

What community-level factors are associated with the resilience of youth in out-of-home care? A systematic review.

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Abstract

All children should grow up in a safe, stable, and loving environment. However, this is not always the case, and children are sometimes placed in out-of-home care. The consequences of this can be both positive and negative for the child, which can partly be examined through the context of resilience. This study focuses on the resilience of children aged 0 to 21 years in out-of-home care, with an emphasis on community-level factors from a socio-ecological perspective. The research question was addressed through a systematic literature review. Eighteen articles were included based on inclusion and exclusion criteria. A thematic analysis was conducted both inductively and deductively. This analysis identified several community-level factors that influence the resilience of youth in out-of-home care. A strong supportive community network is crucial, with professionals and school staff being significant figures in the youth's network. Additionally, a positive social environment contributes to resilience, including good quality of the schools, clubs, groups, activities, and playgrounds. The quality of child welfare organizations is important, with goals aimed at ensuring the best possible upbringing for the children. Finally, cultural aspects at the macro level, such as prevailing stigmas, are reflected at the community level. It is concluded that further research is needed on different age groups and marginalized groups within out-of-home care, as there is no representative distribution of articles on resilience that adequately reflects the heterogeneity of this group.

Keywords: resilience, out-of-home care, youth, children, community

Dutch

Alle kinderen zouden moeten opgroeien in een veilige, stabiele, liefdevolle omgeving. Echter is dit niet altijd het geval en worden kinderen uit huis geplaatst. De gevolgen hiervan kunnen zowel positief, als negatief zijn voor het kind, wat deels aan de hand van veerkracht onderzocht kan worden. Veerkracht van kinderen van 0 tot 21 jaar in de 'out-of-home care' staat centraal in dit onderzoek, waarbij gefocust is op de gemeenschapslevelfactoren vanuit het sociaalecologisch perspectief. De onderzoeksvraag is door middel van een systematische literatuurstudie beantwoord. Er zijn achttien artikelen meegenomen in de selectie, geselecteerd aan de hand van inclusie- en exclusiecriteria. Op zowel inductieve, als deductieve wijze heeft een thematische analyse plaatsgevonden. Daaruit volgden een aantal gemeenschapslevelfactoren die invloed hebben op de veerkracht van jongeren in de 'out-of-care'. Een sterk ondersteunend gemeenschapsnetwerk is van groot belang, waarbij de

professionals en het schoolpersoneel significante figuren in het netwerk van de jongere zijn. Ook de sociale omgeving, met een goede kwaliteit van de school, clubs, groepen, activiteiten en speelplaatsen zorgt voor een positieve bijdrage aan veerkracht. Verder is de kwaliteit van kindervelzorgorganisaties belangrijk, waarbij doelen gesteld worden om de kinderen zo goed mogelijk te laten opgroeien. Tot slot zijn er culturele aspecten die vanuit het macrolevel terug te zien zijn in het gemeenschapslevel, zoals heersende stigma's. Geconcludeerd kan worden dat er meer onderzoek gedaan moet worden naar verschillende leeftijden en de gemarginaliseerde groepen binnen de 'out-of-home care', aangezien er geen representatieve verdeling bestaat wat betreft de artikelen over veerkracht, die de heterogeniteit van deze groep weergeeft.

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Introduction

All children and youth¹ should grow up in a safe, stable environment. Unfortunately, this is not the reality for every child. When there is an unsafe situation, such as child abuse or neglect, children are sometimes removed from their homes. Another reason for an out-of-home placement could be that the child's behaviour is so difficult that parents are no longer able to manage the upbringing of the children themselves. The most recent figures from the 'Centraal Bureau voor de Statistiek' (2023) show that there were 17,652 children living in foster families in the Netherlands in December 2022. Additionally, another 20,700 children stayed in other forms of out-of-home care, including closed and open residential care (Centraal Bureau voor de Statistiek, 2023). These numbers underscore the immense social significance of ensuring that all children who can no longer live at home receive the appropriate care.

Children in out-of-home care often face many setbacks in their early lives. They have, in many instances, experienced early adversity, such as physical abuse, sexual abuse, domestic violence, or emotional and physical neglect (Oswald et al., 2009). Substance abuse, such as alcohol and drugs, is prevalent at a higher rate among this demographic compared to their peers without care experiences (Chernoff et al., 1994). More often than children raised by their biological parents, children in out-of-home care were initially raised by a single mother, with the child often exposed to nicotine or alcohol during pregnancy (Kalland et al., 2006). A child can also end up in out-of-home care due to the death or illness of one or both parents (Sölva et al., 2023). When a child is removed from their familiar environment, this becomes an additional stressor. The traumatic events might accumulate in their trajectories, a phenomenon known as cumulative trauma. Within this group of children, there is a lot of variation in the consequences this has, partly depending on the resilience of the child. It does not necessarily have to be problematic for everyone. Frequently reported consequences include: post-traumatic stress disorder (PTSD), attachment disorders, internalizing and externalizing behavioural problems, dissociative disorders, difficulties in social interaction, sleeping problems, and cognitive functioning issues (Sölva et al., 2023). Children from out-of-home care are therefore more vulnerable than their peers (Lou et al., 2018).

Research indicates a distinction in psychopathology between children in residential care and foster care (Lou et al., 2018). For instance, Dimigen et al. (1999) concluded that the risk of developing depression is twice as high in residential care compared to foster care. This

¹ Children, youth, young persons and adolescents are used interchangeably in this thesis to refer to the age group of 0-21 years, unless otherwise stated in the text.

disparity underscores the differing outcomes for children in residential care as opposed to those placed with families (Lou et al., 2018). This difference can partially be explained by the emphasis on group safety in residential care, leading interventions to focus on avoiding negative behaviour. In foster care, where more attention can be devoted to the individual, there is often a greater emphasis on the child's strengths, thereby increasing the likelihood of developing resilience (Lou et al., 2018). Additionally, contextual factors contribute significantly to variations in each case. There exists considerable heterogeneity in the mental health outcomes for children who are no longer able to reside at home (Sölva et al., 2023).

This heterogeneity can partly be explained by a crucial characteristic: resilience. This complex concept, challenging to define, has been the subject of research for years (Afifi & MacMillan, 2011). Zolkoski & Bullock (2012) define resilience as “being able to achieve positive outcomes despite difficult circumstances such as traumatic experiences, and avoiding negative paths.” According to Ehlert (2013), this ability to cope with setbacks can range from 'well adapted,' indicating high resilience, to 'maladapted,' meaning low resilience and susceptibility to psychological disorders. Being high resilient contributes to a more positive child development (Lou et al., 2018), as reflected in, for example, a reduced risk of anger or behavioural problems, higher self-reported happiness, improved academic performance, positive coping strategies, better well-being, greater pro-social orientation, reduced overall distress, more future orientation and optimism.

With his extensive research, Michael Ungar (2011) attempted to encompass all facets of resilience in the 'social ecological model of resilience.' This theory considers an individual's resilience within the context of their social and ecological environment. It emphasizes that not only are individual characteristics important for developing resilience, but also the support and resources available in the child's environment. In fact, Ungar argues that context takes precedence in resilience research, with the child's characteristics following. Ungar uses the term "interpersonal phenomenon" to indicate that this personal characteristic is deeply intertwined with the environment in which people live. Moreover, he describes that the degree of resilience can be viewed differently across cultures. Therefore, the way individuals deal with setbacks is both context-dependent and culturally influenced. When promoting the resilience of a child or adolescent in foster care, it is essential to consider not only what can be changed at an individual level but also what improvements can be made in the environment (Ungar, 2011).

Ungar (2011) utilized the well-known ecological model of Bronfenbrenner (1979). Bronfenbrenner sought to demonstrate the significance of the different systems surrounding a

child and how they interact in a complex manner (Ungar et al., 2013). He divides an individual's ecology into five levels. The microsystem, closest to the child or young person, includes family, school, childcare, immediate neighbours, or church - settings where the child is directly involved. The mesosystem illustrates interactions between these microsystems, showing how they collaborate or conflict, which can impact an individual's development. The exosystem involves settings where the child does not directly participate, but that indirectly influence their environment, such as neighbourhood facilities, parents' workplace and socio-economic status, extended family, parents' friends, social networks, community activities, and foster care. The macrosystem pertains to the cultural background of a particular area, including prevailing values and norms, laws, support policies, cultural transmission, social structures, political and economic systems. This system can influence the other systems, for instance, through educational quality or equality in a country. Lastly, the chronosystem demonstrates the temporal, historical nature of an individual, showcasing changes within the individual and their environment over time. All these systems are interconnected without a hierarchy, demonstrating reciprocity between systems that do not always have clear boundaries. Ungar et al. (2013) suggest that when predicting resilience, microsystemic processes are generally less predictive of positive outcomes than meso- and macrosystemic interactions that trigger stress. Therefore, it is more effective to modify the opportunities encountered by the individual than to change the individual themselves (Weine et al., 2012).

