

Factors supporting resilience during out-of-home care: Experiences of former child welfare clients in Finland

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Abstract

This study aimed to identify factors supporting young people's resilience during out-of-home care (OOHC) in Finland, despite challenges in their lives. In our qualitative study, we applied a social-ecological framework to understand the experiences and perspectives of young people on what helped them and the help they would have needed during OOHC. The findings indicate (1) individual characteristics and interests (positive attitude, understanding own acts and their consequences and meaningful activities), (2) relationships (good relationships with close ones, ability to meet and keep contact with close ones, good relationships with professionals and relationships between parents and professionals) and (3) institutions (place of OOHC, youth-centered practices, needs-based services and support for the family) all supported the resilience of young people in OOHC. Further, to receive support from a particular medium, such as professionals (relationship level), a young person must already have some self-understanding (individual level) of things. Essentially, youth resilience is supported through all these levels as a process.

KEYWORDS

child welfare, experience, OOHC, residential care, resilience, supportive relationship

1 | INTRODUCTION

Previous studies show that the lives of young people in out-of-home care (OOHC) are often challenging. They often suffer from emotional issues from pre-care and during-care experiences of maltreatment, abuse and separation from their families (Greenson et al., 2011). The impact of these experiences often stays with the person throughout their lifetime and is characterized by complex psychological and social challenges (Leloux-Opmeer et al., 2016). Young people in OOHC experience an increased risk of severe psychosocial adversities in

adulthood, such as psychiatric disorders, suicidal tendencies, substance misuse, violent crime arrests, unintentional poisoning injuries, experiences of violence and antisocial behaviours than their non-care-experienced peers (Sariaslan et al., 2022). Indeed, severe threats challenge the well-being and coping of individuals in OOHC.

Literature reveals that young people with a background in OOHC often have negative experiences with the support and services they gained or did not receive during OOHC. Many young people have experienced not being recognized as an individual in OOHC or that the caregivers or staff could not respond to their needs. Earlier

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research has presented how youth in OOHC have felt anger, anxiety and frustration because no one explained what they should do to return home (Hyde & Kammerer, 2009). Feelings of insecurity (Hyde & Kammerer, 2009) and loneliness (Mitchell & Kuczynski, 2010) are also common. According to some earlier studies, young people have also felt isolated from their loved ones (Fylkesnes et al., 2018; Mitchell & Kuczynski, 2010) and insecure about their future (Hyde & Kammerer, 2009). Providing high-quality services and good service experiences to young people in OOHC would be vital because they positively impact their lives, such as better mental health and well-being (Munford & Sanders, 2016).

This study aimed to determine factors that support young people's coping during OOHC. Indeed, many young people are highly resilient in working their way towards adulthood (Lou et al., 2018). Therefore, factors promoting resilience should be explored and understood to develop support and services for young people in OOHC. During recent decades, providing a central place for the youth voices in research and practice concerning child welfare has been increasingly recognized (Fernandez, 2009). However, previous studies on resilience have mostly been quantitative (e.g. Bell et al., 2013; Hass & Graydon, 2009), not considering young people's personal experiences and viewpoints. This study presents youth voices concerning what has promoted their well-being during OOHC. In this qualitative study, we applied a social-ecological framework to understand the experiences and perspectives of young people regarding what helped them and what help they would have needed during OOHC. Exploring resilience from the perspective of young people is essential for designing appropriate intervention strategies and practices supporting their well-being.

2 | OUT-OF-HOME CARE IN FINLAND

Finland, a Nordic welfare state, has universal services for children and families and targeted child welfare services for families with complex and multiple needs. The laws and family policy documents in Finland emphasize the provision of universal and targeted family services, a child-centered approach and the well-being of individuals and families (Pölkki et al., 2016; Pösö et al., 2014). Furthermore, in recent years, several nationally funded projects have been implemented to develop services for children, adolescents and families. However, despite these policies and developmental work, Finland has higher rates of out-of-home placements internationally (Gilbert et al., 2011). Besides, during the last decades, the number of out-of-home placements has continually increased (Lastensuojelu, 2020). Studies have shown that most young people in OOHC receive adequate care and support (Eriksson & Korhonen, 2022). However, as adults, children placed in OOHC in the face an elevated risk of experiencing adversity (Kääriälä & Hiilamo, 2017; Manninen et al., 2015).

Child-specific activities in the Finnish service system assess the need for child welfare measures, provide support in open care (in-home services), perform emergency placement of the child and take

the child into care as well as provide a substitute, OOHC and related aftercare (Pösö et al., 2014). The OOHC consists of foster family care in foster homes, professional foster homes and residential care in children's homes. Although the Child Welfare Act (2007) emphasizes family foster care as the primary OOHC form, children in their teens are placed in institutions instead of family care. One reason includes that young people often need strong support with restrictions, which cannot be implemented in family care (Heino, 2016).

In Finland, out-of-home placements more often involve teenagers aged 13–17. Finland has a mandatory reporting system (Pösö et al., 2014); the number of child welfare notifications concerning young people is higher than in other age groups (Lastensuojelu, 2020). Long-running school difficulties are common underlying issues (Heino, 2013). However, the problems not only concern schooling but also difficulties with parent and friend relationships, crime and substance abuse and mental health problems (Heino, 2013, 2016). In some cases, support in open care (in-home services) is not sufficient, timely or adequate. The emergency placements of young people have been characterized as 'a youth issue' in Finland because of the proportion of young people compared with other age groups (Lamponen, 2022). The most common parental factors behind the need for the child's out-of-home care are parents' mental exhaustion and helplessness as well as mental problems, substance abuse and conflicts or violence in families (Heino, 2016; Kääriälä & Ristikari, 2020). Notably, the placement time required is sometimes derived from child-related factors, such as serious self-harm or substance abuse.

