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Staff and youth views on autonomy and emancipation from residential care: A
participatory research study.

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Staff and youth views on autonomy and emancipation from residential care: A participatory research study.

Abstract: The use of participatory approaches in designing services is still relatively uncommon. In this study, we helped design a service to support the transition of youth from residential care to independent living by exploring the perspectives of staff and of youth regarding: a) the concept and development of autonomy; and b) key factors in developing this type of service. We gathered the data through 10 interviews with staff ($n = 10$) and 4 focus groups with youth ($n = 21$), and subjected the data to a thematic content analysis. Staff defined autonomy as self-regulation and self-care, and identified three paths to foster autonomy - a sense of normality, meaningful relationships, and planning for emancipation. The staff and youth identified the following important aspects in designing the service: achieving normality (e.g. limited number of residents), promoting youth capacity (e.g. skill-building activities), providing social support (e.g. trust and respect between residents), and assuring guidance and boundaries (e.g. supervision of youth).

Key-words: Participatory Research Approach; Services Design; Residential Care; Transition to Independent Living.

1. Introduction

Empirical evidence has suggested that young people's departure from residential care is generally implemented without a support network that allows for a gradual, sustained transition to independent living (Geenen & Powers, 2007). In fact, more often than not, young people leave institutions without the resources, support or life skills needed for self-sufficiency (Colca & Colca, 1996; Van der Ploeg & Scholte, 2003). A number of studies have consolidated this idea, showing that adolescents in prolonged care face great challenges during this transition, which are associated to poor academic performance, housing difficulties, financial and job seeking difficulties, physical and mental health problems, substance abuse and other psychosocial adjustment difficulties (e.g. Courtney & Dworsky, 2006; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Harder, Knorth, & Kalverboer, 2011; Stein, 2006a).

Along these lines, a number of programs and services have been developed to support young people's transition from residential care to independent living (e.g. Georgiades, 2005). Participation in these transition services is understood as a time for youth to acquire skills and knowledge that facilitate social integration and independent living, and has demonstrated positive results (e.g. Lemon, Hines, & Merdinger, 2005; Montgomery, Donkoh, & Underhill, 2006).

Despite some evidence of these programs success, few studies involved young people in care in the planning of transition services in which they will be the ultimate beneficiaries (e.g. Geenen & Powers, 2007; Petr, 2008); And young people do identify the lack of opportunity to participate and to influence services as two of the main shortcomings of the systems they are involved in (Cashmore, 2002; Mares, 2010; Southwell & Fraser, 2010).

In this study, we assumed that children and young people have the legitimate right to manifest their needs and concerns, especially when dealing with issues that affect their lives (Cashmore, 2002; UNCRC, 1989). Therefore, as potential users of a service that supports the transition from residential care to independent living, it is important to know youth concerns and expectations about leaving care, and what they would like to find in a transition service. To ensure the specificity and effectiveness of services, several authors recommend a participatory approach to the process of service planning and design (e.g. Cargo & Mercer, 2008; Feinstein, Karkara, & Laws, 2004). According to Cargo and Mercer (2008) Participatory Research (PR) is a partnership between different academic and nonacademic partners, and the core elements of PR are mutual respect and trust, capacity building, empowerment and ownership, and accountability and sustainability. PR reveals factors tied to customer satisfaction, helping to promote service quality, involvement and use by customers (Heinze, Jozefowicz, & Toro, 2010). PR also allows for more comprehensive and coordinated responses to needs, providing knowledge on how to improve the development of programs and the provision of services (Cargo & Mercer, 2008).

There are different partners that can be involved in PR: clients, consumers, or the ultimate users of the service; the persons that support the ultimate users (e.g. family members); the general public; those who interface directly with ultimate users (e.g. staff); and individuals who operate at an administrative or political level (Cargo & Mercer, 2008). Specifically in the context of residential care, the participation of staff and youth in evaluating and designing services is essential. The way in which staff conceptualize development and education and how they perceive the needs of youth and services influences their educational and professional practices (Calheiros, Lopes, & Patrício, 2011); and youth know the most about their own lives, so they are in a unique

position to convey their experiences (Clark & Moss, 2001). Additionally, the participation of youth in evaluating and designing services leads to more tailored responses (McMillen, Auslander, Elze, White, & Thompson, 2003), and ensures that the services are more effective, relevant and sustainable (Feinstein et al., 2004; Frank, 2006; Teufel-Shone, Siyuja, Watahomigie, & Irwin, 2006).

Therefore, the purpose of the present study is to understand staff and youth views on autonomy and emancipation from residential care as potential providers and users of a service to support the transition from residential care to independent living.

Using a PR approach, we address the following research questions:

- What are the perspectives of staff working with youth in residential care with regard to the concept and development of autonomy?

- What are the perspectives of youth and staff on potentially beneficial factors of a service to support the transition to independent living after leaving residential care?

The results of this study will contribute to the development of a service of transition to independent living based on staff and youth views.