The community level is present in several of the systems described above. Various scientists, such as Ungar (2011), emphasize the significant role of the community level in resilience research. To begin with, it is important to define 'community.' Easterling et al. (2003) describe a community as a group of people with a shared experience, which could relate to geographical location, culture, religion, school communities, or ethnicity. The focus is on collective identity rather than from an individual perspective (Easterling et al., 2003).

The present study

From an ecological perspective, the present study will categorize the factors influencing child resilience into individual, family, and community levels (Afifi & MacMillan, 2011). The individual level includes characteristics such as personality traits, intelligence, or self-efficacy. The family level encompasses aspects such as the parent-child relationship in the family of origin and the foster family, stable caregiving, cohesion within the family, or the connection with other close significant individuals, such as friends and grandparents.

The community level involves relationships and social support outside relatives and peers, such as neighbours, church members, or school staff. This also pertains to facilities in the physical environment, such as schools, neighbourhood communities, and churches (Afifi & MacMillan, 2011). Furthermore, within the community, there are cultural aspects interacting from the macro level (Masten & Powell, 2003). Religion or the composition of ethnic groups in a community bring their own values and norms, which can have both positive and negative influences on children's resilience. Protective factors for resilience at the community level include good schools and teachers, connections to prosocial organizations (e.g., clubs), neighbourhood quality (e.g., public safety, libraries), and the quality of social service and health care (Masten & Powell, 2003). Risk factors for resilience at this level may include neighbourhood poverty, racial discrimination, limited social support in the community, lack of community services, low employment, or poor-quality schools (Zolkoski & Bullock, 2012).

The community-level factors influencing the resilience of children and youth in out-of-home care, aged 0 to 21 years, will be further explored in this study. To examine how resilience in children and youth has been studied over the past decade, the literature from the past ten years on resilience in children in out-of-home care will be reviewed, focusing solely on the extent to which it discusses factors beyond the individual and family levels, such as community resources and other protective and risk factors for resilience within the community.

With a clear understanding of what is required at the community level to enhance resilience among children who no longer reside at home, policymakers, such as municipalities, can respond accordingly. They can enhance specific social facilities in neighbourhoods, for instance, or invest more in fostering connections among community members. This review can also serve as a foundation for future research, aiding in the design and evaluation of interventions at the community level to assess their effectiveness, reliability, and validity.

Objective and question

A substantial amount of scientific research has been conducted on factors of resilience in children at the individual and family levels, yet there has been limited focus on the community level (Afifi & MacMillan, 2011). This perspective is emphasized by scientists like Ungar (2011), who stress the importance of the community level from an ecological standpoint. Therefore, the objective of this research is to summarize and interpret the community-level factors of resilience identified in the scientific literature of the past decade, specifically targeting children and youth in out-of-home care. This group of children often experiences an

accumulation of adversities and traumas, where resilience can mitigate the associated risks (Oswald et al., 2009). This research aims to contribute to the development of community-based programs, social services and interventions that promote resilience for children in out-of-home care.

The primary question arising from the above is: *"What community-level factors are associated with the resilience of youth in out-of-home care?"*

Structure overview

This literature review started with an introduction, in which existing literature was used to lead up to the main question of this research. The object of the main question, namely 'resilience', and the context 'community factor level', were conceptualized. This is followed by the chapter in which the research method is extensively described, making it clear which steps were taken. Chapter 3 analyses the results mentioned in the selected literature. These results are then compared and synthesized, allowing conclusions to be drawn regarding the main question in the fourth chapter. Finally, the discussion follows, highlighting the strengths and weaknesses of the research. Recommendations for practice and further research will also be discussed in this chapter.

Method

This review aims to identify studies focusing on resilience in youth in out-of-home care. A systematic literature review was conducted following the PRISMA protocol (Page et al., 2021). The process was logical and linear, occurring step-by-step (Purssell & McCrae, 2020), ensuring transparency and objectivity in execution. Following the protocol, including the 'PRISMA checklist' and the 'PRISMA flow diagram' (Page et al., 2021), ensured that the reliability of the literature review was maximized. Additionally, the use of actual, scientific, peer-reviewed articles in journals ensured high reliability (Flick, 2018). Regarding validity, the research question was compared with the articles. After all, the sources analysed had to be relevant to answering the research question. Therefore, the target audience had to be clearly described in the article, focusing on children and youth aged 0 to 21 years. Furthermore, the article had to focus on the context of out-of-home care and describe the community-level factors of the concept 'resilience'. All articles were not older than ten years. This ensured that the investigation focused on what was intended to be investigated (Flick, 2018).

Prior to the review, several criteria were established: a) the literature needed to be current, where current is defined by literature from the past ten years. This timeframe was chosen because during this period, there was an increased emphasis on the importance of community-level factors in resilience, as highlighted in the ecological model of resilience (Ungar, 2011); b) the literature had to be in English; c) to enhance the reliability of the research, only peer-reviewed published articles were included in the review. Other inclusion criteria were based on content after screening the articles: d) both quantitative and qualitative research were included; e) the construction of the article had to be scientific, with a transparent methodology section, f) systematic literature reviews and meta-analyses analysing articles from before 2014 were excluded; g) articles had to focus on children and youth aged 0-21 years; h) children had to be in some form of organized out-of-home care; and i) articles had to discuss community-level factors related to resilience.

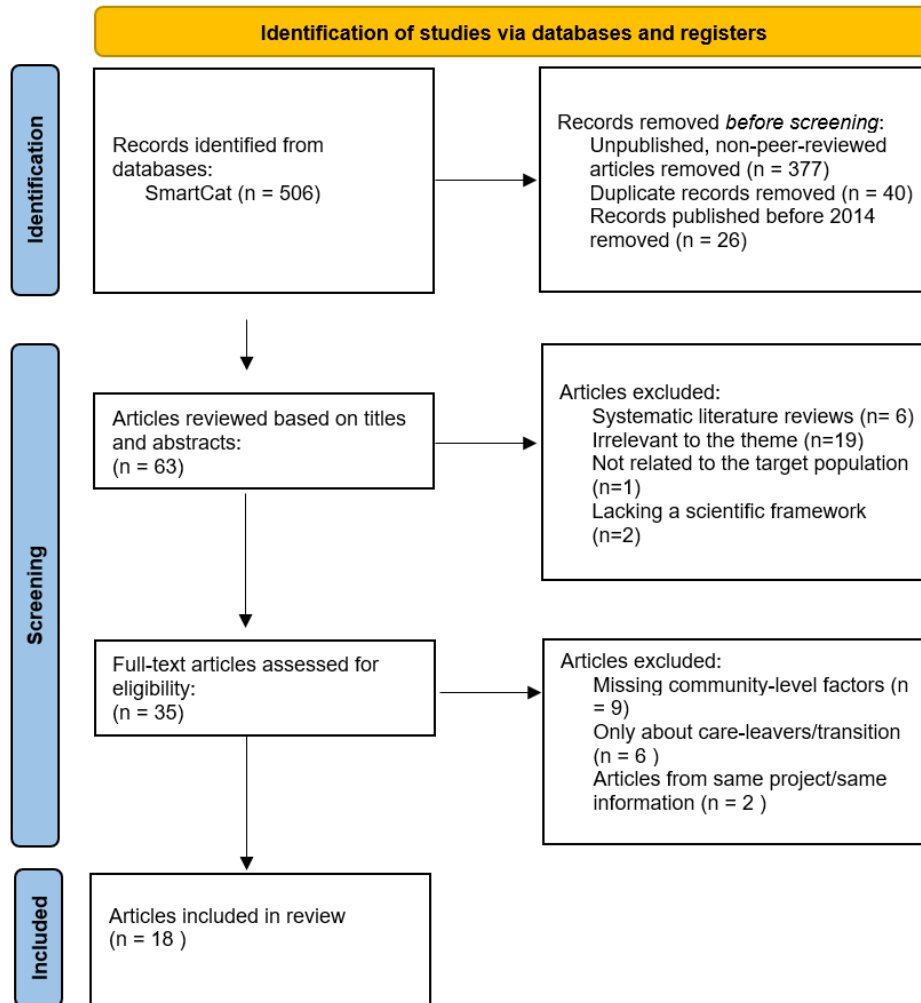
For searching literature, Boolean operators were used for advanced search. The research question consists out of three parts: 'resilience', 'out-of-home', and 'care'. These three components served as queries in SmartCat. The term 'resiliency' can also be used interchangeably with 'resilience'. This study only examined organized, formal foster and residential care, sometimes referred to as alternative or institutional care, collectively known as out-of-home care. This resulted in the following search query: ti:(resilience OR resiliency) AND ti:(care) AND ti:(foster OR residential OR alternative OR institutional OR out-of-home).