3 | RESILIENCE OF YOUNG PEOPLE IN OOHC FROM A SOCIAL-ECOLOGICAL PERSPECTIVE

Previous studies concerning what helps young people survive challenging situations have widely applied the resilience concept (Lou et al., 2018). The concept of resilience is used in various contexts with some variation in the use of the term. However, the commonly applied core components of defining resilience are exposure to significant adversity and positive adaptation in response to stress (Luthar, 2015). Indeed, at the heart of resilience lies the process of coping with stress (Aldwin & Igarashi, 2015).

In the OOHC context, resilience has often been addressed as which children under what circumstances function relatively well in and after OOHC (Steenbakkens et al., 2018). However, as Masten (2001) states, resilience may be understood as 'ordinary magic', a common phenomenon arising from ordinary adaptive processes. Therefore, in this study, resilience is regarded as a universal and ordinary phenomenon rather than the quality of only a few lucky or special children (Hass & Graydon, 2009).

Here, we approach resilience from a systems-oriented conceptual framework. Over the past decades, definitions of resilience have adopted ideas that human adaptation arises not only from continuous interactions across many functional levels within individuals

but also between individuals and their environments (Masten & Monn, 2015). A widespread consensus is that three major protective factors exist for individuals across ages: individual attributes, quality of interpersonal relationships and environmental support (Luthar & Cicchetti, 2000; Sen & Broadhurst, 2011). This framework has not been tested or applied in research regarding resilience during OOHC.

Earlier research shows how, at the individual level, young people's developmental assets, such as social competence and positive identity, promote their resilience (Bell et al., 2013). Furthermore, experiences of doing well at school reinforce coping ability (Hass & Graydon, 2009). However, according to Zabern and Bouteyre (2018), the most common self-related factor promoting youth resilience in OOHC is high self-esteem. They hypothesize a link between self-esteem and other vital factors promoting resilience, such as participation in after-school activities and success in school. These capabilities reinforce the youth's initial self-esteem by generating confidence-building experiences; the impact of self-esteem on academic and social skills is critical.

As a relationship-level factor, good relationships with close ones and professionals support the resilience of youth. Regular contact with biological parents is the most significant protective factor for young people in OOHC (Sen & Broadhurst, 2011; Zabern & Bouteyre, 2018). In addition, good supportive relationships with peers reinforce resilience (Zabern & Bouteyre, 2018). One of the key factors promoting youth resilience is less exposure to child abuse and trauma (Bell et al., 2013; McWey et al., 2010). However, maintaining contact with biological parents can also have negative consequences because intensive contact with abusive parents may lead to new trauma (Atwool, 2013).

In OOHC, the possibility of talking about worries and challenges and obtaining day-to-day support from a trusted adult are also vital protective factors for young people. Professional social support promotes resilience. According to previous studies, professionals' characteristics such as the ability to understand young people's needs and respond to them, to create a good, trustful relationship with young people and to take young people as persons they are and respect their origins are protective factors for young people in OOHC (Drapeau et al., 2007; Hiller et al., 2021).

At the system level, resilience may be observed through services and service structures. Services may produce protective support for young people. The place where the required care is provided, such as a foster home or residential care unit, appears to be the most important service for young people in OOHC. The permanence of the placement, predictability of the environment and positive experiences offered by the environment help young people to cope (Hass & Graydon, 2009). Moreover, support from the school is one of the most pivotal services because it encourages and enhances young people's abilities (Pinheiro et al., 2021; Zabern & Bouteyre, 2018). In sum, results from earlier studies indicate that young people in OOHC require support across multiple contexts (e.g. school, home) and from several individuals with whom they interact (e.g. OOHC caregivers, teachers and child welfare workers) (see Bell et al., 2015).

4 | METHOD

4.1 | Sample

This study is a part of the LANUPS project (<https://sites.utu.fi/sote/co-research-and-co-creation-of-child-welfare-social-work-and-adolescent-psychiatry-in-western-and-eastern-finland-research-project-lanups/>). The research project aims to identify realized services and the service needs of those adolescents who have been clients of both outpatient and foster care in child welfare and adolescent psychiatric outpatient or inpatient care.

Study participants were young people aged 18–27 who had been in OOHC and received adolescent psychiatry services or would have needed them. Participants for the research were recruited via child welfare offices from the public sector or by experts by experience in voluntary sector organizations. Employees of the organizations working with young people were informed of the study; they distributed the interview invitations to their clients. All young people who contacted the researchers were interviewed.

A total of 19 young people took part in the study. The interviews were conducted by three researchers between June 2021 and February 2022. The interviews were held at an interviewee's home, the university, research partners' facilities or via remote access. The interviews lasted from 29 min to 3 h and 44 min. During the longest interview, several breaks were held, and the session continued according to the interviewees' aspirations. The interviews were audio-recorded and transcribed. Furthermore, 17 interviewees were placed in residential care, one in both foster and residential care and one in foster care. The age they were placed in OOHC varied from 9 to 17, with a mean age of 13. The age of young people at the time of the interview varied from 18 to 27, with a mean age of 21.

Individual interviews with young people were conducted as narrative, thematic interviews (Riessman, 2008). The timeline was used to help structure the story of the interviewees (Bagnoli, 2009). The main themes of the interviews were (1) support services that young people have received during their lifetime, (2) the need for services and (3) developing ideas for support and services provided to young people and their families within child welfare. The sub-question of what supported the interviewee during OOHC was discussed with every participant. Our aim with this question was to explore the factors supporting their resilience.

