My Path Towards Living on My Own: Voices of Youth Leaving Dutch Secure Residential Care

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Abstract

Youth departing from secure youth care are often not well prepared for living on their own. This study aims to provide more insight into youth's perspectives on what they need to improve their chances for successful return to and participation in Dutch society. The study is a first necessary step on a journey to develop a tool for these youth to evaluate the development of autonomy and participation. We chose for a participatory research methodology. Youth participated as co-researchers in all steps of the research. Sixteen adolescents aged 15–20 years participated in open in-depth interviews using an autobiographical life story method. They were treated as partners and future owners of the tool to be developed. The interviews were transcribed and analysed. Realizing trustworthy social bonds appeared essential for developing autonomy. Youth started to move when they were socially connected and had found out what they value. Then they started "to do their thing" and "to find their own path", which was their language for experiencing autonomy. An interesting new finding was the importance of rest for youth to enable them to develop self-insight and to find their own path. The findings imply that staff in secure residential care should invite youth to develop their own ideas about their life and future, stimulate exploration and reflection, and a dialogue with people around them. Opportunity for acting, trying and doing is also needed, so that youth can discover in practice what works for them.

Keywords Adolescence · Autonomy · Participation · Secure residential care · Participatory research

In many developed countries, therapeutic residential care is one option available within the child welfare system for youth who need out-of-home care. Therapeutic residential care settings within and across different countries vary in models and practices, but share many commonalities as well (Whittaker et al., 2016). Placement in a residential setting is generally seen as an option of last resort for treatment needs that cannot be met at home (Frensch & Cameron, 2002). Institutions vary in the levels of restrictions imposed from open to secure or locked institutions, and children with more complex needs tend to be placed more often in more restricted settings (Huefner, James, Ringle, Thompson, & Daly, 2010). Youth tend to have lengthy placement histories in different settings which means that a substantial part of their development towards young adulthood is taking place within out-of-home care (Goodkind, Schelbe, & Shook, 2011; Rauktis, Fusco, Cahalane, Bennett, & Reinhart, 2011). This study focuses on the needs of Dutch youth in the transition from secure youth care towards living on their own.

The Dutch Secure Youth Care System

In the Netherlands, since 2008, a new system of secure care has been developed for youth with complex problems who need protection against themselves or others who may pose a threat on their development (Hofte, Van der Helm, & Stams, 2012; Tielen, Van Diemen-Steenvoorde, & Roeters, 2014). This system is called 'JeugdZorgPlus' or YouthCarePlus (Hirsch Ballin, 2007; Veldhuijzen van Zanten-Hyllner, 2011). Before 2008, these adolescents were placed in a juvenile justice institution together with convicted youth. The new system has been developed because the penalty regime was considered inappropriate for adolescents needing protection and the risk of contamination with criminal behaviour (Van Dam, Nijhof, Scholte, & Veerman, 2010). Also, the UN Committee on the Rights of the Child recommended

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that placing these two groups together should be prevented. In 2015, additional criteria have been formulated that justify secure youth care, namely that there must be a threat to the development of these youth and that they and their system do not accept necessary help (Dutch Youth Act, 2015).

In 2017, fourteen YouthCarePlus (YCP) organizations spread over 27 locations provided YCP for 1.533 adolescents (Jeugdzorg_Nederland, 2018). The group homes vary in architecture and organization of care. There is no formal minimum age for YCP, but YCP is aimed at youth between 12 and 18 years. In special cases, YCP can be continued with a maximum of 6 months after the age of 18 years. Maximum length of stay is 1 year (Dutch Youth Act, 2015).

The Dutch YouthCarePlus combines intensive (cognitive) behavioural treatment, family interventions, and modules aimed at diagnosis, risk evaluation, and enhancing motivation (Boendermaker, 2005). An additional and essential element of treatment in YouthCarePlus is the maintenance of a positive pedagogical group climate (Van der Helm, 2011).

Youth may live in secure care for a prolonged period of time (Boendermaker, Eijgenraam, & Geurts, 2004; De Swart et al., 2012; Strijbosch et al., 2015). They will leave secure care when the threat to their development has been diminished and when they and their system accept further help, if necessary. Youth often go first to an open or semi-open treatment facility before they return home. In a semi-open facility, they still have a legal restriction, but the judge has allowed them to start practicing with more freedom. When they show that they can handle this freedom, the next step is an open facility or going home. Many adolescents do not return home and learn to live on their own in supervised living settings providing not only treatment but also training for living on their own. In summary, most youth proceed through a long care trajectory, perhaps starting in secure residential care, or elsewhere, and then moving on towards other institutions until they, ideally, are ready for living on their own.

Transition to Young Adulthood of Youth in Secure Care

Youth who are placed in secure youth care display serious behavioural problems and often come from families with multiple complex problems including instable and difficult relationships, abuse and conflict (Dresen et al., 2017; Nijhof, 2011; Van Dam et al., 2010; Vermaes & Nijhof, 2014). Several factors complicate the transition to adulthood for these youth. Forced secure placement and frequent transfers exert a negative influence on the development of autonomy needed to regain control over their life (Southwell & Fraser, 2010). Although there are positive results of residential treatment programs, some teenagers

drop out and if they finish treatment positive effects are not easily maintained (De Swart et al., 2012; Knorth, Harder, Zandberg, & Kendrick, 2008; Nijhof et al., 2012; Scholte & Van der Ploeg, 2006). Despite their complex situation, youth departing from secure care compared to peers living at home have to make their transition towards adulthood quicker, at a younger age, and with less support and flexibility (Höjer & Sjöblom, 2011; Stein, 2006). Youth themselves have reported that treatment within a residential setting does not prepare them well enough to stand on their own feet (Bams, Doelman-van Geest, Van der Meer, & Hoogenboezem, 2013; Pehlivan & Brummelman, 2015; Polvere, 2011, 2014). Moreover, research has shown that for youth who are not ready to leave care when they turn 18, the transition to adult care is problematic, even though measures have been taken so that they can remain in youth care longer (Bruning, Liefaard, Limbeek, & Bahlmann, 2016; Goodkind et al., 2011; Steketee, Vandenbroucke, & Rijkschroeff, 2009). Altogether, the transition to adulthood is associated with a high risk of social exclusion and marginalization (Calheiros, Patrício, & Graça, 2013; Stein, 2006; Trout et al., 2010).