This search generated 506 hits from libraries worldwide in SmartCat, visible in Figure 1. When filtering for only published, peer-reviewed articles, 377 articles were excluded. The years 2014 to 2024 were specified, resulting in the exclusion of 26 articles. From these articles, duplicates were removed ($n = 40$). Subsequently, the titles and abstracts of 63 articles were read through. There were 6 systematic literature reviews among them, 19 articles were not relevant to the theme of the research question, 1 article did not focus on the target audience of youth between 0 and 21 years old, and 2 articles were in the style of a book review, lacking the scientific structure with a methodology. This left 35 articles that were fully read.

Suitable articles were placed in Table 1 during reading, to provide an overview. This table included the name of the first author, publication year, country, type of residence, participants, research method and significant findings on community-level factors. Table 1 can be found in the appendix. Articles that turned out to be unsuitable were removed. The reasons for this are the lack of information on community resilience factors ($n=9$), the wrong target group, namely care leavers and their transition to independence ($n=6$), and the significant overlap between three studies from the same project, where all community-level factors mentioned were the same. The first study of this project remained in the analysis, while the rest were excluded ($n=2$). This results in a total of 18 articles to be analysed in the review.

Figure 1

PRISMA 2020 Flow Diagram



Subsequently, the data underwent thorough analysis. From the theoretical framework, five themes have been deductively identified that describe the community factors of resilience in young people. These themes were 'schools', 'prosocial organizations', 'neighbourhood quality', 'quality of the social services', and 'cultural/macrolevel'. As the analysis progressed, new themes emerged, or existing ones evolved. This approach reflected an inductive method of analysis. The coding was conducted using the Atlas.ti coding program. The results of this will be discussed in the following section.

Results

Overview

Table 1 provided an overview of the 18 articles. It became clear that most articles have qualitative research designs (n=12). The methods used for these articles primarily include semi-structured interviews, and a few narrative interviews. Drawings were also utilized to facilitate interviews with children. Also, 5 quantitative articles were included in the selection. These studies employed questionnaires and surveys. Shpiegel's (2016) research utilized data from a previously acquired database, extracting quantifiable information from questions and diagnostic interviews with the youths. Lastly, one study employed a mixed-methods design (n=1). Strolin-Goltzman et al. (2016) first had a large number of students fill out a survey. They then selected, based on the responses regarding school stability and mobility, which students to conduct semi-structured interviews with.

Regarding the various forms of housing, most articles focus on foster care (n=8). Three articles examine residential care, while three articles refer to different forms of 'out-of-home care'. In India, Brazil, and Portugal, the type of housing mentioned in the article is referred to as 'institutional care' (n=4).

In addition to the three countries mentioned above, the majority of the articles originated from the US (n=8). Additionally, there are articles with participants who are residents of Canada, the Netherlands, UK, Finland, and Spain. The participants in the studies range from children aged 4 years to adolescents aged 28 who reflect on their time in care. Only one article focuses on children aged 4 to 9 years old. The rest all focus on youth and adolescents. Furthermore, there are two articles focusing on the findings of child welfare workers, the professionals who work with youth in out-of-home care.

Within these 18 articles, various themes have emerged. Among these 4 themes, the community factors of resilience in children and youth in out-of-home care will be placed. These are 'community support network', 'social environments', 'quality of social services' and 'cultural/macrolevel'. The findings from the articles will be synthesized below, by theme.

Findings

Community Support Network

A strong social network of adults contributes to the resilience of children and youth in out-of-home care in various ways, such as providing support for emotional issues, advising or

assisting in finding resources (Hokanson et al., 2020). In addition to relational factors within the family or with friends, all 18 studies highlight the importance of support from the community. Mota & Matos (2015) distinguish three significant figures in their research, emerging from the community in which the child resides: teachers, other school staff, and social welfare staff. Additionally, Johnson (2021) mentions the church pastor or clergy. Mainly, the focus is on social workers and school staff, including teachers, which will be highlighted below.

Social worker

In the articles, several characteristics of child welfare staff are identified as conducive to fostering a strong relationship between the social worker and the youth. These supportive relationships serve as a protective factor (Greeson et al., 2022; Bermea et al., 2019; Mishra & Sondhi, 2019). Quantitative research confirms that the quality of this relationship influences the resilience of youths in out-of-home care ($r = .172$ to $r = .414$), with Mota & Matos (2015) emphasizing that the relationship between social welfare staff and youths yields higher values than the relationship between school staff and youths. Similarly, Jaramillo et al. (2023) showed a positive impact, demonstrating that youth-caseworker relationship quality can positively contribute to achieving a high school diploma, albeit contingent upon the extent of clinical symptoms.

Youths identify several characteristics of the social worker that facilitate the coping of the youth (Kaattilia et al., 2023). Valued attributes include professionals who provide safety, are trustworthy, have experience, and understand the youth. It is important for youth to approach them with respect, be honest and sincere, and demonstrate care for the child. Additionally, they should take into account the youth's background and past experiences (Kaattilia et al., 2023).

Mishra & Sondhi (2019) assert that social workers within the residence can serve as role models, thus becoming a source of inspiration for the children. They can share their own stories with the children, motivating them to keep their goals in sight. Furthermore, caregivers should be able to empathize with the youth and assist with personal issues (Mota & Matos, 2015). Moreover, Greeson et al. (2022) emphasize the importance of social workers having good knowledge of resources in the youth's environment, especially as they reach adolescence, so that youths can receive alternative, reasonable support (Shpiegel, 2016). For example, when they attend college (Cheung et al., 2021; Strolin-Goltzman et al., 2016).

In two articles, the perspective of professionals themselves is examined. Bell & Romano (2015) assert that patience, love for the children, communication skills, honesty, sincerity, and a non-judgmental attitude are essential characteristics for a social worker. This non-judgmental attitude is of particular importance for LGBTQIA+ youth in out-of-home care, as researched by González-Álvarez et al. (2023). For this marginalized group, which faces significant stigma, social workers often exhibit ignorance regarding their *sexual orientation, gender identity and expression, and sex characteristics (SOGIESC)*. Social workers who belong to the LGBTQIA+ group often demonstrate greater understanding and are capable of engaging in honest, open, and meaningful conversations with the youth. For the resilience of youth in this group, it would be beneficial if all professionals working with them acquire knowledge about, accept, and protect them (González-Álvarez et al., 2022; González-Álvarez et al., 2023).

As previously described, certain attributes and skills of the professional form the basis for the relationship between the social worker and the youth. Jaramillo et al. (2023) describe how youths define a supportive relationship based on the availability of the professional, the ability to listen and respond to the child's needs, and assisting with specific transitions, such as the transition to adulthood. Bell & Romano (2015) describe spending a lot of time together, providing stability, continuity, and consistency in support. Additionally, advocating for the child in different systems like school, the agency, or foster family is conducive to the relationship (Bell & Romano, 2015; González-Álvarez et al., 2023; Jaramillo et al., 2023).

Furthermore, the articles describe encouraging and celebrating the child's successes and milestones (Berridge, 2017), being involved in the child's life (Strolin-Goltzman et al., 2016), making children feel they are capable of more than they think (Cheung et al., 2021), and creating and maintaining positive expectations (Johnson, 2021). In the case of younger children, playing together is described as an important factor in the relationship, with the professional being seen as a protective figure (Pessoa et al., 2020).

According to González-Álvarez et al. (2022), it helps children when they receive assistance in a loving, more 'human' way, as opposed to the bureaucratic approach they often encounter. Each individual is different, and the professional must be able to adapt to the child's needs. Also, the support of the professional after youths leave care appears to be beneficial for resilience (González-Álvarez et al., 2023). Here, it is also the task of the social worker to help youths recognize and identify their own needs for assistance (Jaramillo et al., 2023).

Furthermore, professionals should genuinely listen to the opinions of the youth and clearly inform and involve them in important decisions concerning matters that affect them

(González-Álvarez et al., 2022; Kaittila et al., 2023; Pessoa et al., 2020). Finally, professionals are responsible for supporting and reassuring the foster family (Bell & Romano, 2015). They should maintain a good working relationship with the foster parents, ensuring trust and openness and assisting in difficult conversations between foster parent and child when necessary (Bell & Romano, 2015; González-Álvarez et al., 2023).