2. Methods

2.1. Sample and recruitment

We recruited 10 members of staff and 21 young people from four residences of care in the Lisbon metropolitan area.

The majority of staff participants were female (90%), and they varied in occupation (3 educators, 2 psychologists, 2 social workers, and 3 coordinators); and working experience from 2 to 29 years ($M = 9.4$, $SD = 8.38$). The educators had daily contact with youth, while the residential psychologists, social workers and coordinators had contact with youth twice per week on average.

Youth were at least 15 years old ($M = 16$, $SD = 1.07$, $Min = 15$, $Max = 18$), male (48%) and female (52%), and with and without recorded behavioral problems.

2.2. Interviews and focus groups protocol

We used semi-structured interviews for staff and a focus group for youth.

The interview protocol included questions related to conceptualization of autonomy (e.g. "In your opinion what is youth autonomy"), and to the factors that promote or discourage it (e.g. "How can youth in residential care achieve autonomy?").

The focus group protocol included questions about the ideal residence for the development of youth autonomy, addressing areas such as living conditions (e.g. "How many people should live in the residence?"), logistics and operational issues (e.g. "How should the house be managed?"), location (e.g. "Where should the residence be?"), and the relationships between residents, staff, and others (e.g. "How should the relationship between the residents be?").

2.3. Procedure

2.3.1. Participatory research procedure

This study followed the PR principles and procedures specified by Cargo and Mercer (2008). The impetus for the PR came from the institutions of care involved in this study. Thus, in the engagement phase, we made the necessary contacts with the institution to know the context, the people and their priorities in this partnership, and we discussed the research objectives to achieve consensus. In the formalization phase, we signed a formal protocol with the stakeholders that detailed aspects relating to ethical concerns (e.g. anonymity of data), funding for research, how data would be collected and how the nonacademic partners would contribute to the research through their

human, physical and material resources. In the mobilization phase, the nonacademic partners made spaces available to the data collection and a team was formed within the institution to recruit participants for the study, facilitating the recruitment process and ensuring adherence of the participants. Finally, in the maintenance phase, the research results were disseminated and discussed with staff and the management team of the institution of care, to maximize the correct interpretation of the data and guarantee that recommendations would be put into practice. The ultimate customers of the service (i.e. young people in residential care) were involved in the data collection stage, and the staff who interact with young people and the management team of the institution of care were involved in the study planning phase, data collection and results dissemination.

2.3.2. Data collection procedure

We chose to employ two different methods according to the target participants' characteristics. We opted for individual interviews with staff given that this method is more appropriate in studies seeking to understand the meaning of given phenomena and concepts from people integrated in a given social unit (e.g. workgroup, department or organization) (King, 1994). We opted for conducting focus groups with the young people, since this method has proven to give greater insight into the perceptions, feelings, attitudes and/or opinions of young people, who are often more hesitant to express their opinions in an individual interview context (McCoy, 1993; Peterson-Sweeney, 2005). Focus groups present the further advantages of unveiling unexpected topics, and allowing the researcher to summarize and share different points of view, perceive the dynamics and interactions between participants, and ultimately being a more economical and fast method of data collection compared to individual interviews (McCoy, 1993).

Prior to data collection, we described the study to the participants, who were ensured that all data would be kept confidential and anonymous, and gave us their verbal informed consent to participate. We also asked for the participants consent to record the interviews. Interviews and focus groups took place in residential care facilities. To ensure the privacy of the participants, the interviews were held behind closed doors and in isolated rooms. In all of the sessions, the same introductory instructions were given and the questions were asked in the same order.

The interviews were conducted by two psychology graduates with interviewing experience, and lasted from 30 minutes to one hour. The focus groups were conducted by three psychology graduates, with interviewing experience, two assuming the role of moderators and the other assuming the role of note-taker. The focus groups lasted from one to two hours, with the number of participants in each session ranging from four to six.

2.3.3. Analytic Procedure

We transcribed and uploaded the recorded interviews to the software Atlas.ti (Version 6.2) for coding. We used a Consensual Qualitative Research Method (Hill, Thompson, & Williams, 1997) to do a content thematic analysis of the data. In the first step of this analysis two elements of the research team (the interviewers) independently read half of the transcribed interviews and selected semantic units of analysis, i.e. units of the text (sentences or paragraphs) with a semantic content (referring to the same theme). The themes identified in this process were then discussed to develop a consensual coding system. Then, one of the researchers completed the data analysis, selecting and coding units of analysis based on the coding system.

The second step was to verify the reliability of the coding system. In this step a

separate element of the research team coded one fourth of the units of analysis with the coding system, enabling the determination of the inter-rater agreement at two levels: sequential attribution of the system's lower levels to those immediately above (Focus groups, *Cohen's kappa* = .97, $p < .001$; Interviews, *Cohen's kappa* = .97, $p < .001$) and attribution of the units of analysis to the lower level of the coding system (Focus groups, *Cohen's kappa* = .81, $p < .001$; Interviews, *Cohen's kappa* = .84, $p < .001$).