Developing Autonomy: A Relational View

To prepare adolescents for meaningful participation in society, developing autonomy has been considered an important developmental task (De Valk, Kuiper, van der Helm, Maas, & Stams, 2016; De Valk et al., 2015; Ryan & Deci, 2000, 2006; Van Petegem, Beyers, Vansteenkiste, & Soenens, 2012). Different views of autonomy exist (Cardol, 2013; Cardol, De Jong, & Ward, 2002; Stoljar, 2015). In western industrialised cultures, a liberal-individualistic view dominates which defines autonomy as independent and self-reliant. However, others have argued for a relational view on autonomy and have denied that autonomy requires self-sufficiency. These scholars have argued that relationships of care and interdependence are valuable and morally significant, and that all human beings are mutually dependent on each other.

A relational view of autonomy is also in accordance with self-determination theory (SDT) (Deci & Ryan, 2012; Ryan & Deci, 2000, 2017). SDT stipulates that autonomy, together with social bonding and competence are three basic human needs, and research has shown that fulfilment of these needs is associated with better functioning and well-being. Research based on SDT, has additionally shown that autonomous functioning defined as internally motivated behaviour as opposed to controlled or externally regulated behaviour is associated with better health and well-being (Deci & Ryan, 2012).

Youth Perspectives on Developing Autonomy in Residential Youth Care

Studies examining the ideas of youth in residential care on what they need in their development towards adulthood are scarce. Nevertheless, we found a number of interesting qualitative studies. A study interviewing youth on what they need to develop autonomy showed that they preferred a residence similar to a normal domestic household, freedom to manage their own lives, and that they should leave only when they are ready (Calheiros et al., 2013). Another study (Polvere, 2011, 2014) among youth in residential care found a counter narrative that challenged the basic assumptions of the clinical perspective and diagnosis of the problematic behaviour of the adolescents. Practices designed for control facilitated appropriate behaviour within institutions, but failed to promote agency and meaningful participation outside the walls. This finding is supported by research within group homes applying token economies (Rauktis, 2016) that found that youth experienced such an environment as harsh and punitive rather than one in which behaviour was positively supported. Similarly, a study examining youth perspectives on repression within open, secure and forensic institutions found examples of excessive, arbitrary, and soft, less visible, forms of repression (De Valk, Kuiper, van der Helm, Maas, & Stams, 2017). All forms of repression were found to have a negative effect on the development of autonomy.

Goodkind et al., (2011) found that youth who left care at age 18 equated adulthood with independence, while, interestingly, they related that relationships were one of their greatest challenges in this transition. Within the system they had experienced that their need for self-determination and control over their lives had not been respected enough, while on the other hand they were expected to be completely independent after the age of 18. These two aspects, little support for self-determination within residential care and striving for unconnected independence or survivalist self-reliance has also been found in other qualitative voice-giving studies (Geenen & Powers, 2007; Gomez, Ryan, Norton, Jones, & Galán-Cisneros, 2015; Mulkerns & Owen, 2008; Samuels & Pryce, 2008).

Altogether, qualitative studies show that providing a climate for developing autonomy within residential care settings is a complex challenge, even more so in secure residential settings. Also, several studies find support that developing relational autonomy forms a better preparation for participation in society than self-reliant or independent autonomy. However, more knowledge is needed to understand what are necessary elements to be provided within residential care to support healthy development towards adulthood.

Participation of Youth in Residential Care

According to the United Nations Convention on the Rights of the Child (UNCRC) children have the right to be heard in all matters regarding their own life and future, and the importance of children's participation in decisions regarding themselves has been increasingly recognized (Doek, 2009); this will foster their development, make them feel more connected and committed to decisions, and increases the fit with their care needs (Ten Brummelaar, Harder, Kalverboer, Post, & Knorth, 2017; Van Bijleveld, Dedding, & Bunders-Aelen, 2015). Nevertheless, research in residential and foster care in the USA, Australia, Ireland, the UK, and The Netherlands, has shown that voices of youth are often not heard or not heard well enough, even in the most personal decisions (Cahill, Holt, & Kirwan, 2016; Doek, 2009; Goodkind et al., 2011; Knorth, Harder, & Anglin, 2014; Moore, McArthur, Death, Tilbury, & Roche, 2017; Munro, 2011; Ten Brummelaar et al., 2017; Van Bijleveld et al., 2015). Some reasons have been suggested for this situation, for instance: the dominance of bureaucratic rules and procedures that obscure the forming of relationships (Munro, 2011; p. 8), a lack of agreement about what participation entails, and a view of young people as being vulnerable and not always capable to oversee the situation (Van Bijleveld et al., 2015). In sum, participation of youth in care decisions and decisions regarding their life and future needs improvement.

Participation of Youth in Research

Including youth's perspective in research may provide understandings or priorities that differ from their care-givers, practitioners and policy-makers, all of whom have often been asked to speak for children, and will provide an enriched view of the concepts involved (Holland, 2009). However, researchers differ in their views on how youth participation in research will ensure that their voice is adequately represented and consequential (Van Bijleveld, Dedding, & Bunders-Aelen, 2014). According to the 'participation ladder' (Arnstein, 1969), participation may vary from no participation ('manipulation' and 'cure') to tokenism (information, consultation or placation) towards real power (partnership, delegated power or control). Similarly, youth roles in research may vary from passive, answering questionnaires designed by researchers, towards more active, participative, roles. Giving youth an active role may have an empowering effect, when they become aware that their voice can create a change (Cunningham & Rious, 2015; Kim, 2016; Powers & Tiffany, 2006). Moreover, including youth in research, may favourably influence residential care practice, so that their

perspective is better represented in decisions regarding their life and future.

Kim ([2016](#)) reviewed 11 studies fulfilling criteria for participative research with youth and distinguished adult-driven, adult-youth partnership and youth-driven participative research. Results showed that different approaches had different strengths and limitations. Dedding and Slager ([2013](#)) described the complexity and possibilities involved in research practices involving patient participation including youth. Each research practice is situated in a local context with opportunities and limitations for possible participation. Van Bijleveld et al., ([2014](#); p. 254) therefore defined participation as "a situational and iterative process in which all relevant actors enter into mutual dialogue. Within this dialogue, the perceptions, knowledge and experience of all actors should be taken seriously and given the proper value, in all phases of the process. In particular, this should involve attention to the perceptions, knowledge and experience of those whose lives will be affected by the decisions made during this process. Further, this process should lead to action and change." In our study, we will follow this definition, since it gives an adequate and realistic description of youth participation in research.