School staff

The school is a central component in the community of the child (Bell & Romano, 2015), where the child spends a significant amount of time. Numerous articles underscore the significance of school personnel providing support to children, youth, and adolescents (e.g., González-Álvarez et al., 2022; Johnson, 2021; Kaittila, 2023). The quality of this support and attention for youth from adults at school, positively contributes to the resilience of children in out-of-home care (Mota & Matos, 2015; Segura et al., 2017). It can foster improvements in the well-being of the youth, including stress reduction, enhanced academic performance, physical health, increased social engagement, and overall life satisfaction (Mota & Matos, 2015).

Prominent figures mentioned include teachers (e.g., Bell & Romano, 2015), coaches, counsellors, administrators (Johnson, 2021), mentors, advisors (Cheung et al., 2021), and even former teachers (Bermea et al., 2019). This support aids in establishing a broader supportive network upon which youth can rely (Johnson, 2021), which is a necessity considering their often tumultuous relational backgrounds and potential attachment issues (Bermea et al., 2019; Cheung et al., 2021; Mota & Matos, 2015).

The aim of these adults at school is to guide, tutor, advise, and assist children facing difficulties or challenges in various areas (Cheung et al., 2021). A participant in Cheung et al.'s (2021) study mentioned being able to vent to his mentor during the first-year success program, which provided him with self-insight and strategies for improvement. Another participant recounted how an English teacher took her under her wing, helping her navigate uncertainties associated with the new college experience. When asked about specific needs of youth from out-of-home care, one individual emphasized the critical importance of believing in them, making them believe in themselves and recognizing their strength as individuals capable of overcoming challenges like anyone else. Enhancing self-efficacy and establishing boundaries are cited as crucial objectives for guidance (Mishra & Sondhi, 2019; Cheung et al., 2021). Additionally, providing structure and stability is described, with extra assistance for students struggling to keep up with schoolwork independently (Strolin-Goltzman et al., 2016). This manifests in collaborative scheduling or one-on-one tutoring with a teacher. Through such

personalized support, teachers can assist students in achieving academic success, motivating them to earn credits, attend classes, and ultimately attain educational milestones. One participant in Strolin-Goltzman et al.'s (2016) study even attributed her advancement to an honour program to this personalized guidance.

Furthermore, school staff can advocate for students within the school environment to ensure they do not miss out on opportunities or crucial school matters (Johnson, 2021). Counsellors play a role in training other teachers or staff members in guiding children from minoritized subpopulations, particularly relevant for groups of youth from out-of-home care who encounter additional challenges, such as black students (Johnson, 2021), or LGBTQIA+ students (González-Álvarez, 2022). Through these means, children receive comprehensive support throughout their academic and socio-emotional development, even as they transition out of care. The continuity of support within the school setting endures (Johnson, 2021).

Social Environments

Quality of the school

In continuation of the above mentioned, alongside the school staff, the school as an institution constitutes a social environment within the community, comprising peers, which contributes to the success of youth in out-of-home care (Bell & Romano, 2015; Mota & Matos, 2015). Here, young individuals encounter peers and can establish friendships (Segura et al., 2017). In Bell & Romano's (2015) study, participants emphasized the significance of a school that aligns well with the child's needs. There exists a considerable disparity in school quality, with not every school equally equipped to support this group of youth effectively. One participant suggested that a good school should not label a youth from out-of-home care as problematic beforehand, but should instead focus on the strengths, both internal and external (Cheung et al., 2021), of each student. Another participant described how many children under their care have had negative experiences with schooling, significantly impacting them (Bell & Romano, 2015).

Cheung et al. (2021) explored how schools can contribute to the success and resilience of youth. They initially highlight the importance of an on-campus tutoring centre for this group of children, as previously discussed under 'school staff.' Additionally, their participants reported a reduction in stress when a summer preparatory program was offered, including activities such as a school tour. Strolin-Goltzman et al. (2016) and Johnson (2021) also mentioned the summer program. This early exposure helped students familiarize themselves

with the school environment, university procedures, and finding available resources, boosting their confidence (Cheung et al., 2021). Although these services initially faced resistance from students, they later acknowledged their benefits and continued utilizing them, aiding in the development of perseverance critical for the academic success of youth (Cheung et al., 2021).

Furthermore, the importance of social activities during breaks is highlighted as a means for schools to support youth in building resilience (Cheung et al., 2021). Given that this group of youth and adolescents may not always have a supportive family environment to return to, it is crucial to provide activities for them to engage in, such as summer camps (Mota & Matos, 2015), and to maintain campus housing options (Cheung et al., 2021).

For the minority group of LGBTQIA+ students in out-of-home care, González-Álvarez et al. (2022) suggest that schools can enhance their resilience by educating about the SOGIESC of these students and implementing policies to combat violence and bullying.

Finally, Johnson (2021) discusses the potential collaboration between schools and social welfare agencies or other involved parties. Through this partnership, schools can develop educational programs tailored to the specific needs of these student groups. Moreover, they can work together to minimize school mobility (Johnson, 2021).

Extracurricular activities

Segura et al. (2017) noted how collective activities can contribute to strengthening bonds within the community. These activities may include playtime and safe playgrounds in the neighbourhood for younger children (Pessoa et al., 2020). This group of children liked activities such as kite flying, playing in the park, or skateboarding. These informal interactions with peers or structured activities facilitated by professionals contribute to the happiness and resilience of the children (Pessoa et al., 2020).

For adolescents, having a wide array of activities available in the community is important (Kaittila et al., 2023; Jaramillo et al., 2023), enriching them culturally and socially (Greeson et al., 2022). Bell & Romano (2015) found that youth participating in extracurricular activities scored high on measures of well-being. Interviews conducted by Cheung et al. (2022) revealed the profound value of camps for young individuals. One participant described it as one of the best experiences of their life, as they forged lifelong friendships there.

Clubs and groups in the surrounding environment also provide a social network for children, youth, and adolescents in out-of-home care (Bell & Romano, 2015; Johnson, 2021). They offer a sense of belonging and foster a community spirit (Cheung et al., 2021), which is linked to resilience (González-Álvarez et al., 2022). For instance, Segura et al. (2017) mentions

scouting or sports clubs. Other groups, like fraternities (Cheung et al., 2021), religious groups (Thomas et al., 2022), racial communities (Johnson, 2021), or LGBTQIA+ communities (González-Álvarez et al., 2022), strongly contribute to a sense of togetherness. Here, young individuals often feel safe to be themselves, surrounded by people they can relate to. Prejudices are absent, and supportive relationships are cultivated. One participant in the study of González-Álvarez et al. (2022) described this as "It felt like coming home."

Residential settings where youth cohabitate also foster a sense of community. This sentiment is echoed within campus dormitories (Cheung et al., 2021) and is articulated in various articles on residential care (Thomas et al., 2022; Bermea et al., 2019; Kaittila et al., 2023; Mishra & Sondhi, 2019; Strolin-Goltzman et al., 2016). These youth reside in group homes or other forms of communal residences, often forming supportive peer groups who share similar experiences (Bermea et al., 2019). These shared challenges foster camaraderie, recognition, and understanding (Kaittila et al., 2023). Moreover, older peers or individuals who have been there longer, often act as natural mentors (Mishra & Sondhi, 2019). They can assist in learning and trying new things and serve as a source of inspiration, fostering motivation and hope for a better future for the group members (Mishra & Sondhi, 2019; Strolin-Goltzman et al., 2016).

Quality of Social Services

The agency plays a crucial role in the community for a child in out-of-home care (Bell & Romano, 2015). To maximize the promotion of resilience development among youth in out-of-home care, it is necessary that the agency maintains a sufficient level of quality. In this regard, the policies adopted by the agency, including funding and implementation, are significant. An agency must set objectives to ensure quality assurance. Certainly, there are obstacles they encounter in this process, such as a lack of time and financial resources (Bell & Romano, 2015).

Child welfare agency goals

The role of the child welfare agency is to provide a safe, stable, enriching, and supportive environment for a child or young person (Mishra & Sonhdi, 2019). It is crucial for youth that the agency in the community maintains a high standard of quality (Bell & Romano, 2015). This begins, for instance, with ensuring good matches between professionals and the

child (Kaittila et al., 2023). There should be a chemistry between them, fostering trust and connection.

Another important match the agency must make is between the living situation and the child (Bell & Romano, 2015). In the case of foster care, the family must be taken into consideration, while in residential care, a suitable home must be found. Various settings exist, such as urban versus rural environments. A rural setting offers opportunities for a child to grow up freely, engaging in activities like horseback riding or camping (Bell & Romano, 2015). Preferences described by youth in out-of-home care themselves in the study by Kaittila et al. (2023) include a cozy environment with reasonable rules, not overly formal, but a relaxed atmosphere. Having their own room is highly valued, resembling a place like home.

