ORIGINAL ARTICLE

Experiences of Finnish care leavers of their involvement in the aftercare services for child welfare clients

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Abstract

Children and young people placed in out-of-home care form a vulnerable group. Their involvement in decision making of their future is undermined by the lack of a safe 'adult security net' and the brevity of the period in which they are supposed to gain independence. Although there are some studies showing that the opportunity to affect the decision making is insufficient, there are no studies about how the involvement might actually be developed. This study describes young people's experiences of their involvement and the developmental needs for it in aftercare services for child welfare clients. The design was that of a qualitative explorative study. In total, 16 care leavers participated in the study. Data were collected by thematic interviews in autumn 2016 and analysed by qualitative content analysis. Good value-based collaboration with the staff and the possibility of mental, concrete and social support enhanced the young people's active involvement in their lives. The topics the interviewees wanted to see developed included the core values in the aftercare services, the comprehensiveness of the support and a future-oriented approach. Collaborative relationships should, it emerged, be based on individuality, equality, fairness, trust, a non-judgmental attitude, flexibility and safety and a general approach valuing, respecting, listening to and empowering the young person. Support should be provided with a comprehensive approach and in a multiprofessional and coordinated manner. The transition period to an independent life should be extended and carefully prepared, with an option for the continuity of the collaboration with the employees if needed.

KEYWORDS
aftercare services, care leaver, child welfare, involvement

1 | INTRODUCTION

Children or young people who have been taken into custody typically leave the out-of-home care placement at the age of 16–18 depending on country-specific laws and policies. The problems that have led to the out-of-home care placement are usually adolescents'

own behavioural or health problems or problems that their parents have had in parenting or with their health. Typical out-of-home care placements are with foster families, in residential care settings, institutions or with relatives. Aftercare services are offered to adolescents—or 'care leavers' as they are called in this stage—before they move to independent living (Mendes & Snow, 2016). In Finland, the

right to aftercare continues until the person turns 25. Aftercare offers support in finding housing, education and health services and in managing finances (Häggman-Laitila et al., 2020).

Several studies indicate that recent care leavers feel that their transition to independent living progressed too fast and was poorly planned. They were expected to quickly adopt a diverse set of skills related to independent living within aftercare services. Care leavers have also been unsatisfied with their experience of being heard and the consideration given to their individual needs and wishes, and with the opportunities, they have had to affect the decision making concerning their future (Burgund & Zegarac, 2016; Carrà, 2014; Häggman-Laitila et al., 2018, 2019, 2020; Parry & Weatherhead, 2014; Southwell & Fraser, 2010). Experiences of involvement related to biological family and relatives have also not followed the young people's wishes (Carrà, 2014; Southwell & Fraser, 2010). Yet in the studies concerning this transition phase, care leavers' involvement has drawn meagre attention from researchers.

This article consequently focuses on care leavers' involvement in aftercare services in order to clearly identify it and find out the developmental needs of involvement from the perspective of the care leavers themselves. In this article, *involvement* is used specifically to mean that an individual feels able to influence his/her life course, including over matters pertaining to health, welfare, education and social relations. In addition to affecting personal life choices, or microlevel influence, involvement also means that the individuals concerned can exert influence at the mesolevel, e.g., by affecting service development, and at the macrolevel, which involves influencing political decision making (Castro et al., 2016).

1.1 | Factors that challenge care leavers' involvement

Children and young people placed in out-of-home care form a vulnerable group, and their involvement is challenged by unstable and unsafe life situations (Grace et al., 2018; Köhler et al., 2015). Compared to a control population, they are at a greater risk of social exclusion, low education levels and financial difficulties, and poorer health. They are also more likely to struggle with substance abuse, behavioural problems and mental health issues and face premature deaths. As they begin living independently, they often face uncertainty and loneliness and lack the support of a safe adult to whom they can turn (Cameron et al., 2018; Häggman-Laitila et al., 2018, 2019; Parry & Weatherhead, 2014).