The third and last step entailed the analysis of the coding system, to respond to our research questions. We analyzed the content of the themes, the relationship between the different themes, and weight of each theme (i.e., the number of units of analysis integrated in the theme), since the themes mentioned most often (i.e. with more units of analysis) will be those to which participants (i.e., staff and youth) attribute more importance.

3. Results

To address the goals of this study, the results were divided into two parts: I) Exploring autonomy concept and development; and II) Designing a service to support the transition to independent living.

3.1. Exploring autonomy concept and development

When exploring autonomy concept and development we identified two main themes: Autonomy is more than independence; and Fostering autonomy. The first theme gathers staff perspectives on the definition of autonomy, and the second theme gathers staff perspectives on obstacles and factors promoting youth autonomy (Table A.1).

--- Insert Table A.1 here ---

3.1.1. Autonomy is more than independence

The theme Autonomy is more than independence gathers staff perspectives on the definition of the concept of autonomy. Overall, we found that the staff elements that participated in the study viewed autonomy as a continuous development process and as more than independence.

3.1.1.1. Autonomy as self-regulation

The sub-theme Autonomy as self-regulation refers to the staff conceptualization of autonomy as a capacity for self-regulation. This perspective is based on a model of interdependence in which autonomy mostly means the acquisition of a set of personal and interpersonal skills allowing the young person to manage his/her life effectively and being integrated and successfully adjusted in different social contexts, such as managing formal and informal relationships, managing emotions, planning and problem solving, making decisions, and establishing goals.

“Having life projects, goals and being able to manage all of these somewhat effectively” (Social assistant, F, residence 4, 8 years of WE)

“A young man who can take control over his life, over the course of his life, in all domains. And that is prepared to cope with adversities” (Psychologist, M, residence 4, 10 years of WE)

“Capacity and development of certain skills in the personal, social, and family domains ... that allow to be independent, to be able to make their decisions, to think about them, to make their choices and feel safe as a citizen with rights and obligations” (Coordinator, F, residence 2, 5 years of WE)

3.1.1.2. Autonomy as self-care

Although the staff perceived autonomy mostly as self-regulation, they also perceived autonomy as self-care, highlighting the importance of promoting self-care and practical survival skills in youth, such as personal hygiene, diet and health, budgeting, shopping, cooking and cleaning.

“Be able to take care of personal affairs at various agencies, and know where to go” (Educator, F, residence 1, 5 years of WE)

“Do housekeeping, pay bills, cook...” (Educator, F, residence 3, 19 years of WE)

“The minimum knowledge to be able to manage himself, I'm not just talking about the money (which I also think is important) but to know minimally to do housekeeping...cook...” (Coordinator, F, residence 3, 29 years of WE)

“It is to know how to move in outer space, to take care of their documentation, go to the doctor” (Educator, F, residence 3, 19 years of WE)

“Be autonomous is to be able to take care of himself” (Psychologist, F, residence 2, 4 years of WE)

3.1.2. Fostering autonomy

The theme Fostering autonomy gathers staff perspectives on obstacles and factors promoting youth autonomy. These can be organized in three sub-themes: a sense of normality, meaningful relationships, and planning for emancipation.

3.1.2.1. Sense of normality

According to the staff there are a set of institutional issues that largely limit the autonomy development. Among these issues is the fact that they provide an undifferentiated and standardized service, mainly structured to match the needs of

younger children, and all the residents have similar rules, rights and obligations.

“Sometimes there are conflicts with the older by something as simple as having to turn off the television at 10pm” (Coordinator, F, residence 1, 2 years of WE)

According to the staff the youth have a lot of routines and schedules, and are very controlled by the staff, so they do not have space to practice self-regulation since they are mostly regulated by others.

“They always have the protection of the adult, who is always highly present, and who practically commands the young people’s lives. It is a lifestyle of routines, with schedules for dinnertime, schedules for this and that” (Coordinator, F, residence 1, 2 years of WE)

The professionals also pointed out that there are legal aspects that do not allow young people in care to have the same experiences of young people in a familiar context, such as the limited access to the kitchen, and the fact that they cannot take part in the money managing, by paying bills, and shopping.

“The domestic issue, the kitchen is an uphill battle because it involves companies [who take care of the residence’s food and cleaning] so [young people] do not even know how to help, which highly limits the acquisition of these skills. Then there is also the matter of purchasing food and hygiene products... they don’t go to the supermarket, don’t see how much these products costs... this whole management is a major obstacle” (Coordinator, F, residence 2, 5 years of WE)

The staff pointed out that the context of care also limits young people’s experiences outside care. These youth are very restricted to the residence, to relationships with the staff, and with peers with the same experiences. Thus this context of care hinders the acquisition of skills that encourage autonomy.