In this study, we approached resilience as 'ordinary magic' (Masten, 2001). Thus, the resilience of young people is not approached as a dichotomous all-or-nothing stance. Sleijpen et al. (2017) argue that young people in vulnerable life situations can be both vulnerable and resilient, depending on available support systems and transitions faced over time. Therefore, as inclusion criteria for the interviews, we did not apply specific measures of resilience but included all interviews in which an interviewee (1) described factors that had supported them during OOHC and (2) had the agency to share one's experiences of OOHC and participate in the research project. With these criteria, we included all the interviews conducted during the LANUPS research project.

TABLE 1 Sources of resilience during OOHC.

Individual	Relationship	Institutional
<ul style="list-style-type: none"> • Own attitude • Understanding own acts and their consequences • Meaningful activities 	<ul style="list-style-type: none"> • Good relationships with close ones • Ability to meet and keep the contact with close ones • Good relationships with professionals • Good relationships between parents and professionals 	<ul style="list-style-type: none"> • Place of OOHC • Youth-centered practices • Needs-based services • Support for the family

4.2 | Analysis

In the early stage of planning this study, the research team conducted iterative readings to identify key factors for promoting young people's resilience during OOHC. During this process, these factors settled well with the layers of a social-ecological framework (Goldstein & Brooks, 2013). Therefore, we applied this framework as a guideline and analysed it with a theory-driven approach (Silverman, 2004). We classified factors promoting resilience as arising from the social-ecological framework's following tiers: the individual, relationship and institutional (Goldstein & Brooks, 2013). As MacFarlane and O'Reilly-de Brún (2012) point out, using pre-existing concepts of theories in qualitative analyses provides a thorough lens to understand the data that could be missed in the inductive approach. Significantly, the framework did not structure the original interview guide but emerged as a relevant theory during data analysis. The analysis was assisted using the software QSR NVivo 20.

At the first stage of analysis, A.K. and M.A. read interviews several times to understand and become familiar with the data. A.K. and M.A. individually marked the quotes that pertained directly to the research question. These codes were formulated by inductive coding by emerging themes (Boyatzis, 1998). Thereafter, A.K. sorted the codes into subthemes and then grouped the subthemes into larger categories identified as themes. M.A. read the coding frame and made notes, which were discussed between the two authors. Corrections were made according to the discussion.

After analysis completion, A.K. and M.A. organized the emerging themes under the three levels of the social-ecological theory: institutional, relationship and individual. The analysis was presented and discussed between the authors, and corrections were made based on the feedback. Interview quotations were translated from Finnish to English, and the data were pseudonymized. We applied the youth concept because the narratives of our interviewees described their experiences during the time they were young, approximately aged 11–18.

We found that participants had many explanations as to what had supported and would have supported them during OOHC. Ten themes describing the sources of resilience were derived from the interviews: own attitude, understanding own acts and their

consequences, meaningful activities, good relationships with close ones, the ability to meet and keep contact, good relationship with professionals, relationships between parents and professionals, place of OOHC, youth-centered practices, needs-based services and support for the family. By adopting the social-ecological framework (see Goldstein & Brooks, 2013) to structure the analysis, these themes were further classified into three levels: (1) individual (own attitude, understanding own acts and their consequences, meaningful activities), (2) relationships (good relationships with close ones, the ability to meet and keep the contact with close ones, good relationships with professionals, relationships between parents and professionals) and (3) institutional (place of OOHC, youth-centered practices, needs-based services, support for the family) (see Table 1).

4.3 | Ethical considerations

The Ethics Committee for Human Sciences at the University of Turku approved this study. All participants were provided information on the study goal, participants' rights and confidentiality and safety of the data through documents distributed by employees from social welfare administration or organizations of experts through experiences. All the information was also explained by the interviewer before the interview started. In addition, participants were encouraged to ask any question concerning the research. The fact that they had the right to refuse to answer any question or end the interview at any point was emphasized. After the interview, participants' feelings were discussed between the interviewer and the participant. Organizations that invited participants agreed to organize support for the participants after the interviews if needed.

5 | RESULTS

5.1 | Individual characteristics

The narration of young people shows how their attitude critically supports their resilience, for example, the ability to use humour as a coping mechanism and persistence to survive and move on with one's life. For one participant, her persistence to survive had helped her during OOHC and before.

Those personal qualities that I was not appreciated for as a child. I was too self-willed. And for persistence, I can find a way to cope with every situation. (Emma, 22)

In several narratives, positive coping involves understanding one's situation. The ability to understand life history and how actions regulate personal well-being was experienced meaningfully. Young people described that one's understanding might be one of the first steps to feeling better and easing the use of other coping strategies, such as support from professionals or the ability to concentrate on positive

aspects of life. In addition, one's understanding was experienced to strengthen personal motivation for finding a positive track in life.

I grew up a lot during my time in residential care. It helped me open up about things because I was able to talk about my issues. It was one of the best experiences of my life. Although it was a bad time, it was still a really good experience because of my emotional growth and starting to understand things. (Jenny, 20)

Meaningful activities, such as hobbies or concentration in school, were also mentioned as significant factors supporting coping during OOHC. Young people reported the importance of having activities in their lives that comforted their minds from difficulties or unpleasant daily life in OOHC. Success in school and completing school assignments also supported the idea of being capable and getting on with life.

5.2 | Relationships with close ones and professionals

Participants expressed how meaningful relationships with relatives, friends and professionals supported their resilience. Family and relatives, as the longest relationships in young people's lives, greatly support resilience. Participants could rely on their family's support and care, although family members were not physically present in their everyday life. Moreover, seeing and keeping in touch with them were highlighted in the stories of the participants. The possibility to spend time and talk with relatives essentially help youth to cope with the challenging life phase of being in OOHC and support relationships with their loved ones. Several participants presented that ongoing contact was essential for supporting functional relationships and repairing difficult or broken ones.