1.2 | Care leavers' involvement in child welfare and aftercare services

Child welfare and aftercare services perceive involvement as a subjective experience of children and young people. It is supported by the provision of intelligible information to a child or youth about the matters that concern them and also by encouraging them to

What is known about this topic

- Although a child's or young person's involvement is considered an essential part of the quality of child welfare and aftercare services, those who have participated in these services have been unsatisfied with their experience of their individual needs and wishes being heard.
- Studies show that care leavers have not been provided with an opportunity to affect the decision making concerning their future.
- The transition to independent living has progressed too fast and has been poorly planned.

What this paper adds

- The paper describes the factors that promote and inhibit care leavers' involvement in aftercare services and produces new knowledge that could aid the positive development of the services from the perspective of young people.
- The involvement of young people in aftercare is aided by a solid, value-based, reciprocal, collaborative relationship with employees and support that is provided in a comprehensive and multiprofessional manner.
- Working processes should be future oriented and empowering in order to strengthen care leavers' active involvement in their independent living.

participate in the decision making affecting their life. The involvement of children and youth is also enhanced by belonging to a community that might be a family, relatives, friends and different groups, with hobbies, volunteering and school attendance all playing a part. Children and youth are offered opportunities to evaluate their placement and the way they are supported. Involvement provides to children and youth experiences of appreciation, equality and trust (Carrà, 2014; Christiansen et al., 2013; Hollingworth, 2012; Mendes et al., 2012; Vis & Fossum, 2015; Withington et al., 2017).

Children's and adolescents' involvement is supported by employee roles, organisational culture and practical measures in the organisation. The latter include good information flows and correctly timed collaboration, with everyone involved in managing the child's or young person's case, employees' commitment, continuation of contact and reserving sufficient time for encountering the young clients. The development of child welfare and aftercare services emphasises operating approaches that are respectful towards the young client and are of high ethical quality. In addition to the management of crises, investments should be made in a good collaborative relationship between the employee and the child or young person (Schwarz, 2017; Withington et al., 2017).

According to research, young people are more likely to feel included in a foster family than in an institutionalised care setting (Christiansen et al., 2013). This feeling can be enhanced by child

welfare employees who listen to their young clients and reserve enough time for processing the clients' issues when visiting families (Burgund & Zegarac, 2016). Children and young people are less likely to get a sense of involvement in short and frequently changing placements compared to long-term, permanent placements because the relationships which comprise the former remain essentially superficial (Burgund & Zegarac, 2016; Withington et al., 2017). Children and young people with an opportunity to genuinely affect their life course and become involved in the child welfare process and related decision making have experienced an improvement in their self-esteem, sense of dignity and mental health (Grace et al., 2018; Withington et al., 2017). Involvement positively affects young people's life satisfaction, school performance, employment and social relationships (Hollingworth, 2012; Sala Roca et al., 2009; Southwell & Fraser, 2010). Involvement also supports children and young people in constructing their personal identities (Jackson & Cameron, 2014).

2 | AIM OF THE STUDY AND RESEARCH QUESTIONS

The aim of this study is to describe young people's experiences of their involvement in aftercare services for child welfare clients as they transition to independent living. The research questions were the following:

1. What kind of experiences do the young persons with former child protection backgrounds have of their involvement in aftercare services?
2. How should young persons' involvement in aftercare services be developed from the young care leavers' perspectives?

3 | METHODS

3.1 | Design

The study design was a qualitative one with thematic interviews (Kallio et al., 2016) and inductive content analysis (Graneheim & Lundman, 2004).