Study Overview

The current study was the first phase of a project to design a tool that is meaningful for youth in secure care to evaluate the development of autonomy and participation. The tool will be designed and tested in a next step involving youth and other stakeholders as well (manuscript in preparation).

The research was initiated by two youth care organizations who had been invited by their regional government to write a project proposal that aims to improve care so that autonomy development and participation of youth within their possibilities is optimally supported, and to improve the cooperation between facilities in the care trajectories of youth. These organizations invited our research institution to participate in this project and to develop an instrument to measure autonomy and participation of youth to evaluate the care they provided, and to put the perspective of youth central in the process of developing the instrument.

To ensure that the voices of these youth are heard and put central, we chose for a participatory research (PR) methodology. PR has its roots in the work of Paolo Freire, Dewey and Lewin and aims to change social reality by generating knowledge about everyday practices through the collaboration between scientists, practitioners and services users (Abma et al., [2017](#); Bergold & Thomas, [2012](#)). PR has been developed particularly as a means for improving conditions for minority groups. A basic assumption of PR is that the social impact of research can be improved by involving

service users and other stakeholders from the start of the study. This will increase the chance that study results are relevant to them. From the beginning, youth were therefore involved as partners and co-researchers. Their opinion and their lived experience were put central. PR cannot be planned in a linear war, and its endpoint is often open to new findings and learnings.

As a first step on our journey, we examined perspectives of adolescents departing from secure care on what they need to develop autonomy and meaningful participation in society. Since autonomy and participation are not the words used by youth themselves, the research question was formulated with a broader focus, namely: what themes are relevant for youth departing from secure residential care in their transition from adolescence towards supported or independent living in young adulthood? Secondly, what do these results imply for the provision of Dutch residential youth care in both secure and open facilities?

Method

We started with recruiting two adolescents, a male and a female, as advisors to our team. In the process, one of them took up a greater role than the other, and participated at times also as a co-researcher. This difference between the two was due to the fact that one of them had less time available. They participated in the generation of ideas, the study design, the invitation of other youth, the design of the interview format, and the interviews. They had been selected by the professionals of the two residential youth care organizations involved as potential candidates. Both had a history within secure residential care. After a first meeting with the principal researcher (IB), they gave their informed consent to participate in all phases of the research. They were regularly visited in their own place by the researcher at different stages of the study. Both adolescents volunteered and received no payment for their advice; they wanted to make a contribution to improving youth care. Both agreed to participate in the interviews as well, so they performed in two roles: as advisor and co-researcher in the whole research and as a participant in the first phase.

Procedures

The two institutions that initiated this study, a YouthCarePlus facility and a supervised living facility in the western part of The Netherlands recruited youth who had been in YouthCarePlus and had proceeded to a semi-open or supervised living setting or were living at home. Youth in semi-open care were allowed to practice with more freedom while they officially still had a secure authorization of the judge. Youth in a supervised living setting followed a training

program to prepare them for living on their own. Group leaders introduced the study to the youth. They received the information leaflet inviting them to participate in an interview asking their opinion about what they need for independent living and participating in society. The leaflet also explained that based on these results we would design an instrument for youth, and that they could participate in the design of the instrument if they wanted to. One of the youth advisors lived in the supervised living facility and informed other youth about the study. He acted as a contact person if there were any questions about the study. He evaluated the text for the leaflet before it was made definitive. Participants in the semi-open facility were accompanied by a group leader to a central office where the interviews were held. Participants in the supervised living facility could choose where they wanted to have the interview. They all preferred to have the interview in their own room. In semi-open care, a youngster who had consented to participate had run away at the time the interviewers came, and was interviewed later after he had returned.

At the beginning of the interview, informed consent was obtained. Youth were informed that the interview was confidential and voluntary, that they didn't have to tell things they didn't want to and that they could stop the interview whenever they wanted to without giving a reason. We asked permission to record the interview. One adolescent did not give permission and notes were taken and worked out the same day. Afterwards, they were offered a gift coupon of five Euro to thank them for their participation. Email addresses

of youth who wanted to participate in the next study phase were noted and kept separately from the interview data.

Two students in nursing (RS, NR) were trained in autobiographical life story interviewing and conducted half of the interviews (see Table 1). The training consisted of three sessions, including doing a life story interview and reflecting on it. During the interview phase they received supervision of the researchers (IB, KW). A training guide has been developed by the principal researcher (IB) based on a previous project using autobiographic life story interviewing with student interviewers. Feedback of previous students has been incorporated in the training guide.

An interview guide was developed during this project by three researchers (IB, KW, MC) and two student interviewers (RS, NR). The feedback of the two youth at the start of the study on the interview format was incorporated in the training and in the interview guide.

Youth Participants

A sample of sixteen adolescents was invited to include youth in different stages of progress from secure residential care towards independent living. It was not possible to obtain access to youth living within secure care. Therefore, a purposive sample was composed of youth who had recently departed from secure care. We purposively included eight adolescents who were living in a semi-open institution (group 1), five who were living in a supervised living setting (group 2), and three adolescents who were living

Table 1 Youth participants: living situation, interview and personal characteristics

No.	Living situation	Inter-viewer	Interview duration	Sex M/F	Age (years)	Name[a]
1	Semi-secure	IB	0:35	F	17	Lizzy
2	Semi-secure	RS	0:18	M	17	Ralph
3	Semi-secure	NR	0:29	M	16	Roy
4	Semi-secure	IB	0:24	M	16	David
5	Semi-secure	RS	0:15	F	16	Mary
6	Semi-secure	RS	0:18	M	16	Jeffrey
7	Semi-secure	NR	0:18	M	17	Dennis
8	Semi-secure	NR	0:25	M	15	Lionel
9	Open	IB	1:02	M	18	Jake
10	Open	IB	0:56	M	20	Pete
11	Open	IB	2:00	M	18	Victor
12	Open	RS	0:23	M	18	Marc
13	Open	RS	0:33	F	17	Brit
14	On his own	KW	0:51	M	19	Robin
15	On her own	KW	1:15	F	19	Susan
16	With parents	KW	0:48	F	17	Amy

Living situation: Open = supported living facility. Interviewers: *IB* Inge Bramsen, *RS* Rona Schuurmans, *NR* Nick Rosbergen, *KW* Kees Willemse. Interview duration: hours:minutes. Sex: *F* female, *M* male

[a]Names of participants are not their real names to protect their privacy

on their own or had returned home (group 3). The sample included 11 males and 5 females between 15 and 20 years old (see Table 1). The two youth advisors also took part in the interviews. They gave feedback on the interview format and method.