“Young people are limited to their colleagues, who have similar life experiences

and existences, with the same complicated contexts... they can't have other experiences, interact with other kinds of youth, with different family lives, they don't have access to the real world" (Social assistant, F, residence 4, 8 years of WE)

"When I came here, there were young people who had lived here since they were very small, they studied in here, we had a doctor in here... by the time they were 16 or 17 they had never gone to the bank or the supermarket, they had no idea what an ATM was" (Social assistant, F, residence 4, 8 years of WE)

"Sometimes many of them are unable to cope when they leave, since they are so locked up in their own little world" (Educator, F, residence 2, 4 years of WE)

Considering these factors, the staff said that to foster the youth autonomy in the context of residential care there must be created a sense of normality, i.e., the structure and functioning of the residences of institutional care must be approximated to the structure and functioning of a more domestic, less institutionalized context. The staff stated that they must use strategies to promote personal, interpersonal and self-care skills that foster autonomy such as: allowing the youth to interact with youth in other living contexts, to take care of their personal documents, to open a bank account and manage their money, and to buy food and clothes.

"The ability to have other experiences, other existences, to interact with other types of youth with different family lives" (Social assistant, F, residence 4, 8 years of WE)

"It's essential that they know that there are water bills, gas bills, and teach them to get in touch with this reality" (Educator, F, residence 3, 19 years of WE)

"Handling cards, identity documents, social security" (Educator, F, residence 1, 5 years of WE)

“Where to withdraw money, make a deposit, open an account” (Educator, F, residence 1, 5 years of WE)

“They can begin to take care of their clothes, at the weekend they could start to cook...” (Coordinator, F, residence 2, 5 years of WE)

3.1.2.2. Meaningful relationships

The sub-theme Meaningful relationships refers to the importance of the relationships between the youth and the staff to develop youth autonomy. The staff said that as adults responsible for young people’s education, they have a pivotal role in encouraging their autonomy, and that youth autonomy depends a lot on who is working with them. The staff members that work without affective commitment and without a genuine concern for the youth do not encourage the youth to establish personal and relational skills, and do not function as good role models. They also have more conflicts with the youth and more difficulties to earn their respect.

“Educators are finding it harder and harder to earn respect. There is a major authority problem” (Social assistant, F, residence 4, 8 years of WE)

“[that educators] are not prepared and, above all, lacking awareness” (Educator, F, residence 3, 19 years of WE)

“Educators reach the point of giving up. Educators come here to manage day-to-day things, but without any investment in personal terms, like going to the cinema, or have dinner outside. They come here to see the youth school grades, to put food on the table ... a dinner out can be more productive than fifty thousand conversations. I think that these little things can be very important in the relationship with these youth” (Social assistant, F, residence 4, 8 years of WE)

According to the staff opinion they are in a privileged role to stimulate the youth

self-regulation and self-care competencies, so they must have the appropriate knowledge and profile to be a role model, to give social support to the youth, and to be able to respond properly to the youth developmental needs. As such, staff said that there should be a greater investment in the process of selecting and training professionals who work with these young people.

“The educator’s profile must be looked at very closely... we have in our care a great responsibility, preparing kids to the outside” (Educator, F, residence 3, 19 years of WE)

“These types of things like training and supervision are essential” (Psychologist, M, residence 4, 10 years of WE)

“They can fundamentally achieve it [autonomy] with the help of those working with them... thus directly with educators” (Psychologist, M, residence 4, 10 years of WE)

“Give them all of the positive reinforcement so that they are capable, by themselves, but there we are, right by their side when needed, we are and always will be their support” (Psychologist, F, residence 2, 4 years of WE)

3.1.2.3. Planning for emancipation

The sub-theme Planning for emancipation refers to the kind of services that can contribute to autonomy development and a successful transition from residential care to independent living. The staff pointed out the lack of specific responses to encourage autonomy in youth, reinforcing the need to create services and teams specialized on supporting the transition from residential care to independent living. These teams and services should also give ongoing support to the youth after leaving care, giving them a sense of continuity.

“[Multidisciplinary teams] whose goal is to protect the youth from an abrupt departure from residential care and to follow up this departure process” (Psychologist, M, residence 4, 10 years of WE)

“There must be intermediate structures... intermediate residences” (Social assistant, F, residence 4, 8 years of WE)

They also pointed out that the autonomy is not built suddenly. The institutional culture and procedures should allow for a progressive development of autonomy, through a gradual participation and assumption of responsibility by youth, to empower their autonomy and independence.

“Life is a dégradé... I think the departure shouldn't be like this «you are in here and now you go there», no! Supervising must be done gradually” (Coordinator, F, residence 3, 29 years of WE)

“Autonomy should begin when the young person enters care, and is naturally an ongoing process” (Psychologist, M, residence 4, 10 years of WE)

“Has to be worked in that direction since they are little, there is a number of situations where they had to be held accountable since they are little” (Social assistant, F, residence 1, 8 years of WE)

To summarize, the staff conceptualized autonomy as self-regulation and self-care, and said that youth autonomy in residential care can be fostered through a sense of normality, meaningful relationships, and planning for emancipation.