My elder sister has played quite a big role in my life. No matter what shape I was in, whatever I was on, she always let me crash at her place so that our mom did not have to witness it or whatever. She has supported me a lot and hung out with me. (Ly, 20)

Participants expressed the importance of friends within and outside the residential or foster home. For several interviewees, peers who had shared experiences of living and growing up in OOHC had a special meaning. As one participant described, persons who share the same experiences of being placed outside of their homes and away from their families are the ones closest to understanding them. However, some also highlighted the importance of friends without a personal experience of OOHC, who supported them before and during the foster placement. In a situation when one's life changes due to the placement outside the home, having friendships representing the 'standard' life outside the OOHC is important.

According to some participants, finding a partner with whom they shared their life during OOHC motivated them to follow the residential unit rules and focus on the positive in life.

Interviewer:: What do you think has helped you to survive? What has kept you going?

Interviewee:: Well, I do not know. Probably the help from my friends. That I have had something else in my life besides residential care homes. (Maria, 18)

All the interviewees highlighted the importance of a good and supportive relationship with professionals. These can be professionals in the residential unit and sometimes school counsellors, teachers or other professionals, within social and healthcare services.

In my opinion, the person the youth or child talk to should match the child and who the child feels good to be around. [...] Because they talk about difficult issues, I think the professional should be a good match for the child. (Lena, 22)

The comment suggests that personal chemistries are required for forming a supportive relationship. Participants highlighted that they feel connected with and trust the person who listens to them and with whom they share their difficult and traumatic experiences. The participants had known the professional for a long period and had learned to know each other well, which for them is an important characteristic of these relationships. Additionally, the content and quality of time spent together affected the relationship quality.

The characteristics of professionals, such as how they approach a child and their professional capabilities, significantly support the youth's coping. Professionals who are experienced, safe, trustworthy and understanding are highly appreciated. Several participants explained the significance of the professional approaching a child with respect. Participants also mentioned the importance of honesty and genuineness from several perspectives. To support youth, professionals should reveal that they care for the children and share their feelings and express their opinions honestly but with respect.

She does not judge me but tells me where my problems are and where they hide. She does not put on a good front but tells me what I am ready to hear. She has followed my symptoms and feelings in detail, and I feel like she knows what is wrong with me before I do. (Susan, 20)

As this quote illustrates, the characteristics of professionals are also linked to their professional capabilities. A professional should not only be respectful and honest but also needs to be sensitive and aware of children's backgrounds and can receive and deal with their feedback. The stories of participants reveal that the professional's ability to understand the youth's background and present

life situations and acknowledge these during their encounters with young people are key components of the resilience-supporting work-frame. In addition, participants indicated the importance of providing and presenting different methods for coping with anxieties and other challenges related to mental health through professionals.

Another important relationship is the one between parents and professionals. Participants pointed out the importance of involving the parents in young people's lives within OOHC, which would support both the relationship between youth and their families and coping during OOHC. One participant described that if her mother learned to know the environment and professionals who took care of her at youth residential care, it would have been helpful. She suggested that parent meeting residential care workers twice a year in official meetings is not enough. More unofficial and relaxed encounters should form a relationship between a parent and professionals.

5.3 | Institutional practices within child welfare

The institutional level refers to the circumstances participants revealed as supportive of their resilience. The place of OOHC especially supports youth. Participants believed that the place of OOHC should respond to the needs of young people. Therefore, preventing transferring a young person from one place to another should be decided carefully.

If they had found me a spot in a long-term out-of-home care facility right in the beginning. Of course, this is one of those “what if” questions, but they could have found a place better suited to my needs. (Johanna, 23)

The narratives of young people revealed several characteristics that emphasized a supportive and good OOHC place. They appreciated a cozy environment with a relaxing and not formal atmosphere and reasonable rules. Additionally, the possibility of having one's own place was regarded as important. More precisely, the place should resemble home.

The environment should be as home-like as possible. If you would, for example, like to see a movie in the evening on the weekend, it should be totally cool that the care worker comes around for a chat and wants to do stuff together. (Ada, 21)

Participants described how several youth-centered work practices were experienced as meaningful. Further, possibilities to participate and influence decisions and services concerning oneself, influencing the official decision-making, such as the selection of OOHC placement and the structure and rules of everyday life in foster and residential care were also significant.

In my opinion, they could consider the child's position more. Ask for their opinions instead of just telling the child that this is the case. Really explain the matter to them: why it is done, why it is worth doing, and what are the benefits. And ask the child what they think about it, what they like to do, and whether they would need something else. (Johanna, 23)

As the previous quote illustrates, professionals making decisions they consider best only by hearing the youth's opinions is not enough. The professionals need to validate their arguments and be ready to discuss them. Participants highlighted that although all issues may not be resolved according to the youth's opinion, there may be some that professionals may let participants decide. Imparting their opinions will make youth feel they can influence issues around them. Participants also revealed the importance of knowing their rights concerning everyday life and official decision-making.

As organizing services based on the needs of young people is necessary, young people's ability to participate should be considered when organizing support and services for them. Participants described the importance of organizing the support when, where and how young person needs it. According to participants, information on available services and ways to gain help should be offered to everyone in OOHC. One participant reported that different children need different types of help. For some, the best help is to discuss with a professional, whereas others benefit more from practical support, such as having a professional support person. Several descriptions show how problem-specialized services and support helped or would have been helpful. In particular, the need for specialized care for substance abuse and psychiatric and/or neuropsychiatric disorders was mentioned.