Moreover, an agency must be capable to determine whether a child could be reunited with their biological family (Bell & Romano, 2015). Regarding ongoing contact with the biological family, many articles emphasize its value (Bell & Romano, 2015; González-Álvarez et al., 2022; Greeson et al., 2022; Hokanson et al., 2022; Jaramillo et al., 2023; Johnson, 2021; Kaittila et al., 2023; Pessoa et al., 2020; Shpiegel, 2016). Sibling bonds are often positively linked to development (González-Álvarez et al., 2022; Greeson et al., 2022; Pessoa et al., 2020), as are relationships with aunts, uncles, cousins, and grandparents (Hokanson et al., 2020; Johnson, 2021).

It is the agency's responsibility to educate youth about the risks and benefits of such relationships and to present alternatives (Shpiegel, 2016). If biological parents do not undergo intervention themselves, the child's biological environment can be harmful or lead to ongoing conflicts (Greeson et al., 2022). After all, children are not placed in out-of-home care without a reason, and there may be continuity in issues such as abuse or criminal behaviour (Shpiegel, 2016). Regular contact between agencies and biological parents (Kaittila et al., 2023; Pessoa et al., 2020), or between foster parents and biological parents (Bell & Romano, 2015), is also seen as positive for the child's well-being in these articles. Ultimately, all this contact, along with intervention and improvement with biological parents, can contribute to a potential reunification of the child with their biological family (Kaittila et al., 2023).

When an agency fails to assess whether a child can be reunited with their biological parents, or when there is a mismatch between the child and their new home, the result is a new placement for the child (Bell & Romano, 2015; Kaittila et al., 2023). Unfortunately, this often occurs within out-of-home care (Strolin-Goltzman et al., 2016). This means that the child or young person must move to a new home, leave behind people they may have become attached to, usually change schools (Johnson, 2021; Strolin-Goltzman et al., 2016), and start all over

again. For the resilience and well-being of a child, this should be avoided as much as possible (Shpiegel, 2016; Thomas et al., 2022). Careful consideration in placements should be made, keeping in mind that stability, predictability, and caring in the living situation are protective factors for the child (Bell & Romano, 2015; Kaittila et al., 2023; Shpiegel, 2016).

Bell & Romano (2015) argue that the ultimate goal of the welfare agency is to arrange a permanent, suitable placement, first considering whether there is a family member where the child can grow up for as long as necessary. In addition to the harmful effects of much instability in housing on a child's development, a permanent placement also increases the likelihood of the child maintaining contact with the foster family when they reach adulthood (Bell & Romano, 2015). The possibility of extended foster care is positive, as each additional year in foster care contributes to positive outcomes in various domains (Greeson et al., 2022).

Mental health care

Within the agency, adequate mental health care for children is essential (Kaittila et al., 2023; Greeson et al., 2022). Children in out-of-home care have often experienced various traumas and come from diverse backgrounds, necessitating individualized care. Attention must be paid to each child's needs, making differentiated work crucial. Participants in the study by Greeson et al. (2022) highlighted the value of having therapists available as a service within the care organization. Kaittila et al. (2023) even argue that a professional should systematically be available for every child in out-of-home care to discuss their life situation. This should be standard protocol.

Unfortunately, easy access to therapy is not always the case (Greeson et al., 2022). Long waiting lists, high costs, and a lack of information, referrals, and availability are common barriers. While this is a general issue for many youth with mental health problems, considering the challenging backgrounds of youth in out-of-home care, adequate mental health support should be more easily available and accessible. Greeson et al. (2022) suggest strategies such as removing barriers, expanding and funding more mental health care, and integrating these providers with the places and communities accessible to youth in out-of-home care. Thomas et al. (2022) describe this need for more comprehensive, consistent, regular, integrated, and individualized mental health care as "the need of the hour."

Obstacles for the agency

In addition to the lack of sufficient mental health assistance, several other challenges within the agency are highlighted in the articles. For instance, youth in the study by Greeson et

al. (2022) mentioned a lack of support, insufficient empowerment for the youth, incorrect or missing information from the agency, a lack of permanent planning, poorly trained professionals, organizations lacking trauma-informed approaches, and an overworked system (Greeson et al., 2022).

This overworked system is a theme recurring in several articles and appears to be problematic across multiple countries. A persistent obstacle for the agency is a shortage of time and funds for the youth (e.g., Bell & Romano, 2015). A professional in the article of Bell & Romano (2015) stated, "I am glad I worked in a time without computers, when the main goal was just to spend a lot of time with the child." Social workers indicate not having enough time to spend with individuals, which is crucial for developing a stable relationship (Jaramillo et al., 2023; Kaittila et al., 2023; Bell & Romano, 2015). Moreover, research by González-Álvarez et al. (2023) suggests that due to the high workload on staff and agencies, there is little energy or opportunity left to address other policy issues, such as training and developing policies focused on increasing knowledge and skills regarding SOGIESC of LGBTQIA+ children in out-of-home care. Additionally, this high workload results in a high turnover of professionals (Jaramillo et al., 2023), making it difficult to promote healthy and stable attachments among youth (Mota & Matos, 2015).

According to Jaramillo et al. (2023), it would be highly valuable if the time that social workers have, could be divided differentiated. For that, it is essential to consider the holistic picture of the child, focusing not only on their problems but also on their strengths and protective factors (Bell & Romano, 2015; Segura et al., 2017). Jaramillo et al. (2023) argue that a paradigm shift is necessary within all child welfare agencies, emphasizing the strengths, potentials, available resources, and growth possible for children and their families, even after experiencing trauma.

In addition to staff shortages, agencies often struggle with an insufficient number of suitable foster families available for the number of children needing placement (Bell & Romano, 2015). Furthermore, problems or concerns may arise within an active foster family, necessitating the relocation of a child.

Finances and funding

When children are placed out of home, this often aligns with a positive change in socioeconomic circumstances (Bell & Romano, 2015). Children placed in foster care are ideally matched with stable families who have the financial means to care for them. Additionally, there is government reimbursement, providing more opportunities for

participation in resilience-promoting activities for the child. Moreover, increased funding often leads to safer neighbourhoods with reduced crime, poverty, unemployment, and substance abuse (Bell & Romano, 2015; Shpiegel, 2016). Not only within foster care there are financial benefits, but also for children in residential care. Agencies assist in paying for educational tuition (Hokanson et al., 2020), including books and other materials (Mishra & Sondhi, 2019), ensuring this group of children also has the opportunity to pursue higher education or vocational training (Johnson, 2021). This funding can truly make a difference in a young person's life, providing new opportunities and hope for a better future (Mishra & Sondhi, 2019).

This was also clearly demonstrated in Berridge's research (2017), where several adolescents in a residential home were given the opportunity to obtain their driver's licenses. This resulted in very positive outcomes for the participants, both instrumentally, personally, and socially. They experienced feelings of pride, maturity, motivation to achieve goals, and a vision for the future. Moreover, it gave them a better start to their adult lives, with increased prospects for good employment. Financing the driver's license also promoted social inclusion, as the adolescents were able to transport themselves more easily, and this skill is widely regarded as something many adults possess. It provides the opportunity for them to participate more fully as valued members of society (Berridge, 2017).

Other means through which agencies can contribute to the resilience development of youth in care include providing library access passes, public transportation cards, internet access, or ideas suggested by the youth themselves, such as gym memberships or allowing a resident to have a pet (Greeson et al., 2022). Furthermore, items such as mobile phones, books, and movies are mentioned (Mishra & Sondhi, 2019). Financing housing is also identified as a crucial factor (Hokanson et al., 2020). It is vital for the future of these children that this funding continues after they move out of residential care (Mishra & Sondhi, 2019).

Offering independent living programmes

Several articles emphasize the significance of agency-led programs focusing on the transition from care to independence as youth approach adulthood (e.g., Johnson et al., 2021). Such programs should include training in essential life skills like cooking and laundry, enabling young individuals to live independently once they reach the age where care ends. Additionally, it is beneficial for these programs to address deeper emotional needs (Shpiegel, 2016), such as teaching relationship-building skills (Jaramillo et al., 2023) and coping with challenging situations (Mishra & Sondhi, 2019).

Furthermore, youth are assisted and guided in exploring potential career paths (Mishra & Sohndi, 2019; Thomas et al., 2022), and they receive financial support (Johnson, 2021). Financial resources are allocated to provide more stability for youth concerning housing, access to healthcare, and options for pursuing further education or vocational training. These independence-focused programs empower young individuals, providing them with a sense of autonomy and control over their lives, which was often lacking during their time in care (Johnson, 2021). Additionally, institutional support in finding employment is beneficial for youth (Mishra & Sondhi, 2019). Youth report feeling better prepared for life after out-of-home care, instilling confidence in their ability to navigate it (Mishra & Sondhi, 2019).