3.2 | Recruitment to study and research participants

Young people who were clients of aftercare services in one Finnish city were recruited for this study in collaboration with social workers. The researcher met the social workers at their working places. She informed them about the study and their role in the recruitment underlining the voluntary nature of the young people. In addition to oral information, the researcher gave them same information in a written form. Social workers provided those expressing their willingness to participate in the study with a written information sheet about the study, the themes covered by the interview

and a research consent form for prior familiarisation. Young people were also asked for their consent to provide the researcher with their phone number for later contacting. When the researcher contacted the youth, she informed them of the study, gave her contact details and asked if they had any questions, thus providing an opportunity to make an informed decision on whether to participate. Many chose not to participate in the study after discussing it on the phone with the researcher. At no point was anybody coaxed into participating.

To those who were willing to participate, the researcher resubmitted the interview themes for prior familiarisation and promised to send an SMS reminder of the interview time if this was requested (according to many of the young people, they struggled with remembering set appointments). Quite a few interviews were also cancelled or had to be rescheduled: this was due to forgetfulness, failure to inform the researcher about withdrawal, public transport running late, a sudden change in the young person's situation, fatigue and changes in booked premises.

In total, 16 young people, who were 18–20 years old, participated in the study, 12 of them female and four male. Some of them lived with a biological parent and some independently, either at supported housing provided by aftercare services or at a housing unit they had independently rented. The majority of participants were students, some of whom also worked alongside their studies; a handful were unemployed. The young people had been placed in child welfare institutions or foster homes. The reasons for placement outside their homes were due to domestic violence, abuse, parental substance abuse, mental health issues or serious somatic illness or behavioural problems and intoxicant use by the young people. The placement had often taken place when the young person had already reached adolescence, even though the family had been facing problems during the person's childhood.

3.3 | Data collection

Theme interviews (Kallio et al., 2016) were conducted in autumn 2016. The interview was piloted by two experts contacted through a national network; they had a background in aftercare services provided by child welfare services. The two experts felt that the themes were relevant for the research topic—only minor changes were made to the interview. The pilot interviews were not used as research data.

The interview themes in this study and opening questions for them are presented in Table 1. Based on the care leavers' wishes, the interviews were conducted either on the premises where aftercare services were provided, the young person's home or at some other place requested by the interviewee, such as a café. The interviews started with discussing the study based on the information leaflet and presenting the interview content. In this context, the interviewer also ensured that the participant had sufficient knowledge of the study and was still interested in participating. Before the interview, the interviewer and interviewee reviewed the consent form and signed two copies: one

Interview themes	Opening questions
Involvement in own services	
• Received support	• What kind of help have you received? • What kind of help that you have received in Aftercare services has been useful for you? • What kind of experiences have you had when using these services?
• Experiences of participation	• How do you feel about being able to influence in the aftercare services? • In what kind of matters have you been able to influence?
• Opinions of own rights and experiences of them being fulfilled	• What do you perceive as your own rights in Aftercare? • How do you feel your rights being fulfilled? • What do you perceive as your duties in Aftercare? • How do you feel your duties being fulfilled?
• Influencing and being involved in the plans of Aftercare	• How do you feel about being able to influence in the aftercare services?
Development of services	
• Experiences of participation	• How would you want to enhance the possibility to influence?
• Provision of support	• In your opinion, what kind of challenges do you have in gaining independence? • What kind of help you think you would need? • Do you feel there are needs for developing the services? • What kind of things you would want to develop?

for the young person to keep and the other retained by the researcher. The young people were informed that they could discontinue the interview if necessary. Participants were aware beforehand that the interviews are recorded. This was mentioned in the written information sheet of the study which they received from their social workers. The recording was also discussed when the researcher and the participants arranged together the interview times, and it was also included in the reviewing the consent form before starting the interview. Therefore, participants gave their informed consent also for the recording of the interviews before the recording was started. In spite of these arrangements, the recording initially unnerved some of the interviewees. The situation was new for them, the discussion dealt with sensitive themes, and the researcher was unfamiliar to them. After the interviews, many of the participants said that the situation was more pleasant than they assumed, and they were surprised how little the recording disturbed them.