We had a daily schedule, but in ordinary residential care units, there may not be one. Ours had it, and it had to be followed. You had to wake up at 8 am, and there were all kinds of stuff; there was a morning circle where you had to think of one assignment you needed to do that day. [...] And we always went to AA groups. And there was a lot more knowledge of substances than in ordinary residential care units. People really got the substance abusers and their point of view. They already knew everything, so I did not have to spell out things that someone would not get. In an ordinary residential care unit, when I tried to speak about something, they took it all wrong. (Vera, 19)

Although offering different types of help was perceived as significant, several participants pointed out that the possibility to discuss one's life situation with a professional should be offered systematically to every child within foster care. They expressed how it should be a part of the OOHC protocol and offered systematically to every child entering the OOHC. One participant reported that all children in OOHC have experiences and feelings related to life before and after

the care order that would be good to share and discuss with a professional.

Support and psychosocial work with parents or parents and a young person together were considered important. Participants highlighted the importance of supporting the relationship between young people and their parents and providing support for the parent alone to reunify a young person and one's family in the future.

Well, they worked a lot with families. They worked a lot with my mother. That was very good because of my residential care workers, one was like me, and the other was a lot like my mother, a little more old-fashioned. This one thought in a more old-fashioned way, so they got along very well with my mother, and I got along with the other one. I thought they were a really good match as my two residential care workers worked very well together. They did not acknowledge just me but also my mother. [...] They worked very hard at getting me back home. They did an excellent job; they did everything they could to get me back home and make it possible to end my care order before I turned 18. (Lena, 22).

6 | DISCUSSION

Earlier research has shown how resilience may be approached from a social-ecological perspective and regarded as individual and protective processes instigated by larger systems to provide opportunities for individuals to cope and adjust (Masten & Monn, 2015; Ungar et al., 2013). This study contributed to the literature by demonstrating how youth resilience in OOHC can be approached from a social-ecological perspective. The study findings demonstrate that individual characteristics and interests, relationships and institutional practices all support the resilience of young people in OOHC.

The importance of internal domains of resilience, such as the individual characteristics of a young person, has been well documented in earlier studies (Tahkola et al., 2021; Zolkoski & Bullock, 2012). The evidence of this study supports this notion by confirming how personal characteristics, the ability to reflect on one's life situation and participation in meaningful activities support the resilience of a young person. Previous studies indicated (Pinheiro et al., 2021; Sen & Broadhurst, 2011) that relationships formed earlier or during OOHC are vital in strengthening the youth's resilience. The narratives of young people in this study reveal that support may be gained from three types of relationships: with professionals, family and friends. One common key characteristic of these relationships is that without proper ongoing contact, maintaining these supportive relationships is impossible and, therefore, a source of resilience. The importance of supportive relationships with professionals (Magalhães et al., 2021; Silva et al., 2022) and parents (Zabern & Bouteyre, 2018) for the resilience of young people in OOHC is well documented in previous studies. Young people in this study described how in addition to parents,

ongoing contact is needed with other close ones, such as friends and siblings. Indeed, the supportive role of the close social network should be considered in social work practice and research.

According to Masten and Monn (2015), a substantial source of resilience arises from continuous interactions between individuals and their environments. This study shows how institutional practices, for example, social policies, legislation, available resources and professionals' actions, support the well-being of young people in OOHC. Institutional-level factors regulate the demands for the OOHC places, work practices and services available and provided for young people. Although child welfare systems differ between countries, the study results correspond in many ways to the findings of studies conducted in different contexts (see Sen & Broadhurst, 2011; Zabern & Bouteyre, 2018).

Young people considered the place and environment of OOHC meaningful. Resilience-supportive OOHC places were cozy and home-like and offered the type of help they needed, such as substance-related rehabilitation for those with a substance abuse background. More specifically, in the narratives of young people, the OOHC place and environment are a matter of physical space, proper support and supportive relationships. This finding supports the notion of Schofield et al. (2017) that the OOHC atmosphere should be both family-like and professional.

Our results also highlighted the importance of the youth's participation in OOHC. Earlier research has emphasized the importance of participation as an experience for young people in OOHC (Pölkki et al., 2012; Toros, 2021). This study adds that the ability to participate may also be an important factor that supports their resilience. The ability to participate in decision-making concerning oneself and gaining support from services on when, where and how a young person needs them are critical for supporting the resilience of young people. As earlier research presents, providing children with information about foster care and their new home environment may assist them by minimizing subsequent stressful appraisals (Mitchell et al., 2010). Gaining adequate information on questions concerning oneself and one's rights is essential for youth participation.

Another source of support for young people was interventions conducted with a parent or a young person and parents during OOHC. Support for parents and young people may be regarded as a tandem because knowing that parents also receive support helps young people. As Hokanson et al. (2020) argue, these relationships are often unhealthy at the time of placement; therefore, without intervention, it is unlikely that the relationships would be considerably healthier. Importantly, the meaning of family relationships continues in the life of adults with the OOHC background in later life. However, the effect may be either a positive or negative due to their quality (Gardner, 1996). Thus, offering and organizing support for parents and parents and young people together is crucial.

An important contribution of this study is identifying the process and links between the analysis levels. Previously, research has suggested that the resilience of young people is supported by factors related to individual characteristics, relationships and environment (Sen & Broadhurst, 2011). Young people in this study revealed that to

utilize positive resources from one of the levels, receiving resources from the other levels may be required. For example, to engage in support from professionals, such as longer therapy (relationship level), one's understanding of one's life situation and the reasons for ill-being (individual level) may be needed. Furthermore, finding a suitable place for OOHC that responds to the specific needs of a young person (institutional level) may be a prerequisite for forming a supportive relationship with a professional (relationship level), which then increases the understanding of own thoughts and actions. Simultaneously, acknowledging and seeking resilience and supportive factors from all three levels is vital. However, for a young person engaging in a supportive relationship with a professional may not be possible when one's OOHC environment is not supportive, and vice versa.