Work environment

As previously mentioned, it is crucial for professionals to build a good relationship with the children. This is only possible when there is enough time for it and when there are not too many staff changes within an agency. Therefore, it is important that the working conditions for the staff are good. Although the link between the resilience of the young people and the job satisfaction of the staff is not immediately clear, there is indeed an indirect connection. As Jaramillo et al. (2022) state: "Maintaining a stable team can provide more stability for the youth."

Agencies should ensure a pleasant and safe working environment for their staff (Jaramillo et al., 2022). Adequate workplace support and workload management are among the factors that determine job satisfaction, which can influence staff retention within an agency. Staff should have guidance and supervision, support from colleagues, useful resources and technology, manageable caseloads, and the option to seek assistance for secondary trauma resulting from dealing with severe cases. Moreover, it is important to foster relationships both within the team and with other service providers, such as schools or other social welfare organizations (Jaramillo et al., 2022).

Furthermore, it is crucial for the agency team to be open to change (Bell & Romano, 2015). Society and available knowledge are constantly evolving, necessitating ongoing development to maintain the agency's quality. By improving this quality, a better contribution can be made to the resilience of the children. The team must truly collaborate, be transparent, and adapt to meet evolving needs. Collaboration should also be evident to the child, as multiple professionals are involved in their care. Everyone should be aligned on the plan and approach, providing clear signals to the child. Effective communication and flexibility are essential (Bell & Romano, 2015).

Cultural / Macrolevel

As Bronfenbrenner (1979) described, every individual exists within a social-ecological system with multiple levels that mutually influence each other. The culture prevalent within a country or region can therefore indirectly impact a child's resilience (Ungar, 2011). Within the selection of articles for this study, several articles demonstrate how macro-level factors, such as legislation or societal values and norms, influence the community-level factors of youth in out-of-home care, and thus affect their resilience (Kaittila et al., 2023).

Stigmas

Firstly, there are often prejudices against youth who are placed out of home (Johnson, 2021). There is a stigma within communities, particularly when these young individuals also become pregnant (Bermea et al., 2019), belong to the LGBTQIA+ group (González-Álvarez et al., 2022), enter an orphanage (Mishra & Sondhi, 2019), attend special education (Jaramillo et al., 2023), or have a different ethnic background (Johnson, 2021; González-Álvarez et al., 2022; Jarmillo et al., 2022). Society holds opinions about these matters, which may be expressed consciously or unconsciously. This can lead to discrimination and a lack of acceptance, resulting in social inequalities and injustices. Such circumstances negatively impact the resilience of these young individuals.

Fortunately, González-Álvarez et al. (2022) also demonstrate that despite these inequalities, some youth can maintain a positive outlook for the future. They have confidence that society will take steps towards greater equality. The research by Shpiegel (2016) is also intriguing, as it found that non-white youth scored higher on resilience than white youth. This outcome was contrary to their expectations, as studies often demonstrate that minority groups are more vulnerable to negative outcomes.

Differences between countries

From several articles originating from different countries, significant cultural challenges within out-of-home care have been observed. For instance, Pessoa et al. (2020) discuss the prevalence of violence within institutional care in Brazil. While the children positively describe the support and care they receive, they also mention experiencing violence when disciplined by staff. Additionally, they narrate about violence among the children within the institutions. This perpetuates the cycle of violence and intimidation that many children have already experienced within their biological families, whereas institutions are meant to provide

a safe and healthy environment (Pessoa et al., 2020). Similarly, Segura et al. (2017) from Spain advocate for residential facilities free from violence.

Furthermore, the study developed in India highlights the severe lack of financial resources available to Indian institutions (Mishra & Sondhi, 2019). Often, the staff chooses to support these adolescents themselves when they are transitioning out of care. Participants from one orphanage express gratitude for the resources and safety provided by the institution, which they note is not guaranteed otherwise. Some mention they would have been left on the streets if they were not within the secure walls of the institution.

Frequently, when parents, or one parent, of the children pass away, Indian boys are expected to be financially responsible, while girls are tasked with household chores (Mishra & Sondhi, 2019). They are required to work in the fields at a young age, leaving them with little time for schoolwork, if they even have the opportunity to attend school. However, the institution provides them with the resources to pursue an education. Here, children have the time to focus on their studies and are freed from adult responsibilities.

Donors or volunteers often visit these Indian orphanages (Mishra & Sondhi, 2019), serving as a source of support for the youth. Children feel motivated by them to succeed and strive to achieve their goals. Together, they engage in conversations about the importance of education, hard work, and goal attainment. Wardens also play a crucial role in this regard. Participants in the study mentioned that wardens promise them future support upon leaving institutional care if they perform well academically, behave appropriately, and acquire ‘good points in wardens book’ (Mishra & Sondhi, 2019).

Thomas et al. (2022) investigated the consequences of child abuse among children in out-of-home care in India. They demonstrated the high resilience among this group of girls aged between 10 and 18 years. Despite the significant taboo surrounding this topic in India, they experienced a sense of equality within the shelter homes. There was no discrimination based on religion or place of origin. They felt motivated to achieve their future plans, partly due to rehabilitation programs, integrated psychological support, social support, and career orientation programs (Thomas et al., 2022).

Discussion

The goal of this research was to determine which community-level factors influence the resilience of children, youth and adolescents in out-of-home care. This focus is important because there has been limited attention on community-level factors of resilience, despite scientists like Ungar (2011) highlighting the importance of all levels within the social-ecological model of resilience. Ultimately, 18 studies were found that provided results regarding community-level factors affecting the resilience of children in out-of-home care.

All these studies emphasized the importance of having a strong, supportive network. Key figures in this network include social workers and school staff. The quality of the professionals working with the youth significantly promotes resilience (Greeson et al., 2022; Bermea et al., 2019; Mishra & Sondhi, 2019; Jaramillo et al., 2023; Mota & Matos, 2015). This includes the characteristics of the professionals, the relationships they have with the child, the tasks they perform in the children's best interests, and their ability to foster the empowerment of the young people. Other significant figures in the network are school staff, including teachers, counsellors, and mentors. They provide support at school, and when this support is of high quality, it enhances resilience (Mota & Matos, 2015; Segura et al., 2017). Their role is to guide out-of-home care youth at school, offering advice and assistance with challenges the children face (Cheung et al., 2021).

Then, there are various places within the community from which a young person can draw resilience. School is a significant institution contributing to this (Bell & Romano, 2015; Mota & Matos, 2015), where children can form friendships with peers (Segura et al., 2017). Schools need to be capable of recognizing both the strengths and weaknesses of the child (Cheung et al., 2021). Extracurricular activities can be conducted both within and outside the school. Participation in these activities, such as sports clubs, summer camps, religious groups, or other community groups, fosters a sense of belonging and positively impacts resilience (Strolin-Goltzman et al., 2016; Johnson, 2021; Cheung et al., 2021; Mota & Matos, 2015; Segura et al., 2017; Kaittila et al., 2023; Jaramillo et al., 2023; Bell & Romano, 2015; González-Álvarez et al., 2022; Thomas et al., 2022; Bermea et al., 2019; Mishra & Sondhi, 2019). For younger children, this also includes the quality of safe, accessible playgrounds in the neighbourhood (Pessoa et al., 2020).

Furthermore, the welfare agency must be of sufficient quality to help children and young people in out-of-home care (Bell & Romano, 2015). The agency should set goals to provide a safe and stable living environment where the young person feels comfortable and

connected to their caregivers and surroundings. There should be sufficient funding for education and easy access to mental health care for this vulnerable, often traumatized group. Additionally, it is important for the agency to offer independent living programs as the young people approach adulthood. The agency faces obstacles such as a lack of time and funding, leading to overworked systems. This negatively affects the stability and continuity of the support that a young person receives from the agency and its staff (Bell & Romano, 2015; González-Álvarez et al., 2022; Greeson et al., 2022; Hokanson et al., 2022; Jaramillo et al., 2023; Johnson, 2021; Kaittila et al., 2023; Pessoa et al., 2020; Shpiegel, 2016; Mishra & Sondhi, 2019; Strolin-Goltzman et al., 2016; Thomas et al., 2022; Mota & Matos, 2015; Berridge, 2017).