3.2. Designing a service to support the transition to independent living.

When designing a service to support the transition to independent living we found one main theme: Moving on successfully. This theme gathers staff and youth

perspectives on potentially beneficial factors of a service to support the transition to independent living after leaving residential care (Table A.2).

--- Insert Table A.2 here ---

3.2.1. Moving on successfully

The theme Moving on successfully included four sub-themes: achieving normality; promoting capacity; providing social support; and assuring guidance and boundaries.

3.2.1.1. Achieving normality

Both youth and staff pointed out that Achieving normality is one of the most important factors in a service to support the transition from care to independent living. Achieving normality means that the service to support the emancipation from care should have a structure, location, and operation similar to more normative young adult home, as opposed to an artificial and institutional environment.

Regarding the service structure the youth expressed a desire for structures and facilities similar to what would normally be found in most homes, i.e. bedrooms, a bathroom, living room and kitchen; and facilities such as washing machines, a television, refrigerator, etc.

“A living room... with TV...” (youth, F, 16 years)

“A nice bed...a wardrobe for me to keep my clothes in... a kitchen” (youth, F, 16 years)

“A kitchen [...] with a washing machine” (youth, F, 16 years)

Concerning the location, the young people expressed a desire for a central location, good access, diverse community resources and opportunities for social insertion in the surrounding environment. They said that the residence should be in a

suitable housing area, without exposure to social problems.

“As long as it is in the centre” (youth, F, 17 years)

“It should be in an accessible place” (youth, M, 16 years)

“With public transports, relatively near, it shouldn’t be in the middle of all the confusion, in public/social housing” (youth, F, 16 years)

“A calm place, something healthy” (youth, F, 16 years)

Regarding the operation of the residence, the staff and the youth pointed out the residences of this service should be limited to 3 to 5 youth, supervised by one educator.

“[no] more than 3/4/5 kids per residence; however autonomous they may be or have an autonomous profile, it gets ruined when there are too many of them” (educator, F, residence 2, 4 years of WE)

“More than three, and it starts to get very confusing” (youth, M, 18 years)

“I think four or five would be good” (youth, F, 17 years)

The staff also mentioned that the youth should go to this service only after reaching age of majority, and that the level of supervision should be adjusted to the characteristics of the youth. Regarding this issue some staff said that the educators should stay at the residence overnight, while others expressed the opposite opinion.

“I would say starting at 18, 17/18 years old” (Educator, F, residence 3, 19 years of WE)

“[it would be important] to have an adult stay there during the night to somehow supervise these young people’s progress” (Coordinator, F, residence 1, 2 years of WE)

“I don’t think so. You couldn’t call that an autonomous apartment if an adult was always there, so they are not autonomous apartments” (Educator, F, residence 2, 4 years of WE)

Finally, the youth pointed out the importance of achieving normality saying that there should be no predetermined time to stay in the residence. Like in a normal house, the youth generally do not have a predetermined time to leave; they leave when they are ready. But other youth pointed out that this residence is also an institutional care service, so they cannot be there indefinitely until they are ready, they must be prepared to leave after 1 year to 3 years.

“I wouldn’t say one year, but two or maybe even three, as long as the person can end up fending for them self later [...] I think we should stay there until we are prepared to leave” (Youth, F, 17 years)

“The people who go there have to be aware that they won’t stay there their whole life and that they will have to leave in two or three years” (Youth, F, 15 years)

3.2.1.2. Promoting capacity

The sub-theme promoting capacity is related to the importance of building the youth capacity to live independently in a service to support the emancipation from care.

The staff pointed out that this capacity can be built through the development of a set of activities with youth to develop their personal and interpersonal skills, and their self-care skills.

“I think that [working on] managing conflicts is important” (Psychologist, F, residence 2, 4 years of WE)

“I think it is very important to work on the issue of self-regulation, managing all of these emotions” (Coordinator, F, residence 2, 5 years of WE)

“Decision-making for example, ponders to decide things, being aware of what we decide, that we shouldn’t decide something that will harm another person” (Coordinator, F, residence 1, 2 years of WE)

“Making meals, shopping, paying bills” (educator, F, residence 1, 5 years of WE)

“The management of the money, of the home, of the cleaning ... setting goals and planning the behaviors to reach those goals, schedules...” (social assistant, F, residence 1, 8 years of WE)

The youth pointed out that in a service to support the emancipation from care they should have autonomy in decision-making, more freedom, and independence to regulate their own lives, as well as autonomy to define their residence’s rules. The youth also applied this principle of autonomy to conflict resolution, saying that they should have the responsibility to resolve conflicts between themselves. They also expressed the desire to be able to manage their money and be involved in decorating and personalizing their place. In sum, in their view a residence to support the emancipation from care should give them more freedom and autonomy to manage their house, their money, their rules, and their own lives in general, and these experiences should build their capacity to live autonomously.