It should be acknowledged that this study explored the resilience of young in OOHC. As earlier research presents, there are also serious grievances and harmful experiences of OOHC among Finnish young (Eriksson & Korhonen, 2022; Leinonen et al., 2023).

6.1 | Limitations and implications for future research

We acknowledge that the social-ecological framework (Goldstein & Brooks, 2013) was not the only theory-driven conceptual framework we could have used. An inductive approach to our research question might have prompted different emphases from the data. However, social-ecological theory offered a framework that provided scope for exploring the experiences of young people by acknowledging a holistic approach to resilience.

This study focused on the services and service experiences of young people in OOHC. Therefore, we paid particular attention to the institutional level during the interviews. Possibly, by focusing more on, for example, individual-level factors during the interviews, additional themes would have emerged. Most study participants have a background in residential care; however, in Finland, 55% of children in OOHC are placed in foster homes (Lastensuojelu, 2021). As previous research has shown, differences exist in the backgrounds and experiences of OOHC between young people placed in residential care and those in foster homes (Kendrick, 2013). Therefore, in future studies, experiences of supportive factors during OOHC should be approached from the perspective of young people in foster care. In our sample, most participants had been placed in OOHC after the age of 12. Thus, the question of what supports resilience should also be approached from the perspective of younger children at OOHC. In addition, the idea of the resilience process should be further developed. It would be interesting to explore prerequisites that need to be fulfilled before one can receive support from specific sources.

6.2 | Implications for social work practice

When organizing support for young people OOHC, the focus in social work practice has often been on the institutional-level factors, which

are services and support provided by professionals (Zabern & Bouteyre, 2018). The results of this study indicate that to support the resilience of young people during OOHC, providing them opportunities to participate in activities essential to them and keeping close contact with people they care about is significant. Therefore, all three levels (individual, relationship and institutional) should be considered when planning the rehabilitation of young people in OOHC. As Jenson and Fraser (2006) present, the social-ecological perspectives on child well-being principles should be systematically applied to social policies for children and families. To acknowledge how these levels interact and that one's resilience may be a process, where before receiving support from, for example, therapy, understanding one's acts and their consequences is also necessary.

7 | CONCLUSION

Toros (2021) states that we need to find ways to engage children rather than assessing their capacity to participate in adult-designed processes. Considering supporting the resilience and well-being of young people, the results of this study indicate that one size does not fit all because of a considerable variation in what young people have reported as the most important factors promoting their well-being (see also Tahkola et al., 2021). In addition, the participants argued that supportive factors were not emphasized in their encounters with social work professionals. Therefore, the key message of this study to social work practice is the importance of acknowledging the resilience of young people in OOHC by asking each person what would support them.

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CONFLICT OF INTEREST STATEMENT

There are no conflict of interests.

DATA AVAILABILITY STATEMENT

Research data are not shared.

REFERENCES

- Aldwin, C. M., & Igarashi, H. (2015). Successful, optimal, and resilient aging: A psychosocial perspective. In P. A. Lichtenberg, B. T. Mast, B. D. Carpenter, & J. Loebach Wetherell (Eds.), *APA handbook of clinical geropsychology, Vol. 1. History and status of the field and perspectives on aging* (pp. 331–359). American Psychological Association. <https://doi.org/10.1037/14458-014>
- Atwool, N. (2013). Birth family contact for children in care: How much? How often? Who with? *Child Care in Practice, 19*(2), 181–198. <https://doi.org/10.1080/13575279.2012.75808>
- Bagnoli, A. (2009). Beyond the standard interview: The use of graphic elicitation and arts-based methods. *Qualitative Research, 9*(5), 547–570. <https://doi.org/10.1177/1468794109343625>