Finally, community-level factors emerging from macro-level, or cultural factors, were identified. The first of these was the stigma surrounding children in out-of-home care. Prejudices within the community often lead to a focus on the problems of these children. The stigma is further exacerbated when looking at minority groups within this heterogeneous group of children in out-of-home care. Several articles discussed issues such as inequality, discrimination, bullying, and insufficient policies for specific groups, such as LGBTQIA+ children (González-Álvarez et al., 2022) or Black students who have been in foster care (Johnson, 2021).

However, this also highlighted the lack of research into the diverse backgrounds of young people in out-of-home care. There is no available research on community-level resilience factors for children with, for example, different ethnic backgrounds, migration or refugee histories, or disabilities. The significant diversity among children in out-of-home care is not yet adequately represented in the research.

For children with disabilities, such as those with intellectual disabilities, multiple disabilities, or (severe) developmental disorders, there is an extra vulnerability (Gilmore et al., 2014; McCrimmon & Montgomery, 2014). They require different forms of support from their community network, provided with knowledge, understanding and skills by the staff. Schools, clubs, neighbourhoods, and agencies; within all these facilities, different interventions at the community level will be necessary to promote resilience compared to when a placed-out child does not have disabilities (Gilmore et al., 2014; McCrimmon & Montgomery, 2014).

For groups such as forced migration children, other community factors can influence resilience, with providing safety playing a significant role (Gerarts & Andresen, 2019). Refugee children often come from areas of oppression and extreme insecurity, making them particularly vulnerable when they enter out-of-home care. Moreover, they leave behind many

loved ones, may not speak the language, encounter a different educational system, and face a completely different culture (Gerarts & Andresen, 2019). Hence, community-level factors have a different influence on resilience for this group compared to children who are placed out of home but remain close to their biological family and familiar surroundings.

Furthermore, there are differences between countries in how resilience of young people in out-of-home care is defined. Culture plays a role in determining which child is labelled as "resilient" and which is not. For instance, Indian studies tended to focus more on achievement (Mishra & Sondhi, 2019; Thomas et al., 2022). Another cultural finding is that in Brazil and Spain, the prevalence of violence within residential care facilities was identified as an issue (Pessoa et al., 2020; Segura et al., 2017).

In summary, the 18 articles identified community-level factors, categorized through thematic analysis into four themes: community support network, social environments, quality of social services, and cultural/macro-level factors. The majority of the research conducted was qualitative, highlighting the need for a more representative portrayal of the heterogeneous group of placed-out children.

Strengths & Limitations

This study exhibits several strengths. Firstly, the PRISMA steps were followed, resulting in a comprehensible research process. Additionally, the 'worldwide libraries' option was utilized to assess as many articles as possible against the predefined selection criteria. Sufficient recent articles were found within the past ten years, enabling a reliable systematic review. Synthesizing these 18 articles provides policymakers with a clear overview of scientific research focusing on community-level factors of resilience among children in out-of-home care. This enables them to tailor their interventions and community policies based on the synthesized research findings from the past decade.

However, this brings us to the first limitation of the study. In this research, the term 'out-of-home care' was used to encompass all types of organized foster and residential care. Studies indicate significant differences in the organization of these facilities across countries worldwide. This makes it challenging to compare and draw generalized conclusions about the resilience of this group of children.

Additionally, of the 18 selected articles, the majority was qualitative. These 12 studies were conducted with a small group of participants, making generalizing difficult for all the children in out-of-home care worldwide. Moreover, regarding the distribution in age of

participants, it does not correspond proportionally to the target group. Only one study included younger children aged 4 to 9 years (Pessoa et al., 2020). Caution is therefore needed when interpreting the results concerning this group. There are gaps in the scientific literature. More scientific research should be conducted on resilience in younger children in out-of-home care. After all, resilience is a process that is age-dependent and changes over the years (Kaittila et al., 2023). It is not a fixed phenomenon.

Looking at the quantitative articles, there are also limitations that need to be considered. Where a large number of articles demonstrated certain relationships or predictors for resilience, there were also exceptions. One study that could not show a significant relationship between residential staff support and resilience was that of Segura et al. (2017). Shpiegel (2016) could not significantly demonstrate that supportive adults, extracurricular activities, or satisfaction in school served as predictors for resilience. This difference in findings may be explained by the fact that resilience is measured differently within each study, highlighting a limitation of the current research. Indeed, as previously mentioned, there are a multitude of different ways to conceptualize resilience. This is evident in quantitative studies; one may solely use the absence of disorders such as anxiety, aggression, and depression to measure resilience (Thomas et al., 2020), while another may incorporate contextual factors such as teenage pregnancies or substance use to assess the level of resilience (Shpiegel, 2016).

Hence, it should come as no surprise if studies fail to demonstrate significant relationships. Kaittila et al. (2023) describe that this issue arises from their interviews. To quote the authors: "One size does not fit all." They observe a tremendous variation in what young people indicate as important factors contributing to their well-being (Kaittila et al., 2023). This makes it logical that relationships cannot always be demonstrated in quantitative studies, and statements about these relationships in this research must therefore be interpreted with caution.

Implications for Research, Policies & Practice

Future (longitudinal) scientific research should focus on the missing information needed to thoroughly understand resilience factors in children aged 0-21 in out-of-home care. Studies should represent younger children and marginalized groups, such as migrants, refugees, individuals with disabilities, LGBTQIA+ children, or those with different ethnic backgrounds. These groups should be included in research on community-level resilience factors for children in out-of-home care. Additionally, researchers should aim to develop a clear and consistent conceptualization of resilience. Resilience is challenging to compare and study, as each author,

researcher, country, and culture assigns different meanings to the term. Moreover, recent researchers have critiqued the entire concept of resilience (Biggs et al., 2015).

To enhance the resilience of children in out-of-home care, several policy and practice implications need to be addressed. These recommendations are based on the findings in current practices, aiming to create a supportive environment for children from diverse backgrounds in out-of-home care.

Policies and systems should provide more resources to support youth, including time, finances (e.g., school tuition or free library access), and sufficient well-trained personnel. This is essential for creating stability and continuity in care (Jaramillo et al., 2023). The quality of interactions between staff and children should be monitored by the agency, with a policy plan outlining standards for quality and methods for improvement. It should be clear what the role of the social worker is, especially regarding the mental well-being of the youth (Jaramillo et al., 2023). Mental health care must become more accessible to this often-traumatized group of young people (Greeson et al., 2022). Additionally, more training should focus on empowering the youth themselves (Greeson et al., 2022; Jaramillo et al., 2023).

Within schools, there should be increased training on marginalized groups. School staff should learn about the SOGIESC of LGBTQIA+ children, establish clear anti-bullying policies (González-Álvarez et al., 2022), and become aware of biases surrounding Black youth. Racist ideas, possibly unconscious, still exist within schools and the broader environment of the youth (Johnson, 2021). School counsellors should be trained to address these issues and pass this knowledge on to other school personnel.

Inequalities in care should be eliminated. Communities can contribute by creating values and norms centered on acceptance. This can be achieved by increasing the visibility of LGBTQIA+ role models (González-Álvarez et al., 2023) and fostering connections among children. Encouraging these interactions can create supportive communities within out-of-home care, where children find understanding and support. This positively impacts resilience development (Strolin-Goltzman et al., 2016; Cheung et al., 2021; González-Álvarez et al., 2022; Thomas et al., 2022). This can be facilitated by organizing neighbourhood activities for specific groups or camps focused on creating peer groups for children in out-of-home care (Mota & Matos, 2015).

Municipalities can also contribute by providing safe and enjoyable playgrounds for children (Pessoa et al., 2020). These spaces allow young children to meet and form relationships with peers, contributing to greater resilience. It is important to have adequate recreational spaces, libraries, transportation, and other facilities in the community.

For caregivers, well-evaluated parent-training programs should be available (Bell & Romano, 2015). These programs should be evidence-based to ensure quality and effectiveness, helping caregivers gain the knowledge and competencies needed to care for children and adolescents (Mota & Matos, 2015; Bell & Romano, 2015).

Lastly, there should be increased collaboration between schools and welfare agencies (Strolin-Goltzman et al., 2016; Jaramillo et al., 2023). Improved communication can lead to better support for the youth. Sharing information between institutions, such as when a student transfers to a new school, can enhance continuity and stability. Collaboration also helps advocate for school stability during child relocations.

When improvement occurs in these areas, policymakers in the community can better support the resilience and well-being of children in out-of-home care, providing them with the stability and resources they need from the community.