“It would be freedom, the issue of freedom. Because it’s being able to go somewhere without having the educator right there with you or behind you” (Youth, M, 18 years)

“Each group, or each house, defines what it wants to work on and how” (Youth, M, 16 years)

“You have to talk to your colleagues” (Youth, F, 16 years)

“We had to be flexible [...] and I think we reached a consensus” (Youth, F, 16 years)

“They would receive the money that they send to the [...] account, then would go shopping, and then would divide up what was left between all of them” (Youth, F, 16 years)

“I would love [to be able to participate] in terms of decoration” (Youth, F, 16 years)

3.2.1.3. Providing social support

The sub-theme Providing social support is another factor identified by the youth as important in a service to support the transition from care to independent living. It was expressed concerning the relationship between the residents, but also in the relationship with the staff that would monitor the youth in this residence.

Regarding the relationship between residents, the youth pointed out the importance of trust, with the unanimous belief that it was essential to establish, from the onset, a relationship based on mutual trust between residents. Next, they pointed out the importance of understanding, flexibility, respect, and privacy in the relationship between residents.

“You are in your home, and you must trust everyone” (Youth, M, 17 years)

“Yes, understanding others” (Youth, M, 18 years)

“I think it’s just that the person has to be a bit flexible and to understand the other people point of view...” (Youth, F, 16 years)

“Yes, mutual [respect]” (Youth, M, 18 years)

“Just because you and I are in the same house doesn’t mean that I will go into your room” (Youth, M, 18 years)

“We won’t trespass a space that also belongs to them” (youth, M, 19 years)

Regarding the relationship with the staff that would monitor the youth in this residence, the youth said that the professionals in this service should have a special profile. These professionals should be understanding, experienced, trustworthy and caring, i.e. should have characteristics to establish a caring, warm and supportive

relationship with the youth. Moreover, the youth said that the staff should include young and middle-aged adults, as opposed to older adults, to be more open minded and less conservative.

“Someone who is not just there to work, but who really cares” (Youth, F, 15 years)

“They should be able to be on our side” (Youth, M, 18 years)

“Young but experienced” (Youth, F, 16 years)

“[Someone who is] trustworthy” (Youth, M, 16 years)

Finally the youth also pointed out the role to be performed by the staff, saying that this should be a role of support, mostly to be well informed and accessible, reinforcing the role of educators as a source of social support.

“We must always have contact, and whenever we need something, these people can be contacted” (Youth, F, 16 years)

3.2.1.4. Assuring guidance and boundaries

The sub-theme Assuring guidance and boundaries was also identified by the youth as an important factor in a service to support the transition from care to independent living. The youth want to be autonomous, but they also want to be guided and oriented. They want love, support, but also someone to give them advice, to help them establishing some boundaries, to help them grow and resolve problems, to give them an orientation when they do not know what to do. Thus, the youth said that the staff that would monitor them in this residence should assure guidance and boundaries. To them this means that the staff should be moderately demanding, and have the role of monitoring/supervising, mediating and resolving conflicts. Thus, the youth reinforce the role of educators as a source of control and supervision, although involved in a less

explicit and direct manner, and more in the background.

“Not controlling but someone demanding, knowing when to set limits but also warmth” (Youth, M, 18 years)

“Supervision, but with respect for our space” (Youth, M, 18 years)

“I think that, to start, we should have one meeting per week to see how things are going, or every two weeks, to begin with” (Youth, F, 16 years)

“They should also have the role of mediator” (Youth, F, 16 years)

“Even just from month-to-month, to see how the month went, how much money we spent” (Youth, F, 16 years)

Finally, the staff also highlighted the need for some control and supervision of the youth in these residences, saying that the supervision and control intensity should vary according to the characteristics of the youth.

“A more supervised type of apartment” (Coordinator, F, residence 1, 2 years of WE)

“The educator must always be right behind, but not always present, because this will not give them freedom either” (Educator, F, residence 2, 4 years of WE)

4. Discussion

The purpose of the present study was to understand staff and youth views on autonomy and emancipation from residential care, and to use its results as inputs to the development of a service to support the transition from care to independent living. Therefore, in this study, we used a participatory research approach to address the following questions: What are the perspectives of staff working with youth in residential care with regard to the concept and development of autonomy? And what are

the perspectives of youth and staff on potentially beneficial factors of a service to support the transition to independent living after leaving residential care?

The findings indicate that staff of residential care defined autonomy as more than independence, i.e., they conceptualize autonomy both as self-regulation and as self-care. The first includes personal, emotional and interpersonal skills, and the second includes practical and self-care skills, both acquired over time. The staff share a holistic approach, since they see autonomy based on the model of independence (self-care) and interdependence (self-regulation), following the recent trend in this area (Stein, 2006b). This conceptualization also reflects the emotional, cognitive and functional dimensions of autonomy proposed by Noom (1999), showing that staff may be aware of their role in encouraging young people's autonomy at various levels, and not just in terms of the most practical and functional skills. In fact, personal and interpersonal skills were more frequently mentioned by staff in defining this concept than self-care skills.

