia*. Australian Institute of Family Studies Melbourne.
- Mendes, P., & Chaffey, E. (2024). Examining the mental health care needs and outcomes of young people transitioning from out-of-home care (OOHC) in Australia. *Institutionalised Children Explorations and Beyond*, 11(1), 103–124. <https://doi.org/10.1177/23493003231182474>
- Murray, C., & Wilde, D. (2020). Thinking about, doing and writing up research using interpretative phenomenological analysis. In C. Walshe & S. Brearley (Eds.), *Handbook of theory and methods in applied health research: Questions, methods and choices* (pp. 140–166). Edward Elgar Publishing.
- OECD. (2022). *Assisting care leavers: Time for action*. <https://www.oecd-ilibrary.org/content/publication/1939a9ec-en>
- Schofield, G., Larsson, B., & Ward, E. (2017). Risk, resilience and identity construction in the life narratives of young people leaving residential care. *Child & Family Social Work*, 22(2), 782–791. <https://doi.org/10.1111/cfs.12295>
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9–27. <https://doi.org/10.1080/17437199.2010.510659>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). Sage.
- Steinberg, L., & Morris, A. S. (2001). Adolescent development. *Journal of Cognitive Education & Psychology*, 2(1), 55–87. <https://doi.org/10.1891/1945-8959.2.1.55>
- Sulimani-Aidan, Y. (2018). Present, protective, and promotive: Mentors' roles in the lives of young adults in residential care. *The American Journal of Orthopsychiatry*, 88(1), 69. <https://doi.org/10.1037/ort0000235>
- Utting, W. B. (1997). *People like us: The report of the review of the safeguards for children living away from home*. Stationery Office Books (TSO).

- Valenti, M., Celedonia, K. L., Wall-Parker, A., & Strickler, A. (2020). Trust is essential: Identifying trust building techniques from youth providers across the service array. *Children & Youth Services Review, 117*, 105295. <https://doi.org/10.1016/j.childyouth.2020.105295>
- van Breda, A. (2013). Youth at the crossroads—transitioning out of the care of girls & boys town, South Africa. *Relational Child & Youth Care Practice, 26*(4), 57–63.
- van Breda, A. D., Munro, E. R., Gilligan, R., Anghel, R., Harder, A., Incarnato, M., Mann-Feder, V., Refaeli, T., Stohler, R., & Storø, J. (2020). Extended care: Global dialogue on policy, practice and research. *Children & Youth Services Review, 119*, 105596. <https://doi.org/10.1016/j.childyouth.2020.105596>
- Van Nes, F., Abma, T., Jonsson, H., & Deeg, D. (2010). Language differences in qualitative research: Is meaning lost in translation? *European Journal of Ageing, 7*(4), 313–316. <https://doi.org/10.1007/s10433-010-0168-y>
- Vinnerljung, B., & Sallnäs, M. (2008). Into adulthood: A follow-up study of 718 young people who were placed in out-of-home care during their teens. *Child & Family Social Work, 13*(2), 144–155. <https://doi.org/10.1111/j.1365-2206.2007.00527.x>
- Whittaker, J. W., Del Valle, J. F., & Holmes, L. (Eds.). (2015). *Therapeutic residential care for children and youth: Developing evidence-based international practice*. Jessica Kingsley Publishers.