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Appendices

Table 1

Overview of the articles

Author	Year	Country	Form of housing	Participants	Method	Community-Level Factors
Bell & Romano	2015	Canada	Foster care	Child welfare workers (N=11)	Semi-structured interviews	<ul style="list-style-type: none"> - Importance of institutions: school, importance of setting (rural vs urban), socioeconomic changes - Role of the worker: key desirable characteristics. Worker-child relationship, creating stability and continuity, importance of their role as an advocate for the child, good working relationship with foster family. - Role of agency: finances, funding, organisational level impacts, agency goal
Bermea et al.	2018	USA	Residential foster care (for pregnant girls/mothers)	Adolescent mothers in care (age 15-21) (N=39)	Focus groups → semi-structured interviews	<ul style="list-style-type: none"> - Prevailing norms and values in the environment: stigmatization, judgement. - Support of residential staff - community in the residence → bond/relationship with the other mothers (dealing with the same)
Berridge	2017	UK	Residential homes	Adolescent man in care (age 17+) (N=4)	Semi-structured interviews	<ul style="list-style-type: none"> - Opportunities from getting a drivers licence → employment opportunities, financial security / inclusion, transition to adulthood, adult activities. Decrease in stigma surrounding residential care. - Closer relationships between young people and staff → residents seeking advice and support with other challenges
Cheung et al.	2021	USA	Foster care	Higher education students (formerly) in foster care (age 18-21) (N=13)	Narrative interviews	<p>Social support when going to college:</p> <ul style="list-style-type: none"> - professional support services at the university or in the community(tutoring, counselling, coaching, professors, advisors, camps for friends) - belonging to a community (fraternity, student association, band, student club (sport), religious organisation. - ‘Creating an ecosystem of support’ → lack of familiar emotional support - social opportunities over holiday breaks, housing on campus
González-Álvarez et al.	2022	The Netherlands	Different forms of out-of-home care	LGBTQIA+ adolescents in care (age 15-28) (N=13)	Semi-structured, in-depth interviews	<ul style="list-style-type: none"> - (Lack of)support from practitioners and foster carers - Central role of care professionals in fostering resilience - Child protection services policies against bullying and discrimination within the organisation

						<ul style="list-style-type: none"> - Identity → society lacks LGBTQIA+ role models (cultural, media) - Unacceptance in society - discrimination in different geographical places - LGBTQIA+ organisations/communities → group affiliation and collective action - Education at school about their SOGIE
González-Álvarez et al.	2023	The Netherlands	Different forms of out-of-home care	Care professionals working with LGBTQIA+ youth (N=21)	Semi-structured, in-depth interviews	<ul style="list-style-type: none"> - Relationship with the professional (open, honest, deep conversations) - Agencies implementing SOGIESC affirming practices/policies + training - Professional advocating the youth when foster parents /peers don't understand/agree
Greenson et al.	2024	USA	Foster care	Adolescents (age 18-23) in/aged out of care during COVID-19 (N=26)	Semi-structured interviews	<ul style="list-style-type: none"> - Institutional support: a therapist, a formal mentor/coach/CASA, good caseworker. Having a stable foster home, formal peer support, attending foster-care related programming (hobbies, extracurricular activities). - Institutional gaps: lack of access to therapy → integrating mental health care services, child welfare system lacks of support for youth, youth are left out of decisions and have no voice. Serious concerns about child welfare system: incorrect or confusing information from CPS, poorly trained caseworkers, poor case management, frequently placed in new homes, not trauma-informed systems, overworked system. - For developing self-identified coping mechanism, system professionals should ensure: library card, access to transportation, internet capable device plus hotspot, gym/sport membership, allowing pets in housing programs. - Caseworkers should help youth with knowing where to find resources in their local community.
Hokanson et al.	2020	USA	Foster care	Adolescent (age 18-21) currently or formerly in care (N=20)	Semi-structured interview	<ul style="list-style-type: none"> - Relationships with non-family: social workers - Organizational: agency should help with supportive relationships - Help with finances: housing, college tuition, direct payments
Jaramillo et al.	2023	USA	Foster care	Foster youth (age 16-19) (N=208)	Questionnaire, multinomial logistic regression	<ul style="list-style-type: none"> - Better youth-caseworker relationship (collaborative, empowering) - Systemic bias: risks for not getting a high school diploma for youth of color, risks for special education schools - Service providers should ensure basic needs, helping with available resources and support (extended foster care, credit recovery programs) - Recommendations: Youth voice is valuable, individualized services and support, shifting from a deficit-focus to strengths-focus and available resources, systems need to clarify policy in promoting multidimensional youth development and get training, caseworkers need time to create a stable relationship (manageable caseload, support from colleagues, more funding), collaboration within organisations and systems, caseworkers should educate the public about relationships (role model).

Johnson	2021	USA	Foster care	Black male college students (age 19-23) formerly in foster care (N=11)	Semi-structured, in-depth interviews	<ul style="list-style-type: none"> - Importance of having an extensive support network - Training school counsellors to face the needs of this racially minoritized subpopulation ‘black male foster care youth’. - Importance of participating in independent living programs (resources provided by agencies to support the youth who are aging out - Stigma with being foster youth, frequent and abrupt school transfers due to placement changes
Kaittila et al.	2023	Finland	Out-of-home care (OOHC)	Young people (age 18-27) formerly in OOHC (N=19)	Narrative, thematic interviews	<p>Sources of resilience:</p> <ul style="list-style-type: none"> - Relational: good relationship with professional (in the residential unit, school counsellors, teachers or others) and between parents and professional (more encounters) - Institutional: the place of the OOHC), youth-centered practices, needs-based services, support for the family
Mishra & Sondhi	2019	India	Institutional, orphanage care	Adolescents (age 12-19) in care (N=20)	Focus group interviews + drawings	<p>Institutions offers:</p> <ul style="list-style-type: none"> - Excess to educational resources, trainings (for example self-defence, not fighting), guiding from staff in career paths, (financial) support after moving out, pushing from staff to try new activities, protected/safe environment, source of inspiration, motivational role of the wardens, books and films, public transport.
Mota & Matos	2015	Portugal	Institutional care	Adolescents (age 12-18) in care (N=246)	Structural equations modelling	<ul style="list-style-type: none"> - Correlation between the quality of the relationship to significant figures (teachers, school and institutions staff) present significant positive correlations with the psychological well-being ($r = .215$ to $r = .462$). - A positive and significant association of quality of the relationship to significant figures and resilience ($r = .172$ to $r = .414$). - Higher values for correlation with institution’s staff, when compared with school staff and teachers. - School is a protective social institution, part of larger support network - Positive emotional relationships with institutional staff → security
Pessoa et al.	2020	Brazil	Foster care institution	Children (age 4-9) in care (N=6)	Semi-structured interview, drawing interview, reflexive interview	<ul style="list-style-type: none"> - Bond with the professionals (aunt), children like to play with them - Play activities, recreational spaces - Strengthen family links with the family of origin (promote family reintegration)→especially siblings - Professionals in the institution as protective figures, sensitive to the needs of the children (not always the case in Brazil → violence, punished when misbehaving) - Also violence between children in the institution - Staff is not being open, honest to the children → they don’t know their current situation → frustration for the children - Using language appropriate to the children’s level of development

Segura et al.	2017	Spain	Residential care	Youth (age 12-18) in care (N=127)	Questionnaires, multiple regression analysis	<ul style="list-style-type: none"> - Residential institutions free from violence - Strengthening community ties by collective activities - Prevention programs (boosting individual resources, supportive environment in school) → reducing mental health problems, interrupting the cycle of re-/poly-victimization - Scout groups, sports teams
Shpiegel	2016	USA	Foster care	Youth in care from approximately 17 years old (N=351)	Cross-sectional analysis	<ul style="list-style-type: none"> - Extracurricular activities at school, bond with caseworkers and stable, long-term placements → higher resilience - Lower resilience → criminally involved families living in dangerous neighbourhoods, affected by poverty, unemployment, substance abuse, social disorganisation - Independent living programmes should not only focus on behavioural outcomes (education, employment, living etc), but also on deeper emotional needs.
Strolin-Goltzman et al.	2016	USA	Foster care	Students age 15-21 (N=46) → survey Students formerly in care age 18-22 (N=10) → interview	Survey, semi-structured interview	<ul style="list-style-type: none"> - School mobility is challenging for youth → importance of structured, intentional transitions to next school that allow for continuity (opportunities for tours in school, summer school, interventions in summer by older peers with same experience) - Teacher mentors
Thomas et al.	2022	India	Shelter homes (institutional care)	Females (age 10-18) in care (N=267)	Questionnaire, linear regression	<p>High resilience among survivors of child sexual abuse (taboo in India):</p> <ul style="list-style-type: none"> - The institution providing motivation and social support. Individualized care, positive peer interactions, motivational training, career orientations programs. - Integrated psychological support → addressing internalising and externalising problems - Rehabilitation programs and activities - Differentiation to age of the child → resilience outcomes differ