The findings also indicate that according to the staff the development of autonomy in residential care can be fostered through a sense of normality, meaningful relationships, and planning for emancipation. The sense of normality (Anglin, 2003) refers to the match between the structure and functioning of the institutional care setting and those of a domestic context. This idea stemmed from the perceptions that the youth were living in an institutional context that largely limited the development of their autonomy. The staff mentioned that this context was structured to match the needs of younger children, imposing considerable unjustified routines and schedules for adolescents. They were also continuously controlled by the staff, could not participate in or attend to tasks like budgeting or shopping, and were very limited to the residence, the institution, staff, and peers with the same experiences. The institutional care emerged as an artificial and ill-suited environment to match the needs of adolescents, where they did not have access to

the experiences and opportunities that youth developing in more domestic environments would.

These results suggest that staff members are aware that it is important to provide opportunities that are suitable for the young people's age to encourage the development of skills and personal development (Heinze et al., 2010). Indeed, it is unreasonable to expect that young people will be able to live independently immediately after service discharge if they have few or no opportunities to put their self-determination skills to use while they are in care (Geenen & Powers, 2007). This reinforces the notion that institutions are not preparing young people to be independent (e.g. Geenen & Powers, 2007; Harder et al., 2011), and that services must be restructured to significantly increase the education and development opportunities of young people during the time of care (e.g. Sulimani-Aidan & Benbenishty, 2011).

Regarding the meaningful relationships, the staff affirmed their role in fostering the development of youth autonomy. They mentioned that as adults responsible for young people's education, they were in a privileged role to stimulate youth self-regulation and self-care skills, so they must have the appropriate knowledge and profile to be a role model, to provide social support, and to be able to respond properly to the youth' developmental needs. The participants also pointed out the need to improve the processes of selecting and training staff, and were very much aware of the fact that the educators, as frontline staff, are essential in providing support and experiences encouraging young people's positive development (Heinze et al., 2010).

Finally, according to the staff, the youth autonomy should also be fostered through planning for emancipation, which is congruent with the idea that it is necessary to create responses providing support and a gradual transition from residential care to independent living (Geenen & Powers, 2007).

Regarding the perspectives of youth and staff on potential beneficial factors of a service to support the transition to independent living after leaving residential care, the findings indicate that this service should strive to achieve normality, promote capacity, provide social support, and assure guidance and boundaries.

To achieve normality, the youth and staff said that the service should have a structure, location, and operation similar to a normal, domestic residence. The staff pointed out that the youth should be eligible for this service only after reaching age of majority, and should have a supervision tailored to their needs. Some youth pointed out the importance of achieving normality saying that there should be no predetermined time to stay in the residence, i.e. similarly to a normal house they should leave only when they were ready, although they did not expect to stay there indefinitely. In sum, this residence structures and processes should be similar to what would be normally found in most homes of young adults that leave home to study and/or work, and share their apartment with their friends or colleagues.

To promote youth capacity to successfully transition to independent living, the staff pointed out the importance of developing a set of activities with youth to build their personal, interpersonal, and self-care skills. The youth pointed out that this capacity might be built through their autonomy in decision-making, resolving conflicts, managing money, and decorating and personalizing the residences. In sum, the youth mentioned they should have freedom and autonomy to manage their own lives, and that these experiences would build their capacity to live autonomously. These results are consistent with other studies showing that young people feel that they are lacking the skills and resources needed for an independent life, and that they need preparation both in tangible and emotional terms (Sinclair, Baker, Wilson, & Gibbs, 2005).

In what concerns providing social support, the youth pointed out the importance

of the relationship between the residents. This relationship should be based on mutual trust, understanding, flexibility, respect and privacy. Indeed, there are evidences that the peer group has a key role in residential care, since residents share the majority of their time and space with each other (Sulimani-Aidan & Benbenishty, 2011). But the youth also pointed out the importance of the social support provided by the staff that would monitor them in this residence. These staff should have particular characteristics to establish a caring, warm and supportive relationship with the youth. They should be open minded, accessible and have mostly a role as a source of social support. These results are consistent with other studies showing that youth are more likely to use services with respectful, supportive, and encouraging providers (Thompson, McManus, Lantry, Windsor, & Flynn, 2006).

The youth and staff also identified guidance and boundaries assurance as an important factor in a service to support the transition from care to independent living. The youth wanted the staff to be a source of social support, but also a source of guidance, helping them grow and solve eventual problems and providing orientations when they would not know what to do. This might be challenging as it is important for staff to be able to balance caring and supportive relationships with clear limits and expectations (Heinze et al., 2010). In fact, strict rules without empathy, respect and autonomy may result in the young people's loss of trust in the staff, complicating their involvement in the service and a positive development process (Graça, Calheiros, & Barata, 2012; Heinze et al., 2010). The young people pointed out that the staff should be moderately demanding, and should have the role of monitoring/supervising, mediating and resolving conflicts. The staff also highlighted the need for some control and supervision of the youth in these residences, saying that the supervision and control intensity should vary according to the youth characteristics.