- Bell, T., Romano, E., & Flynn, R. J. (2013). Multilevel correlates of behavioral resilience among children in child welfare. *Child Abuse & Neglect*, 37(11), 1007–1020. <https://doi.org/10.1016/j.chiabu.2013.07.005>
- Bell, T., Romano, E., & Flynn, R. J. (2015). Profiles and predictors of behavioral resilience among children in child welfare. *Child Abuse & Neglect*, 48, 92–103. <https://doi.org/10.1016/j.chiabu.2015.04.018>
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.
- Child Welfare Act. (2007). https://www.finlex.fi/en/laki/kaannokset/2007/en20070417_20131292.pdf
- Drapeau, S., Saint-Jacques, M.-C., Lépine, R., Bégin, G., & Bernard, M. (2007). Processes that contribute to resilience among youth in foster care. *Journal of Adolescence*, 30(6), 977–999. <https://doi.org/10.1016/j.adolescence.2007.01.005>
- Eriksson, P., & Korhonen, P. (2022). “Kiitos kun pidätte huolta, että asiat olisi minulla hyvin”: Kysy ja kuuntele -hankkeen loppuraportti. Terveyden Ja Hyvinvoinnin Laitos. <https://www.julkari.fi/handle/10024/144202>
- Fernandez, E. (2009). Children's wellbeing in care: Evidence from a longitudinal study of outcomes. *Children and Youth Services Review*, 31(10), 1092–1100. <https://doi.org/10.1016/j.childyouth.2009.07.010>
- Fylkesnes, M. K., Taylor, J., & Iversen, A. C. (2018). Precarious participation: Exploring ethnic minority youth's narratives about out-of-home placement in Norway. *Children and Youth Services Review*, 88(113), 341–347. <https://doi.org/10.1016/j.childyouth.2018.03.030>
- Gardner, H. (1996). The concept of family: Perceptions of people who were fostered. PhD-thesis, Swinburne University of Technology, Melbourne.
- Gilbert, N., Parton, N., & Skivenes, M. (Eds.). (2011). *Child protection systems: International trends and orientations*. Oxford University Press.
- Goldstein, S., & Brooks, R. B. (2013). Why study resilience? In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 3–14). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-3661-4_1
- Greeson, J. K., Briggs, E. C., Kisiel, C. L., Layne, C. M., Ake, G. S., Ko, S. J., Gerrity, E. T., Steinberg, A. M., Howard, M. L., Pynoos, R. S., & Fairbank, J. A. (2011). Complex trauma and mental health in children and adolescents placed in foster care. *Child Welfare*, 90(6), 91–108.
- Hass, M., & Graydon, K. (2009). Sources of resiliency among successful foster youth. *Children and Youth Services Review*, 31(4), 457–463. <https://doi.org/10.1016/j.childyouth.2008.10.001>
- Heino, T. (2013). Lastensuojelun tilastot, asiakkaat ja palvelut. In M. Bardy (toim.). In *Lastensuojelun ytimissä* (pp. 84–107). Terveyden ja hyvinvoinnin laitos.
- Heino, T. (2016). Lastensuojelusta tietäminen - julkisen vallan vastuu. In R. Enroos, T. Heino, & T. Pösö (Eds.), *Huostaanotto. Lastensuojelun vaativin tehtävä* (pp. 72–102). Tampere.
- Hiller, R. M., Halligan, S. L., Meiser-Stedman, R., Elliott, E., Rutter-Eley, E., & Hutt, T. (2021). Coping and support-seeking in out-of-home care: A qualitative study of the views of young people in care in England. *BMJ Open*, 11(2), e038461. <https://doi.org/10.1136/bmjopen-2020-038461>
- Hokanson, K., Neville, S. E., Teixeira, S., Singer, E., & Berzin, S. C. (2020). There are a lot of good things that come out of it at the end. *Child Welfare*, 97(6), 233–250.
- Hyde, J., & Kammerer, N. (2009). Adolescents' perspectives on placement moves and congregate settings: Complex and cumulative instabilities in out-of-home care. *Children and Youth Services Review*, 31(2), 265–273. <https://doi.org/10.1016/j.childyouth.2008.07.019>
- Jenson, J. M., & Fraser, M. W. (2006). A risk and resilience framework for child, youth, and family policy. Social policy for children & families: A risk and resilience perspective, 118.
- Kääriälä, A., & Hiilamo, H. (2017). Children in out-of-home care as young adults: A systematic review of outcomes in the Nordic countries. *Children and Youth Services Review*, 79, 107–114. <https://doi.org/10.1016/j.childyouth.2017.05.030>
- Kääriälä, A., & Ristikari, T. (2020). Kodin ulkopuolelle sijoitettujen lasten aikuisuuden asemat. In M. Hakovirta, J. Kallio, & T. Ristikari (Eds.), *Lapsiperheiden köyhyys ja huono-osaisuus* (pp. 100–120). Vastapaino.
- Kendrick, A. (2013). Relations, relationships and relatedness: Residential child care and the family metaphor. *Child & Family Social Work*, 18(1), 77–86. <https://doi.org/10.1111/cfs.12040>
- Lamponen, T. (2022). Kiireellisen sijoituksen päätöksenteko lastensuojelun sosiaalityöntekijän työnä. Akateeminen väitöskirja. Tampereen yliopisto. <https://trepo.tuni.fi/bitstream/handle/10024/141402/978-952-03-2509-1.pdf?sequence=2&isAllowed=y>
- Lastensuojelu. (2020). Koronavuosi ei korostunut lastensuojelun tilastoissa - vaikutusten odotetaan näkyvän viiveellä. Available at: <https://www.julkari.fi/handle/10024/142676>
- Lastensuojelu. (2021). Huostaanottojen määrä väheni vuonna 2021. Terveyden ja hyvinvoinnin laitos. Available at: https://www.julkari.fi/bitstream/handle/10024/144518/Lastensuojelu_2021_korjattu_07062022.pdf?sequence=5&isAllowed=y
- Leinonen, L., Kaittila, A., Alin, M., Vornanen, R., Karukivi, M., Kraav, S.-L., & Anis, M. (2023). Elements of communication competence in encountering traumatized adolescents in substitute care. *Young*. <https://doi.org/10.1177/11033088231171276/>
- Leloux-Opmeer, H., Kuiper, C., Swaab, H., & Scholte, E. (2016). Characteristics of children in foster care, family-style group care, and residential care: A scoping review. *Journal of Child and Family Studies*, 25(8), 2357–2371. <https://doi.org/10.1007/s10826-016-0418-5>
- Lou, Y., Taylor, E. P., & Di Folco, S. (2018). Resilience and resilience factors in children in residential care: A systematic review. *Children and Youth Services Review*, 89, 83–92. <https://doi.org/10.1016/j.childyouth.2018.04.010>
- Luthar, S. S. (2015). Resilience in development: A synthesis of research across five decades. In *Developmental psychopathology: Volume three: Risk, disorder, and adaptation* (pp. 739–795). John Wiley & Sons. <https://doi.org/10.1002/9780470939406.ch20>
- Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>
- MacFarlane, A., & O'Reilly-de Brún, M. (2012). Using a theory-driven conceptual framework in qualitative Health Research. *Qualitative Health Research*, 22(5), 607–618. <https://doi.org/10.1177/1049732311431898>
- Magalhães, E., Calheiros, M. M., Costa, P., & Ferreira, S. (2021). Youth's rights and mental health: The role of supportive relations in care. *Journal of Social and Personal Relationships*, 38(3), 848–864. <https://doi.org/10.1177/0265407520975507>
- Manninen, M., Pankakoski, M., Gissler, M., & Suvisaari, J. (2015). Adolescents in a residential school for behavior disorders have an elevated mortality risk in young adulthood. *Child and Adolescent Psychiatry and Mental Health*, 9(1), 46. <https://doi.org/10.1186/s13034-015-0078-z>
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037/0003-066X.56.3.227>
- Masten, A. S., & Monn, A. R. (2015). Child and family resilience: A call for integrated science, practice, and professional training. *Family Relations*, 64(1), 5–21. <https://doi.org/10.1111/fare.12103>
- McWey, L. M., Acock, A., & Porter, B. E. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children and Youth Services Review*, 32(10), 1338–1345. <https://doi.org/10.1016/j.childyouth.2010.05.0>
- Mitchell, M. B., & Kuczynski, L. (2010). Does anyone know what is going on? Examining children's lived experience of the transition into foster care. *Children and Youth Services Review*, 32(3), 437–444. <https://doi.org/10.1016/j.childyouth.2009.10.023>
- Mitchell, M. B., Kuczynski, L., Tubbs, C. Y., & Ross, C. (2010). We care about care: Advice by children in care for children in care, foster parents and child welfare workers about the transition into foster care.