The interviews progressed on the interviewees' terms. Short breaks were taken during some of the interviews due to issues such as the young person's mobile phone ringing. The interviews were transcribed verbatim using a transcription service bound by confidentiality under a written agreement. The total duration of the interviews was 16 hr and 33 min. The longest interview lasted for 1 hr and 34 min and the shortest 29 min. The total amount of transcribed material was 397 pages with 1.5 line spacing and font size 12. The interviewees were given a voucher to a grocery shop as compensation for their participation; they were not informed about the voucher in advance.

3.4 | Data analysis

The data were analysed using qualitative inductive content analysis (Graneheim & Lundman, 2004). The transcribed interviews were read several times over to form an overall view. Subsequently, original expressions in line with the research questions were underlined in the data; the analysis unit was a sentence or a thematic whole. The original expressions were then reduced to simplified expressions, resulting in 529 expressions. These were compared and grouped based on similarities and differences, and the groups were named based on their content. Thus, formed subcategories were compared and grouped into upper categories which were named based on their content. The first author coded the data. The grouping, categorisation and naming of the categories were done in a research group which included the first author and two senior authors.

3.5 | Credibility and ethicality of the study

The credibility of data collection was enhanced by piloting the interview and recruiting an interviewer specialised in psychiatry nursing. Saturation was achieved in data collection. The interview excerpts presented in the text help to assess the credibility of the results.

The Committee on Research Ethics of University of Eastern Finland (3/2015) gave a favourable statement for the study. The organisation whose clients the young people were gave a research permit. The fact that the social workers recruited the participants

may challenge the ethicality of the study. It is possible that the care leavers showed their interest on the study at the first place to please their social workers. To avoid social workers' influence, we protected care leavers' anonymity. After the care leavers got the information from their social workers, the researcher did not inform the social workers whether the care leavers had contacted her or had given his/her informed consent or chose not to participate into the study after discussing with her at the phone. Based on this, we assume that the care leavers were free to choose their participation into the study. Also, the fact that many who discussed with the researcher on the phone decided not to participate supports our assumption.

The privacy of the interviewees was protected by eliminating any information that could identify them from the interview recordings, transcriptions or reported results. The informed consent forms signed by the interviewees will be stored separately from the transcribed interviews and cannot be connected to the interviews in any way. The voluntary nature of participation and the researcher's secrecy obligation were addressed when providing information about the study. The researcher was not in an employment relationship with the organisation where the young people were clients.

4 | FINDINGS

4.1 | Involvement during participation in aftercare

The care leavers' experiences of aftercare services were highly positive. Close collaboration with the staff and the possibility of getting support clearly enhanced their involvement (Figure 1).

4.1.1 | Collaborative relationship

The key values deemed important in collaboration included the voluntary nature of aftercare, respect for the young person and a nonjudgmental attitude. The quality of the collaboration was affected by an open atmosphere, trust, security and flexibility, all of which increased the sense of involvement and independence of aftercare participants. It was easy for the young people to ask for help from the aftercare staff since they felt that they could trust the employees' support. The open atmosphere and pervasive sense of trust also enabled the identification of difficulties and facilitated obtaining guidance on getting the right kind of help.

> I'm seeing the aftercare staff maybe once a week, it's this sort of nice thing, I mean that they'll help you with all your applications and make sure that you won't end up with nothing, and I guess you could still get basic social service assistance even if you're not using aftercare services, but they also help you with that and advocate for you and make decisions that benefit you.
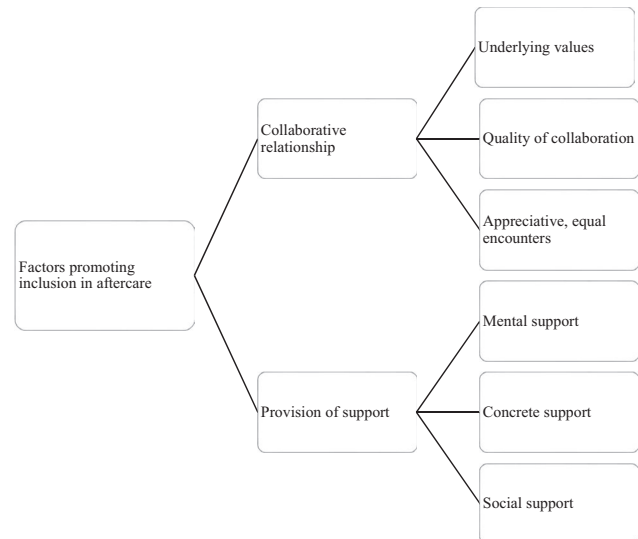>
> (Interview 1)