Interview Method

We started with informing youth about the study goal which was to find out what youth need within their care trajectories to be better prepared to live on their own. We explained that we were interested to learn from their experiences and wanted to know their opinion. We related that we wanted the results to be relevant to their life and future and that the study results would lead to the development of a tool for youth and that they could participate in this part of the study as well. This introduction and the interview format were designed in dialogue with the two youth advisors.

In the first part of the interview, we invited youth to tell their life story. The autobiographical life-story interview method based on social constructivism was followed (Nijhof, 2000). This method assumes that people construe their own life story and identity in interaction with the socio-cultural context. By asking youth to tell their life-story and intervening as little as possible with questions, the words and language used will convey the meaning they give to their experiences. Dealing with silence is an important element of this interview method. Silence is necessary to give the interviewee time to think about what they want to tell. This was explained in the introduction, so that they knew what we expected from them. In addition, paraphrasing, summarizing, open questions or questions for clarification can be applied, but these are used sparsely, and care is taken not to intervene with the storyline of the youth. We used a timeline to provide structure, and gave validation of their answers, to stimulate these youth to tell their own story.

In two additional sections, we invited youth to explore what works for them and how they perceive their future. Here we applied solution-focused interview techniques (De Jong & Berg, 2004; De Shazer, 1982). Solution focused therapy considers clients to be the expert on their own life and is particularly useful for clients who are difficult to reach. The therapy assumes that clients with multiple and complex problems do have the beginning of a solution within reach, and the therapeutic techniques are aimed at discovering these solutions, giving validation when clients tell about what they have discovered about what works for them.

In the second section we asked for their preferred future: "How would you like your life to continue from now on?". This was done to make sure that what they told about their future would be realistic, as suggested by one of the youth co-researchers who had participated in previous research that asked for their dreams; he and his friends had found

that this had resulted in unrealistic answers. The third part started with the question: what have you reached already? In this part we also had several follow-up questions such as: How satisfied are you about that? What do you want to achieve still? And what is needed for that?

After youth had told their own story and ideas in each section, we thanked them for sharing their story and views and asked them if they thought they had shared all that was important for us to know. At that point we presented a topic list including 11 items covering different life domains and an open topic, so that they could check for themselves whether they wanted to add something. Most of the time, nothing was added at this point. We ended the interview with asking their advice and suggestions for other youth and for youth care. For youth living on their own the interview was slightly adapted so that we could learn from their experiences with youth care in the past.

Data Analysis

Interviews were transcribed and analyzed using Atlas ti 6/7 (Friese, 2011). We started with the grounded theory approach to data analysis and performed successively open coding, axial coding and selective coding (Glaser & Strauss, 1967; Strauss & Corbin, 1990). In the phase of selective coding special attention was given to what was changing and moving, to capture the process of developing autonomy and participation (Strauss & Corbin, 1990). The four interviewers first coded one interview. The resulting codes were discussed in a meeting with the student interviewers (RS, NR) and three researchers (IB, KW, MC). Then, the interviewers coded all interviews. In a final meeting, the code schemes were discussed and integrated into one coding scheme that was applied to all interviews. These codes were grouped together into five overarching themes: daily life, personal development and identity, relationships, experience with youth care, and advice and suggestions. These results have been presented to the youth by two researchers (IB, KW); they reflected on the meaning of these results. To examine in depth the process of developing autonomy, the quotes within the themes Relationships and Personal Development & Identity were now analyzed by the principal researcher (IB) using and comparing all quotes and cases. The results were discussed among the three researchers (IB, KW, MC) to reach consensus. This resulted in a description of four key themes on the development of autonomy and participation. The four key themes represented a developmental process over time and contained also an element of movement (see "Results"). To make this aspect of movement visible, the results were schematically depictured by the principal investigator (IB), and discussed with the three researchers (IB, KW and MC) to reach consensus. Figure 1 shows this

Fig. 1 When Youth Experience Autonomy: Model for Directing My Life in Connection. This figure aims to portray the element of action and movement that is present when youth experience autonomy. The circle is meant to represent a big wheel that starts rolling towards becoming, whenever self and others are interconnected. In the process of becoming, doing is important. The arrow depictures movement but also that this process is never complete: as long as the big wheel is rolling youth start doing their thing and follow their own path, and will experience autonomy
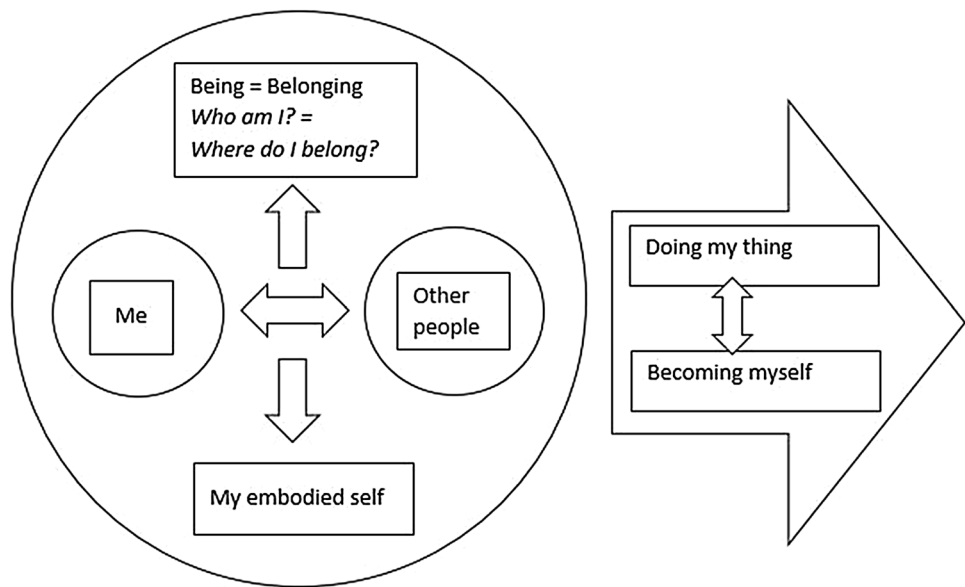
picture, that describes how youth develop autonomy in time and space (see Fig. 1).