- Child & Family Social Work*, 15(2), 176–185. <https://doi.org/10.1111/j.1365-2206.2009.00657.x>
- Munford, R., & Sanders, J. (2016). Understanding service engagement: Young people's experience of service use. *Journal of Social Work*, 16(3), 283–302. <https://doi.org/10.1177/1468017315569676>
- Pinheiro, M., Magalhães, E., & Baptista, J. (2021). Adolescents' resilience in residential care: A systematic review of factors related to healthy adaptation. *Child Indicators Research*, 15(3), 819–837. <https://doi.org/10.1007/s12187-021-09883-4>
- Pölkki, P., Vornanen, R., & Colliander, R. (2016). Critical factors of intensive family work connected with positive outcomes for child welfare clients. *European Journal of Social Work*, 19(3–4), 500–518. <https://doi.org/10.1080/13691457.2015.1137868>
- Pölkki, P., Vornanen, R., Pursiainen, M., & Riikonen, M. (2012). Children's participation in child protection processes as experienced by foster children and social workers. *Child Care in Practice*, 18(2), 107–125. <https://doi.org/10.1080/13575279.2011.646954>
- Pösö, T., Skivenes, M., & Hestbæk, A. D. (2014). Child protection systems within the Danish, Finnish and Norwegian welfare states—Time for a child centric approach? *European Journal of Social Work*, 17(4), 475–490. <https://doi.org/10.1080/13691457.2013.829802>
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. SAGE Publications.
- Sariaslan, A., Kääriälä, A., Pitkänen, J., Remes, H., Aaltonen, M., Hiilamo, H., Martikainen, P., & Fazel, S. (2022). Long-term health and social outcomes in children and adolescents placed in out-of-home care. *JAMA Pediatrics*, 176(1), e214324. <https://doi.org/10.1001/jamapediatrics.2021.4324>
- Schofield, G., Larsson, B., & Ward, E. (2017). Risk, resilience and identity construction in the life narratives of young people leaving residential care. *Child & Family Social Work*, 22(2), 782–791. <https://doi.org/10.1111/cfs.12295>
- Sen, R., & Broadhurst, K. (2011). Contact between children in out-of-home placements and their family and friends networks: A research review. *Child & Family Social Work*, 16(3), 298–309. <https://doi.org/10.1111/j.1365-2206.2010.00741.x>
- Silva, C. S., Calheiros, M. M., Carvalho, H., & Magalhães, E. (2022). Organizational social context and psychopathology of youth in residential care: The intervening role of youth-caregiver relationship quality. *Applied Psychology*, 71(2), 564–586. <https://doi.org/10.1111/apps.12339>
- Silverman, D. (2004). *Qualitative research: Theory, method and practice*. Sage Publications.
- Sleijpen, M., Mooren, T., Kleber, R. J., & Boeije, H. R. (2017). Lives on hold: A qualitative study of young refugees' resilience strategies. *Childhood*, 24(3), 348–365. <https://doi.org/10.1177/0907568217690031>
- Steenbakkens, A., van der Steen, S., & Grietens, H. (2018). The needs of foster children and how to satisfy them: A systematic review of the literature. *Clinical Child and Family Psychology Review*, 21(1), 1–12. <https://doi.org/10.1007/s10567-017-0246-1>
- Tahkola, E.-M., Metsäpelto, R.-L., Ruohotie-Lyhty, M., & Poikkeus, A.-M. (2021). Coping strategies in life stories of young adults with foster care backgrounds. *European Journal of Social Work*, 24(5), 910–921. <https://doi.org/10.1080/13691457.2021.1954885>
- Toros, K. (2021). A systematic review of children's participation in child protection decision-making: Tokenistic presence or not? *Children & Society*, 35(3), 395–411. <https://doi.org/10.1111/chso.12418>
- Ungar, M., Liebenberg, L., Dudding, P., Armstrong, M., & Van de Vijver, F. J. (2013). Patterns of service use, individual and contextual risk factors, and resilience among adolescents using multiple psychosocial services. *Child Abuse & Neglect*, 37(2–3), 150–159. <https://doi.org/10.1016/j.chiabu.2012.05.007>
- Zabern, A., & Bouteyre, E. (2018). Leading protective factors for children living out of home: A literature review. *Child & Family Social Work*, 23(2), 324–335. <https://doi.org/10.1111/cfs.12398>
- Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review*, 34(12), 2295–2303. <https://doi.org/10.1016/j.childyouth.2012.08.009>

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