FIGURE 1 Factors promoting involvement in aftercare services for child welfare clients

> The social worker [aftercare staff member] has been very helpful. She gives space just right since she trusts me. The reimbursement for rent is paid into my bank account and not to the landlord as the case is with others since they have faith in me taking care of the rent.
>
> (Interview 3)

> So, it is really great to have aftercare services because the thing is that I would not have got a flat just like this...they are very good at providing assistance. One feels safe, there is always someone to turn to, you are not all alone to look after things. Especially as I have not kept in touch much with my parents, so it has been very good for me to partake in aftercare services. For heaven's sake, I do not know how I could have coped without, most certainly I would be totally lost and not at school now. Actually I don't know what kind of situation I would be in...I would surely be in a very bad situation.
>
> (Interview 6)

Flexibility was reflected in taking into account the young person's situation and needs when choosing the time and place for meeting up. The meetings could take place outside the aftercare service unit, on a walk or in the young person's home. The availability of the staff was also very good; SMSs and social media applications were commonly used.

> I've often pondered about the easiest way to contact various officials and how a lot of the time you

end up with an answering machine and have to leave a message there. But here the thing is that you can reach them easily by phone and if not, you can simply send them a message and they will answer it really quickly.

(Interview 4)

The sense of involvement was increased by encounters with the aftercare staff that were on an equal footing. Care leavers felt appreciated as individuals during encounters in which their choices were accepted instead of being criticized. They could share with staff their problems, such as their drug use and alcohol consumption, because they were not judged by the staff. The young people felt that their voices and preferences were heard and that the staff expressed genuine care and a wish to help. Plans for care leavers' independent living were created in collaboration, and the youth were given an opportunity to comment on the outcome and make changes if needed.

They treat you like an adult here. I like that.

(Interview 2)

I could talk to the staff members more freely than e.g. to a tutor at the child care institute…I can smoke or something like that, small things, I do not have to hide them and lie.

(Interview 8)

Yeah, yeah. Those plans have pretty much been my ideas put on paper… I've gotten my voice heard. Yeah, we've been working on them together with a social worker. Yes, I've been able to get involved as it's really…. I've told the worker what I wanna do and he/she has just written it down.

(Interview 3)

4.1.2 | Provision of support

Mental support (Figure 1) for interviewees meant that they had the option of addressing with the staff any problems and issues that they were facing: mental health problems, substance abuse, housing or benefit issues and financial problems. The young people felt that problems in any area of their lives affected the amount of support they needed in aftercare, which meant that none of the problems could be dealt with separately.

I know I could phone just because I feel I am going to have a nervous breakdown or something, so it does not have to be connected to the flat or anything…I can just call to say I cannot cope at the moment.

(Interview 6)

I think aftercare services are working great and then this social worker of mine, I can call her whenever I am panicking over some stuff, like when I forgot to renew my housing benefit. To have a person like her to whom I can always tell how things are with me, so it's a kind of contact to cover the mood issues as well. So in the aftercare everything has been great, very positive.

(Interview 1)

I don't know whether it is the same with all employees but mine at least try to help almost in any life issue there might be.

(Interview 4)

Aftercare clients had received concrete help (Figure 1) related to their living arrangements and economic support. This concrete help included, for example, payment of invoices and fines, help with doing applications for income support and renting an apartment. This promoted their independent living and emancipation from their childhood home. The young people found the bureaucracy connected to financial and housing issues highly complicated and difficult to deal with without the help of the aftercare staff. They felt aftercare served as their 'safety net', and they were thankful for the support. Social support (Figure 1) included, for example, the strengthening of ties to biological family members and relatives.