Results

Four themes on the path towards living on their own were discovered:

1. Conflict and struggle for connection;
2. Needing rest and time to think;
3. Developing trust and self-respect in connection;
4. Doing your own thing, finding your own path.

These themes resembled a developmental process over time, a transition from adolescence towards adulthood characterized by struggle, trial and error. The first theme, Conflict and Struggle for Connection, describes their social situation before admission, how they got into problems and a crisis leading to their admission in secure care. Next, the themes Needing Rest and Time to Think, and Developing Trust and Self-Respect in Connection describe how the stories continued, how they got themselves together. The final theme, Doing your Thing, Finding your Own Path, describes moments of autonomy in language used by the youth. Youth who were living on their own or had returned home were able to reflect on the entire path from secure care towards living on their own, while the other two groups had not yet reached the stage of living on their own. Nevertheless, youth in all groups had their moments of experiencing autonomy.

We note that the names of the youth and some details have been changed to protect their privacy.

Conflict and Struggle for Connection

Before admission to secure care these youth experienced conflict as well as a struggle for connection with both family and peers. Often this had resulted into a crisis with resulting admission to secure care. For instance, Jake, 18 years, left secure care approximately 6 months ago and is living in a supervised living setting at the time of the interview. He relates:

> When I was 14, I was aggressive due to drug use. We had had an argument that got out of hand (..) My mother suddenly fell and started crying, I felt ashamed and approached her, because when your mother is crying, your anger immediately goes away. But at that moment, my cousin came in and she thought that I wanted to hit my mother, but I wanted to help her, I ran away and stayed away for several days. Finally I was taken away by the police.

That's the moment when out-of-home care started for Jake and he went to several places before he entered secure youth care for 16 months.

At the time of entering secure care, for most youth bonds with family and friends were characterized by broken trust, as is also apparent form the above quote of Jake. This disconnection is further illustrated and described into more detail for family relations and for relations with peers.

Family Relations

Youth related about problems in their families such as parents in conflict, having debts, being chronically ill, or a father in jail. Marc (18 years) and his parents had

come from eastern Europe to The Netherlands when he was 6 years old. He left secure care 9 months ago and is residing in a supervised living setting at the time of the interview: "Contact between my parents was not good, quarrelling all the time, therefore I stayed away and then I myself had gone astray and came into trouble".

Youth tell about conflict with their family which often continued during admission. Their verbal and nonverbal communication revealed a strong need for social bonding with their family but also with other people. Lizzy, 17 years, who is in semi-open residential care, tells about the problems she has with her mother and expresses at the same time how she is longing for a good relationship with her: "I started having a lot of problems with my mother, but (now) I really hope for the future that it will be all right between the two of us". Her nonverbal communication shows how strong her feelings are and how painful it is, that she is insecure about whether a good relationship with her mother can eventually be reached. She needs freedom to go her own way but also needs the love of her mom and that she is seen and heard by her. Later in the interview she seriously says: "All that youth in secure care need is a bit of love from their mother, and understanding". Lizzy also relates that she misses 'philosophical' conversations with staff about what she values in life, to her it seems "as if it is more important who is the boss". Here Lizzy describes the controlling environment, which is not providing for her need for connection.

Similarly, Victor (18 years) who lives in a supervised living setting expresses the pain and regret involved when good bonds with his family cannot be reached: "My mother and brother didn't want me to come home. I can understand it, given what I have done but it is also painful. I wish I could turn the clock back". His pain came into the room when he talked about the lost connection and conflict with his family, and the severe regret he felt, particularly when he had entered secure care. The separation from his family had a deep impact on him: "At 17, things went out of control, police came, cuffed me in my own home, then I was brought to a secure institution, no time to say goodbye to anyone". He continues to describe the atmosphere in secure care, how harsh and cold it had been for him and his fellow 'inmates'. He did not want to tell the interviewer what he had done, and gave no permission for taping the interview. During the interview, a trusting relationship developed and this resulted in a long interview (the longest of all interviews), which he had not expected beforehand. The interviewer had the feeling that Victor tested whether she really could be trusted.

Some youth finally had to accept that their families were not a good place for them to be, parents who maltreated them or who had much conflict, thereby providing an unsupportive environment. An example of this is Marc's situation: "My parents wanted me to come back, but I don't want to,

because if I did then everything would turn back to how it was before".

Relations with Peers

The youth had developed bothersome relationships with peers at home or at school in their lives before admission. Some stories reveal how, in their search for social bonds outside their homes they connected to the wrong friends. Like Victor: "When I was 15–16 years of age, I got the wrong friends, smoking, blowing". Sometimes these problems with choosing the wrong friends are part of the family context: "My mother grew weed herself".

Others came into conflict with friends for other reasons, for instance Pete, who is 20 years and living in a supervised living setting has a punching bag in his room for difficult moments. He got into conflict with peers because he had a history of bullying in childhood and developed a coping style of fighting that had hindered the development of the friendships which he longed for: "Fighting was helpful for me because then the problems stopped for several weeks, so I learned to beat immediately when someone started to tease or bully me which eventually was not really that clever".

Negative experiences on the street may lead to a process of demoralization when youth discovered that friends could not be trusted. This happened to Robin, 19 years, who was now living on his own: "I thought the people who tried to help me, that I could trust them, but it turned out otherwise. From that I learned that some people just cannot be trusted, so I started to mistrust other people, and I think from that moment it went downhill until I was sixteen".

Some decided not to make new bonds anymore or to push people off, because they feared new negative experiences, like Roy, 16 years, who was now in a semi-open institution, and grew up with parents with psychiatric problems, He started dealing drugs at a very young age: "I used to be good at making friends but nowadays somewhat less because I push off people, because I have had very many wrong friends, people used me for almost anything, so when I discovered that I started beating people up, throwing chairs towards them, they could have reported me, but they didn't because they were scared of me".