Although these aspects identified by the youth and staff are “only” their perspectives, it is important to highlight that they are consistent with a set of factors identified in the literature as related to a successful transition to independent living, such as: the existence of a support relationship, of a bonding to a family member or other significant adult (Lemon, Hines, & Merdinger, 2005; Stein, 2006a; Stein, 2006b); good personal, social and family relationships (Courtney & Dworsky, 2006; Lemon, Hines, & Merdinger, 2005; Osgood, Foster, & Courtney, 2010); a continuity of the support between the care and independent living (Osgood, Foster, & Courtney, 2010; Stein, 2006a); a more gradual and prepared transition to independent living, that can be made after majority (Courtney & Dworsky, 2006; Osgood, Foster, & Courtney, 2010); practical, financial, social, and emotional support during the transition from care (Stein, 2006a; Stein & Dumaret, 2011); and youth resilience and independent living skills (Osgood, Foster, & Courtney, 2010; Stein, 2006a). Thus, these aspects should definitely be considered as inputs to the development of a service to support the transition from care to independent living, and these results reinforce the importance of hearing the staff and youth voices when evaluating and planning services.

4.1. Study limitations

In terms of limitations of the study, first we highlight that we were only able to collect limited information about the participants. It would have been useful to have additional information about the youth, their family, and their care processes.

Second we highlight that the study only included youth who had not yet experienced the transition from residential care to independent living. Although in this study we actually intended to know the perspective of these youth about potentially beneficial factors for achieving autonomy after leaving residential care to design a

service tailored to their specific needs, we consider that this study might have benefited from the inclusion of youth currently or previously in transition from residential care to independent living, to compare their views with the views of youth who were still in care.

4.2. Lessons learned and implications for practice

First, we underline the importance of the participatory research and recommend its use in service planning and design. We allowed partners to express and accommodate their points of view through ongoing, open and honest dialogs (mutual respect and trust) and we involved the nonacademic partners in the decisions about research objectives, methodologies and procedures, giving them knowledge about the research in this area, about the process of needs led services design, and about the use of data to continuous quality improvement (capacity building, empowerment and ownership). Through this PR process, the nonacademic partners contributed to the definition of the scope and purpose of research (in this case the impetus for the research came from the nonacademic partners so the study was adjusted to their needs and there were contextual readiness for the research implementation), contributed to the research implementation and contextualization (the nonacademic partners helped to make the study design more appropriate to the context, through the adaptation of the methods for collecting data and the definition of the criteria for selecting participants, increasing the representativeness of the sample and the validity of the data), and contributed to the interpretation and application of the research outcomes (the nonacademic partners participated in a session to discuss the study results, and how these results could be used to the improvement of current programs, practices, services and policies).

Second, we emphasize that the results obtained provided relevant information for the development of a service to support the emancipation from care. The aspects identified by the youth and staff in this study are consistent with a set of factors recognized in the literature as associated to a successful transition to independent living, and can be organized in three major recommendations to this type of services:

1) Achieving normality - it is essential that the residences have a number of residents, structures, facilities, values and operating rules similar to those of a domestic household, and to provide more opportunities for youth to participate. It is also important for residences to have a good location, i.e. central location with good access, community resources and in a non-problematic housing area.

2) Promoting capacity - it is essential to encourage youth autonomy in decision-making and resolving conflicts, in the aesthetic, domestic and financial management of the residences, and in planning routines and rules for managing each residence. It is also important to promote the youth capacity through activities of development of personal, interpersonal and self-care skills.

3) Providing social support and assuring guidance and boundaries - it is essential to promote the quality of the relationship between staff with youth. The staff must know how to apply rules and limits, while simultaneously being understanding and caring, performing a role of support, guidance and supervision of the youth. It is also important to work the relationship between the residents on issues involving mutual trust and respect. Another important issue is the staff engagement and involvement in work. It is important to pay the utmost attention to the staff recruitment, selection, supervision and training. The staff profile must be suited to their functions and responsibilities, to ensure that the educational practices have quality and are tailored to the needs and characteristics of the youth.

4.3. Conclusions

In summary, our findings give some insight into the perspectives of staff and youth in residential care about the concept and development of youth autonomy, and about what they consider important in a service that supports the emancipation from care. The staff conceptualized autonomy as self-regulation and self-care, and said that the autonomy of these youth can be fostered through a sense of normality, meaningful relationships, and planning for autonomy. According to the youth and staff a service that supports the emancipation from care should be focused on achieving normality, promoting youth capacity, providing social support, and assuring guidance and boundaries. Recommendations for future research include examining the perspectives of youth already in transition to independent living, developing instruments for assessing residential care services based on these dimensions, and designing and evaluating residential care services also based on these dimensions.

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