When I had my 18th birthday in September I was still living with my mum, but then I started feeling I have to get a flat of my own through aftercare services. The application was made and the flat was arranged rather quickly. My experience is that through aftercare I have received help with all matters related to independent living.

(Interview 1)

My trust in these services was being tested. But like now that everything's going well, I can say that I'm pretty satisfied. I'm like extremely thankful that this thing exists. I have really no idea where the hell I'd be. Because the stuff at home hasn't been that good either.

(Interview 14)

4.2 | Development topics in the context of youth involvement

The topics the interviewees wanted to develop included the core values in aftercare services, the comprehensiveness of the support and a future-oriented approach (Figure 2).
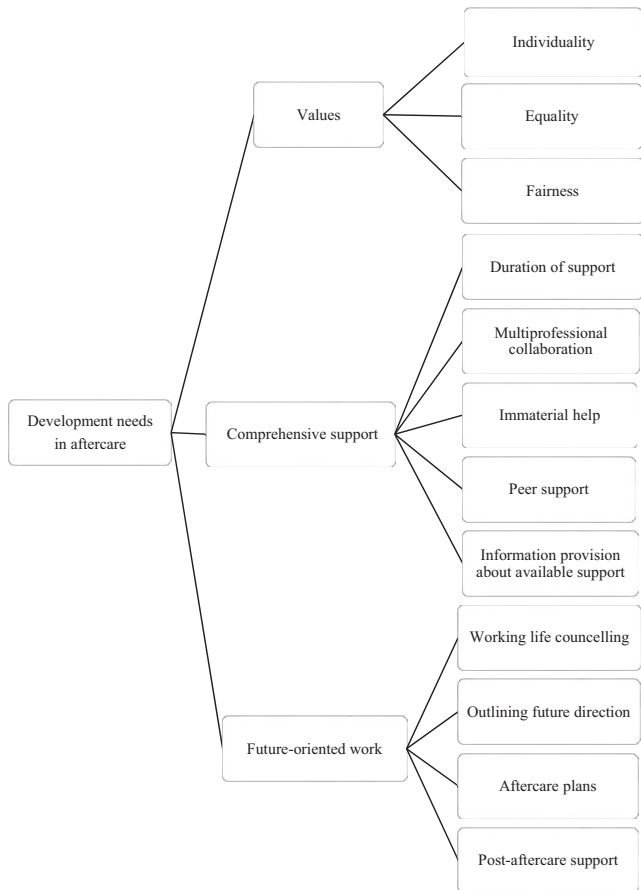
FIGURE 2 Development needs in aftercare supporting young people's involvement

4.2.1 | Values in aftercare services

The values included the recognition of each young person's individuality, together with notions of equality and fairness. The interviewees had experiences of the staff making comparisons to other young people instead of focusing solely on an individual and his or her situation. They even felt that sometimes their difficult situation could be underestimated since there were others with bigger problems. This affected their willingness to address topics important to them. The interviewees mentioned opportunities that were offered to some but of which they had personally been unaware. Housing arrangements had also caused feelings of inequality.

> But I don't know if they make comparisons to other people of the same age who are using these aftercare services, if there are lots of people without a place of study who may not be doing that great at school, who might be using too much alcohol or drugs or have related problems, so do they look at my situation compared to others?
>
> (Interview 9)

4.2.2 | Comprehensiveness of the support

According to the interviewees their problems were complex and pervasive, and therefore, a comprehensive approach with a longer care period should be used in the aftercare services. They felt that despite providing good quality services, the care system was not harmonised and there was a lack of collaboration among the professionals. They suggested that an aftercare service employee who knows them well could act as a link between various services. Aftercare services appear to put a lot of focus on the financial support of the service users; although young people recognised the importance of this, they missed more immaterial help. Peer support was also much in demand. Those who had experience of substance abuse care had met experts in the field and felt that similar activity would also suit aftercare services. Experts with extensive experience could help with the communication and understanding between the young person and the professional.