Altogether, the theme Conflict and Struggle for Connection describes a constant struggle between the youth and people around them that revealed both conflicts and a strong need for belonging. Some got involved with the wrong people, like Victor and Marc, or acted themselves in a wrong way, like Roy and Pete. So some developed fear for pain or abuse leading to anger and the avoidance of close relationships. They needed family and friends, but these relations were also filled with struggle and conflict. Altogether, this had finally resulted into a crisis and placement within a secure setting, and at that time their social relations with

both families and peers had become characterized by broken trust and being out-of-connection.

Needing Rest and Time to Think

After crisis and institutionalization, youth experienced a compelling need for rest. For instance Robin who is now living on his own remembers: "I needed rest, the only thing I wanted was rest, so I just wanted to be in one place and not that I was sent to all sorts of places". Other youth told that rest was necessary to work through their experiences and regain control; their head was full and they needed a time-out. Susan, 19 years, grew up with parents who were not able to take care of her. Her brothers and sisters are also within out-of-home care. She explains:

> But I came out better, yes. And that is because I just needed rest in my head, that was it. Whether it was in a secure institution or on a vacation, on vacation would be even better, but I just needed rest in my head, yeah.

Lizzy explains that rest gave her a chance to reflect on what had happened:

> Then during this crisis admission, I had a lot of time for myself and because of that I had a lot of time to think things over and to see it all from a distance, and in this period I discovered a lot.

Having time to think was helpful to obtain more insight into themselves, their situation, and in what they needed or wanted to do. As Jake points out:

> And self-insight has been of great importance. Just facing what my things were in what had happened. And, how I can make things better.

It is the combination of having time to think, but also time to allow to feel what they need, and reflect on that. Victor makes this connection as he said:

> I thought what have I done to my mother, then I wanted to go back home, then I saw the light, it was not one moment, I had the time to think, alone in my room, then you start thinking and regretting.

Having time to feel, and think is important to learn to know yourself, and this is important for self-actualisation. Brit, 17 years, who lives in a supervised living setting had been placed in a foster family where she didn't fit in well. She makes a connection between rest, reflection and self-actualisation as she explains:

> Well, I'm growing older. I used to be very restless, particularly because I was not in my place, I was always trying to do the good thing, to be someone else than I really was. But since last year, let's say, I have

done some very good thinking and I have more or less calmed down, and, in fact, sort of became myself.

In sum, the theme Needing Rest and Time to Think describes how youth needed time and space to regain control over their life, and to discover what fits in with who they are or want to be as a person. This finding is in line with the recommendations of the two youth advisors that the instrument to be developed in the next phase should stimulate food for thought.

Developing Trust and Self-Respect in Connection

Some youth told that trusting relationships with other people appeared conditional to develop self-respect. Susan explained this very well:

> Yes, if you are given a new chance, someone who does have faith in you, believes that you can do it differently, that you don't have to be bad or that you are still young and in search of yourself (..). This experience changed Susan, she continues: "(first) I felt inferior, now I feel more deserving".

And as she continues, Susan describes also that self-respect appeared, in turn, conditional, to discover and know what she wants to do with her life.:

> First, I felt insecure, now I am confident. Now I know what I want, then I didn't.

Susan continues to explain that trust and self-respect are first needed to be able to take care of herself in a positive way, to make choices that lead to a better life for herself:

> What I did achieve is taking care of myself. That's what I'm very proud of (that I) can take care for myself, can speak up for myself, but also that I can choose for myself, still.

In sum, by looking at herself through the eyes of another person, a staff member, who gave her a new chance and a new explanation about herself, that she was not a bad person but young and in search for herself, she obtained evidence for self-worth, and this enabled Susan to start to make her own choices based on what she really wanted and felt was the right thing to do.

Also, youth conveyed the notion that connections providing respect and trust are necessary to start to make a connection with their own inner needs and feelings, and with acting respectfully and being trustworthy themselves. This involves the development of moral values which is explained very well by Robin:

> Yeah, I don't know. I felt really vague, I didn't know what was good, what was bad. I didn't know what was good for myself, because I didn't know what

was good for others, I just did it because of the fact that I liked it. So it wasn't very useful, cause because of that I took the bad path. And, as a result I hurt a lot of people, among which the friends I have today.

So, Robin describes how he first drifted, felt vague, because he had no inner compass; the choices he made were just made on what felt good at the moment, but he had at the time not reflected on his actions in terms of what was good, or bad, in a moral sense. Later, he realized that this had resulted in hurting other people which he regretted. Robin continues his story to tell about a meeting with a friend which made him choose for connection:

> I came across a good friend of mine, who still is a good friend of mine and he said, henceforth you don't have to say goodbye to your friends, as you leave as usual, because you will simply return.

From then on Robin started to make friends: "I don't have very many (friends) but they are true friends, just people you can really rely on". He also started to take care of himself and of his girl-friend: "She takes care of me and I take care of her, previously I didn't do that". Due to the encounter with this friend, he started to act and made an important change in his life: he started to build relationships based on mutual trust. This meant: being true to himself and to his friends, who are also true to him, and this gave him inner strength.

In sum, youth related that the development of trusting relationships was crucial in developing self-respect and self-confidence. And self-respect and self-confidence were needed to take control over their own life, to choose for themselves and to depend on their own ability to make the right choices. Being in a true mutual connection with other people helped to regain control over their life and future. And this involved also moral reflection and moral action, doing things that felt right, and choosing who they wanted as friends, i.e. choosing where to belong.

Doing Your Thing, Finding Your Own Path

In the stories of youth there were moments of experiencing autonomy, these moments appeared when they talked about 'doing my thing' or 'choosing my own path'. For some, doing your thing appeared to be associated with doing what feels right in a moral sense: For instance, Pete explains:

> But you just should keep on doing your thing. You shouldn't change because you have your problems. Look, what I did was not good, I would beat up people, because I didn't agree with them or because they bullied me. Then, you don't do it (your thing).

The stories also show that choosing your own path seems to be an embodied experience. For example, Dennis, 17 years, grew up with a single working mother and relates that his mother didn't give him much attention because he had a brother with autism spectrum disorder. Dennis went into out-of-home care at the age of 12. Currently, he is in a semi-open institution. When Dennis imagines himself in the future, having his own place in society, he relates: (it is important) "that you just do your thing, your own thing (..) although I don't know yet how it would be on your own". He advises other youth: "(..) to always choose your own path, own rhythm, what feels closer".