> In my opinion getting a peer with experience of intoxicant abuse but who has managed to overcome it, to join in the meeting with the social worker and tell from his or her own experience where it is finally leading... from my experience I can say I would have needed that kind of support but there was none available. I just thought I was alone with these problems until I managed to find peer support.
>
> (Interview 12)

4.2.3 | Future-oriented work approach

The interviewees emphasised that future-oriented work should include the planning of support following the end of aftercare, working life counselling and outlining future directions. Not everybody knew whether a plan had been drawn up for them or what its contents might be. This meant that the care leavers had limited possibilities for exerting influence and getting involved; they also felt that some plans were unnecessary since the contents were self-evident.

> Wait, a plan, have we been making plans? I've no idea if we've made one.
>
> (Interview 14)

> But those plans... they have never changed anything since I have always aimed at this where I am now.
>
> (Interview 3)

The interviewees were concerned about the end of the aftercare period and felt unprepared for the subsequent change. The transition to independent living was not talked about a lot, and all this was perceived as stressful and worrying. Since the contact with the aftercare

staff was intimate and nurturing, many felt sad about the prospect of the service ending. Care leavers hoped that some kind of contact—even infrequent—could still be maintained with the staff even in the future. Working life was perceived as a distant topic, and the interviewees felt uncertain about whether the training they had chosen was right for them or what kind of a job they would want. They were worried about their financial situation and the fact that they might have to work while attending vocational training to make ends meet. Work was nevertheless a clear goal at some point in the future, and earning a living was seen as important. The young people dreamed of getting a job with a reasonable salary to provide for their own family someday.

> At the moment I feel so anxious when I think about the ending of this aftercare... I will be completely on my own, since I am not in contact with my parents and I don't know who to call if I need to ask something... I could still continue with aftercare when I turn 21. I think 25 would actually be a good [age limit]. I feel like it's only at that point when I'll start growing up emotionally.
>
> (Interview 6)

> It always makes one a bit depressed to start thinking about the future and what will happen, will I be able to keep the flat and so on. This is something I contemplate a lot.
>
> (Interview 4)

5 | DISCUSSION

5.1 | Consideration of results

The study described the involvement of young people in aftercare at the microlevel and the mesolevel (Castro et al., 2016). The study produced new knowledge since even if there has been previous research on care leavers' service experiences this has only lightly touched on the topic of involvement (Häggman-Laitila et al., 2018, 2019, 2020; Parry & Weatherhead, 2014).

Based on young people's experiences, a good and confidential collaborative relationship, support provided by the staff and the chance to be heard in discussions of future plans all promoted their ultimately successful involvement. Many important values and principles of interaction were fulfilled in their collaboration with the staff. These results emphasise the high ethical quality in child welfare services and a need for investment (Schwarz, 2017; Withington et al., 2017). The findings support the service provision and involvement founded on trust and the availability of employees (Carrà, 2014; Christiansen et al., 2013; Hollingworth, 2012; Mendes et al., 2012; Vis & Fossum, 2015; Withington et al., 2017). The birth and emergence of a confidential relationship require resources and input from both parties. This and previous studies indicate that many of these young people are resilient and trusting despite their earlier difficult experiences. Creating a confidential collaborative relationship requires the employees' commitment

to their work, strong proficiency, good interpersonal skills and opportunities for managing their own coping. However, collaborative relationships are challenged by young people's interpersonal and behavioural problems and past traumatic experiences (Häggman-Laitila et al., 2018, 2019, 2020; Parry & Weatherhead, 2014). Care leavers also observed and commented on the need to develop the value basis of the collaborative relationship because the services as a whole are not always equal, fully respectful of the young person's individual situation or fair. Instead of across the board consistency, the solutions may depend on a single employee. Young people wish for continuity and sustained contacts in their collaborative relationships, extending beyond crisis situations and after leaving care (Schwarz, 2017; Withington et al., 2017).

The care leavers in this study wanted to obtain more information about various forms of support available. They also wished that the support would be more comprehensive, coordinated and multiprofessional. In line with previous studies, the young people emphasised the role of mental and immaterial support alongside assistance with financial coping and management of practical matters (Grace et al., 2018; Köhler et al., 2015). Aftercare services globally have implemented various programmes aiming to enhance the support available for young people. However, according to a recent systematic review (Häggman-Laitila et al., 2020), only half of these programmes provide comprehensive support. Further developing aftercare support measures, including the future-oriented work suggested by the young people, is important. According to the young people, future-oriented work should be prepared with their input to ensure that they get a genuine experience of involvement in the process (cf. Daly, 2012).

Similarly, and as in previous studies, the young people felt that the time spent in aftercare was too brief and the transition to independent living was poorly planned (Berzin et al., 2014; Carrà, 2014; Collins & Rolanda, 2011; Cunningham & Diversi, 2012; Southwell & Fraser, 2010). Together, the insecurity and abandonment of the confidential relationship with the employee undermine young people's involvement as they transition to independent living (Carrà, 2014; Christiansen et al., 2013; Häggman-Laitila et al., 2020; Hollingworth, 2012; Mendes et al., 2012; Vis & Fossum, 2015). These findings indicate the importance of thorough preparation of the transition period to independent living.

5.2 | Strengths and limitations

Despite the fact that recruiting participants proved to be challenging, the abundance of the data indicates that the study reached some key informants for the topic. On the other hand though, the participants may also constitute a limitation of the study: it might be possible that those participating in the study had the most positive views of their involvement, which if true would lead to skewed results. Participants' experiences were also related to just one Finnish organisation, although the conceptualization of the data does enhance the transferability of the results and their utilisation in other, equivalent contexts.

5.3 | Implications for practice, policy and future research

The involvement of young people in aftercare is boosted by a collaborative relationship with employees and the support they provide; preparing plans from the perspectives of the care leavers is also crucial. Relationships should be based on individuality, equality, fairness, trust, a non-judgmental attitude, flexibility and safety; approaches that value, respect and listen to the young person are also critical. Support should be provided with a comprehensive approach and in a multiprofessional and coordinated manner.

The transition to an independent life should be an extended and carefully prepared period, and the continuity of the collaborative relationship with the employees should be ensured following the end of the aftercare measures. Methodologies promoting future-oriented and empowering work should be developed according to young people's wishes, to provide them with an opportunity for enhancing their involvement after the withdrawal of expert support. The results must be also widely circulated to ensure the development of an operating culture and effective leadership in aftercare services, as these provide the only means to guarantee young people equal and high-quality services.

Future studies should explore how young people ensure their involvement after the final expiry of aftercare support and the collaborative relationship; looking at exactly how the young people prepare for this with the employees might well offer a profitable field for further investigation. Future research should also investigate leadership in aftercare services with a view to obtaining evidence-based knowledge for the further development of collaborative relationships.

6 | CONCLUSIONS

Aftercare services can enhance care leavers' involvement by investing in good collaboration with them, comprehensive support and sound preparation for the transition to independent living as seen from the specific perspective of the care leavers themselves. Work approaches and methods, work culture and leadership should all be tailored to make these investments possible.

CONFLICTS OF INTEREST
None.

AUTHOR CONTRIBUTIONS
Minna Kaasinen: conceptualization, data collection, data analysis and interpretation, and writing-original draft preparation; Pirkko Salokekkilä: conceptualization and methodology; Arja Häggman-Laitila: conceptualization, project administration, funding acquisition, methodology, and formal analysis; all authors: validation, writing-review and editing, and acceptance of final version.

DATA AVAILABILITY STATEMENT

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