Others expressed that 'doing your thing, finding your own path' was connected to think, choose and act for yourself, and not to uncritically follow others. This is illustrated by the following quote of Lionel, 15 years, who found out he shouldn't follow his peers:

> (you must not) allow yourself to get drawn in by other people, you know, when they say you should commit burglary, just say no, you shouldn't do that because other people want you to do that.

For Robin, a decisive moment was when he realized that he couldn't follow staff:

> A big part I had to do by myself because of the fact that the only person understanding myself was me and staff couldn't understand me, so I had to figure it out myself.

And for Susan, in order to find her own path, she had to let go of her parents who had divorced and provided not a good climate for her:

> "If I did well with my mother, I did wrong with my father and vice versa. I have never been good". And she continues: "It was due to the fact that in secure (institution) when you are all alone then you think a lot, and that is when the switch turned for me. Okay: No longer I will listen to my father, nor to my mother, I will only listen to myself, and no longer I will care about what they do, that was for me the idea that made me follow my own path".

For Susan, letting go of her parents and starting to follow her own path was possible only after the development of new trusting relationships that made her feel safe and made her see that she was able to do the right thing and be a good person. Also Robin, started to make his own choices when he had found new mutual relationships with his friends.

In sum, doing your thing and finding your own path, are expressions that describe the experience of autonomy. These moments or episodes developed within a context of mutually trusting relationships, and were accompanied by an own inner moral compass. To find and follow their own path, the

right path, an internalized set of moral values was needed that is shared with other people that have been chosen consciously. If youth felt they had found out what they really wanted, and what felt right, they started to do their thing and follow their own path.

Model for Directing My Life in Connection

The four key themes appeared to represent a developmental process over time and contained elements of movement and change. A figure was made to portray this element of movement or action (see Fig. 1).

The central theme the stories revealed is that development of autonomy takes place within a continuous interaction between self and others that is driven by the wish to belong. This was schematically depictured as a big wheel that starts rolling towards becoming yourself, whenever self and others are interconnected, and being and belonging are in balance with each other. Being and belonging seemed to be balanced, as long as mutual trust is present as well as an inner set of moral values that is shared with important others. In the process of becoming, doing is important. The arrow in Fig. 1 thus represents movement, but symbolizes also that this process is never complete. Development towards becoming continues as long as the big wheel is rolling. When this is happening youth experience autonomy, and then they start doing their thing and to follow their own path. This figure can be seen as a hypothetical Model for Directing My Life in Connection.

Discussion

With this study researchers and youth uncovered themes that are central for youth in the transition from secure residential youth care towards living on their own, and shed more light on what kind of support they need to develop autonomy and participation.

First, their stories revealed a struggle with social relations. Even if there were conflicts and problems, they longed for connection with family and peers. Realizing trustworthy social bonds appeared essential for developing autonomy and control over their lives. This finding is in line with theory and research that demonstrates that safe bonding relationships are needed to explore the world and deal with stress (Bowlby, 1969; Deci & Ryan, 2012; Mikulincer & Shaver, 2007a, b). A fundamental need for belonging appeared to be associated with the experience of being and becoming and being able to start to develop their potential (Maslow, 1968; Wilcock, 1998). The stories thus confirmed a relational notion of autonomy (Cardol, 2013; Cardol et al., 2002; Stoljar, 2015). Similarly, these results confirm other studies that found that for youth involved in public systems of care

striving for connected autonomy is an important but complicated developmental task, and needs attention (Goodkind et al., 2011; Hiles, Moss, Wright, & Dallos, 2013; Refaeli, 2017; Samuels & Pryce, 2008).

A new finding was the importance of needing rest and time for reflection for developing autonomy. This seems in line with the theoretical framework for mindfulness-based therapies (Hayes, Strosahl, & Wilson, 1999; Kabat-Zinn, 1990, 2003; Segal, Williams, & Teasdale, 2002) and with theories on reflection as being the motor of learning (Argyris, 1976; Schon, 1983). Reflection enabled these adolescents to see more clearly what had happened to them and how this related to what they wanted with their life and future so that they could intentionally direct their behaviour in order to achieve goals that are in line with their own wishes, needs, and values. This means that time for reflection promoted their sense of autonomy and a feeling of ownership over their own life. This finding seems in line with a study examining the concept of emerging adulthood (Arnett, 2000) among youth grown up in public systems of care. This study revealed that having time to explore may be ideal during this time of life, but may not be a reality for these youth (Munson, Lee, Miller, Cole, & Nedelcu, 2013). These scholars called for more research to find out whether time to explore and a period of having no role are necessary elements for healthy development towards adulthood. The stories of youth in our study provide evidence that time for exploration is no luxury but a basic need, and adds to these studies the importance of reflection to develop self-insight.

Another finding was what the stories revealed about their experience and articulation of autonomy, i.e., that these youth started to move, doing their thing, when they were socially connected, felt secure and had found out what they valued. At this point, they started to "do their thing" and to "choose their own path". This seems in line with Self Determination Theory (SDT) (Ryan & Deci, 2000, 2006) that defines autonomy as volitional self-endorsed functioning as opposed to externally driven or pressured regulation of behaviour (Ryan & Deci, 2006; Van Petegem et al., 2012). Volitional self-endorsed functioning means that choices are made that are consistent with an internal system of values. To 'do your own thing' can also be viewed as a desire for self-actualisation, for being, doing and becoming (Kuiper, 2007; Maslow, 1968; Wilcock, 1998).

The language of youth, 'doing your thing' and 'finding your path', seems to imply that this is achieved by exploring and experimenting, by trying, doing and choosing on the basis of experience that appeared to be embodied, like Dennis explained: "Yes, to always choose your own path, own rhythm, what feels closer". So choices are not just made with the mind, but involve the whole body. This is in line with the idea of human beings as being connected to their surroundings in an immediate, bodily way, which is

not fully captured by cognitive reflections (Merleau-Ponty, 1962; Shotter, 2008).

The findings were depictured in a hypothetical model for Directing My Life In Connection (see Fig. 1) to show the interrelatedness of being, belonging, doing and becoming, and to capture this component of action and movement, and experiencing an embodied feeling of connection, or not, between oneself and the surrounding world. This model has been made by the researchers on the basis of these stories of youth, and still awaits confirmation in follow-up research with youth.

The development of autonomy, finding their own path, was not a harmonious process, many youth struggled to find their path within a social environment that had put them in a difficult position, which is also described in other studies on youth aging out of the welfare system (Munson et al., 2013). Whether they will experience autonomy and ownership is also dependent on the environment they find themselves in within residential care and later on in society. For developing autonomy it is necessary to have both intentionality and power to act in line with own wishes and needs (Ortner, 2006). Studies in residential care confirmed the importance of an environment within residential youth care that is not repressive and creates possibilities for self-determination and choice so that youth can prepare for adulthood (De Valk et al., 2017; Polvere, 2011; Rauktis, 2016). These youth just like other youth who grow up at home, need a period of emerging adulthood, a liminal space between adolescence and adulthood, to try and find out their own path towards adulthood (Arnett, 2015; Budge & Wels, 2016; De Valk et al., 2017; Polvere, 2011; Rauktis, 2016).

We assumed that people are actively searching for meaning and construe their identity and social reality in interaction with their social environment (Gergen, 2001; Guba & Lincoln, 1989; Nijhof, 2000). In the interviews, youth were invited to tell only what they wanted to tell. Sometimes they mentioned they couldn't talk about certain friends or didn't want to tell what they had done when they were caught by the police and this was respected. Did this lead to bias? On the one hand, youth may have shown themselves from their best side, and have given social desirable answers. But, in doing so, they may have protected themselves because talking about these problematic experiences is not helpful to look at themselves and towards their future with confidence. Indeed, youth told that in health care institutions they were often confronted with prejudice and they longed for an open and normalizing approach as was also found by Polvere (2011, 2014) and Calheiros et al., (2013). And Susan, for instance, expressed the importance of being given a new chance. According to solution focused theory (De Jong & Berg, 2004; De Shazer, 1982), solutions can be better created by focusing on strengths and capacities and may be thwarted by focusing on problems and diagnostic categories, because this may be discouraging and demoralizing.

Two adolescents acted as advisors and one of them at times as a co-researcher in all study phases including the next step aimed at designing a tool for youth to evaluate the development of autonomy and participation (manuscript in preparation). The other youth who were interviewed were also treated as partners in the research and as the future owners of the tool to be developed. Involving youth in this way forced us to be able to explain to them at all times what we were doing and why we were doing it, so that their perspective would remain central. This is crucial in PR (Abma et al., 2017) which is aimed at building knowledge and improving the lived experience of groups whose voices are not heard well enough as is true for youth in secure residential care (Ten Brummelaar et al., 2017; Van Bijleveld et al., 2015). The test of whether we have succeeded in achieving this goal will finally take place in the next step of this journey, when the tool will be designed and tested with youth and other important stakeholders.

The study had several limitations. First, how participative was the research we conducted in this first phase? The study can be classified as adult-driven (Kim, 2016), because the idea and initiative was generated by the two Youth Care Organisations and they involved our research institute. However, their mandate included that the instrument to be developed should put the perspective of the youth central, which gave us the opportunity to include youth. However, time and resources were too limited to give youth a more powerful role, but also were their limitations on the part of the youth to be involved in a larger role. We have done our best to listen carefully to them and to put their perspective central in this study. Therefore, an important question is whether the results did indeed reveal the voices of youth and were not prone to selection bias or a prejudiced view of the researchers. The interview transcripts were analysed in depth by three researchers and two students. We were careful not to apply pre-existing theories and own experiences. Nevertheless did we have our own views and experiences, and perhaps the results can be seen as a social construction formed in interaction between these particular adolescents and researchers (Gergen, 2001; Guba & Lincoln, 1989). We therefore presented these results to youth and staff in the next phase to test whether they are recognized by them (manuscript in preparation).

The interviews with the younger participants living in semi-open residential care were shorter than the interviews with older youth in open residential care and those living on their own. The younger adolescents also showed less reflection. We found that a trusting relationship was more difficult to achieve with these youth who had just departed from secure care. Nevertheless, the shorter interviews also revealed relevant and meaningful information about what mattered to them and

the depth and richness of these parts was sufficient (Moerman, 2010; Rubin & Rubin, 2012). Moreover, we learned that particularly these adolescents needed a lot of affirmation and compliments to start sharing their ideas and experiences. By including these youth with a short attention span in the study, we were better aware of the requirements for the tool to be developed, so that it would be suitable for them as well.

Another issue is that we do not know whether the youth interviewed were representative of all youth with a background in secure residential care. Did we reach youth with a higher chance of successful development? We do not think so because we later learned that some of them had run away, had returned to secure care, and one youngster had become homeless for some time.

Implications

What are the implications of these findings for the provision of residential youth care in both secure and open facilities? Perhaps the most important new finding of our study is that youth expressed a compelling need for rest and time to think. Therefore, residential youth care should provide conditions for the fulfilment of this need, in order to stimulate a process of exploration and reflection by inviting youth to develop their own ideas about what they want with their own life and future. This is a necessary condition so that youth in residential care are enabled to participate in decisions about their life and future and about the care they receive as described by the UN Convention on the Rights of the Child. Within residential care settings, youth not only need time to think but also enough opportunity for acting, trying and doing so that they can discover in practice what works for them. Secondly, since the results show the importance of trust and of connections with the people around them who believe in them, residential youth care should also stimulate that youth start a dialogue with people around them about the future they wish for themselves, and that youth are given the lead in this process.

The findings also have implications for research and policy. In line with observations of for instance Holland (2009), putting the perspective of youth central has resulted in interesting new findings which could not have been found otherwise. This implies that including young people's perspective in research and policy, as well as working together with them as partners may open up promising new areas for innovations in care.

Conclusion

This study examined perspectives of adolescents departing from secure care on what they need in their development towards young adulthood and living on their own. The study confirmed findings of previous studies that realizing trustworthy social bonds is essential for developing autonomy and meaningful participation. A new finding was the importance of needing rest and time to think for developing autonomy. Time for reflection enabled youth to discover what felt right in a moral sense and promoted a feeling of ownership over their own life. Not only reflection appeared important in this developmental process but also acting and doing. Together, this resulted in an embodied experience of "doing your thing" and "choosing your own path" which was their language for experiencing autonomy.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants and the appropriate institution for minors included in the study.

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